

## Multi Agency Policy and Procedure for Conveying a Patient to Hospital under the Mental Health Act 1983 (M-023)

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Executive Lead (name & job title):	Dr Kwame Fofie, Medical Director
Name of approving body:	Mental Health Legislation Committee
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<i>Minor amendments made prior to full review date above (see appended document control sheet for details)</i>	
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*Policies should be accessed via the Trust intranet to ensure the current version is used*

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## 1. INTRODUCTION

The Mental Health Act 1983 and the Mental Health Act Code of Practice 2015 requires relevant authorities, including NHS commissioners responsible for hospitals, ambulance and transport services, NHS funded providers and the police should have joint local policies for transporting patients under the Act.

The overall aim of this policy and procedures is:

To ensure that persons detained under the MHA are conveyed 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.

In respect of the conveyance of prisoners detained under S47 and S48 of the MHA please refer to The Good Practice Procedure Guide, *The transfer and remission of adult prisoners under s47 and s48 of the Mental Health Act*.

## 2. SCOPE

This policy applies to clinical and medical staff working within Humber Teaching NHS Foundation Trust including contract, agency and locum staff, local authority partners, Humberside Police and the Yorkshire Ambulance Service.

## 3. POLICY STATEMENT

The purpose of this policy is to outline the roles and responsibilities for all agencies with a duty to transport patients under the Mental Health Act. It will contribute to good joint working between Approved Mental Health Professionals, ambulance service personnel, police officers and other health care professionals.

## 4. DUTIES AND RESPONSIBILITIES

### **Chief Executive – Humber Teaching NHS Foundation Trust**

The chief executive in partnership with the Local Authorities (LA) has responsibility to ensure that policies, protocols and processes of a multiagency perspective are in place for the Trust staff to understand regarding conveying a patient under the Mental Health Act.

### **All authorities/agencies**

Agree joint policies and procedures in respect of conveyance of patients detained/liable to be detained under the MHA.

Ensure all staff involved in the conveyance of patients are aware of joint procedures.

### **Approved Mental Health Professionals (AMHP)**

- A properly completed application for detention under the Act, together with the required medical recommendations, gives the applicant the authority to transport the patient to the hospital named in the application.
- The Applicant has a professional responsibility to ensure that all the necessary arrangements are made for the patient to be transported to hospital. All relevant agencies should cooperate fully with the AMHP to ensure safe transport to hospital (Code of Practice 17.9).

- AMHPs should make decisions on which method of transport to use in consultation with other professionals involved, the patient and (as appropriate) their carer / family member / significant other. The decision should be made following a risk assessment carried out on the basis of the best available information (Code of Practice 17.12). Evidence of the risk assessment should be clearly documented in the patient's notes.
- If the patient is unwilling to travel the applicant will need to provide the people who are to transport the patient, including any ambulance staff or police officers, with authority to transport the patient. This will give them the legal power under S6 to transport patients against their will, using reasonable force if necessary and to prevent them absconding on route. Reasonable force may just involve an arm to coax the patient towards the ambulance, in which case an ambulance alone would be sufficient. If there is evidence of aggressive resistance or actual violence then a call for the police would be warranted. A request for police assistance should not be based on a possibility.
- **Under no circumstances should AMHPs transport patients who are detained or liable to be detained in their private vehicle or agree to a patient being transported by another staff member's private vehicle due to insurance purposes as well as safety.**
- For patients agreeing to be admitted **informally** the assessing team should, following robust risk assessment, make appropriate arrangements for the patient to reach the hospital safely. Where ambulance transport is being used the risk assessment must be shared and contributed to by the attending crew.
- Local NHS ambulance service should be used for transporting patients liable to be detained to hospital. At the point of booking NHS ambulance transport the AMHP should ensure risks are articulated which will ensure the correct ambulance response. Any changes to the patient presentation/clinical risk which would alter the need for NHS ambulance (either to escalate or cancel), should immediately be communicated to the YAS EOC (emergency operations centre) via the Healthcare Personnel (HCP) number (0300 330 0295).
- If there is an unmanageable delay in getting the ambulance service to respond the Applicant may decide to ask for the support of secure transport/private ambulance. The reason for this request must be clearly recorded in order to evidence why waiting for an NHS Ambulance would cause unnecessary delay, for example increased risk factors that would mean waiting for an Ambulance would add to the patient's distress levels.
- On arrival of ambulance transport the AMHP should give a structured SBAR (situation-background-assessment-recommendation) update with clear objectives and responsibilities agreed prior to movement of the patient.
- AMHPs may agree to a patient being transported by a Humber Trust vehicle, if they have access to one, and are satisfied that the patient and others will be safe from risk of harm and that it is the most appropriate way of transporting the person. In these circumstances there should be one or more appropriate escorts for the patient other than the driver (in some situations this may be a family member). Please note Humber Trust's vehicles are not always available for use by the AMHPS, particularly those who don't work in MHCIT, and even if they are there is still the issue of identifying a staff member to escort them.
- The AMHP should ensure that the receiving hospital is expecting the patient and has been told the likely time of arrival. If possible the name of the person who will be formally receiving the patient and their admission documents should be obtained in advance.

Where the applicant is not travelling in the same vehicle as the patient, the application form and medical recommendations (if not submitted electronically) should be given to the person authorised (police or ambulance) to transport the patient with instructions for them to be presented to the named member of hospital staff receiving the patient. The AMHP must complete the authorisation to convey form in order to delegate the responsibility for conveying the patient to a professional worker. Where an AMHP submits an application for detention electronically and then delegates conveyance of the patient, for example to ambulance staff, a paper copy of the form is not needed to indicate that conveyance is lawful so long as the AMHP can provide evidence of a completed

application supported by the necessary medical recommendations, in line with paragraph 17.26 of the code of practice.

- The AMHP must pre-alert the receiving unit of the estimated time of arrival. The applicant should arrive around the same time however this cannot be guaranteed so the papers need to travel in the same vehicle as the person liable to be detained.
- To ensure that relevant information is passed on including a written social circumstances report, to assist the admission process.
- The AMHP must remain at the hospital until satisfied that the patient has been detained in a proper manner.

### **Ambulance Staff**

- i. To be familiar with policies and procedures, in particular roles and responsibilities of each agency.
- ii. When requested to attend by the AMHP to make the necessary arrangements to convey the patient to hospital.
- iii. To accept where appropriate the written Delegation of Authority to Convey, from the AMHP - or evidence of an electronically submitted completed application supported by the necessary medical recommendations - and to understand the nature of this Authority.
- iv. If the patient has been sedated, to ensure that he/she is accompanied by a doctor, nurse or suitably trained ambulance person.
- v. To stay with the patient until he/she is on the ward.
- vi. To ensure the patient has (if required, because it has not already been done) a physical health assessment including taking a history and at least one set of physical observations.
- vii. To document all relevant patient interventions, including the name of the authorising person and receiving unit on the EPR.

### **Police**

- i. To be familiar with protocols and procedures, in particular roles and responsibilities of each agency.
- ii. When requested by the AMHP, should attend and give what assistance appears necessary to convey the person to hospital (where the person is, or is likely to become, too violent or aggressive to travel unaccompanied by the police), complying (where this is not inconsistent with their duty to protect persons or property) with any directions or guidance given by the AMHP.
- iii. To accept where appropriate the written Delegation of Authority to Convey, from the AMHP - or evidence of an electronically submitted completed application supported by the necessary medical recommendations - and to understand the nature of this Authority.
- iv. The police will expect an ambulance to attend also and for the patient to travel in that vehicle. In such circumstances the police will travel in the ambulance with the crew and the patient.
- v. Only where the patient is so violent or aggressive that ambulance transport would be unsafe, will a police vehicle be used. This decision should be made in collaboration with the AMHP, Ambulance and Police and reason for Police transport clearly documented. In such cases the risk of a serious medical situation developing is high and ambulance staff will be expected to travel in the police vehicle or follow the police vehicle to the hospital.
- vi. If the police are required to transport due to violence or aggression the receiving hospital must be informed by the AMHP so suitable provision can be made for their arrival and care.

The police are to remain with the patient at the hospital until levels of violence and aggression are manageable by the clinical staff, and all parties are satisfied assistance is no longer required.

## 5. PROCEDURES

A properly completed application for admission under the Act, together with the required medical recommendations, gives the applicant the authority to convey the patient to hospital.

“A patient subject to a CTO who has been recalled can be transported by any officer on the staff of the hospital to which the patient is recalled, any police officer, any AMHP or any other person authorised in writing by the RC or managers of that hospital” (COP 17.35). If authorisation is required the RC (or Managers of the hospital to which the patient is to be recalled) must complete an Authority to Convey form specific to CTO recall (see Appendix 2). Guidance in chapter 17 of the COP regarding conveyance of patients to hospital applies except that an AMHP will not necessarily be involved in the conveyance of a CTO patient who has been recalled.

### 5.1. Accompanying the patient during conveyance

It is good practice and generally expected that the AMHP will personally accompany the patient in the ambulance or follow them to hospital in their own vehicle. In some circumstances Trust transport could be used however any physical health needs would necessitate an Ambulance, and risk of absconding / violence / aggression would necessitate Police assistance, either in a police vehicle or with the police accompanying the ambulance.

In exceptional circumstances (for example, where patients are being admitted out of county and the AMHP is unable to travel due to distance and time constraints) the AMHP may delegate the responsibility for conveying the patient to a professional worker and not accompany the patient to hospital. In these circumstances the AMHP will give written authority to the ambulance crew or police officer on the authority to convey form specific to admission for detention (Appendix 1) - or provide evidence of an electronically submitted completed application supported by the necessary medical recommendations -. They must also ensure the section papers are given to the person authorised to convey with clear instructions that they should be given to the receiving member of the hospital staff (unless submitted electronically).

The police and YAS will not transport a patient to an out of area hospital; a private ambulance should be organised for this purpose. The process for organising secure transport / private ambulance is via the bed manager at MHRS.

### 5.2. Patients who have been sedated and require conveyance

Patients who have been sedated before being transported should always be transported in an ambulance and accompanied by a health professional who is knowledgeable in the care of such patients, is able to monitor the patient closely, identify and respond to any physical distress which may occur and has access to the necessary emergency equipment to do so. Throughout the journey and in the instance of deterioration on route, the Healthcare Professional (HCP) escorting the patient will remain clinically responsible for the patient. Ambulance Service staff will assist under direction of the HCP but are not specifically trained to care for sedated patients or give any medications out of the Paramedic scope of practice.

- The MH Trust is responsible for the sedation of the patient if this is required.
- If sedation is administered the responsible MH clinician who undertook the sedation **must** travel in the ambulance with the patient.
- The ambulance clinician will provide clinical support under the direction of the MH clinician responsible for the sedation and will provide physiological monitoring as guided by the MH clinician.

- Ambulance clinicians will NOT give any sedative medications

### 5.3. On arrival

The AMHP should arrive at the hospital at the same time as the patient and remain there until he/she has ensured that:-

- The admission documents have been delivered, checked for accuracy and received on behalf of the hospital managers.
- Any other relevant information (AMHP social circumstances report) is given to the appropriate hospital personnel.
- The patient has been accepted into the care of the hospital.

Where conveyance is to Miranda House for admission, patients are to be taken to the identified ward as soon as practicable and any issues to be escalated to the Matron.

## 6. EQUALITY AND DIVERSITY

The core Mental Health Act policies, protocols and procedures have been impact assessed. Where individuals are being detained or receiving treatment under the terms of the Act it is vital that no community group is treated less favourably.

Where peoples' legal status is affected, we have a clear duty to inform them of their rights regardless of their language or communication difficulties. When people with physical impairments are detained, clinical staff should identify this need as soon as possible to enable the Trust to access appropriate support, e.g. BSL interpreter, Independent Mental Health Advocates.

Where religious belief is important to patients this will be respected, and the Trust chaplain will support access to relevant faith leaders and information. Clinical settings, wherever possible, should be able to accommodate individual prayer/meditation space with appropriate access facilities.

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust-approved EIA.

## 7. MENTAL CAPACITY

The Trust supports the following principles, as set out in the Mental Capacity Act and has applied them in the development of this policy:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An act completed, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
5. Before the act is completed, or the decision made, regard must be had as to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

## 8. IMPLEMENTATION

- This policy will be disseminated by the method described in the Document Control Policy.
- Existence and location of revised policy to be circulated via global e mail
- This Policy document must be discussed within all MDT and team meetings, led by the senior staff in each team.
- Policy and associated Standard Operating Procedures will be available on the intranet under policies and also dedicated mental health legislation page

The policy is to be implemented within existing resources.

All mental health inpatient units have been provided with as a minimum, the following resources for their information and reference:

Department of Health (2015) Mental Health Act Code of Practice. London TSO

Department of Health (2005) Mental Capacity Act Code of Practice. London TSO

Ministry of Justice (2008) Deprivation of Liberty safeguards. London TSO

## 9. MONITORING AND AUDIT

Mental Health Legislation Committee will identify additional actions/scrutiny as required to achieve satisfactory assurance on behalf of the organisation.

## 10. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

Department of Health (2015) Mental Health Act Code of Practice. London TSO

Department of Health (2011) The Good Practice Procedure Guide, *The transfer and remission of adult prisoners under s47 and s48 of the Mental Health Act*. Published to Delphi, in electronic format only

Jones R (2022) *Mental health act manual*. 25<sup>th</sup> Edition. London. Sweet & Maxwell

[Guidance on the electronic communication of statutory forms under the Mental Health Act - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/guidance-on-the-electronic-communication-of-statutory-forms-under-the-mental-health-act)

## 11. RELEVANT TRUST POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

Section 135 – Warrant to Search for and Remove Patients Protocol

Section 136 of the Mental Health Act 1983 Policy

Community Treatment Order Protocol

## 12. APPENDICES

Appendix 1: Authority to Convey Form – Section 6 Mental Health Act 1983

Appendix 2: Authority to Convey Form – CTO Recall Mental Health Act 1983

Appendix 3: Policy Document Control Sheet

Appendix 4: Equality Impact Assessment





## Appendix 1: Section 6 Mental Health Act 1983

### Authority to convey a patient to hospital under the Mental Health Act (1983)

I.....hereby authorise

Yorkshire Ambulance Service

Humberside Police Force

Other (Please specify).....

**Conveyance Plan** (please give details)

to convey.....(name of patient)

on .....(date) to.....(hospital)

in accordance with the Mental Health Act (1983)

**Comments:**

**Signature**..... **Date**.....

**Designation**..... **Base**.....

Only Approved Mental Health Professionals (AMHP) are allowed to authorise the conveyance of people requiring admission for detention under the Mental Health Act.



## Appendix 2: CTO Recall Mental Health Act 1983

### Authority to convey a patient to hospital under the Mental Health Act (1983)

I.....hereby authorise

Yorkshire Ambulance Service

Community Mental Health Team

Mental Health Response Service

Other (Please specify).....

**Conveyance Plan** (please give details)

to convey.....(name of patient)

on .....(date) to.....(hospital)

in accordance with the Mental Health Act (1983)

Comments:

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

Designation..... Base.....

“A patient subject to a CTO who has been recalled can be transported by any officer on the staff of the hospital to which the patient is recalled, any police officer, any AMHP or any other person authorised in writing by the RC or managers of that hospital” (COP 17.35).

### Appendix 3: Policy Document Control Sheet

Document Type	Multi agency policy and procedure for conveying a patient to hospital under the Mental Health Act 1983		
Document Purpose	The overall aim of this policy and procedures is:  To ensure that persons detained under the MHA are conveyed 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.		
Consultation/ Peer Review:	Date:	Group / Individual	
<i>List in right hand columns consultation groups and dates</i>	07/09/20	Crisis Care Concordat	
	01/10/20	AMHP Forum	
	21/10/20	Mental Health Legislation Steering Group	
	17.05.23	Mental Health Legislation Steering Group	
	05.06.23	Crisis Care Concordat	
	30.04.23	AMHPs	
	30.04.23	Police	
	30.04.23	YAS	
Approving Committee:	MHLC	Date of Approval:	05/11/20
Ratified at:	Trust Board	Date of Ratification:	
Training Needs Analysis:  <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>	Training requirements include: MHA Training MCA Training	Financial Resource Impact	There are no financial resource impacts
Equality Impact Assessment undertaken?	Yes [ <input checked="" type="checkbox"/> ]	No [ <input type="checkbox"/> ]	N/A [ <input type="checkbox"/> ] Rationale:
Publication and Dissemination	Intranet [ <input checked="" type="checkbox"/> ]	Internet [ <input type="checkbox"/> ]	Staff Email [ <input checked="" type="checkbox"/> ]
Master version held by:	Author [ <input type="checkbox"/> ]	HealthAssure [ <input checked="" type="checkbox"/> ]	
Implementation:	<i>Describe implementation plans below – to be delivered by the Author:</i>		
	Implementation will consist of: <ul style="list-style-type: none"> <li>• Ratified Policy will be shared with all AMHPs employed by the Trust via the AMHP Forum and the Crisis Care Concordat.</li> <li>• All staff email via the Global with a link to the full policy</li> <li>• Sub-committees to add approval of policies to their work-plan</li> </ul>		
Monitoring and Compliance:	Monitoring and compliance of the policy will be evidenced through the process of consultation, approval and ratification of policies.		

<b>Document Change History:</b>			
Version Number / Name of procedural document this supersedes	Type of Change i.e. Review / Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
1.1	Routine Review	16 Dec 15	Updates following changes in the Code of Practice 2015
1.2	Routine Review	19 Sept 17	Added section in introduction about the transfer of prisoners; and additions to page 4 under AMHP duties
1.3		23 Nov 17	Following Mental Health Legislation Committee, amendments made to page 5 with regards to AMHPs not transporting patients in their own vehicles.
2	Full Review	5 Nov 2020	Full review
2.1	Full Review	10 June 2023	Electronic forms guidelines included. Approved by director sign-off (Kwame Fofie – 10 June 2023).

## Appendix 4: Equality Impact Assessment (EIA)

### For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Multi-Agency Policy And Procedure For Conveying A Patient To Hospital Under The Mental Health Act 1983
2. EIA Reviewer (name, job title, base and contact details): Michelle Nolan, Mental Health Act Clinical Manager
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? Policy and Procedure

#### Main Aims of the Document, Process or Service

The Mental Health Act 1983 and the Mental Health Act Code of Practice 2015 requires relevant authorities, including NHS commissioners responsible for hospitals, ambulance and transport services, NHS funded providers and the police should have joint local policies for transporting patients under the Act.

The overall aim of this policy and procedures is:

To ensure that persons detained under the MHA are conveyed 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.

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?  Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Age</b>	Including specific ages and age groups:  Older people Young people Children Early years	<b>Low</b>	This Policy is consistent in its approach regardless of age. The MHA specifies who the Law relates to and the legal age thresholds where they exist.
<b>Disability</b>	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:  Sensory Physical Learning Mental health  (including cancer, HIV, multiple sclerosis)	<b>Low</b>	This Policy is consistent in its approach regardless of disability. The MHA Code of Practice details the need for non-discriminatory practice and application of the Act as well as highlighting the requirement for awareness of, sensitivity to any special needs or requirements relating to any form of disability.
<b>Sex</b>	Men/Male Women/Female	<b>Low</b>	This Policy is consistent in its approach regardless of sex. The MHA Code of Practice details the need for non-discriminatory practice and application of the MHA as well as highlighting the requirement for awareness of, sensitivity to any gender related preferences, needs or requirements.
<b>Marriage/Civil Partnership</b>		<b>Low</b>	

<b>Pregnancy/ Maternity</b>		<b>Low</b>	Additional health needs would always be considered in identifying the most appropriate form of conveyance for all patients including those who are pregnant.
<b>Race</b>	Colour Nationality Ethnic/national origins	<b>Low</b>	This Policy is consistent in its approach regardless of race. It is acknowledged however that for any patient whose first language is not English, as information needs to be provided and understood, staff will follow the Trust interpretation procedure. The MHA Code of Practice details the need for non-discriminatory practice and application of the MHA as well as highlighting the requirement for awareness of, sensitivity to any preferences, needs or requirements related to race or ethnicity.
<b>Religion or Belief</b>	All religions  Including lack of religion or belief and where belief includes any religious or philosophical belief	<b>Low</b>	This Policy is consistent in its approach regardless of religion or belief. The MHA Code of Practice details the need for non-discriminatory practice and application of the MHA as well as highlighting the requirement for awareness of, sensitivity to any preferences, needs or requirements related to religious or other belief systems.
<b>Sexual Orientation</b>	Lesbian Gay men Bisexual	<b>Low</b>	This Policy is consistent in its approach regardless of sexual orientation. The MHA Code of Practice details the need for non-discriminatory practice and application of the MHA as well as highlighting the requirement for awareness of, sensitivity to any preferences, needs or requirements related to sexual orientation.
<b>Gender Reassignment</b>	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	<b>Low</b>	This Policy is consistent in its approach regardless of the gender the individual wishes to be identified as. The MHA Code of Practice details the need for non-discriminatory practice and application of the MHA as well as highlighting the requirement for awareness of, sensitivity to any gender identity related preferences, needs or requirements. We recognise the gender that people choose to live in hence why the terms gender identity and gender expression ensure we are covering the full spectrum of LGBT+ and not excluding trans, gender fluid or asexual people.

## Summary

<b>Please describe the main points/actions arising from your assessment that supports your decision above:</b>	
<p>The Trust is committed to ensuring appropriate care and respect for patients 'is provided ensuring their rights, privacy and dignity are respected.</p> <p>Significant attention has been paid to ensure that no groups are discriminated against either directly or indirectly.</p> <p>The policy and procedure relate equally to all persons regardless of protected characteristics.</p> <p>There are statutory requirements and obligations built into existing related legislation (MHA 1983) and its supplementary Code of Practice as well as local systems in place for assurance of the monitoring of compliance with these requirements and reporting through related committees.</p>	
EIA Reviewer: Michelle Nolan	
Date completed: 29/04/23	Signature: M Nolan