



NORTH WEST REGIONAL POLICY AND GUIDANCE FOR TRANSPORTING MENTAL HEALTH PATIENTS

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Change Form

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1. INTRODUCTION

- 1.1** In this policy all references to the Mental Health Act refer to the Mental Health Act 1983 (as amended by the Mental Health Act 2007).
- 1.2** The Mental Health Act Code of Practice 2015 requires Local Authorities (defined in S.145 (1) Mental Health Act), the NHS and the local Police Authority to establish a clear policy for the use of the powers to convey a person to hospital under S.6 (1) Mental Health Act. The policy also covers the conveying arrangements for voluntary admissions.
- 1.3** This policy and guidance outline the roles and responsibilities of each of the organisations that are the signatory bodies. This policy provides guidance for ambulance service personnel, medical and/or other healthcare practitioners, Approved Mental Health Professionals (AMHPs - as defined in S.114 Mental Health Act) and police officers.
- 1.4** This policy and guidance reflect the requirements of:
- North West Ambulance Service NHS Trust (NWAS)
 - NW NHS Trusts
 - NW Local Authorities
 - NW Police Constabularies
- 1.5** The overall aim of this policy and guidance is to ensure that the patients detained under the Mental Health Act *"should always be transported in the manner which is most likely to preserve their dignity and privacy consistent with managing any risk to their health and safety or to other people."* (Mental Health Act Code of Practice 2015 Ch. 17.3)
- 1.6** This document has been prepared under the authority of the Northwest Region Police Mental Health Forum and Northwest ADASS. All the signatory bodies associated with this policy and procedures are members of this standing committee. This document replaces the previous policy and procedures.
- 1.7** For information and guidance on the management and transfer of patients who lack mental capacity, please refer to the Northwest Regional Mental Capacity Act Joint Protocol.

2. COMMITMENT OF SIGNATORY BODIES

- 2.1** NWAS will exercise its authority to convey under 1983 Mental Health Act, using the most clinically appropriate and safe vehicle for the presenting circumstances which will always be a double crewed ambulance. For further options relating to conveyance, see section 8.3.
- 2.2** NHS Trusts recognise the importance of multi-agency work under the Mental Health Act. The Trusts are committed to providing an efficient and effective response to requests for support and/or assessment. NHS Trusts will also ensure that mental health staff have the appropriate training to support actions that may be required, such as bed management, in the execution of this policy. Local Authorities will make available Approved Mental Health Professionals (AMHPs) under S.114 Mental Health Act for the purposes of activity under this policy and procedures as appropriate. Local Authorities will commit themselves to providing an efficient and responsive 24-hour AMHP Service. During working hours an AMHP will be provided by the local AMHP rota service and by the relevant local out of hours service at all other times.
- 2.3** Police Constabularies recognise the importance of multi-agency work under the Mental Health Act and in particular, with supporting NWAS in the delivery of its conveyance responsibilities. Police constabularies recognise that they have limited powers in relation to entering premises without a warrant to deal with spontaneous incidents. For example, when a breach of the peace is in progress or anticipated, entry would also be justified under S.17 of PACE where there are sufficient grounds to arrest for an indictable offence and under section 17(1) (e) of PACE for 'saving life or limb' or preventing serious damage to property. This power can only be used in extreme circumstances where there is an immediate need to protect 'life or limb'. It cannot be used where there are concerns about 'welfare' (Syed v OPP 2010) nor does it give any power to remove a person from an address.(1) S.138 MHA provides the power to detain or recover someone who is unlawfully at large under S.135/6 MHA. It does not provide power of entry, where a S.135(2) warrant would be required. A patient can be detained under section 18 MHA if they are detained in hospital (under sections 2 or 3 MHA or other formal sections under Part III the MHA) and are absent without leave (AWOL) or if they have been granted leave from hospital (under section 17 MHA) and fail to return after expiration of leave. Patients can also be considered AWOL and detained under S18 MHA, if subject to a community treatment order (CTO) (community patients) and have failed to attend hospital when recalled, are conditionally discharged restricted patients whom the Secretary of State for Justice has recalled to hospital under S42 MHA or are guardianship patients who are absent without permission from the place where they are required to live by their guardian. S.18 MHA does not provide any power of entry.

3. LEGAL FRAMEWORK

- 3.1** The relevant legislation supporting this policy is listed in Appendix 1.

4. POLICY

- 4.1** A properly completed application for admission under the Mental Health Act, together with the required medical recommendations, gives the applicant (an AMHP or the Nearest Relative - as defined in S.26 Mental Health Act) the authority to transport the patient to hospital.

The Mental Health (Hospital, Guardianship and Treatment) (England) (Amendment) Regulations 2020 came into force on 1 December 2020 and allow the electronic sending and receiving of statutory forms required when managing the admission, detention, assessment, or treatment of a person under Part 2 Mental Health Act 1983.

It is therefore lawful to send and receive MHA documentation including medical recommendations and AMHP applications carrying an electronic signature by email. Where an AMHP wishes to serve an application for detention under the MHA electronically, hospital managers must accept it.

(The Department of Health have provided [guidance](#) on the electronic communication of statutory forms under the MHA).

When an AMHP submits MHA documents to the admitting hospital electronically, the ambulance staff should be informed that this is the case and be provided with a delegation of authority to convey form.

The ambulance staff do not require copies of the MHA statutory documents to indicate that the conveyance is lawful so long as the AMHP provides evidence of a completed application, supported by the necessary medical recommendations. The delegation of authority to convey form will be sufficient evidence of this.

- 4.2** A patient will be transported to hospital in the most humane, least threatening and least restrictive way, consistent with ensuring that no harm comes to the patient or to others (see section 5.2 below).
- 4.3** Where an inpatient on S.17 leave is given notice in writing to return to hospital, the expectation is that the patient's transportation by ambulance or other will be organised by a member of the hospital ward staff or staff member who knows the patient in discussion with the responsible clinician.

- 4.4** Where a patient is subject to a community treatment order and is recalled to hospital, the Responsible Clinician (defined in S.34 (1) Mental Health Act), or other staff acting on his/her behalf, will need to decide the most appropriate transportation required, and co-ordinate the agencies to affect the recall to hospital. The relevant provider organisation must make every effort to locate and arrange for the person's return to hospital prior to contacting the police.
- 4.5** In practical terms, police assistance should usually not be necessary unless there is evidence that staff would face resistance (active), aggression, violence, or escape (RAVE assessment). Once a recall notice has been served, the patient is immediately liable to be returned to hospital under Section 18 MHA in the same way as a patient who is absent without leave. Serving of the recall notice can take place in several ways: by hand (effective immediately), personal deliver (effective the next day) or first-class post (effective two working days later, i.e., exclude weekends / bank holidays). The power of arrest under Section 18 MHA is available, if required, but this does not provide for a power of entry. In order to gain access without consent to a place where the person is reasonably believed to be, a warrant under Section 135(2) MHA must be obtained
- 4.6** In this particular situation, the responsible clinician, or other staff acting on his/her behalf, should arrange the most appropriate transport with NWAS.
- 4.7** Where a member of the public has had a warrant served on them under the auspices of S.135 (1) Mental Health Act and is required to be transported to a hospital subject to an application under the Mental Health Act the organising of the transport arrangements will be the responsibility of the AMHP.

If the person is to be conveyed to a place of safety for the purpose of a full Mental Health Act assessment or for other arrangements for their care or treatment, the legal authority to remove the patient to the place of safety lies with the Police and organising of the transport arrangements will be the responsibility of the Police.

Local agreements should be in place regarding who coordinates the attendance of the most clinically appropriate and safe transport to convey.

- 4.8** Where a detained patient has absented themselves from hospital and is to be returned following a warrant issued under the auspices of S.135 (2) Mental Health Act, the most clinically appropriate and safe transport arrangement will be organised by any person authorised under this Act and Police

support may be requested where there is evidence of RAVE risks as outlined in section 4.5.

- 4.9** Where the nearest relative is the applicant, the assistance of an AMHP should be made available, to give guidance and help on all aspects of transport and other matters related to the admission.
- 4.10** All patients subject to an application for admission under the Act will be transported to hospital by NWAS using an appropriate vehicle and with suitably trained staff. In situations where the risk of injury to patients or staff is likely, the assistance of police may be required (see section 5.4). The use of an appropriate police vehicle should only be considered if the patient is violent or there is a significant risk of harm to self or others.
- 4.11** The patient should only be transported by private car in exceptional circumstances and if the AMHP is satisfied that the patient does not present a danger to themselves or others. There should always be at least one escort for the patient other than the driver. The car driver must have appropriate car insurance cover (AMHPs should refer and adhere to local policy where it differs from this guidance).

5. ROLES AND RESPONSIBILITIES

- 5.1** The Approved Mental Health Professional (AMHP) will take the lead in coordinating transport to hospital of patients who are liable to be detained under the Mental Health Act.
- 5.2** The AMHP retains responsibility to ensure that the patient is transported in a lawful, safe and humane manner, and must be ready to give the necessary guidance to those asked to assist and will consult appropriately with staff from other agencies and take account of the views of the patient and relative/carer.
- 5.3** The AMHP, ambulance staff and police (or whoever is present) will review completed risk assessments and agree the most appropriate method of transfer to ensure the safety of all concerned - which may or may not require action by the police. If following a risk assessment, a Police vehicle is considered the most appropriate method of conveyance, officers are to follow local procedures to seek authority through supervision for such use of a Police vehicle.
- 5.4** The Police will ensure that any action they take is proportionate to the situation presenting. They will also, where this is consistent with their duty to protect persons or property or the need to protect themselves, consider any directions or guidance given by the AMHP or NWAS while the patient is being transported to hospital.

- 5.5** Ambulance staff will work with staff from other agencies to ensure mental health patients receive safe and appropriate care, using the most clinically appropriate and safe method of transfer which will always be a double crewed ambulance.
- 5.6** The AMHP should ensure the needs of the patient are taken into account (see section 4 .2) and giving consideration to the MHA Code of Practice 2015, Ch. 17.6
- 5.7** When an officer detains an individual using their power under section 136 MHA 1983, they must request an ambulance via NWS. For guidance on response times, refer to section 7.1.
- 5.8** NWS are required to transport all section 136 detentions and provide a Cat 2 response as per 7.1 (or Cat 1 if the individual's physical condition requires such a response) . If the individual is also being restrained due to their behaviour, this will be escalated to a high-priority response time as NWS recognise the increased risk this presents to the individual. This commitment is detailed in the National Ambulance section 136 Protocol 2014 for England and supported by the Crisis Care Concordat for Wales.
- 5.9** It is for the paramedics to decide, having assessed the individual's health, whether the individual should go directly to the appropriate ED or to the place of safety (if they are different). Police custody should only be used in exceptional circumstances as defined in legislation and where there are any concerns for the individual's physical health needs, they must always come first. A Police station cannot be used as a place of safety for anyone under the age of 18, regardless of circumstances.
- It is the responsibility of the police to phone the relevant section 136 MHA 1983 suite (or existing
- 5.10** pathway within each force) to ensure that there is space for the individual. If there is not a space, the relevant mental health trust will inform police of where the ambulance is to take the individual.

6. NWS RESPONSE TIMES

- 6.1** NWS will exercise its authority to transport under the Mental Health Act 1983, using the most clinically appropriate and safe vehicle for the presenting circumstances and within a reasonable timeframe. NWS will utilise the internationally recognized priority dispatch system (AMPDS) to determine the most clinically appropriate response time. Admissions and transfers requested by a healthcare professional will be booked, managed and prioritised using the standard call processing procedures

and a clinically appropriate response for the patient will be assigned.

- 6.2** The response times applied to these incidents will be dependent on clinical risk and standard response targets will be applied. Response times to patients involving mental health will be routinely monitored and reported by NWS to relevant partners. For guidance on response times, refer to section 7.1.

Requests relating to s4, s135 and s136 MHA admissions/detentions will be classed as a Cat 2

- 6.3** Emergency Admission with an estimated response time of 18-40 minutes. Requests relating to s2 and s3 MHA admissions will be classed as an admission transfer with a response time of 1-4 hours.

- 6.4** Where incidents of concern are identified, in relation to patient care or response times. NWS will work with partner organisations to review incidents and identify learning.

- 6.5** Under Section 35 MHA, there may also be a requirement for a Crown Court or a magistrates' court to remand an accused person to a hospital specified by the court for a report on his/her mental condition. These transfers should be undertaken by ambulance unless risk concerns exist.

- 6.6** Where police escorts and/or NHS transport are required for transporting patients longer distances, close co-operation between agencies will be needed to agree the most practical timeframe and suitable way to manage the conveyance. An ambulance will always attend. Where a patient is to be conveyed across organisational boundaries, this should be undertaken by those professionals who initiate the transportation of the patient (please see section 11 for further guidance).

- 6.7** Long distance and time-consuming journeys can adversely affect the ability of local agencies (i.e. Ambulance, Police, MH NHS Trusts) to maintain adequate operational cover. Long-distance and complex journeys should be planned in advance, where possible, utilising the most appropriate resource for the individual being transferred.

- 6.8** Any operational and resourcing issues should be agreed between the NWS Emergency Operations Centre (EOC) Manager, the Duty Police Inspector and the appropriate Local Authority/ NHS Trusts Senior Manager/ Provider Organisation.

- 6.9** For transfers outside of the Northwest, NWS EOC Manager should escalate the booking request to the appropriate on-call NWS strategic Commander. The NWS strategic Commander will assess the operational demand and current pressures with the on-call Tactical Commander and will authorise or deny the booking request. The NWS strategic Commander will have the authority to request an alternative ambulance provider is used to complete the transfer.

7. N WAS BOOKING PROCESS

7.1 The booking numbers for HCP's (doctors, AMHPS, etc.) should be used as follows:

	Emergency Admission within 18-40 minutes – Cat 2 (S.4, 135, 136)	Admission Transfer within 1-4 hours (S.2 & 3)	Booking Enquiry
Cumbria & Lancs	01772 867701	01772 867721	01772 867761
Cheshire & Mersey	0151 261 4301	0151 261 4322	0151 261 4361
Gtr Manchester and Glossop	0161 866 0611	0161 866 0622	0161 866 0661

7.2 Routine admissions under a mental health section is a planned transfer therefore the admissions/transfer line above should be used. Any urgent or emergency requests for transfer/admission can be made via the above emergency number or 999. If the request is not related to an admission or transfer e.g the patient has harmed themselves **AN EMERGENCY AMBULANCE SHOULD BE REQUESTED VIA 999.**

7.3 For admission transfers under s2 or s3 MHA, the AMHP should specify what timescale is appropriate within the 1-4 hour timeframe, taking into account the needs of the patient and presenting risks.

7.4 The AMHP may contact Ambulance Control at any stage providing the N WAS incident number, to update or discuss the progress of the incident. Where available, the AMHP should also provide Ambulance Control with a police incident number if police have been involved.

7.5 If the admission is stopped at any stage, it is the responsibility of the AMHP to contact Ambulance Control and cancel the journey. These calls should be made using the booking enquiry line shown in Section 7.1 and NOT an emergency line.

7.6 Where a risk assessment conducted by the AMHP concludes that there is resistance, aggression, violence or possibility of escape (RAVE risk assessment) the AMHP will consider the merits of requesting the Police to assist with the escort and any subsequent conveyance of the patient to hospital. Each organisation or area will use their own approved risk assessment tools to complete risk assessments.

7.7 If, following a risk assessment, it is deemed necessary for the Police to attend an incident, the professional who has made that decision should contact the Police directly and provide details of the risk assessment and why they are required. The Police will assess such requests for support and grade their response accordingly. If a Rendezvous Point (RVP) is deemed necessary, Police, NWS and any other agencies involved, will communicate the RVP location. If any agency is delayed attending the incident, this must also be communicated to the partner agencies involved at the earliest opportunity.

7.8 A sedated patient must be accompanied by the clinician who has administered the sedation or another clinician suitably trained and able to manage a sedated patient. This would usually not include a Paramedic.

7.9 If the situation during the assessment deteriorates and risks increase prior to the arrival of the Police, the AMHP will telephone NWS using 999, quote the NWS Incident Number and ask for the request for assistance to be upgraded. The evidence for the upgrade request will be based on previous knowledge of the patient and his/ her presenting behaviour. The AMHP will ensure that the reasons for requesting urgent assistance from the Police are accurately recorded on the Mental Health Action form.

8.0 AT SCENE

8.1 Staff employed by NWS should, where it is consistent with their scope of practice, comply with any directions or guidance given by the AMHP, to ensure the transfer is completed in the safest and most humane way possible.

8.2 If (following a risk assessment), the ambulance crew of the vehicle provided by NWS believes that by conveying the patient in their vehicle they would put themselves, the patient or other road users at risk, they should review the risk assessment in conjunction with the AMHP and agree a plan to manage the patient using other assistance as required. It should be noted that the AMHP has the authority as the decision maker in law, and are permitted to delegate authority to convey, however the delegated party is under no obligation to accept that delegation and decisions should be made jointly or escalated if required.

8.3 It is always preferable to transport someone by ambulance. However, when there are identified risks, then measures may need to be taken to ensure the safety of the person, ambulance staff, healthcare professionals and police officers. The safety of staff always needs to be a consideration in these circumstances. The other options to be considered are:

- Police vehicle to follow ambulance
- Police Officer(s) to travel in the ambulance with the patient and ambulance staff
- Patient to be transported in a Police vehicle only in exceptional circumstances, with ambulance staff observing in a safe position within the police vehicle, and an ambulance travelling behind the police vehicle in a position to assist if necessary. A method of communication between police and ambulance crew should be agreed before leaving scene.

- 8.4** In situations where transport in a Police vehicle is deemed necessary **OR** in cases where there is a significant delay in NWAS attendance (outside of agreed timescales), officers are to follow local procedures to seek authority through supervision for use of a Police vehicle rather than an ambulance. If a Police vehicle is to be used following an earlier request to NWAS, then a further call is to be made to NWAS to cancel an ambulance, providing a clear rationale for the cancellation.
- 8.5** An escort should only be provided if needed and appropriate. This will depend on individual circumstances, and must be agreed between the AMHP, the S.12 (2) Mental Health Act Approved doctor, the General Practitioner (if present), personnel from NWAS and, where appropriate the Police (further detailed guidance to the use of escorts can be found in Chapter 17 in the MHA Code of Practice, 2015). Consideration should be given for individuals aged under 18yrs to receive an escort where appropriate.
- 8.6** The Act permits an AMHP to delegate the task of conveying the patient to another person, such as personnel from NWAS or Police. There is no requirement for the AMHP to travel in the same vehicle as the patient to hospital. (See 9.2). If the task is delegated, a form of delegation should be used and given to the delegated person or if electronic forms are being used, a form of delegation is sufficient if the AMHP confirms the section papers have been sent and accepted by the admitting hospital.
- 8.7** If the AMHP delegates, the conveyance of the patient s/he must be confident that the person accepting this responsibility is competent and fully aware of their responsibilities in relation to this task.
- 8.8** The AMHP should acknowledge that ambulance crews have minimal training and competency in the restraint of patients. Therefore, ambulance crews should carry out a risk assessment (DORA) with the AMHP, detailing their capability. It should also be noted that ambulances are not secure vehicles and can be easily opened during transportation. Risk of absconding from a moving vehicle should be considered during the DORA process.
- 8.9** Ambulance crews should be aware that AMHP's are experienced when risk assessing mental health patients, especially in relation to risk of violence. The professional opinion of the AMHP must form an

integral part of the joint risk assessment.

9. TRANSFER OF PATIENT

- 9.1** If the patient would prefer to be accompanied by another professional or by any other adult, that person may be asked to escort the patient provided the AMHP is satisfied that this will not increase the risk of harm to the patient or to others.
- 9.2** The AMHP should attempt to arrive at the same time as the patient at the hospital and remain there until they have ensured that;
- The admission documents have been delivered, checked for accuracy and received on behalf of the hospital managers
 - Any other relevant information is given to the appropriate hospital personnel.
 - The AMHP must complete their report (within 24 hours)
- 9.3** When it is not realistic for the AMHP to accompany the patient to hospital, they will telephone the ward to provide a verbal handover and ensure that a full written report is sent as soon as possible. The AMHP will inform other professionals of this decision prior to conveyance taking place. On these occasions, it is acceptable for NWAS to transfer the patient without the AMHP travelling in or following the Ambulance. In such cases the application form and medical recommendations should be given to the person authorised to transport the patient, with instructions for them to be presented to the member of hospital staff receiving the patient or if electronic forms are being used, a form of delegation is sufficient if the AMHP confirms the papers have been sent and accepted by the admitting hospital.
- 9.4** Where the patient has been sedated, the accompanying medical practitioner should inform the receiving hospital (prior to departure) the patient has been sedated and provide details of any sedation given. Depending on the nature and level of sedation, there may also be a requirement for a suitably qualified escort to accompany the patient.
- 9.5** Where the police have assisted in the conveying of the patient to hospital, the admission should be affected as efficiently as possible, and the time spent by Police in hospital restricted to the minimum required for safe transfer of responsibility.
- 9.6** The AMHP authorising transport (or police officer in the case of S.136 or S.135) will direct the patient to the appropriate destination. In the case of children, consideration should be given to appropriate destinations, including specialist child facilities for mental health.

10. RESTRAINT

- 10.1** People authorised by the applicant to convey patients act in their own right and not as the agent of the applicant. They may act on their own initiative to restrain patients and prevent them absconding, if absolutely necessary. However, when they are the applicant, AMHPs retain a professional responsibility to ensure that the patient is transported in a lawful and humane manner and should give guidance to those asked to assist (MHA Code of Practice Ch. 17.18).
- 10.2** All AMHPs will work in line with Organisational Health & Safety and Violence at Work policies.
- 10.3** If physical intervention is necessary, then the use of minimum force may be required to maintain the safety of the staff and others involved in the conveyance arrangements. The circumstances and reasons for doing this must be recorded on the AMHP report. If Police intervention was required, officers should have the opportunity to read the relevant sections of their involvement in the AMHP report before submission.
- 10.4** Ambulance staff are trained to provide minimal restraint in cases where there is no perceived risk of harm to them or the patient. Minimal restraint known as 'Proportional Response' can be utilised by NWS staff if the patient lacks capacity or is under a relevant section in accordance with the MHA.
- 10.5** Ambulance staff should complete a Dynamic Operational Risk Assessment (DORA) in all cases prior to the use of any form of minimal restraint; recording decisions and actions on the appropriate service documentation.
- 10.6** Ambulance staff are responsible for completing appropriate service documentation with relevant clinical information including; risk factors, actions agreed with AMHPs, police, police identification details, transport method and a description of any restraint applied by either ambulance staff or police officers. When police officers are involved and initially attend the hospital, then they should agree the appropriate service documentation details relating to their involvement before it is submitted to the hospital.
- 10.7** However, neither ambulance staff nor AMHPs are trained nor expected to restrain patients who are acting in a threatening or violent manner. NWS are however still medically responsible for the patient with regards to treatment and transportation.
- 10.8** Where Police are required to use reasonable force with a patient this will be in line with their legal powers and the National Decision-Making Model. Police officers should take into consideration advice

given from attending NWS clinicians with regards to patient positioning in reference to positional asphyxia and their medical state.

11. INTER-FACILITY TRANSFERS (In Area/Out of Area)

- 11.1** Where it is necessary to use NHS transport services to convey the patient to hospital, the responsibility to arrange this lies with the NHS Trust in whose area the journey arises. This is the situation for both NHS and Independent hospital patients. In the Northwest region NHS transport services are provided by NWS; this may include use of other services such as Volunteer Ambulance Services e.g., St. John Ambulance.
- 11.2** Where the AMHP is the applicant in these circumstances, s/he has the duty to ensure that all necessary arrangements are made for the patient to be conveyed to the hospital and will consult closely with NHS staff identifying the available bed. On these occasions, it is acceptable for NWS to transfer the patient without the AMHP travelling in or following the Ambulance (as per section 9.3).
- 11.3** In circumstances where an AMHP delegates their authority but is unable to remain in contact with the delegated team, the NWS EOC manager must be informed so they can ensure the hospital accepting the patient has received the patient. This should include the provision of appropriately qualified escorts where the patient's condition requires.
- 11.4** NWS will endeavour to return staff and equipment to their point of origin; if this isn't possible due to emergencies, the EOC Manager will assist in providing alternative transport. However, individual organisations should have other arrangements for repatriation of staff/equipment identified in advance, should NWS be unable to facilitate the return of staff. If the staff and equipment are already on board and the vehicle is sent to an emergency, the crew would attend to render aid (with staff and equipment on board).
- 11.5** Patients may need to be conveyed longer distances, because of a lack of available beds at the patient's local hospital. For complex long-distance journeys, NWS and the relevant Police force(s) (if required) will require advance notice, whenever possible, as they require planning.
- 11.6** The arrangement responsibility for patients who originate from out of area (that is, beyond the geographical boundary covered by this policy and procedures) and require NHS transport to return them to their local hospital is as follows;
- I. If the patient has been transferred by an Ambulance Trust to another area and requires transfer back to their own area, if this was done within 24 hours, the Trust who facilitated the initial

transfer is responsible for the return journey.

- II. If however the patient has been in hospital for over 24 hours, then it is the local Trust covering the area the patient is currently in, who is responsible for completing the journey.

- 11.7 A joint discussion with NWS should initially take place and focus on the patient's presenting issues and needs. NWS are normally involved in the transportation of such patients, however, there is agreement that such cases will be transported as an extra-contractual referral and the costs will be fully met by the appropriate receiving organisation. The needs of the patient are paramount and cost questions should not unnecessarily delay conveyance as these can be discussed retrospectively

12 FURTHER ADVICE/ESCALATION OF ISSUES

- 12.1 Any conflict of views between police, AMHPs and ambulance staff with regard to how a patient should be transported and/or restrained will be resolved by formal escalation pathway involving negotiation between the relevant attending police officer's Supervisor or, if unavailable, the Police Duty Inspector, AMHP lead and the NWS Senior Clinician.
- 12.2 Ambulance staff should also seek further clinical advice via the NWS Senior Clinician where they have concerns or are unsure about what the safest options are for the patient.
- 12.3 Police officers should seek further guidance from their Supervision or Divisional Mental Health SPOC.
- 12.4 Where there is failure to reach an agreement, each organisation should escalate through their command, management or on call structure.
- 12.5 Issues relating to ambulance transfers outside the Northwest must be escalated to NWS Gold Commander for consideration.

13 AUDITING, MONITORING AND REVIEW

- 13.1 All organisations included in this agreement will ensure that it is implemented in accordance with local procedures that will include provision for auditing the maintenance and the management of compliance with the terms of this document. The Northwest Region Police Mental Health Forum will review compliance and monitor any difficulties encountered and will report such matters to the Northwest Mental Health ADASS Group on a regular basis.
- 13.2 The Northwest Region Police Mental Health Forum representatives will be responsible for ensuring

there are local mechanisms in place for monitoring and taking corrective action where necessary. As above 13.1, such matters will be reported to the Northwest ADASS Mental Health Group on a regular basis.

14 14. SIGNATURES

Organisation: Lancashire Constabulary (on behalf of Cheshire, Cumbria, Lancashire, Merseyside and Greater Manchester Police Forces)

Name: P Lawson

Role: ACC Operations

Signature



Organisation: North West Ambulance Service

Name: Mike Jackson

Role: Chief Consultant Paramedic

Signature



APPENDIX 1

Legislation:

Mental Health Act 1983 as amended by the Mental Health Act 2007

Police & Criminal Evidence Act 1984

Criminal Law Act 1995

Human Rights Act 1998

Guidance:

Police & Criminal Evidence Act 1984 - Codes of Practice

European Convention on Human Rights - specifically Articles 2, 3, 5, 10, 14

Definitions used in this document:

The Mental Health Act 1983 (as amended by the Mental Health Act 2007)

Local Social Services Authority: Section 145 (1)

Approved Mental Health Professional: Section 145

(1) Community Treatment Order: Section 17A

Nearest Relative: Section 26 (3) Patient: Section 145 (1) Hospital: Section 145 (1) / Medical treatment: Section 145 (1)

Responsible Clinician: Section 34 (1)

Case law: There is no recent case law of relevance to this policy and procedures