Yeovil District Hospital NHS
NHS Foundation Trust

Missing Patient Procedure

Version Number	6	Version Date	22nd July 2021
Policy Owner	Bernice Cooke, Deputy Director Quality Governance, Patient Safety and Safeguarding		
Author	Local Security Management Lead		
First approval or date last reviewed	October 2018		
Staff/Groups Consulted	Security and Safety Committee Patient Safety Steering Group Safeguarding Adults Working Group/Trust Safeguarding Committee Trust Safeguarding Lead		
Approved by HMT	Approved by Mental Health Steering Group		
Next Review Due	October 2022		
Equality Impact Assessment Completed	January 2021		

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1. RATIONALE

The Trust has a duty of care for its patients, however, patients over the age of 18 years have the right to leave the hospital as they please unless they are detained under the Mental Health Act 1983, when they have Deprivation of Liberty Safeguards or they are a prisoner in custody receiving treatment at the Trust.

Patients who are vulnerable and confused may lack the mental capacity to make an informed decision regarding leaving the hospital. Whilst they are in the care of the Trust, patients may occasionally go missing for a variety of reasons, e.g., clinical, medical, and Psychological

If a patient has left the ward or department without informing staff, they must be assumed as missing and measures must be taken to account for or find that patient immediately.

The procedure supports the Protecting Patients Who Wander Policy.

2. AIM

The aim of this procedure is to enable staff to:

- Identify when a patient should be regarded as missing
- To take appropriate action in an effective and timely manner
- Involve external agencies as appropriate
- Ensure that the relatives of any missing patient are informed as soon as possible
- Address any safety issues when engaged in patient searches

3. ROLES AND RESPONSIBILITIES

The **Chief Executive and Board of Directors** have overall responsibility for the implementation of this policy and provisions. They are responsible for ensuring that an open culture of reporting is promoted across the Trust and that there are systems in place for shared learning and delivering service improvement. The Chief Nurse, Director of People and Deputy Chief Executive is responsible for ensuring governance arrangements are in place to provide the leadership and support necessary to manage the provisions of this policy.

3.1 Clinical Site Manager (CSM)

is responsible for:

- ensuring the Missing Patient Flowchart is followed (**Annex A**);
- co-ordinating the search for the missing patient, once notified that a Patient is missing;
- ensuring the Missing Patient Report (**Annex C)** is completed;
- Contacting the Police.

3.2 Ward Nurse in Charge / Department Manager

is responsible for:

- ensuring they and their staff are aware of any vulnerable or '**high risk'** patients in their care and how these patients should be safely 'managed'; Including Mental Health Risk Assessment (**Appendix 1**) if appropriate;

- raising the alert when a patient is identified as 'missing', by adhering to the Missing Patient Flowchart (**Annex A)**, utilising the Missing Patient Cascade (**Annex B)**;

- complete the Missing Patient Report **(Annex C)** if required to escalate details to the Police;

- ensuring that staff involved in a missing patient incident are offered support post incident if required.

- **Only CSM or ED NIC are to call the Police for a missing Patient.**

3.3 **Ward / Department Staff**

are responsible for:

- ensuring that all 'vulnerable' patients have been assessed for their 'risk' of wandering from the ward; Including Mental Health Risk Assessment if appropriate;

- ensuring an appropriate action plan has been created when the risk of wandering has been identified as **high** and which is documented;

- ensuring that staff are aware daily of 'wandering' risk and have recorded patient physical description (including clothing) to assist with search if required

- adhering to and updating, where necessary, the care plan of a patient identified as 'at risk of wandering;

- raising the alert when a patient is identified as 'missing', by adhering to the Missing Patient Flowchart (**Annex A**);

- attending and escort any 'found' patient back to the ward;

3.4 **Security Staff**

are responsible for:

- once notified of a 'missing' patient, immediately check CCTV for any direction of travel;

- undertake a co-ordinated search of the site, internal and external grounds. This must include the car park;

- keeping a record of all searches undertaken;

- liaising with the Police, where necessary/appropriate;

- notifying the Ward/Dept/CSM of the outcome of searches;

- complete incident form:

3.5 **Porter Staff**

are responsible for:

- supporting the security team with any search for a missing patient, where necessary within the hospital grounds.

3.6 **Switchboard Staff**

Switchboard staff are responsible for:

- ensuring the cascade procedure is followed with accurate details and descriptions of the missing patient **(Annex B)**;

- notifying the CSM and ward/department manager of the outcome of the search (as per 3.4).

4. RISK CATEGORISATION

The following categorisation for missing patients ensures a consistent assessment and approach is undertaken. A **Mental Health Risk Assessment** (**Appendix 1**) should be completed if there is suspicion of mental health concerns at any point which will assist to highlight risk. Patient risk factors should be identified from the patient notes to highlight vulnerability concerns. A decision should be made on risk i.e.

4.1 **High Risk**

- A minor or frail elderly 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.

- A patient, who has been assessed, is likely to attempt significant self-harm or suicide: this assessment will be based on all relevant information indicating the individual's state of mind and includes medical history and any letters, notes or telephone calls made.

- A patient that has been assessed as likely to come to significant harm without medical assistance: also included as high risk are those patients missing without medication, which may make them a significant threat to others and/or themselves.

- Information suggests that the missing person may be of significant risk from others through personal vulnerability or associations with dangerous individuals who may cause them harm.

4.2 **Low Risk**

- Will include cases where the individual is willingly absent, is able to function adequately without assistance and is unlikely to come to harm under normal circumstances. It would also cover cases where having considered all the risk factors there are no grounds to believe the missing person is likely to come to harm.

4.3 **Patients Detained under the Mental Health Act or Mental Capacity Act**

- If a patient is detained under the Mental Health Act or a Deprivation of Liberty Authorisation is in place, the patient is not legally allowed to leave the hospital. The police must be informed of this status, if applicable, when a missing patient is reported to them.

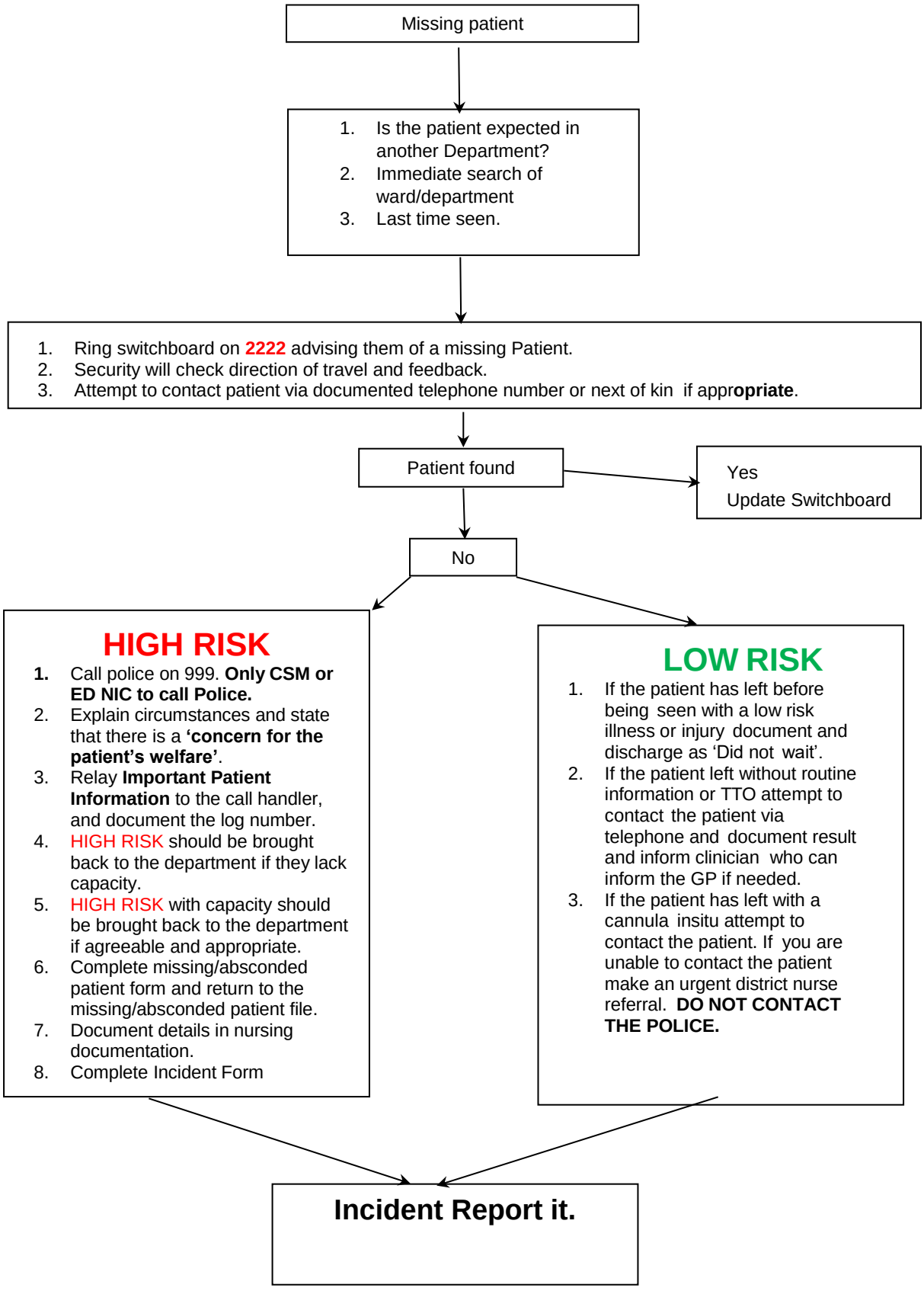
4.4 **Wandering Patients**

- The Protecting Patients Who Wander Policy can assist clinical staff to identify wandering patients and identify actions to reduce risks (see the Trust Policy database on YCloud)

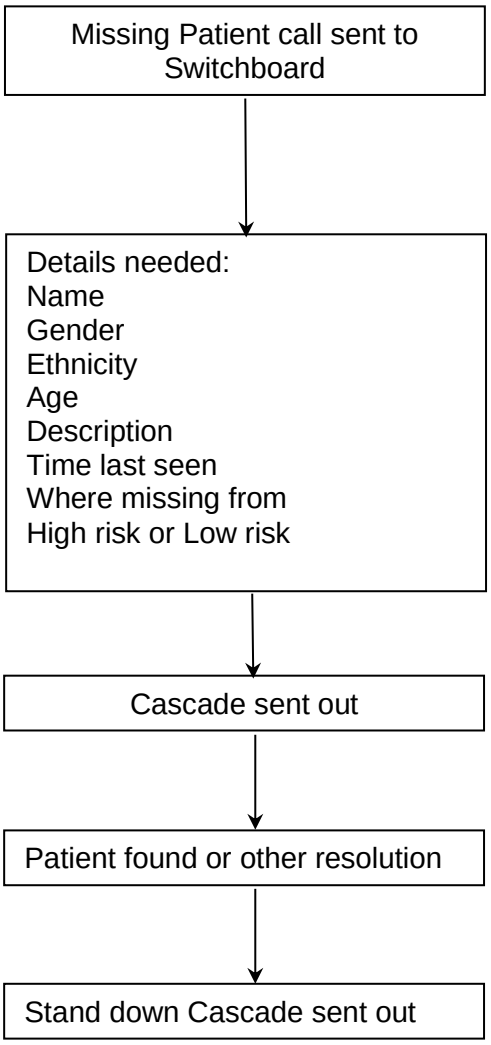
4.5 **Mental Health Patients**

- When a patient has had a mental health assessment completed and the assessment outcome is, there is a high risk to self and others or a high risk of absconding a high risk care plan needs to be completed. The assessment should be completed collaboratively with PLT and practitioners in the area where the patient is being cared for. Once completed care plan should be shared on patient electronic records and medical files. For patients in the ED a review of risk and care plan should take place no later than 12 hours after implementation. For patients admitted to a ward a specific time needs to be agreed for reviewing the care plan. Supporting documents please see Annex D and E

ANNEX A **Missing Patient Flowchart**



ANNEX B: Missing Patient Cascade



ANNEX C: **Missing Patient Report**

DETAILS	
Last name: (Alias/Nickname(s))	First name(s):
Time & Date last seen:	Place last seen:
Ward/Department from which Patient is missing:	Informant:
Have they gone missing before:	If yes give brief details:
Address:	Tel No:
Home Address (if different):	
DOB:	Age:

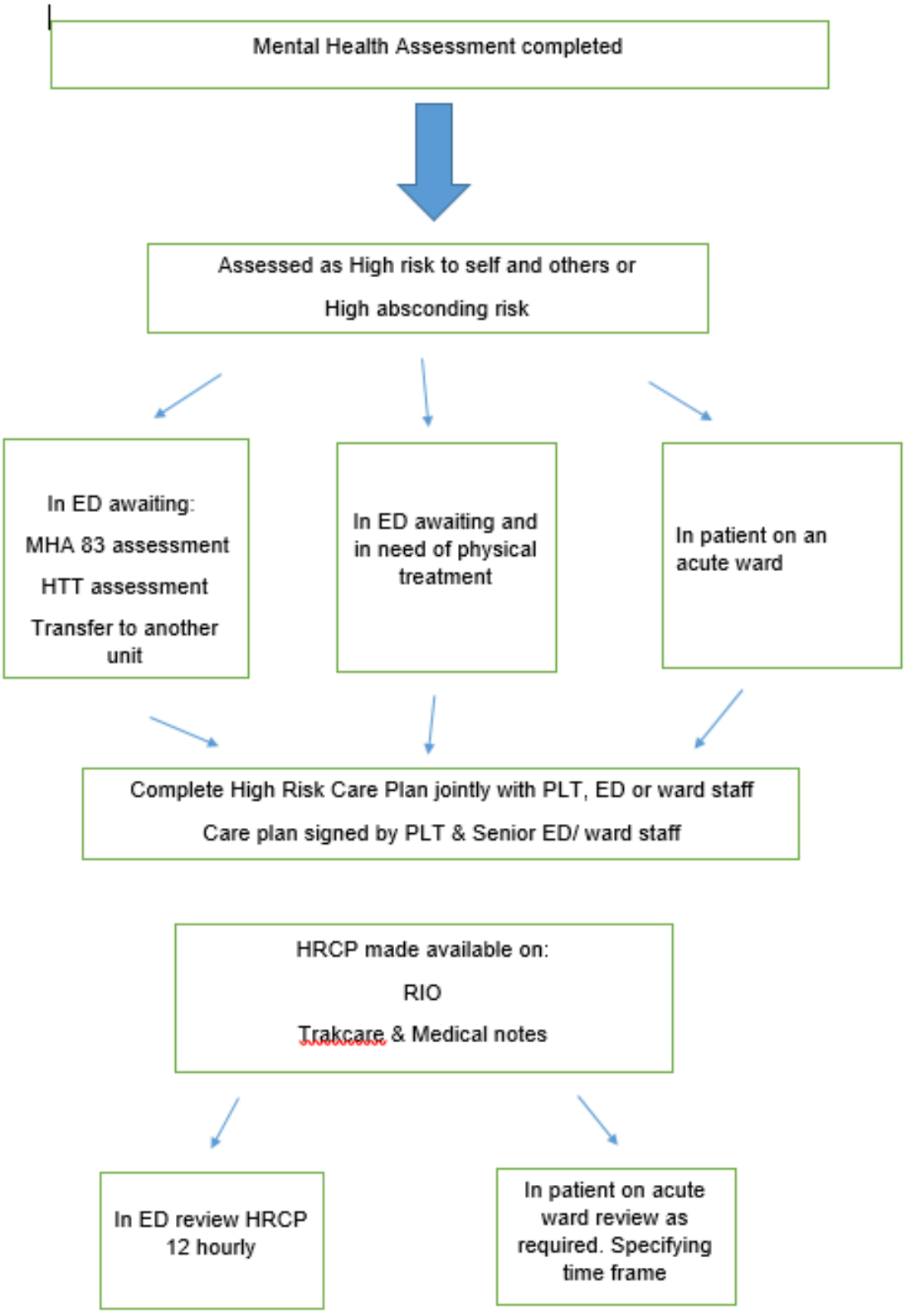
DESCRIPTION	
Gender:	Male Female Transgender
Ethnicity:	White –British/White –Irish/ Any other white background/ Mixed white and black Caribbean/ Mixed white and black African/ Mixed white and Asian/ Any other mixed background/ Asian or Asian British –Indian/ Asian or Asian British –Pakistani/ Asian or Asian British – Bangladeshi/ Any other Asian background/ Black or black British – Caribbean/ Black or black British –African/ Any other black background/ Chinese Any other ethnic group / not stated ……
Language:	English / ……...
Build:	Small / Medium / Large
Height:	Tall / Medium / Short (Record height) =
Eyes:	Blue/Brown/Green/Hazel/Other…….. Glasses: Y / N
Hair Colour:	Black / Brown/ Fair/ Blonde/ Red/Grey/ Other……..
Hair Style:	Curly/ Wavy / Straight / Permed / Dreadlocks/ Cropped /Wig/ Styled/ Streaked/ Bald/Other……..
Facial Hair:	Moustache/Beard/Sideburns/Stubble/Other……...
Distinguishing Features:	Scar/Tattoo/Other…….. Location:……..
Dress:	……
Jewellery:	……

Risk Factors:
e.g. Confusion / Mobility / Falls Risk / Mental Status / Medical Condition

Additional Information:
e.g. is the patient a risk to themselves or others
Likely destination

Ensure copy is issued to Clinical Site Manager

ANNEX D High Risk Care Plan – Psychiatric Liaison Service



Annex E

High Risk Care Plan

Psychiatric Liaison Service

Yeovil District Hospital
Higher Kingston,
Yeovil,
Somerset BA21 4AT

Tel No: 01935 384730
Email: PLTYeovil@sompar.nhs.uk

Musgrove Park Hospital
Parkfield Drive,
Taunton,
Somerset TA1 5DA

Tel No: 01935 342367
Email: PLTTaunton@sompar.nhs.uk

Name of Patient:
Date of Birth:
NHS No:
Patient's legal status:
Date and Time of Care Plan:
Location of the patient:

High Risk Care Plan is to be done for:

- Patients in A&E waiting for a MHA assessment, HTT input, inpatient bed, transfers.
- Patients in A&E with risk rating HIGH (risk to self, risk to others or risk from others) who are receiving physical health interventions
- Patients in Inpatient wards in acute hospitals with risk rating HIGH (risk to self, risk to others or risk from others)

The risks this patient currently presents to themselves are:

The risks this patient currently presents to others are:

Any other significant risks (including safeguarding issues, relevant historical risks or environmental risk factors):

High Risk Care Plan:

1. This patient is on the following psychiatric medication that needs to be continued:
   (check RIO and print out for A&E so that it can be prescribed by A&E doctors, contact GP or CMHRS to clarify, if required)

2. For immediate and short term behavior control, medication suggested:

3. Level of observation, if required. Is this patient an absconsion risk?
   (discuss with A&E / Ward Charge Nurse and agree what is required. This CANNOT be a unilateral decision).

4. Environmental changes/ behavioral techniques, if relevant.

5. Any other

6. The Psychiatric Liaison Team will liaise with the following service for management of this patient. Their contact details are: (include referrals made to HTT/ AMHP/ other wards/ etc with the relevant phone number)

In Case of Absconsion

- Contact Security immediately
- Contact the Police if patient is high risk
- If patient is found on hospital grounds persuade them to return to the ward / A&E

Date:

Signed:	Name:	On behalf of Psychiatric Liaison Service, SABP
Signed:	Name:	Senior staff member on behalf of the Hospital (e.g. Sister, Matron etc)

Review 12 hourly in A&E, or more frequently if needed.

Review as needed for inpatients in wards (specify time between reviews)

Reviewed Date and Time:
Location:
Reviewed by (Liaison):
Senior staff member discussed with (YDH/MPH):
Comments:
(Include presentation and behavior, changes to plan, liaison with other teams, medication, etc)

Reviewed Date and Time:
Location:
Reviewed by (Liaison):
Senior staff member discussed with (YDH/MPH):
Comments:
(Include presentation and behavior, changes to plan, liaison with other teams, medication, etc)

Reviewed Date and Time:
Location:
Reviewed by (Liaison):
Senior staff member discussed with (MPH):
Comments:
(Include presentation and behavior, changes to plan, liaison with other teams, medication, etc)

APPENDIX 1 – EQUALITY IMPACT ASSESSMENT TOOL

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Somerset Equality Impact Assessment			
Before completing this EIA please ensure you have read the EIA guidance notes – available from your Equality Officer			
Organisation prepared for	**Yeovil District Hospital NHS Foundation Trust**		
Version	**2**	**Date Completed**	**13th January 2021**
Description of what is being impact assessed			
Missing Patient Procedure			
Evidence			
What data/information have you used to assess how this policy/service might impact on protected groups? Sources such as the Office of National Statistics, Somerset Intelligence Partnership, Somerset's Joint Strategic Needs Analysis (JSNA), Staff and/ or area profiles,, should be detailed here			
Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?			
The procedural document has been shared with Safety and Security Committee and Mental Health Steering Group members			
Analysis of impact on protected groups			
The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. Consider how this policy/service will achieve these aims. In the table below, using the evidence outlined above and your own understanding, detail what considerations and potential impacts against each of the three aims of the Public Sector Equality Duty. Based on this information, make an assessment of the likely outcome, before you have implemented any mitigation.			

Protected group	**Summary of impact**	**Negative outcome**	**Neutral outcome**	**Positive outcome**

Age	• This policy is intended to include all patients, where appropriate, it is not expected that this policy will impact on any individual as a result of age.	☐	x	☐
Disability	• This policy is intended to include all patients, where appropriate, it is not expected that this policy will impact on any individual as a result of disability	☐	x	☐
Gender reassignment	• This policy is intended to include all patients, where appropriate, it is not expected that this policy will impact on any individual as a result of gender reassignment	☐	x	☐
Marriage and civil partnership	• This policy is intended to include all patients, where appropriate, it is not expected that this policy will impact on any individual as a result of marriage and civil partnership	☐	x	☐
Pregnancy and maternity	• This policy is intended to include all patients, where appropriate, it is not expected that this policy will impact on any individual as a result of pregnancy and maternity	☐	x	☐
Race and ethnicity	• This policy is intended to include all patients, where appropriate, it is not expected that this policy will impact on any individual as a result of race and ethnicity	☐	x	☐

Religion or belief	• This policy is intended to include all patients, where appropriate, it is not expected that this policy will impact on any individual as a result of religion or belief	☐	x	☐
Sex	• This policy is intended to include all patients, where appropriate, it is not expected that this policy will impact on any individual as a result of sex	☐	x	☐
Sexual orientation	• This policy is intended to include all patients, where appropriate, it is not expected that this policy will impact on any individual as a result of sexual orientation	☐	x	☐
Other, e.g. carers, veterans, homeless, low income, rurality/isolation, etc.	• This policy is intended to include all patients, where appropriate, it is not expected that this policy will impact on any individual as a result of any other factors as listed	☐	x	☐

Negative outcomes action plan
Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
	Select date			☐
	Select date			☐
	Select date			☐
	Select date			☐
	Select date			☐

	Select date			☐
	Select date			☐
	Select date			☐

If negative impacts remain, please provide an explanation below.	
Completed by:	**Bernice Cooke Deputy Director Quality Governance, Patient Safety and Safeguarding**
Date	**13th January 2021**
Signed off by:	
Date	
Equality Lead/Manager sign off date:	
To be reviewed by: (officer name)	
Review date:	**January 2024**