

## Document Control

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|--|--------------------|---|---|
| <b>Title</b><br><b>Standard Operating Procedure - Police Welfare Checks</b>  |                    |   |   |
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**Policy categories for Trust's internal website (Bob)**

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Welfare check, Missing patient, Absconding patient, Absconded patient, Missing, Abscond, Absconded, Police, Police support, Police welfare

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## 1. Background

- 1.1. Having conducted a review of requests by external agencies such as the Northern Devon Healthcare NHS Trust for the Police to conduct Welfare Checks on their behalf, the evidence from Devon and Cornwall Police is that in the majority of requests, the Police were not the appropriate initial responder. This has created an unsustainable and unnecessary demand on the Police. Devon and Cornwall Police are seeking more robust procedures concerning the identification of risk and vulnerability at the earliest stage to ensure that individuals receive a proportionate level of response from the most appropriate agency.
- 1.2. In the absence of well evidenced and detailed concerns by the requesting agency (e.g. NDHT) identifying an immediate risk to life, the Police are likely to have no role in such requests. The mere presence of the Police can have a negative impact for those who are living with mental ill health or recovering from a crisis, especially when there is no reason for Police involvement.
- 1.3. Devon and Cornwall Police will only respond to requests for assistance from the Trust to conduct 'welfare checks' on adults or children at risk where the following criteria are met:
  - There is an identifiable and immediate risk to life or property;
  - The adult at risk or child is suffering or are at risk of suffering immediate and significant harm;
  - It is reasonably believed that a crime has been committed or is about to be committed; and / or
  - Attendance of a Police officer is necessary to prevent a breach of the peace.

## 2. Purpose

- 2.1. The Standard Operating Procedure (SOP) has been written to:
  - Identify the procedure for contacting the police when the welfare of a patient who has left the Ward, Service or Department is a cause for concern.

## 3. Scope and Location

- 3.1. This Standard Operating Procedure (SOP) relates to all clinical staff working with inpatients and also those under admission to Departments such as Minor Injury Units or the Emergency Department at NDDH.

## 4. Definitions

### 4.1. De-escalation techniques

De-escalation techniques are delivered as an integral part of in house training delivered by Workforce Development.

Principles of de-escalation are delivered during:

- Conflict Resolution Training
- Physical Intervention Level 1 Training

Training course are available on STAR and can be found in the prospectus.  
Manager approval required for course bookings.

## 4.2. Missing Persons and Welfare Checks

When a person is missing and there is a significant and immediate cause for concern for their safety and or the safety of others a Police “welfare check” may be required.

In the context of this Standard Operating Procedure, a welfare check is a request to the Police or other external agency for support in locating and assessing the safety of a person who has absconded or otherwise left the Healthcare premises in which they were receiving medical advice, care or treatment.

The check can include a request for the Police or other agency to return the person to the Healthcare premises once they have been located.

## 5. Responsibilities

### 5.1. Senior Doctor / Ward Manager / Nurse in Charge

The Senior Doctor, Ward Manager or Nurse In-Charge (or other similar member of staff in a position of authority) is responsible for the authorisation of welfare checks following their assessment of the circumstances.

Upon evaluation, authorisation can be given by the Senior Doctor, Ward Manager or Nurse In-Charge to contact the Police for assistance in welfare checks, provided at least of one of the following criteria (risk factors) has been met:

- A patient has left the Ward or Department against medical advice and the senior doctor, manager or nurse in charge has reason to believe based on the clinical information available that the patient is at risk of immediate and significant harm to themselves or others;
- There is an identifiable and immediate risk to life or property;
- It is reasonably believed that a crime has been committed or is about to be committed; and / or
- Attendance of a Police officer is necessary to prevent a breach of the peace.

Where the request for a welfare check has been made the Senior Doctor, Manager or Nurse in Charge must ensure that the incident is reported on the Trusts incident reporting software (DATIX) in accordance with the Trust Incident Management Policy.

Details of patients who have absconded must be recorded in the incident report.

### 5.2. All Staff

All staff must:

- Comply with this Standard Operating Procedure and supporting Policies such as the Missing Patient Policy.

- Support the Senior Doctor, Manager or Nurse in Charge to ensure incidents are reported on DATIX in a timely manner.

## 6. Procedure

- Staff must refer to the Missing Patient Policy.
- A physical description should be documented for any patient who is deemed at risk of absconding from the Ward, Service or Department.
- Patients who are deemed at risk of absconding from the Ward, Service or Department should be nursed wherever possible in the most appropriate bed space that may mitigate the risk of the patient absconding (as an example, in the Emergency Department, NDDH this would be cubicle 4 which is the only cubicle that has a door).
- De-escalation techniques should be used to encourage engagement.
- If a patient absconds from the Ward, Service or Department, staff responsible for the patient should make efforts to find the patient and encourage them to return for on-going care.
- If the patient cannot be found, or will not return to the Ward, Service or Department, the Manager, Nurse in Charge and / or Senior Doctor must be notified.
- The Manager, Nurse in Charge and / or Senior Doctor must be satisfied that at least one criteria as listed under section 5.1 has been met, these include:
  - The patient is deemed at risk of immediate and significant harm to themselves or others.
  - There is a breach of the peace, or police presence to prevent a breach of the peace is required.
  - There is an identifiable and immediate risk to life or property.
  - It is reasonably believed that a crime has been committed or is about to be committed.
- Once satisfied that the criteria has been met, then the Police can be contacted by dialling 999.
- The Police must be provided full details of the patient, last known location and any other relevant information as in accordance with the Trusts Missing Patient Policy.
- Patient documentation and healthcare records must be updated as is appropriate to the circumstances of the incident and in accordance with professional standards and codes of practice.
- The incident must be reported on the Trust incident reporting software (DATIX) in accordance with the Incident Management Policy.
- The Police will confirm the resource and priority response that will be given to the request for a Welfare Check.
- The Police will liaise with the nominated NDHT contact concerning progress in the location of the patient and keep the NDHT contact informed.

## 7. Disclosure of Confidential Information

### 7.1. General Principles for Sharing Confidential Information

The disclosure of a patient's personal information may in certain circumstances be in the public interest, if it is likely to protect individuals or society from risks of serious harm, this may relate to:

- Serious communicable disease;
- Serious crime;
- Reducing the risk of death or serious harm to the patient or third party;
- Incidents associated with knife or gunshot wounds.

Personal information may be disclosed without consent where the benefits to an individual or society of the disclosure outweigh both the public and patients interest in keeping the information confidential.

If confidential information is disclosed, it must be justifiable and stand up to scrutiny should that disclosure subsequently be challenged.

## 7.2. Human Rights Act

Article 8 of the Human Rights Act gives protection to an individual's right to respect for their private and family life. Respect for private life includes the respect for private and confidential information, particularly the storing and sharing of such information.

Article 8 is a qualified right and as such the right may be lawfully limited. A balance must be struck between the competing interests of the individual and of the community as a whole. Reasons for sharing information legitimately include:

- The protection of rights and freedoms of others;
- For the purposes of public safety;
- The prevention of crime or disorder; or
- The protection of health.

## 7.3. Crime and Disorder Act

The Crime and Disorder Act 1998 allows any person to disclose information to a relevant authority under section 115 where disclosure is necessary or expedient for the purposes of the Act (i.e. for the reduction and prevention of crime and disorder).

In addition under section 17a there are duties to share information which is relevant to the reduction of crime and disorder including anti-social behaviour. For the Trust this duty applies to the sharing of information in circumstances such as records relating to hospital admissions relating to assaults, alcohol related harm, domestic abuse and behavioural disorders due to drug use.

## 7.4. Caldicott Principles

The sharing of information will be guided by the Caldicott principles. Information is shared where it:

- Is justified;
- Is absolutely necessary;
- Uses the minimum personal confidential data necessary for purpose;
- Restricts access to the data on a strict need to know basis;

- Is clear those who handle such information are aware of their responsibilities; and
- Complies with the law.

Following a review of the Caldicott principles during 2012, an important addition to the principles was added:

- The duty to share information can be as important as the duty to protect the patient.

“Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles”.

## 8. Requests for CCTV

Where risk factors are met concerning the patient who is missing and suspected to have absconded from site, the Police may request access to CCTV footage to support them in undertaking the welfare check and locating the patient.

Where requests to view CCTV occur outside of normal office hours and the request is warranted due to the circumstances and the risk factors involved, the request must be escalated to the Clinical Site Manager who will then apply procedures to access footage via an accredited and authorised employee or contractor.

The procedures that apply are outlined in detail under Appendix B.

## 9. Police Welfare Check Not Appropriate

There may be circumstances when the patient who is missing has not met any of the risk factors that warrant Police assistance.

Staff must follow the Missing Patient Policy.

Where the following outcomes apply regarding the missing patients risk factors, then a request for a Police welfare check is not appropriate:

- There is no reason to believe the patient is at risk of immediate harm to themselves or others;
- There are no identifiable and immediate risks to life or property;
- It is not believed a crime has been or is about to be committed; and / or
- There are no known breaches of the peace.

Where circumstances apply as noted above, staff responsible for the care of the patient who is missing must risk assess circumstances on a case by case basis ensuring they:

- Notify next of kin
- Document the incident in the patients notes
- Inform relevant agencies and external stakeholders (e.g. GP, Psychiatric Team, Social Services)
- Follow the Discharge Policy as is necessary



- Refer to the Safeguarding Policy where appropriate
- Incident report on the Trust incident reporting system (DATIX)

## 10. 24/7 Security Provision, NDDH

At the NDDH acute hospital site, under Sodexo contract the site has 24/7 security cover. Where practicable, the Security Officer will assist regarding the checks of wards, services department and grounds in any searches considered necessary for the patient suspected to be missing.

Subject to circumstances and level of risk, should the Police attend site and request support from the Security Officer, it is appropriate that the Security Officer supports the Police.

This may on occasion warrant the Security Officer leaving site for a period of time.

The Security Officer leaving site is subject to completion of a dynamic risk assessment undertaken and agreed jointly by the Police and the NDHT responsible Manager or Senior Nurse involved in the incident.

The level of Security Officer support and involvement in searching for missing patients has to be balanced against the Security Officers role in supporting staff in managing violence and aggression on the NDDH site.

Should a violence and aggression or security related incident occur that requires their response, they may be unable to continue in the search for the missing patient and / or be unable to support the Police further.

## 11. References

- Police UK website. [Crime Prevention \(anti-social behaviour\)](#) and [reporting crime](#) advice.
- Devon and Cornwall Police website: [Contact the police](#) and [Reporting crime](#) information.
- Devon and Cornwall Police. [Missing and Absent Persons Policy](#) and Procedure April 2015
- Medical Protection website. [Confidentiality – Disclosures without consent](#)
- Information Commissioners Office. [Data sharing code of practice](#). May 2011
- Department of Health. Information: [Information: To Share or not to Share](#). Government Response to the Caldicott Review. 2013.
- Home Office National Support Framework. Delivering Safer and Confident Communities. [Information sharing for community safety guidance](#). Aug 2010.
- [Human Rights Act 1998](#)

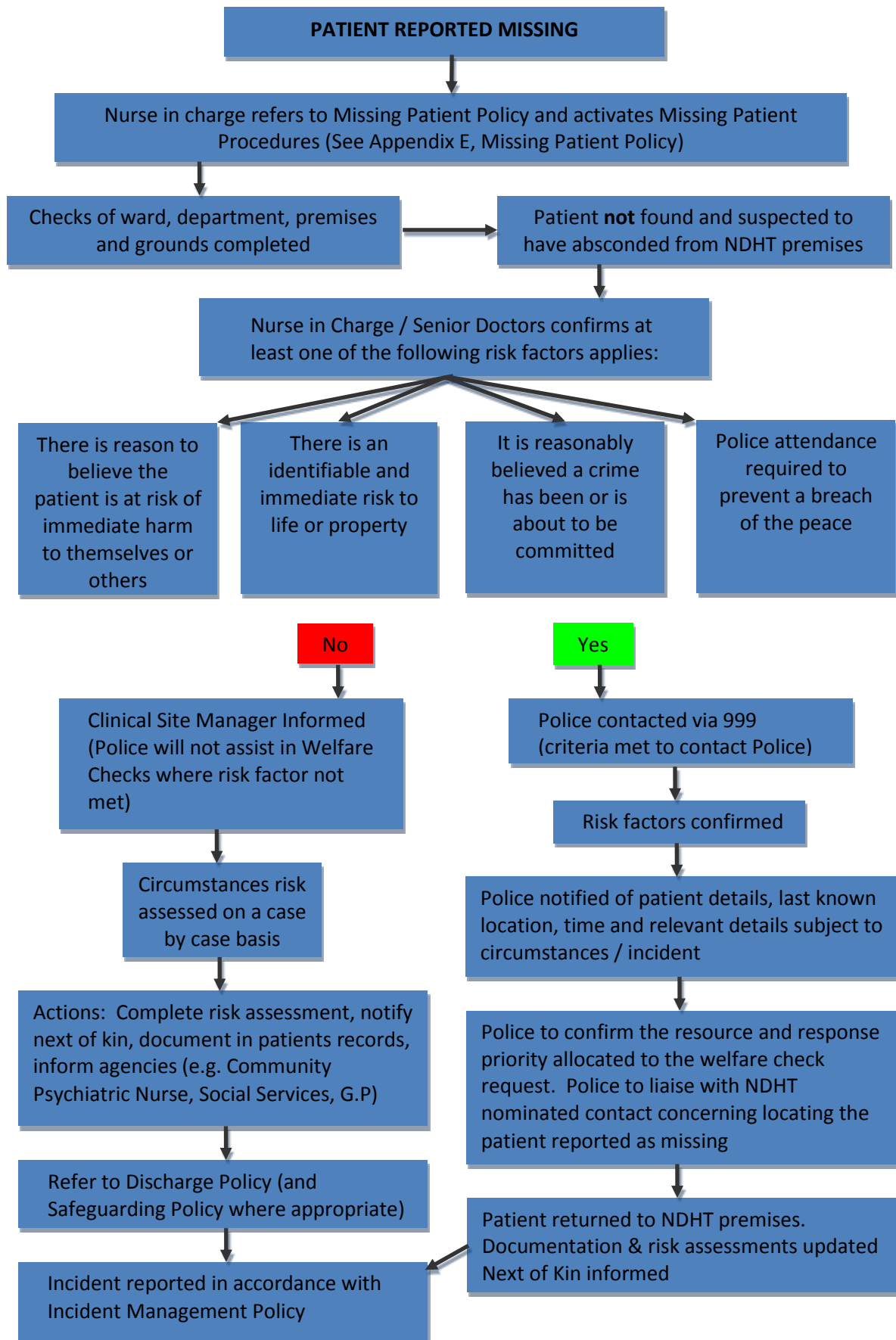
## 12. Associated Documentation

[Bomb Threat and Suspect Package Standard Operating Procedure](#)  
[Code of Conduct Leaflet](#)  
[Incident Management Policy](#)  
[Discharge Policy](#)  
[Safeguarding Adults Policy](#)

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[Safeguarding Children Policy](#)  
[Missing Patient Policy](#)  
[Violence and Aggression Policy](#)  
[Violence and Aggression Warning Marker SOP](#)

## Appendix A: Police Welfare Check Procedure Chart



## Appendix B: CCTV Requests Outside of Office Hours

The following procedure and flowchart outline the arrangements in place for requests for CCTV support outside of the working week and Bank holidays.

During the periods of outside of the working week and Bank Holidays requests to review or release CCTV copies will normally arise from the Police to support a criminal investigation.

Any request out of normal working hours must be established as urgent and the reason why, before pursuing the following out of working week process.

If such a request does not fall into either of the above criteria it should be noted and passed to the Fire & Security Advisor to follow up the next working day.

### Once a request has been received that falls within the above criteria:- NDDH:

1. The Clinical Site Manager (CSM) will contact the Duty Professional Technical Brief (PTB) Officer and make them aware of the request giving them as much information as possible i.e. location, contact details etc.
2. The Duty PTB Officer will make contact with the requester and establish the urgency and whether the request can wait until the next working day - for guidance see overleaf for the agreed Trust/Police protocol flow chart.
3. Following the guidance the PTB officer will either:-
  - Contact Challenge Alarm Service Ltd on: 01598 710583 for out of hours CCTV support (state you require an SIA accredited CCTV operator).
  - Contact the CSM to confirm an SIA accredited CCTV operator has been contacted and will support the requester

Or

- Feed back to the requesting person that the request will be dealt with the next working day

### Community Hospitals and other Trust sites

Please Note: Release of CCTV Imagery cannot be facilitated at community sites out of hours.

### Viewing of CCTV Imagery at Community Hospitals and other Trust sites

Subject to the approval from the Duty Manager viewing of CCTV imagery in urgent circumstances may be provided to the Police subject to the availability of access to personnel on-site.

For urgent access refer the nurse in charge/site manager to the guidance placed in the community sites out of hour's emergency pack.

