Birmingham and Solihull Mental Health NHS Foundation Trust

POLICE INTERVENTIONS POLICY

Policy number and category	**RS 14**	**Risk & Safety**
Version number and date	**7**	**September 2023**
Ratifying committee or executive director	**Trust Clinical Governance committee**	
Date ratified	**October 2023**	
Next anticipated review	**October 2026**	
Executive director	**Executive Director of Operations**	
Policy lead	**Local Security Management Specialist**	
Policy author *(if different from above)*	**As above**	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	**No**	

PROTOCOL CONTEXT

Emergency Police Response & Deployment and Post-incident Reporting of Criminal Offences by Service Users of BSMHFT to Police.

REQUIREMENT (see Section 2)

The requirement of this policy is to detail how staff should expect Police to respond to emergency calls and deploy to Trust in-patient Units and how Trust staff will support and assist Officers.

Detail how criminal incidents committed by BSMHFT service users when reported to Police for investigation will be supported by the Trust.

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To provide clear guidance and direction in the application of this policy, a series of flow charts and supporting information have been developed and are contained within this protocol as follows:

- Appendix 1 - Equality Impact Assessment/Screening Form
- Appendix 2 – Procedures for Trust Staff for Emergency Police Intervention and/or Deployment to Scene
- Appendix 3 – Procedures for Post Incident Investigation by Police
- Appendix 4 - Sharing information with police.
- Appendix 5 – XXXXX REDACTED SECTION XXXXX
- Appendix 6 - Criminal Incident Pro-forma

1 INTRODUCTION

1.1 Rationale

The purpose of the policy is to set out how Birmingham and Solihull Mental Health Trust (BSMHFT), will provide support to West Midlands Police (WMP), when they respond to emergency incidents in trust facilities and how the Trust will support criminal investigations in accordance with:

- **NHS Confidentiality code of practice**
- **National guidance set out in the Crown Prosecution Service (CPS), Mental Health; Suspects and Defendants with Mental Health Conditions or Disorders (October 2019).**
- **The Joint Agreement on Offences Against Emergency Workers (January 2020).**
- **The British Medical Association (BMA) Section 6 Access to Health Records (May 2018).**
- **The Data Protection Act (2018).**
- **The Trust Confidentiality Policy (IG01).**

1.2 Scope

This policy applies to all employees of BSMHFT, including contractors, employees of other organisations working within the Trust, seconded staff, volunteers, workers defined under The Emergency Workers Act 2018, and those who are victims of alleged criminal offences against them by service users of BSMHFT committed within inpatient and/or a community setting.

BSMHFT staff employed within Prison Healthcare Services will also adhere to this policy but will also be required to adhere to policies and procedures specific to the Prison Service.

This policy highlights and details procedures to be adopted by BSMHFT in relation to the following:

- Emergency Police response and how Trust staff will support officers within inpatient settings.
- How BSMHFT staff will support the police in the investigation of criminal offences when committed by service users of BSMHFT.

The guidance provided within this policy also aims to achieve the following:

- Trust staff understand the rational for requesting an emergency and/or priority response from WMP.
- Trust staff know how to report a criminal incident both using Trust incident reporting (ECLIPSE), and to the Police.
- Support mechanisms are provided to staff and service users who have been victims of a criminal act.
- Appropriate support is provided to WMP in relation to their investigation process following the reporting of a criminal incident by a service user of BSMHFT.

1.3 Principles

The principle of this policy is to promote and support effective working practices with our partner WMP. It also demonstrates that the Trust is committed to meeting its statutory obligations imposed by current legislation and adopts best practice to

maintain a secure and safe environment for its service users, staff, and visitors, as well as supporting the wider NHS, Emergency Service Workers and the public who are victims of alleged criminal acts by service users of BSMHFT.

2 POLICY

2.1 All Staff are required to be familiar with arrangements for escalation to the police and follow the protocol and procedure set out in section 3.

3 PROCEDURE

3.1 Guidance as to how incidents are to be reported is provided in the flow charts appended to this document (App. 2 and 3 refer).

3.2 Incidents Requiring Emergency Police Response

3.2.1 Police intervention as a preventative or controlling measure for the management of assaultive behaviour or criminal activity should not routinely occur.

3.2.2 Police assistance and intervention would be deemed justified and appropriate where there is a credible risk of imminent serious harm being caused.

XXXXX REDACTED SECTION XXXXX

3.2.3 The above scenarios are not exhaustive and other incidents may require Trust staff to contact the Police for assistance. However, it should be acknowledged that Police Officers should only be deployed in exceptional circumstances and Trust staff should not rely on Police attendance as a preventative or controlling measure, to manage a clinical situation, administer medications or to transfer a service user to another location.

3.2.4 The Police must be assured that any call for attendance from the Trust is one requiring immediate deployment to a situation that staff are unable to manage safely without their assistance.

3.2.5 When calling for Police assistance, staff should be very specific about the incident and associated risk factors, providing a full and accurate description of the incident/situation to enable the Police control room to send an appropriate response.

3.2.6 It is vital staff make it clear the gravity/seriousness of the situation, that staff/others have/are be being harmed and Police attendance is essential to control the level of violence or criminal behaviour.

3.3 In all cases where a priority/emergency response is required from the Police, a 999 call should be made.

3.4 Actions for Trust Staff and Police Officers

3.4.1 In every incident where Police attend a Trust premise in response to an emergency call, the Officer in Charge (OIC) will require personal contact with the senior member of staff on duty, or their nominated deputy. The following information will be required by the Police:

- Status under the Mental Health Act (detained/informal)
- Current clinical presentation
- Current physical health/medical presentation, as well as any known underlying physical health or medical conditions
- The risks posed to the service user and others.
- Previous history of violent/assaultive behaviour towards others
- Previous history of self-harming behaviour
- Recommended ways of engaging with and/or approaching the individual
- An understanding of the Trust's duty of care and responsibilities in relation to physical health and clinical presentation of the patient(s) or others involved during any Police intervention.
- The language used by the service user (English, other spoken language, or British Sign Language) and whether the service user has any difficulties with understanding instructions due to cognitive impairment or mental ill health.

3.4.2 Wherever practicable before any Police intervention a discussion must always take place to agree the type and/or level of intervention required which will include an agreed exit strategy for the Police Officers involved. However, it should be noted that in some circumstances it will not always be practicable to agree such strategies before Police intervention where there is an actual occurrence of serious harm being caused or there is an immediate/imminent risk of serious harm being caused.

3.5 Duty of Care of Trust Staff and Police Officers

3.5.1 Where Police have responded to an incident the principal duty of care towards the service user will always remain with the Trust and the clinical team responsible for their care. Every possible attempt should be made to keep services users within the in-patient environment, particularly those detained under the MHA. However, it should be recognised that as a direct consequence of the incident there is a potential that the service user may need to be removed and placed into Police custody. Before such action is taken, the Police, senior clinicians and any other relevant healthcare professionals should discuss the removal to Police Custody and determine levels of support required from the Trust.

3.5.2 In such cases, wherever practicable, the service user should be assessed to determine their understanding of their acts and ability to be interviewed by the Police. The clinician should also provide guidance to the Police as to the appropriateness to instigate criminal proceedings (appendix 6).

3.6 Physical Interventions

3.6.1 Police Officers should not routinely be involved in physical interventions of service users and as previous mentioned, they should not assist with a clinical intervention, the administration of drugs or medication or to transfer a service user from one setting to another. Healthcare Professionals will continue to be responsible for the treatment, care, and well-being of the service user.

3.6.2 If the Police decide it is necessary to use physical intervention it is for the officers to determine the use of force necessary. Officers will be accountable for their

own actions. This does not remove the duty of care from the clinical team who should support officers if requested. The clinical team should remain in a position to take over restraint when safe to do so. This will ensure compliance with Mental Health Act 1983 Codes of Practice in relation to least restrictive practice.

3.7 Post incident Review Procedures

3.7.1 The attendance of Police to support Trust staff would be deemed a serious incident. A formal post incident case review should be convened to provide an opportunity for those involved to review the circumstances of the incident and provide outcome-based learning. Such a review will be facilitated through the Clinical Nurse/Service Manager and the Police Lead for Mental Health within the locality or their nominated Deputies, and should take place, wherever practicable, no more than 7 days after the incident has occurred.

3.8 Non-Emergency Criminal Incident Reporting

3.8.1 Victims of criminal acts are free to report incidents to the Police if they wish to do so and will be supported in doing so. Such a decision should be made on a case-by-case basis, but it may be more appropriate to report an incident to the Police if:

- The RMO/RC or senior clinical staff are of the opinion that the assault was not related to clinical/medical factors.
- A crime is suspected.
- The alleged offence is considered serious.
- The victim wishes to report the incident to the police.
- It would help the service user concerned take responsibility for their actions and understand real consequences.
- It is considered beneficial to establish an offending history for the service user.
- It is considered necessary for future protection of the service user, other service users, Healthcare professionals and the public that the incident is dealt with via the criminal justice route.

3.8.2 Mental ill health is not an automatic bar to Police investigation and subsequent prosecution. However, it is a factor that will require additional consideration and information.

3.9 Incident Reporting to Police

3.9.1 **Offences within Inpatient Setting**

3.9.2 When reporting an incident to the Police the pro-forma held at Appendix 6 should be fully completed as soon as possible following the incident by the victim, with the support of a senior clinical colleague. This should be signed by the senior clinician and emailed to the Police. In the absence of a completed Appendix 6, the police are unlikely to commence an investigation.

3.9.3 The incident reporting should be completed as follows:

- Complete an ECLIPSE incident report. The ECLIPSE report includes a link to an Appendix 6 pro-forma.
- Report to Police via 101 or WMP webchat.
- Obtain an Incident/Log Reference Number via 101 or WMP webchat.
- Fully completed appendix 6 document (with police log number and date) to be submitted to the dedicated WMP secure email address:

  XXXXX REDACTED SECTION XXXXX
- Further relevant information relating to the incident should be recorded on the service user's clinical record (RIO).
- Appendix 5 will be requested by WMP.
  - XXXXX REDACTED SECTION XXXXX
  - XXXXX REDACTED SECTION XXXXX
- Disclosure of other appropriate evidence in relation to the incident – including Victim Impact Statements and CCTV footage where available.
- The Local Security Management Specialist on behalf of the Trust will make available when requested by the OIC, a Public interest Impact Statement**.** This will give a background to security/safety processes and the need to hold persons who abuse/assault MH staff to account where it is assessed they have an understanding and able to accept responsibility for their actions.

3.9.4 **Offences within Community Settings**

3.9.5 Where offences have occurred with a community environment, the following process should be followed:

- Where Trust staff are present/involved, an Appendix 6 should be provided, as above, when reporting to the police.
- WMP will seek Trust support to identify the relevant clinical team and request completion of an Appendix 5. Where the victim is not an Emergency Worker, this request will be accompanied by a WA170 Data Protection Act.
  - XXXXX REDACTED SECTION XXXXX
  - XXXXX REDACTED SECTION XXXXX

3.10 Appendix 5 Requests

XXXXX REDACTED SECTION XXXXX

- A doctor may provide such information if it is in the public interest, this is a subjective test and should be based on each individual request. Guidance is provided as follows to support consideration of such disclosures:

- **NHS Confidentiality code of practice**
- **National guidance set out in the Crown Prosecution Service (CPS), Mental Health; Suspects and Defendants with Mental Health Conditions or Disorders (October 2019).**
- **The Joint Agreement on Offences Against Emergency Workers (January 2020).**

- **The British Medical Association (BMA) Section 6 Access to Health Records (May 2018).**
- **The Data Protection Act (2018).**
- **The Trust Confidentiality Policy (IG01).**

- Consent of the service user concerned, whilst always best practice to have, is not required by law when seeking such consent would be likely to undermine the purpose of the disclosure. For example, by prejudicing the prevention, detection, or prosecution of a serious crime.

- It is acknowledged that participation in the criminal justice system is known to be a stressor that can aggravate mental distress and ill health, so it is important that the police and CPS are able to make a fully informed decision when considering diversion/charges against a trust service user.

- The relationship between mental health and criminal offending is often complex. A mental disorder may directly cause someone to offend or play no significant part in their offending behaviour and the sharing of MH related information is important to enable the police and CPS to reach an appropriate criminal justice disposal decision. This may be through the criminal justice route or via diversion to appropriate health and social care services. The appendix 5 is designed to enable fully informed decision making in respect of trust service users.

3.11 Police Interviews

3.11.1 Where a decision has been taken by the Police to interview a service user who is suspected of committing a criminal offence every attempt should be made to facilitate such an interview in the Hospital environment, particularly those patients who are detained under the Mental Health Act 1983. However, it should be recognised that as a direct consequence of the incident there is potential for the patient to be removed to Police Custody. A strategy meeting with the Police, the Responsible Clinician and other appropriate clinicians/healthcare professionals should always be held to determine agreed outcomes.

3.11.2 If the service user uses a language other than spoken English, an interpreter must be arranged. Using written language is only appropriate if the service user has a guaranteed level of literacy.

3.11.3 Deaf services users who have language dysfluency or cognitive difficulties must be interviewed with a Deaf Intermediary. Specific guidance can be sought via the National Deaf Mental Health Service unit based with The Barberry.

3.11.4 In all cases a XXXXX REDACTED SECTION XXXXX

, in Line with Trust Policy on the Use of the Mental Capacity Act 2005, should be undertaken by the appropriate clinician before the service user who is suspected of committing the offence is interviewed by the Police. Such an assessment will inform the service user's fitness to be interviewed.

3.12 Monitoring Investigation Process and Outcomes

3.12.1 The Trust's LSMS will liaise with the Police and appropriate members of staff during the investigation process, and where necessary act as a Single Point of Contact (SPOC) for the Police.

3.12.2 Once a suspect has been charged, information on its progress will be sought from the Witness Care Unit (WCU) and not the Police and in line with statutory direction the WCU are required to provide the following information to the victim:

- Details of court hearings (date, time, location, and purpose)
- Details of NHS witnesses required to attend and evidence.
- Outcome of court hearings
- Details of sentence and/or financial orders
- Details of any appeals

3.13 Assaults Emergency Workers (Offences) Act 2018

The Assaults on Emergency Workers (Offences) Act 2018 seeks to improve the protection for emergency workers. The measures in the Act create a new offence and provide statutory footing for considering certain offences against emergency workers as an aggravating factor in determining the severity of a sentence. Emergency Workers as defined under the Act are Police, Fire, Ambulance, NHS staff, National Crime Agency Officer, Prison Officers, and Custody officers, as well as persons providing or engaged in the provision of these services.

A new triable either way offence of assault or battery committed against an emergency worker with an increased maximum penalty is now in force when an offence is committed against an emergency worker. This applies only when the emergency worker was acting in the course of their duties, and whether that amounted to an emergency situation.

The Act also creates a statutory aggravating factor that would apply when other assaults, including sexual assault, and assault-related offences, were committed against emergency workers.

Definition of an NHS "emergency worker"

The Act clearly defines an “emergency worker” in terms of the NHS as follows:

Those providing NHS healthcare services or services in supporting the provision of NHS services and whose duties involve face to face interaction with individuals receiving services or with members of the public.

This means the act includes all staff working and providing services within the NHS, such as domestic/support staff, agency, locums, contractors, and security staff who have face to face interaction with patients or other members of the public. It does not matter whether the emergency workers are paid or unpaid.

A Joint Agreement on Offences Against Emergency Workers (January 2020), has been developed by Her Majesty's Prison and Probation Service (HMPPS), NHS England, the National Fire Chiefs Council (NFCC), the National Police Chiefs Council (NPCC) and the Crown Prosecution Service (CPS), which supports this Act. This agreement provides for a broad framework to ensure the more effective investigation and prosecution of cases where emergency workers are the victim of a crime, particularly in applying the provisions of the Assaults on Emergency Workers (Offences) Act 2018 and to set out the standards victims of these crimes can expect.

4. RESPONSIBILITIES

Post(s)	Responsibilities
Consultant, Responsible Clinician, Qualified Clinician	The patient's Consultant, Responsible Clinician, or most suitably qualified member of Clinical staff will be asked by the police to complete an App 5. The RC has a responsibility to consider the police requests and respond appropriately in line with their professional obligations, GMC rules and Trust confidentiality rules.
Victim / Injured Party	The Victim/Injured Party, on request, will give an XXXXX REDACTED SECTION XXXXX to the Police to provide the following information: A factual account of the circumstances leading up to the incident. A factual account of the actual incident Details of any injuries sustained as a direct result of the incident (including any photographic evidence) A factual account of what happened following the incident
Witnesses to the Incident	Any witnesses to the incident, on request, will give an XXXXX REDACTED SECTION XXXXX to the Police to provide the following information: A factual account of what was witnessed leading up to the incident. A factual account of what was witnessed during the incident. A factual account of what was witnessed following the incident
Senior Clinical Staff Involved in Care of Service User(s)	A Senior Member of Clinical Staff involved in the care of the patient involved, will fully complete an Appendix 6 and when as soon as possible following the alleged incident. Once a police log number has been obtained, this is to be appended to the Appendix 6 and submitted to WMP via the following secure email address: XXXXX REDACTED SECTION XXXXX Update Rio warning markers as appropriate.

Local Security Management Specialist	Provide support to victims of crime and act as a Single Point of Contact for liaison between the victim, Police and CPS where required to facilitate the Police Investigation Process. Complete a public interest Impact Witness Statement to Police/CPS on request.
	Provide advice and guidance to all witnesses in relation to the investigation process. Update ECLIPSE incident reports with police incident details and resulting sanctions.

5. DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary		
Date policy issued for consultation		26th July 2023
Number of versions produced for consultation		1
Committees or meetings where this policy was formally discussed		
Trust Health & Safety Committee		6th June 2023
Trust Policy Management Development Group		13th September 2023
Where else presented	**Summary of feedback**	**Actions / Response**
Policy Development Group	Amendments to para's 3.9.2 and 3.10.2. New hyperlinks required in section 7 Bibliography.	Policy updated to reflect feedback from PDMG.
Trust Executive		
Trust Wide Consultation		
Staff Networks		
Positive and Proactive Care Group membership		
Human Resources		
Joint Strategic Operating Group membership		
Health & Safety Committee membership		

6 Reference documents

NHS Confidentiality code of practice

NHS Protect Security Management Standards for Providers The

Trust Confidentiality Policy (IG01).

BSMHFT Incident Reporting and Management Policy

Mental Health Act 1983

Code of Practice for Victims of Crime

Access to health records (bma.org.uk)

The Assaults on Emergency Workers (Offences) Act 2018

Joint Agreement on Offences against Emergency Workers | The Crown Prosecution Service (cps.gov.uk)

Confidentiality: good practice in handling patient information - ethical guidance - GMC (gmc-uk.org)

Mental Health: Suspects and Defendants with Mental Health Conditions or Disorders | The Crown Prosecution Service (cps.gov.uk)

7. Bibliography:

New guidance for prosecutors on mental health conditions and disorders | The Crown Prosecution Service (cps.gov.uk)

The Code for Crown Prosecutors | The Crown Prosecution Service (cps.gov.uk)

Joint Agreement on Offences against Emergency Workers | The Crown Prosecution Service (cps.gov.uk)

Home Office Circular 71 1984.pdf (cps.gov.uk) Sections 35, 36, 38 and 40(3) of the Mental Health Act 1983: Implementation

Home Office Circular 66 1990.pdf (cps.gov.uk) Provision for Mentally Disordered Offenders.

8. Glossary

None

9: Audit and assurance

Element to be monitored	Lead	Tool	Frequency	Reporting committee

3.8 / All (Compliance with policy/ procedure)	LSMS	Post incident review – significant incidents	As and when occur.	Trust Health & Safety Committee

10. APPENDICES

Appendix 1 - Equality Impact Assessment/Screening Form

Appendix 2 – Procedures for Trust Staff for Emergency Police Intervention and/or Deployment to Scene

Appendix 3 – Procedures for Post Incident Investigation by Police Appendix

4 - Sharing information with police.

Appendix 5 – XXXXX REDACTED SECTION XXXXX

6 - Criminal Incident Pro-forma.

Appendix 1

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
http://connect/corporate/humanresources/managementsupport/Pages/default.aspx

Title of Proposal	**Police Interventions Policy**		
Person Completing this proposal	XXXXX REDACTED SECTION XXXXX	**Role or title**	**LSMS**
Division	**Operations Directorate**	**Service Area**	**Acute & Urgent Care**
Date Started	**March 2023**	**Date completed**	**March 2023**
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.			
The support of Trust staff, service users, Emergency Workers and the those who are victims of criminal offences such as physical & verbal assaults and hate crimes committed by service users of BSMHFT. In addition to setting out a supportive framework for those who are victims, the policy also seeks to ensure that such offences committed by those suffering from mental ill health are not criminalised through the inappropriate use of criminal proceedings.			
Who will benefit from the proposal?			
Trust Staff, Service Users, Emergency Workers, and the public.			
Do the proposals affect service users, employees, or the wider community? **Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward**			
A positive impact as the proposals of this policy are designed to support service users of BSMHFT who are alleged to have committed criminal offences by ensuring that only where it is appropriate to do so, criminal charges and other criminal justice diversionary processes are instigated. The policy also sets out to support those who are victims of criminal behaviours where mental ill health is a consideration and how the Trust can support the police to investigate such allegations.			
Do the proposals significantly affect service delivery, business processes or policy? How will these reduce inequality?			
No			
Does it involve a significant commitment of resources? How will these reduce inequality?			

No				
Do the proposals relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)				
The aims of the policy are to ensure that those suffering from mental health who commit criminal offences are not subjected to criminal justice processes where it is inappropriate to do so.				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
Does this proposal promote equality of opportunity? Eliminate discrimination? Eliminate harassment? Eliminate victimisation?				Promote good community relations? Promote positive attitudes towards disabled people? Consider more favourable treatment of disabled people? Promote involvement and consultation? Protect and promote human rights?
Please click in the relevant impact box and include relevant data				
Personal Protected Characteristic	**No/Minimum Impact**	**Negative Impact**	**Positive Impact**	**Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.**
Age	**X**			
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability			**X**	Consideration has been given to potential communication issues with those who have hearing impairment. Specific guidance has been incorporated within the policy to ensure that appropriate support and guidance can be provided to support such individuals.

Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers, and families?				
Gender			**X**	The policy supports all who are victims of crimes such as physical assault, verbal assault, hate crimes and harassment for example.
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				

Marriage or Civil Partnerships	**X**			
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	**X**			
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post-natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity			**X**	The policy acknowledges that English may not be the language used by service users and that appropriate support will be provided to ensure that individuals do not have difficulty understanding proceedings due to language barriers. The policy also seeks to support those who are victims of hate crimes who have been targeted by BSMHFT service users because of their race or ethnicity.
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				

Religion or Belief			**X**	The policy seeks to support those who are victims of hate crimes who have been targeted by BSMHFT service users because of their religion or belief.
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation			**X**	The policy seeks to support those who are victims of hate crimes who have been targeted by BSMHFT service users because of their sexual orientation.
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				

Transgender or Gender Reassignment			**X**	The policy seeks to support those who are victims of hate crimes who have been targeted by BSMHFT service users.
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights	**X**			
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e., Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No		
	High Impact	**Medium Impact**	**Low Impact**	**No Impact**

What do you consider the level of negative impact to be?				

If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.

If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding.
If the proposal does not have a negative impact or the impact is considered low, reasonable, or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead.**

Action Planning:

How could you minimise or remove any negative impact identified even if this is of low significance?

N/A

How will any impact or planned actions be monitored and reviewed?

The policy will be reported on at Trust Health & Safety Committee.

How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.

N/A

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis

Appendix 2

Procedures for Trust Staff to call for emergency Police intervention and/or deployment to scene.

Trust Staff unable to safely manage incident and/or agreed response is required as identified in shared Risk Management Plan

XXXXX REDACTED SECTION XXXXX

Emergency Police Response Required Dial 999

Call 999

Information to be given to Police.

Name and status of caller

Site & Ward/Service Area where incident is occurring.

Name and status of instigator

Circumstances and/or type of incident (must advise if a weapon is involved – including the type of weapon)

Is the incident in progress/occurring now or imminent risk of incident occurring?

Procedures on Police Officer Deployment at Scene

Officer in Charge to meet with designated member of Trust Staff at scene.

Information shared in relation to nature of incident and status of instigator.

Agreement to be reached on forward planning decisions to manage incident (including duty of care/responsibilities & exit strategies/ contingencies)

Post Incident Review Procedures

Immediate review at the conclusion of the incident *Formal post incident partner agency case review within 7 days*

Appendix 3

Procedures for post Incident reporting to the Police (incidents of assault against the person and/or criminal activity) instigated by in-patient.

Incident has occurred & decision taken to report to the Police.

Telephone call to be made to the Police by victim/injured party or the Senior Clinician/Healthcare Professional on their Behalf.

West Midlands Police Tel: 101

999Or

If immediate assistance required

Information to be given to Police.

Name and designation of person reporting the incident.

Incident type – e.g. physical assault perpetrated against a member of staff by a patient

Day, date, time & location of incident

Details of the instigator of the incident

Details of the victim/injured party

Details of any witnesses to the incident

Information to be obtained from the Police Control Room from the member of staff making the report.

Incident Log Reference and/or Crime Reference Number

Further Procedures to be undertaken by Trust Staff

Complete Appendix 6 .

Trust Incident Report to be updated (where possible) to include the above information.

Procedures for gathering evidence & witness statements.

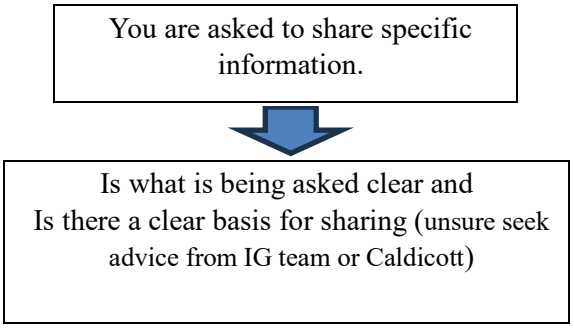
OIC to contact Victim/Witnesses/Ward Manager to discuss incident and arrange to arrange for witness statements to be given by the following :

Victim / Injured Party

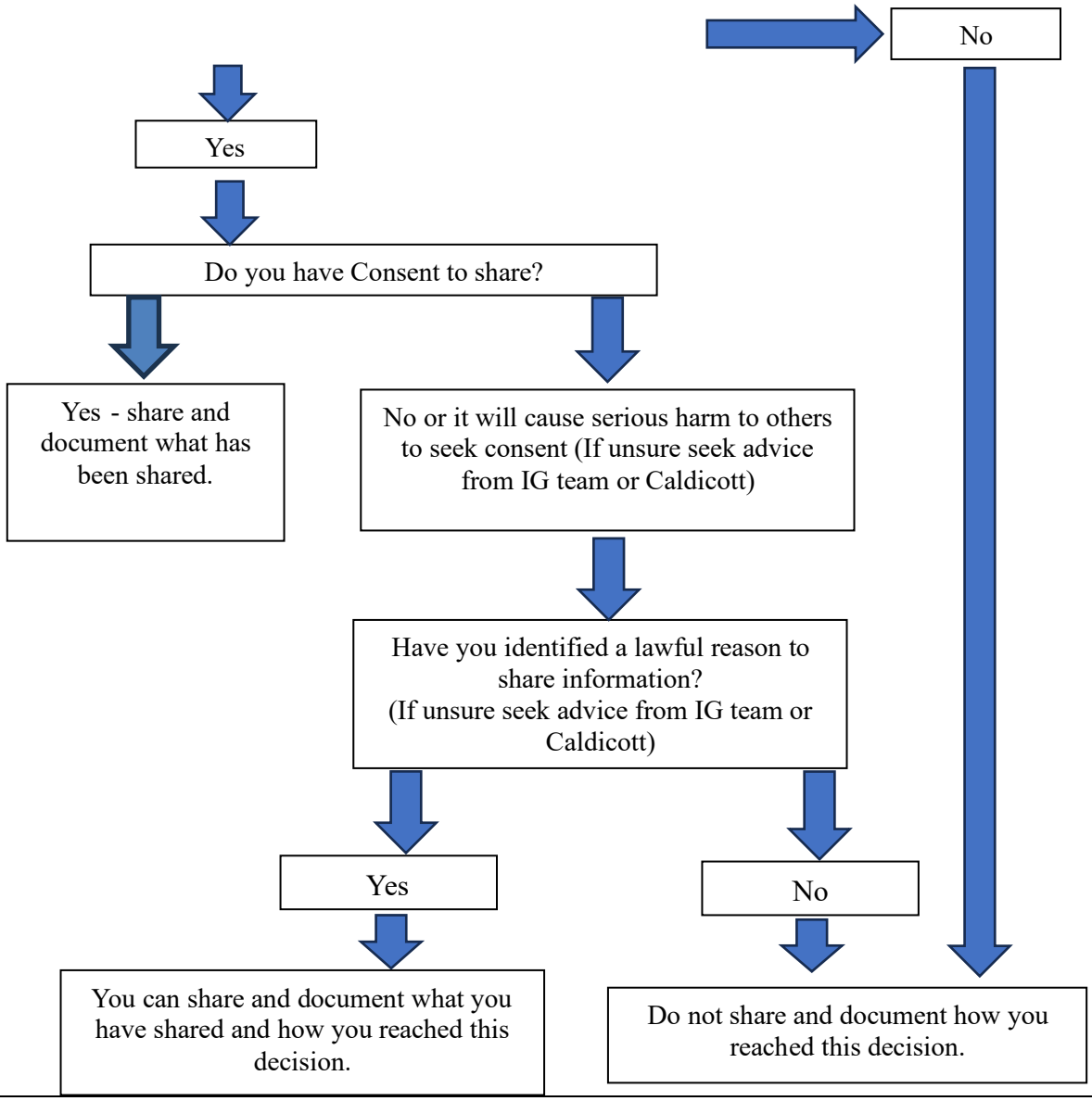
Witnesses to the incident

OIC to liaise with Clinical Team to make appropriate arrangements for interview.

All interviews to be undertaken in accordance with the Police and Criminal Evidence Act (PACE) 1984



Appendix 4 – Flow chart for sharing information with the Police.



Sharing information:

- identify how much information to share and what to share.
- Distinguish fact from opinion, share factual information only as far as possible.
- Ensure that you are giving the right information to the right individual.
- Ensure where possible, you are sharing the information securely.
- Inform the patient that the information has been shared if they were not aware of this as long as this would not create or increase risk of serious harm.
- If unsure regarding sharing information or what to share, please seek advice from the Caldicott for the trust or IG team.

West Midlands Police Appendix 5

Information Required of Mental Health Professional to enable an informed Charging Decision of a Mentally Disordered Offender (MDO)

XXXXX REDACTED SECTION XXXXX

Appendix 6

Post Incident Proforma - CONFIDENTIAL

Date:	Time (24hrs):
Location:	
Type of Incident:	

Suspect Name:	DoB:
Address:	
Details of Incident:	

Injuries/damage: YES/NO N/A (*please delete as appropriate)*

Details of Injury /damage caused:

Victim Details (if Appropriate):

Name:	M/F	Age:
Address:		
Work tel: Home tel:		

POLICE CONTACTED: Yes / No*

Date Reported	Incident Number	Officer's Name	Officer's Number

* If no please state reason:

Witness Details:

Name of Person Completing:	Designation:	Date:

Copies of Victim and Witness Statements obtained: YES/NO

Victim Statement/consent: I, _____ give / do not give permission for the Trust to pursue this matter with the Police.

(*Staff only - I will keep my line manager fully informed of any contact I have with the Police).*

PLEASE RETAIN A COPY OF COMPLETED FORM ON UNIT.

RISK ASSESSMENT FOLLOWING CRIMINAL INCIDENT INVOLVING PATIENT

(TO BE GIVEN TO ATTENDING POLICE OFFICER)

Name of Patient:		
DOB:	M / F	NHS Number:
WARD:		
Patients Home Address:		
Patient Status *(Detained / Informal):*		
Consultant:		
Current Mental State Presentation:		

Relevant Previous History: *(Violence/Aggression)*

To Be Completed by most Senior member of staff on duty at the time i.e. Ward Manager/Deputy Ward manager at time of incident - OR ASAP Post Incident

Would you consider the service user at the time of the alleged offence was capable of understanding his/her actions?	Yes	No
Would you consider the service user at the time of the alleged offence was capable of controlling his/her actions?	Yes	No
Would you consider the service user is capable of understanding the legal process if a prosecution is sought?	Yes	No
Would you consider that a prosecution of the service user would be detrimental to his/her care plan?	Yes	No

Signature of Senior member of staff completing above: _____

When complete submit to WMP via the following secure email address:
XXXXX REDACTED SECTION XXXXX