

Our Ref: NG/RM/25278
Date: 3<sup>rd</sup> September 2025

Nicola Griffiths
Deputy Director of Governance
North Staffordshire Combined Healthcare NHS Trust
Lawton House
Bellringer Road
Trentham
ST4 8HH

Reception: 0300 123 1535

Dear

## **Freedom of Information Act Request**

I am writing in response to your e-mail of the 6<sup>th</sup> August 2025. Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

## Requested information:

I am requesting the following information under the Freedom of Information Act:

- 1. Please state which police force/s serve the area covered by the Trust. **Staffordshire Police.**
- 2. Any reports, assessments or data internal or published where the Trust has monitored the implementation and impact of Right Care, Right Person by the local police force/s. **Please see Appendix 1 attached.**
- 3. Details of any serious incidents or patient safety incidents where Right Care, Right Person was a factor.

There has been 2 comprehensive safety reviews completed where RCRP has been a potential contributing factor, however these cases are being reviewed as part of a wider ICB review into this same concern. A thematic review of cases identified locally is being overseen as a patient safety incident investigation (PSII) under the patient safety incident reporting framework.

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision.







The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely

**Nicola Griffiths** 

**Deputy Director of Governance** 





Part	locident Inc	rident In	ncident Re	eceived /	Actual Incident Type	Cause Group	Cause 1 Site	Department	Details Of Incident	Restraint	Seclusion	Total Does the	Division	Status Type	Restraint Lin	ature/ Ligature	Patient F	thnic Group	Sex Age	Intervent Inte	ervent Interven	Intervent II	stervent Interven	at Intervent	Sent Incide
No.	Number Da	ate Di	Date Da	ate I	Impact					?	?				? And	chora Anchora	Safety			ion ion	ion	ion io	on ion Tota	al ion	LFPSE? Time
Part		ar	ind									apply to			Poi	nt? Used	IIIC.			Hold on	Hold Hold	n Hold H	fold Time	Trang.	1
Part		Ye	'ear									this Incident	2												1
Part	52278 28	/04/2025 Ap	kpr-25 ##		1 - No Harm   Clinical Incident	Right Care Right	Lack Of Police Response - Harplands Hosp	ital High Volume Users	Telephone call made to 101 to request welfare call for patient.	N	N	00:00 N	Acute Services And Urgent	Completed By Managers	N N		N V	/hite - British	M 41	N N	N	N N	00:0	0 N	Y 13
						Person (RCRP)	Risk To Self/others	(Crisis Care Centre)	Informed the call handler that last face to face contact with services was 16/04/2025 and last telephone contact 2/10/4/2025. Informed that he had an arranged appointment with the alcohol team on 24/04/2015 because when they arrived at the proporty they received no personal formed further telephone contact be the present they writed that the proporty they received no personal formed further telephone contact be the present they writed the 20/04/2015 which was telephone to the proporty they received no personal formed further telephone contact be two personal formed that they are telephone contact be the present they writed the 20/04/2015 which was telephone contact by the part and they are telephone contact by the present of the proporty that they are telephone contact by the part and they are telephone contact by the present of the proporty that they are telephone contact by the part and they are telephone contact by the part are telephone contact by the part and they are the part and they are telephone contact by the part and they are the part and they are they are the part and they are they are they are the part and they are the part and they are the part and th				Care												1
Part									Alcohol learn have also attempted further telephone contact over the weekend however calls have one to volcemail. Further 3 telephone calls made by me today all of which gone to volcemail.																
									Cold call completed by me today again which was ineffective. Informed that both hospital system and GP system have been accessed, and patient has not been in contact with his GP, A&E or both the alcohol services national is one to Contact made with path expanders for commended as NOK bovewer shore number not in use. Contact made with patient's mother by CABT and mum has stated as																
									she has not seen him or heard from him. Mum has reported she is worried as patient usually texts her every day.																
Part									Police advised that at the current time they would not be able to complete a safe and well check as it does not sit with them as patient is not at immediate risk of harm and his needs are medical and not notice related. Advised to contact ampliance service to require they complete a call to the next year of the property and if they are unsuccessful then they will contact the notice for sunnor.																
Part									Further call made to 111, call handler advised me to contact 999 or 112. Contacted 999 and explained that the police had advised me to contact the ambulance service as they would not go to the																1
									would only attend if we had an exact location for patient and that I would need to call police again and report him as a missing person.																
State   Stat									Further call made to 999 to speak to the police. I explained all the information to the call handler and how 101 had advised me to call 111 who then told me to contact ambulance through 999 and																
Part									time I saw him and about his risks and vulnerabilities. Once submitted she informed me that officers were on the way to patient's property to check if he was there. She provided me with a																1
									reference number and advised me to call back and provide the reference number for any updates. She also took HVU duty telephone number and advised that they may contact me back if they																
Part									require any tortion anothrough the control indicately.																1
	58751 01	/11/2024 No	lov-24 ##	*******	1 - No Harm Clinical Incident	Right Care Right	Inappropriate Conveyance Harplands Hosp	ital Crisis Resolution Hom	e Telephone call from police officer who was with patient at Newcastle Council Offices. Having had previous knowledge of the patient I asked if the patient was intoxicated with alcohol, I was advised	N	N	00:00 N	Acute Services And Urgent	Completed By Managers	N N		N V	/hite - British	M 52	N N	N	N N	00:0	0 N	N 16:
Note   10   10   10   10   10   10   10   1						Person (RCRP)		Treatment Team	by the Officer that he was not under the influence of alcohol and would 'wait to be seen' at the CCC.				Care												1
Part									On arrival at the CCC the patient was heavily intoxicated, demanding and had an open can of cider which he continued to drink in the reception area and had several other cans in a shopping bag.																1
									Fixe entire CC better a discussion count or lease for indirect name terms of the president papers to indirect and that is entirely entire the country of this. He was derigately regarding mental health services and left the CCC without an assessment.																
No.   10   10   10   10   10   10   10   1															4		l					<u> </u>			
	58318 07	/10/2024 (3	JCI-24 III		3 - Moderate Clinical Incident				police with concerns for the patients welfare, however police refused to complete a welfare check not in line with RCRP partnership agreement. Patient was later found unresponsive by family	N	N	00:00 N	Care Care Services And Urgent	Completed By Managers	N N			rnite - British	F 68	N N	N	N I	00:0	UN	Y 16:3
Part	10007	ing mone :	- NF		A Miner Chairelle 11	Dieta Casa Di II	Last Of Dalies December   December 1	wite Mantal Health 151	following having taken an overdose. The following day patient died in A&E (8.10.24).	ļ.,		00.00 N	Anda Paniosa And 11	Completed Du Mer			<u>.                                    </u>	Date Date				L .		ON	
State   Stat	0.2907 03	ruu/ZUZ5 Ju	un-25 ##		z - minof Unical incident	Person (RCRP)		Team Team	not making eye contact but able to hold a conversation. States feels like he can't cope anymore, has been feeling low in mood for the last three months. Attempted to cut throat with sharp piece of	int .	IN .	30:00 N	Care Services And Urgent	Completed by Managers	rs N		, N	rine - British	m 37	IN IN	N	h	00:0	Olie	A 17:2
1							1	1	agreed to remain in the department for full assessment. Patient left the A&E department before assessment. 101 called to report due to concerns. Patient is NFA, phone switched off and NOK					1										1 1	
Part									not answering. 101 declined to facilitate a welfare check under RCRP. Flow chart followed and all actions that could be taken were prior to police being called.																1
Part	50518 03	/02/2025 Fe	eb-25 ##	******	1 - No Harm Clinical Incident	Right Care Right		ital Crisis Resolution Hom	e MHAA called due to concerns around patient's safety and thoughts to end life. Patient attempted to leave CCC, found by practitioners and patient agreed to return to reception whilst practitioners	N	N	00:00 N	Acute Services And Urgent	Completed By Managers	N N		N V	/hite - British	м о	N N	N	N N	00:0	0 N	N 17:
1						Person (RCRP)	AWOL	Treatment Team	gained an update from doctors about timescales. Whist returning to make this call, patient left CCC again. Police contacted on 999. Call noted to be minutes 34 long due to police stating that patient was free to leave if the is not detained. Advised that there were immediate concerns for natients safety necesser. Put no hold several times per nane was interessed with Semenant Advised that				Care	1										1 1	
Part									that they would contact back if they would accept due to "Right care, right person". Await contact for update.																1
Part																									
Part	58493 19	/10/2024 O	Oct-24 ##	10000000	1 - No Harm Clinical Incident	Right Care Right Person (RCRP)			<ul> <li>Decision made by person 2 following discussion with person 1 to contact the police on 999 due to concerns for victim. The team had attempted to contact victim multiple times by phone, 2 ineffective contact vict of contact with CPS and the contact victim for contact victim.</li> </ul>	N	N	00:00 N	Acute Services And Urgent Care	Completed By Managers	N N		N W	/hite - British	M 66	N N	N	N N	00:0	0 N	N 18:
Part						,,			Person 1 spoke to the police and the last known contact was by his social worker on 10 Oct 2024.																
Part									Police have reviewed the case and the outcome was that using the Right person right care model victim did not meet the threshold for a welfare check by the police. The response from the call handler was a fellal that files a drink and did not want to engage with services" he also said it is hir infort to orivacy and the call has been looged today.																1
A									Police log number - 19/11/391																
Process of Conference   Proc																									1
Note 12   19   19   19   19   19   19   19									- 1 111																
Region of the proposal colored country of the proposal colored	50380 27	701/2025 Ja	lan-25 ##	10000000	1 - No Harm Clinical Incident	Right Care Right Person (RCRP)	Lack Of Police Response - Lyme Brook Cer Other	tre Lymebrook CMHT	Patient was bought to the LBC this morning by police officers, Patient was advised that she was closed to LBC and no apt was planned. Police were advised to take patient to A and E or CCC (if there was a mental health need).	N	N	00:00 N	NSCHT Community	Completed By Managers	N N		N W	/hite - British	F 45	N N	N	N N	00:0	0 N	N 15:7
Region of the proposal colored country of the proposal colored						,,			,																1
Profestion as a procession of white the later and profession and of the later below whether and profession and of the later below whether and profession and the later below whether and profession																									1
Part									Myself and NA approached patient, she appeared unkempt, wearing tracksuit bottoms, hospital socks, sliders and a hoody.																
Secondary   Seco									reaching was in possession or what conted use a inceptual property day, patient reported using size had been allocated under the contest and the possession of what contest are a first patient was offered to come in to the LBC to get a hot drink, she declined stating that she needed a cigarette.																1
Secondary   Seco									Patient then became hostile in her manner stating that no one is helping her, she reported that the Police had 'left her there' this morning and she has nowhere to go (NFA).  Patient shorted 'll walk (nown the motorway' whilst principle at the A34, she stated this not 2 processions.																
Secondary   Seco									We again suggested patient come into the centre to get warm and have a drink, however she started to gesture at us and her demeanour became more hostile, we therefore walked away.																1
1									We were then approached by a Bradwell hospital member of staff who advised that they had contacted the Police, whose advise was 'move her on', and they declined to attend.																1
Proc.   Proc																									1
Professional residence and contract area for a point of the many persons reported and the many p	51161 12	903/2025 M	Mar-25 ##		1 - No Harm Clinical Incident			Summers View		N	N	00:00 N	Specialist Services	Completed By Managers	N N		N V	/hite - British	M 30	N N	N	N N	00:0	0 N	N 10:
## Part						Person (RCRP)	AWOL		walked off towards nearby town centre. Staff member alerted the police via telephone of patients presentation and whereabouts.																1
Part																									1
Person (PCPP) Real To Self-others  Treatment Team Large and in fact looks without necessary and your CPT 122024 separate (PCPP) Large and products are self-ording and season and part looks with on a separate formation and products are self-ording and season and products are self-ording as self-ording																									
Cal care Protegy from WAMAS. Wild Advance and composition of the permission of the p	59562 07	/12/2024 De	Dec-24 ##	********	1 - No Harm Clinical Incident	Right Care Right Person (RCRP)			e Concerns that WMAS were deployed to job on 7/12/2024 rather than Police in the first incident. I have missed an incident from a call that I look while on resonate duty on 07/12/2024 reagaining RGRP.	N	N	00:00	Acute Services And Urgent Care	Completed By Managers	N N		N W	/hite - British	M 0	N N	N	N N	00:0	0 N	N 15:
Affordamental formation of the following part of the following part of following par									Call came through from WMAS.				1	1										1 1	
1100 110320202 Mar-22 seasones 1 1 No Harm Clinical Incident (Rigit Care Right) 1 Last Of Patice Response - Summers View Person (RCDP) 1 Manual Control of the Summers View Person (RCDP) 1 Manual Control of the Summers View Person (RCDP) 1 Manual Control of the Summers View Person (RCDP) 1 Manual Control of the Summers View Person (RCDP) 1 Manual Control of the Summers View Person (RCDP) 1 Manual Control of the Summers View Person (RCDP) 1 Manual Control of the Summers View Person (RCDP) 1 Manual Control of the Summers View Person (RCDP) 1 Manual Control of the Summers View Person (RCDP) 2 Manual Control of the Summers View Person (RCDP) 2 Manual Control of the Summers View Person (RCDP) 3 Manual Control of the Summers View Person (RCDP) 3 Manual Control of the Summers View Person (RCDP) 3 Manual Control of the Summers View Person (RCDP) 3 Manual Control of the Summers View Person (RCDP) 3 Manual Control of the Summers View Person (RCDP) 3 Manual Control of the Summers View Person (RCDP) 4 Manual Control of the							1	1	ymans were sens our to line premiere inn in stoke following a distress call from above's 14 year old son. After discussion with the team, we are concerned that white WMAS would normally have been the most appropriate service, however, the initial 999 call, was made by above's 14 year old child,					1										1 1	
Regular Control Production Contr				Į.					reporting that his father was voicing thoughts to end his life. Both were in a hotel room, in an unfamiliar location with no real intent or purpose to be there. While both were not known to services															1 1	
Person (PCCP) AVC.  Person									today, see 14 years on a open or ontingtain souls services, and selector we led use it into case, from a sangualiting point of view, the posice would have been see most appropriate service or respond in the first insistence.																1
Person (PCCP) AVC.  Person	\$1140 11	ina/2025 M	for 25 ##		1 - No Harm   Clinical Incident	Pioht Care Bioht	Lack Of Bolica Barnonea - Summers View	Summare View	Datest failed to return from leave 1 of under 15 flow and no contact has been made. Delice called and family notified. Semin did make contact bossessor patient left. Delice not recrooking as estation.	N	M	00:00 N	Specialist Seprices	Completed By Managers	N N		N W	hite - British	M 20	N N	N	N N	00:0	ON	N 12
Person (PCRP) Rex To Selforbers  Care Cereiny  1. 10,24 (80.00. Tit from SM by police requesting support to 15 Mark (PCP) consisted to superivor, who further decidened. Concerns for safety superseased to policy 5 Mark (PCP) and the Concerns for safety superseased to policy 5 Mark (	31.40	IZUZD M				Person (RCRP)	AWOL	Sullineis view	that unit have not done enough to find the patient ourselves. Police called back to state they would initiate missing persons. Site management notified.	[* ]	r .	30.00 N	openins orivies	compresed by managers	I N		j"	rind - DiluSh	30	. I	l <sup>n</sup>	[ ]	. 00:0	~ I.*	123
Solicia by SM due to organic placement companies and position by SM due to organic placement companies	59400 01	/12/2024 De	Dec-24 ##	**********	1 - No Harm Clinical Incident	Right Care Right	Lack Of Police Response - Harplands Hosp Disk To Self-others		Patient detained on section 136. MHAA completed 30 11.24. Outcome of assessment-requested physical examination to rule out physical cause for presentation. Ambutance called-arrived 1.42.24.0.690. Tick from SMT to engine requestion examined to the ASE. Bellowdeelined states of the contract of the contr	N	N	00:00 N	Acute Services And Urgent	Completed By Managers	N N				M 22	N N	N	N N	00:0	0 N	N 08:
1805/00 007/2024 A2-2 massesses 1-No New Document Programs (Part 1) A 2-2 massesses 1-No New Document Programs (Part 2) A 2-2 massesses 1-No New Document Programs (Part 2) A 2-2 massesses 2-No New Document Programs (Part 2) A						· caoii (nchP)	THE TO CONTROLS	Cale Cellie)	police by SM due to ongoing bizarre presentation, unpredictability and active risk of absconding. However, this did not change their decision.					1			B	ritish				1 1		1 1	
Person (PICRP) AVICE.  One of the person per							1	1						1										1 1	
1855/02/25 May-25 assesses 2 More Official holders (Pigel Care Right Care Rig	56940 10	/07/2024 Ju	ul-24 ##	******	1 - No Harm Clinical Incident	Right Care Right	Lack Of Police Response - Harplands Hosp	ital Ward 2	Following patient being reported as AWOL. Ward staff contacted police as per MISPA policy due to patient high risks when in the community. Police stated they would not be actively looking for	N	N	00:00 N	Acute Services And Urgent	Completed By Managers	N		N V	/hite - British	M 31	N N	N	N N	00:0	0 N	N 00:
Person (PCRP) Communication Issues  Treatment Team  with the was presenting as suitable and polyrotic honewer had fill appoply and was willing to all mandower, and were advised to wait until handower was fill and polyrotic honewer will be a suitable to a fill and polyrotic honewer will be a suitable to stand and polyrotic honewer will handower was fill and polyrotic honewer will be a suitable to stand and will be to stand and	2000	UNE/2025 **	Am. 26 44		2 - Minor Clinical Insides		Lack Of Police Personne - Hamissats Vase	ital Crisis Resolution 11		N	N	00:00 N	Acute Senior And Henry	Completed By Man	N kı	_	L	/hite - British	M ^	N N	N.	h		ON	V 20
X for recogion who appeared unable basted and left him family and a char. Placed direct come to hardworker to staff and one off. X, its bown to services and have a diagnosis of Depression with Chipp Expension and the staff of the Chip Chip Chip Chip Chip Chip Chip Chip	A009 18	M CZUZIZI	msy-20 ##		- minut incident	Person (RCRP)	Communication Issues	Treatment Team	that he was pecessing as suicidal and psycholocihowever had full capacity and was willing to attend the CCC voluntarily. Police arrived during handover, and were advised to wast until handover.	[* ]	r .	30.00 N	Care Care Services And Orgent	compresed by managers	I N		j"	rind - DiluSh		. I	l <sup>n</sup>	[ ]	. 00:0	~ I.*	. 20%
with daug induced popularies. It was usuable to explain why he was been. His speech was nonderest and not apportance, and he was drowing your lamble to was drowing your lamble to was drowing your lamble to was drowing your lamb and the was drowing the feeting by the buddening was deferred by the development of a family memorite. He did eventually get to with our help of staff and were to skep.  58935 0911/2024 Nov-24 Sessesses 1 - No Hum Clinical incident Conveyware Huplands Hospital Parket 1 had been high risk missing person police incident number 652 0011/24, kelephone call from police efficient at 10.25 informing that Palent 1 had been high and and was consenting for an N N N N N N N N N N N N N N N N N N							1	1	was finished. Police were winessed trying to convince X to exit the police car, who was in handcuffs were this stage. Police did manage to get him out and hand cuffs were removed. Police excerted, it not necessary to staff and drown to staff and only if the policy of X is known to					1										1 1	
987 0911/204 No.24 2888888 I No. Harm Clinical incident Right Care Right In Appropriate Conveyance In Appropriate Conveyance Harplands Hospital In Appropriate Conveyance In A				Į.					with drug induced psychosis. He was unable to explain why he was here. His speech was incoherent and not spontaneous, and he was drowsy and unable to walk without help. He was abrupt															1 1	
99025 09111/2024 Nov-24 paragraph 1 No Harm Clinical Incident T Rget Care Rget Lace Rg							1	1	when asked if he has taken substances and kept referring to the death of a family member. He deried daking substances and refused to give a urine sample. He also refused to have his vital observations taken. Shortly after talking to him, X to himself on the ground and refused to get up. He did eventually get up with our help of staff and went to sleen.					1										1 1	
Person (RCRP) Treatment Team assessment at CCC.	50025 00	U1120024 N	lou-24		L. No Harm   Clinical Insides	Diobt Care Di-ht	Inanggoriata Conveyance Hamissis Visco	ital Crisis Resolution 11		N	N	00:00 N	Acute Senioer And House	Completed By Mar	N ki		lu la	Ihita - British	-	N N	N	L .		ON	N 43
	ood25 09	11/2024 N	10V-24 #		- No Harm   Clinical Incident		mappropriate Conveyance (Harplands Hosp			int .	IN .	30:00 N	Care Services And Urgent	Completed by Managers	rs N		, N	rine - British	r   °	IN IN	N	h	00:0	Olie	N 13:2
	1						1	1	Staff were awaiting for Palient 1's partner to join her and the officer and attend CCC for an assessment. No update or attendance.  Portal checked and no A&E attendance, call from MHLT at					1		1	1 1					1 1		1 1	
roughly 17:00pm informing that police had dropped Patent 1 off outside A&E department, she had not checked in, she had made her way round to the renal department in a distressed state.				Į.					roughly 17:00pm informing that police had dropped Patient 1 off outside A&E department, she had not checked in, she had made her way round to the renal department in a distressed state.															1 1	
MH-HI datameted to support, due to presentation unable to transfer to CCC and its currently in need of MM-N assessment due to presentation. MM-LT now supporting, No constant exhibit proxy pick advantage and you report to started AE.  No constant exhibit proxy pick advantage and you report to started AE.  No constant exhibit proxy pick advantage and you report to started AE.  No constant exhibit proxy pick and you report to started AE.  No constant exhibit proxy pick and you report to started AE.								1	INFIL amenage to support- que to presentation unable to transfer to CCC and is currently in need of MHA assessment due to presentation. MHLT now supporting.  No contact or update from police advising of this, and no indication of any need to attend Ask.					1								1 1			
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60	1587 07/02/20	5 Feb-25	******	1 - No Harm Clinical Incident	Right Care Right	Lack Of Police Response - Greenfields Centre	Greenfields CMHT	We have become concerned for a patient who is currently under our CMHT. The patient has a diagnosis of paranoid schizophrenia and has not collected medication since around October 2024	N N	00:	100 N NSCHT Commi	nity Comple	eted By Managers N	I N		N	0 N	N I	N N	N	00:00 N	N	10:30
					Person (RCRP)	Risk To Self/others		and we do not know if patient was taking medication before this.															
								We have completed 5 cold calls in the past 3 days to the home address, and this morning the 6th cold call was attempted.															
								Yesterday 3 cold calls were completed to the address and neighbours have reported issues with the patient making threats to kill, walking down the street with a knife, throwing nails into their															
								gardens and suspected use of monkey dust. There are risk markers on the patients lorenzo stating that the patient is known to carry a knife, and when unwell in the past they have known to be															
								waying a knife ground in the property and also stabbing walls and doors. Neighbours have also reported gatient to be awake all night, knocking on neighbours doors and talking and swearing to															
								themselves.															
								Patient has also pushed a note through the neighbours door application for the noise she was making and saving that "she can't help the voices".															
								This marning, we completed the 6th cold call in the past 3 days, and the neighbour game outside to inform that the patient was at home and this had been captured on the ring doorbell. I went to															
								the front of the property and I could see the patient standing in the living room. I asked the patient to open the door so we could talk to them. Patient slightly opened the door and said something to															
								the effect of they hadnt got fucking time for this and were busy today and they were going on Monday' and then shut the door. We did not try to engage the patient again due to the level of risk															
								and presenting adiation.															
								and presenting agreement.  Upon returning to the office we made contact with the AMHP feam who said that due to the risk they will not be going out to the home without the police presence and were advised that they would															
								opon returning to the onice we made contact with the would not be heard until Monday at the earliest. We attempted to contact the on call doctor but were told to ring back in 40 minutes.															
								The AMHP team advised to make contact with the police so they could go out and assess the risk and do a 136 if needed.  Due to the level of risk documented and the police realization today we deliated 999 to ask for succort from Suffordshire Police. Another factor which contributed to this decision was that we															
								have not been able to make contact with the patient for a while and we felt that now they are aware professionals are looking to speak with them, they may flee and this would increase the level of															
								risk posed to both themselves and members of the public.															
								Information was provided to the police around patients mental health history, and concerns for their current presentation indicating that they are unwell. Staffordshire police were also informed that															
								mental health professionals had previously required support from police when patient has been unwell.															
								I was put on hold whilst the officer spoke with the Sergeant. The advise given was that Staffordshire police would not go out to complete a 136 as they could not plan for this. I advised that I															
								understood this but we were concerned for the individuals mental health, the safety to self and safety of others. Staffordshire police advised that if the patient is not posing a risk in the moment															
								then they would not support, but if mental health professionals were at the property and felt they needed police presence then they could dial 999 and would be supported. They advised that they															
								could not act on concerns for safety of others if the incident had taken place '2 days ago' and that it has to been happening in the immediate moment.															
								I relayed my concerns that mental health professionals would not be safe to go to the property alone and it was reiterated again that if they felt unsafe they could dial 999.															
								am now concerned that the AMHP team will not attend without police presence and are not able to get a warrant until Monday at the earliest, and the lack of police response and support offered.															
								could lead to the patient putting themselves or others at risk. I do not feel there was any acknowledgement of historic risks and information provided around the patient's presentation when unwell.															
								Calling 999 if an incident takes places is not a viable option, and I feel outs mental health professionals at high risk.															
								The patient also now knows that professionals are looking to speak with them, so they are likely to flee there home, making the risk more difficult to manage.															
								The passing and now move use processories are soonly to speak war start, so every as the many to the many the tax more carried to the many as the many the tax more carried to tax															
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59	129 04/11/20	24 Nov-24	******	1 - No Harm   Clinical Incident	Right Care Right	Lack Of Police Response - Hilda Johnson Hou	seCommunity Rehab	Police contacted by staff and requested for support with hand delivering CTO recall paperwork to a service user who had previously made threats to stab staff at an earlier home visit on 04/11/24.	N N	00:	:00 Specialist Servi	es Waiting	For Managers Form	ı N	1	N	0 N	N I	N N	N	00:00 N	N	15:30
	1			1	Person (RCRP)	Risk To Self/others	Team			- 1					1		- 1	1 1					