Regulation 28 Response in the case of Charlotte Tetley
(on behalf of Chief Constable of Cheshire Constabulary)

We note the concerns expressed by the Coroner regarding the potential for future deaths as outlined in Section 5 of the Coroner's Section 28 Report dated 14th September 2025.

As the Coroner will appreciate, this is not an Inquest in which Cheshire Constabulary were named an interested party and we therefore have no sight of the bundle of evidence and the documents the Coroner considered in this case. In light of this, we felt it may assist to provide some background information and copy policies /procedures which in turn will flow into our responses to the specific points raised. We hope this is found to be helpful in the circumstances.

In this case, the report refers to the application of the "Right Care, Right Person" policy. It is that to which we respond and provide further information.

Right Care, Right Person

Right Care Right Person (RCRP) is a national project that commenced in January 2023 with coordination between the National Police Chiefs Council (NPCC), the Home Office, the College of Policing, HM Inspectorate of Constabularies, Fire and Rescue Services (HMICFRS), the Office for Independent Police Complaints (IOPC) and the Department for Health and Social Care (DHSC). RCRP is a national operating model approved for police forces in England and Wales, which is locally implemented recognising the complexities of each police force and its corresponding NHS, Local Authority and other partnerships. This national approach was codified by the Home Office and Department for Health and Social Care under the National Partnership Agreement ("NPA") published on 26th June 2023 (*Copy attached at Appendix One)*.

RCRP is an approach first developed by Humberside police to ensure people who call the police get the best support and service whilst ensuring the most suitable intervention to vulnerable members of the public who require specialist support. RCRP involves partners in ambulance, mental health, acute hospitals, social services and other organisations. These partnerships ensure that RCRP can achieve its aim to provide the best care for the public by ensuring the most appropriate response to calls for service, by the professionals with the right skills, experience and expertise. In other words, this is about ensuring that when someone contacts the police they get help from the correct and most suitable service. Police will still respond where we are the right service to do so but RCRP recognises these are healthcare scenarios where others have responsibility and the specialist skills required to assist in the best interests of those involved.

Central to RCRP is the assurance that all policies and guidelines on practice:-

1. Give clear guidance to officers and staff who use them
2. Are reasonably comprehensive
3. Are consistent with legal obligations
4. Promote the best interests not just of the force but the public it serves

Extensive advice was sought prior to implementation in respect of legal requirements placed on the police – including any issues surrounding duty of care - in various circumstances and how this might vary with vulnerable callers (including children and young people). Consideration was also given as to whether it was lawful and appropriate to conduct police system checks on calls where police did not have an obvious duty to respond. This took into account existing force operating models, Independent Office for Police Conduct (IOPC) investigations and law. The RCRP approach was highlighted by HMICFRS in its 2018 report, and was reviewed by the College of Policing as best practice on 3rd April 2023.

Cheshire Police RCRP Timeline

Prior to the implementation of Right Care Right Person in Cheshire, Cheshire Constabulary received over 25,000 reports of a concern for welfare into the Force Control Centre each year. The introduction of RCRP, working with our partner organisations, has reduced the volume of some reports for a welfare check as agencies now have their own internal escalation processes (including hospitals who have specific processes they should follow when someone leaves hospital for example), and there is a better understanding of what police will, and will not respond to. This means, since RCRP was introduced in 2024 Cheshire Constabulary has received a lower number (22,098 in 2024) of reports of a concern for welfare. We are on course to receive a similar number of reports in 2025 as 2024.

Public Contact (known as the FCC) has around 400 members of staff. Prior to Right Care Right Person, they did not receive any detailed training regarding the legal basis on when we should, should not, must, can and indeed cannot accept a duty of care. This meant that a report of a concern for welfare often generated an incident for deployment which upon review by the FIS or FIM identified that deployment was not the correct approach. Upon examination this was a flawed approach and highlighted that the force was assuming a duty of care when it was not always appropriate or necessary. This put Police officers in situations where they do not have the right skills, expertise or training to help the public when in need. From a public perspective it meant police attending in a situation in which they were not best placed or able to assist, ie a healthcare scenario requiring expert practitioners.

Cheshire Constabulary adopted the principles of Right Care, Right Person (RCRP) for reports of Concern for Safety (CFS) from 8th January 2024 (*See policy at Appendix Two)*. The change in how these incidents are described and categorised from 'concern for welfare' to 'concern for safety' underpins the move away from 'welfare checks' as, in general terms, the police are not under any duty to act at common law regarding the general welfare of the public nor ought they to do so. In many cases there simply wouldn't be any police powers enabling them to do so (eg to force entry in the absence of the threshold being met to utilise such powers). The RCRP principles were adopted in phases as follows:-

- Phase 1 launched on 8th January 2024 and focussed on 'Concern for Safety'. This introduced a toolkit regarding general concern for welfare calls that Cheshire Police receive from the public and partners.

- Phase 2 launched on 15th May 2024 and focussed on 'Walkout from Healthcare settings' (a subset of Phase 1). This added greater clarity to incidents where mental health and detention under The Mental Health Act need to be considered. This was underpinned by further training and a refresh of the fundamentals of RCRP.

- Phase 3 was introduced in September 2024 and relates to s135 MHA warrants. This was also supported by further training and refresher training of all aspects of RCRP.

The training at each stage was accompanied by personal issue 'RCRP Toolkits' to support decision making. These physical workbooks are used by operators to follow the flow chart which highlights policing obligations and are designed to positively triage each case.

The Toolkits are designed to identify the purpose and need for police to attend based on legal / statutory obligations. In short, the FCC call handler will answer a 101 or 999 call and listen to the caller. They will ask questions and gather information using the toolkit flow chart as a list to prioritise and confirm or clarify information. This is a rapid and dynamic assessment. At any point when then call handler identifies a policing purpose via the toolkit and the questions asked they will update the incident for deployment. This can happen very quickly in calls where there is a clear immediate threat to life. The call handler will complete the toolkit questions and listen to what is being reported. They will apply their training and professional judgement to the report, applying the RCRP question set and seeking to identify what is being reported, and

what the police can reasonably do given the report. An example of this is where a call is of a general concern for welfare such as when someone has missed an appointment or has elected to leave a hospital waiting area by choice. Whilst these raise a general concern for the reporting person or agency, they do not reach the threshold for a police response. The FCC call handler will add a digital 'RCRP proforma' to the Incident Management Log ("IML") which captures their decision which they show by ticking the specific decision points they have been through. They will then add their THRIVE rationale to the incident which is their decision regarding the urgency of the deployment in line with their training as per all other incidents.

RCRP ensures that reports of Concern For Safety (CFS) are now always recorded in an IML on every occasion as a standard approach. This allows for clear documentation of decision making relating to CFS incident reports and assists with audit of this type of incident.

As mentioned, RCRP has introduced a standard set of questions for all FCC operators that they must consider and document, which previously did not exist. The RCRP Toolkit regarding Phase 2 "walkouts" is attached *at Appendix Three.*

This is supported by a policy document that explains the legal and statutory obligations, as well as the context and considerations that underpin Right Care Right Person implementation in Cheshire. Every member of staff in the FCC received detailed training in the law, the process and the application of RCRP prior to implementation. This included all Force Incident Sergeants ("FIS"), Force Incident Managers ("FIM"), FCC Supervisors and the Senior leadership team. Wider engagement and training was rolled out within the force to all departments. The training and supporting documents have also been shared with partner agencies to assist their own training and approach to RCRP (*RCRP Legal and Escalation slides attached as Appendix Four)*. The Constabulary also developed, offered and provided communication experience and material to assist other agencies in providing their own education and awareness of RCRP prior to go live.

To support both public and professionals regarding when to call Cheshire police and to ensure we signpost when the police are not deploying to a request for assistance, Cheshire Police developed the public force website to host approved national and support service contacts. This website page contains links to NHS 111, Crisis Line, The Hub of Hope, and postcode specific services such as Live Well Cheshire (West and East), and others. When a call generates a no deployment decision, the FCC call handler will inform the caller of this by reading a prewritten script which avoids any misunderstanding. They will then direct caller appropriately (for example in respect of further enquiries they can make, avenues available to them) and can direct or send the caller to the website link verbally or by email or text. They may also indicate that the caller should undertake further enquiries and then call back if required.

To be clear, the toolkit/ guide is aligned to the legal and statutory duties placed on the police and will lead to one of 4 end decision points. They are:

1. Deploy
2. No Deployment
3. Caller insists on deployment (after no deployment decision reached) and the matter thus requires escalation to a Supervisor for review.
4. Unsure about deployment and escalate to Supervisor.

With each of these end decision points there is an accompanying script that the FCC call handler must read to the caller in order to be completely clear on what action is or is not being taken. These statements are to ensure clarity for everyone involved in a specific incident. They are also the parameters for when FCC call handler will conduct primary, or secondary intelligence checks.

The documentation available is important as if a further call for service is then received it is treated as a new incident with the RCRP methodology applied. Any previous reported and recorded incidents will be clearly

visible. Often such as in cases where a neighbour has not been seen, several calls may be received all expressing a general concern which on their own do not meet the threshold for a police response. However, these will all be recorded to ensure that an informed decisions can be made based on all the information and intelligence available.

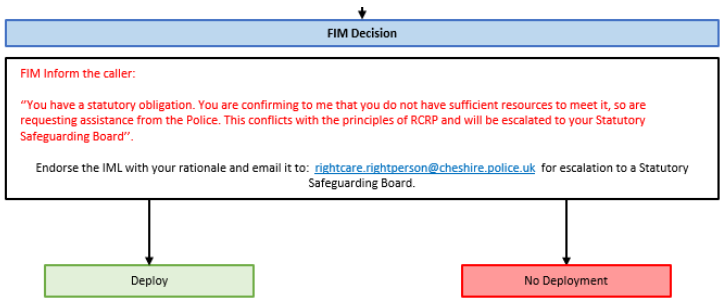
Escalation Process

The escalation process in RCRP is a process to trigger a second and if needed, a third review should the public or partner agencies call and disagree with the police decision not to deploy. This is commenced when a caller states they disagree with the decision not to deploy and escalated the incident firstly to the FCC Supervisor (second review), and then to the Force Incident Manager (third and final review).

Full training in the escalation points of incidents was delivered both internally to FCC staff and externally to partner agencies. This was to ensure that all involved were clear that if a FCC call handler is unable to make a decision regarding deployment on a reported incident, or if the caller disagrees with the police decision on an incident (generally not to deploy), it will trigger an escalation to the FCC Supervisor. This is triggered by a simple plain speech declaration that the caller does not agree with the decision. This ensures the public or partner can trigger an escalation simple by stating in plain speech they disagree. During the development of RCRP an action was set to all partner agencies to train their staff in this escalation process.

These escalations are intentional designed as the RCRP toolkit and policy can never cover every eventuality, nor does it prohibit decision makers at any level from applying sound professional judgement and choosing to deploy police resources even if RCRP toolkit indicates no deployment and there appears no police power to do so. All FCC team members, FCC Supervisors and Force Incident Managers (indeed anyone asked to make a deployment decision) has been trained and empowered that they can over-ride RCRP and choose to deploy at any time based on a clear explanation and reason. The training around this was delivered prior to go live with examples where this might occur. This ensures those using RCRP are considering all the information and managing the risks reported. RCRP is not a process of simply following a list. Where we step outside of RCRP policy, all have been trained and understand that a “Sherratts” duty will then apply as we have chosen to take responsibility for the incident resolution.

An additional option is available to the FIM escalation which supports police deployment when there is no clear policing purpose, but mutual aid is requested by a partner agency. This was anticipated to be where a crisis situation has occurred and the partner agency is unable to meet their own demands. This would be triggered by the FIM who would agree to deploy police resources and accompanied by the worded script read to the caller. These deployments would then trigger an escalation for review and learning at the appropriate statutory safeguarding board.



Development of RCRP policy

Over the full year of 2023 Cheshire Police worked with over 500 different private, public and third sector organisations in the development and implementation of RCRP. A full review of the legal and statutory

obligations placed upon police was conducted with legal advice obtained from Kings Counsel. This underpins the approach, framework, application and policy of RCRP. Extensive discussion and development of RCRP took place in the 12- month period with regular governance meetings taking place. These meetings were held frequently and were the development and instructional meetings attended by representatives from all organisations with a footprint across or within Cheshire and the UK. This included HMICFRS, IOPC, NHS, Local Authority service providers and other services. They membership and attendance followed the pattern of:

- Strategic Coordination Group – chaired by Assistant Chief Constable and attended by strategic leads (Chief Exec level) initially every 6 weeks.
- Tactical Coordination Group – Chaired by Chief Inspector or Superintendent and attended by tactical leads (Head of Department level) initially every 4 weeks.
- Operations Working Groups – Chaired by RCRP project team. Held regularly and attended by TCG attendees and practitioners, initially every 4 weeks and with six individual working groups running at the same time focussed on different professional groups.

Over 2000 hours have been invested in partnership engagement and discussion across 500 distinct organisations that operate with the Cheshire Constabulary geographical area. The attendance records of who attended which meetings, and the meetings themselves is recorded and available for scrutiny.

RCRP Training:

Every member of staff in the FCC received detailed training in the law, the process, and the application of RCRP prior to implementation. This included all FIS, FIMS, FCC Supervisors, and the Senior Leadership Team. Extensive training of how to use the RCRP flowcharts known as toolkits was undertaken prior to go live and delivered to FCC staff by experienced and competent trainers. The training package was developed to complement the RCRP policy written to underpin its use. Prior to go live of RCRP staff received initial training in RCRP of a 3-hour input in the law, the use of the toolkit, what to record and how to escalate if they were unsure to an FCC Supervisor. This was followed up after go-live with further training sessions as Cheshire Police adopted a phased approach to implementation, to best support partners with their own preparations for the change in approach.

During go live and throughout 2024 RCRP floorwalkers were employed to support staff in making decisions and answering questions. This was via experienced staff who received additional training and were selected for their knowledge of law and procedure and their ability to consistently apply RCRP to reported incidents. This was complemented by the FCC Supervisors on duty, and the RCRP project team who worked alongside staff in FCC Calls room. The training is as follows:

- A full day training on mental health to give understanding of the different sections.
- A full day training on RCRP which focusses on law, statutory duties and covers concern for safety and walkout from healthcare. This is then tested against scenarios in which they have to follow the toolkits to see what decision they come to. This is followed by a session on callers in crisis which covers suicide ideology and recaps Article 2 ECHR.
- Included in the training is a recap on mental health completed earlier in initial FCC training as a call handler, Article 2 ECHR, Article 3 ECHR, Common Law and Sherretts duty.
- Incident creation within RCRP i.e. If it's a crime, child neglect or a MFH
- RCRP QA and project team presentation and plenary discussion.

RCRP Quality Assurance

Quality assurance is undertaken by the RCRP project and implementation team conducting live QA of incidents as they occur to ensure consistent application of RCRP in line with training. Direct feedback is given

to FCC call handlers and they can discuss decision with the QA team as well as the FCC Supervisors. At the commencement of RCRP the FCC call handlers were all supported by RCRP subject matter experts (SME'S) and professionals from the mental health charity MIND who floor walked to assist call handlers become familiar with using the toolkits.

All FCC call handlers have their incidents reviewed by the RCRP team for quality assurance. Any learning or development is undertaken with the individuals Supervisor. If required a further development session with the RCRP team is arranged.

To date under this process, Cheshire Police have received and created 35,092 Concern for Safety incidents reported by public and partner agencies. The RCRP QA team have to date quality assured 24,711 incidents which is 70.4% of all incidents reported. From the total of concern for safety reports received, as of June 2025, 108 (0.37%) had been referred to Cheshire Constabulary Professional standards department for a DSI review. Of that number 13 incidents (0.04% of total) have been referred to the Independent Office for Police Complaint (IOPC) and all have been examined and found to meet the standards expected by the IOPC, with 3 (0.01%) returned to Cheshire Police with opportunities for local reflective consideration. This demonstrates the robust process in place including for escalation and review.

Concerns raised by the Coroner

The Coroner raises several concerns in the section 28 report dated 14th September 2025. We have attempted to extract and break these down as follows below and provide responses alongside each.

(1) If a very narrow interpretation of policy is applied by the police when professionals report a concern for a high-risk missing person in circumstances where they consider there to be an immediate risk to life, there will be a risk of future deaths occurring.

We note the concerns expressed by the Coroner regarding the potential for future deaths arising from a narrow interpretation of policy when professionals report concerns about high-risk missing persons.

Right Care Right Person (RCRP) is designed to support police call handlers in identifying circumstances that may engage Article 2 (Right to Life) or Article 3 (Prohibition of Inhuman or Degrading Treatment) of the European Convention on Human Rights. These articles place legal obligations on all state agencies to act where there is a real and immediate risk to life or a serious risk of harm.

These thresholds are clearly defined and apply only where the risk is *present, continuing, and happening now*. It is important to note that a general concern for an individual's welfare, while valid and taken seriously, does not meet the legal standard required to trigger these obligations.

In addition, RCRP supports the identification of cases where an individual should be treated as missing from home, in accordance with force policy and Authorised Professional Practice (APP) as set by the College of Policing. This ensures that responses are aligned with nationally recognised standards and best practice.

When Cheshire Constabulary receive a call from a member of the public or from an agency to report a missing person, the trained operative will conduct a THRIVE-SC assessment in which they consider; Threat, Harm, Risk, Investigation, Vulnerability, Engagement, Safeguarding, Scene Preservation and Crime. They risk assess based on all information available to them and this is a living assessment during the lifespan of an incident. The THRIVE-SC assessment is completed at the initial point of contact and can be repeated on multiple occasions as necessary throughout an incident and can lead to a change in the assessment of the deployment decision or grading of deployment as information develops. It is very important to note that whether the caller is a professional or member of the public, questions are asked to extract the right

information but is reliant on the caller being able to provide information and taking steps to gather information.

The Police have a duty to act:

a) where there is a real and immediate threat to life under Article 2 of the European Convention of Human Rights. The risk must be real and immediate and substantial and significant (i.e. present, continuing and happening now and the police know or ought to know at the time of the risk to the life of an actual victim or potential victim and is a high threshold.)

b) Where there is a real and immediate risk of significant harm amounting to 'inhumane or degrading treatment or torture under Article 3 ECHR, again the risk must be real and immediate.

There are a number of considerations around RCRP and the relevant threshold as outlined in the policy. There are also procedures in place where individuals choose to leave hospital that they are to follow (Royal College of Emergency Departments publication – "The Patient who Absconds" (2020)). Equally part of RCRP and any missing from home process is ensuring appropriate lines of enquiry have been followed.

In this case, calls were received from the accident and emergency department initially at 15.02hrs and then concluding with a final call at 16:47 hours. These can be summarised as follows below.

An initial report is taken from the hospital that Charlotte Tetley has left the hospital and the Mental Health team are requesting a "welfare check". She is described as a 33-year-old female who had been found sleeping by a train track, with suicidal thoughts and presenting danger to herself. The caller indicated that she had been brought in (voluntarily rather than under any section) to the hospital but they couldn't not find her in the department and believe she might have left the hospital.

The caller was asked questions in relation to the matter. The caller confirmed he did not know Charlotte, nor had he seen or triaged her that day. The RCRP process was explained and the requirement for police deployment to search for someone. The caller was asked for further details about expressions of intent to harm self or others but the caller was unable to answer having not seen Charlotte and not having that information available to him. The caller was advised that, on the information provided, it would not be for to deploy.

The caller asked the call handler to remain on the line and passed the phone to [redacted] from the Mental Health team given the decision reached. The call handler explained the position. [redacted] confirmed she also had not seen Charlotte that day but had historically and knew of her history. There is some discrepancy as [redacted] appeared to have a slightly different instruction about the circumstances in which Charlotte had been found, ie on the tracks asleep not at the side of the railway tracks. [redacted] was clear however that she felt that the historic concerns around mental health diagnosis, alcohol/drug issues and previous suicidal thoughts/attempts meant she was concerned about Charlotte. The position was again explained given lack of any indication of immediate risk and the fact this was a healthcare issue rather than police. The call handler offered to escalate to her supervision in line with standard process and [redacted] asked that it be passed over given that in her opinion she was concerned given the history that we should be immediately concerned. It was clear at this stage that the concern appeared to be based on historic knowledge and location found.

This call was escalated as agreed and that escalation resulted in a call back at 15:11 hours.

It is clear from these calls that the report is that Charlotte has been brought in voluntarily rather than under s136 MHA or indeed any other power. She was reported to have been sleeping rough near the railway tracks. There had been no indication of any intention to harm herself or take her own life but Charlotte was

described as having a significant history of mental health concerns and indeed issues with alcohol and drugs. It is clear from the calls that the immediacy of any risk was being assessed not by anyone who has seen Charlotte or triaged her but based on historical information.

It is apparent on escalation that the hospital felt that her history was the cause of concern. Charlotte had left hospital without saying anything and, whilst it was noted she appeared to be falling over as if under the influence of alcohol or drugs, she had made no indication of any intent to take her own life or harm herself, the hospital described that it may be she had just decided to go to bed.

During this call, it is confirmed that the mental health team had visited Charlotte a few days earlier and reported that they did not have any concerns for her safety or wellbeing. It was noted that she was staying at a friends but would be sleeping rough in a matter of days after leaving hospital.

During the escalation call (some 9 minutes after the original call), the hospital were asked whether they would send an ambulance now they confirmed they knew of an address where she had been staying. The hospital would not given they did not know if she was there. The RCRP process was referred to and the fact the onus was on the hospital to take further steps if they considered necessary. The hospital indicated they could send their response vehicle to the address and that they would go ahead and make that request (albeit it was for a different team to assess). It appears accepted that the concern relied on assumptions rather than any evidence or expression of intent to harm or end life. The offer to escalate further to the FIM / Chief Inspector was made but declined at this stage.

A further call was received at 16:32 hours seeking escalation and review by the FIM. That request was logged and referred. That call referred to [redacted] being found "lying by railway tracks" and having been brought in by NWAS not BTP as had previously been advised.

Prior to the FIM calling back, a final call was received at 16:47hours from Macclesfield Hospital. [redacted] was the caller and confirmed that she had been in touch previously regarding a high-risk missing person, Charlotte Tetley. The purpose of the call was to provide an update. [redacted] described that a colleague had been in contact with Charlotte and although she wasn't returning to hospital, she no longer had any immediate concerns about risk so did not require that police deploy. The matter was thus concluded.

In this case, the RCRP policy was correctly applied and appropriate advice given. The hospital have clear processes and procedures in place when patients simply walk out of hospital. Having made further enquiries, the hospital called back to confirm the matter was resolved.

Whilst the RCRP process involves individual decision making, the toolkits and procedures ensure consistency and sound decision making to avoid differing interpretations of policy.

(2) If the policy is interpreted such that police resources will only be deployed if the missing person has expressed an intention to end life as they leave the hospital, there is a risk that future deaths will occur.

RCRP clearly sets out for police call handlers the legal and statutory obligations. All police call handlers receive RCRP training which helps them identify when a policing response is appropriate. Where there are any Article 2 risks, police (and other agencies) have a legal duty to respond which is what RCRP identifies. In such cases the police do deploy.

The threshold applies where the risk is present, continuing, and happening now. It is important to note that a general concern for an individual's welfare, while valid and taken seriously, does not meet the legal standard required to trigger these obligations. We believe the narrative and information above covers this point in terms of the application in this particular case.

To reassure, it is not the case that police will only deploy if an expression to end life is made on leaving the hospital. In the case referred to, there was no such expression at all on the evidence available but in general terms, the assessment is detailed but there must be real and immediate risk to life or a serious risk of harm (ie present, continuing and happening now).

(3) It is unlikely that the ambulance response vehicle will be deployed if the whereabouts of the missing person is unknown, which will result in the missing person not being able to receive medical attention until their whereabouts are known. By the time that they are located, there is a risk that they will no longer be alive.

There are established and published protocols by North West Ambulance Service (NWAS) regarding their deployment policy, which are designed to ensure the safe and effective use of emergency resources. These protocols are based on clinical prioritisation and operational feasibility. Were are unable to comment on NWAS policy but are aware that ambulances are unlikely to be deployed where the whereabouts of the individual is unknown for obvious reasons.

The Right Care, Right Person (RCRP) framework was developed collaboratively with multiple agencies, including NWAS and Cheshire Fire and Rescue Service, to ensure a shared understanding of the roles and responsibilities of each emergency service. There are joint operating procedures backing this shared understanding.

RCRP ensures that the appropriate agency responds based on the nature of the risk and the information available. Where there is a real and immediate risk to life, all agencies are expected to act in accordance with their legal obligations under Article 2 of the European Convention on Human Rights.

Within this framework, the police are the lead agency with statutory responsibility for responding to reports of missing persons.

The definition of 'missing' is provided by the College of Policing within the Authorised Professional Practice on Missing Persons (APP-MP) as:
"Anyone whose whereabouts cannot be established will be considered as missing until located, and their well-being or otherwise confirmed."

APP continues:
"This is a broad definition, intended to ensure that all cases of people suspected of being missing who are reported to the police are considered for a policing response. The nature of the response is for operational decision makers. Not all reports of missing people will require immediate deployment of police resources."

Authorised Professional Practice on Missing Persons (APP-MP) also sets out the 'Joint Responsibility' that the police are entitled to *"expect parents and carers to undertake reasonable actions to try and establish the whereabouts of the individual"* It further sets out that in the context of a missing person investigation *"Policing should concentrate on reducing harm or the risk of harm – the police are not to be used solely to trace people."*

Cheshire Police revised the Missing From Home (MFH) policy to ensure it was aligned with the introduction of Right Care Right Person. This sets three aspects for consideration if someone is missing. These three considerations were included in part of the training all FCC staff received prior to the introduction of RCRP. They are:-

- Can you reasonable assume their location is known?

- Have reasonable enquiries to establish their whereabouts been made?
- Are factors of concern being expressed?

In this case, there were enquiries the hospital could and should undertake. Indeed, the Royal College of Emergency Departments publication "The Patient who Absconds" (2020) process makes that clear. In the case of incidents of this type, we would reasonably expect that the professionals calling would have made suitable checks with relevant teams and gathered information before contacting police. They would also utilise appropriate avenues at their disposal.

It is also essential that further basic enquiries (eg searching the grounds, calling the individual or any appointed social workers) are undertaken before calling the Police back when complete and that those calling are closest to the matter (ie have seen the individual concerned directly or have at their disposal detailed accurate information).

This is because evidence shows that when these basic enquiries are completed, they frequently lead to the person being located by the caller, and the concern negated. In fact, that is exactly what happened in this case, further enquiries were made, the hospital made contact with Charlotte Tetley (albeit did not see her in person) and determined that there were no further concerns and that they did not need to send an ambulance. They further confirmed they no longer required police assistance or deployment.

Had that not happened the matter could have been further escalated either via RCRP or the missing from home procedure. If the relevant threshold is met there would be a police response in missing person cases.

Appendix One
National Partnership Agreement
Right Care Right Person

National
Partnership Agreem

Appendix Two
Cheshire Constabulary Policy
Concern for Safety Right Care Right Person

Concern for Safety
Policy Right Care Ric

Appendix Three
RCRP Toolkit "walkouts"

RCRP Cheshire
Toolkit v0.4 TABLETC

Appendix Four
RCRP Legal and Escalation Slide deck provided to Partner agencies

RCRP LEGAL + ESCALATION.pptx