Shropshire Community Health NHS
NHS Trust

Policies, Procedures, Guidelines and Protocols

Document Details	
Title	**Missing Adult Patient Policy and Procedure**
Trust Ref No	654
Local Ref (optional)	
Main points the document covers	This policy details the requirements for all staff dealing with missing adult in-patient
Who is the document aimed at?	All appropriate staff
Author	Locality Clinical Managers Suzanne Griffiths Kate Stevens Katie Turton
Approval Process	
Approved by (Committee/Director)	Patient Safety Committee
Approval Date	10th April 2025
Initial Equality Impact Screening	Yes
Full Equality Impact Assessment	No
Lead Director	Director of Operations
Category	Clinical and Operational
Sub Category	
Review date	10th December 2027
Distribution	
Who the policy will be distributed to	Community Hospital/In Patient Staff
Method	Trust Intranet
Document Links	
Required by CQC	Yes Regulation 12 Safe Care and Treatment
Required by NHSLA	No
Other	

Amendments History		
No	Date	Amendment
1	01 August 2014	Update to SCHT Standard Policy format.
2		Appendix 1 –Insertion of Missing Adult Flow Chart
3	20 June 2017	Routine policy review – minor changes
4	11th September	Approved by CPG with minor amendments and addition of checklist
5	12th November 2020	Updated Approved list and minor changes to staff titles.
6	10th December 2024	Updated with minor amendments to section 3.1, 7.2 and 9.1
7	10th April 2025	Further updates following feedback from Patient Safety Committee

CONTENTS

1. Introduction

1.1 Shropshire Community Health Trust (SCHT) has a duty of care to take all reasonable steps to ensure the safety of patients in its care. On occasions patients may leave the area in which they are being cared for and cannot be located. In these instances, the Trust will ensure that there is a prompt and systematic response in order to minimise the clinical and physical risk to the individual. The purpose of this policy is to ensure an effective and coordinated response in the event of a patient going missing from a clinical area.

1.2 This policy does not include a prisoner on remand or in custody who goes missing this is regarded as an escape and dealt with by the relevant authorities, i.e. the police. They would not usually include hospital staff to be involved in a search as the prisoner could be regarded as potentially a risk to staff.

2. Purpose

A missing patient is a patient receiving healthcare from a hospital who has left the ward without the expectation of their care team, and their whereabouts are unknown.

The purpose of this policy is to ensure an effective and coordinated response in the event of a patient going missing from a clinical area. The response detailed in the policy supports individuals to take prompt and robust actions to minimise the risk to the missing patient.

3. Duties

3.1 Director of Operations

The Director of Operations is responsible for overseeing the implementation and impact of this policy and for making recommendations for change (through the management structure).

3.2 **Managers & Service Leads**

Managers and Service Leads should use this policy to help them discuss the procedure when dealing with a missing adult patient.

3.3 **Staff**

All staff, whilst performing their duties on behalf of SCHT, should be aware of this policy and act accordingly.

4. Definitions/ Glossary

DoLS : The Deprivation of Liberty Safeguards are an amendment to the Mental Capacity Act 2005. They apply in England and Wales only.

Missing Patient: A missing patient can be defined as any patient, outpatient or day case patient who cannot be located and where there is sufficient concern for the patient's health and wellbeing for them to be declared missing. Some adults are more vulnerable than others, such as those:

- Self-harming
- Frail elderly/lack mental capacity
- Confused due to physical condition or medical treatment
- Depressed/state of mind.
- Detained under the Mental Health Act or subject to a DOLs

All patients noted to be absent from the ward or department without prior arrangement must be treated as missing and the ward or department manager/nurse in charge informed

Please remember adult patients are free to come and go as they please unless that are detained under the Mental Health Act, Deprivation of Liberty Safeguards (DoLs) or pending Liberty Protection Safeguards (LPS), or are a prisoner in custody receiving treatment at the trust

The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests.

Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.

5. Missing Adult Patients Policy

5.1 Detaining patients against their will

5.1 Unless a patient is subject to a DoLS, no patient can be kept in hospital against their will. Should a patient wish to discharge her/himself against medical advice the identified procedure should be followed in the Admission, Transfer and Discharge of Patients Policy ref1543- 25204

5.2 If a patient discharges her/himself without completing the necessary paperwork and it is known on the ward that they have left voluntarily and are known to have the mental capacity to make that decision, the patient should **not** be regarded as a 'missing patient'. However, this must be followed up by contacting the patient's relatives and relevant professionals e.g. GP, in order to ensure the patient's personal safety.

5.2 Immediate role of the Clinical Team

5.1 Any member of staff suspecting that a patient is missing from the ward should convey this information immediately to the Nurse in Charge who will then inform the Locality Clinical Manager or On Call Manager if out of hours.

5.2 The Nurse in Charge will:

- Establish whether a patient is missing from the ward.
- Ask all of the staff on duty if they are aware whether the patient has left the area.
- Ensure that ward staff check if personal belongings are missing.
- Ask other appropriate patients on the ward if they are aware whether the missing patient had indicated where they may be going – care **must** be taken with this action and reliability of the information given.
- Initiate a search of all rooms and spaces including linen rooms, store cupboards and offices within the ward area.
- Ensure that the occupant of each bed space is identified and accounted for.
- Contact all other departments in the building and speak to the person in charge, and request that all staff are looking in the other departments within the Hospital and all staff in the building are informed of a missing patient. Utilise and share the missing patient description (appendix 2)

5.3 If the patient has not been found within the immediate clinical area the Nurse in Charge will then undertake the following action:

- If safe to do so, initiate a local search of the immediate outside area. When considering if it is safe to do so take into account the ward staffing levels patient acuity and dependency.
    - Contact the Locality Clinical Manager/On-Call Manager (if the incident occurs out of hours), who will conduct an initial assessment of the situation and provide immediate support to the clinical area.
    - Compile a detailed description of the patient, (appendix 2) including any special needs in relation to their communication or distinguishing features.
    - Any special circumstances should also be noted such as cognitive impairments or known mental health diagnosis.
    - Inform the patients relatives/Next of Kin, unless the missing patient has explicitly expressed that they do not wish them to be informed or updated about their care.
    - Keep a log of search activity and timings in order to be able to record a comprehensive account in the patient records. Ensure that an incident report is completed in the Datix system.

6. Immediate role of the Locality Clinical Manager / On Call Manager

6.1 The Locality Clinical Manager will take the following action:

- Confirm that a local search of the ward and the immediate vicinity has been undertaken by the nurse in charge.

- Confirm whether the patient has gone missing previously, where the patient went to, and whether they subsequently returned to the ward unaided.

- Request that a clinical risk assessment is completed by the clinical team including the medical practitioner responsible for the patient's care if they are on duty. It is important that there is clear understanding of the risk that is present if the patient is absent from the place they were receiving their care. This risk assessment should also be documented in the patient's clinical record.

- Ensure the Patients relatives and Next of Kin (NoK) are informed and a record of the conversation is made in the Patient's records.

- Brief Adults Community Services Divisional Clinical Manager in hours who will then inform the Directors of Operations and Nursing. Out of hours the On-Call Manager should inform the On-call Director.

7. Search Coordinator (Usually the person in charge of the department)

7.1 Any search must be coordinated and systematic. The intensity and duration of the search will depend upon the result of the clinical risk assessment. Patients may be considered to be at risk because of their mental or physical condition. This will include patients who are:

- Confused
- Currently detained under the DoLS safeguarding.
- Suffering from debilitating illness or physical frailty or at risk of falling
- In receipt of timed medications such as insulin
- At risk of self-harm or injury
- Considered to be at risk of harming other people
- Liable to suffer a deterioration in clinical condition
- At risk from others e.g. a vulnerable adult
- Living with special communication needs

7.2 The Search Coordinator will take the following action:

- Organise a search team by requesting support from neighbouring departments and services. This will enable help to be summoned promptly whilst also maintaining patient safety in the ward area.

- Establish an immediate search of all likely places where the missing patient may be found. The approach should be directed by the search coordinator.

- If the above initial search is unsuccessful a more thorough and extensive search should be considered. A systematic search of the hospital will be undertaken, concentrating initially on all unlocked departments, corridors, rooms and offices on the same level and other most likely locations such as dining areas and toilets. The search should subsequently broaden out to other areas including the hospital grounds, if the patient is not found.

- The search team must document which named personnel have looked where and at what time. This report must be filed with the Clinical Incident Report Form and recorded in Datix.

- Unless already aware, if the patient had not been found in the hospital or the grounds, the next of kin should be updated. A record of this conversation should be entered in the patient's records.

- Once the initial search has been conducted, if the patient has not been located**,** the Locality Clinical Manager/On Call Manager should be informed of this by the search coordinator.

- A decision on whether to notify the police will be taken. It is the responsibility of the Locality Clinical Manager/On Call Manager to advise when to contact the police. Ward staff should not assume responsibility for contacting the Police unless the patient has been risk assessed as is in immediate danger for example, if the clinical risk assessment indicates that their clinical condition will deteriorate significantly, they are known to lack mental capacity and be vulnerable, they have poor levels of mobility so are at a risk of falling.

- If the missing patient is located at home and the clinical risk assessment indicates that a clinical assessment it required, a referral to the Urgent Care Response Service should be made.

- Should a patient be found and refuse to return to the hospital, the Nurse in Charge should assess whether the has the mental capacity to make that decision. If a patient has full capacity, the nurse in charge should refer to the self-discharge section of the Admissions, Transfers and Discharge Policy. If the patient does not have full capacity, a member of staff should remain with the patient at all times until they can be returned to a safe environment.

- The Locality Clinical Manager/ On-Call Manager should be briefed on the outcome of the patient's mental capacity and what actions are being taken. The Manager should then brief the Directors of Operations in hours and the Director On-Call out of hours.

- If the missing patient is found, the patient's relatives and NoK (and the police if they have been notified) should be informed of the outcome and next steps.

8. General guidance for conducting a search

8.1 The following should be remembered:

- Examine all locked and unlocked areas - keys will be available from domestic services/security staff/master keys are held by administration staff or the nurse in charge.

- Thoroughly check all recesses/open cupboard.

- Check closed and empty wards and departments.

- Check all cubicles, toilets, corridors and behind open doors.

- Check all landings and stairways.

- Check under stair storage spaces, storerooms and linen/waste

collection points.

- Whilst searching, observe for evidence that the patient may have been in the vicinity; (may have discarded clothing or dropped the patient identification arm band). An open fire door, for example, may indicate that the patient has left the building.

- On completion of the search of the designated area the search team should contact the search coordinator for further instructions.

- All adjacent buildings, even those that are not the property of the Trust, must be considered.

  - The details of all searches must be documented as described previously.

9. Guidance on how to respond to media enquiries

9.1 All enquiries from the media should be referred to Head of Communications in hours or to the On Call Manager who will agree a press statement with a Trust Executive. The police press office is available for assistance if it is considered necessary.

9.2 Under no circumstances should any other member of staff give information to the media without the express permission of the Trust Executive Team.

10. Action following the incident

10.1 A full and comprehensive Datix report should be completed. Statements from ward staff must be shared with the person completing the Datix and electronically attached to the Datix report. Documentation must be submitted within 24 hours.

10.2 If the Locality Clinical Manager was not on duty at the time of the incident (e.g. Out of hours) the Nurse in Charge of the Ward is responsible for informing them at the earliest possible opportunity, and no later than the following working day.

11. Relationships with other policies or legal requirements

This policy should be used and referenced with the following;

- Safeguarding Adults Policy
- Mental Capacity Act / Deprivation of Liberty Safeguards
- Admission, Transfer and Discharge of Patients Policy

12. Consultation and Approval Process

12.1 **Consultation**
Ward Managers,
Locality Clinical Managers

12.2 **Approval**

The Patient Safety Committee will approve this policy and its approval will be notified to the Adult Community Services Divisional Quality & Governance Meeting.

13. Dissemination

13.1 This policy will be disseminated by the following methods:

- Directors – within their area of responsibility.
- Staff – Trust email communications.
- Publication on the Trust Intranet site.
- Awareness raised by Managers and Service Leads at staff meetings.

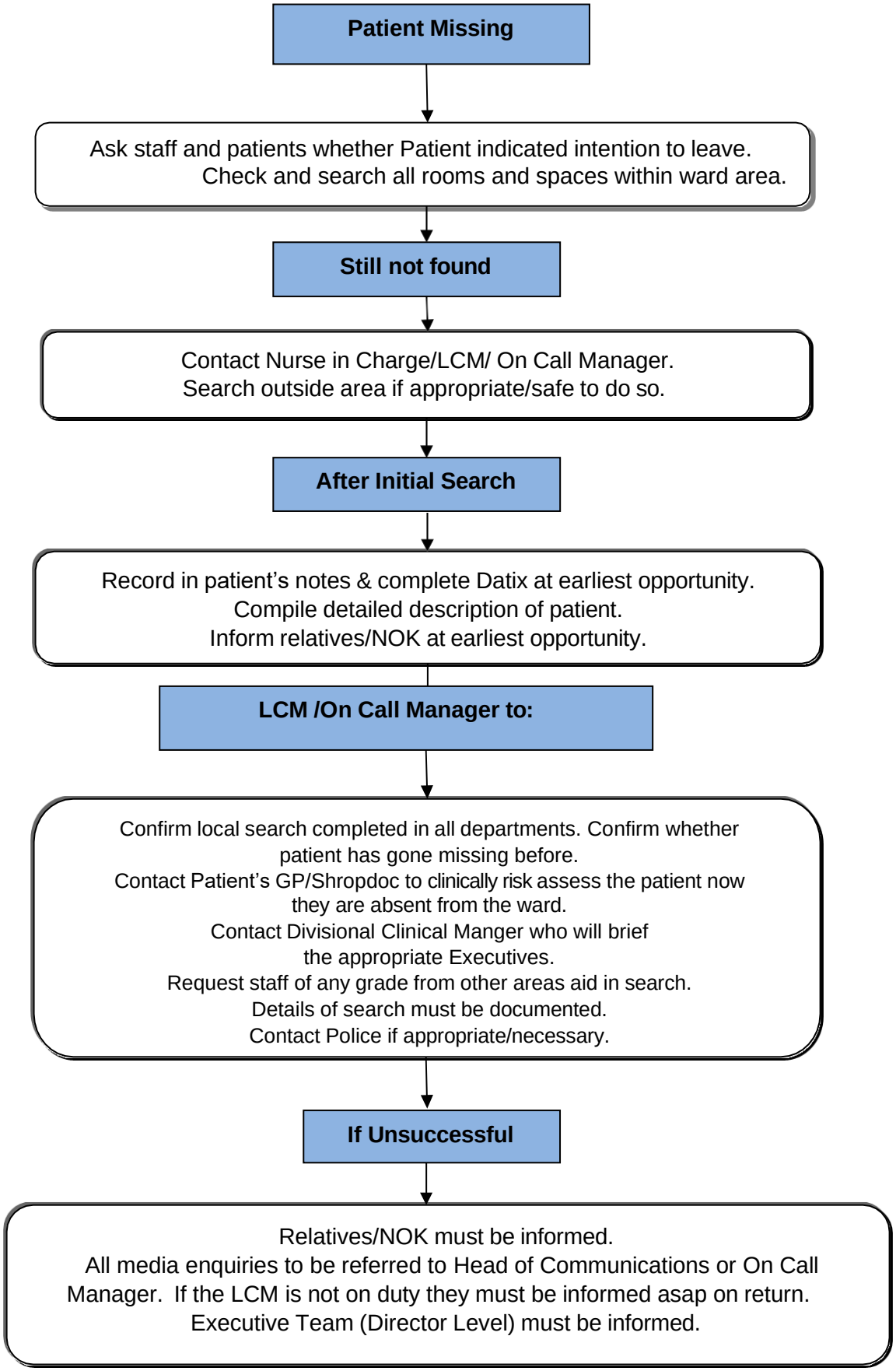
14. Monitoring

14.1 On an annual basis a report will be provided by the Risk Manager to identify the number of occasions the policy has been applied and reviewed to ensure a satisfactory outcome.

14.2 This Policy will be reviewed as indicated. Any comments, queries or suggested amendments should be addressed to the Divisional Clinical Manager for Adult Community Services.

Appendix 1

Flow Chart for Missing Adult Patient



Appendix 2

Missing patient Communication Checklist

Name of patient	
Age	
Full description of clothing worn	
Facial features	
Is the patient confused	
Is the patient subject to a DOLS or a Mental Health Section?	
Mental status: (depressed, agitated, withdrawn etc.)	
Is the patient wearing a wristband	
How mobile is the patient, is there a risk of falls? Are any mobility aids used?	
Does the patient have car/door keys?	
Does the patient have any communication difficulties?	
Possible destinations and transport options	
Is the patient on any timed critical medications that may pose a life threatening risk if they are not administered?	
Any other pertinent information e.g. is the patient a risk to themselves or others	