

Missing In Patient Guideline

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

INTRODUCTION

The Trust has a duty of care for the safety of its patients. At the same time patients have a legal right to leave the hospital unless they are detained under the Mental Health Act 1983 or Deprivation of Liberty Safeguards 2009.

All adult hospital inpatients are covered by this guideline

THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :

All clinical staff

Lead Clinician(s)

Lisa Miruszenko

Deputy Chief Nursing Officer

Approved by Senior Nurse Forum

4th February 2020

Extension Approved:

2nd May 2024

Date of review:

2nd November 2024

This is the most current document and should be used until a revised version is in place

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide additional information including approval and review dates.

Key amendments to this guideline

Date	Amendment	By:
18/12/12	Adding patient alert to OASIS, Sections numbered	Suzanne Hardy
06/03/2015	Change in definition of missing	Suzanne Hardy
06/03/2015	Use of the patient's mobile phone to establish where they are	Suzanne Hardy
06/03/2015	Additional information to follow if a patient is detained under the Mental Health Act or Deprivation of Liberty Safeguards	Suzanne Hardy
03/07/2017	Revision of Police liaison arrangements. Inclusion of The College of Emergency Medicine – Best Practice Guideline (May 2013) The Patient who absconds	Deborah Narburgh
05/12/2017	Sentence added in at the request of the Coroner	
03/08/2018	Amendment to include Worcestershire Safeguarding Adult Board (WSAB) Missing Person Guidance in relation to Mental Capacity and past tendencies. Approved Safeguarding Committee 03.08.2018	Deborah Narburgh
February 2020	Document approved with Safeguarding pathway	Safeguarding Committee/ CGG
February 2023	Document extended for 6 months whilst review in process	Deborah Narburgh
October 2023	Document extended for 6 months whilst review is in place	Deborah Narburgh
2 nd May 2024	Document extended for 6 months whilst under review	Deborah Narburgh

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MISSING INPATIENT GUIDELINE

1.0 INTRODUCTION

The Trust has a duty of care for the safety of its patients. At the same time patients have a legal right to leave the hospital unless they are detained under the Mental Health Act 1983 or Deprivation of Liberty Safeguards.

A patient who leaves the ward without formal discharge or prior arrangement is classified as missing. This document advises staff of action to be taken, and by whom, in the event of an inpatient being identified as missing.

The Trust needs to be vigilant in its care of all patients particularly those deemed as at risk which include those that are:

- Self harming
- Confused due to physical condition or medical treatment
- Depressed state of mind

This guideline will enable staff to

- Identify when a patient should be regarded as a missing patient
- Take the appropriate action in a timely and effective manner
- Reduce the possibility of any harmful outcomes to the patient
- Ensure that relatives of any missing patients are informed as soon as possible and kept informed of all developments
- Establish the principles for the recognition and search for patients missing from the ward/hospital
- Involve external agencies as appropriate.

This guideline applies to all wards and departments within Worcestershire Acute Hospitals NHS Trust.

2.0 Definition

From September 2014 Warwickshire and West Mercia Police have revised the definition of missing person and included a definition of an absent person as follows:-

2.1 Missing Person

Anyone whose whereabouts cannot be established and the circumstances are out of character or the context suggests the person is subject of a crime and/or the person is at risk to themselves or another.

2.2 Absent Person

The person is not at a place where they are expected or required to be, and the behaviour is not out of character and there is no apparent risk.

3.0 Guideline

Where any doubt exists regarding the persons Mental Capacity to make a decision to leave the care environment an assessment should be completed. The outcome of the capacity assessment should inform a proportionate risk assessment to maintain the person's physical safety. An application for a standard authorisation under Deprivation of Liberty Safeguards (DoLS) may also be required.

The assessment process should identify amongst other aspects a review of the past tendency of the person being assessed to seek to leave their care environment and the reasons for this.

The assessment process should clearly address the provider's ability to maintain the physical safety within the providers care environment.

3.1 Immediate Action

Determine if the patient is actually missing or just absent – flow chart Appendix D. Check with other patients and staff as to whereabouts i.e. toilet. Is patient receiving treatment elsewhere? Has patient had permission to leave the premises, been discharged or moved to another part of the ward? Can the patient be contacted on mobile phone or through family members / friends?

If a patient is established to be missing the Nurse in Charge must be informed immediately and must take responsibility for initiating the procedure and subsequent actions.

The Nurse in Charge will organise a local search of the ward / department and immediate vicinity (within 20 metres of all exits to the area).

The Nurse in Charge will liaise with persons in charge of nearby wards / departments to complete a search of their area.

3.2 Secondary Action

The Nurse in Charge decides when a patient is to be treated as missing, having previously searched the ward / department and having taken into account the patient's daily routine or usual patterns of behaviour.

Having decided that a patient is missing the missing patient checklist - nursing actions, (Appendix B) must be completed. The missing patient checklist - patient details (Appendix C) will include the following information:

- Patient's name
- Age
- Full description (facial features, hair colour, height, clothes etc)
- Mental status (depressed, agitated, confused)
- Mobility

The following must be informed, giving them details from the missing patient's checklist:

- Directorate Matron / Site Coordinator informed who will provide assistance and inform Senior Management if and when necessary. Out of hours the on call Matron should be informed by the site co-ordinator

- Facilities Duty Manager (ALEX), Portering Manager (KTC), Catalyst Duty Manager (WRH) informed
- Patient's medical team or the out of hours practitioner team

Facilities/ Portering /security staff will be responsible for searching the Trust buildings, hospital corridors and grounds.

3.3 Tertiary Action

If the patient is not found, following liaison with the Matron / site Coordinator, the patient's relatives must be contacted and informed of the situation. They must be asked to notify the Trust if the patient makes contact. If the patient does not have any relatives inform the patient's GP (if out of hours inform the next day).

If the patient is considered to meet the criteria for missing by virtue of the risk of harm, the Nurse in Charge of the ward will notify the Police, providing details from the missing person checklist. Details of the time of the call and the name of the Police controller should be recorded.

3.3.1 Patients Detained under Mental Health Act 1983

For any patient detained under the Mental Health Act their Responsible Clinician must be informed. If the detained patient is in Worcestershire Acute Hospitals NHS Trust on Section 17 leave, inform the mental health provider responsible for the patient's detention.

For further information refer to Policy and Procedure for the administration of the Mental Health Act 1983, as amended by the Mental Health Act 2007 WAHT–CG-664.

3.3.2 Patients Detained under Deprivation of Liberty Safeguards 2009

For any patient detained under a Deprivation of Liberty Safeguards the appropriate County Council team must be informed.

Details of all calls must be recorded in the patient's records.

3.3.3 For staff working in maternity

If an antenatal or postnatal patient is missing, in addition to the above the midwife in charge must contact the local community midwife who will visit the patient's home address – if the patient cannot be located and there are concerns for mother or baby a national alert to all maternity units must be made. For postnatal patients where there are concerns for the baby's safety an urgent referral to the Emergency Duty Team must also be made. A Police 'safe & well check' may also be considered.

3.3.4 For staff working in the Emergency Departments

Please refer to Appendix A – ***Guidance for contacting the Police Service for Patients who have absconded from the Emergency Department.***

3.4 Subsequent Action

3.4.1 Patient Found

Notify all persons involved in the search that the patient has been found

Complete an incident report (DATIX)

Put 'absconding risk' patient alert on OASIS

Ensure relatives/carers informed

Review the plan of care

3.4.2 Patient Not Found

The patient's medical team will review the patient's medical records and advise what further action, if any, should be taken. This should be recorded in the patient's notes. All involved parties must be informed of the decision and any further action required.

If the patient is not found and is considered to be at risk, Social Services should be informed. Out of hours the Emergency Duty Team should be informed.

Ensure that relatives / carers / GP are kept up to date.

Complete an incident report (DATIX)

Put 'absconding risk' patient alert on OASIS

3.5 Responsibilities

3.5.1 Nurse in Charge

The Nurse in Charge will decide when a patient is to be treated as missing, having previously searched the ward / department and having taken into account the patient's daily routine or usual behaviour patterns.

Having decided that a patient is missing, start completing the missing patient checklist (Appendix A)

Organise a local search of the ward / department and adjacent areas within 20 metres of the ward / department exits.

Liaise with other persons in charge of nearby wards / departments and arrange for them to carry out a thorough search of their area and to report back.

Inform facilities / portering staff (Alex & KTC), Catalyst Duty Manager (WRH) giving full details and description and request them to search the hospital buildings and grounds.

Inform directorate Matron /site Coordinator, the patient's medical team and if appropriate the Mental Health Trust.

Contact the patient's family / place of residence, explain the situation and ask them to contact the ward / department if the patient arrives.

Inform Police as necessary

Ensure that all actions are recorded in the patient record and an incident report is completed when the event has resolved.

3.5.2 Matron / Site Coordinator

Ensure that Nurse in Charge has taken all the appropriate action

Ensure that contact is made and maintained with the patient's family and Police

Request that other staff search their areas for the missing patient

If patient cannot be found inform the appropriate general managers – out of hours - if the patient is considered to be at risk of harm and the Police are notified a Senior Manager must be informed by the following day.

3.5.3 Patient's Medical Team

Review patient's medical records and consider the risks to the patient if treatment is not continued. Record outcome in the patient's notes.

Notify the patient's consultant as appropriate

3.5.4 Security / Portering / Security Team

Ensure that sufficient staff are available to conduct a search

Coordinate the search activities

Liaise with the ward / department and the Police as required

Appendix A

Guidance for contacting the Police Service for patients who have absconded from the Emergency Department

The emergency department (ED) strives to maintain a good working relationship with the Police service and this includes understanding the pressures that the Police services are under and not contacting them unnecessarily. The ED has a duty to maintain patient confidentiality.

This guidance does not cover those occasions when the ED has a duty to contact the Police service (eg. knife wounds, gun shot wounds and serious crimes) or when the Police service need to be contacted as a result of a criminal act committed in the emergency department or the contact of relatives of seriously ill patients.

Before contacting the Police service it is important to realise that the Police do not have the power to bring patients back to the emergency department (ED) against their will unless they are under arrest (ie. have committed a crime) or have been placed under section 136 (authorises a Police officer to remove a person to a place of safety if he believes that person is suffering from a mental illness). The Police are not a 'taxi' service to bring back patients who have absconded from the ED. The ED is not classified as a place of safety.

Before contacting the Police service for patients who have absconded from the ED the following criteria should be present:

	There exists a real and substantial risk to the patient if they are not brought back to the ED for medical assessment and/or treatment.
	The risk is such that action needs to be taken with urgency.
	Efforts to contact the patient by telephone have failed.
	No other person or service is able to facilitate the return of the patient eg. GP, SW, parent, relative.
	Both the ED co-ordinator and the senior doctor on duty are in agreement that contacting the Police is the correct course of action.

Note in the case of **children** (<18yrs) who have absconded from the ED then the threshold will generally be considered to be lower for calling for help from the Police service early. Any children who abscond with or without an accompanying adult should be considered a safeguarding concern unless evidence to the contrary exists: local safeguarding procedures should be followed.

Also the threshold will be lower for those patients in whom there is reasonable evidence that they lack capacity or who may be considered vulnerable (e.g those with dementia).

Once the Police service have been contacted to retrieve a patient who has absconded from the ED then an incident report (DATIX) **must** be completed. These incidents will be reviewed by the respective Police liaison officer.

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Self Discharge

A patient who wishes to leave the department without assessment and / or treatment may do so but they should complete a self discharge form with a healthcare professional, this form includes an assessment of mental capacity. Document in notes the risks that have been explained.

Patients who return

Patients who have absconded but who either return voluntarily to the emergency dept or are brought back by the Police service should be considered high risk for further episodes of absconding and their clinical assessment prioritised.

Clinicians should be mindful that after a period of absconding the patient's condition may have changed for a variety of reasons (e.g ingestion alcohol or drugs) and previously instituted management plans may need to be reviewed in light of the new clinical assessment following the patients return. These patients should be seen by the most senior doctor in the emergency dept.

Appendix B

Missing In Patient Checklist (Nursing Actions)

Action	Date/time	Signed
Ward searched		
Liaise with persons in charge of other wards/departments to complete a search of their area		
Patient details checklist completed		
On call matron/site Coordinator informed		
Facilities/Catalyst Duty Manager/portering manager informed		
Medical team informed		
Mental health team informed		
Patients family informed and updated		
Police informed		
Patient found <i>(following 3 points relate to patient being found)</i>		
Search called off		
Patient care plan and health record completed		
Incident form completed		
Patient not found <i>(following 3 points relate to patient not found)</i>		
Further action taken		
Patient care plan and health record completed		
Incident report completed		
Put 'absconding risk' patient alert on OASIS		
Completed missing inpatients checklists should be kept with the patient's medical records.		

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Appendix C

Missing In Patient Checklist – Patient Details

Name of patient	
Age	
Photograph of patient if available or Full description of patient – Gender, height, skin colour, hair colour/length, facial features, disabilities/identifiable features	
Full description of clothing worn	
Is the patient confused?	
Mental status(depressed, agitated, withdrawn) Known risk to themselves or others.	
How mobile is the patient, any aids used?	
Does the patient have car/door keys?	
Does the patient have any communication difficulties?	
Possible destinations and transport options	
Any other pertinent information e.g. is he patient a risk to themselves or others?	
Completed missing inpatient checklists must be kept with the patient's medical records.	

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Appendix D

Determine if patient actually **MISSING**?

Check with other patients and staff as to whereabouts i.e. toilet

- Is patient receiving treatment elsewhere?
- Has patient had permission to leave the premises, been discharged or moved to another part of the ward?

If the patient **IS** missing **IS** patient at risk of harm? i.e. Self Harming, confused, depressed or detained under the Mental Health Act or Deprivation of Liberty Safeguards

YES

NO

Inform Nurse in Charge who will organise search of ward/department and immediate vicinity

Wait up to 15 minutes to see if patient returns. If patient not found

If patient is not found liaise with persons in charge of adjoining areas to organise search

Security to search buildings and grounds and report back to Nurse in Charge

If patient is not found complete missing patient checklist. Inform general manager, matron, facilities/Catalyst duty manager (WRH/ALEX) portering manager (KTC), medical team.

Medical team to assess the risk to patient and advise what further action should be taken

If patient is not found after facilities/porter search inform site co-ordinator (who will inform on call Matron if out of hours), relatives and, if risk assessment shows patient is at risk of harm, inform Police and/or Social Services

Record all events in patient record and complete an incident report. Inform all concerned of the outcome.

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Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non- compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	Had a risk assessment been undertaken and did this lead to the correct actions	Review of medical records of 10% or 5 (Whichever is the larger) of missing in-patient reports on DATIX in the previous 6 months	Twice yearly	Associate Professional Safeguarding Adults	Safeguarding Committee	Twice yearly
	Was the flow chart, appendix D, followed	Review of medical records of 10% or 5 (Whichever is the larger) of missing in-patient reports on DATIX in the previous 6 months	Twice yearly	Associate Professional Safeguarding Adults	Safeguarding Committee	Twice yearly

CONTRIBUTION LIST

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Circulated to the following individuals for comments

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Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department
Chris Rawlings	Head of Clinical Governance
Paul Graham	Health and Safety Manager
Val Harris	Facilities Manager
Mark Smedley	General Manager, Medicine, WRH
David Burrell	General Manager, Medicine, ALEX
Chris Thompson	Site Services Manager, WRH

Circulated to the chair of the following committee's / groups for comments

Name	Committee / group
Helen Blanchard	Senior Nurse, AHP Meeting
Amendments to	Safeguarding Adults Committee
	Safeguarding Children's Sub Group
	Senior Nurse Forum
	Safeguarding Committee

References

Association of Chief Police Officers (2005) - Guidance on the Management, Recording and Investigation of missing persons – National Centre for Policing Excellence – Hampshire.

The College of Emergency Medicine – Best Practice Guideline (May 2013) The Patient who absconds

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval