

<b>Document Title:</b>	<b>SUSPECTED MISSING WOMEN AND/OR BABIES IN MATERNITY SERVICES</b>		
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Joyce Mcintosh	Matron Neonatal Nurse	26 <sup>th</sup> April 2019
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<b>Related Trust Policies</b> (to be read in conjunction with)	04051 Security Policy 04064 Safeguarding Children and Young People Policy 0-18 years 04216 Attachment and Detachment of Identification Labels for the Newborn 08060 Missing and absconding Patients Policy
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<b>Version No:</b>	<b>Authored/Reviewer:</b>	<b>Summary of amendments/ Record documents superseded by:</b>	<b>Issue Date:</b>
1.0	Yvonne Roder and Julie Bishop		March 2005
2.0	Jude Hubbard and Sarah Moon		June 2012
3.0	Deb Cobie		31 December 2012
4.0	Deb Cobie		1 <sup>st</sup> March 2016
4.1	Doug Smale, Claire WoollCott and Sarah Moon	clarification to title; points 4.0; 5.0; 6.0; 8.0; 18.0; Appendices A, B, C & D	22 August 2017
5.0	Sheena Smith	Full Review	14 <sup>th</sup> May 2019

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## 1.0 Purpose

- 1.1 To ensure the safety and wellbeing of women and babies whilst admitted to the Consultant Led Unit at Broomfield Hospital and the Midwifery-Led Units at St Peters and WJC, Braintree.
- 1.2 This policy provides guidance to staff to ensure that there is an accurate assessment of risk should a woman/ infant go missing plus a thorough, prompt and sufficient response to the situation.
- 1.3 This policy has been agreed between Mid Essex Hospitals NHS Trust, North Essex Foundation Partnership Trust and Essex Police, to provide a focused and cohesive process for the safe and efficient detection of missing woman/ infant from MEHT premises.

## 2.0 Equality Impact Assessment

- 2.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.  
(Refer to Appendix A)

## 3.0 Scope

- 3.1 This guideline has been formulated in conjunction with the guideline for 'Missing and absconding Patients' policy' (Register number 08060) which has been created in conjunction with the Broomfield Police Liaison Team. This team should undertake regular reviews of the current policies and procedures that may impact on the effectiveness of the missing person incidents.

## 4.0 Action to be taken at Broomfield Consultant-Led Unit in the Event of a Suspected Missing Woman and/ or babies

- 4.1 In the event of a patient/ baby being reported missing, having been taken by a member of staff unknown to the parent or having been removed from the area and or absconding; the following guidance should be followed:  
(Refer to Appendix B for suspected **abduction drill** and Appendix B to initiate **abduction proforma**)
- 4.2 **Switchboard** should be contacted on **6666** to fast bleep the **porters** with a message ... "**Suspected Missing Women and/ or babies from...**" (area to be identified)  
(Refer to Appendix D)
- 4.3 **Immediate action** – all available free staff should be organised to conduct a thorough search of the immediate area, particularly exit doors. In addition, a thorough search of the public area should be undertaken  
(Refer to guideline 'Missing and absconding patients policy'. Register number 08060)

- 4.4 The porters are also requested to notify the **CCTV** operations centre to undertake surveillance of possible matches to patients leaving the premises.
- 4.5 Switchboard should contact the **police** at the same time by dialling (9) 999, the senior midwife should liaise with the police.  
(Refer to point 7 and Appendix D and G)
- 4.6 Switchboard should contact the COM (Clinical Operations Manager) via pager number # **6655 2200**, the senior midwife should liaise with the Hospital Co-ordinator.  
(Refer to Appendix D)
- 4.7 On arrival the porters should attend the Consultant-Led Unit and then proceed to any exits and car parks to challenge anyone leaving.
- 4.8 The **Senior Midwife** is responsible for the following:
- i. Communicating and briefing the mother/ partner in the area where the incident occurred;
  - ii. To ensure that the next of kin should be updated at all times;
  - iii. Ensure that all mothers and visitors are reassured;
  - iv. Ensure that all babies are checked and correctly identified;
  - v. Notify the **Managers** from the Consultant-Led Units;
  - vi. Inform the **on call Consultant for Obstetrics and Paediatrics**;
  - vii. Bleep the **Head of Midwifery** and Midwifery Manager on call;
  - viii. Bleep the **Communications Officer** via switchboard; whose responsibility it will be to liaise with the media/press;
  - ix. Ensuring that the mother/ any relatives are moved to a private room and designate a midwife to be with them.
- 4.9 The **Clinical Operations for the Acute/Community Services** should be designated to liaise with the **police** on arrival and the Communications Team.
- 4.10 The **Head of Midwifery** is responsible for alerting the **Executive Director on call** via the switchboard.
- 4.11 Reassess the situation.
- 4.12 No attempt should be made to disturb the area from which the woman/ baby has been abducted as the Scenes of Crimes Officers will need to collect evidence.

## **5.0 Action to be taken at Broomfield Neonatal Unit in the Event of a Suspected Missing Woman and/ or babies**

- 5.1 In the event of a patient/ baby being reported missing, having been taken by a member of staff unknown to the parent or having been removed from the area and or absconding; the following guidance should be followed:  
(Refer to Appendix B for suspected **abduction drill** and Appendix B to initiate **abduction proforma**)
- 5.2 **Switchboard** should be contacted on **6666** to fast bleep the porters with a message ... "**Suspected Missing Women and/ or babies from...**" (area to be identified)

(Refer to Appendix D)

- 5.3 **Immediate action** – all available free staff should be organised to conduct a thorough search of the immediate area, particularly exit doors. In addition, a thorough search of the public area should be undertaken.  
(Refer to guideline 'Missing and absconding patients policy'. Register number 08060)
- 5.4 The porters are also requested to notify the **CCTV** operations centre to undertake surveillance of possible matches to patients leaving the premises.
- 5.5 Switchboard should contact the **police** at the same time by dialling (9) 999, the senior nurse should liaise with the police.  
(Refer to point 7 and Appendix D and G)
- 5.6 Switchboard should contact the COM (Clinical Operations Manager) via pager number # **6655 2200**, the senior nurse should liaise with the Hospital Co-ordinator.  
(Refer to Appendix D)
- 5.7 On arrival the porters should attend the Consultant-Led Unit and then proceed to any exits and car parks to challenge anyone leaving.
- 5.8 The **Senior Nurse** is responsible for the following:
- i. Communicating and briefing the mother/ partner in the area where the incident occurred;
  - ii. To ensure that the next of kin should be updated at all times;
  - iii. Ensure that all mothers and visitors are reassured,
  - iv. Ensure that all babies are checked and correctly identified;
  - v. Notify the **Managers** from the Consultant-led Units;
  - vi. Inform the **on call Consultant for Paediatrics and Obstetrics**;
  - vii. Bleep the **Head of Midwifery** and Midwifery Manager on call;
  - viii. Bleep the **Communications Officer** via switchboard; whose responsibility it will be to liaise with the media/press;
  - vx. Ensuring that the mother/ any relatives are moved to a private room and designate a midwife to be with them.
- 5.9 The **Clinical Operations for the Acute/Community Services** should be designated to liaise with the police on arrival and the Communications Team.
- 5.10 The **Head of Midwifery** is responsible for alerting the **Executive Director on call** via the switchboard.
- 5.11 Reassess the situation.
- 5.12 No attempt should be made to disturb the area from which the woman/ baby has been abducted as the Scenes of Crimes Officers will need to collect evidence.
- 6.0 Action to be taken at St Peters Midwife-led Unit in the Event of a Suspected Missing Woman and/ or Babies**

- 6.1 In the event of a suspected missing women and/ or babies, having been taken by a member of staff unknown to the parent or having been removed from the area, or absconded the following guidance should be followed:  
(Refer to Appendices B, C and E)
- 6.2 **Immediate action** – all available free staff should be organised to conduct a thorough search of the immediate area, particularly exit doors. In addition, a thorough search of the public area should be undertaken  
(Refer to guideline ‘Missing and absconding patients policy’. Register number 08060)
- 6.3 The Senior Midwife is responsible for the following:  
(Refer to Appendix E)
- i. To contact the **police** at the same time by dialling (9) 999;  
(Refer to Appendix G)
  - ii. To contact the departments in their immediate area i.e. Facilities’ Manager, Support Services Manager and X-ray Department and inform them of the missing patient;
  - iii. To call in extra members of staff from the community to support other mothers and ensure that an experienced midwife has been designated to communicate and brief the mother and her partner;
  - iv. To contact St Peters’ General Hospital on extension 5323;
  - v. To inform the Labour Ward Co-ordinator and Lead Midwife for the Community Services.
- 6.4 The Lead Midwife for Community Services should inform the **Head of Midwifery**.
- 6.5 The **Head of Midwifery** is responsible for alerting the **Executive Director on call** via the switchboard and the Communications Team.  
(Refer to Appendix E)
- 6.6 Reassess the situation.
- 6.7 No attempt should be made to disturb the area from which the missing and/ or absconding patient/ baby was an inpatient as the Scenes of Crimes Officers will need to collect evidence.
- 7.0 Action to be taken at William Julian Courtauld (WJC) Midwife-led Unit (based at St Michael’s Hospital) in the Event of a Suspected Missing Woman and/ or Babies**
- 7.1 In the event of a missing and absconding patient/ baby being reported, having been taken by a member of staff unknown to the parent or having been removed from the area, or absconded the following guidance should be adhered to (points 7.2 to 7.7):  
(Refer to Appendix B)
- 7.2 **Immediate action** – all available free staff should be organised to conduct a thorough search of the immediate area, particularly exit doors. In addition, a thorough search of the public area should be undertaken  
(Refer to guideline ‘Missing and absconding patients’ policy’. Register number 08060)



- 7.3 The Senior Midwife is responsible for the following:  
(Refer to Appendix F)
- i. The porters are available from 0800 hours to 1800 hours, in the event of an infant abduction outside these hours the Senior Midwife should contact the police directly
  - ii. To contact the **police** at the same time by dialling (9) 999  
(Refer to Appendix G)
  - iii. For calling in extra members of staff from the community to support other mothers and ensure that an experienced midwife has been designated to communicate and brief the mother/ partner
  - iv. To contact the Braintree Community Hospital via Broomfield Switchboard
  - v. To inform the Labour Ward Co-ordinator and Lead Midwife for the Community Services.
- 7.4 The Lead Midwife for the Community Services should inform the **Head of Midwifery**.
- 7.5 The **Head of Midwifery** is responsible for alerting the **Executive Director on call** via the switchboard and the Communications Team.  
(Refer to Appendix E)
- 7.6 Reassess the situation.
- 7.7 No attempt should be made to disturb the area from which the missing and/ or absconding patient/ baby was an inpatient as the Scenes of Crimes Officers will need to collect evidence.

## 8.0 Time Span

- 8.1 The time span framework set out specific procedures to be carried out in the initial search by 15 minutes.  
(Refer to the guideline for 'Missing and absconding patients' policy'; register number 08060)  
(Refer to Appendix C)
- 8.2 A further reassessment regarding the secondary search is conducted at 30 minutes involving an update from key health care professionals.  
(Refer to the guideline for 'Missing and absconding patients' policy'; register number 08060)  
(Refer to Appendix C)
- 8.3 If there is no result from the initial and secondary searches within 45 minutes an action plan will be formulated by key health care professionals and the Senior Midwife should continue the abduction proforma.  
(Refer to guideline 'Missing and absconding patients' policy'. Register number 08060)  
(Refer to Appendix C)
- 8.4 If the situation is not resolved within 4 hours, the Hospital Co-ordinator or the Head of Midwifery (Lead Midwife for the Community in the midwifery-led unit settings) will ensure that the Chief Executive or the Executive Director on-call is made aware of the situation. The Chief Executive and Executive Director on call will decide whether further

communication is required via the press, local TV and radio. If required, the Executive Director on call will inform the Communications Manager.

(Refer to the guideline for 'Missing and absconding patients policy'. Register number 08060)

(Refer to Appendix C)

- 8.5 The appropriate Lead Midwife for either the acute or community setting will continue to contact the next of kin at least every 2 hours, except at night when contact will be by mutual agreement. If the patient remains missing for longer than 24 hours, contact will continue but at times agreed with the next of kin.

(Refer to guideline 'Missing and absconding patients policy'. Register number 08060)

(Refer to Appendix C)

## **9.0 Successful Location of Patient/ Baby**

- 9.1 If the woman/ baby are located at any stage in the above process, the Head of Midwifery (dependant on the location i.e. the Midwife-led Units/Maternity Unit) should ensure the following with reference to the suspected missing and /or absconding patient's proforma:  
(Refer to Appendix C and H)

- The safety and medical condition of the patient;
- Whether the patient requires any treatment as to his/her initial admission.

- 9.2 If the woman/ baby are located, the patient/baby should be brought back to the Maternity Unit to be reunited with next of kin and for full assessment by the Registrar or Consultant on call.

(Refer to Appendix C and H)

- 9.3 The Lead Midwife for the Community/Acute Services and the Head of Midwifery (dependant on the location i.e. the Midwife-led Units/Maternity Unit) should ensure that the relatives are contacted at the earliest opportunity.

(Refer to guideline 'Missing and absconding patients' policy'. Register number 08060)

## **10.0 Unsuccessful Location of Patient/ Baby**

- 10.1 In the event that a patient/ baby is not located after an agreed time span, a formal investigation will be initiated by the Police Division, the Head of Midwifery and the Risk Management Department.

- 10.2 Reports will be required from all staff within the Trust who were involved in the incident and from other services outside the Trust who supported the process.

(Refer to the guideline for 'Missing and absconding patients policy'. Register number 08060)

## **11.0 Security of the Main Maternity Building at Broomfield Hospital**

- 11.1 All entrances to the Maternity Unit are locked 24 hours a day. Access is gained via a security pass or an entrance buzzer manned by the ward staff.

- 11.2 For women presenting in labour, the entrance is located on the second floor of the car park, providing access to a second entrance into the Ultrasound Department waiting room, followed by a third entrance to the Midwife Low Risk Unit (MLRU) and Labour Ward.
- 11.3 For visitors to the MLRU and Labour Ward, the entrance is located from the main atrium and into the Ultrasound Department waiting room. This entrance is open Monday to Friday 08.00 – 17.00, and locked out of hours. Visitors then access the MLRU and Labour Ward via the entrance as for point 10.2.
- 11.4 For women and visitors to the Antenatal/ Day Assessment Unit and Postnatal Wards, the first entrance is located on the main corridor, providing access to a second entrance for each individual ward. Both entrances are manned by the ward staff.
- 11.5 There is a close circuit TV (CCTV) system in operation over each entrance, providing a visual display on the ward.
- 11.6 The doors between the Antenatal/ Day Assessment Unit and the Labour Ward; and the Labour Ward, the Neonatal Unit and the Postnatal Ward are locked 24 hours a day. Access is gained only by a security pass. These doors are not intended for use by unaccompanied women and visitors.
- 11.7 All entrances as described in points 10.2, 10.3, and 10.4 can only be exited via security card or remote button exit operated by staff. This is with the exception of the exit into the car park.

## **12.0 Security at St Peters and William Julian Courtauld Midwifery-led Units**

- 12.1 St Peters Midwife-led Unit (MLU) has a locked door system and CCTV monitoring 24 hours per day.
- 12.2 William Julian Courtauld Midwife-led Unit (WJC MLU) has 4 exits all of which are covered by CCTV, two are push button exits.

## **13.0 Security Staff**

- 13.1 **St Peters MLU:** there is one security porter on duty 24 hours per day and 7 days a week (between 22:00 hours until 06:00 hours week days and 22:00 hours Friday until 06:00 hours Monday the security porter is the only one on duty.) All Security Porters wear a uniform and carry an identification badge with photo.
  - 13.1.1 The maternity reception staff has a two-way radio in direct contact to the security porter in case of an emergency i.e. suspected missing and absconding patient. (Refer to point 11.0)
  - 13.1.2 From 20:30 hours until 08:00 hours the Labour Ward Clerk/ staff holds the two-way radio.
- 13.2 **For WJC:** the security staff at St Michaels Braintree Community Hospital also cover WJC MLU premises. In event of a concern the police should be contacted.

- 13.3 In case of an emergency the two-way radio is to be used to contact the security porter. Police are to be contacted at the same time by dialling (9) 999. (Refer to point 9.0) (Refer to the guideline for 'Missing and absconding patients' policy'. Register number 08060)

## 14.0 Information for Parents

- 14.1 It is the responsibility of all staff to ensure that patients and carers are informed about security measures within the department.
- 14.2 If a patient requires treatment or investigations that cannot be carried out at the bedside it may be appropriate, at the discretion of the staff member, for the baby to be accompanied by its mother or nominated family member i.e. transporting a baby to the Neonatal Unit to have its intravenous antibiotics administered. Otherwise, parents should be reassured of staff identify.

## 15.0 Discharges from Maternity Unit

- 15.1 When a mother and her baby are discharged from Labour Ward or the Postnatal Ward, the midwife should discharge the mother and baby on the computer system.
- 15.2 The parents should be advised to ensure that their baby's identification labels remain in situ until the parents and their baby have left the Maternity Unit. (Refer to guideline 'Attachment and detachment of identification labels for the newborn'; register number 04216)

## 16.0 Visitors

- 16.1 General visiting times in the Maternity Unit for people other than the patient's husband/partner and own children are 15:00 hours until 16:00 hours and 19:00 hours to 20:00 hours which will be strictly adhered to. Visiting is restricted to two visitors per bed.
- 16.2 Birth partner/ husband visiting hours on DAU and Postnatal Ward 06:00 to 00:00. At **WJC MLU**: the Birth partner / husband may stay 24 hours.
- 16.3 The reception desk maintains a record of inpatients on each ward. This is maintained by updating the Lorenzo IT administration system when a patient is admitted and/or discharged by the reception staff/ ward clerk/ or ward staff.
- 16.4 Ensure that the names of patients and babies are not displayed in obvious places.
- 16.5 All visitors will be challenged and will be asked to comply with hospital visiting hours.
- 16.6 All visitors should report to a member of staff when arriving on the ward so that they can be directed to the appropriate bed.

- 16.7 When a patient's name is given, the visitor should be directed to that area as appropriate.
- 16.8 If the patient's name is not located on for example Labour Ward, the appropriate ward should be contacted to confirm whether that patient is an inpatient on that ward i.e. the patient may have been transferred within the Maternity Unit antenatally or postnatally. When located, the visitor should be directed to the correct area.
- 16.9 If the name remains unknown to the staff at the reception desk, or staff in other areas, the visitors should be informed that no one of that name is in the Maternity Unit and suggest they contact the person's relatives personally to find out the correct details.
- 16.10 Labour Ward - visitors (excluding the patient's birthing partner) are not permitted on Labour Ward unless a prior arrangement and authorisation is made by the Labour Ward Co-ordinator.

## **17.0 Trust Employees based in the Maternity Unit or Midwife-led Units**

- 17.1 All Trust employees must wear a visible identity badge containing their photograph.
- 17.2 In terms of tailgating, staff and visitors should not be allowed to enter the building behind another bonifide member of staff. They should be directed to the main reception or challenged as to the purpose of their visit.
- 17.3 All staff should introduce themselves to their patients at the beginning of each shift, morning, afternoon and evening or when care is handed over.
- 17.4 Patients should not be handed over to anyone not known to yourself, or not wearing an identity badge.
- 17.5 A person wishing to enter the Maternity or Midwife-led Units (WJC and St Peters) claiming to be a Trust employee but carrying no identification; without being positively identified, should not be admitted to the either units. The security porters should be bleeped via the switchboard in order to validate their identity.
- 17.6 The Maternity Unit's main reception is provided with a record of any locum staff and will supply them with an identification badge before they commence employment.
- 17.7 Outside these hours the main reception at Broomfield Hospital will have a record of locum and temporary staff employed by the Trust.

## **18.0 Staffing and Training**

- 18.1 All staff orientating to the Maternity Unit and Midwife-led Units should be informed of the local security arrangements. These are outlined in the maternity/local induction pack which discusses security issues.
- 18.2 All midwifery and obstetric staff are to ensure that their knowledge and skills are up-to-date in order to complete their portfolio for appraisal.

## **19.0 Professional Midwifery Advocates**

- 19.1 Professional Midwifery Advocates provide a mechanism of support and guidance to women and midwives. Professional Midwifery Advocates are experienced practising midwives who have undertaken further education in order to supervise midwifery services and to advise and support midwives and women in their care choices.

## **20.0 Audit and Monitoring**

- 20.1 Audit of compliance with this guideline will be considered on an annual audit basis in accordance with the Clinical Audit Strategy and Policy and the Women's and Children's annual audit work plan. The Women's and Children's Clinical Audit Group will identify a lead for the audit.
- 20.2 The findings of the audit will be reported to the Women's and Children's Clinical Audit Group and an action plan with named leads and timescales will be developed to address any identified deficiencies. Performance against the action plan will be monitored by this group at subsequent meetings.
- 20.3 The findings of the Woman's and Children's Clinical Audit Group will be reported to the monthly Women's and Children's Directorate Governance Meeting (MDGM) and significant concerns relating to compliance will be entered on the local Risk Assurance Framework.
- 20.4 Key findings and learning points from the audit will be submitted to the Patient Safety & Quality Group within the integrated learning report.
- 20.5 Key findings and learning points will be disseminated to relevant staff.

## **21.0 Guideline Management**

- 21.1 As an integral part of the knowledge, skills framework, staff are appraised annually to ensure competency in computer skills and the ability to access the current approved guidelines via the Trust's intranet site.
- 21.2 Quarterly memos are sent to line managers to disseminate to their staff the most currently approved guidelines available via the intranet and clinical guideline folders, located in each designated clinical area.

## **22.0 Communication**

- 22.1 A quarterly 'maternity newsletter' is issued to all staff with embedded icons to highlight key changes in clinical practice to include a list of newly approved guidelines for staff to acknowledge and familiarise themselves with and practice accordingly. Midwives that are on maternity leave or 'bank' staff have letters sent to their home address to update them on current clinical changes.

- 22.2 Approved guidelines are published monthly in the Trust's Staff Focus that is sent via email to all staff.
- 22.3 Approved guidelines will be disseminated to appropriate staff quarterly via email.
- 22.4 Regular memos are posted on the guideline and audit notice boards in each clinical area to notify staff of the latest revised guidelines and how to access guidelines via the intranet or clinical guideline folders.

## 23.0 References

With thanks to The Queen Elizabeth Hospital King's Lynn NHS Trust:  
Missing child policy (responses in the event of a suspected infant or child abduction and prevention of child/infant abduction) 2018

Guidelines to staff to prevent infant and child abductions and to maintain a safe environment.

Royal College of Anaesthetists, Royal College of Midwives, Royal College of Obstetricians and Gynaecologists, Royal College of Paediatrics and Child Health (2007) Safer Childbirth: Minimum standards for the organisation and delivery of care in labour. London: RCOG Press.  
[www.rcog.org.uk](http://www.rcog.org.uk)

## Appendix A: Preliminary Equality Analysis

This assessment relates to: Suspected Missing Women and/or Babies in Maternity Services (04226)

A change in a service to patients		A change to an existing policy	<b>X</b>	A change to the way staff work	
A new policy		Something else (please give details)			
Questions			Answers		
1. What are you proposing to change?			Full Review		
2. Why are you making this change? (What will the change achieve?)			3 year review		
3. Who benefits from this change and how?			Patients and clinicians		
4. Is anyone likely to suffer any negative impact as a result of this change? If no, please record reasons here and sign and date this assessment. If yes, please complete a full EIA.			No		
5. a) Will you be undertaking any consultation as part of this change? b) If so, with whom?			Refer to pages 1 and 2		

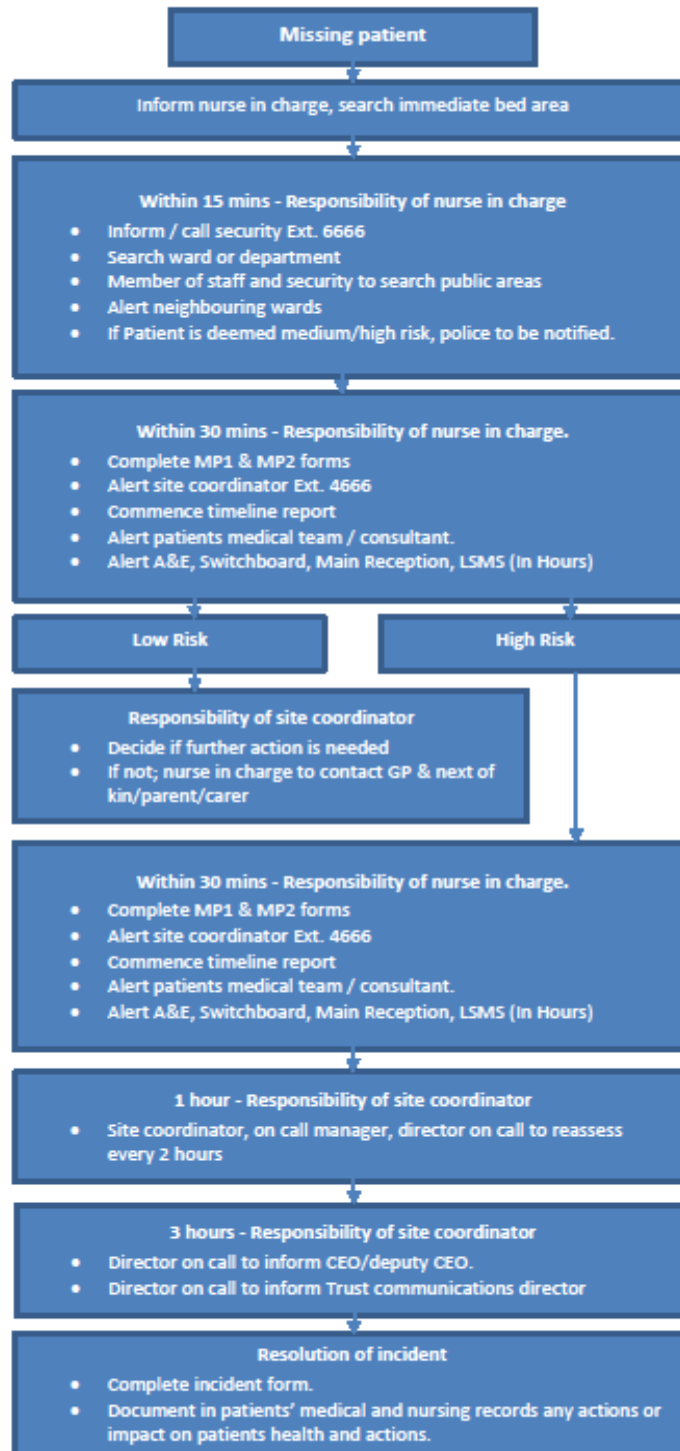
Preliminary analysis completed by:

<b>Name</b>	Sheena Smith	<b>Job Title</b>	Senior Midwife	<b>Date</b>	February 2019
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### Suspected Abduction Drill Flow Chart



**Timeline for Missing Person – (MP3 form)**

Commence when a patient is still missing after initial search

Missing Patient: (Surname).....(First Names): .....

Absconded from: (Ward/department): .....

Time Line initiated/completed by: .....

**Note:** Forms MP1 and MP2 should already have been completed at the time of admission, and should be reference when talking to police

<b>ACTION</b>	<b>DATE</b>	<b>TIME 24hr clock</b>	<b>PRINTED NAME</b>	<b>SIGNATURE</b>
Patient identified as missing				
Search of immediate area completed				
Security alerted				
Search of public area completed				
Next of kin / carers informed				
Neighbouring departments alerted				
Comm's (bed office) team alerted				
Medical team alerted				
Police informed of missing patient MP4 form				
Search of hospital buildings completed				
Search of plan rooms and boundaries completed				
Next of kin contacted and updated				
Head of Nursing / Senior Manager on call informed				
Executive Director on call alerted				
Reassess with Senior Manager / Executive Director				
Chief Executive / Deputy Chief Executive informed				
Reassess situation				
Next of kin contacted and updated				
Reassess situation				

Next of kin contacted and updated				
Reassess situation				
Next of kin contacted and updated				
Reassess situation				
Next of kin contacted and updated				
Reassess situation				
Next of kin contacted and updated				
Reassess situation				
Patient located				
Patient returned to hospital				
Patient discharged – self-discharged				
Timeline complete – Copy to risk management with risk event form, file in patient’s record				

Additional Notes:

## Appendix D

## Patient Missing/ Abduction Contact List Based at Broomfield Hospital

**Switchboard to Instigate**

Contact	Telephone number
Porters	Via switchboard
Police	Via switchboard (senior midwife should liaise with the police)
Hospital Co-ordinator	Via switchboard on pager number # <b>6655 2200</b> (senior midwife should liaise with the hospital co-ordinator)
<b>Senior Midwife/Nurse to Instigate</b>	
Head of Midwifery	07887636734 / 07817770936
Labour Ward Manager (as appropriate)	Extension 3056/7
Postnatal Ward Manager (as appropriate)	Extension 3052
Executive Director	Via switchboard (senior midwife should liaise with the Executive Director )
Communications Officer	Via switchboard (senior midwife should liaise with the Communications officer)

## Appendix E

## Patient Missing/ Abduction Contact List Based at St Peters Hospital, Maldon

**Senior Midwife to Instigate**

Contact	Telephone number
Porters	<b>#6555 5356</b> or <b>07887804062</b> (24 hour emergency number)
Police	<b>(9)999</b>
Labour Ward Co-ordinator	<b>Extension 3056/3057</b>
Community Midwifery Manager	<b>Mobile number 07753238090</b>
Head of Midwifery	<b>07887636734/ 07817770936</b>
Facilities Manager	<b>Extension 5360</b> (between 08.00-17.00 hours)
Support Services Manager	<b>Extension 5318</b> (between 09.00-17.00 hours)
X-ray Department	<b>Extension 5351</b> (between 09.00-17.00 hours)
Phelbotomy Department	<b>Extension 5351</b> (between 09.00-17.00 hours)
St Peters Main Reception	<b>Extension 5323</b> (between the hours of 09.00-17.00 hours)
<b>Community Midwifery Manager to Instigate</b>	
Executive Director and Communications Officer	Via switch at Broomfield Hospital

**Patient Missing/ Abduction Contact List Based at William Julian Courtauld (WJC)**  
(based at St Michael's Hospital, Braintree)

**Senior Midwife to Instigate**

<b>Contact</b>	<b>Telephone number</b>
<b>Porters</b>	<b>Mobile phone number 07818093247</b> (between the hours of 0800-1800 hours only)
<b>BCH Security</b>	<b>07775881669</b>
<b>Police</b>	<b>(9)999</b>
<b>Labour ward Co-ordinator</b>	<b>Extension 3056/3057</b>
<b>Community Midwifery Manager</b>	<b>Mobile number 07753238090</b>
<b>Head of Midwifery</b>	<b>07887636734/ 07817770936</b>
<b>Domestic Team Supervisor</b>	<b>0794759419</b> (between 0700-1500 hours)
<b>Community Midwifery Manager to Instigate</b>	
<b>Executive Director and Communications Officer</b>	<b>Via switch at Broomfield Hospital</b>

**Missing Person's Checklist for Essex Police**



**MISSING PERSONS CHECKLIST FOR ESSEX POLICE**

Contact Police with the following details as a bare minimum on 0300 333 4444  
If the Missing person is High Risk contact Police Immediately

Name .....

DOB.....

Last Known Address .....

MISPERs Contact Number .....

Description (see attached sheet)

Access to vehicle (reg) .....

Any money .....

Intentions/demeanour when last seen.....

.....

Initial risk assessment level for patient Low/Medium/High

Room Checked	Time .....	By .....
Ward Checked	Time .....	By .....
Unit Checked	Time .....	By .....
Surrounding area checked	Time .....	By .....
A&E Checked	Time.....	By .....
Next of Kin Phoned	Time.....	By .....
CCTV Checked	Time.....	By .....
Taxis and Buses	Time .....	By.....



**Copy this form and hand to Police.**

**Appendix H**

**Patient Found Flow Chart**

