Attendance at Inpatient Units

Strategic Intention:

- Ensure the safety, the dignity and the rights of the public are placed at forefront of all WMP decisions on policing and mental health.
- Ensure collaborative partnerships operate effectively.
- Ensure deployments to support MHA Assessments are timely, proportionate, necessary and lawful.
- Ensure WMP fulfils its responsibilities under the Mental Health Act 1983 and its Code of Practice, as well as criminal law.
- Ensure WMP is not operating beyond its legal authority.
- Ensure WMP officers are not operating beyond professional competence.

The West Midlands Police area is home to hundreds of hospitals, residential care settings and other inpatient environments catering to the widest range of vulnerable people with complex needs. We understand that on some occasions, crimes are committed within these facilities and that from time to time, police support may be required because of compromised safety, just as with acute, medical or surgical hospitals.

In accordance with the national Memorandum of Understanding on police attendance to inpatient mental health or learning disability settings, WMP have an obligation to assist in mitigating serious or unpredictable risks to staff or patient safety, including threats to life. The police also have a statutory duty to investigate crime where allegations are made. << **See the offer on Investigations**.

Upon deciding that police attendance is desired at an inpatient location, the following information and actions are crucial, upon first report –

- **What is the purpose of the request?** – are you requesting support to restore safety, making an allegation of a crime which requires investigation or both? Are you ringing for another purpose? – if so, please specify what it is.
- **NHS may dispose of unlawful substances where quantities are for 'personal possession' only.**
- **Appoint a member of staff to liaise** – officers attending the unit will be requiring fast, accurate information about the situation upon their arrival in order to make lawful and tactical decisions about issues like de-escalation or the use of force. A member of staff with the appropriate knowledge of the patient is crucial to ensuring clarity of communication

Whilst officers can attend and use police powers to restore order where control has been lost, their core legal duty extends beyond that obligation only to the extent of investigating any criminal allegations made. The duty of care to the patient remains being owned by the healthcare setting at all times and control of patients should be handed back to health staff at the earliest point.

"NEVER EVENTS"

Officers are briefed that they will not undertake tasks, except *in extremis* –

- **Conveyance** – the only conveyance WMP officers can agree to after the restoration of immediate safety, is where a patient requires *urgent transfer* to an Emergency Department. Conveyance to another mental health facility is for the health service to arrange and for CCGs to ensure adequate commissioned or one-off arrangements. << **See the Offer on Conveyance**.
- **Medication** – police officers should not be associated with the administration of medication under the Mental Health Act or Mental Capacity Act, unless *unavoidable* in circumstances where safety would otherwise be seriously compromised. Officers are briefed to decline becoming involved because restraint techniques in policing and in healthcare significantly differ. Officers are trained to 'contain' not 'restrain', wherever possible.
- **Restraint** – where immediate safety has been restored, healthcare organisations should take control of patients and wards as soon as possible.

West Midlands Police can expect to be called to inpatient or residential mental health units for a number of reasons. Whilst there is a legal duty on healthcare organisations to comply with Health & Safety law by planning for foreseeable consequences of their operations, this cannot always prevent incidents from occurring which may require police support. There is a careful balance to be struck between police resisting over-involvement in the responsibilities of hospitals and residential settings and recognising the police may have a role to play in some instances, of ensuring safety or investigating offences.

Upon receipt of a call from any inpatient or residential setting for police involvement, it is important to establish the precise nature of the request and reason behind the call. It may for one or both of these purposes –

- **Request for support** – if staff have lost or are losing control of safety on a ward, it may be necessary to call the police. Regardless of whether the situation was predictable or unpredictable, the first priority will always be protecting life and ensuring immediate safety. Any debrief or discussion about why that occurred will be for managers at a later time.

It may be that assistance is sought for conveyance to another healthcare setting: << See the Offer on Conveyance. However, the Force will only agree to provide conveyance to an Emergency Department for *urgent* treatment, required without delay. Transfers between MH units are a matter for the healthcare organisation(s) concerned.

It may occasionally be the case that WMP are requested to assist in restraint of a patient in connection with the compulsory administration of medication under the Mental Health Act 1983. This request will not usually be accepted in its own right. Attendance should be required to respond to immediate threats to safety which has been compromised or is about to be because of a Breach of the Peace.

- **Investigation of crime** – nothing prevents staff or patients alleging offences and wishing a criminal investigation to follow. There is a no inherent barrier to a criminal investigation and no automatic assumption should be made about 'capacity' or the potential public interest of investigations involving vulnerable people as victims or suspects. It should also be borne in mind that where patients make allegations of abuse against professional staff, police services have in the past sometimes been too quick to dismiss them without examination (Winterbourne View, Bristol, 2011; Whorlton Hall, Durham, 2018). << See the Offer on Investigations.

TWO OPTIONS

- **Immediate threat to safety** – whether or not this involves a crime, officers should resource appropriately as determined by the THRIVE+ assessment; inform a response supervisor to oversee this and liaise with healthcare managers. Such a deployment may then require officers to consider offences or requests for further support after the immediate threat has been managed.

- **Allegation of an offence, no immediate threat** – See the Offer on Investigations.

Where officers have been deployed to an inpatient or residential mental health unit, this will usually be because of a report that a breach of the peace is occurring or is imminent where staff and patient safety is compromised. Healthcare organisations do have legal responsibilities under Health & Safety law to ensure they have staffed, trained and prepared for foreseeable risks associated with their business, but across the mental health provision in the West Midlands Police area, hospitals cater for different types of patients with many different, often complex needs. The purpose of this policy is to minimise our involvement to the extent we can, but whilst recognising that events occur within some inpatient settings from time to time which amount to Breaches of the Peace, violent disorder and serious violence.

UPON FIRST ATTENDANCE

The fact that WMP have agreed to despatch officers to an urgent risk, does not mean that officers must do more than mitigate that risk to ensure immediate safety. Once safety is restored it may be that healthcare staff make further requests. This could include (but is not limited to) –

- **Request to move patients within the hospital** – nothing prevents officers from agreeing to assist as patients detained under the MHA are moved but it should be resisted whilst that remains consistent with immediate safety. If police remain for a minimal period within the hospital whilst healthcare managers convene an appropriate clinical intervention, this is preferable to police intervention and coercion in a clinical setting. Police restraint techniques different to taught healthcare restraint and our techniques are not consistent with the MHA Code of Practice.

- **Request restraint for the purposes of administering medication** – WMP will *only* become involved in restraint for administration of medication if it is a life-threatening / life-changing situation or where we are already involved in managing disorder by restraint and the safety of someone may be seriously compromised if there is a delay to handover to healthcare staff. **All** such incidents should be reported to WMP supervisors and debriefed.

- **Requests transfer conveyance to another healthcare setting** – WMP will only agree to transfer a patient to an Emergency Department for urgent treatment, necessary without delay and will always require clinical support from the unit, the ambulance service or both in order to do so. << See the Offer on Conveyance.

- **Report an allegation of a crime** – nothing prevents staff or patients making allegations of offences and these should be proportionately investigated. << See the Offer on Investigations.

BODY WORN VIDEO

The Mental Health Units (Use of Force) Act 2018 requires officers to turn on Body Worn Video *where practicable* when attending incidents at Mental Health Units unless there are ‘special circumstances’ which justify not recording. These are not defined, but will normally be for reasons other than objections to it by staff or by patients. It may be due to considerations around the safety or dignity of those involved.