

Northamptonshire Police



## Police Response for Northamptonshire Healthcare NHS Foundation Trust (Mental Health and Learning Disability Services)

| Policy Details                     |   |
|------------------------------------|---|
| NHFT document reference            | CLP022  |
| Version                            | Version 1 – 05.11.2013  |
| Date Ratified                      | 05.11.2013  |
| Ratified by                        | Trust Policy Board  |
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| Responsible Director               | Chief Operating Officer & Head of Public Protection (Northamptonshire Police)   |
| Review Date                        | 04.11.2015  |
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| Freedom of Information category    | Policy  |

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# Northamptonshire Police



## Procedures Identification Page

|                   |   |          |             |
|-------------------|---|----------|-------------|
| Procedure Title:  | Police response for Northamptonshire Healthcare NHS Foundation Trust (Mental Health and Learning Disability Services) |          |             |
| Reference Number: |   | Version: | Draft V0.11 |

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| Force department responsible: Protecting Vulnerable People |
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| Policy Author: Gill Bradbury | Senior Owner: Chief Supt. Paul Phillips<br>(Head of Public Protection) |
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| Policy Effective Date: | 05/11/13 |
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| Replaces Policy or document: | New procedures |
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| Links to other policies, procedures, strategies or other documents:<br>Associated policy document: Police Response for Northamptonshire Healthcare NHS Foundation Trust (Mental Health and Learning Disability Services)<br>Mentally Disordered Offender Policy |
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| Version     | Date       | Reason for issue                          |
|-------------|------------|---|
| Draft V0.10 | 02/03/2009 | To address a gap in documented procedures |
| Draft v0.11 | 01/10/2013 | Amended in response to feedback           |
|             |            |   |

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| Date Policy last reviewed: | N/A |
| Last reviewed by:          | N/A |

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| Approved on:<br>01/10/2013 | Name: Chief Supt. Paul Phillips<br>(Head of Public Protection) | Signed: |
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| Police Response Policy | 2 of 27 | Implementation Date: 05.11.2013 |
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- Appendix A: Form 1**
- Appendix B: Form 2**
- Appendix C: Process flowchart**
- Appendix D: Policing Pledge**
- Appendix E: Equality Impact Assessment**

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## 1 Document Control Summary

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|--|---|
| <b>Document Title</b>  | Police response for Northamptonshire Healthcare NHS Foundation Trust (Mental Health and Learning Disability Services)   |
| <b>Document Purpose (executive brief)</b>  | The policy aims to provide clear instruction to partner agencies for reporting and dealing with service user crimes and incidents in psychiatric settings and within the community. |
| <b>Status: - New / Update/ Review</b>  | Review  |
| <b>Areas affected by the policy</b>  | All NHFT Service areas - all service users, carers, visitors, staff   |
| <b>Policy originators/authors</b>  | Des McMorrow, Head of Specialty Services  |
| <b>Consultation and Communication with Stakeholders including public and patient group involvement</b>   | Countywide MDO steering group<br>Probation, Police, NHFT, MAPPA, SAH  |
| <b>Archiving Arrangements and register of documents</b>  | The Trust Policy Lead is responsible for the archiving of this policy and will hold archived copies on a central register   |
| <b>Equality Analysis</b><br>(including Mental Capacity Act 2007)   | See Appendix E  |
| <b>Training Needs Analysis</b>   | See Section 7   |
| <b>Monitoring Compliance and Effectiveness</b>   | See Section 8   |
| <b>Meets national criteria with regard to</b>  |   |
| <b>NHSLA</b>   | N/A   |
| <b>NICE</b>  | N/A   |
| <b>NSF</b>   | N/A   |
| <b>Mental Health Act</b>   | N/A   |
| <b>CQC</b>   | N/A   |
| <b>Other</b>   | N/A   |
| <b>Further comments to be considered at the time of ratification for this policy</b> (i.e. national policy, commissioning requirements, legislation) | Approved by Assistant Chief Constable 12/05/09. Approved by Clinical Policies Committee.  |
| <b>If this policy requires Trust Board ratification please provide specific details of requirements</b>  | Trust Policy Board  |

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## **2 INTRODUCTION**

- 2.1 The following Policy relates to service users, carers, visitors and staff within any Northamptonshire Healthcare NHS Foundation Trust site and within the wider community.
- 2.2 Staff, service users, carers and visitors may be placed at risk by the behaviour of some service users within psychiatric hospitals, service areas and within the community. A need has been identified for a clear multi-agency policy to deal with such behaviour when it constitutes a crime or incident that requires a police response. This policy has been prepared to address this need.
- 2.3 This policy covers all crimes and incidents involving a suspect who is a service user of Northamptonshire Healthcare NHS Foundation Trust (NHFT). This includes:
- Serious incidents that expose other service users, carers, staff, visitors and members of the public to immediate danger;
  - Less serious crimes that do not require an immediate police response.
  - All hate crimes

The intention is to create a consistent and effective approach and to build on current good practice.

- 2.4 The policy aims to provide clear instruction to partner agencies for reporting and dealing with service user crimes and incidents in psychiatric settings and within the community.

## **3 PURPOSE**

- 3.1 Northamptonshire Healthcare NHS Foundation Trust seeks to maintain the rule of law throughout the Trust to protect service users, carers, staff and visitors, and is committed to working towards a 'zero tolerance' philosophy for violent and criminal offences against person or property, or offences of dishonesty.
- 3.2 All staff must ensure however that wherever possible clinical skills are utilised in order to manage minor maladaptive behaviours and that the police are contacted when an offence occurs.
- 3.3 It is recognised that assaults on NHS staff are unacceptable. Lord Irvine, in an address to magistrates, stated that:

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*“The criminal justice system needs to act as an effective deterrent for those who might consider attacking NHS staff”.*

- 3.4 Regular liaison meetings will be established between Northamptonshire Healthcare NHS Foundation Trust and Northamptonshire Police.
- 3.5 Regular liaison through the nominated routes will:
- Provide a consistent approach
  - Encourage liaison
  - Maintain effective contact in specific cases
  - Allow for advice or guidance to be given in relation to specific cases
  - Enable discussions about the levels of involvement of the organisations involved
  - Provide an avenue for the provision of mutual NHS and police expertise and access to appropriate channels of information.
  - Ensure a national standard is adhered to
  - Develop the concept of mutual support in tackling crime within the NHS
- 3.6 There may also be situations where the Police may be called to provide assistance or receive complaints made by service users, visitors or staff. This may include:
- Assistance in dealing with a serious/major incident.
  - Investigating crime/offences.
  - Request of general information about a service user.
  - Responding to a report of a missing person/AWOL.
  - Major Incident Plan training.
  - Advising on Crime Prevention.

#### **4 DEFINITIONS**

##### **PROTOCOL FOR LIAISON BETWEEN NORTHAMPTONSHIRE POLICE AND NORTHAMPTONSHIRE HEALTHCARE NHS FOUNDATION TRUST**

- 4.1 The protocol aims to provide a standard procedure for the Trust and Northamptonshire Police that will:
- Provide all necessary information to ascertain initial purpose and nature of an enquiry.
  - Assist Police Officers, to have an early indication of the professional opinion of the Consultant.
  - Guide and inform staff regarding what is a complicated legal process.

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- Provide information regarding police contact in an auditable form.
- 4.2 There are a number of reasons why prosecution (or other disposal) would be pursued against service users within Northamptonshire Healthcare NHS Foundation Trust. The following exemplify some of the most common rationales:
- To formally acknowledge the level and type of risk that the service user presents with.
  - To assist in the managing of said service user via an appropriate Section of the Mental Health Act 1983 so that a balance of the therapeutic needs of the service user and the safety of the staff and general public is achieved.
  - As part of the creation of a normalising environment for the service user.
  - To uphold staff, victim, carer and Service users' rights.
- 4.3 There are a number of stages within the pursuit of prosecution (or other disposal) against service users. This Protocol will take each of these stages in sequence, highlighting the issues and identifying specific contact points and processes.
- 4.4 Associated to this Protocol are two forms (Appendices A and B), these are as follows:
- A form for the initial information gathered regarding the alleged offence (Form One).
  - A form for the Consultant/Care coordinator/Nurse in Charge in order to provide the Police with the necessary information (current and historical) with which to make decisions regarding fitness for interview and fitness for detention.(Form Two).
- 4.5 A senior member of staff from each mental health ward / unit is responsible for contacting the Crime Prevention Design Advisor at Northamptonshire Police for crime prevention guidance and recommendations.

|      |  |
|------|--|
| CPS  | Criminal Prosecution Service                     |
| GMC  | General Medical Council                          |
| FCC  | Force Communications Centre                      |
| NHFT | Northamptonshire Healthcare NHS Foundation Trust |
| OIC  | Officer in Charge of the Case                    |
| PACE | Police and Criminal Evidence Act 1984            |

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## 5 DUTIES & RESPONSIBILITIES

- 5.1 Every alleged offence in the Trust may be considered as to whether or not it should be reported to the Police. Serious offences will always be reported, and Northamptonshire Healthcare NHS Foundation Trust will normally press for prosecution. Only where the Consultant advises that it is not in the interests of the Service users' mental health, and/or where the CPS view that it would not be in the public interest that prosecution continues, will the Trust not pursue a prosecution. **The welfare and protection of other service users, carers, staff and visitors must be key in weighing the public interest. The decision to contact the police will usually be made by the multi-disciplinary team in conjunction with the user and/or carer. Out of hours the duty manager will support the clinical team in this process.**
- 5.2 Service users' single clinical records are confidential and under no circumstances should they be made available without the Service users consent or released to the Police for general/routine enquiries, except when a request is received from the Coroner's Office following the death of a service user in Hospital.
- 5.3 In accordance with General Medical Council (GMC) Guidance a Doctor can and should release information to the Police for the prevention or detection of serious crime. Where a Doctor declines, the Police may apply for a Court Order, which the Doctor must then follow. A Doctor may take advice from their Medical Defence Organisation. Advice relating to the release of information to the Police may be sought from the Medical Director. The Medical Director on behalf of the Hospital may then decide to release notes as the property of the Trust, within GMC guidelines.
- 5.4 Where a request is received from the Police for a report or information of a medical nature on a particular service user, such a request should be referred to the Consultant who, will consider the capacity of the service user to give consent and if it is required will obtain a written consent of the service user before the release of any information. The relevant Service Manager must be advised of action taken.
- 5.5 Where a service user is receiving treatment and a request is received from the Police for confirmation of a Service users' name and address, staff other than the Service users' Consultant (i.e., Nurse in Charge or Medical Records staff), may give out this information, but no other information, medical or otherwise, should be supplied without authority from the Service users' Consultant, the Clinical Director, or the relevant Service Director, who will not release any information that has not been authorised.

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- 5.6 The relevant Service Manager, Trust Director or on call Manager, will meet with a Senior Police Officer to review a range of issues as required, whilst the Service Manager for Countywide MDO services, will meet with the local Police regularly to monitor cases of Police involvement at an operational level and to review strategy.
- 5.7 Service users will be given assistance to contact the Police, unless the Police and the Service users' Consultant deem that further contact is inappropriate.
- 5.8 The relevant clinical manager/on-call manager will ensure that the Trust Service Director/Director on-call is informed, if the reason the Police are involved has the potential to attract media interest.

## **6 PROCESS**

- 6.1 This Protocol will not cover the issues surrounding the general management of an incident as the Trust has other well-established process for this purpose (i.e., Emergency Plan, etc). The stages described below are purely related to the liaison with the Northamptonshire Police when it is alleged that an offence has been committed e.g., actual bodily harm, assault, cuts, bruising etc., theft or malicious damage to property.

### **6.2 Reporting Crimes and Incidents to the Police**

- 6.2.1 Incidents may take place in or out of hours and the existing reporting structure should be followed. The staff member in charge will consider whether police should be called. The Service users' Clinical Team would make initial reporting of incidents to the Police in normal working hours. Out of hours, the Trusts on-call arrangements, which relies on the role of the Manager on-call and Duty Trust Director, would be utilised.
- 6.2.2 In an emergency, police should be contacted on 999. All non-emergency calls should be directed to the Force Communications Centre (FCC), Northants Police on **03000 111 222**. The reasons for the call and any risk factors should be explained. To assist in grading the call appropriately, the FCC will need to be informed if the suspect is:
- Being violent towards others;
  - In possession of any weapons;
  - Self-harming;
  - Causing staff to be concerned about the safety of the suspect or others;
  - Causing damage to property.

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The FCC may be able to gather additional relevant information from the Force Intelligence System if the following suspect details are provided:

- Full name;
- Date of birth;
- Home address;
- Current legal status (i.e. formal / informal patient).

6.2.3 The person reporting the alleged offence should request and obtain a reference number from the police operative.

6.2.4 The initial reporting form (see Form One, Appendix A) should be completed by a registered nurse (or Occupational Therapist, Social Worker) whenever an offence is reported to the police. The completed form should be handed to the attending Police Officer if a resource is deployed. Where there is no Police deployment for minor offences, Police copies of completed forms to be sent to the Service Manager of MDO services.

### **6.3 Incident Response**

6.6.1 Police officers have a duty to respond to incidents in mental health wards and provider units, including incidents where the suspect is an in-service user, either voluntarily or when detained under a section of the Mental Health Act 1983.

6.3.2 Mental disorder in an offender should not, and does not automatically absolve that person from responsibility for criminal activity. The circumstances justifying police attendance at a psychiatric hospital will be the same as those that justify police attendance elsewhere.

6.3.4 The police will respond in accordance with the Policing Pledge (Appendix D), based on the details provided in the initial telephone report (see 5.2.2).

6.3.5 On arrival at the hospital, a member of hospital staff will brief the attending officer(s) and will provide a copy of Form 1, the Incident Report (appendix A). The member of hospital staff will also request a report from the suspect's Consultant/care coordinator or nurse in charge, or a nominated deputy. Form 2 will be in the format specified in appendix B and will be made available to the attending officer(s), at the earliest opportunity. Where the suspect is arrested, form 2 will be provided to the arresting officer before transport to custody.

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- 6.3.6 A crime will be recorded if, on the balance of probability, a criminal (notifiable) offence has been committed and there is no credible evidence to the contrary.

#### **6.4 Police Powers to Restrain**

- 6.6.1 Police powers to restrain a suspect who is a service user on a psychiatric ward will be the same as their powers to restrain a suspect in the community. Police officers may use restraint to effect an arrest or to prevent crime but must not restrain suspects in order to facilitate medical interventions (e.g. the administration of sedation).
- 6.4.2 Hospital staff have received specific training on restraint techniques in a hospital setting, and police should only intervene where necessary. All officers should, as always, apply reasonable and proportionate use of force in order to achieve and maintain control.
- 6.4.3 The use of handcuffs on a psychiatric service user is only likely to be appropriate where:
- The alleged offence is sufficiently serious to justify the arrest of the service user and handcuffs are considered necessary to effect the arrest; or
  - The service user has been arrested, and the use of handcuffs is considered necessary for the safety of the suspect, police officers, or others in the environment.

#### **6.5 Investigation**

- 6.5.1 The prompt provision of Consultant reports (Appendix B, Form 2) will assist the investigating officer in assessing the situation and planning the most appropriate action.
- 6.5.2 The Service users' Consultant/care coordinator or nurse in charge should complete and provide Form 2 at the earliest opportunity, ensuring that the following information is included:
- The Service user's fitness to be interviewed.
  - The Service user's fitness to be detained at the police station.

If form 2 indicates that the service user is not fit to be detained at the police station, they will remain in the care of the Trust and the suitability of their current placement/possible transfer to levels of security will be assessed / considered.

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## **6.6 Interviewing Suspects within Trust Premises**

- 6.6.2 NHFT staff must make every attempt to contact an identified carer and apprise them of the situation, in time for the carer to meet with the service user before the police interview is undertaken.
- 6.6.3 When it is not appropriate to arrest and detain the suspect, Police Officers must consider interviewing the suspect within Trust premises. The Officer in the Case (OIC) should liaise with the contact person identified on the Incident Report (Form 1) to arrange an appropriate time and place for the interview. Fitness to be interviewed will be indicated on the Consultant Report (Form 2).
- 6.6.4 The Police and Criminal Evidence Act 1984 (PACE) requires the attendance of an “appropriate adult” when a service user is interviewed by the police. This requirement applies equally to those who are detained under a section of the Mental Health Act 1983 (or other legislative order) and to those who are “informal” service users. A qualified mental health worker from the Clinical Team should be the appropriate adult unless a member of that team has been the victim of the alleged offence. In those circumstances the appropriate adult should be from another team or arranged through the local authority. The role of the appropriate adult is to protect the interests of the suspect during police questioning.
- 6.6.5 A suspect should also have access to independent legal advice and has the right to have his / her solicitor present during interviews.
- 6.6.6 It should be noted that the legal representative and appropriate adult cannot be the same person.
- 6.6.7 The contact person identified on the Incident Report (Form 1) will ensure that an appropriate adult is present and will provide the service user with access to independent legal advice.
- 6.6.8 Interviews with suspects within Trust premises must be conducted under caution and on a voluntary basis. The Police Officer conducting the interview will inform the suspect that he is not under arrest and that he is free to terminate the interview if he wishes to do so. The suspect will also be informed of his entitlement to independent legal advice and his right to a private consultation with a solicitor.
- 6.6.9 The OIC will consider the availability of mobile recording equipment to obtain an audiotape of the interview. Alternatively, contemporaneous notes may be used. This means that all questions and answers are written down.

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- 6.6.10 In cases when it becomes necessary to arrest a service user, any interview would be conducted at the police station. In cases where the seriousness of the offence leads to arrest, it is possible the alleged offender will be charged at the Police Station.

## **6.7 Arrest and Detention in Custody**

- 6.7.1 On rare occasions it may be necessary for a psychiatric service user (including those who are detained under a section of the Mental Health Act 1983) to be arrested and detained in custody. Police Officers may use their powers under s.24 PACE 1984 in the same way as they would use these powers with any suspects in the community.
- 6.7.2 However, it must be remembered that detention in custody may prevent or delay medication and the provision of necessary healthcare, with human rights' implications. Thus it would be expected that any alleged incident would be of a serious nature and that the service user would appear to represent a clear danger to others in order to justify arrest and detention. Although the mental health needs of the alleged offender must be considered, the safety of the public, including other service users, carers and staff, is the over-riding factor.
- 6.7.3 Service users can remain in hospital where it is safe to do so, on bail or remanded under the Mental Health Act, whilst waiting to appear before a Court. This way the service user can continue to receive treatment and be provided with support, and the Court be advised about the case.
- 6.7.4 Where it is necessary to arrest and detain a service user in custody, the hospital will arrange for a member of staff to accompany the service user. The hospital will also make arrangements for a member of staff to remain in the custody suite throughout the period of detention. The member of staff will deliver relevant healthcare, including levels of observation, and will assist in providing a regime of care for the detainee
- 6.7.5 Custody staff will always take advice and guidance on matters of care from that individual, but the Custody Officer retains overall responsibility. Where there is a difference of opinion as to actions required in respect of care for that individual (other than in an emergency), and the Consultant / on-call Psychiatrist is not available, the appropriate course of action would be for the Custody Officer to liaise with the Ward Manager / Manager on call. The Custody Officer must balance the needs of the individual against responsibility to other detainees, staff, visitors, legislation etc. However, they must pay due regard to the expertise of the hospital staff members.

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- 6.7.6 On arrival in custody, the arrestee will be processed in accordance with the Mentally Disordered Offender Policy, and will be offered access to free and independent legal advice.
- 6.7.7 Code C of the Code of Practice for the Detention, Treatment and Questioning of Persons by Police Officers issued under s.66 of the Police and Criminal Evidence Act 1984 (PACE) requires the police to secure the attendance of an appropriate adult at an interview if a detainee appears to be mentally disordered. The principle functions of such a person are to protect the interests of a mentally disordered suspect during police questioning.
- 6.7.8 The member of staff accompanying the arrestee may act as the appropriate adult if this will not result in any bias or conflict of interest. A hospital staff member should not act as an appropriate adult if involved in treatment decisions or decisions with regard to continuation of detention of the suspect. A staff member who is not involved in such decisions could act as appropriate adult but if the detainee prefers a relative or carer, his wishes should be respected if practicable.
- 6.7.9 The hospital will provide representation to the court regarding the detainee's continuing care and the appropriateness of treatment and / or detention.

## **6.8 Witnesses**

- 6.8.1 The Incident Report (Form 1) will identify witnesses to the alleged offence and a hospital contact. The OIC will liaise with the hospital contact, as appropriate, when contact with witnesses is required.

## **6.9 Where Staff are Witnesses**

- 6.9.1 Where Police require personal contact details for a member of staff in order to obtain a witness statement, such information should be requested from the Service Manager.
- 6.9.2 The receiver of any request should satisfy themselves of the enquirer's identity by calling 03000 111 222 and either dialling the appropriate extension number (if known) or by asking for the appropriate officer.
- 6.9.3 Only when the authority of the enquirer is confirmed, may personal details of staff be disclosed.

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## **6.10 Where Service Users are Witnesses**

- 6.10.1 The investigating police officer will liaise with the hospital contact to arrange the provision of a Consultant report (Form 2) for each witness who is a service user. They will also liaise to identify an appropriate time and place to obtain statements from each, taking into account the content of the Consultant reports.
- 6.10.2 Witness statements will be obtained in accordance with current Police Force policy. The investigating officer must consider any requirements for special measures, including consideration of video recording an interview to be admitted as evidence-in-chief. Such video recording may be conducted at a vulnerable witness suite or within the hospital if mobile video recording equipment is available.
- 6.10.3 The hospital contact will arrange for an appropriate adult to be present when obtaining statements from witnesses who are service users.

## **6.11 Subsequent Incidents**

- 6.11.1 Any subsequent incidents after the initial reported case should be reported to the Police (Officer in the Case) and CPS by letter from the Consultant so that all matters may be considered together.

## **6.12 Submission of Prosecution Files**

- 6.12.1 Any prosecution files must be submitted in accordance with the local MDO and Confidentiality, Data Protection and Sharing Information Policy.

## **6.13 The Code of Practice for Victims of Crime**

- 6.13.1 The Police, Witness Care Unit and the Crown Prosecution Service will keep victims updated in accordance with the Code of Practice.

# **7 TRAINING**

## **7.1 Mandatory Training**

There is no mandatory training associated with this policy.

Training required to fulfil this policy will be provided in accordance with the Trust's Training Needs Analysis. Management of training will be in accordance with the Trust's Statutory and Mandatory Training Policy'

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## 7.2 Specific Training not covered by Mandatory Training

Ad hoc training sessions based on an individual's training needs as defined within their annual appraisal or job description.

## 8 MONITORING COMPLIANCE WITH THIS DOCUMENT

The table below outlines the Trusts' monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

| Aspect of compliance or effectiveness being monitored  | Method of monitoring   | Individual responsible for the monitoring  | Monitoring frequency             | Group or committee who receive the findings or report | Group or committee or individual responsible for completing any actions   |
|--|--|--|----------------------------------|---|---|
| Duties   | To be addressed by the monitoring activities below                                   |  |                                  |   |   |
| A need has been identified for a clear multi-agency policy to deal with behaviour when it constitutes a crime or incident that requires a police response  | The senior staff member in line with Trust Policy will record the incident on Datix  | Service Managers, Modern Matrons and Cluster Managers are responsible for monitoring policy in own areas | Ongoing and on a quarterly basis | Safer Hospitals                                       | Heads of Service are responsible for monitoring their service area(s) with regard to police contact under this policy |
|  | Training will be monitored in line with the Statutory and Mandatory Training Policy. |  |                                  |   |   |
| Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed. |  |  |                                  |   |   |

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## **9 REFERENCES AND BIBLIOGRAPHY**

- Memorandum of Understanding between the Association of Chief Police Officers (ACPO) and the NHS Security Management Service.
- National Care Standards M32.1 - M32.10.
- Health and Safety at Work Procedure for Reporting Accidents and Incidents.
- Mentally disordered offenders policy
- Confidentiality, Data Protection and Sharing Information Policy
- Vulnerable witnesses – a police service guide
- The Code of Practice for Victims of Crime
- Vulnerable Adult Policy

## **10 RELATED TRUST POLICY**

- CLP055 - Safeguarding Vulnerable Adults Policy
- IGP104 – Confidentiality, Data Protection and Sharing Information Policy
- HR025 – Statutory and Mandatory Training Policy

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**Appendix A – Form 1 (to be made available to the police officer dealing with the incident).**

**FORM ONE – INITIAL INFORMATION**

**This form should be completed by Nursing Staff who retains a duty to bring to the attention of the Consultant the requirement to complete Form Two**

**General Information**

|   |  |                                    |  |
|---|--|------------------------------------|--|
| Date of Report to Police  |  | Time of Report to Police           |  |
| Police Incident Number  |  | Police Crime Number                |  |
| Name of Officer Dealing (if known)                                |  |                                    |  |
| Name of Person Reporting Incident                                 |  | Designation of Person Reporting    |  |
| Name of Contact Person  |  | Designation of Contact Person      |  |
| Location of Contact Person  |  | Telephone Number of Contact Person |  |
| Date of Incident  |  | Time of Incident                   |  |
| Location of Incident  |  | Type of Incident                   |  |
| Detail of Damage to Property/Estimated cost of repair/replacement |  | Details of any injuries            |  |

**Victim**

|   |  |  |  |
|---|--|--|--|
| Name                                    |  | Date of Birth                              |  |
| Status (staff, visitor or service user) |  | Location or Address                        |  |
| Name of Consultant                      |  | Name of Care co-ordinator                  |  |
| Current Legal Status                    |  | Home Office Reference Number if Applicable |  |

**Alleged Offender**

|                    |  |                           |  |
|--------------------|--|---------------------------|--|
| Name               |  | Date of Birth             |  |
| Status             |  | Location or Address       |  |
| Name of Consultant |  | Name of Care co-ordinator |  |

|   |  |  |  |
|---|--|--|--|
| Current Legal Status  |  | Home Office Reference Number if Applicable                               |  |
| Service user has Contacted Legal Representation – State Who |  | Service user has Requested Staff to Contact his/her Legal Representation |  |

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| Details of any Previous Related Incident |
|--|
|  |

| Summary of the Incident |
|-------------------------|
|                         |

| Please List here the Names and Contact Details of all Witnesses |
|---|
|   |

|  |        |
|--|--------|
| Are the Police required to Inform the Victim of the Outcome? | Yes/No |
| If “No”, who should be informed?                             |        |

|   |  |   |  |
|---|--|---|--|
| Date Victim Informed of Outcome and by Whom |  | Date Consultant Informed of the Outcome and by Whom |  |
|---|--|---|--|

| Name of Person Completing this Form | Designation of the Person Completing this Form | Signature of the Person Completing this Form |
|-------------------------------------|--|--|
|                                     |  |  |

**Proposed disposal outcome by Multidisciplinary Team with approval of Police and CPS**

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**Appendix B – Form 2 (to be made available to the police officer dealing with the incident).**

**FORM TWO – CONSULTANT/NOMINATED DEPUTY REPORT**

This form should be completed in conjunction with Form One in order to give an indication of expected Police intervention. A headed letter of reply might be preferred, if so, please address the questions below and return to the Officer dealing.

**Yes/No** Answers will not suffice – Please give full reasons

1. Do you consider the service user fit to be formally interviewed by the Police in connection with their investigation? If you propose that the service user should be interviewed within Trust premises, state the reasons.
2. Is the service user fit to be detained at the Police Station?
3. If the service user is not remanded in custody, where will he/she be accommodated pending any court appearance?
4. If the service user is a witness, would the service user be competent to give a written statement and attend court to give evidence? If not, what support should be given to the service user as a vulnerable witness to enable him/her to give their evidence?
5. Please ensure that Forms 1 and 2 are completed and forwarded to the Officer dealing or made available to Officers who attend the hospital.

|   |  |
|---|--|
| <b>Name (Please Print) Signature and Designation</b>          |  |
| <b>Contact Details</b>  |  |
| <b>CONSULTANT</b>   |  |
| <b>Telephone Number</b>                                       |  |
| <b>Fax Number</b>   |  |
| <b>Incident Number</b>  |  |
| <b>Date</b>   |  |
| <b>Please return this form to the Officer Dealing who is:</b> |  |

## NOTES FOR FORM TWO

If you consider the offence to be serious enough for the offender to be arrested, interviewed and charged, it is important for you to immediately provide a letter/statement (supported by any available reports ie Mental Health Review Tribunal and Court reports), to the Magistrates giving your reasons supporting this action and an indication of the provisions made for a remand into custody, otherwise the likely outcome is that the arrest would be discredited and the service user being returned to the Trust.

The following are extracts of letters that have been useful to the Police and Courts:

"We would wish to reassure the Justices that although ..... has mental health problems, he is not under disability in relation to Court proceedings and is not suicidal".

"..... is currently mentally severely mentally ill and definitely not responsible for his actions. He is not well enough to understand or appreciate the need for a Police interview".

"..... is fit to appear and is not under disability in relation to trial".

"I would not consider her fit to plead were she to be formally charged. However, as is often the case, involvement of the Police in the process of investigation and interview may help her accept responsibility for her dangerous behaviour. I do not think that there is any reason to consider her unfit for interview and would be grateful if you would make the arrangements to go ahead with this".

"We respectfully request that if he is charged with further offences, he is taken into custody whilst he awaits Court proceedings and the assessment by Rampton Hospital (which I have been informed will take place during the next three weeks".

"In my opinion, it is appropriate for ..... to be charged with the offence in question. There are no psychiatric grounds as to why she should not be charged. I would be happy to provide the Court or subsequent appearances with full psychiatric reports if they are required".

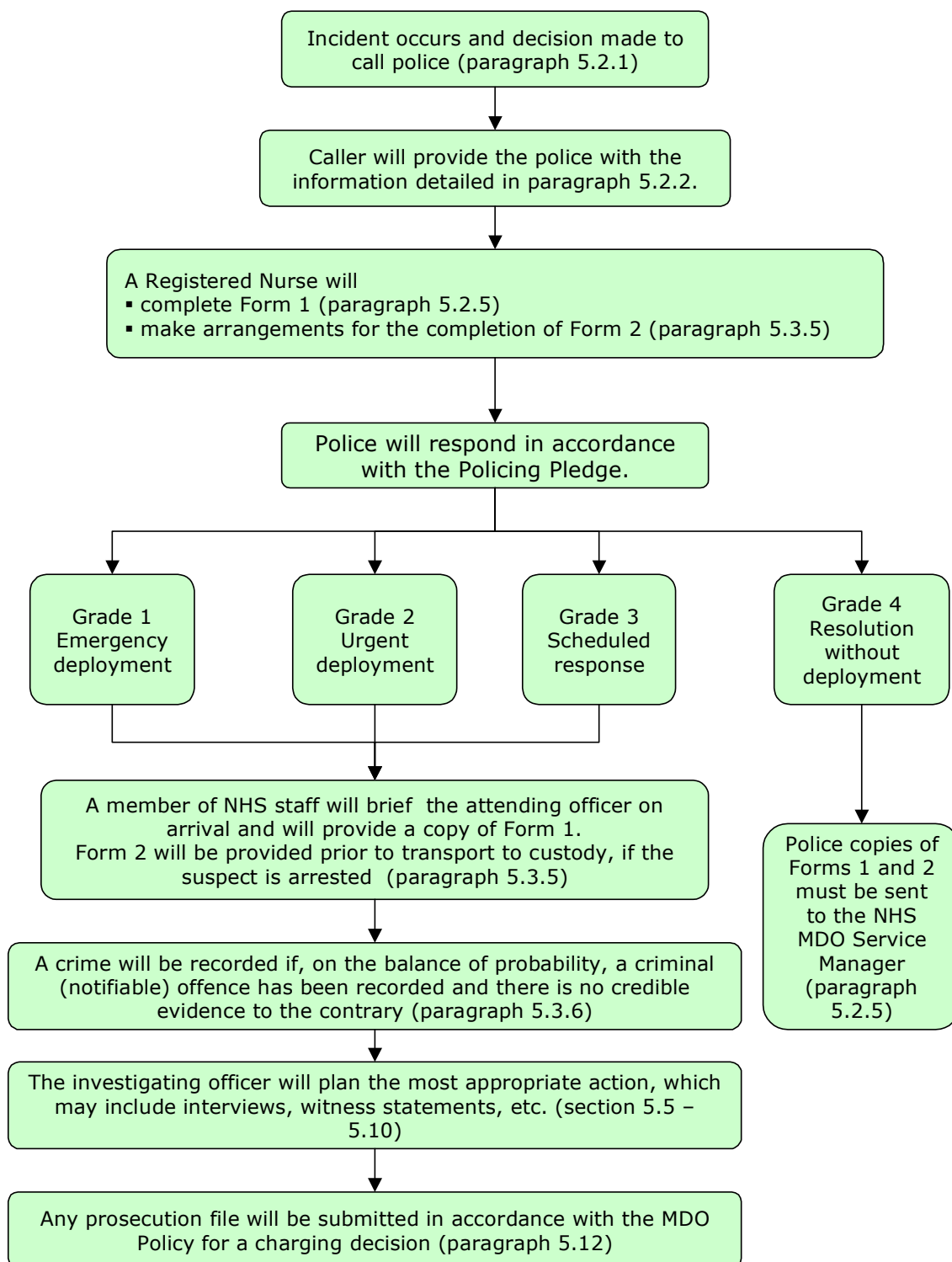
"..... is a man with very longstanding severe mental health problems. He has had a tendency to hit out at people for many years. I think that it would be helpful if you were to interview ....., if only to demonstrate that we take such matters seriously. I would not, however, regard him as being fit to undergo any formal legal process."

"..... is capable of understanding the nature and implications of the charges and the Court process".

"If ..... is remanded into custody, I would liaise with the prison medical service to provide advice relating to the continuing use of prescribed medication, and I would maintain contact myself with the individual".

|   |  |  |
|---|--|--|
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|---|--|--|

## Appendix C – Summary of Procedures



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## Appendix D – Policing Pledge



"The Policing  
Pledge.doc"

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## APPENDIX E – EQUALITY ANALYSIS REPORT

| Equality Analysis Report   |   |          |                |           |             |                 |                |           |            |
|--|---|----------|----------------|-----------|-------------|-----------------|----------------|-----------|------------|
| <b>Name of function:</b>   | Police Response for Northamptonshire Healthcare NHS Foundation Trust (Mental Health and Learning Disability Services) |          |                |           |             |                 |                |           |            |
| <b>Date:</b>   | 22/10/2013  |          |                |           |             |                 |                |           |            |
| <b>Assessing officers:</b>   | Des McMorrow, Head of Specialty Services  |          |                |           |             |                 |                |           |            |
| <b>Description of policy including the aims and objectives of proposed: (service review/resign, strategy, procedure, project, programme, budget, or work being undertaken):</b>  |   |          |                |           |             |                 |                |           |            |
| <p>The policy aims to provide clear instruction to partner agencies for reporting and dealing with service user crimes and incidents in psychiatric settings and within the community. Northamptonshire Healthcare NHS Foundation Trust seeks to maintain the rule of law throughout the Trust to protect service users, carers, staff and visitors, and is committed to working towards a 'zero tolerance' philosophy for violent and criminal offences against person or property, or offences of dishonesty.</p> <p>The Trust has identified a need to address any potential perceived discrimination, and will look to equality monitor the demographic profile of reported incidents.</p> |   |          |                |           |             |                 |                |           |            |
| <b>Evidence and Impact – provide details data community, service data, workforce information and data relating specific protected groups. Include details consultation and engagement with protected groups.</b>   |   |          |                |           |             |                 |                |           |            |
| <p><b>Evidence base:</b></p> <ul style="list-style-type: none"> <li>▪ NHFT Equality Information Report August 2012</li> <li>▪ Northampton County Council :Northamptonshire Results: 2011 Census Data Summary</li> </ul>  |   |          |                |           |             |                 |                |           |            |
|  | Corby   | Daventry | East Northants | Kettering | Northampton | South Northants | Wellingborough | Northants | England    |
| 2001   | 53,400  | 72,100   | 76,600         | 82,200    | 194,200     | 79,400          | 72,500         | 630,400   | 49,449,700 |
| 2011   | 61,100  | 77,700   | 86,800         | 93,500    | 212,100     | 85,200          | 75,400         | 691,900   | 53,012,500 |
| % rise   | 14.4%   | 7.8%     | 13.3%          | 13.7%     | 9.2%        | 7.3%            | 4.0%           | 9.8%      | 7.2%       |
| <ul style="list-style-type: none"> <li>▪ Ethnicity: 85.7% (White) and 14.3% (BME )- 1.75% (dual heritage); 4.01% (Asian); 2.5%(Black including British, African and Caribbean) ; 0.85 % (Chinese) ; 6.05 % (white other EEA, polish, Gypsy &amp; Traveller)</li> <li>▪ Gender: 49.6% males; 50.4% females (including 1% transgender)</li> <li>▪ Disabled people: 19% (including 3.5 % &lt; aged under 18)</li> <li>▪ Faith communities: 71% Christian; 29% minority faith: (includes Hindu, Muslim, Sikh, atheists, non-belief)</li> <li>▪ Sexual orientation (gay, lesbian or bisexual): 5 - 7% (Stonewall estimate)</li> </ul>   |   |          |                |           |             |                 |                |           |            |

| Equality Analysis Report   |   |
|--|---|
| <b>Name of function:</b>   | Police Response for Northamptonshire Healthcare NHS Foundation Trust (Mental Health and Learning Disability Services)   |
| <b>Date:</b>   | 22/10/2013  |
| <b>Service Information: provide any relevant service data or information to inform the Equality Analysis including service user feedback, external consultation and engagements or research.</b> |   |
| <b>Protected Groups (Equality Act 2010)</b>  | <p><b>STAGE 3: Consider the effect of our actions on people in terms of their protected status?</b></p> <p>The law requires us to take active steps to consider the need to:</p> <ul style="list-style-type: none"> <li>▪ Eliminate unlawful discrimination, harassment and victimisation.</li> <li>▪ Advance equality of opportunity</li> <li>▪ Foster good relations with people with and with protected characteristic</li> </ul> <p>Identify the specific adverse impacts that may occur due to this policy, project or strategy on different groups of people. Provide an explanation for your given response.</p> |
| <b>Age</b>   | This Policy does not discriminate, however NHFT will monitor epex records of people reported to the police to ascertain demographics on a quarterly basis   |
| <b>Disability</b>  | This Policy does not discriminate, however NHFT will monitor epex records of people reported to the police to ascertain demographics on a quarterly basis   |
| <b>Gender (male, female and transsexual, inclu. Pregnancy and maternity)</b>   | This Policy does not discriminate, however NHFT will monitor epex records of people reported to the police to ascertain demographics on a quarterly basis   |
| <b>Gender reassignment</b>   | This Policy does not discriminate, however NHFT will monitor epex records of people reported to the police to ascertain demographics on a quarterly basis   |
| <b>Sexual Orientation (incl. Marriage &amp; civil partnerships)</b>  | This Policy does not discriminate, however NHFT will monitor epex records of people reported to the police to ascertain demographics on a quarterly basis   |

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| Equality Analysis Report   |   |  |                      |
|--|---|--|----------------------|
| <b>Name of function:</b>   | Police Response for Northamptonshire Healthcare NHS Foundation Trust (Mental Health and Learning Disability Services)                                       |  |                      |
| <b>Date:</b>   | 22/10/2013  |  |                      |
| <b>Race</b>  | This Policy does not discriminate, however NHFT will monitor expec records of people reported to the police to ascertain demographics on a quarterly basis  |  |                      |
| <b>Religion or Belief (including non belief)</b>   | This Policy does not discriminate, however NHFT will monitor expec records of people reported to the police to ascertain demographics on a quarterly basis. |  |                      |
| Equality Analysis outcome: Having considered the potential or actual effect of your project, policy etc, what changes will take place? |   |  |                      |
| This policy will monitor the diversity.  |   |  |                      |
| Action Plan  |   |  |                      |
| Issue to be addressed  | Action  | Who                                    | Date to be completed |
| The Trust will address any perceived discrimination.   | Quarterly monitoring of incidents reported to police by protected characteristics to identify trends.   | <b>Modern Matron Head of Hospitals</b> | <b>22/10/2013</b>    |
|  |   |  |                      |
| Ratification – a completed copy of the Equality Analysis form must be sent to Equality and Inclusion Officer to be approved.           |   |  |                      |
| <b>Approving Officers</b>  | <b>Tendai Ndongwe, Equality and Inclusion Officer.</b>  |  |                      |
| <b>Date of completion:</b>   | <b>22/10/2013</b>   |  |                      |

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