



Police intervention into in-patient areas

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Responsible Committee/Sub Committee	Clinical Risk Review Sub Committee
Document approved by & date	Clinical Risk Review Sub Committee – 9 th April 2010
Document consultation	Health and safety welfare group (HSWG) Acute care group (ACG)
Patient and Public Involvement (outline any PPI input into policy and associated impact on service users and carers)	PPI representation at Clinical Risk Review Sub Committee (CRRSC)
What type of document is this	Guidance
Document applicable to	All In-patient staff
If new document, reason for development:	N/A
Synopsis outlining document aims:	Guidelines that are to be followed in the event of requiring Police assistance to a serious and ongoing incident, where it is considered that patients/residents or staff may be in physical danger.
Implementation Date:	October 2010
How will the implementation of this document be monitored and reviewed	The overall implementation and monitoring of this policy will be the responsible of Clinical Risk Review Sub-Committee
Document to be read In conjunction with:	CP11 Multi-Agency Public Protection Panel Policies (MAPPP) Plans CP17 Guidelines for Best Practice following the unexpected Death of a Service User GR1 Incident Reporting, Management and Review Policy MH8 Missing persons' policy and procedures including Section 18 Mental Health Act 1983 - Retaking of patients liable to be detained, subject to guardianship or subject to SCT and who are Absent Without Leave (AWOL)
Financial resource implications of this document and how these are going to be addressed:	N/A
Is this document carried out wholly or in part by contractors, or organisations with which the Trust has a service level agreement, and if so state the relevant contractor	N/A

Document Change History (changes from previous issues of policy (if appropriate) :

Issue Number	Page	Changes made with rationale and impact on practice	Date
1	4	Reporting to the Police and Subsequent Action; new paragraph	March 2010

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1. Introduction / background

The aim of this document is for the Trust to promote effective working practices with partnership services, such as the police. This document will give guidelines in the event of Trust staff requiring Police assistance to a serious and ongoing incident, where it is considered that patients/residents or staff may be in physical danger.

This document was compiled to promote partnership working with the Police when they are called to attend any emergency on any Trust health care premises. The Trust is committed to meeting statutory obligations imposed by current legislation and follows best practice to maintain a secure and safe environment for clients, visitors and staff. The Trust will co-operate with and work within the memorandums of understanding which have been agreed by the NHS and other national bodies. These include the National Patient Safety Agency, the Health and Safety Executive, The NHS Counter Fraud and Security Management Service (CFSMS), the Chief of Police Officers Association (ACPO) and the Crown Prosecution Service (CPS).

2. Content of the policy

The document contains information for In-patient services staff regarding when they must involve the police, through to post incident actions and support.

There will be occasions when the Police are asked to attend Cheshire and Wirral Partnership NHS Foundation Trust premises to assist in the handling of incidents for example:

- Theft of property from patients / visitors / staff;
- Illicit drug misuse **or confiscation**;
- Assault to patients / visitors / staff;
- Incidents involving 'Offensive Weapons'.

2.1 Reporting to the police and subsequent action (refer to [Appendix 1](#))

The Police will be called to Cheshire and Wirral Partnership NHS Foundation Trust premises in the following circumstances when:

- Staff, service users feel in immediate danger or fear of having harm inflicted upon them, either physical, psychological or sexual and the safety of all persons cannot be maintained or achieved with current systems and resources i.e. Psychiatric Emergency Response Teams (PET);
- An incident of physical assault occurs that necessitates staff to contact the police for their immediate involvement;
- Major Incident i.e. hostage situation, Unexplained death or suicide;
- Confiscation of suspected illicit substances and/or weapons;
- CWP staff feel that a hospital visitor is becoming a imminent risk to them or other patients.

Police should be contacted via:

- **Cheshire Constabulary Tel: 0845 4580000**
- **Wirral Tel: 0151 709 6010**
- **NB. Police contact: 999 (only in an emergency)**

The following guidelines should be followed

Where possible whether or not to contact the Police should be discussed with the person in charge of the ward, and the bleep holder or Clinical Service Manager. Three principles should be considered during the management of the incident:

- Safety for staff, Service Users and members of the public;
- Care/Service User need;
- Preservation of evidence.

2.2 Police contact and arrival

A contact point or ward/area will be agreed with the Police when the telephone call is made. This will preferably be away from the incident, and by a senior staff member who can apprise the Police of the incident details.

The Police will normally discuss the situation with the senior member of staff present, however, if in the opinion of the Police a crime is in the process of being committed, i.e. breach of the peace then appropriate action will be taken.

2.3 Patient removal via the police

If a patient is involved every attempt will be made to keep them in the hospital, particularly with those patients on Sections of the Mental Health Act 1983, subject to appropriate risk assessment.

If removal to the police station is required, this needs to be with approval of the responsible clinician or their nominated deputy and should be discussed with the nurse in charge, the bleep holder. Discussions should take place at this point, as to the aftercare of the patient and regarding being able to accept the patient back into the Hospital at the earliest opportunity.

2.4 Child and adolescent and young persons

Where police have been called to assist in the management of a child or young person 13 – 18 years old, consideration should be given to involvement of appropriate adult/guardian or other responsible adult at the earliest (safe) opportunity (Police and Criminal Evidence Act 1984), particularly where criminal proceedings are being considered

Following the incident (or during if appropriate), the Clinical Service Manager or out of hours the 2nd Tier On-Call Manager, should be appraised of the situation if this has not already occurred.

2.5 Incident reporting

The incident should be written up as soon as possible and reported through incident reporting procedure in the usual way (see [GR1 Incident Reporting, Management and Review Policy](#)).

2.6 Post Incident

A feedback exercise must take place as soon as possible, and should include the staff involved, service user any others as appropriate i.e. appropriate adult/guardian or other responsible adult, carer, next of kin, other service users.

3. Duties and responsibilities

The Chief Executive

The Chief Executive has overall responsibility for the effective implementation of the police attendance at in-patient areas policy.

The Security Management Director (SMD)

The Director of Nursing and Therapies has operational responsibility for all security matters as the Security Management Director as specified in the Secretary of State Directions.

The Local Security Management Specialist (LSMS)

The LSMS is responsible for providing advice, guidance and support to managers in developing individual local arrangements under this policy, also for providing advice, guidance and support to any employee relevant to the policy. The LSMS is responsible for working with the Security Management Director (SMD) and other managers to investigate any incident of violence or security breach, to identify ways to reduce the risk further.

The Clinical Risk Review Sub-Committee (CRRSC) will be responsible for

The overall implementation and monitoring of the police intervention to In-patient areas policy

Line managers

Line managers are responsible for reviewing operations to identify situations where employees may be exposed to foreseeable risks etc. verbal abuse, physical assault or a work related safety hazard. They are responsible for undertaking and implementing and documenting risk assessments and reviewing and maintaining their effectiveness at intervals not exceeding one year or when a significant change in circumstances occurs and following any incident.

Line Managers must ensure that monitoring complies with the risk assessment recommendations and control measures set out by the Trust. Line Managers must communicate these measures clearly to employees and to ensure they receive appropriate essential training. Ensuring all untoward incidents are reported via agreed systems (see [GR1 Incident Reporting, Management and Review Policy](#)).

Line Managers must ensure that other agencies are informed of risk assessments, any subsequent reviews and changes to the work plan, especially when planning changes in service provision, which take account of possible risks to safety and make arrangements for their avoidance or control.

Line Managers must monitor reports of incidents or potential incidents to ensure that correct action is taken to prevent a recurrence (see [GR1 Incident Reporting, Management and Review Policy](#)).

All trust employees

All Trust staff will be expected to fully familiarise themselves with contents of this policy.

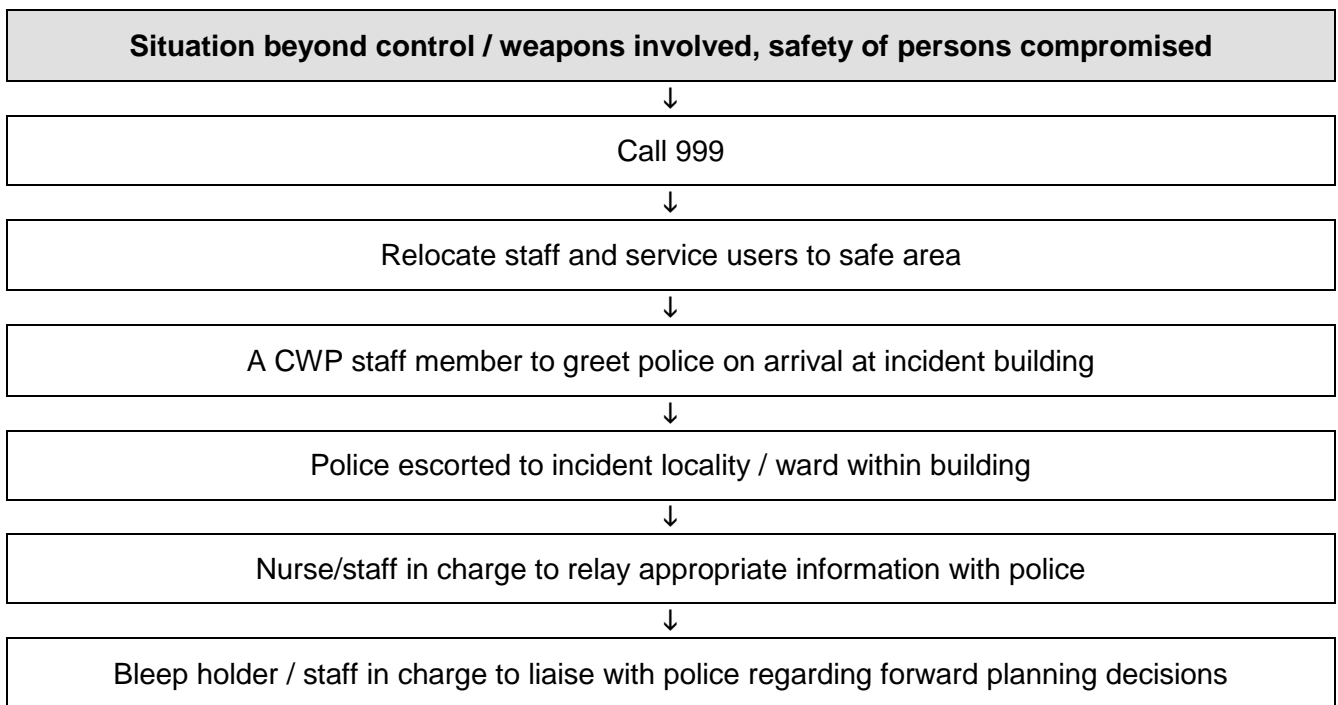
Following an incident the employee must ensure details of the incident are recorded in accordance with the Trust's [GR1 Incident Reporting, Management and Review Policy](#).

Trust staff will be expected to co-operate in any enquiry into such incidents or where losses by theft or otherwise, is or may be expected.

4. References

Police and Criminal Evidence Act (1984)
Mental Health Act Code of Practice (1983)

Appendix 1 – Police intervention flowchart



Appendix 2 - Training needs analysis

Training

For all Trust training please refer to policy HR6 Trust wide policy on learning and development requirements <http://www.cwp.nhs.uk/GuidancePolicies/Policies/Humanresources/Pages/default.aspx>

Appendix 3 - Equality and diversity / human rights impact assessment

	IS IT RELEVANT?		HOW RELEVANT IS IT?	
	Does the policy include anything that ... Eliminates discrimination and/or Promotes equal opportunities (Answer yes, no or N/A for each category listed)	Is there evidence to believe that groups could be treated different- if so, which groups within each category(e.g. under 16 year olds in age category)	How much evidence do you have 1. None or a little 2. Some 3. Substantial	Is there public concern that the policy is discriminatory ¹ (Answer yes, no or N/A for each category listed)
Race	NO	NO	N/A	N/A
Gender	NO	NO	N/A	N/A
Disability	NO	NO	N/A	N/A
Age	NO	NO	N/A	N/A
Sexual orientation	NO	NO	N/A	N/A
Religion or beliefs	NO	NO	N/A	N/A

Now evaluate your answers by using the criteria provided and underline which describes your policy:

Relevance	Rationale	Monitoring ²
High relevance	If there is substantial evidence that indicates that groups could be treated differently because of the policy	You need to start monitoring the impact of this policy within a year of it being introduced
Medium relevance	If there is some evidence that indicates that groups could be treated differently because of the policy	You need to start monitoring the impact of this policy within 2 years of it being introduced:
<u>Low relevance</u>	If there is little/no evidence that indicates that groups could be treated differently because of the policy	Impact monitored at least every 3 years

¹ Could be gauged from surveys, audit data, complaints etc,

² Policy Reviews Group working with Equality & Diversity/Human Rights Group must monitor the impact of policies through the following channels: results from the national service user survey, the national mental health and ethnicity census, complaints data, PALS feedback, individual systems within clinical services through which ward and community staff liaise with service users and carers i.e. ward meetings, modern matron meetings

⁴ This assent will be reviewed by the Equality and Diversity/Human Rights group

Human Rights

When developing any policies, policy writers should ask themselves 'does the policy engage/restrict anyone's Human Rights?'

What is the Convention of Human Rights?	There are 16 basic rights in the Human Rights Act, all taken from the European Convention on Human Rights. There are 3 types of rights detailed as follows:	
	Absolute- cannot opt out of these rights under any circumstance- cannot be balanced against any public interest	<ul style="list-style-type: none"> - Right to life - Prohibition of torture - Prohibition of slavery and forced labour - No punishment without law - Right to free elections - Right to marry - Abolition of the death penalty
	Limited- these rights are subject to predetermined exceptions	<ul style="list-style-type: none"> - Right to liberty and security - Right to a fair trial
	Qualified- these rights can be challenged in order to protect the rights of other people	<ul style="list-style-type: none"> - Respect for private and family life - Right to Freedom of thought, conscience and religion - Freedom of expression - Freedom of assembly and association - Prohibition of discrimination - Protection of property - Right to education
Where can I get more information about this?	<p>More details can be found at the Department of Constitutional Affairs (DCA) http://www.dca.gov.uk/peoples-rights/human-rights/publications.htm <u>Publications</u> DCA (Oct 2006) Human rights: human lives – a handbook for public authorities, crown copyright DCA (Oct 2006) Making sense of human rights – a short introduction, crown copyright DCA (Oct 2006) A Guide to the Human Rights Act 1998, crown copyright</p>	
What should I do if I suspect my policy affects anyone's Human Rights?	You should forward for discussion at the Trustwide Equality and Diversity and Human Rights Group within the Trust- contact Director of Operations, executive lead for Equality & Diversity and Human Rights in the trust board offices.	

Please tick one of the following:

The above has been considered and to the best of my knowledge my policy does not affect any of the human rights listed	✓
The above has been considered and my policy does affect a human right article(s) but this has been discussed and 'qualified' at Trust Equality and Diversity and Human Rights Group	