

Missing Patient Policy

CATEGORY:	Policy
CLASSIFICATION:	Clinical
PURPOSE	The purpose of this policy is to assist managers and staff in minimising the opportunity for patients who go missing, and how then to report and escalate.
Controlled Document Number:	1071
Version Number:	1.0
Controlled Document Sponsor:	Executive Chief Nurse
Controlled Document Lead:	Head of Adult Safeguarding
Approved By:	Chief Executive
On:	October 2018
Review Date:	October 2021
Distribution:	
• Essential Reading for:	All clinical staff
• Information for:	All staff

Contents

Paragraph		Page
1	Policy Statement	3
2	Scope	3
3	Framework	3
4	Duties	4
5	Implementation and Monitoring	6
6	References	7
7	Associated Policy and Procedural Documentation	7
Appendices		
Appendix A	Monitoring Matrix	8

1. Policy Statement

- 1.1 The purpose of this policy and its associated documents is to provide a framework for University Hospitals Birmingham NHS Foundation Trust (the Trust) to facilitate the management of patients who leave a patient area without permission from, or notification to staff.
- 1.2 In order to protect patients the policy will assist staff to enable prompt resolution to locating patients and minimising risk before involving partner agencies.
- 1.3 Accompanying procedural documents provide staff with information on when missing patient procedures should be triggered.
- 1.4 The aims of this policy are to:
 - 1.4.1 Provide the trust with a structured approach to manage patients who are identified as missing or unaccounted for;
 - 1.4.2 Assess the level of risk to the missing patient;
 - 1.4.3 Identify the location and wellbeing of missing or unaccounted for patients; and
 - 1.4.4 Inform appropriate staff groups and agencies of the patients whereabouts to encourage their safe return to the ward/department.

2. Scope

This policy applies to all areas and activities of the Trust and to all individuals employed by the Trust including contractors, volunteers, students, locum, bank and agency staff and staff employed on honorary contracts.

3. Framework

- 3.1 This section describes the broad framework for the management of missing patients. Detailed instructions are provided in the associated procedural documents.
- 3.2 The Executive Chief Nurse shall approve all procedural documents associated with this policy, and any amendments to such documents, and is responsible for ensuring that such documents are compliant with this policy.

3.3 Definitions

Adults at Risk	Patients 18 years or over who are or may be in need of hospital and/or community care services by reason of mental health, age, disability or illness, and who are or may be unable to take care of themselves or protect themselves against abuse or exploitation.
Child	Any patient under the age of 18.
Missing Patient	A patient who has been receiving care or treatment under the NHS Act 2006 and who has left the NHS premises without going through normal leave or discharge processes and whose whereabouts is unknown.
Missing Person	Defined broadly as a person whose whereabouts is unknown (ACPO; 2005); the Police definition is “Anyone whose whereabouts is unknown whatever the circumstances of the disappearance. They will be considered missing until located and their wellbeing or otherwise established.”
Patient	An NHS Patient is defined as a person receiving care or treatment under the NHS Act 2006. This also includes service users.

3.4 Patients may attempt to abscond from the ward/department responsible for their care, either through conscious decision or due to confusion or infirmity. It is the responsibility of the Trust to reduce the risk of patients leaving the ward/ department without staff knowledge to as low a level as possible.

3.5 Where a patient who is under escort by Police or Prison Service Officers absconds, it will be the responsibility of the escorting service to search and capture.

4. **Duties**

4.1 Departmental Managers/Senior Sisters/Charge Nurses

It is the responsibility of the Departmental Manager/Senior Sister/Charge Nurses in each area to:

4.1.1 Ensure that reasonable steps are taken to minimise the risks of patients leaving the ward/department by accident; this will

include but is not limited to enhanced observations, mental capacity assessments and Deprivation of Liberty Safeguards applications;

- 4.1.2 Ensure those patients that are permitted to leave the ward/ department unaccompanied have this recorded in their medical notes;
- 4.1.3 Audit systems to ensure this policy and associated procedure are being followed; and
- 4.1.4 Ensure an incident reporting form is completed for each episode so that the Trust can monitor frequently missing patients and areas where patients can easily leave unchecked.

4.2 Clinical Consultant

It is the responsibility of the clinical team under the direction of the clinical consultant to:

- 4.2.1 Review patient medical notes and assess how significant a risk a failure to continue care and treatment may pose to a patient or others who may be affected by their acts or omissions;
- 4.2.2 Advise the Directorate/ Speciality /on call manager if it is appropriate to escalate or stand down a search; and
- 4.2.3 Consider whether there is a need for referral to RAID for an assessment.

4.3 On-Call Manager/ Site Team (Out of Core Hours)

It is the responsibility of the On Call Manager to provide advice and support to the first on Sister/Charge Nurse/Clinical Site Manager/ Site Lead as necessary.

4.4 Security Staff

In the event of a patient being reported as missing or unaccounted for, the security staff will take a physical description of the missing patient and also the name of the person reporting the missing patient. The security staff will also ask for the time the patient was last seen or how long the patient has been known to be missing. The security staff will start a systematic check of the site via the CCTV system. The duty security officer will check the local area where the patient was last seen, and also areas not covered by CCTV.

4.5 Matrons (Core Hours)

4.5.1 In the event of a ward being unable to locate a patient, the Matron will be informed and if appropriate will attend the ward/department and provide advice and support to the member of staff in charge of the ward/department.

4.5.2 If staff on the ward/department identify a patient as agitated or confused and who will potentially abscond and pose a risk to themselves and others the matron will provide advice and support to the manager/senior sisters as how best to minimise the risk of them leaving.

4.6 First On Sister/ Charge Nurse/ Site Lead

The First On Sister/Charge Nurse/ Site Lead is responsible for:

4.6.1 Co-ordinating 'on-site' management of the search for a Missing Patient and reporting to the on call manager;

4.6.2 In the event of staff and security being unable to locate a Missing Patient, to decide, having taken advice from the clinical team and security staff, whether there is a need to escalate the search and inform other agencies(including but not limited to the Police), or whether to call off the search;

4.6.3 'Stand down' of searches after the patient has been found or following consultation with the clinical team and with the agreement of the on call manager; and

4.6.4 Ensuring that the decision to suspend a search and the reasons for that conclusion are documented in the patient's medical notes.

4.7 All Staff

All staff are responsible for:

4.7.1 Being familiar with this policy and the associated procedure;

4.7.2 Ensuring that their acts or omissions do not lead to a patient leaving the place of care without permission;

4.7.3 Notifying their ward/area manager as soon as a patient is identified as a Missing Patient; and

4.7.4 Notifying their manager when a Missing Patient is found.

5. Implementation and Monitoring

5.1 Implementation

5.1.1 This policy will be available on the Trust's Intranet Site. The policy will also be disseminated through the management structure within the Trust;

5.2 Monitoring

Appendix A provides full details on how the policy will be monitored by the Trust.

6. References

Mental Capacity Act 2005

Mental Health Act 2007

Deprivation of Liberty 2009

Human Rights Act (1988) (amended 2010)

7. Associated Policy and Procedural Documentation

Documentation and Guidance Notes for Urgent and Standard Application and Authorisation of Deprivation of Liberty Safeguards (DoLS) (QEHB)

DoLS flowchart (HGS)

Missing Patients Procedure

Infant Abduction Procedure

Procedure for Transfers of Patients from Psychiatric Secure Services (QEHB 916)

On Call Managers Policy

Appendix A Monitoring Matrix

MONITORING OF IMPLEMENTATION	MONITORING LEAD	REPORTED TO PERSON/GROUP	MONITORING PROCESS	MONITORING FREQUENCY
Breaches of this policy	Head of Adult Safeguarding	Trust Safeguarding Group	Safety Monitoring of incident trends will include monitoring of compliance with policy and knowledge and actions of staff.	Monthly review of incidents.
Number/ themes trends and outcomes of those patients that have been <ul style="list-style-type: none"> a. reported as missing b. found 	Head of Adult Safeguarding	Trust Safeguarding Group	Datix reports, themes and trends reports	Monthly review of incidents