

Missing and Absconding Patients Policy	Policy Register No: 08060 Status: Public
---	---

Developed in response to:	Best Practice Need to Implement a Policy following incident of missing patients	
Contributes to CQC Outcome or Standard number:	Outcome 10	
Consulted With	Post/Committee/Group	Date
Angela Wade	ED Lead	June 2017
Lyn Hinton	Chief Nurse	June 2017
Clive Gibson	Adult safeguarding & EAT lead	June 2017
Bernard Scully	Executive Director for Women's & Children's	June 2017
Alison Cuthbertson	Head of Midwifery & Nursing for Women's and Children's	June 2017
Toni Laing	Neonatal Lead Nurse	June 2017
Lisa Gunn	Specialist Midwife Safeguarding	June 2017
Sue Wright	Child safeguarding lead	June 2017
Rob Bentley	Essex Police	June 2017
Sue Brown	Interim Logistics and Security Manager	June 2017
Helen Ali	Clinical operations lead	June 2017
Jim Turner	Head of Health & Safety & Fire Safety (BTUHT)	June 2017
Dominic Bradshaw	LSMS, North Essex Mental Health Partnership Trust	June 2017
Bernadine Ross	Switchboard Supervisor	June 2017
Professionally Approved By	Carin Charlton, Chief of Estates & Facilities Management, SMD	June 2017

Version Number	2.0
Issuing Directorate	Estates & Facilities Management
Approved by:	James Day. DRAG Chairmans Action
Approved on:	9 th July 2017
Trust Executive Board Date	September 2017
Implementation Date	30 August 2017
Next Review Date	June 2020
Author/Contact for Information	Doug Smale - EPLO & Local Security Management Specialist
Policy to be followed by (target staff)	All Trust staff
Distribution Method	Website-Intranet & cascade meetings
Related Trust Policies (to be read in conjunction with)	Security Policy - 04051 Safeguarding Children and Young People Policy - 04064 Safeguarding Vulnerable Adult Policy – 08034 Deprivation of Liberty Safeguarding Policy – 11002 Prevention of Infant Abduction (Women's & Children's) - 04226

Document Review History

Version No	Reviewed by	Active Date
0.9 Working Draft	Gwyneth Wilson	September 2009
1.0	Doug Smale	June 2014
2.0	Doug Smale	30 August 2017

Index

- 1. Purpose**
- 2. Scope**
- 3. Equality & Diversity**
- 4. Categorisation of Risk**
 - 4.1. High Risk
 - 4.2. Medium Risk
 - 4.3. Low Risk
 - 4.4. Patients detained under the Mental Health Act (1983)
 - 4.5. Patients detained under Deprivation of Liberty Safeguards (DoLS) (2009)
- 5. Procedure**
 - 5.1. On admission
 - 5.2. Missing Patient
 - 5.3. Timespan – within 15 minutes
 - 5.4. Timespan – within 25 minutes
 - 5.5. No Result from Search – Timespan 1-1.5 hours
 - 5.6. No Result from Search
- 6. Location of Patient**
- 7. Unsuccessful location of patient or patient harmed**
- 8. Left before treatment patients**
- 9. Audit and monitoring**
- 10. Communication**
- 11. References**

Appendices (embedded documents)

- A Missing Person Risk Assessment Form – MP1
- B Patient Description Form – MP2
- C Missing Patient Flow Chart
- D Timeline for Missing Person – MP3
- E Report to Police Form – MP4
- F Patient Found Flow Chart
- G Left Before Treatment flow chart
- H Draft Consent Letter

1.0 Purpose

- 1.1 Many patients who leave the ward areas / departments do so of their own free will and 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.
- 1.2 Whilst most patients are able to leave the ward or department without risk to themselves or others, some patients may be at risk due to age, physical or mental frailty, an underlying mental illness or personal social circumstances.
- 1.3 This policy provides guidance to staff to ensure that there is an accurate assessment of risk should a patient go missing, or be at risk of absconding, plus a thorough, prompt and sufficient response to the situation.
- 1.4 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 and management procedures of missing persons from MEHT premises.

2.0 Scope

- 2.1. This policy covers all patients who are under the care of Mid Essex Hospitals services Trust (the Trust). In addition, the Trust works in partnership with other stakeholders who are working on MEHT Trust premises to co-operate as far as possible with any confirmed missing person arrangements. These stakeholders, Essex Police and North Essex Partnership Foundation Trust, undertake regular review of the current policies and procedures that may impact on the effectiveness of the missing person incidents.
- 2.2. The definition of missing person is “anyone whose whereabouts is unknown whatever the circumstances of disappearance. They will be considered missing until located and their well-being or otherwise are established”.

3.0 Equality & Diversity

- 3.1. The Trust is committed to the provision of a service that is fair accessible and meets the needs of all individuals.

4.0 Categorisation of Risk

- 4.1 The following categorisation of risk has been agreed with Essex Police, the patient Safety and Quality Committee, the Governance Department and North Essex Foundation Partnership Trust (Mental Health). These are to be used when assessing the level of risk for missing patients to ensure a consistent approach and response. This list is not exhaustive and bearing these categorisations in mind, certain cases may vary, based on the person specific risk assessment that is carried out.

4.1. High Risk

- 4.1.1. Those patients who are an immediate risk and have a significant likelihood to suffer harm to them as an individual or as a threat to others.

- 4.1.2. An extremely young or an extremely old person who is dependent upon the assistance of another responsible person (e.g. parent or carer) and is likely to face immediate and significant harm in the absence of that person.
- 4.1.3. A child that is on the Child Protection Register, with aggravating indicators such as abuse at any level which escalates their risk category.
- 4.1.4. A patient who is assessed as likely to attempt significant self-harm or suicide. This assessment will be based on all relevant information indicating the individual's state of mind eg, medical history, current mental health management plan, reason for admission into hospital, mental health risk assessment on admission.
- 4.1.5. A patient who does not have the mental capacity to make a decision regarding discharge arrangements and who could be classified as a vulnerable adult eg. A Patient who is confused, has dementia, amnesia or with a significant learning disability.
- 4.1.6. A patient that is assessed as likely to come to harm without medical assistance. This Category includes patients who go missing without their medication and who are then in immediate risk to themselves or are a risk to others.
- 4.1.7. A minor that may be at risk of abduction.

4.2. **Medium Risk**

- 4.2.1. These are patients who may normally be responsible and able, who through injury or impairment of their reasoning may abscond from the departments.
- 4.2.2. A child that is on the Child Protection Register, who may normally be responsible and able otherwise.
- 4.2.3. A patient that is assessed as likely to come to harm without medical assistance. This category includes patients who go missing without their medication and who are then potentially at risk themselves or are a risk to others. Please note that the risk may escalate over time.
- 4.2.4. A patient who is known to be personally vulnerable due to previous associations with Individuals' who potentially may cause the patient harm, eg domestic violence victims, physical assault victims. Please note that this may escalate dependent on individual circumstances.

4.3. **Low Risk**

- 4.3.1 These are patients who are willingly absent, but are able to function adequately without assistance and are unlikely to come to harm under normal circumstances. It would also cover cases where despite consideration of known risk factors, there are still no grounds for believing the missing person is likely to come to harm.

4.4. **Patients detained under the Mental Health Act (1983)**

- 4.4.1 If a patient is detained under the Mental Health Act, he/she are not allowed to leave the hospital. If the patient absconds, then the Police have a duty to return that person to hospital.

4.5 Patients detained under Deprivation of Liberty Safeguards (DoLS) (2009)

4.5.1 If a patient is detained under DoLS he/she should not be allowed to leave hospital. If they are thought to have left the premises, the Police must be notified and asked to search for the patient and return them to the hospital. Next of kin/Parent/Carer and the Best Interest Assessor must be notified at the earliest opportunity. The line manager should be notified immediately and the on call manager when out of hours. Datix should be completed (refer to DOLS policy for further details).

5.0 Procedure

5.1. On Admission

5.1.1 Where there is knowledge of, or concern that, a patient has the potential to abscond due to confusion, mental illness with a history of self-harm or harm to others, the Missing Persons Risk Assessment MP1 should be completed (refer to appendix A).

5.1.2 If the patient is thought to lack capacity and has an underlying mental health illness that is putting the patient or others at risk, the patient may be required to be detained under the Mental Health Act. The consultant / duty clinician should liaise with the on-call psychiatric team (Crisis team) to request a psychiatric assessment.

5.1.3 Prior to the arrival of the psychiatric assessment team, the police should be called and asked to attend the department to prevent the patient absconding if:

- the patient is initially assessed by Trust medical staff and deemed to lack capacity for mental health reasons,
- and is believed to be imminently at risk of harm to themselves or others,
- and is actively trying to, or believed will abscond.

5.1.4 The Trust security staff must also be called to assist with any immediate issues to follow or if necessary and safe, restrain the patient before the police attend.

5.1.5 For all persons rated as High and Medium risk, the Missing Persons Description Form MP2 should be completed (refer to appendix B). A photograph of the patient should be obtained as soon as possible to assist staff and police with identifying the patient should they abscond or go missing.

- Before any photographs are taken, patients should be asked to give informed consent. The patient must be asked to sign photograph consent form, after an explanation has been given on how their images will be managed and used. The consent form (see Appendix H) must be filled out and placed in the patient's notes.
- In hours, a digital photograph of the patient will be taken by the medical photography department by contacting the department on ex 4468 between the hours of 0900-1700 (Monday to Friday) and a request should be made for them to come to the area where the patient is being cared for.
- A master copy of the patient's digital clinical photograph will be stored on the Medical Photography database I-base.
- Medical Photography will notify the ward when the photographs are ready for collection by the ward.
- Three working copies will be produced for the patient's medical records whilst they are an in patient under the care of Mid Essex Hospitals. These are to be kept with the MP2 pro forma and placed in the patient's notes in the inpatient episode section, along with a formal care plan set in place to manage the risk.
- The completed form and care plan must be accessible to staff at all times.

- 5.1.6 Out of hours admissions that require digital photography will be supported by the digital camera held in the A&E department. Where possible, three working copies will be produced for the patient's medical records, by the staff on duty within A&E, using the digital printer available. At all other times medical photography will perform the duty.
- 5.1.7. The images stored on the I-base system will remain MEHT Property and can be regenerated by Medical Photography Staff only in the event of a readmission or recurrence.

5.2 Missing Patient

- 5.2.1 The member of staff who identifies that a patient is missing must immediately inform the nurse in charge of the ward or department.
- 5.2.2 The bed area / immediate area must be searched to establish whether the patient has taken his or her belongings with them and to determine what they are likely to be wearing.
- 5.2.3 The nurse in charge will commence the Missing Patient procedure in accordance with the flow chart and agreed timelines as specified in Appendix C and D.

5.3. Time span – within 15 minutes

- 5.3.1. The nurse in charge will implement a thorough search of the ward or department including toilets, bathrooms, day rooms and cupboards
- 5.3.2. The nurse in charge should notify security that there is a patient missing from the ward area. Security operatives should be requested to attend the ward, to receive a briefing, as there may be a need to conduct a search
- 5.3.3. The nurse in charge will allocate members of staff who can recognise the patient to undertake an initial check of the public areas - the hospital entrance, restaurant, public toilets and shops - and will alert immediate the neighbouring wards or departments. The member of staff must be escorted by a member of the security team at all times during extended searches as they will be able to radio for assistance if required.
- 5.3.4. The nurse in charge will inform the site coordinator (bed office ex 4666 or 4704) that a patient is missing and communicate their name and a brief description and any other identifiable information e.g. known to be wearing night wear, no foot wear, confused, non English speaking.
- 5.3.5. The nurse in charge will commence the Timeline Report – Appendix D.
- 5.3.6. The nurse in charge will inform the next of kin/parents/carers that the patient is missing only after this initial search has been conducted, to prevent undue worry to elderly or frail relatives. The nurse in charge will arrange to telephone relatives again within 45 minutes.
- 5.3.7. Where patients have been assessed as high/medium risk, the police should be notified. The police will require the following information of the patients description and will require staff to complete a report to police form (MP4) (refer to appendix E). This documents the patient description details for the police in their preferred format. This

should be completed prior to contacting the police: additional information for some patients may be required such as the patients risk to themselves or others.

5.4. Time span - within 30 minutes

- 5.4.1. The nurse in charge will call and update the Site Coordinator and inform them of the level of risk.
- 5.4.2. The nurse in charge will inform the patient's consultant team or, out of hours, the on-call junior clinician responsible for the patient's care. The medical team will advise if there are particular concerns or any additional risks that must be taken into consideration.
- 5.4.3. If the patient is considered a high/medium risk patient, the Site Coordinator will arrange for Medical Photography to produce additional copies of the patient's photographs. The Site Coordinator will then arrange for the MP1 form to be photocopied and will initiate a SECONDARY search of the hospital site in an agreed format. Copies of the MP1 form will be made available to staff involved in the search. The Site Coordinator will alert the main reception staff, Trust LSMS (if in hours), A&E Department and Switchboard.
- 5.4.4. For those patients rated low risk, the nurse in charge will complete the MP4 form (appendix E) prior to contacting the Police to advise them that a patient is missing and the category of risk.
- 5.4.5. If the patient is considered a low risk patient, the site coordinator with the nurse in charge will decide whether further internal MEHT action is required in the particular circumstances of the patient absconding. If no further search is warranted, the nurse in charge of the ward will inform the patient's GP, community or social care providers, community midwife (if applicable) and the next of kin/parent/carer.

5.5. No Result from initial / and secondary searches – Time span within 45 minutes

- 5.5.1. The site coordinator will inform the Deputy Chief Nurse and the Senior Manager on-call or, if out of hours, the Site Coordinator will update the Senior Manager on-call only.
- 5.5.2. Site Coordinator or nurse in charge for the area will update the next of kin/parents/carers of the situation and inform them that the police are now responsible for any further search.
- 5.5.3. The Deputy Chief Nurse or Senior Manager on call will inform the Executive Director on call.
- 5.5.4. The Site Coordinator will continue the timeline report.

5.6. No Result from Police Search

- 5.6.1. The site coordinator or lead nurse for the area will reassess every hour with the Senior Manager and / or Deputy Chief Nurse until the situation is resolved.
- 5.6.2. If the situation is not resolved within 4 hours, the Deputy Chief Nurse and / or the Senior Manager on call 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 together with the police whether further communication is required via the press, local TV and radio. If required, the Executive Director on call will inform the Trust Communications Manager.

- 5.6.3. The Site Coordinator 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.

6.0 Location of Patient

- 6.1. If the patient is located at any stage in the above process, the Site Coordinator must establish in accordance with the Patient Found flow chart (Appendix E) the following:
- The safety and medical condition of the patient.
 - Whether any treatment is necessary as part of this episode.
 - Whether the patient is to return voluntarily to complete their treatment or is to be formally discharged.
 - Whether the patient is at risk of going missing again.
- 6.2. Patients have the right to leave the hospital and should only be verbally persuaded not to do so unless they are an obvious risk to themselves or others, in this situation for adults only, as a last resort minimum restraint may be used by trained staff (security) if assessed safe to do so and immediate assistance from the police should be sort in the case of a patient assaulting staff and others or managing to escape restraint and abscond again.
- 6.3. The Site Coordinator must ensure that the next of kin/parents/carers are contacted at the earliest opportunity.
- 6.4. If the patient refuses to return to hospital, where possible the patient's consultant or, the on-call consultant (out of hours) should determine whether the patient has capacity to refuse treatment. If the patient has capacity, the medical team should refer the patient to the GP for ongoing care, initially via telephone and then in writing. Alternatively, referral to the on call social worker should be made.
- 6.5. If the patient is thought to lack capacity and has an underlying mental health illness that is putting the patient or others at risk, the patient may be required to be detained under the Mental Health Act. The consultant / duty clinician should liaise with the on-call psychiatric team.
- 6.6. Prior to psychiatric assessment team arrival. If the patient is initially assessed by trust medical staff and deemed to lack capacity for mental health reasons, and is believed to be imminently at risk of harm to themselves or others, and is actively trying to or believed will abscond again, the police should be called.
- 6.7. If the patient is at risk of absconding again the nurse in charge must update the risk assessment and reviewed the care plan to ensure future patient safety.
- 6.8. A copy of the timeline, a completed search plan and a completed incident form should be sent to the Governance Department.
- 6.9. Form MP1, and Timeline should be filed in the patient's medical record.

- 6.10. The Site Coordinator will ensure that the Deputy Chief Nurse, the Senior Manager, the Executive Director on call, the Security Team Leader and the Police (when involved) are informed of the patient being found.
- 6.11. Essex Police will retain their image on the National Missing Persons Database, as there is a residual risk that the patient may repeat the attempt to abscond. They must obtain the appropriate consent from either the patient or patients' legal representative in accordance with police procedures. It is considered that this is proportionate and necessary to protect the public interest and protect the vulnerable individual who is at risk. Essex Police are charged with the same conditions in relation to confidentiality and disclosure in this respect and are bound by their own guidelines. The Trust cannot be held responsible for decisions that Essex Police make in relation of the retention of images.

7.0 Unsuccessful location of Patient or Patient Harmed

- 7.1. In the event of the patient being harmed or not located after an agreed time span, a formal investigation will be initiated by the Chief Nurse and the Serious Incident Management Group.
- 7.2. 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.

8.0 "Left before treatment Patients" (A&E, Plastics/burns, EAU)

- 8.1. This situation applies to the Emergency patients predominantly seen via Accident and Emergency Department, Burns and Plastics unit and EAU. The procedure is described in the 'Left before Treatment flow chart' in Appendix G. In addition, staff should ensure that they consider the Mental Capacity Act and Deprivation of Liberty legislation.
- 8.2. The member of staff suspecting that a patient may have left before treatment should first determine whether this is so by:
- Calling him / her 3 times at intervals
 - Checking all relevant areas of the Department – waiting room, cubicles, corridor, interview room and toilets.
 - Considering whether the patient is deaf or may be unable to understand English.
- 8.3. If the patient has actually left before treatment, the nurse in charge of the department must decide whether further action is required. This may include:
- Contacting the patient at home by telephone
 - Speaking to the psychiatric team to advise them of any concerns- particularly in case of self-harm or possible psychiatric problems
 - Contacting the police to retrieve the patient if he/she lacks capacity or has a significant mental disorder (seek advice from psychiatric team where appropriate) Complete an MP2 form to aid the police in identifying the patient
 - Contacting the police to ask if they would do a 'welfare check' at the patient's home address
- 8.4. If a patient is threatening to leave before treatment, the nurse in charge of that area should:
- Speak to the patient, or arrange for someone more senior to speak to the patient, about their concerns
 - Discuss with the patient the risks of leaving before treatment

- Decide whether the patient has capacity to determine the risks and benefits of leaving before treatment
- 8.5. If a patient is threatening to leave before treatment following an episode of self-harm or if the patient has presented with possible psychiatric problems, the nurse in charge of the area should:
- Undertake a missing persons risk assessment to assess level of risk to the patient and others – appendix A
 - Refer to the nurse in charge of the department and the consultant for advice
 - Refer to the Crisis team for an urgent assessment and advice
 - Ensure that a quiet area is made available in which to speak to the patient
 - Determine whether the patient is known to the Mental Health services and where possible obtain information of any current management plan.
 - Obtain risk and background information from escorting ambulance staff, family and friends and police.
- 8.6. If the patient is thought to lack capacity and has an underlying mental health illness that is putting the patient or others at risk, the patient may be required to be detained under the Mental Health Act. The consultant / duty clinician should liaise with the on-call psychiatric team.
- 8.7. Prior to psychiatric assessment team arrival, if the patient is deemed to lack capacity for mental health reasons and is believed will abscond or actively trying to, then the police should be called.
- 8.8. The Trust security staff must also be called to assist with any immediate issues e.g. to follow the patient should they attempt to abscond, or if necessary and safe to do so at clinical request, restrain the patient before the police attend. Restraining the patient must be the last resort and should never put any staff at risk of harm.
- 8.9. Relevant details should be recorded on the patient's A&E card before filing.

9.0 Audit & Monitoring

- 9.1. It is the responsibility of the Chief Nurse to log and monitor compliance to this policy. Therefore, the Chief Nurse will provide annual updates of missing persons within the Trust and audit to demonstrate compliance. The findings will be presented to the Patient Safety and Quality Committee. Audit findings will be utilised to review and enhance this policy.
- 9.2. In addition the Police and LSMS meet regularly to review incidents and actions. Any findings from these meetings will be fed back to departments and the management.
- 9.3. Risk Event Reporting will be monitored and trends and issues that arise will be investigated.
- 9.4. Completion and de-brief – all incidents reported to the police for missing patients must be documented on the incident reporting system: Datix. All relating documentation should be uploaded to this Datix record.
- 9.5. Where there is no harm or suffering occurring, informal debrief with all relevant agencies should take place.

- 9.6. Where harm or suffering has occurred, this should be reported as a serious incident and formal de brief and review of the events should take place. This should also be referred to the Patient Safety Group.

10.0 Communication

- 10.1 This policy will be communicated using the intranet and internet.
- 10.2 This policy will be communicated through the management and nursing forums to ensure that the alterations and improvements to the procedures are fully understood.
- 10.3 Publicity of the revised policy is also afforded through the Document Ratification Group as they regularly notify which policies have been updated via staff newsletters. It is the responsibility of all staff to read the newsletter or to make sure they have read a printed copy
- 10.4. It is the responsibility of each division to make sure that where manual copies of documents are kept and relied upon that these are always up to date and those old versions are routinely removed.

11. References

Health & Safety at Work Act 1974
Children's Act 1989/2004
Police and Criminal Evidence Act - 1984
Regulation of Investigatory Powers Act 2000
Mental Health Act 1983 and 2007
Human Rights Act 1998

APPENDICES – EMBEDDED DOCUMENTS

APPENDIX NO	ITEM DETAIL	EMBEDDED DOCUMENT
A	GENERIC RISK ASSESSMENT FOR MISSING PERSONS – READY FOR UPDATE TO SPECIFIC PATIENT – MP1	 Appendix A Generic Risk Assessment – MF
B	MISSING PERSONS DESCRIPTIONS - MP 2	 Appendix B Missing Patient Description Fc
C	MISSING PATIENT FLOW CHART	 Appendix C Missing Patient Flow Chart.doc
D	MISSING PATIENT TIME LINE – MP3	 Appendix D Missing Patient Timeline.doc
E	REPORT TO POLICE FORM – MP4	 Appendix E Missing Persons Checklist for
F	PATIENT FOUND FLOW CHART	 Appendix F Patient Found Flowchart.doc
G	LEFT BEFORE TREATMENT FLOW CHART	 Appendix G Left before treatment flow
H	CLINICAL PHOTOGRAPHY REQUEST/CONSENT SHEET (FOR OUT OF HOURS USE ONLY)	 Appendix H Clinical Photography Request