University Hospitals of Leicester NHS
NHS Trust

Missing Patients Policy – Adults, Children and Infants (excluding maternity services)

IF YOU HAVE A MISSING PATIENT COMPLETE THE FLOW CHART ON PAGE 3

Approved By:	**Policy and Guideline Committee**
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Trust Lead:	**Michael Clayton Head of Safeguarding**
Board Director Lead:	**Julie Hogg, Chief Nurse Nursing Executive Team**
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Next Review Date:	**April 2027**

CONTENTS

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

May 2005 – V1 of this Policy was written.

March 2012 – V2 of this policy was completely re-written to take into account the changes to, UHL's Divisional structure and the experiences of the UHL and Leicestershire Police to refine the response

May 2016 – V3, a further review was carried out to incorporate the changes made to the trust's new CMG structure and to provide more detailed clarity at which point to involve the Police

June 2016 – V 3.1 updated police questions for UHL staff following Police internal review and update of new criteria.

July 2018 V4 revision of flowchart and definitions of high and low risk patients and inclusion of children and infants

April 2022 – Minor revisions to update policy

January 2024 – Minor revisions on sections 5.27 and 5.33

KEY WORDS

Missing Patient
Absconded Patient
Lost Patient
Wandering Patient

Missing Patient Flow Chart Quick Reference Guide

Adult / Child patient missing from ward/department – unable to contact
Preliminary actions undertaken (appendix 1)
Local security have been notified LRI ext. 6767. GH ext. 2999. LGH ext. 4292
Duty manager, Nurse in charge, Patients medical team informed

Has the patient 'absconded'? i.e. are they detained or likely to be detained under the Mental Health Act, the MCA Deprivation of Liberty Safeguards, or are they subject to a public health order or subject of custody (Police or Prison) Or are under 18 years of age ?

NO

Is the patient at risk of immediate threat to life and limb as a result of being missing?

Does the patient lack mental capacity to consent to / decline care and treatment? This should be documented or **based on a reasonable belief**

Is the person likely to suffer serious harm, including being at risk of exploitation or abuse, or cause serious harm to another person as a result of going missing

Do you believe the patient wishes / intends to take their own life?

YES

Be prepared to provide a clear rationale to the Police
Ensure you have access to senior medical advice.
(Consultant or Registrar)
DON'T DELAY IF YOU THINK THERE IS A RISK
NURSE IN CHARGE TO CALL THE POLICE

Outcome: Low Risk

LOW RISK

1. Ring patients telephone number on their notes
2. Inform Nurse in Charge, Matron, Duty manager , security and consultant
3. Unable to locate or make contact with the patient, or the patient refuses to return to hospital? Complete discharge letter and notify the GP, named contact and other relevant professional agencies, district nurse, social worker etc.
4. Document all your actions and assessments in the patient's notes.
5. If you receive new information that may change the outcome review the flowchart and **escalate**.

Outcome: High Risk

HIGH RISK

1. Notify the Police advising them of the risk level and your concerns.
2. The Police will ask you the **questions overleaf, be prepared to have the information available**.
3. The police will want to speak to the last people (doctor and nurse) that saw the patient. They may need to remain in the area or leave a telephone number to speak to the Police.
4. Contact patients named contact
5. Liaise with clinical staff throughout regarding clinical concerns of the patient.
6. Inform the Duty Manager who will escalate to Director on call & CMG HoN
7. Document your actions in patient's notes and complete DATIX incident form ticking the safeguarding box.

Details of officer taking the report:		
Patient details including Full name, DOB, Address, Telephone numbers: Preferred Name / Nickname **(INSERT PATIENT STICKER)**		
Brief circumstances of patient going missing:		
Where last seen	When last seen	By whom?
Individual's description. – Including clothing		
Steps taken so far to trace the individual. (Preliminary actions undertaken)		
Is this out of character	YES - why	NO
Why are you concerned? What was the particular reason for this patient being deemed high risk?		
Any known intentions or preparations made prior to going missing?	YES - what	NO
Have they taken any personal items with them?	YES - what	NO
Do they have a mobile phone with them?	Network	Number
Any known places they may go?		
Are they subject to any mental health section	YES - What and Why	NO
Any specific medical needs that require medication	YES - Effects and timescales if not available	NO
Are they likely to be a victim of crime	YES - Why	NO
Are they likely to be a victim of abuse	YES (DV/Sexual/Racial/bullying/Homophobic)	NO
Are they at risk of sexual exploitation or on the Child protection register	YES – From whom	NO
Are they likely to self-harm, attempt suicide	YES – Give details, including last known attempt	NO
Have they been exposed to harm in any previous missing episode	YES - When	NO
Do they pose a danger to themselves or any other persons	YES	NO
Does the missing person have a current or previous history of drug or alcohol abuse	YES – Give details	NO
Details of any vehicle using or normal mode of transport if none		
Details of messaging and social media used	What format and usernames and passwords if known	
What access do they have to money		
Is there any other information relevant to their absence that may affect or influence a supervisor's risk assessment?		

1 INTRODUCTION AND OVERVIEW

1.1 The University Hospitals of Leicester NHS Trust (UHL) is committed to fulfilling its duty of care for the safety of its patients. The Trust recognises that people admitted to the Trust are assumed to be voluntary and have a legal right to leave the hospital of their own free will unless they are detained under the Mental Health Act 1983 [1], the Mental Capacity Act's Deprivation of Liberty Safeguards 2009 [2] or are a prisoner in custody receiving treatment at the Trust. Whilst many patients are able to leave the ward area / department without harm occurring, some patients may be at risk, either from others, to themselves, or to others.

1.2 This policy advises staff of action to be taken, and by whom, in the event of an adult or child patient being identified as missing.

1.3 This policy has been written by a multi-professional group to ensure effective interagency procedures exist in the event of a patient being identified as 'missing' and has been revised following lessons learnt from previous instances of missing patients.

1.4 Consideration must be given to the patient's status with regard to the Mental Health Act and the Mental Capacity Act concerning their ability to make an informed decision about leaving the ward area.

1.5 The Trust needs to be vigilant in the care of all its patients particularly those who are vulnerable to going missing. This includes those that are:

a) self-harming/suicidal risk

b) a young person under the age of 18 and unable to protect themselves

c) confused / disoriented / suffering from delirium

d) suffering from the symptoms of Dementia

e) depressed or other symptoms of mental illness

f) dependant on alcohol or illicit substances

g) known to have a history of previous incidents of absconding

1.6 All occurrences of a patient going missing or not returning from authorised leave at an agreed time must be reported in line with the Trust's Policy for the Incident and Accident reporting policy A10/2002 in addition to the requirements of this policy.

1.7 Measures implemented to prevent a patient from going missing or for locating a missing patient are proportionate to the risk of harm and are least restrictive of the person's human rights.

1.8 All staff have a responsibility for ensuring that procedures are in place to avoid a patient going missing from a clinical area. These include, where available, the use of Assistive Technology such as Patient Proximity Monitoring Systems (PPMS) or electronic location devices, the closing of ward doors and ensuring that patients are wearing a Trust patient identification band (as per UHL Patient Identification Band Policy B43/2007).

2 POLICY SCOPE

2.1 The aim of this policy is; to establish a policy to proportionally and appropriately manage the risks of patients going missing from an inpatient or outpatient

episode in University Hospitals of Leicester NHS Trust. This will be achieved through the following objectives;

a) To identify actions to minimise the risks of a patient going missing

b) To identify the process to be followed if a patient is suspected or confirmed as missing

c) To identify the process of reporting the risk factors associated with a missing patient

d) To ensure that the relevant stakeholders are informed and kept up to date of the progress to locate a missing patient including relatives / significant others and professional partners

e) To take appropriate action when the person is found including identification of lessons learnt and incident reporting

f) To comply with the requirements of the Mental Health Act 1983, Human Rights Act 1998, the Mental Capacity Act 2005 (including the Deprivation of Liberty Safeguards 2009) and the Police and Criminal Evidence Act 1984.

g) The aim of this policy is; to establish a policy to proportionally and appropriately manage the risks of patients going missing from an inpatient or outpatient episode in University Hospitals of Leicester NHS Trust. This will be achieved through the following objectives;

2.2 This policy applies to all members of staff working within UHL who are directly involved in the care of adult and children across hospital sites.

2.3 This policy applies to all Trust inpatient, outpatient and emergency department settings

2.4 This policy does not apply to abducted babies who are receiving care and treatment within the Women's and Children's CMG only (Refer to UHL Missing Baby Guidance C29/2013).

2.5 This policy does not apply for Adults or Children who are abucted and considered at risk of harm in these circumstances please refer to safeguarding policies Adult Safeguarding B26/2011 and Child Safeguarding B1/2012

3 DEFINITIONS AND ABBREVIATIONS

Absconded	Is where a patient who is liable to be detained under the Mental Health Act 1983, is subject to a Public Health Order, or is in custody of the Police or Prison Service leaves the treatment area without permission from a clinical staff member, or where a patient fails to return to the inpatient unit at the completion of an approved period of leave (see UHL Mental Health Act policy – available on INsite).
Missing Patient	A missing patient is defined as any inpatient, outpatient or emergency department patient who is noted to be absent from the ward / area / department, without prior arrangement / notification or is overdue returning to the ward from authorised leave. This can be an adult, child or infant (but excludes babies missing from maternity services)
Person In Charge	The person / nurse in charge of the area / ward / department at the time of the incident.

4 ROLES

4.1 Responsibilities within the Organisation

a) The **Chief Nurse** has executive responsibility for Trust compliance with policies and procedures to effectively manage missing patients.

b) The **CMG Heads of Operations, CMG Directors** and **CMG Heads of Nursing** shall have operational responsibility for this policy and shall ensure that it is complied with.

c) **CMG Directors** are the leads for disseminating the policy to medical staff within their CMGs.

d) **Facilities Managers** are the lead for disseminating the policy to Estate / Premises managers / Security Managers / Supervisor and Security staff within the Trust.

e) **The Senior Site Manager** is the lead for disseminating the policy to Duty Managers within the Trust.

f) The **Person in Charge, Duty Managers and Security Staff** hold a key role in the processes and actions that are required in the event of a patient going missing and this is clearly identified throughout section 6 of this document.

g) The **Corporate Patient Safety Team** are responsible for generating a quarterly report from Datix of all missing patients' incidents for the Policy Authors and for ensuring that the key recommendations agreed from the Post Incident Joint Agency Debrief are actioned by the identified lead person. This is through the UHL Police Liason Group

h) All **Security Staff/Police** are responsible for identifying which policies are applicable to their area of work and for following Trust policy documents. All staff should know where to locate the Missing Patient Police Adult, Children and Infant and all staff must adhere to the policy and procedures when dealing with a missing patient.

i) All **Trust staff** have responsibility for ensuring that procedures are in place to avoid a patient going missing from a clinical area. These include, where available, the use of Assistive Technology such as Patient Proximity Monitoring Systems (PPMS) or electronic location devices, the closing of ward doors and ensuring that patients are wearing a Trust patient identification band (as per UHL Patient Identification Band Policy).

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 Minimising the Risk of Patients Going Missing

5.1.1 On admission / attendance to UHL patients (for children / infants the responsible adult accompanying them) must be advised to inform staff if they wish to leave the ward / department and the consequences of not doing so must be explained i.e. instigation of Missing Patients procedures.

5.1.2 Where a patient has been identified as at high risk of wandering, after initial assessment, then staff must refer to the 'Policy for Assessment and Care Management of Patients who are at risk of Wandering in the Acute Care Setting (B52/2005)'.

5.1.3 All staff have a responsibility for ensuring that procedures are in place to avoid a patient going missing from a clinical area. This includes closing of ward doors /

fire escape doors, ensuring that patients are wearing a Trust Identification band and, where available, the use of Assistive Technology such as Patient Proximity Monitoring Systems or electronic location devices.

5.1.4 Strategies to reassure and reduce the stress and anxiety of vulnerable and restless patients should be implemented by engaging the patient's family, carers and visitors. Where appropriate, consideration of extended visiting times should be given to promote the safety and welfare of those patients.

5.2 Patient Reported Missing – Risk Categorisation

5.2.1 Before reporting a patient missing, the following checks should take place:

The following actions must be completed within 15 minutes by the Person In Charge:	
1.	Communicate with all staff on duty to establish that the patient has actually left the ward / area without staff knowledge. Identify the time that the patient was last seen.
2.	Establish if the patient is attending another clinic, department, or other area of the hospital for treatment.
3.	Establish, where possible, if the patient is with a relative, carer or friend.
4.	Establish if the patient has taken their belongings with them.
5.	Undertake a thorough search of the ward / department, including areas not commonly accessed by patients, for example store rooms, offices etc. The search will include the immediate vicinity, within 20 metres of all exits to the area'
6.	Complete a search log (Appendix 1)
7.	Attempt to contact the missing patient on his / her mobile phone (where available) and his / her home telephone number.
8.	If contact can be made then make effort to persuade the patient to return to hospital.
9.	Attempt to contact the missing patient's next of kin / significant other to establish if the patient is with them.
10.	Once a patient is believed to be missing the 'worst case' scenario is assumed and the following procedure must be immediately initiated.

5.2.2 Once a patient is identified as missing, the Person in Charge determines the risk category by completing the **Missing Patient Flow Chart.**

5.2.3 For clarity it has been agreed by all agencies concerned that the terms **HIGH** and **LOW** will be adopted in relation to risk assessment of missing patients.

5.2.4 The Person in Charge must ensure the risk categorisations are kept under review, as there may be changes to status at any time. Any changes to status must be disclosed to the stakeholders involved, such as the Police.

5.2.5 The Person in Charge, together with **available** members of the care team, should consider the findings of the risk categorisation and where possible undergo a further 'fact gathering' process by talking to staff, reviewing care plans etc. This must be documented in the patients notes.

5.2.6 <u>High Risk</u>

5.2.7 A person is assessed as High Risk if one or more of the following influencing risk factors are present and considered to pose an immediate risk to either themselves and the general public (this list is not exhaustive):

a) Has the patient 'absconded'? i.e. are they detained or likely to be detained under the Mental Health Act, the MCA Deprivation of Liberty Safeguards, or are they subject to a public health order or subject of custody (Police or Prison) or is under 18 years of age ?

b) Is the patient at risk of immediate threat to life and limb as a result of being missing?

c) Does the patient lack mental capacity to consent to / decline care and treatment? This should be documented or based on a reasonable belief. Noting that young people under the age of 16 are deemed to lack capacity unless proved otherwise.

d) Is the person likely to suffer serious harm, including being at risk of exploitation or abuse, or cause serious harm to another person as a result of going missing.

e) Do you believe the patient wishes / intends to take their own life, and is either awaiting assessment or has been assessed by mental health services?

5.2.8 Low Risk

5.2.9 A person may be assessed as Low Risk or assessed as 'Of No Concern at this Time' where the assessment provides that the missing person has capacity, has free will, is able to function adequately without assistance and there is no immediate danger to themselves or others; however this decision should be reviewed if new information comes to light and then the circumstances should be reassessed.

5.3 Notifying the Police for Assistance

5.3.1 Police involvement will be required for the management of all high risk patients.

5.3.2 The Police will want to speak to members of staff who last had contact with the patient, either in person or by telephone if the staff member cannot remain in the area for the Police. Staff members should leave a telephone number that they can be contacted on. A list of questions that the Police will ask is on the reverse of the missing patient flow chart on page 4.

5.3.3 Police have powers to enter a property to save life or limb, providing there are clear grounds to believe that life may be at risk and that there are significant reasons to believe that the person is inside the address.

5.3.4 The Police will assess the risk based on their matrix and the information provided by UHL staff. They will inform the member of staff of the outcome of their risk assessment. UHL staff should obtain the police incident reference number and the name of the call handler. If UHL staff do not think that the risk has been given a high enough rating they should escalate their concerns to the Trust Duty Manager, who can raise the issues with the Police Control Room Inspector quoting the Police incident reference number.

5.4 Procedure When ANY Patient is Suspected of Being Missing

5.4.1 High Risk

a) Notify the Police advising them of the risk level and your concerns.

b) The Police will ask you the **questions overleaf, be prepared to have the information available.**

c) The police will want to speak to the last people (doctor and nurse) that saw the patient. They may need to remain in the area or leave a telephone number to speak to the Police.

d) Contact patients named contact.

e) Liaise with clinical staff throughout regarding clinical concerns of the patient.

f) Inform the Duty Manager who will escalate to Director on call & CMG HoN.

g) Document your actions in patient's notes and complete DATIX incident form ticking the safeguarding box.

5.4.2 Low Risk

a) Ring patients telephone number on their notes.

b) Inform Nurse in Charge, Matron, Duty manager, security and consultant.

c) Unable to locate or make contact with the patient, or the patient refuses to return to hospital? Complete discharge letter and notify the GP, named contact and other relevant professional agencies, district nurse, social worker etc.

d) Document all your actions and assessments in the patient's notes.

e) If you receive new information that may change the outcome review the flowchart and **escalate**.

5.5 Procedure When Police Attend the Ward/Area/Department

The following actions must be completed when police attend the ward / area:	
1.	When Police arrive to the ward / area they should speak to the Person in Charge and confirm what action has been taken and is currently being undertaken to trace the patient.
2.	The Person in Charge should make every effort to locate the last person to see the patient and make them available to speak to the police.
3.	The Person in Charge must share the details of the completed Missing Patient Risk Assessment Flowchart with the attending Police Officer (s).
4.	The Person in Charge/Security should provide the Police with access to CCTV where relevant.
5.	The Person in Charge will provide the officers with whatever patient and medical history is relevant to establishing the risk and likely future risks and behaviour of the missing patient.
6.	The Person in Charge will provide the officers with a reasonable opinion of the missing person's capability to make decision regarding their own treatment with respect to the Mental Capacity Act 2005/Mental Health Act

5.6 Informing Relatives/Significant Others

5.6.1 The Person in Charge must keep appropriate family / carers informed of the incident and should keep them informed of any developments. A record of communication must be kept in the nursing notes.

5.6.2 Consideration may also be given to informing any person(s) who may be put at risk whilst the whereabouts of the missing person remains unknown. This is predominantly a Police action however any information held/known by UHL staff should be handed over to the Police. Every effort should be given to maintain the confidentiality of the missing person and the decision to involve relatives/carers should reflect the level of risk identified.

5.7 Requirements of the Mental Health Act 1983

5.7.1 Where the missing person is detained under the provisions of the Mental Health Act 1983, the procedures outlined in the UHL Mental Health Act Policy are applicable (available on INsite). However consideration should be given to the use of Section 18 – *Return and Readmission of Patients Absent without Leave* - of the Mental Health Act 1983. In these circumstances staff should seek advice

from the Police **(0116 222 2222/ 999)** and the Mental Health Act office at Leicestershire Partnership Trust **(0116 225 3703).**

5.8 Interface with the Deprivation of Liberty Safeguards 2009

5.8.1 If the patient who has gone missing is subject to a valid and current Deprivation of Liberty Authorisation then it has already been determined that he / she lacks mental capacity to consent to being on the ward / department for care and treatment. This means that the patient is particularly vulnerable to harm.

5.9 Procedure in the Event of Missing Patient Being Found

The following actions must be completed :	
1.	Once the patient has been found all parties must be informed.
2.	The missing Patient may be returned in a number of ways but this will usually reflect the level of risk initially identified. The Police have no powers to return someone to hospital. Exceptions apply and are detailed in para 6.3.3.
3.	A patient cannot be required to return to hospital except in certain circumstances (i.e. if they are detained under MHA/DoLS). If they refuse, this should be discussed with the medical staff and the risks of not returning to hospital should be made clear to the patient.
4.	If on-going medical care is required the patients GP will be notified via phone call (within 6 hours or the next working day if Out of Hours) and with the discharge notes identifying their refusal to return to hospital.
5.	Consideration (by Duty Manager in conjunction with clinical staff) should be given to the missing person's condition and either a Police vehicle or Ambulance should be arranged to safely return the patient.
6.	If there are reasonable doubts about a Patient's capacity to make the decision (High risk patient) then the Patient can be returned to hospital by the Police (in their best interests under the MCA) for a formal assessment of capacity by medical staff. A Psychiatric assessment may also be needed if there is concern about the patient's mental health condition. If the Police are requested to do this, the staff who were treating the patient must provide suitable rationale to the Police with reference to the Mental Health Act / Mental Capacity Act.

5.10 Procedure Following the Return of the Missing Patient to Hospital

The following actions must be completed by the Person in Charge within 1 hour of the Patient returning to the ward / area / department:	
1.	The Patient's relatives / significant others must be informed.
2.	The Patient must be examined by a Medical Doctor.
3.	Inform members of the care team and senior managers involved.
4.	If there is any suggestion that the Patient has been the victim or perpetrator of crime, consideration must be given to the securing of evidence for forensic examination (seek advice where needed from the Police 0116 222 2222 / 999) and the reporting of the incident to the Police.
5.	Document details and circumstances of the Patient's whereabouts and the Patient's mental state on return
6.	Consider the Patient's physical health needs, including nutrition, medication and recording of vital observations
7.	Ensure appropriate care plans are in place to reduce the risk of further incidents occurring, in conjunction with the multidisciplinary team

5.11 Documenting the Incident

5.11.1 A contemporaneous record of events must be made in the nursing section of the patient's clinical record, as the situation progresses.

5.11.2 A Trust incident must be raised and details uploaded to Datix.

5.12 Escalation of Incident Where Missing Patient High and Low risk Not Found

The following actions must be completed within 4 hours:	
1.	The Duty Manager in conjunction with the relevant CMG manager (in hours) Senior Manager (out of hours) will consider arranging an urgent incident meeting if the initial action has not resolved the situation and the level of risk remains high
2.	The Trust Gold Command should meet and discuss the issues.
3.	The Person in Charge must keep appropriate family / significant others informed of any developments. It may be appropriate to ask relevant community staff to visit family / carers for support. A record of this communication must be kept in the nursing notes.
4.	The Police have responsibility for considering whether to inform the media about a missing patient to assist in locating them or to warn the public should they pose a significant risk to others. The decision will be made by the Police following consultation with the UHL Communications Team.
5.	Staff must refer all contact from the press and media to the Trust Communications team.

5.13 Post Incident Review (High Risk Only)

5.13.1 At the conclusion of the incident it is important for the key agencies involved to meet at the earliest opportunity, and no later than 7 days after, for a joint agency debrief with the Trust Patient Safety Team. This purpose of this meeting will be:

a) To provide an opportunity for all those involved to express their feelings and concerns relating to the incident.

b) To identify any follow up support or action, e.g. counselling from Amica.

c) To ascertain the need to review the treatment or future care of the patient.

d) To identify any lessons learnt to the management of the incident and actions required to prevent recurrence.

e) To review the risk assessment documentation and whether amendment is necessary.

5.13.2 A Missing Person Found Report forms ***(MR2)*** **- Appendix 2** will be completed during the incident debrief.

5.13.3 The UHL Corporate Patient Safety Team will be responsible for ensuring that the key recommendations agreed are actioned by the identified lead person.

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 There is no new training programme required to support implementation of this policy, it is more a case of 'awareness raising'.

6.2 If necessary, training can be provided on an adhoc basis by request to the respective CMG staff who have roles and responsibilities within this policy.

7 PROCESS FOR MONITORING COMPLIANCE

7.1 The CMG Heads of Nursing, Medical Directors and Head of Facilities will have overall responsibility for ensuring that the policy is implemented and adhered to by all staff in so far at it relates to missing patients.

Key Performance Indicator	Method of Assessment	Frequency	Lead
Review Report generated from Datix of all missing patients' incidents.	Review Datix incidents via the UHL Security Management and Police Liaison Group (SMPLG) – identify key themes and feedback to CMG Quality & Safety Managers for action.	Quarterly	Quality & Safety Team to provide report for Policy Authors. Policy authors to feedback details of the report to SMPLG. Chair of SMPLG to feedback key themes to CMG Quality and safety Managers. CMG Quality & safety Managers to feedback to CMG Boards. CMG Heads of Nursing will be responsible for developing, implementing and reviewing any action plans required from the feedback provided.
100% of patients sampled from the Datix report will have MR1-3 forms completed	Review sample of MR1-3 forms and provide report for the Chair of UHL Security Management and Police Liaison Group.	Annually	Policy Authors to provide report. Chair of SMPLG to feedback to CMG Quality and Safety Managers. CMG Quality & safety Managers to feedback to CMG Boards. CMG Heads of Nursing will be responsible for developing, implementing and reviewing any action plans required from the feedback provided.

8 EQUALITY IMPACT ASSESSMENT

8.1 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 DEVELOPMENT & CONSULTATION

9.1 This Policy has been developed by a multi-agency group which has multi-disciplinary representation including: nursing; facilities, LSMS and the Police.

9.2 A draft version was disseminated across all CMGs for a 4 week period of consultation and relevant amendments / corrections were then implemented prior to approval.

9.3 This policy was approved by the UHL Policies & Guidelines Committee.

10 DISSEMINATION & IMPLEMENTATION OF THIS POLICY

10.1 The Policy will be disseminated via email to all CMG nursing and medical leads and the general management team for onward dissemination to all staff within their CMG. The updated Policy will be uploaded onto SharePoint documents. Staff will be advised of the updated Policy via SharePoint desktop.

11 LEGAL LIABILITY FOR THIS POLICY

11.1 The Trust will generally assume vicarious liability for the acts of its staff including those on honorary contract. However, it is incumbent on staff to ensure that they:

a) Have undergone any suitable training identified as necessary under the terms of this policy or otherwise.

b) Have been fully authorised by their line manager and their Directorate to undertake the activity.

c) Fully comply with the terms of any relevant Trust policies and/or procedures at all times.

d) Only depart from any relevant Trust guidelines providing always that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible clinician it is fully appropriate and justifiable - such decision to be fully recorded in the patient's notes.

11.2 It is recommended that staff have Professional Indemnity Insurance cover in place for their own protection in respect of those circumstances where the Trust does not automatically assume vicarious liability and where Trust support is not generally available. Such circumstances will include Samaritan acts and criminal investigations against the staff member concerned.

11.3 Suitable Professional Indemnity Insurance Cover is generally available from the various Royal Colleges and Professional Institutions and Bodies

12 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

12.1 References

DEPARTMENT OF HEALTH (1983) *Mental Health Act*. London: The Stationery Office.
DEPARTMENT OF HEALTH (2005). *Mental Capacity*. London: The Stationery Office.
DEPARTMENT OF HEALTH (2009) *Deprivation of Liberty Safeguards*. London: The Stationery Office.

12.2 Related Policies:

a) Mental Capacity Act UHL Policy (B23/2007)

b) DOLS - Deprivation of Liberty Safeguards UHL Policy (B5/2009)

c) Wandering Patients in Hospital UHL Policy (B25/2005)

d) Health and Safety UHL Policy (A17/2002)

e) Risk Management UHL Policy (A12/2002)

f) Violence, Aggression and Disruptive Behaviour UHL Policy (B11/20015)

g) Security UHL Policy (A14/2002)

h) Safeguarding Adults UHL Policy (B26/2011)

i) Incident and Accident Reporting UHL Policy (A10/2002)

j) Patient Identification Band UHL Policy (B43/2007)

13 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

13.1 Once approved by the UHL P&G Committee, Trust Administration will allocate the appropriate Trust Reference number for Document Control purposes.

13.2 The updated version of the Policy will be uploaded and available through SharePoint Documents and the Trust's externally-accessible Freedom of Information publication scheme. Previous versions of the Policy will be archived on SharePoint Documents.

13.3 This Policy will be reviewed every three years and it is the responsibility of the Policy and Guideline Committee to commission the review.

Appendix 1

WARD / DEPARTMENT SEARCH LOG

The Ward / Area Preliminary Search

1. Systematically look everywhere including all non-patient areas

2. Searchers must start in the same general area and work their way through the ward or department. This avoids areas being searched more than once and other areas not being searched

3. Identify who is going to search where - either an individual doing one area or a group being divided to search sectors

4. Areas that are lockable or locked (e.g. toilets/cupboards) - if there is no answer, assistance to be summoned to unlock and check these areas

5. Complete the Search Log. An example suitable for adaptation is set out below:

WARD/DEPARTMENT SEARCH LOG

Date: **Time:** **Nurse in Charge:**

Site / Ward/Department:
Time & Date Patient First Reported Missing:

Patient sticker:

LOCATION	BY WHO	TIME OUT	TIME IN	RESULTS
Patient Locker				
Bed Area				
Ladies Toilets				
Men's Toilets				
Bathroom / Showers				
Sluice				
Day room				
Kitchen				
Offices				
Storerooms				
Cupboards				
Treatment room				
Other – specify				
Corridors within 20 metres of exits				
Rooms within 20 metres of exits				

MISSING PATIENT FOUND REPORT (MR2) **Post Incident Joint Agency Debrief Form (High Risk only)**	University Hospitals of Leicester NHS Trust
Patient Sticker	Ward / Department: Site: Date and Time Patient Found: Police reference number:
Found address:	Officer Details:

DEBRIEF	
Missing Voluntarily? Yes / No	Lost or Injured? Yes / No
Found at: Returned of own accord / Found at home address / Found at relative address /Found elsewhere *Describe circumstances:*	
Found by: Family / Police / carers / Other persons / Arrested / Recovered warrant MHA / Other *Describe circumstances:*	
Transport for return: Police provided / Carers provided / Not required / Ambulance required *Describe circumstances:*	
Suffered harm? Unharmed / Physical injury / Sex Offence / Other crime / Abduction / Unexplained death / Murder *Describe circumstances:*	
Circumstances While Missing: Slept rough / Stayed with friend / Met up with other / Went to location / Went to place previously lived or frequented / Stayed in hotel or other commercial premises / Misper refused or declined information / Not known / other *Describe circumstances:*	
Criminal activity: No crime committed / committed crime *Describe circumstances:*	
Time spend missing: Less than 24 hours / 24-48 hours / 3-5 days / More than 7 days *Describe circumstances:*	
Distance away from point missing: 0-5 miles / 6-210 miles / 11-20 miles / 21-40 miles / 41-80 miles / over 81 miles / out of UK *Describe circumstances:*	
Reason for going missing: Problems at home / personal problems / problems at school / other reasons / declined to give reasons / Lacks mental capacity to provide reasons *Describe circumstances:*	
Lessons Learnt	
Recommendation	