

## Management of Missing Patients (Adults and Young People) Policy

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### What is in this policy?

University Hospitals Bristol NHS Foundation Trust (UH Bristol) has a responsibility to ensure that patients within its care are kept safe and can be located at all times when there is a reasonable concern that they may pose a risk to themselves or others.

This Policy will be used throughout UH Bristol to promote and manage the safety of all patients deemed to be missing from their expected location

<b>Document Change Control</b>				
<b>Date of Version</b>	<b>Version Number</b>	<b>Lead for Revisions</b>	<b>Type of Revision</b>	<b>Description of Revision</b>
Sept 2005	01	Chief Nurse		To make local changes
Nov 2007	02	Chief Nurse		To include new legislation
Feb 2011	03	Adult Safeguarding Nurse		To include new legislation
May 2011	04	Adult Safeguarding Nurse		To include changes from Consultation groups
Jun 2012	05	Adult Safeguarding Nurse		To make local changes
Oct 2013	06	Adult Safeguarding Nurse		Reformatted to new template. Procedures removed to separate SOP
Sept 2015	07	Lead Nurse for Safeguarding		Policy reviewed expanded to include young people under the age of 18 years who abscond.
Dec 2016	08	Lead Nurse for Safeguarding		Policy update
Jan 2019	09	Lead Nurse for Safeguarding		Policy update

<b>Sign off Process and Dates</b>	
<b>Groups consulted</b>	<b>Date agreed</b>
Safeguarding Adults and Mental capacity Act Operation Group	27/02/2019
Child Protection Operational Group	13/02/2019
Safeguarding Steering Group	04/03/2019
Policy Assurance Group	28/03/2019

- **Stakeholder Group** can include any group that has been consulted over the content or requirement for this policy.
- **Steering Group** can include any meeting of professionals who has been involved in agreeing specific content relating to this policy.
- **Other Groups** include any meetings consulted over this policy.
- **Policy Assurance Group** must agree this document before it is sent to the **Approval Authority** for final sign off before upload to the DMS.

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## 1. Do I need to read this Policy?

The Policy is relevant to all staff

## 2. Introduction

University Hospitals Bristol NHS Foundation Trust (UH Bristol) has a responsibility to ensure that patients within its care are kept safe and can be located at all times when there is a reasonable concern that they pose a risk to themselves or others.

This Policy will be used throughout UH Bristol to promote and manage the safety of all patients deemed to be missing from their expected location.

The policy enables the Trust to be proactive in relation to the priority placed on safeguarding and the mitigation of risks to protect patients, staff and the organisation.

## 3. Purpose

UH Bristol recognises the need to provide formal risk assessment tools to aid healthcare and allied professionals in establishing the risk factors associated with patients that abscond or go missing from designated areas and applies to both adults and young people under the age of 18 years.

- (a) The policy is supported by various standard operating procedures and policies for use in specific circumstances which can be found as a list in section 10: In all Adult clinical areas, all patients (i.e. 16 and over) – Management of Patients missing from Adult Clinical Areas Standard Operating Procedure.
- (b) In Bristol Royal Hospital for Children (i.e. patients aged under 16) - Absconding Paediatric Inpatient Standard Operating Procedure and Child Abduction Policy 2014.
- (c) In St Michaels Hospital Maternity areas St Michaels Hospital Baby Abduction Procedures

The risk assessment tools will identify the level of response required and actions necessary. They provide clear frameworks for ensuring consistent risk assessment and appropriate responses, by identifying the level of potential or actual harm the missing person may present to themselves or others. Where there are significant concerns around the safety of a child or a patient who lacks mental capacity to understand the risks of leaving, this policy and the accompanying operating procedures will be used alongside current Safeguarding legislation. This will enable protective measures to be taken under the Care Act 2014 or the Children's Act 1989 and 2004 in order to keep a patient safely in hospital. In this case contact the Safeguarding team on ext 21696 or, out of hours contact the Emergency Duty Team on 01454 615165.

## 4. Scope

This policy relates to all permanent and temporary employees, volunteers, agencies and agency staff working for and on behalf of the Trust.

## **5. Definitions**

### **5.1 *Missing person***

The Association of Chief Police Officers 2005 Guidance defines a missing person as 'Anyone whose whereabouts are unknown, whatever the circumstances of disappearance. They will be considered missing until their wellbeing or otherwise has been established.'

A patient is missing from hospital when they are a patient receiving healthcare services from the hospital, either on an inpatient or outpatient basis and is found to have left the ward or department without those responsible for his/her care expecting that absence.

NB If this is an informal or voluntary admission, i.e. there are no legal orders in place (such as detention under the Mental Health Act, a Deprivation of Liberty Safeguard (DoLS) Authorisation/Liberty Protection Safeguard, Mental Capacity Act (MCA) 2005 provision, or for young people under the age of 18 years, protective measures under the Children's Act 1989/2004 (Emergency Protection Order/Police Protection Order) and patient's whereabouts are known but they are refusing to return to hospital and are at no risk to themselves or to others, they are not a missing person.

### **5.2 *Absconding***

Active – attempts to leave a designated area without informing key personnel (For Bristol Royal Hospital for Children see Absconding Paediatric inpatient SOP).

Passive – confused or disorientated patients wander from designated area.

### **5.3 *Young Person***

For the purpose of this policy a Young Person is defined as anyone under the age of 18.

## **6. Duties, Roles and Responsibilities**

### **6.1 *Trust Board of Directors***

- (a) Accountable for ensuring the safety of all patients.

### **6.2 *Chief Nurse***

- (a) Chair of Safeguarding Steering Group
- (b) Responsible for the governance of the oversight of safeguarding activity.

### **6.3 *Heads of Nursing/Midwifery/Divisions***

- (a) Responsible for the cascading of and compliance with the policy.

### **6.4 *Ward and Departmental Managers***

- (a) Ensure that all staff understand and are compliant with the policy and take appropriate actions where necessary in line with the appropriate procedure.

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### **6.5 Site Managers/Unit Managers/Clinical Site Team**

- (a) Ensure that the appropriate personnel have been contacted when a person is missing.

### **6.6 All Trust employees**

- (a) Contractual obligation to safeguard, for clinical governance and therefore to protect missing patients.
- (b) All staff must adhere to the local procedures as defined in the policy.

## **7. Policy Statement and Provisions**

UH Bristol has a responsibility to ensure that patients within its care are kept safe and can be located at all times when there is a reasonable concern that they pose a risk to themselves or others.

Where patients at risk go missing, it is our responsibility to work with appropriate others to locate them as soon as possible to reduce the risk of harm.

We will keep any relevant relatives, friends or advocates updated on a regular basis.

We shall report incidents to the relevant authorities as appropriate.

There are formal Standard Operating Procedures for assessing the risk of a missing adult patient or child, with defined procedures to be undertaken in the event of a patient going missing, according to the level of the risk. There are standalone procedures in place for cases of baby or child abduction.

These procedures will follow best practice and the provisions of regulation and legislation.

## **8. Standards and Key Performance Indicators**

### **8.1 Applicable Standards**

It is the expectation that all patients are kept safe and can be located at all times where there is a reasonable concern that they may pose a risk to themselves or others.

UH Bristol must adhere to the terms of all detention orders i.e. Sections under the Mental Health Act and Deprivation of Liberty Safeguard Authorisation /Liberty Protection Safeguard orders, and for young people under the age of 18 years specified legislation within the Children's Act 1989 (Emergency Protection Order/Police Protection Order).

UH Bristol has a statutory obligation to report patients detained under the Mental Health Act and the Deprivation of Liberty Safeguards Authorisation/ Liberty Protection Safeguard to the CQC.

### **Care Quality Commission Standards:**

Regulation 13 – Safeguarding service users from abuse and improper treatment

Regulation 17 – Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983. This area should also include any NHS

England/Improvement/Government related standards which this policy has been created to ensure compliance with.

## **9. References**

Mental Capacity Act 2005

Children Act 1989 and 2004

The Association of Chief Police Officers 2005 (Guidance on The Management, Recording and Investigation of Missing Persons © ACPO Centrex 2005)

## **10. Associated Internal Documentation**

[Liaison Psychiatry ED Risk Assessment Matrix](#)

[Mental Capacity Act Assessment](#)

[Best Interest Discussion](#)

[Conflict Resolution Policy](#)

[Child Abduction Policy](#)

[Safeguarding Patients Joint Policy](#)

[St Michaels Hospital Baby Abduction procedure](#)

[Mental Capacity Act Policy inc Deprivation of Liberty Safeguards](#)

[Standard Operating Procedure – Absconding Paediatric Inpatients](#)

[Standard Operating Procedure – Procedure for Management of Missing Adult Patients](#)

[Policy for Restrictive Intervention, Restraint and Clinical Holding](#)

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## 11. Appendix A – Monitoring Table for this Policy

The following table sets out the monitoring provisions associated with this policy. Please ensure any possible means of monitoring this policy to ensure all parts are fulfilled are included in this table.

Objective	Evidence	Method	Frequency	Responsible	Committee
To ensure all staff adhere to this policy	Internal audit on a random sample of patients who have gone missing and the use of the policy to manage the individual situations including appropriate communications with others, external to the organisation.	Completion of UH Bristol Incident Reports and the CSMT daily reports. Safeguarding referrals	Quarterly data reports to Adult Safeguarding and Mental Capacity Act Operational Group. Annual audit	Divisions	Safeguarding Steering Group

## 12. Appendix B – Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

Plan Elements	Plan Details
<b>The Dissemination Lead is:</b>	Deputy Chief Nurse
<b>Is this document: A – replacing the same titled, expired policy, B – replacing an alternative policy, C – a new policy:</b>	A
<b>If answer above is B: Alternative documentation this policy will replace (if applicable):</b>	[DITP - Existing documents to be replaced by]
<b>This document is to be disseminated to:</b>	All Staff
<b>Method of dissemination:</b>	Via Newsbeat Email and DMS
<b>Is Training required:</b>	Yes
<b>The Training Lead is:</b>	Safeguarding lead nurse

### Additional Comments

[DITP - Additional Comments]

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### 13. Appendix C – Equality Impact Assessment (EIA) Screening Tool

Further information and guidance about Equality Impact Assessments is available here:

<http://www.avon.nhs.uk/dms/download.aspx?did=17833>

Query	Response
What is the <b>main purpose</b> of the document?	To promote and manage the safety of all patients deemed to be missing from their expected location
Who is the target audience of the document?	Add <input checked="" type="checkbox"/> or <input checked="" type="checkbox"/>
Who is it likely to impact on? (Please tick all that apply.)	Staff <input checked="" type="checkbox"/> Patients <input checked="" type="checkbox"/> Visitors Carers Others

Could the document have a significant <b>negative</b> impact on equality in relation to each of these characteristics?	YES	NO	Please explain why, and what evidence supports this assessment in relation to your response.
<b>Age</b> (including younger and older people)		<input checked="" type="checkbox"/>	
<b>Disability</b> (including physical and sensory impairments, learning disabilities, mental health)		<input checked="" type="checkbox"/>	
<b>Gender reassignment</b>		<input checked="" type="checkbox"/>	
<b>Pregnancy and maternity</b>		<input checked="" type="checkbox"/>	
<b>Race</b> (includes ethnicity as well as gypsy travelers)		<input checked="" type="checkbox"/>	
<b>Religion and belief</b> (includes non-belief)		<input checked="" type="checkbox"/>	
<b>Sex</b> (male and female)		<input checked="" type="checkbox"/>	
<b>Sexual Orientation</b> (lesbian, gay, bisexual, other)		<input checked="" type="checkbox"/>	
<b>Groups at risk of stigma</b> or social exclusion (e.g. offenders, homeless people)		<input checked="" type="checkbox"/>	
<b>Human Rights</b> (particularly rights to privacy, dignity, liberty and non-degrading treatment)		<input checked="" type="checkbox"/>	

Will the document create any problems or barriers to any community or group? NO

Will any group be excluded because of this document? NO

Will the document result in discrimination against any group? NO

If the answer to any of these questions is YES, you must complete a full Equality Impact Assessment.

Could the document have a significant <b>positive</b> impact on inclusion by	YES	NO	If yes, please explain why, and what evidence supports this assessment.

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<b>reducing inequalities?</b>			
Will it promote equal opportunities for people from all groups?	<input checked="" type="checkbox"/>		Policy is applicable to all staff and is relevant to all patients
Will it help to get rid of discrimination?		<input checked="" type="checkbox"/>	
Will it help to get rid of harassment?		<input checked="" type="checkbox"/>	
Will it promote good relations between people from all groups?	<input checked="" type="checkbox"/>		Policy is applicable to all staff and is relevant to all patients
Will it promote and protect human rights?	<input checked="" type="checkbox"/>		Policy refers to procedures in the Mental Capacity Act which reflect the ethos of protection of human rights

On the basis of the information/evidence so far, do you believe that the document will have a positive or negative impact on equality? (Please rate by circling the level of impact, below.)

<b>Positive impact</b>				<b>Negative Impact</b>		
Significant	Some <input checked="" type="checkbox"/>	Very Little	NONE	Very Little	Some	Significant

Is a full equality impact assessment required? NO

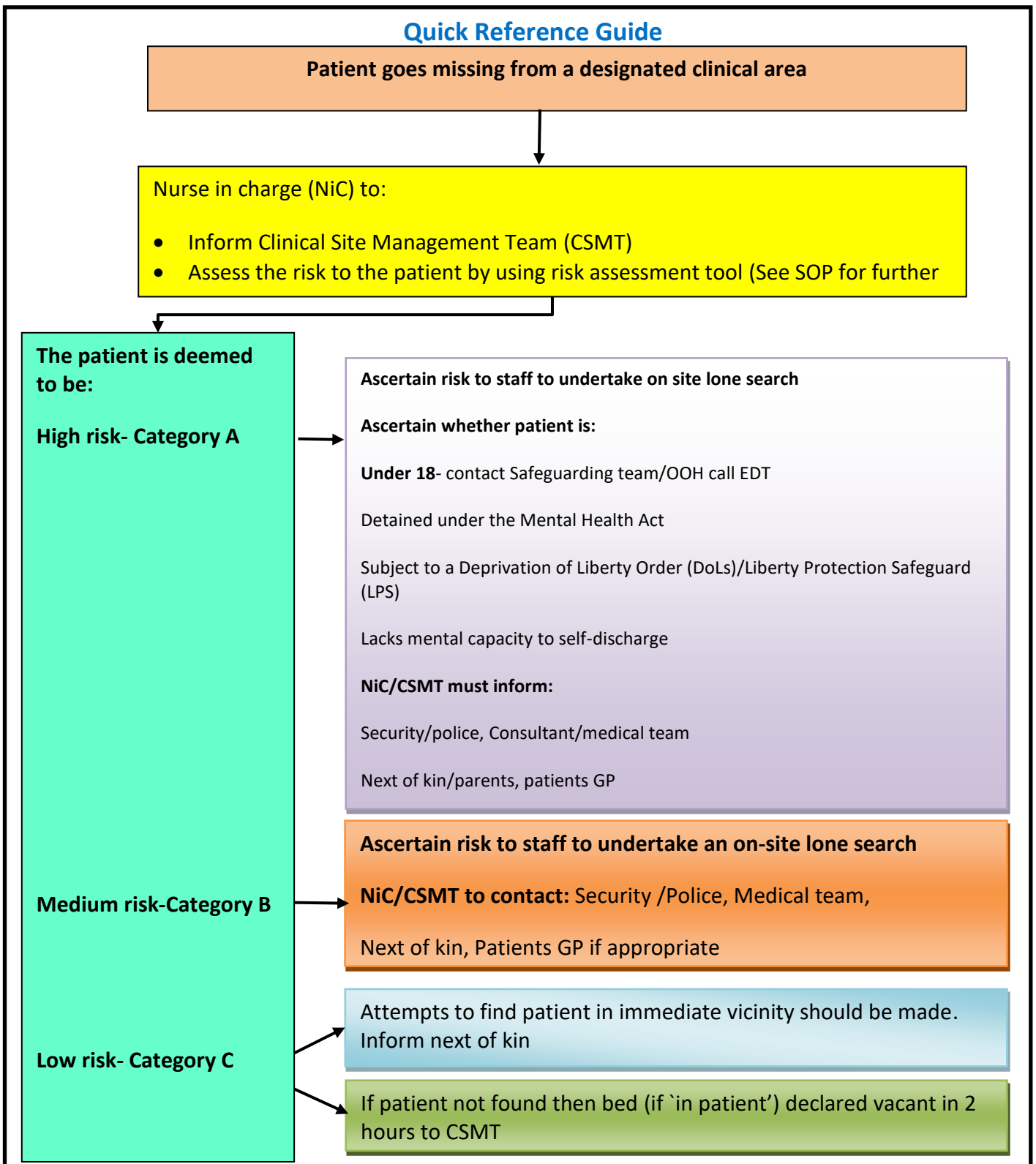
Date assessment completed: 19/3/2019

Person completing the assessment: Carol Sawkins

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## 14. Appendix D – Quick Reference Guide



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