

## Policies, Procedures, Guidelines and Protocols

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Author		Rachel Mole – Locality Clinical Manager
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1	01 August 2014	Update to SCHAT Standard Policy format.
2		Appendix 1 –Insertion of Missing Adult Flow Chart
3	20 June 2017	Routine policy review – minor changes
4	11 <sup>th</sup> September	Approved by CPG with minor amendments and addition of checklist
5	12 <sup>th</sup> November 2020	Updated Approved list and minor changes to staff titles.

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## **1. Introduction**

1.1 Shropshire Community Health Trust has a duty of care to ensure the safety of patients in its care and takes all possible steps to do so. On occasions when this has not been possible and patients have left an area and cannot be located, the Trust will ensure a prompt and systematic response in order to minimise the risk to the individual. The purpose of this policy is to ensure an effective and co-ordinated 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**

The purpose of this policy is to ensure an effective and co-ordinated response in the event of a patient going missing from a clinical area.

To ensure a prompt and systematic response in order to minimise the risk to the missing individual.

## **3. Duties**

### **3.1 Director of Nursing & Operations**

The Director of Nursing & 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.

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 subject to a section of the Mental Health Act 2005 or a Deprivation of Liberty (DOLS), no patient can be kept in hospital against her/his 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 the person should not be regarded as a 'missing patient' but must be followed up by contacting 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/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 or department.
  - Ask 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 reliance on the information given.
  - Initiate a search of all rooms and spaces including, for example, linen rooms, store cupboards, within the ward/departmental 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.
- 5.3 If the patient has not been found within the clinical area the Nurse in Charge will then undertake the following action:

5.3.1 Normal working hours the person in charge of the department where the patient came from will, :

Use a search checklist (appendix 2) and

- If safe to do so, initiate a local search of the immediate outside area ('Safe' includes ward staffing levels/patient behaviours).
- Contact the Lead Nurse or Locality Clinical Manager, who will conduct an initial assessment and provide immediate support to the clinical area.
- Compile a detailed description of the patient, (appendix 2) including any special needs e.g. in relation to communication or distinguishing features.
- Any special circumstances should also be noted, e.g. Dementia/Memory Loss
- Contact the Police
- Inform relatives/Next of Kin.
- Keep a log of search activity and timings in order to be able to make a full entry of the search and incident activity in the patient records and ensure an incident report is completed e.g. Datix.

5.3.2 Out of hours:

- Immediate contact with the On Call Manager.
- As per Section 3.

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

6.1 The Locality Clinical Manager will take the following action:

- Confirm a local search of the ward and 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 she/he subsequently returned to the ward unaided. If it is decided that a search is necessary this information is vital and must be conveyed to all involved in the search.
- If during day, contact the patient's GP (if out of hours then Shropdoc). In conjunction with the senior nurse on the ward and the GP (if possible), assess the risk to the missing patient, ensuring the details are recorded in the Patient's Clinical Record.
- Contact the Police
- Ensure the Patients relatives are informed and a record of the conversation is made in the Patient's records.
- Contact the Adults Directorate Management Team and keep them informed of progress or On-call Director out of hours.

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## 7. Search Co-ordinator (Usually the person in charge of the department)

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

- Confused
- Detained under the provision of the Mental Health Act/DOLS
- Suffering from debilitating illness or physical frailty or at risk of falling
- At risk of self-harm or injury
- Considered to be at risk of harming other people
- Liable to suffer a deterioration in health
- At risk from others e.g. a vulnerable adult
- Living with special communication needs

7.2 The Search Co-ordinator will take the following action:

- Meet the search team (if others are involved).
- Request support from neighbouring wards or services (if applicable), to liaise with the search co-ordinator. These staff will join the search team. This will enable help to be summoned promptly whilst also maintaining patient safety in the event that the patient requires medical assistance.
- Establish an immediate search of all likely places where the missing person may be found. The approach should be directed by the search co-ordinator.
- If the above initial search is unsuccessful a more thorough and extensive search should be considered. Consider involving others e.g. Police.
- A systematic search of the hospital will be undertaken, concentrating initially on all unlocked wards, departments, corridors, rooms on the same level and other most likely locations e.g. dining areas, public telephones etc. (see Section 6) subsequently broadening out the search to other areas including the grounds, if necessary.
- 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 i.e. 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 relevant Lead Nurse/Locality Clinical Manager / On Call Manager should be advised of the incident by the search co-ordinator. If the patient is exceptionally vulnerable or at risk the police should be notified as soon as possible (see below).
- A decision on whether to notify the police will be taken. It is the responsibility of the Lead Nurse/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 assessed as is in immediate danger for example, such a case might be minimal dress with lack of capacity, cold weather or adjacent to a road
- If the missing patient is located at home notify Rapid Response or Integrated Care Services giving relevant details of the patient's condition in order that they may visit the patient for assessment and action care as appropriate.

## **8. General guidance to those searching**

### **8.1 The following should be remembered:**

- Examine all locked and unlocked areas - keys will be available from domestic services/security staff/master keys held by administration staff or 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, store rooms 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).
- On completion of the search of the designated area the search team should contact the search co-ordinator for further instructions.
- An open fire door, for example, may indicate that the patient has left the building.

- 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. Media Attention**

- 9.1 All enquiries from the media should be referred via the Deputy Director/Director of Corporate Affairs 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 Senior Management Team.

## **10. Action following the incident**

- 10.1 A full and comprehensive Datix report should be completed and forwarded immediately to the Risk Manager. 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  
Adults SDG

- 12.2 **Approval**



The Clinical Policies Group will approve this policy and its approval will be notified to the Quality & Safety Delivery Group

### **13. Dissemination**

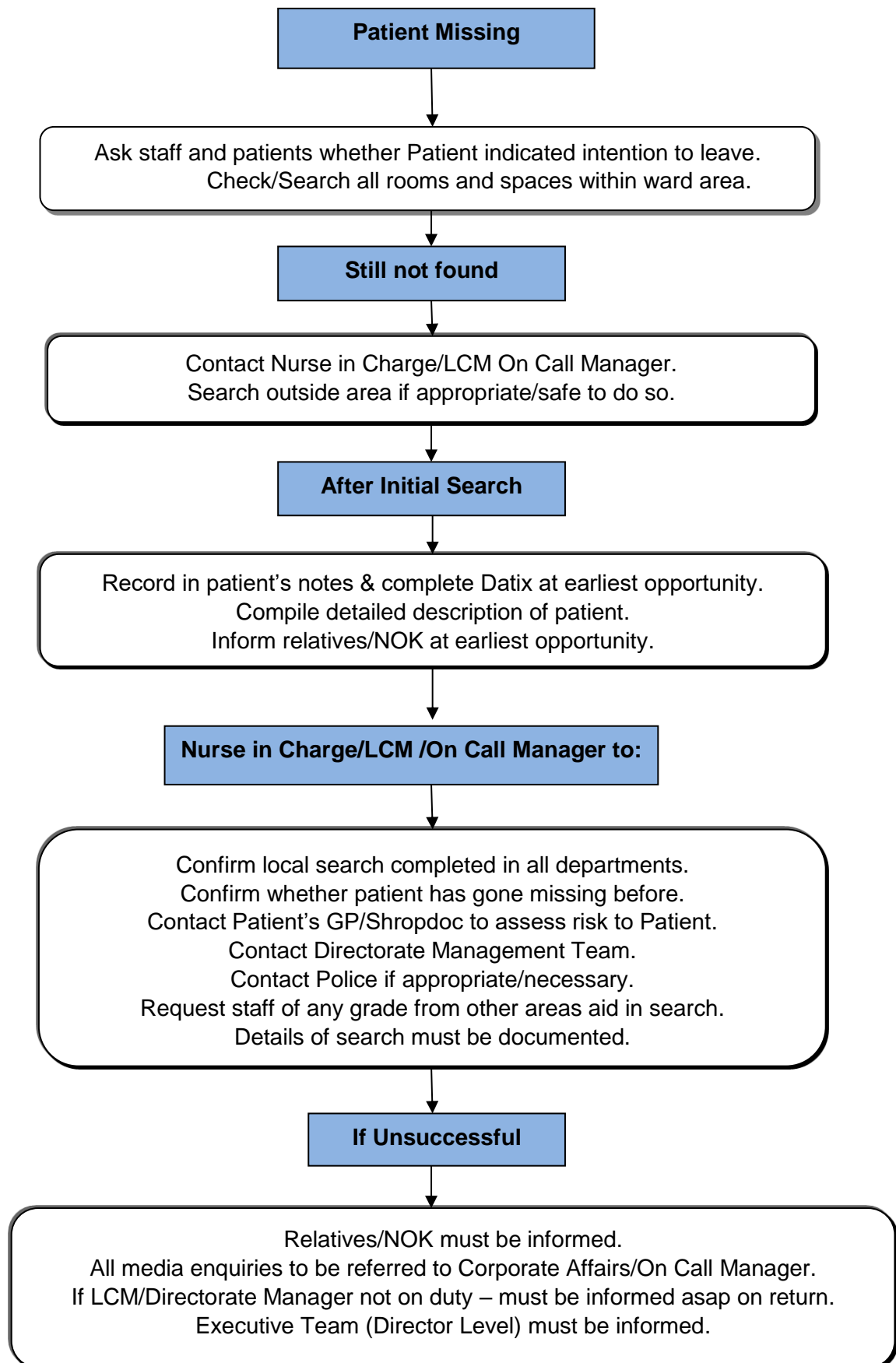
13.1 This policy will be disseminated by the following methods:

- Directors – within their area of responsibility.
- Staff – via Inform.
- 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 Head of Nursing & Quality (adults).

**Appendix 1****Flow Chart for Missing Adult Patient**

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**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 of 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 ? 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 the patient a risk to themselves or others	