

<b>Policy Number</b>	<b>MH16</b>
<b>Policy Title</b>	<b>INTER-AGENCY POLICY AND PROCEDURE FOR SECTION 136 (MHA 1983)</b>
<b>Accountable Director</b>	<b>Medical Director</b>
<b>Author</b>	<b>Operational Manager for CJLT</b>

<b>Superseded Terminology</b>	<b>New Terminology</b>
Clinical Business Unit (CBU)	Clinical Division
PCP Clinical Business Unit	Local Division
Liverpool Clinical Business Unit	Local Division

### **Safeguarding is Everybody's Business.**

This policy should be read in conjunction with the following statement:

All Mersey Care NHS Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults.

This includes:

- Being alert to the possibility of child adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child adult.
- Knowing how to deal with a disclosure or allegation of child / adult abuse.
- Undertaking training as appropriate for their role and keep themselves updated.
- Being aware of and following the local policies and procedures they need to follow if they have a child adult concern.
- Ensuring appropriate advice and support is accessed either from managers, safeguarding ambassadors or the Trust Safeguarding team
- Participating in multi-agency working to safeguard the child or adult (if appropriate to role).
- Ensure contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation
- Ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

**The date for review detailed on the front of all Mersey Care NHS Trust Policies does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy at any time due to organisation/ legal changes.**

**Staff are advised to always check that they are using the correct version of any policies rather than referring to locally held copies.**

The most up to date version of all Trust policies can be found at the following web address: [http://www.merseycare.nhs.uk/Who we are/Policies and Procedures/Policies and Procedures.aspx](http://www.merseycare.nhs.uk/Who_we_are/Policies_and_Procedures/Policies_and_Procedures.aspx)

# INTER-AGENCY POLICY AND PROCEDURE FOR SECTION 136 (MHA 1983)

GUIDANCE NO	MH16
RATIFYING COMMITTEE	Corporate Document Review Group
DATE RATIFIED	Interim Review June 2017
NEXT REVIEW DATE	September 2017

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Operational Manager for CJLT

## KEY ISSUES

- Joint working with multi-agency partners
- Delivering S136 assessments and management plans in a timely manner and within 2 hour performance indicator
- Ensuring transfers to Mersey care place of Safety at the earliest opportunity
- Recording information in S136 communication forms
- Ensure form compliance and complete data recording
- Data collection in the Business intelligence system and analysis of date

This document can be made available in a range of languages and formats on request to policy author.

## 1. Executive Summary

Mersey Care NHS Trust is committed to supporting individuals detained under S136 of the Mental Health Act 1983 (amended 2007) and ensuring that they receive the best care in a timely manner. The management of S136 is set out in this policy and procedure, MH16 and it has been written to meet national guidelines from the Royal College of Psychiatrists 2013.

The effective management of S136 is an integral part of the way the trust meets its duty to service users by a range of professionals and has been developed in conjunction with professionals and agencies both internally and externally from This policy has been produced by an inter-agency group consisting of representatives from Merseyside Police; Accident & Emergency Departments at the Royal Liverpool University Hospital (RLUH) and University Hospital Aintree; A&E Mental Health Liaison Teams at the RLUH and University Hospital Aintree; Social Services (including Out of Hours Team) and Criminal Justice Liaison Team (see appendix 1 for members). This is version 3 updated.

Its aim is to ensure that there is a well governed, structured and systematic approach to the whole process including data collection. The objectives of the policy include: -

- That staff involved in the process know how to support individuals and use the protocol to determine the process
- Guidance will be available for staff regarding the actions that should be taken by following the detention of an individual on S136 MHA
- That the process is conducted in a timely manner.
- That data is kept via the Business Intelligence Team and analysis of data to ensure that performance is monitored
- The Trust Board and its Executive Directors will be made aware of risk issues related to the management of S136

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### 3. Version Control

Version	Date	Author	Consultation With	Amendments Made
1	2 <sup>nd</sup> September 2013	Mark Sergeant	Jane Chaffer / Toni Manley / Gary Smith	Policy rewrite
2	9 <sup>th</sup> September 2013	Mark Sergeant		Amendments across the document
3	30 <sup>th</sup> September 2013	Mark Sergeant	Jane Chaffer / Mark Sergeant / Gary Smith	Amendments across the document
4	10 10 2013	Mark Sergeant	Jane Chaffer	Amendments across the document

### 4. Introduction

The S136 policy has been subject to a range of developments and changes that have been undertaken through a joint agency review / consultation in the S136 Strategy and S136 Operational groups. Guidance has been taken from the Mental Health Act 1983 (amended 2007) Version 15 and the Mental Health Act 1983 Codes of Practice 1983.

Whilst developed in a Mersey Care NHS Trust format this policy will apply to a range of agencies involved in the process which include Merseyside Police as well as all other authorities in Royal Liverpool & Broadgreen University Hospital Trust, University Hospital Aintree, Southport & District General Hospital, Social Services Merseyside with powers to remove under Section 136 of the Mental Health Act, British Transport Police, Tunnels Police and Port of Liverpool Police.

#### 4.1 Links or Overlaps with other Strategies/ Policies:

Where appropriate, anyone using this policy and procedure must be familiar with and comply with the following:-

- The Mental Health Act 1983 (as amended by the Mental Health Act 2007)
- The Mental Capacity Act 2005 (including the Deprivation of Liberty Safeguards as delegated by the Mental Health Act 2007).

- The Domestic Violence, Crime and Victims Act 2004 (as delegated by the Mental Health Act 2007)
- The Human Rights Act 1998
- The Care Programme Approach

Without exception, anyone operating within the framework of the Mental Health Act 1983 must comply with its key principles (see sections 118(2A-2D) and Chapter 1, pp. 5-6 of its Code of Practice).

Whenever mental capacity is to be considered the following practice must be adopted:- “In particular, they will need to be familiar with the principles of the MCA to understand what it means to lack capacity and to know when decisions can be taken in the best interests of people who lack capacity to take those decisions themselves, the steps to be taken before doing so, and the principles to be applied.” (MCA 2005 Code of Practice, Introduction, Para X1VIII).

## **4.2 Rationale**

4.2.1 The Mental Health Act 1983 Code of Practice recommends that local agencies work together to establish an agreed policy on the implementation of section 136 (Mental Health Act 1983 Code of Practice, chapter 10).

4.2.1 There have been changes in the Mental Health Act 1983 (as amended by the Mental Health Act 2007) and in local service provision in Liverpool and Sefton & Kirkby both in terms of Mental Health and Police procedure; a new policy needs to reflect this.

## **4.3 Scope**

### Current Legislation

**Section 136 Mental Health Act 1983:** (As amended by the Mental Health Act 2007)

- (a) If a constable finds in a place to which the public has access a person who appears to him to be suffering from mental disorder and to be in

need of immediate care or control, the constable may, if he thinks it necessary to do so in the interests of that person or for the protection of other persons, remove that person to a place of safety within the meaning of section 136 (see glossary) of the Mental Health Act 1983.

- (b) A person removed to a place of safety under this section may be detained for up to 72 hours for the purpose of enabling him to be examined by a registered medical practitioner and to be interviewed by an Approved Mental Health Practitioner and of making any necessary arrangements for their treatment or care.
  
- (c) A constable, an approved mental health professional or a person authorised by either of them for the purpose of this subsection, may before the end of the period of 72 hours, take a person detained in a place of safety under section 136 to one or more places of safety.

All Place of Safety within Mersey Care NHS Trust are within scope of the policy which includes those Designated Places of safety:

- University Hospital Aintree, Accident and Emergency Department.
- Royal Liverpool University Hospital, Accident and Emergency Department.
- Southport and District General Hospital, Accident and Emergency Department
- Rathbone Hospital Section 136 Suite, Mill Lane Liverpool as a place of transfer

As per Chapter 10 MHA Codes of Practice, a police custody suite should only be used on an exceptional basis, e.g. where the person's behaviour poses an unmanageably high risk to others. (see glossary) (National guidance does not advocate police custody as a suitable place of safety and this local policy would advocating not using it unless under 'exceptional circumstances' which would be down to an individual risk assessment though might include extreme violence)

### **4.3 Principals (Beliefs)**

4.3.1 Proper use of section 136 provides a valuable route into mental health care for those who appear to be mentally disordered. The overarching principles associated with the use of this policy are to ensure that service users are treated with dignity, respect and without judgement. Ensuring that the individual's needs are met in a timely manner and being mindful of the importance to decriminalise the patient's journey.

## **5.0 Standards**

The standards that are set out in the Royal College of Psychiatrists guidance are applicable to the following areas:-

### Place of Safety

Place of Safety should primarily be a mental health facility, however in Mersey Care the initial place of safety are the A&E departments and then after a physical health assessment the detained person is transferred to a mental health place of safety at Rathbone Hospital S136 Suite. The place of safety environment will meet the needs of all persons who are detained regardless of i.e. age, disability or ethnicity

### Staffing

Mersey Care has an operational lead for S136 supported by a S136 Co-ordinator which is further supported by the Hospital Mental Health Liaison Team in Mersey Care and Acute Care Staff across all places of safety.

### Conveying

Patients should ideally be transferred by the Ambulance Service and the arrangements are determined in the North West Regional Policy and Guidance for Conveying Patients S.6 (1) Mental Health Act 1983.[HYPERLINK](#)

### Local policy and monitoring of standards

Mersey Care S136 Operational group is a multi agency / disciplinary group that meets 3 monthly with defined terms of reference chaired by The Operational

Manager for HMHLT / CJLT and has a range of agencies i.e. Mersey care, Acute Care Trusts, Merseyside Police, North West Ambulance Service, Social Care

## **6.0 Duties** (Are not exhaustive and are meant to be brief and emphasis priorities)

### **6.1 Chief Executive**

The Chief Executive is accountable for ensuring that the systems and processes used to deliver the Trusts part of the section 136 pathway are available and valid and available in a timely way. The standards that have been agreed by the Trust as being valid have been laid down in this policy.

### **6.2 Director of Patient Safety**

Has delegated responsibility for supporting and catalysing the strategic improvement of the section 136 pathway across the catchment area of the trusts.

This post holder will -:

- Work closely with operational leads to plan developments required to improve the pathway and reduce the use of section 136 as a way of providing assessment and care for people
- Liaise regularly with external agencies working jointly with them to develop integrated pathways
- Work closely with commissioners to ensure they are aware of the deficits in pathway implementation and the associated risks
- Develop and catalyse the implementation of a strategic plan to improve the section 136 and associated pathways
- To ensure the trusts board is aware of the risks and associated remedial actions required to enhance the safety of the pathway Steve can you complete

### **6.3 Local Divisional Lead**

The local Divisional lead for 136 developments will liaise strategically with partner agencies, both internally and externally and ensure the delivery of the service to an agreed specification and quality outcomes

### **6.4 Operational Lead for Section 136**

Duties include:-

- Ensure that the policy is subject to consultation with the Section 136 Organisation/ Strategy Group.
- Undertaking regular review of the guidelines and ensuring consultation takes place during this process across all staff
- Ensure that the policy is implemented and in full operational use
- Ensuring that the guidelines are known to all staff working in the Hospital Mental Health Liaison Teams and Rathbone S136 suite
- Ensure that the guidelines are implemented across the Hospital Mental Health Liaison Teams as well as Rathbone S136 suite
- Ensure there is a robust education and training programme

### **6.5 Section 136 Coordinator**

Duties include:-

- Ensure that a system is in place that allows for appropriate levels of staffing supporting the process.
- Ensuring that the guidelines are adhered to on a daily basis
- Ensure that communication about the guidelines across the staffing team are effective
- Ensure that these guidelines are used in the induction of all staff
- Ensure that there is interagency working across the teams involved to foster good partnership working.
- Ensure that the extended role of this post is amalgamated into existing roles

### **6.6 Merseyside Police**

Duties include:-

- Ensure detention is legal and in accordance with MHA legislation
- Contact Place of Safety prior to arrival with individual detained under S136 MHA 83
- Complete S136 Communication form
- Complete risk assessment using RAG rating (Appendix)
- Joint discussion about outcomes of RAG and collaborative working

## **6.7 A&E Practitioners**

Duties include:-

- Complete S136 Communication form
- Ensure effective communication across all stakeholders
- Collaborative shared care approach to the detained person whilst in A&E place of safety

## **6.8 Medical Practitioners**

Duties include:-

- Complete S136 Communication form
- Ensure effective communication across all stakeholders
- Conduct mental health assessment
- Collaborative shared care approach to the detained person whilst in A&E place of safety
- Make arrangements for after care or hospital admission

## **6.9 Approved Mental Health Practitioners**

Duties include:-

- Complete S136 Communication form
- Conduct social care assessment
- Organise after care or transport for admission

## **6.10 All Staff**

Duties of all stakeholders across the local divisions in community and in acute care settings include:-

- All staff to work within the shared partnership protocol
- Ensure that they are fully aware of the guidelines and have read the document comprehensively
- Ensure that they implement all aspects of the section 136 policy
- Ensure that the section 136 forms are completed to ensure compliance and correct collection of data.

- Ensure that all staff involved across teams should work collaboratively and in partnership to support the process.
- Ensure that all staff has the best interests and welfare of the service user in mind at all times when involved in the transfer and conveyance of the service user, to include a risk assessment.
- The mental health practitioner who supports the section 136 assessment process will ensure that a brief entry is made in the patient's electronic records capturing the service user's presentation and outcome of assessment and plan.

### **6.11 Staff external to the Section 136 team place of safety staff at Rathbone Hospital**

- Ensure that all referrals are discussed with the nurse in charge at the PICU
- Ensure that referrals are completed thoroughly and in a timely fashion
- Ensure that at times when there are insufficient resources available within the Section 136 team that the nurse in charge should make every effort to liaise with the nurse bank and other acute inpatient areas to try and obtain staff.

### **6.12 North West Ambulance Staff**

- Responsible for physical health care screening
- Responsible for conveying to place of safety

## **7. Protocol (what)**

### **7.1 Inserted Rathbone Pathway for S136 MHA**

- **Direct Access to Mental Health Place of safety at Rathbone S136 Suite as an alternative to Royal Liverpool Hospital A&E**
- The Section 136 Suite at Rathbone hospital is the only mental health specific place of safety provided by Mersey Care NHS Trust. It only has the capacity to manage one person at a time and does not have medical specialists on hand to undertake the same level of physical health care checks that would be possible within an A.E department.
- Therefore anyone who is considered to be physically unwell and requiring medical assessment/ treatment and or under the influence of alcohol and or

drugs should be taken to the local Place of Safety within the A.E department of the Acute Trust.

- The following pathway should be followed to ensure that people are safely managed and are taken to a Place of Safety that has capacity to manage them and that can effectively meet their needs -:
- Removal of an individual who appears to be suffering from a mental disorder and in need of immediate care or control:
- When police officers find an individual who appears to be suffering from a mental disorder and are in need of immediate care or control they will:
- Establish that the individual is in a place to where the public has access e.g. cinemas, day centres and A&E waiting rooms. The following does not constitute a public place for the purpose of detention e.g. front gardens or examination cubicles; however parts of A&E which are not deemed to be private areas are included.
- It will assist the police officer in making a decision if they contact the A&E Mental Health Assessment Team for information and advice before holding a person under Section 136 MHA 1983 on 0151 706 2782 or the Street Car on (add number) during operational hours of the car (16.00 to 12.00).
- When a decision has been made to invoke a S136 the ambulance service must be contacted immediately to consider mode of transport following the North West Regional policy for conveying mental health patients protocol.
- The police officer will proceed to remove the individual and give consideration to the relevant place of safety. Consider options available for place of safety (PoS) (i.e. Rathbone S136 PoS, A&E department. (This option is not currently available for Aintree hospital or Southport hospital)
- The ambulance service will complete physical health care checks and follow paramedic pathfinder tool to support decision making on which place of safety is most suitable and **if** no physical health problems are identified (e.g. exit pathfinder at 'Blue' or fulfils self-care pathway) then a direct transfer to Rathbone S136 is possible when the Rathbone suite has no one currently detained at the place of safety, when it is deemed physically appropriate for the detained person to go and ensuring that arrangements are made for Mersey care staff to support the detention at Rathbone suite.
- The police control centre staff must ring the Place of Safety co-ordinator at Royal Liverpool Hospital A&E department on bleep number **(5058)** to inform them of the imminent arrival of an individual under Section 136, providing as much information as possible. This will allow the co-ordinator to determine the

most appropriate place of safety and offer guidance to the police and ambulance staff and prepare an appropriate interview room. The co-ordinator must inform either Rathbone place of safety on 0151 471 7973 or A&E at Royal Liverpool Hospital on 0151 706 2996 to inform of the decision. The co-ordinator will deploy S136 support workers accordingly and go directly to Rathbone S136 suite if there is not a member of 136 staff already based at Rathbone.

- If for any reason staff at Rathbone S136 suite needs clarification on transfer to accept the detained person, this needs to be authorised by the S136 Co-ordinator immediately. A datix incident form must be completed for none acceptance of the detained section 136 service user at Rathbone S136 suite.
- Only one transfer to Rathbone S136 suite can take place at a time and if the Rathbone PoS has a S136 detention then all other S136 must go to A&E PoS regardless of health problems.

To ensure that staff are supporting service users in the Rathbone 136 suite that they adhere to the following:

- Upon arrival the police officer will be provided with the agreed S136 monitoring form and the support worker must ensure the form is completed thoroughly.
- The police officer will complete the relevant section
- The police officer will ask staff at the place of safety for any relevant information on their systems regarding the individual detained under S136 MHA that will inform the risk assessment (RAG) in relation to police officers remaining at the place of safety.
- The police officer will then contact the relevant Police Critical Incident manager in order for to complete the risk assessment (RAG) to determine if officers are to remain with the individual

On initial presentation to the Rathbone S136 suite the nurse in charge will ensure the following

- An assessment to establish the appropriate level of observation required for the individual.
- Rathbone staff will be given a full handover from the Ambulance crew who will have completed baseline observations on the patient to ascertain that there is no medical or physical need for the patient to present at A&E and is deemed medically fit to remain at the Rathbone 136 suite
- The staff will also consider the need for further physical health care assessments using by doing regular base line observations
- Members of the 136 staff on the unit to support 136 assessments should receive an orientation to the section 136 environment and be introduced to the nurse in charge.

- All support staff remaining on the unit to support 136 assessments need to be given a set of keys and an alarm
- The nurse in charge will need to ensure that the section 136 environment is checked every 15 minutes as part of the routine level 2 checks whilst in use
- If further physical health care needs are identified then a decision to transfer a person from Rathbone place of safety should be considered by the nurse in charge and in making this decision, consideration must be given to the benefits of the move, any delay/distress caused and any other relevant circumstances.
- The ambulance service will be contacted to transfer and determine immediate physical health needs and have a dialogue about decision to transfer for further physical investigation
- If the patients physical health is rapidly deteriorating then the ambulance service should be contacted immediately utilising the '999' service.
- The nurse in charge of the Rathbone S136 suite needs to ensure that an entry is made in the patients electronic records capturing the service user's presentation and outcome of assessment and plan.

#### Note

The Department of Health recommends that the proposed next place of safety should be contacted to confirm they are willing to accept the person before the transfer takes place. It is further recommended that, except in an emergency, an AMHP, a doctor or another healthcare professional should assess whether the person's health or safety (or that of others) will be at risk if there is a transfer and should approve the transfer before it happens.

Under exceptional circumstances where the person's behaviour poses an unmanageably high risk (i.e. extreme violence) consideration should be given by the police regarding the removal to a custody suite where possible an ambulance should be used.

## Royal Liverpool Hospital

### **7.2 Removal of an individual who appears to be suffering from a mental disorder and in need of immediate care or control who has physical health care needs:**

- When police officers find an individual who appears to be suffering from a mental disorder and are in need of immediate care or control they will:
- Establish that the individual is in a place to where the public has access e.g. cinemas, day centres and A&E waiting rooms. The following does not constitute a public place for the purpose of detention e.g. front gardens or

examination cubicles, however parts of A&E which are not deemed to be private areas are included.

- It may assist the police officer in making a decision if they contact the A&E Mental Health Assessment Team for information and advice before holding a person under Section 136 MHA 1983 on 0151 706 2782.
- The police control centre staff must ring the receiving A&E department on 0151 706 2996 to inform them of the imminent arrival of an individual under Section 136, providing as much information as possible. This will allow the nurse in charge of A&E to prepare an appropriate interview room.
- When a decision has been made to invoke a S136 the ambulance service must be contacted immediately to consider mode of transport following the North West Regional policy for conveying mental health patients protocol.
- The police officer will proceed to remove the individual and give consideration to the relevant place of safety.
- A decision to move a person from one place of safety to another should be made on every occasion as it is considered to be more appropriate for them to be in an alternative setting to A&E whilst awaiting assessment. This decision should be undertaken by the Mersey Care practitioner and in making this decision, consideration must be given to the benefits of the move, any delay/distress caused and any other relevant circumstances.
- If for any reason staff at Rathbone S136 suite need clarification on transfer to accept the detained person, this needs to be authorised by: In working hours: PICU Ward Manager (Modern Matron in ward managers absence) & Out of hours: Bronze on call Silver on call
- A datix incident form must be completed for none acceptance of the detained section 136 service user.
- To ensure that when staff are supporting service users in the Rathbone 136 suite that they adhere to the following:
- Upon arrival the police officer will be provided with the agreed S136 monitoring form. The police officer will complete the relevant section
- The police officer will then ask staff at the place of safety for any relevant information on their systems regarding the individual detained under S136

MHA that will inform the risk assessment in relation to police officers remaining at the place of safety.

- The police officer will then contact the relevant Police Critical Incident manager in order for to complete the risk assessment to determine if officers are to remain with the individual
- On initial presentation to the Section 136 suite the nurse in charge will complete an assessment to establish the appropriate level of observation required for the individual.
- The nurse in charge will advise the Rathbone team that the section 136 environment will be checked every 15 minutes as part of the routine level 2 checks.
- The member of staff is given a set of keys and an alarm
- The member of staff will receive an orientation to the section 136 environment and will be introduced to the nurse in charge.
- The nurse in charge will support the member of staff with toilet breaks and refreshment breaks as required.
- The nurse in charge of the Rathbone S136 suite will ensure that a brief entry is made in the patients electronic records capturing the service users presentation and outcome of assessment and plan. (Needs moving to Rathbone responsibilities section)
- The Department of Health recommends that the proposed next place of safety should be contacted to confirm they are willing to accept the person before the transfer takes place. It is further recommended that, except in an emergency, an AMHP, a doctor or another healthcare professional should assess whether the person's health or safety (or that of others) will be at risk if there is a transfer and should approve the transfer before it happens.
- Under exceptional circumstances where the person's behaviour poses an unmanageably high risk (i.e. extreme violence) consideration should be given by the police regarding the removal to a custody suite where possible an ambulance should be used.
- Consider flow chart (Appendix)

## **7.2 On notification of impending use of Section 136:**

Wherever possible the psychiatrist examining the patient should be approved under section 12 of Mental Health Act 1983 and where possible if known then their own psychiatrist would be most appropriate. Where a psychiatrist who is not approved under the Mental Health Act 1983 has conducted the examination the reasons for this should be recorded. However it is best practice that the assessment should take place by the Section 12 psychiatrist and should these attempts fail, then the Consultant Psychiatrist on call can be called.

### **7.3 Arrival in Accident and Emergency Department:**

- On arrival the nurse in charge of A&E will direct the police officer to take the individual to an identified room or area (the S136 room should be used on every occasion) and both police and health parties will complete their relevant sections of the Section 136 MHA 1983 form which is kept at the place of safety (see pack).
- The nurse in charge must give information regarding the rights of the individual held under Section 136 (forms kept at the place of safety and held in information pack).
- Physical health needs should be properly assessed on arrival and priority of need made and an effective handover given to the mental health team.
- It is the responsibility of the mental health practitioner/ support worker to inform care line and the relevant psychiatrist. In hours it is the on call consultant and out of hours it is the Specialist Registrar on call or consultant psychiatrist (using the 10 steps approach in Appendices).
- Assessment by both psychiatrist and AMHP should begin as soon as possible and good practice guidelines suggest maximum waiting time of 2 hours for the assessment to begin. After this time the escalation process (Appendices) will be instigated this may be delayed if excessive use of alcohol or drugs is present. Where the AMHP is unavailable out of this time frame then the psychiatrist must make arrangements to see the detained person independently.

- If there are delays in starting the assessment process the psychiatrist must be available to conduct an assessment independent of the AMHP within 2 hours
- On arrival at the place of safety, both the psychiatrist and the AMHP must see the individual. Where the psychiatrist, having examined the individual independently of the AMHP, concludes that he/she is not mentally disordered within the meaning of the Act then the individual can no longer be detained under Section 136 and should be immediately discharged from detention. The AMHP should be informed so consideration of their social needs be addressed.
- In the event of discharge from the Section 136 then the role of the AMHP is to ensure that there is adequate after care (social, housing etc.) if deemed appropriate. If the individual is not seen by the AMHP e.g. unable to attend within 4 hours or client unwilling to stay, and there is an identified social need, then Social Services will be informed in order to arrange aftercare post discharge from the place of safety.
- In the event of the person requiring an assessment for learning disabilities, whenever possible the assessing doctor and AMHP should be specialists in that area.
- It will then be the responsibility of the AMHP to arrange for a second doctor (the second Doctor maybe patient's own GP, a locum GP, or a psychiatrist whether or not Section 12 qualified provided not employed by the same trust) and make a decision regarding the application.
- It is the responsibility of each professional to complete and properly distribute the relevant documentation.
- The nurse in charge of A&E must give the detained person their rights under Section 136 MHA 1983 using the explanation of rights, form 6 in the information and action pack.

#### **7.4 Police attendance in Accident & Emergency:**

- The decision for police to remain in the Accident & Emergency Department will be determined by a risk assessment. This will be completed by the Police Critical Incident Manager using the Merseyside Police risk assessment tool

(RAG) rating. Information provided by staff at the place of safety will be used to inform the risk assessment. i. If staff at the place of safety do not agree with the level of risk determined by the Critical Incident manager, staff should attempt to resolve this locally, however if this is not achievable, this should be escalated via the process on the attached RAG document.

- A decision will then be made to consider transferring to the place of safety at Rathbone S136 suite at the earliest opportunity.
- It is the responsibility of the hospital Mental Health Liaison practitioner to liaise with the police at regular intervals to bring them up to date with the situation and consideration should be given to continually discuss RAG rating.
- It is envisaged that the process will be dealt with within a two hour period. If this is not possible then the Hospital Mental Health Liaison practitioner will escalate this using the escalation policy.
- In the first instance an ambulance should be used to convey the service user detained to the Rathbone S136 suite as per the local agreement (Appendix or reference / hyperlink).

## **7.5 Documentation**

- All section 136 Documentation Packs are available from the Mersey Care web site and via the section 136 coordinator.
- The section 136 Form must be fully completed in full to ensure compliance and correct data collection to inform audit.  
It is essential that all copies of each completed form are sent to the mental health act administrator irrespective of outcome in a timely manner.
- Any decision to transfer a patient to an alternative place of safety must be recorded in the patient's clinical notes and on the section 136 form. This written record must comply with Ch.10.34-10.41 (pp80/1) MHA 1983 Code of Practice.
- Transfer under section 136 is *NOT* subject to section 19 Transfer and therefore no section 19 documentation is required.
- All data is extracted from the Epex system into the S136 Portal which identifies a range of data for analysis.

## 7.6 Aintree and Southport Hospitals

This procedure spells out the steps and the responsibilities for conduct of an assessment under S136 of the Mental Health Act. It specifically details the responsibilities of staff from the Police, Acute Trusts, Mersey Care, and Social Services.

- 1) When police officers find an individual who appears to be suffering from a mental disorder and are in need of immediate care or control they will:
  - Establish that the individual is in a place to where the public has access e.g. cinemas, day centres and A&E waiting rooms. The following does not constitute a public place for the purpose of detention e.g. front gardens or examination cubicles, however parts of A&E which are not deemed to be private areas are included.
  - If it is decided to implement a Section 136, the police control room will contact the place of safety to inform them of the impending arrival and full details of the individual detained under S136 MHA 83
  - When a decision has been made to invoke a S136 the ambulance service must be contacted immediately to consider mode of transport following the North West Regional policy for conveying mental health patients protocol.
  - The police officer will proceed to remove the individual and give consideration to the relevant place of safety.
- 2) Acute Trust Nurse at AED will register the Section 136, open the record form.
  - Upon arrival the police officer will be provided with the agreed S136 monitoring form. The police officer will complete the relevant section
  - The decision for police to remain in the Accident & Emergency Department will be determined by a risk assessment. This will be completed by the Police Critical Incident Manager using the Merseyside Police risk assessment toll (RAG) rating. Information provided by staff at the place of safety will be used to inform the risk assessment. i. If staff at the place of safety do not agree with the level of risk determined by the Critical Incident manager, staff should

attempt to resolve this locally, however if this is not achievable, this should be escalated via the process on the attached RAG document.

- The police ask staff at place of safety for any relevant information on there systems about the individual detained under S136 that will inform the risk assessment
- The police officer will then contact the relevant Police Critical Incident manager in order for to complete the risk assessment to determine if officers are to remain with the individual

3) The AED Nurse will read the rights to the detained person, provide a copy of the rights.

4) The AED Nurse will complete a physical health clinical triage.

- i) If there is need for immediate medical intervention such as resuscitation or surgery they will engage A&E medical staff as per triage requirement, before contacting SpR and AMHP with information from medical staff
- ii) If some physical health procedure is required (investigations, treatment of overdose, medical opinion etc.) □ section 136  
is to be initiated alongside medical assessment.
- iii) If no medical input needed they will proceed with assessment process.

5) AED nurse to inform SpR by telephone and record details on form (Name, Time of call and Estimated Time of Arrival)

6) AED nurse to contact Careline and give information including medical arrival time. Record all details.

7) AED nurse to Inform SpR of AMHP estimated time of arrival if known.

8) AED nurse to keep Police Officer informed of progress

9) SpR to speak with Duty AMHP if contact available and confirm the assessment time with each other.

i) If both parties able to attend within 2 hours, confirm time and attend for joint assessment

ii) If joint attendance is not possible within 2 hours the SpR is to attend as soon as possible.

- iii) If the SpR is unable to attend within 2 hours due to urgent clinical commitments, SpR to discuss with Consultant on call and arrange time for Consultant or SpR to attend. They will inform AED nurse of estimated arrival time.
  
- 10) The AED nurse will continue role as coordinator and will monitor timescales.
  - i) If MH SpR or AMHP do not attend as scheduled they will call either SpR or Careline to check times.
  - ii) They will continue to make and record chase up calls on an hourly basis until attendance, informing Bronze on call if delay prolonged and over 4 hours.
  
- 11) AMHP and SpR complete assessment together
  - a) If there is no indication for admission and no social care needs identified, MHA Section 136 assessment to conclude, management plan documented and patient discharged. Discuss RAG rating
  - b) If there is no indication for admission but social care needs identified:
    - i) Confirm if Police presence no longer required. Make necessary arrangements
  - c) If informal admission required
    - i) SpR contact MH bed management
    - ii) Discuss to confirm Police RAG rating
  - d) If medical recommendation for detention completed
    - i) SpR contact MH bed management
    - ii) AMHP to contact s12 doctor
    - iii) Discuss whether police presence required
    - iv) AMHP to wait to complete assessment
    - v) SpR to wait if practical
    - vi) On completion of further assessment, if application for formal admission, inform bed management, facilitate transfer. If informal admission, inform bed management, facilitate transfer

If SpR or Consultant attends alone first

- 12) Do first assessment alone
  - a) If there is no indication for admission and no social care needs identified, section 136 assessment to conclude, management plan documented and patient discharged.
    - i) Police to confirm RAG rating
    - ii) SpR to inform Duty AMHP of the outcome.
  - b) If there is no indication for admission but social care needs identified:  
SpR to
    - i) Discuss with Duty AMHP re attendance.
    - ii) Confirm Police presence no longer required
  - c) If informal admission required
    - i) SpR to contact MH bed management
    - ii) Inform AMHP re attendance
    - iii) Confirm Police RAG rating
  - d) If medical recommendation for detention completed
    - i) SpR contact MH bed management
    - ii) Inform AMHP re attendance
    - iii) AMHP to contact s12 doctor
    - iv) Discuss whether police presence required
    - v) Wait for AMHP or meet AMHP unless clinical demands do not permit

NOTES:

- I. The aim of this procedure is to provide the detained person with the optimal care and minimal risk, to comply with the law and relevant Codes of Practice, to streamline assessment and demands on services, and to cut out grey areas, lack of clarity, and “urban myths”.
- II. The Acute Trust staff will take responsibility for coordinating the process and recording contacts and actions.

- III. The MH practitioners will not make an assessment and are not directly involved except as part of bed management process at appropriate times.
- IV. The Psychiatrist is responsible for expediting the psychiatric assessment and coordinating with the Consultant on call if there are conflicting demands.
- V. The AMHP is responsible for contacting S12 doctor where appropriate and for their usual role in MHA assessment, including involvement in transfer.
- VI. Mersey Care bed management staff are responsible for identifying available MH beds for admission.
- VII. PCP CBU Silver on call is responsible for escalation if there are prolonged difficulties or delays.
- VIII. The Psychiatrist, nurse in charge of AED and AMHP will consider the need for police presence at each stage of the assessment and will agree police RAG rating.
- IX. All parties will record details and timings of actions on the form provided.
- X. The assessment is to be initiated and to proceed even if the detained person has been using alcohol or illicit substances, with the Psychiatrist directly assessing whether they can complete interview.
- XI. The need for medical intervention or investigation will not prevent process of the assessment being started unless it is physically impossible, e.g. if the detained person is unconscious or anaesthetized.
- XII. All documentation must be completed and sent to appropriate fax number.
- XIII. All appropriate information must be entered in the patient electronic records.

## **8. Development & Consultation Process**

This policy was developed in accordance with local and national policy guidance and the development process has been framed by a robust process of consultation through the S136 Strategy & operational groups (2013-2014)

The policy will be subject to a rigorous implementation plan through the form of a marketing strategy which will involve amongst other aspects road shows, delivered widely across the trust giving teams and practitioners a more in-depth overview of the S136 processes.

## **9. Monitoring Compliance with the Policy**

Ongoing review of the policy and operational/ strategic issues will occur through the section 136 organisational meetings on an annual basis. There will be a series of reports for commissioners and regular data analysis will be undertaken.

## **10. References:**

Jones, R. Mental Health Act Manual, 15<sup>th</sup> Edition (2006). Thomson Sweet & Maxwell.  
Mental Health Act (1983).

Code of Practice 2008, Department of Health and Welsh Office London HMSO

## **11. Glossary of terms and abbreviations**

### **Under extreme circumstances**

In extreme circumstances, for example, violent and unmanageable behaviour, the removal to a custody suite should be considered. Consideration of removal to a custody suite should also be given when there is knowledge that the detained person has previously been difficult to manage in a casualty department

CJLT	Criminal Justice Liaison Team
RLBUH	Royal Liverpool Broadgreen University Hospital
CEO	Chief Executive Officer
CPA	Care Programme Approach
MHA	Mental Health Act
RAG	Red Amber Green
A&E	Accident & Emergency
PICU	Psychiatric Intensive Care Unit
AMHP	Approved Mental Health Professional
GP	General Practitioner
HMSO	Her Majesty's Stationary Office
MCT	Mersey Care Trust
SPR	Specialist Psychiatric Registrar
NHS	National Health Service
RLUH	Royal Liverpool University Hospital

HMHLT      Hospital Mental Health Liaison Team

Epex is a clinical electronic patient's records system

## 12. Appendices

10 stepped approach to Section 136 presentations

**Step 1** – On arrival to the Accident and Emergency Department (A&E) the A&E staff should contact the Hospital Mental Health Liaison team (706 2782) and provide details of the individual detained on a S136 within **10 minutes** of presentation. The target is for all Section 136 assessments to start within **2 hours** of A&E presentation.

**Step 2** – The individual will be triaged by the A&E staff and any physical health care needs assessed and treated. The individual will be given information and documentation around their detention on a S136 by the A&E nurse in charge and start the process of completing the MCT S136 form. The individual will be placed in the S136 suite (where appropriate).

**Step 3** – A mental health liaison practitioner will be allocated to this case and they will start the assessment process by gathering as much clinical information as possible regarding the individual and their current presentation (e.g. ePEX and Primary Care).

**Step 4** – The mental health liaison practitioner will contact Care Line (233 3800) and the SPR on Call (473 0303) and provide clinical details of the S136 presentation. They will contact the bed management team (250 5085) and make a request for a bed.

**Step 5** – The mental health liaison practitioner will conduct a summary of the clinical presentation within **60 minutes of presentation** with the service user and police to assist the assessing team. This will be recorded on the ePEX system. They will continue to support the service user and police throughout the presentation ensuring any needs are met (refreshments, support, updates etc). An agreement will be collaboratively made with the police, A&E staff and mental health liaison practitioner around the management of the service user and a decision made around transferring the individual to the S136 suite at the Rathbone (471 7973) and the requirement for the police to remain.

**Step 6** – Care Line staff will contact the on call duty AMHP and provide the clinical details of the individual detained on the S136. The AMHP will liaise with the on call SPR or Consultant and arrange a time to come to A&E to complete the mental health act assessment. The time will be communicated to the hospital mental health liaison team (706 2782).

**Step 7** – The SPR, AMHP and Section 12 GP or the SPR on his own (in agreement with AMHP) will conduct the mental health act assessment and formulate treatment options. The assessing team will discuss the assessment with the mental health liaison practitioner and finalise a treatment plan (inpatient admission, referral to home treatment, referral on to other services or refer back to primary care etc). The SPR will ensure appropriate documentation is completed.

**Step 8** – If admission is the outcome of the mental health act assessment the mental health liaison practitioner will liaise with the bed management team to secure the bed and arrange the appropriate transport. The AMHP will arrange the appropriate conveyance of the individual to the inpatient unit.

**Step 9** – The AMHP will make arrangements to inform relevant others in relation to any risk issues identified (e.g. safeguarding). They will communicate the outcome of the assessment to relevant others involved in the individuals care (Carers or relatives).

**Step 10** – The mental health liaison practitioner will ensure the MCT S136 form is completed in full and fax to Wendy Rimmer Mental Health Act Administrator (471 7731).

## Police remaining with the individual at the Place of Safety

S.136 MHA allows a Constable to remove an individual found in a public place who appears to be suffering from a mental disorder and appears to be in immediate need of care or control to a place of safety, however the powers of detention given by S.136 (2) MHA 83 are not conferred expressly on the police, but are given to any person who is party to the detention of the disordered person, once he/she has been brought to the place of safety.

It will be the responsibility of the Critical Incident Manager to decide if officers will remain with the individual detained under S136 MHA 83 at the place of safety.

The CIM will be contacted by the detaining officer who will outline the circumstances of the detention and the demeanour of the detained individual.

Upon arrival at the place of safety, the detaining officer will request any relevant information from staff at the place of safety regarding the individual that will inform the CIM's decision. This information along with information from police systems will be considered using the table below to inform the decision.

**Low (not requiring police presence)** – upon arrival after completion of 136 form the officer will inform the nurse in charge, that the police will not be remaining with the individual.

**Medium (requiring police presence)** -- that the police will be remaining with the individual for a maximum of 3 hours.

**High (requiring police presence)** – Police MUST remain with the individual for the duration of their assessment under 136 MHA or until their risk status determines the police can leave.

**Section 136 Mental Health Act – Risk Assessment Tool for determining the need for continued Police Support within Place of Safety**

Low Risk	Medium Risk	High Risk
To be managed within hospital Place of Safety – Continued Police support is <b>NOT</b> necessary.	To be managed within the hospital Place of Safety – Continued Police support <b>MAY</b> be required.	To be managed within the hospital Place of Safety with <b>CONTINUED</b> Police support or in exceptional circumstances, Police Custody
Current / recent indicators of risk	Current / recent indicators of risk	Current / recent indicators of risk
No current or historic behavioural, criminal or medical indications (other than mild alcohol or substance use) that the individual is violent OR poses a risk of absconding OR is an imminent threat to their own or anyone else's safety.  <b>OR</b>	Some currently presented or recent behavioural indication which is more than just verbally abusive. <b>AND/OR</b> Some recent criminal /medical indications that the individual may be violent or poses a risk of absconding or is a threat to their own or anyone else's safety.  <b>BUT</b>	Currently presented or recent history of behavioural, medical or criminal indications (including significant substance intoxication) that an individual is violent and/or poses a high risk of absconding or is an imminent threat to their own or anyone else's safety.  <b>OR</b>
Previous indicators	Previous indicators	Previous indicators
Which are few in number and historic or irrelevant:  <b>BUT</b>  Excluding violence graver than ABH and not involving weapons, sexual violence or violence towards NHS staff or vulnerable people.	Limited in number or historic or irrelevant: including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people.  <b>OR</b>  LOW RISK persons who have disengaged from treatment and where there are MEDIUM RISK threats when disengaged.	Include violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people.  <b>OR</b>  LOW or MEDIUM risk persons who have disengaged from treatment and where there are HIGH RISK threats when disengaged.

The level of risk and the reasons for determining that level will be fully documented on the relevant STORM log.

The Nurse in charge at the place of safety will be informed of the decision. Details of the person informed and their response will be documented on the relevant STORM log.

**Low (not requiring police presence)** – Inform the nurse in charge, that the police will not be remaining with the individual.

- Patient should be located in full view of staff and if nurse in charge considers it appropriate, one to one (Security/Nurse)
- Consider a member of family or friend to attend and wait with the patient.
- Storm log number to be provided to nurse in charge, advising that if patient absconds/becomes violent or threatening contact police (999) without delay.
- Storm Log should remain open, in case of recall from place of safety.

**Medium (requiring police presence)** - Inform the nurse in charge, that the police will be remaining with the individual for a maximum of 3 hours.

- After 2 hrs – Request an update from the nurse in charge as to what preparations are in place for the hand over from police remaining with individual to health/security staff. Document their response on STORM log.
- After 3 hrs – CIM to re-evaluate 136 risk assessment to determine if the individual is presenting as Low, Medium or High risk.
- Document decision making & result on relevant Storm log.

- If individual still presenting as Medium risk - Inform the nurse in charge, that the police will be handing the responsibility for the individual to the nurse in charge.
- Document details of nurse in charge accepting responsibility on storm log.
- Patient should be located in full view of staff and if nurse in charge considers it appropriate, one to one (Security/Nurse)
- Consider a member of family or friend to attend and wait with the patient.
- Storm log number to be provided to nurse in charge, advising that if patient absconds/becomes violent or threatening contact police (999) without delay.
- Storm Log should remain open, in case of recall from place of safety.

**High (requiring police presence)** – Police MUST remain with the individual for the duration of their time at the place of safety or until their risk status determines the police can leave.

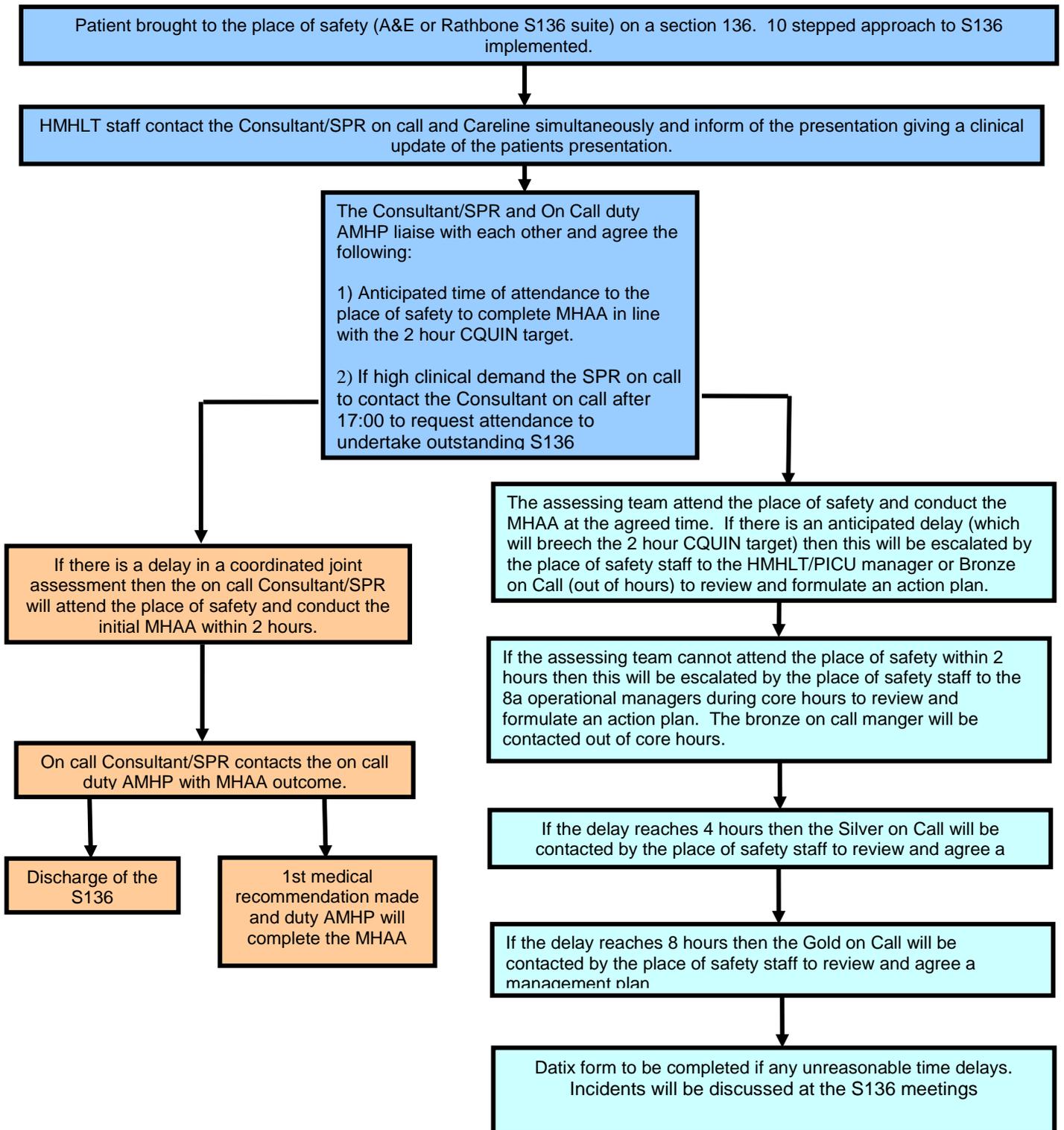
Lengthy delays regarding assessment or once assessment completed, locating a bed should be escalated via the relevant organisation's managerial structure.

### **Disputes Regarding Level of Risk/Officers Remaining with the individual**

In the event of a disagreement regarding the determined risk level and officers remaining in attendance;

- Attempts should be made to resolve the dispute at a local level by those present at the assessment.
- If a dispute cannot be resolved at this level then it should be referred to the relevant Chief Inspector (Operations) during office hours and otherwise via the Duty Superintendent and the Duty Manager for the POS.
- The reasons for the dispute and all relevant staff member's details should be recorded on the STORM log and forwarded to the BCU Mental health SPOC to raise at the local partnership136 Monitoring Group meetings.
- The BCU Mental Health SPOC should highlight any issues to the Mental Health Liaison Officer.
- Any issues that cannot be resolved, will be raised by the relevant Detective Superintendent within the PPU to Senior Managers within partner agencies.

## LOCAL DIVISION ESCALATION PROCESS FOR SECTION 136.



\*\*\*\* If there are any delays the manager on call will arrange the management plan following conversations with the medic and duty AMHP on call. The management plan will be to complete the assessment within an agreed timescale. This will be relayed to the place of safety staff by the on call manager.\*\*\*\*

**AGREEMENT BETWEEN ROYAL**

# **SHARED ACCOUNTABILITY / CARE AGREEMENT BETWEEN ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITAL NHS TRUST (RLBUHT) AND MERSEY CARE NHS TRUST FOR THE DELIVERY OF MENTAL HEALTH CARE (INCLUDING S136) WITHIN THE EMERGENCY DEPARTMENT**

## **BACKGROUND**

The Royal Liverpool Hospital (RLH) Emergency Department is identified as a 'place of safety' under Sections 135 and 136 of the Mental Health Act 1983 and as such patients are brought in by Police officers under a S136 when concerns around their mental health have been identified. The Emergency Department does have a designated S136 room which is equipped to accommodate those detained under S136 and is the locally designated place of safety according to the S136 Policy.

In addition the Emergency Care Department also deals with patients with mental health issues who may not be detained on a S136 but do require access to mental health assessment and services via referral.

A 24 hour Mental Health Liaison Team (MHLT) is situated in the Emergency Department at RLH. This Team is provided and managed by Mersey Care NHS Trust. The remit of the Team is to ensure that patients are reviewed from a mental health perspective and treatment plans implemented.

Where a patient is detained at RLH under Sections 135 or 136 the detaining authority is RLBUHT. RLBUHT remains responsible for the detention of the patient until appropriate assessments and interviews have taken place and any necessary arrangements for the patient's treatment and care have been made or for a maximum of 72 hours, whichever is the sooner.

It is recognised that working relationships are well developed between the Emergency Department staff and Mersey Care colleagues over recent years,

however there is a clear need for a protocol to determine the shared care responsibilities of each organisation in relation to those detained under S136 and those presenting with physical health problems that have mental health needs.

In terms of governance arrangements both organisations are signed up to strategical and operational groups that are chaired by Mersey Care; Service directors meet on a quarterly basis and clinical staff meet on a monthly basis all subject to terms of reference, agendas, meetings and minutes. Clear governance responsibility and accountability within both Trusts are identified with lines of escalation (escalation document) should concerns need to be raised around the service provision being offered to patients with acute mental health needs.

This shared care agreement has been developed to provide the direction, structure and guidance to the ongoing relationship between the two organisations, both sharing a collective responsibility and mandate to deliver the best, high quality health care to the population served.

## PURPOSE

The purpose of this shared care agreement is to:

- Identify appropriate governance structures to ensure high quality, safe services to all patients.
- Identify clear lines of responsibility and accountability for staff within each organisation.
- Ensure clinical risks are managed appropriately.
- Offer appropriate support and safeguards to staff and both organisations.

All signatories to this accountability /care agreement agree to become fully engaged in the arrangements for RLBUHT and Mersey Care.

## ACCOUNTABILITY ARRANGEMENTS

Each clinical professional, irrespective of the organisation they work for, has individual responsibility and accountability for their actions under their own professional code of conduct and have a duty of care to their patients accordingly.

### **Emergency Floor**

RLBUHT has overall responsibility for the clinical care of all patients assessed and cared for within the Department unit and as such all staff irrespective of which organisation employs them will work to the policies and procedures of RLBUH. All patients presenting with a physical health care need will be initially assessed by RLUBHT.

If they identify a mental health component to their presentation then they should be referred in writing with detailed rationale for assessment to the HMHLT which is responsible for ensuring that assessments are undertaken without delay. During the person's stay within the emergency department for assessment by the RLBUHT and the mental health professionals RLUBHT remains responsible for their care.

During the mental health assessment which the MHLT are responsible for, a shared care plan will be developed to ensure all actions are documented and communicated across organisations, and also shared with the persons under going assessment. All aspects of risk must be considered and documented in care plan arrangements in terms of violence, suicidality, self harm, neglect, absconsion and physical health. It is HMHLT responsibility to clearly communicate this to the Nurse in Charge of the Emergency floor at that time.

Mersey Care staff are responsible for ensuring that if a patient requires admission to a mental health bed then that the patient is transferred in a timely manner. During this period when a person will remain in the emergency department a shared care plan is developed identifying responsibilities for actions, management and communication.

If a bed cannot be identified the HMHLT is responsible for escalating this up TO Mersey Care bed management and on call and also informing the nurse in charge of the emergency floor if delays are anticipated in admission. Any clinical

issues/events arising as a result of delays to assessment or transfer must be escalated to their respective senior management leads or on call arrangements.

When a person is detained on a S136 it is the responsibility of RLUBHT to ensure the safe management of individuals, however a joint agreement is in place under the S136 Policy which other agencies i.e. Merseyside Police and Social Care are signed up to. It is the responsibility of RLBUHT to provide an appropriate facility/environment for the patient to be cared in during the assessment period and initiate the start of the assessment using the S136 communication form. Mersey Care are participants in the process through the 10 stepped approach (appendix ), and agree to make contact with relevant parties to conduct the assessment.

Arrangements for the management of an individual (including risk) with the support of Merseyside Police are identified via the 'Section 136 Mental Health Act – Risk Assessment Tool for determining the need for continued Police Support within Place of Safety' document. When police support under S136 is longer indicated according to the RAG (appendix ) rating the management of those individuals is the joint responsibility of Mersey Care and RLUBH to provide appropriate observations and co-ordinate and communicate the care/risk management plan to supervise the patient. When Mersey Care have the availability of support staff then these staff should be made available and used in the first instance, however additional support might be needed and this will be a joint response from both organisations. We need to differentiate with the above because we need to be clear when we are solely responsible or not for patients on 136

If a patient who is detained under Sections 135 or 136 absconds from RLUBHT, it is the responsibility of RLBUHT to notify the Police. The HMHLT may agree to assist in this process and in co-ordinating the return of the patient to RLUBHT (within the 72 hour period).

Any breaches of policies, procedures or serious events/issues will be reported through both governance reporting systems via the designated risk management leads. All events will also be reported and discussed through the joint monthly operational meetings with Departmental Managers from both organisations.

This document will be included in the Policy for the management of individuals of under S136 / S135 MHA which is a multi agency document signed up to be a number of organisations.

REVIEW OF AGREEMENT

This document will be reviewed in <to be agreed>

SIGNATORIES

Signature.....Date.....

Name ..... Position  
.....

(For and on behalf of Royal Liverpool and Broadgreen University Hospitals NHS Trust)

Signature.....Date.....

Name ..... Position  
.....

(For and on behalf of Mersey Care NHS Trust)

SIGNATORIES

Signature.....Date.....

Name ..... Position

(For Merseyside Police)

SIGNATORIES

Signature.....Date.....

Name ..... Position

(Other partners) NWAS