

Walk out of Health Care/GP Surgery - Summary Police guidance

- Gloucestershire Constabulary operational procedure relates to walking out of acute hospitals, hospital Emergency Departments (EDs), GP surgeries as well as any other NHS facility where a patient may have attended for treatment, whether medical or psychological
- A partner agency may have specific statutory responsibilities toward the public, particularly relating to vulnerability, and many will have a duty of care toward an individual they are concerned about
- The police do not have the power to bring patients back to a healthcare facility against their will unless they are under arrest (i.e. are suspected of a crime), have been placed under Section 136 of the Mental Health Act or are detained under the Mental Health Act.
- Following the RCRP principles the police will respond to incidents where there is a Real and immediate risk to life or serious harm, that requires an emergency response. The risk to life or serious injury will include to the individual themselves or another person if they are not found
- For the purposes of a multi-agency framework, the following definitions has been developed to help the professionals working with people at risk of absconding or going missing to understand when they should be acting, which may include when they should be reporting a person who has left to the police
- **Critical concern** is defined as a real and immediate risk to life or real and immediate risk of serious harm, as defined by Articles 2 & 3 ECHR:

This is an emergency that requires an immediate policing response.

In policing terms, it is likely that they will be a high risk-missing person case

- **Missing person** – to support multi-agency working the following guidance has been provided to define a missing person. A missing person is anyone whose whereabouts can't be established and:
 - The context suggests the person may be a victim of crime; or
 - The person is at risk of harm to themselves or another; or
 - Where there is particular concern because the circumstances are out of character,
 - or there are ongoing concerns for their safety because of a previous pattern of going missing

The responsibility under Art 2/Art 3 applies to all state agencies. The hospital/care setting, upon noticing the person has absconded and where a critical concern exist - will be required to:

- Check the person's care plan or other information which may assist with risk assessment.
 - Call the person's mobile and contact numbers.
 - Contact the appropriate next of kin, family member or nominated contact identifying any additional concerns or risks.
 - Search the immediate area.
 - Inform/check with other staff members.
 - Speak with other service users to establish any recent events that may be relevant
 - Check CCTV for sightings and to confirm they have left the premises.
 - Where the adult was suffering from mental illness or awaiting a mental health assessment, the mental health trust must be consulted to inform the risk assessment
 - Record actions taken and enquiries that have been made and by whom.
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- If the requirements of the healthcare facility is simply to undertake a "welfare check" and report back then the incident must be managed in line with the Concern for welfare operational guidance, and appropriate thresholds for police deployment applied. If the deployment threshold is not met, the caller must be informed of such and requested to call back if circumstances change.
 - Health facilities have a private duty of care under common law and generally these duties do NOT end when a patient leaves their care unexpectedly.
 - In circumstances where a person has absconded, refused to wait or left the healthcare facility and there is NO immediate risk to life/death or serious harm to self or another person, then there is no requirement to notify the police.
 - If the health care agency has conducted reasonable enquiries such as a check on the person home address and the patient has not returned home as expected, it may be appropriate to re contact the police and for this to be considered as a missing person investigation
 - **It is a requirement of the NHS contract that health bodies make a safeguarding referral when someone is reported as missing to the**

police. This would also require them to report to the CQC as a statutory notification through the National Learning Reporting System.

- Once the police have recorded someone as a missing person and a risk assessment has been carried out the police will assume responsibility for the investigation and any physical search.
- The professionals with responsibility for the missing person's care should continue to make any appropriate enquiries to support the search. Which will include but not be limited to:
 - Continuing to contact the individual and encourage them to return if appropriate
 - Review and retain CCTV
 - Search of the premise to ensure that the person is not still there

Responding service

The Lead Agency Matrix is intended to support colleagues working across organisations to make decisions regarding the most appropriate response. The matrix does not prevent operational decision makers from agreeing a different response, based on the individual circumstances of an incident.

Where the location of the individual is unknown or cannot be determined and there is a real and immediate risk to life or serious harm to the individual or another person then this would meet the threshold for police deployment.

Police will take action in response to a real and immediate threat to life, however, this should not be confused with an automatic assumption that this then becomes a matter to which the police must attend. It may be that a partner agency is the most appropriate agency to respond. This is most likely when the incident involves a medical emergency such as cardiac arrest.

SWASFT should be the primary agency contacted for patients who walk out of a healthcare facility who have an underlying physical or mental health condition that may require further assessment/treatment.

For SWASFT to attend the location of the individual must be “known and static **OR**

determined upon the balance of probabilities, meaning their presence at a specific static location is considered more likely than not Therefore for patients who

indicate that they are no longer prepared to wait and seeking to go home, based on the balance of probability their location will be known and SWASFT should be requested to attend.

Any disagreements of concerns in relation to attendance should be escalated and recorded using the RCRP escalation matrix.

**Lead Agency
Matrix**

		Known and Static Incident Location		Unknown location
		Emergency Response Within 4 hours	Non-emergency Response Over 4 hours	Emergency Response
Incident Type	Ongoing actions endangering life	POLICE	N/A	POLICE
	Ongoing actions involving serious harm	POLICE	N/A	POLICE
	Suicidal ideation	SWASFT	NHS 111*	POLICE
	Self-harm	SWASFT	NHS 111*	POLICE
	Behaviour associated with perceptual or thought disturbance or impaired impulse control such as Delirium, Dementia	SWASFT	NHS 111*	POLICE
	Symptoms of psychosis and / or severe mood disorder	SWASFT	NHS 111*	POLICE
	Reported overdose	SWASFT	NHS 111*	POLICE
	Non-specific mental health concern	SWASFT	NHS 111*	POLICE

If a partner agency has a duty of care toward an individual then contacting police would not, of itself, discharge this duty without police agreement to assume or share this

duty. In the discharge of its duty of care the partner agency should take all necessary steps to ensure the person's welfare. If this requires a welfare check to be carried out it is the partner agency's responsibility to do so unless the RCRP Threshold is met.

Unless the RCRP Threshold is met then the police will have **no** role in the below scenarios:

- Requests for regular monitoring during a time the reporting agency's provision is lessened or entirely removed (for example overnight or weekends)
- Checks on individuals who have been deemed to have capacity and have made an informed choice to self-discharge from hospital
- Request to check on an individual who has left with a canula, unless there are other factors that indicate a real and immediate risk to life.
- Request for police attendance to assist in assessing an individual's ability to self-discharge.
- Request to undertake welfare checks where there is no requirement for the person to return to hospital or healthcare facility.
- Requests to check whether an individual has taken their medication