University Hospitals of Derby and Burton NHS Foundation Trust

TRUST POLICY FOR MISSING PATIENTS

Reference Number CL-RM/ 2014/ 019	**Version:** V5		**Status**	**Author:** Jane O'Daly-Miller **Job Title:** Head of Safeguarding & Vulnerable People
Version / Amendment History	Version	Date	Author	Reason
	V1	Dec 2005	Kay Fawcett	Original Policy
	V2	Oct 2009	Em Wilkinson-Brice	Policy Reformatted to NHSLA Standard
	V3	September 2010	Gill Ogden / Bev Youson	Amendments to existing policy
	V4	September 2014	Sandra Mir	Amendments to existing policy
	V5	March 2021	Jane O'Daly-Miller	Creation of overarching Trust wide policy
Intended Recipients: All wards and departments				
Training and Dissemination: Dissemination via the Trust Intranet				
To be read in conjunction with: Policy for Maintaining the Security of Trust Staff, patients, Visitors and Trust Premises				
In consultation with and Date: Patient Safety Committee Safeguarding Committee				
EIRA stage One Completed **Yes** Stage Two Completed **N/A**				
Approving Body and Date Approved			Trust Delivery Group	
Date of Issue			May 2021	
Review Date and Frequency			September 2023 (then every three years)	
Contact for Review			Head of Safeguarding & Vulnerable People	
Approving Executive Signature			Director of Patient Experience and Chief Nurse	

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TRUST POLICY FOR MISSING PATIENTS

1. Introduction

Many patients who leave the ward areas / departments do so of their own free will, as a matter of choice and are free to do so. However patients who leave the ward or other departments without the knowledge of staff, cause anxiety and distress to all concerned and some patients may, due to their vulnerability (through age, physical or mental frailty / disability, an underlying mental illness or personal social circumstances),may wander, or intentionally leave and pose a risk to themselves or to others.

The policy aims to minimise the risk to any patient (adult or child / young person) who leaves the Trust without knowledge or agreement of the responsible member of staff. The policy applies to all hospital 'in-patients' or outpatients and/or those deemed to be 'at risk' through the risk assessment process (5.1). This policy applies to all five sites of University Hospitals of Derby and Burton including Children's Services.

2. Purpose and Outcomes

The maintenance of patient safety is of paramount importance. If a patient is deemed missing it is vital that all staff understand and follow a structured approach in:

- Identifying when a patient should be regarded as a missing patient
- Ensuring a thorough search is undertaken.
- Identifying the risk to a missing patient
- Acting promptly to secure the return / safety of a vulnerable & high-risk patient
- Ensure that the relatives of any missing patient are informed as soon as possible and are kept notified of all developments

This guidance document is applicable to Inpatient and outpatient settings and applies to all clinical staff including all "bank" employees and those employed on a temporary / locum / honorary, agency or fixed term basis.

3. Definitions

Missing Patient	The term 'missing' as used in this document applies to patients who absent themselves without leave or fail to return from agreed leave period with no contact or agreement with staff. A patient should be considered missing if: a) They leave the ward or department without notifying staff and there has been no contact or agreement made with staff regarding them leaving. b) They fail to return within one hour of agreed leave and there is not adequate contact or agreement made with staff. In the case of **vulnerable patients, (**including infants, children young people and adults, those with learning difficulties / MH concerns/ Subject to DoL), the term missing should be applied as soon as their absence is noted
Vulnerable Patients / Persons	Those deemed as vulnerable and high risk include: • Patients sectioned under the Mental Health Act • A patient that has been assessed as lacking mental capacity • Patient being treated under a Clinicians 'Duty of Care' • Patient with self-harming behavior / suicidal ideation

<table>
<tr><td></td><td>Patients with confusion / dementia / delirium
Patients under the age of 18 years
Patients subject to a deprivation of liberty authorization</td></tr>
<tr><td>Responsible Member of Staff</td><td>The person designated with overall responsibility for a ward or department at that time.</td></tr>
<tr><td>CCTV</td><td>Close circuit television</td></tr>
<tr><td>Incident Co-ordinator</td><td>The person designated to co-ordinate the search see table below
<table>
<tr><td>During normal working hours:
08:00 -17:00 hrs. Monday to Friday</td><td>Line manager e.g. Matron or unit bleep holder</td></tr>
<tr><td>Out Of Hours:
17:00hrs – 20:00hrs
20:00hrs - 02:00hrs Monday to Friday Bank Holidays and Weekends</td><td>Senor Nurse on call
Patient Flow Team Mobile:
07799337721</td></tr>
<tr><td>After 02:00hrs - 08:00 hours</td><td>Night Site Co-ordinator / Night Nurse Practitioners</td></tr>
</table></td></tr>
</table>

4. <u>Key Responsibilities/Duties</u>

The search for a missing patient will inevitably involve a multi-disciplinary team of people within the Trust, and possibly from external agencies. Trust staff with a key lead and coordinating function is identified.

Director of Patient Experience and Chief Nurse	The Director of Patient Experience and Chief Nurse is the Executive Lead for Risk Management and is accountable for Security Services within the Trust and has responsibility for communicating Security matters to the Trust Board.
Incident Coordinator	Is the person designated to co-ordinate the search of the wider Trust, in collaboration with security staff and Porters, organising any searches in a systematic way. An incident/search control room will be established on the ward/department from which the patient went missing. Other departments/professionals may be called upon to provide intelligence, equipment and expertise in conducting the search. Is responsible for maintaining communications with the relevant ward I department, senior management within the Division and the Trust, including the Head of Communications and PR and the Chief Nurse. In hours this will be the Matron and out of hours see Incident co-ordinator matrix above.
Security Advisor	The Security Advisor is responsible for maintaining a safe and secure environment within the Trust so that the highest possible standards of

	clinical care can be made available, working with Trust health and safety and NHS Security Management Services.
Ward / Departmental Managers	Will ensure that the search is co-coordinated, Missing Patient Checklist and Action Plan is completed, and that all communication and information is directed to the Incident coordinator. Initially, it is the responsibility of the Nurse in charge of the ward to initiate and co-ordinate the local level search, then to hand the co-coordinating function over to the Incident Coordinator, if the initial search, fails to locate the patient. They are responsible for ensuring staff know what is expected of them with regard to handling incidents. Ensures that all activities are designed to maximise the security of staff, patients and visitors. Provides feedback to staff following incidents.
Senior Manager on Call (Out of Hours)	Lead and co-ordinate the activities of the hospital resolving where possible, problems that arise according to Trust Policies, procedures and guidance. Record incidents that occur out of hours and liaise with the incident coordinator as required
Security Officers	The role of security staff is to support the search as directed by the incident coordinator and to provide escort to nursing staff where if the missing patient is considered to be a risk to others. Security staff will provide assistance to the search team and will be responsible for gaining access to locked areas and stairwells. CCTV images, where available, may be used. They will follow Trust policies and procedures detailed in the Trust Security Officer's Operational Manual.
Porters	Porters will be informed of a missing patient via the switchboard. All available Porters will be issued with a description of the patient and will undertake a search of the site. If the patient is sighted they will report back to switchboard who will inform the ward.
Employees	Have a duty to familiarise themselves with and follow this policy and take responsibility for their own safety and that of their colleagues, patients and visitors as part of their duty of care. Once it becomes apparent that a patient is missing, all employees have a responsibility for reporting incidents, and to assist in the search of the immediate area.
Patient Safety Committee	The has responsibility for receiving reports on a six-monthly basis covering trends of security related incidents. The Patient Safety Committee will consider the report and escalate any unresolved issues of security to the Quality Improvement Group.
Patient Advice and Liaison Service (PALS)	It is good practice (during daytime hours) to inform PALS, of any patient reported missing on any site. This would be for information only, to increase their awareness, rather than for their assistance initially. PALS may also be asked to support or liaise with relatives enabling clinical staff to continue to care for other patients. PALS staff can be contacted and may be able to assist the ward staff (if appropriate) to encourage the patient to return to continue care and treatment. This will be a clinical decision from the care team involved with the patient.
Estates Department	It is anticipated that the Estates department becomes involved where a whole search of the hospital/building/grounds is required. The Estates

	department will provide access to high-risk areas, e.g. roof, plant rooms, and ducts.
Police	The police will co-ordinate a wider neighbourhood search if you have assessed the missing patient as being at risk of harm, to locate the patient. If a patient is detained under the Mental Health Act or a Deprivation of Liberty Authorisation is in place, the police must be informed of this status when a missing patient is reported to them. (Do not request a "safe & well check" as this will not be responded to by the police – note that there is a missing high risk patient who has left the hospital and any lawful order (DOLS/ MHA section) in place)

5. Implementation of the Policy for Missing Patients

5.1 Implementation

Before invoking the procedures, the responsible member of staff must decide if it is appropriate to implement the policy i.e. "is the patient in danger of coming to harm or at risk of harming themselves or others". A vulnerable person should be considered at risk of harm. The assessment and outcome must be documented in the patient's health record.

If a patient's whereabouts is known, and there is no immediate risk to him/herself or others but they are refusing to return (or their parents / carers are refusing to bring them back to hospital), they are not to be considered missing. Options that should be considered include the involvement of community staff, friends and families. Patient Advice and Liaison Service (PALS) staff can be contacted and may be able to assist the ward staff (if appropriate) to encourage the patient to return to continue care and treatment.

If a patient's whereabouts is known, they are refusing to return to the hospital (or their parents / carers are refusing to bring them back to hospital) and there are safeguarding concerns then contact must be made with adult social care and the police.

5.2 Process for patients identified at risk of harm

Immediately it becomes apparent that a patient is missing, department staff must initiate a search of their own and adjacent areas. Staff should commence the Missing Person Checklist (see appendix 1).

If the patient is not located within 10 minutes, staff must report to the Incident Co-ordinator and contact Security staff. In the case of Sir Robert Peel and Samuel Johnson Community Hospitals contact the Porters to assist in the search within hospital grounds.

Security staff/ Porters at this stage will require a brief description of the patient including name and age if known. Security/Porters will attend the area to obtain a copy of the Missing Person Checklist (with appropriate details completed). The CCTV Controller must be informed by Security/Porters staff and the system monitored until the search is completed / abandoned.

To contact the Security Team: -

Royal Derby Hospital (RDH) Site

- Extension number 85900 - 24 hours or Bleep Security Team on 1332
- Security Team Leaders – Mobile Tel No. 07799337791

London Road Community Hospital (LRCH) Site

- Extension number 4087 – 24 hours or Bleep Security on 2222
- Security Team Leaders – Mobile Tel No. 07799337790

Queens Hospital Burton (QHB) Site

- Security – Extension number 5662 - 24 hours or Bleep Security Team on 360/384
- Porters extension: 5400 – 24 hours

Samuel Johnson Community Hospital (SJCH) Site

- Porters extension 3035/3031

Sir Robert Peel (SRP) Site

- Porters extension 8391 – 24 hours

5.3 Actions and Timescales

Security will undertake a thorough search of indoor areas. This will include locked areas and fire escapes. If the patient is not located the search will extend into all other indoor areas followed by all outside areas, grounds, subways beneath buildings and secured buildings.

Porters will be contacted via radio by the Security staff and given details of the patient to ensure the widest possible search is maintained.

If after searching for up to a MAXIMUM of 30 minutes the patient is not located, the Incident Co-ordinator will inform the police, and the General Manager during office hours or the on- call Senior Manager for the Trust at other times. Information should be given to the police regarding the likelihood of the missing patient coming to harm, or harming others. The Incident Co-ordinator must inform the relatives I significant others (including medical staff if appropriate) of the situation.

Security staff will continue searching until the General Manager/ Senior Manager on- Call agrees to downturn the search.

The Incident Co-ordinator is responsible for maintaining communications with the relevant ward I department, and senior management within the Divisions and the Trust, including the Head of Communications and PR, and the Executive on Call. PALS may also be asked to support or liaise with relatives.

Should the period the patient is missing exceed 24 hours the Police will automatically keep relatives informed.

Should the period of duty end before the patient is located, staff going off duty MUST ensure on-coming staff are fully briefed regarding the incident. The Incident co-ordinator should advise relevant staff / departments of whom they are handing over the role to (and document on the bottom of the Missing Person Checklist).

5.4 De-escalation & conclusion of incident.

If the patient is located/ returns to the area, staff must ensure the Incident co-ordinator, Security staff, and all relevant personnel are notified. If the patient's family, have been contacted during the incident, it is important that the de-escalation is communicated to them.

The staff will assess any injuries and ask for the medical doctor on call to assess if necessary.

The incident must be documented in full within the medical/nursing records and the missing person's checklist is to be filed within the health records. An Incident Record Form (IR1) must be completed by a responsible member of staff as soon as practical.

Security Officers must complete the station diary and complete a full report of the incident to include details of areas searched including times.

5.5 The Patient's Mental Capacity and Clinical Holding / restraint

A capacity issue relates to a single point in time and to a specific decision. A patient's capacity may fluctuate from time to time (Refer to Trust Policy Consent - Including the Mental Capacity Act (Lawful Authority for Providing Examination, Care or Treatment).The Mental Capacity Act allows reasonable restraint and restrictions to be used if they are in a person's best interests.

Prior to restraining / restricting the patient to return to the ward staff (porters / security/clinical staff) must take reasonable steps to establish whether the individual lacks capacity in relation to the matter in question and if they reasonably believe that the person being cared for or treated lacks capacity in relation to the matter, undertake any clinical holding necessary to prevent harm to the person or others who lacks capacity. Restriction and restraint must be a proportionate response to the likelihood and seriousness of harm.

6. Monitoring Compliance and Effectiveness

The key requirements will be monitored in a composite report presented on the Trust's Monitoring Report Template:

Monitoring Requirement:	Review of all missing patient / person episodes by divisional monitoring of datix to ascertain whether process of policy carried out including use of checklist
Monitoring Method:	Audit, & incident analysis,
Report Prepared by:	Divisions
Monitoring Report presented to:	Patient Safety Committee
Frequency of Report	Quarterly

7. Equality and Diversity

The Trust recognises the diversity of the local community and those in its employ. Our aim is, therefore, to provide a safe and secure environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day to day operations and has produced an Equality Policy Statement to reflect this. All policies are assessed in accordance with the Equality initial screening tool kit, the results for which are monitored centrally.

8. Reference

Source of data	Date of Publication/Issue	Detail of requirement
CL-RM 2007035 Trust Policy and Procedures For Maintaining A Safe Environment (Incorporating The Management of Threatening Behaviours in the Workplace).	Version 2/ May 2009	5.7 Patients at Risk of Harming Themselves Assessment Tool.

Appendix 1 – Missing Patient Checklist and Action Plan

University Hospitals of Derby and Burton NHS Foundation Trust

MISSING PATIENT CHECKLIST AND ACTION PLAN

Once it becomes apparent that a patient is missing the person in charge of the department should organise a search of the immediate area. If the patient is NOT located during this search this form should be completed and the Line Manager contacted.

DETAILS OF THE MISSING PERSON

Site: **Department/Ward**:

Name:

Address:

Alternative Address (if applicable):

Description

Sex: **Age:** **Height:** **Build:** **Hair:**

Eyes:

Last seen wearing:

Date & Time last seen: **By Whom:**

Risk Assessment.	
Is the patient:	**Yes / No**
• **considered to be at risk of harming either themselves / or others**	**Yes / No**
• **detained under the Mental Health Act?**	**Yes / No**
• **Have mental capacity**	**No /Yes**
• **Does the person have learning disability?**	**Yes / No**
• **Is patient confused / have delirium / have dementia**	**Yes / No**
• **Are they at risk of exploitation?**	**Yes / No**
• **Are they incapable of protecting themselves from danger?**	**Yes / No**
• **Are they subject to a DOL**	**Yes / No**
• **Under 18 years of age**	**Yes / No**
• **A child looked after by the local authority**	**Yes / No** (Any answer in the left hand column – patient must be identified as vulnerable person at risk of harm)

Any other relevant details **If English is not the 1st language – please state first language**	
Search of ward / surrounding area instigated by _____	**Yes / No**
Time designated as "Missing" and process implemented	
Security Team contacted by_____. Contact_____	**Time**

Designated Incident Coordinator **Name** **Title**	**Contact Number** **Bleep** **Mobile Telephone**
Form to be given to Incident Coordinator, who will contact & cascade as detailed below	**Name of person contacted / Date & Time Informed**
CCTV Controller	
PALS	
Relatives / Significant others	
Directorate Manager (within normal hours) **Senior Manager on Call (Out of Hours)**	
Medical Team responsible for patients care	
Communication with Directorate & Trust Senior Team **Associate Director** **Executive on Call** **Head of Communications and PR**	
Inform relevant police authority via switchboard	
Social Services / Care Team / Safeguarding Team (if appropriate)	

Patient Returned to Unit / Found. **Relatives / Significant others** **Security** **Police** **PALS** **Directorate / Senior Managers** **Directorate / Trust Senior Team** **Ward / Department Manager** **Social Services / Safeguarding Team**	**Please advise the individuals to de-escalate the incident**
Complete Datix IR1 and necessary documentation.	**Report Number_____.**
Additional Information:	

Appendix 2 – Missing Persons Reporting to the Police SBARD prompt sheet

DO NOT USE THE TERM SAFE & WELL CHECKS – the Police do not undertake these.
Refer throughout to the missing person at risk of harm

S	**SITUATION** • Give **your Name, Designation** and **where you are based** e.g. ward • **Name of patient you are calling about? (have full details available to provide demographics and a description)** • **You are calling to report a MISSING PERSON**
B	**BACKGROUND** • **Date and time patient last seen** • **Efforts taken to make contact / establish whereabouts. Including** ○ **Hospital / security search** ○ **Attempts to contact patient direct and via relatives / friends** ○ **If patient whereabouts known contact primary care / ambulance call to return patient**
A	**ASSESSMENT** • **Detail risk factors to self / others. Consider is the patient:** ○ **Aggressive/vulnerable/ recently taking substances or alcohol** ○ **Lacking CAPACITY?** ○ **Suicidal / under a mental health section** ○ **At significant risk of withdrawal of medical treatment** • **Be specific if the missing person meets the police medium or high risk criteria**
R	**RECOMMENDATION** • **Clearly state that you are reporting a MISSING PERSON who is VULNERABLE or at RISK to THEMSELVES and /or OTHERS and you require a police response**
D	**DECISION** • **Gain incident number from the police** • **If the police state that they do not deem a response is required ask for the patient to be noted as ABSENT. Ask for the officers first name and police number** • **Detail all aspects of call on the Missing Persons Police Report**

Appendix 3 - REPORTING A MISSING PATIENT TO THE POLICE

DO NOT USE THE TERM SAFE & WELL CHECKS – the Police do not undertake these.
Refer throughout to the missing person at risk of harm

		ID Label	Initial	Tick	Date & Time
S	**SITUATION**	• You are calling to report a MISSING PERSON • Name of patient you are calling about? (have full details available to provide demographics and a description) • Description Given: _____ _____ _____			
B	**BACKGROUND**	• Date and time patient last seen _____ • Efforts taken to make contact / establish whereabouts. Including ○ Hospital / security search ○ Attempts to contact patient direct and via relatives / friends ○ If patient whereabouts known contact primary care / ambulance call to return patient _____ _____ _____ _____ _____ _____ _____ _____ _____			
A	**ASSESSMENT** **(As per Trust Policy for Missing Patients)**	• Detail risk factors to self / others. Consider is the patient: ○ Aggressive/vulnerable/ recently taking substances or alcohol ○ Lacking CAPACITY? ○ Suicidal / under a mental health section ○ At significant risk of withdrawal of medical treatment _____ _____			

		_____ _____ _____ _____ **Current Risk: Medium/High (Circle accordingly)**			
R	**RECOMMENDATION**	**Clearly state that you are reporting a MISSING PERSON who is VULNERABLE or at RISK to THEMSELVES and /or OTHERS and you require a police response**			
D	**DECISION**	**Incident Number given by Police:_____ Police Person's Name:_____** _____ **Police Person's Personal Number:_____** **……..** **Police Plan/Aim:** _____ _____ _____ _____ _____ **If the Police do not plan to do anything ask to report as an ABSENT PERSON _____** ***A person who is ABSENT and NOT FOUND after 24 HOURS will then be ESCALATED TO MISSING.**			

Signature and Designation: _____

Date & Time of Completion: ____/_____/_____ _____:_____

Categorisation of Risk based on the Derbyshire Constabulary Risk Assessment Model (For Full Risk Assessment Model please see Appendix….of the Trust's Policy for Missing Patients (2016-17)

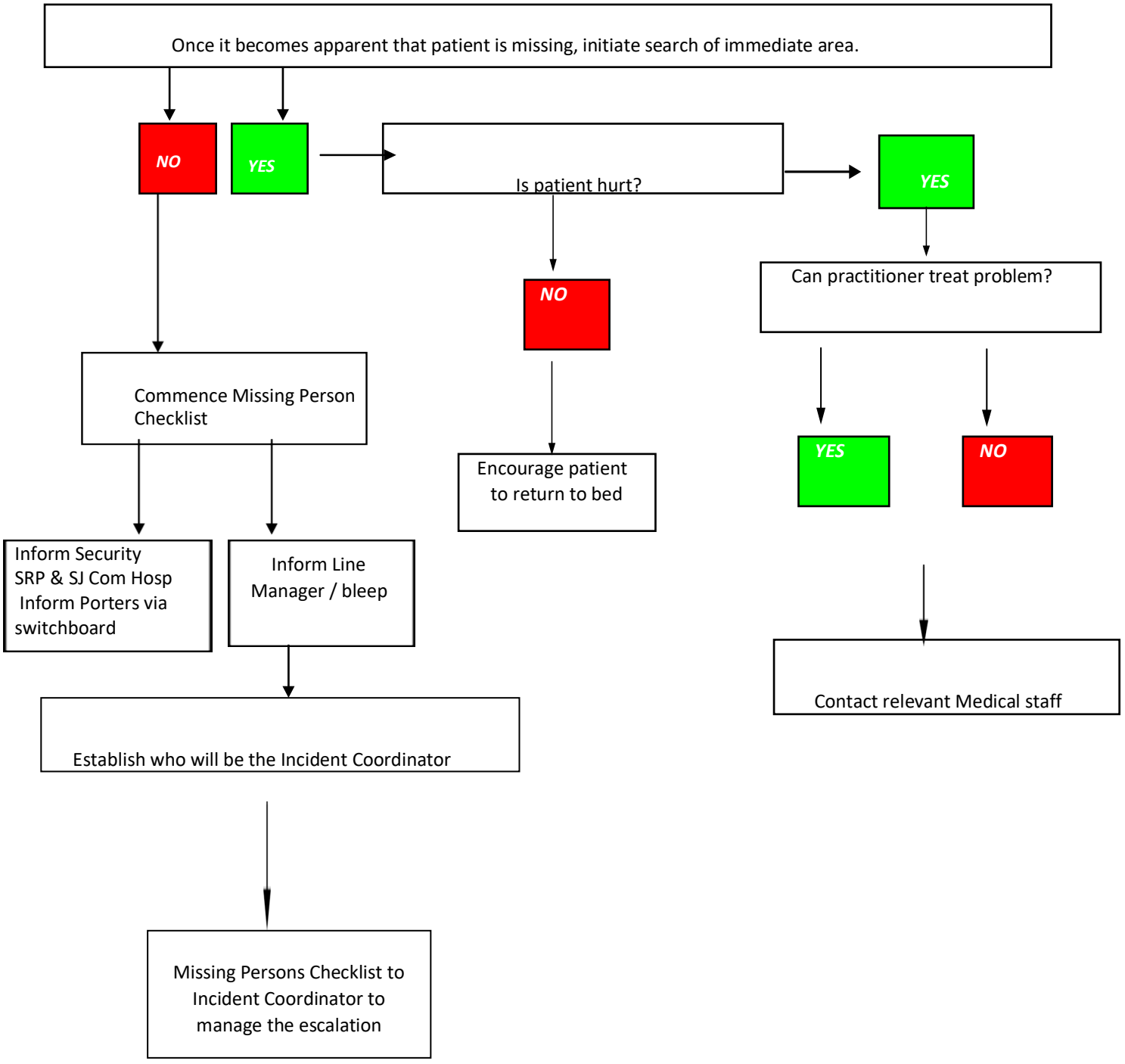
High Risk: Examples of High Risk are :

- **It is suspected the individual has been murdered, kidnapped or abducted.**
- **It is believed this individual has the intention of committing suicide or seriously self-harming themselves and the risks posed are immediate.**
- **It is believed this individual has the intention of causing Death or serious injury to another person OR their behaviour is so unpredictable that other persons are at a real and immediate risk of death or serious injury.**

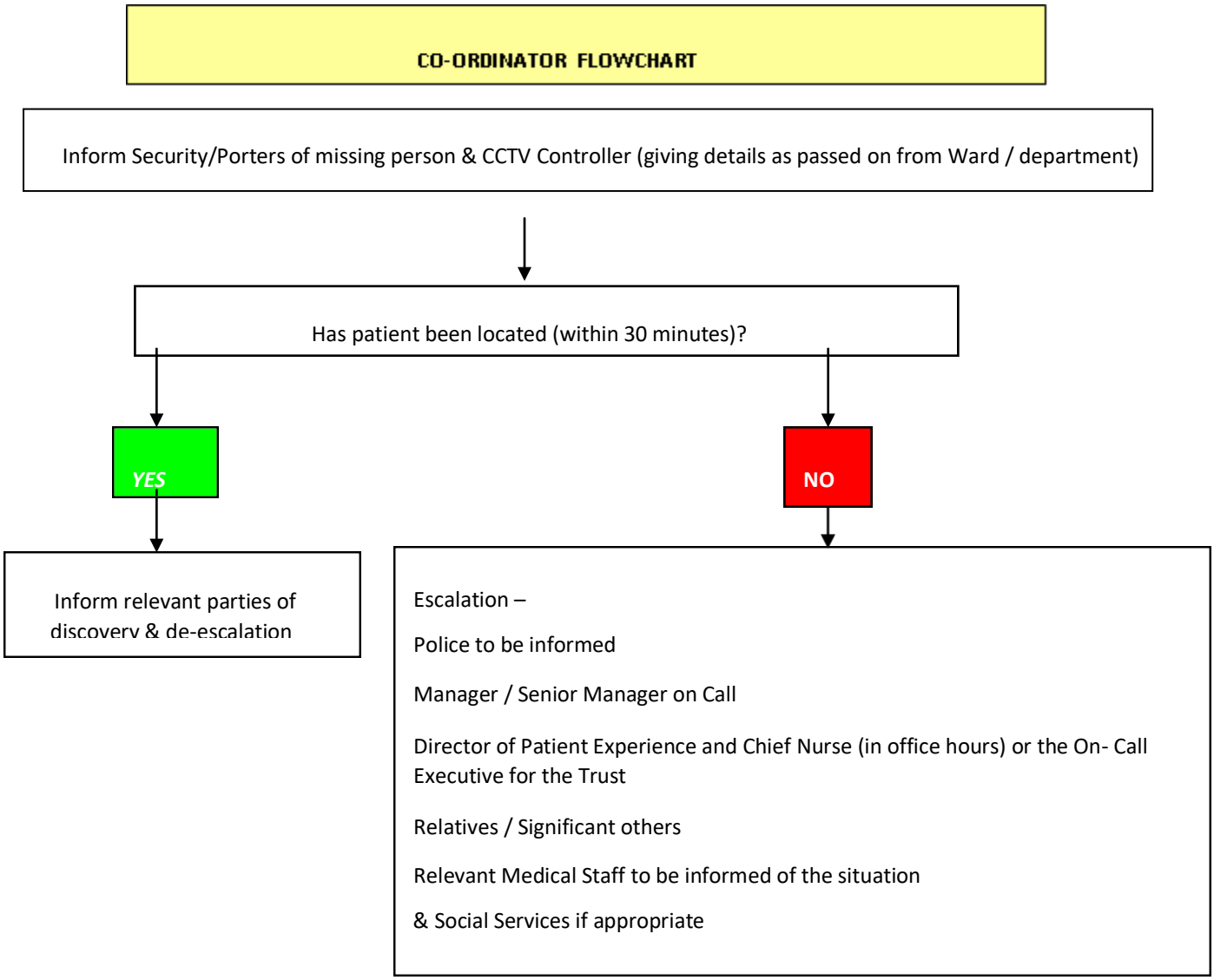
Medium Risk: Examples of Medium Risk are:

- **A person who is severely depressed with self-harm tendencies, who has gone missing and there are No grounds to believe they are imminently about to attempt suicide OR cause serious self-harm.**
- **A Patient who has a history of moderate violence and whose behaviour is unpredictable.**
- **A Child, Young Person, Mental Health OR Learning Disability Service User/Patient OR Elderly Person who goes missing and who is unable to interact safely with an unknown environment.**

Appendix 4 – Ward/ department Flowchart



Appendix 5 – Co-ordinator Flowchart



If co-ordinator reaches the end of their shift without the patient being located, they must hand over to another co-ordinator. Details to be completed at the bottom of the Missing Person Checklist and relevant departments / people informed of change of co-ordinator