



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board



## Freedom of Information Request: Our Reference CTMUHB\_587\_25

### You asked:

I would like to submit a FOI request for the following information:

I would like this information to cover all hospitals within Cwm Taf Morgannwg health board.

#### **1. What is your policy and procedure when dealing with suicidal patients presenting at A&E? (Also include what safeguarding/risk assessments are in place for these patients).**

All patients who present to Emergency Departments (EDs) undergo an initial assessment based upon Manchester Triage, this considers a person's presenting symptoms, clinical observations and past medical history. During this time a senior member of the nursing team will also discuss the current attendance reasons and should a person present with mental health concerns or at risk of harm, a full description is taken and documented. The triage nurse will also use a mental health triage assessment toolkit to assist with further decision making. If there are no "immediate medical concerns" and the patient is stable for assessment, the triage nurse will refer the patient directly to the Mental Health team for review to minimise delays. This parallel assessment is in line with national guidance.

The mental health triage assessment toolkit is used in Royal Glamorgan Hospital (RGH) and Prince Charles Hospital (PCH) ED at triage.

Please see attachment 1.

If the patient is seen by an ED Clinician, the following proformas are used.

Princess of Wales (POW) ED and RGH ED utilise the attached mental health assessment proforma. (Please see attachment 2).

If there are safeguarding concerns noted, appropriate referrals are completed and submitted to the Multi-agency Safeguarding hubs (MASH). This would also include concerns raised regarding domestic violence. MARAC forms are completed and shared. Each of the EDs in CTM has an Independent Domestic Violence Advocate (IDVA) that they work closely with for relevant cases.

#### **2. What is the complete role, full capabilities and expectations of security on site? Specifically when it comes to interacting and assisting with patients.**

The security teams at the acute hospital sites are trained and employed to protect the site and to support staff, patients and visitors. They are trained

to deal with any threats of verbal and physical violence against our staff in particular.

The training includes the 'prevention and management of violence and aggression' techniques for example de-escalation and physical restraint at incidents where this may be required. They are also trained in Dementia and Mental Health awareness but not specifically trained to deal with suicidal patients but there has been a recent incident where security officers have had to use their de-escalation skills at an incident involving a suicidal patient and where they were successful in doing so.

They also support the clinical teams with incidents of in-patients absconding. These incidents are reported and led by the clinical teams involved. Security teams respond by carrying out a search of the hospital site and this can include the use of CCTV systems located at areas where cameras are provided on site. If they locate the patient they assist by reporting, seeking support from the clinical team and supporting the patient back to the ward or out-patient department.

### **3. What is your policy and procedure for suicidal patients that have absconded, but location is known?**

The ED teams understand that there may be a real and substantial risk to a suicidal patient if they are not brought back to the ED for medical assessment and/or treatment. There will always be consideration of the risk and proportionate actions needed and address any urgency for call backs and further treatment. Patient contact information is used to telephone the patient and other services would be contacted to ensure safety considered, and no other person or service is able to facilitate the return or on-going management of the patient, such as: General Practitioner, Social Worker, Community Psychiatric Nurse or relative. The Police will be contacted if the patient remains of immediate risk in line with the absconding action card and in agreement with the Nurse in Charge and Senior ED Clinician.

Please see CTM ED absconding action card attached (attachment 3).

The following guidance is in the POW ED Handbook:

#### **Calling the police if a patient absconds**

The police service do not have the power to bring patients back to the hospital against their will unless they are under arrest (i.e. are believed to have committed crime) or unless they place the patient under section 136 (which authorises a police officer to remove a person to a place of safety if he believes that person is suffering from a mental illness). Section 135 allows a police officer to gain access to a patient who is believed to be mentally disordered but who is not in a public place (requires warrant from JP and an Approved Mental Health Professional, AMHP).

RCEM absconding patient guidance here.

Keep the cascard of all patients who did not wait in majors as a 'virtual patient' for notes to be reviewed next day by a senior.

Before contacting the police service for patients who have absconded from the ED please follow the action card above! In short, it is recommended that the following criteria should all be present:

- There exists a real and substantial risk to the patient if they are not brought back to the ED for medical assessment and/or treatment.
- The risk is such that action needs to be taken with urgency.
- Efforts to contact the patient by telephone have failed.
- No other person or service is able to facilitate the return or on-going management of the patient e.g. General Practitioner, Social Worker, Community Psychiatric Nurse or relative.
- Both the nurse in charge and the senior doctor on duty are in agreement that contacting the police is the correct course of action

Please see attachment 4 - RCEM guidance which is available to all staff.