

Our Ref: NE/AJ

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POLICE**
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**Nick Ephgrave QPM
Chief Constable**

4th July 2018

Dear Ms Loxton,

I write in response to your letter dated the 9th of May 2018 regarding the Inquest touching the death of Stephen Ian William TIDEY and the Regulation 28 Report – Action to Prevent Future Deaths. In this report you posed 3 questions which I will respond to in turn.

Q1. How Multi Agency Safeguarding Hub (MASH) reports are processed by the MASH team upon receipt?

Police Officers submit a risk assessment form called a Single Combined Assessment of Risk Form (SCARF) to the Police MASH where it is triaged.

A triage will include:

- Checking the content of the referral itself to ensure it reflects factual information rather than opinions or assumptions.
- Review the content of the referral to assess whether there are any unidentified risks or vulnerabilities. Staff are trained to assess risk and will consider primary, secondary and tertiary risks. If identified, these are referred immediately back to the original officer for appropriate action.
- Checking for hidden crime/s. If crimes are identified, the officer will be notified and requested to record and further investigate. This will not delay the sharing of the SCARF which will be shared in the usual way
- If the referral is related to Domestic Abuse (DA), the DASH (Domestic Abuse, Stalking and Harassment assessment) section of the SCARF is completed by the officer. This will be reviewed as part of the SCARF as described above. The DASH section is however removed from the SCARF before sharing as this remains confidential but significant information which may impact on risk will be written into the main section of the SCARF for partners to be aware. The outcome of DA related referrals will also be shared
- Checking whether there are any warnings on our Surrey Police records management system for those involved.
- Checking for previous SCARF referrals. An escalation process exists whereby, if a 4th referral is received into MASH within a 90 day period, the risk of the 4th referral is automatically increased by one level and shared, highlighting the frequency of referrals. This will prompt partners to consider underlying concerns and appropriate support or intervention.

- Noting of officers initial risk assessment level and consideration throughout the triage process as to its appropriateness. MASH staff have the ability to increase or decrease the risk rating as a result of their triage but, if changed, a rationale must be included as to why.
- Check Early Help Management (Surrey County Council Children's Services system) to confirm if child subject of referral is known/open to them. If they are currently working with the child, then the referral is shared directly with the team involved. This process is not in place for Adults so all adult referrals are sent to the MASH Adult Social Care.
- Review and assign one of four Police MASH Risk level/Level of Need. These are defined as;
 - Red (level 4) High Risk – requiring Specialist intervention – these are dealt with within 4 working hours.
 - Amber (level 3) Medium Risk – requiring Targeted and Timely Intervention – dealt with within 24 working hours.
 - Green (level 2) Standard Risk – requiring Early Help – dealt with within 72 hours.
 - Blue (level 1) No/Minimal risk – Not shared – no set target as not requiring Local Authority intervention or support.
- Bring to the attention of MASH Detective Sergeant anything that may need escalating or requires fast time action, for example where a MASH officer considers a child or adult to still be at risk of harm

Once triaged, the SCARF referral is shared electronically via secure email. This process is the same irrelevant of risk as the mail boxes are monitored throughout the working day. All adult referrals are shared directly with MASH Adult Social Care Childrens referrals are shared either directly with Social Care teams already working with the children (as above) and the remainder to MASH Childrens Social Care Referrals relating to Missing Children or those who's parents/carers are involved in a domestic dispute where police have been called are also shared with Education and Health The Niche report is updated with a record of triage and sharing and an individual staff 'tracker' is completed with action taken for future audit trail and statistical requirements.

Q2. Whether there is an effective system in place to ensure that MASH reports are followed up by appropriate Community Mental Health Team (where necessary)

Once a referral is made from Surrey Police to a partner agency via the MASH there is no current means for Surrey Police to ensure it is being acted upon and this would be outside of the existing agreement between Surrey Police and Surrey County Council. A partners response to a referral is not monitored by Surrey Police and unfortunately we are unable to respond in detail to this question. Surrey Police therefore respectfully request that this question is passed onto the SABP and Adult Social Care for their response.

Q3. Whether there is an effective system in place to deal appropriately with MASH referrals received outside normal weekday office hours, and that those completing the MASH referral forms (e.g. Police officers) know where these should be sent outside normal working hours when a high risk is identified

The Police MASH is in operation seven days a week (08:00 – 17:00 Monday to Friday and 08:00 – 16:00 Saturday and Sunday). There is only ever approximately one day's worth of backlog and this is risk assessed at the start of each working day.

Red risk graded SCARFS (refer to risk grading and timescales in Q1) submitted after the end of business on any given day are prioritised at the start of the next working day and the timescales outlined above are adhered to.

Procedures are in place that allows Police Officers, outside of normal working hours, to refer directly to the Emergency Duty Team (EDT) when a high risk situation is identified. This can include, for example, where a child needs urgent accommodation or coordination for contact with an Approved Mental Health Practitioner (AMPH) in the case of a vulnerable adult with urgent mental health needs. These out of office hours referrals are made by the officer directly by telephone but will always be followed up with a detailed SCARF referral

Please let me know if I can be of any further assistance.

Yours sincerely

W. Pare

