

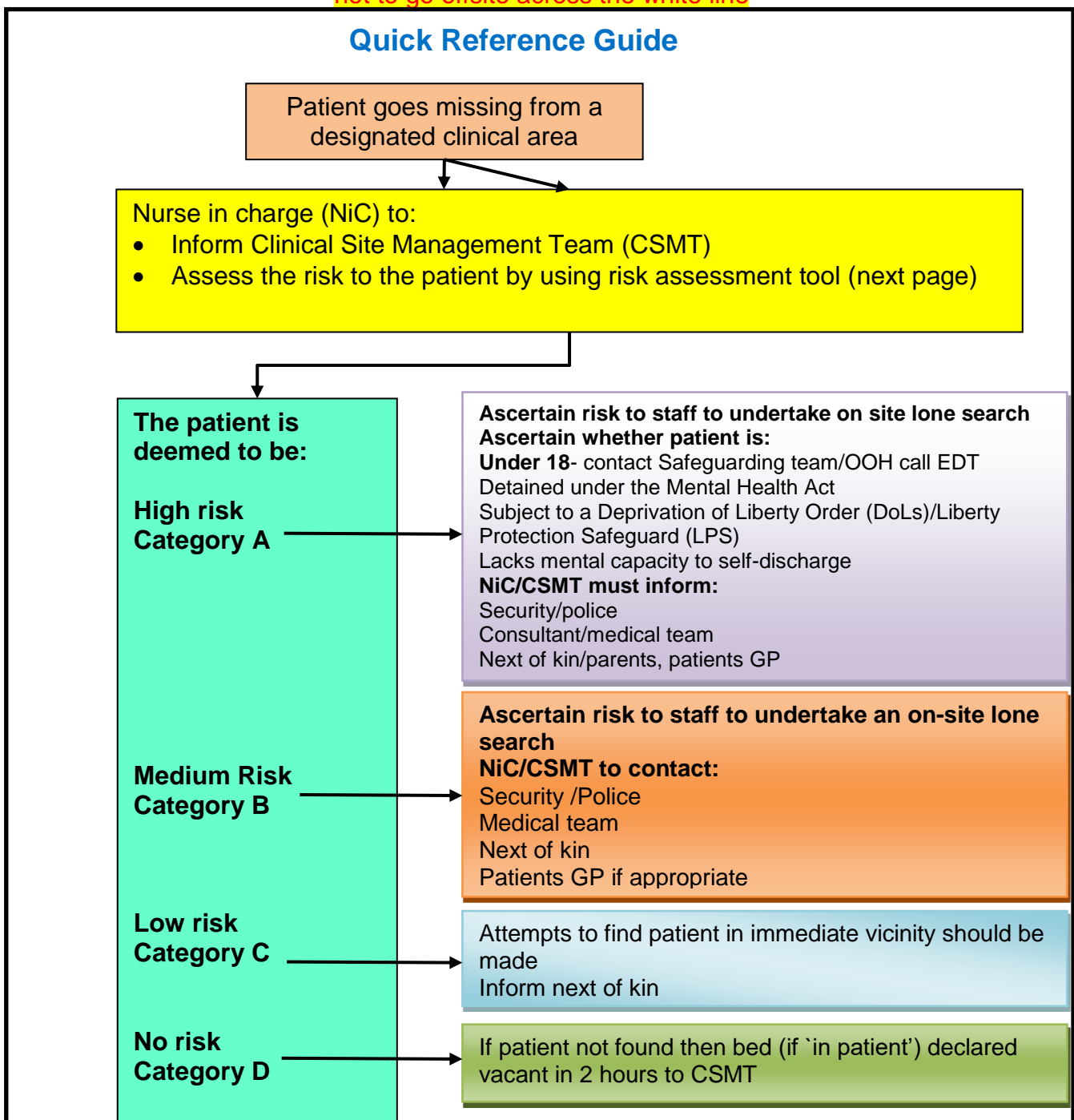
Clinical Standard Operating Procedure (SOP)

MANAGEMENT OF PATIENTS MISSING FROM ADULT CLINICAL AREAS

SETTING Trust-wide
FOR STAFF All Clinical and Security Staff
PATIENTS All patients in adult clinical areas (aged 16 years and over)

Staff must not put themselves at unnecessary risk whilst conducting searches and are advised not to go offsite across the white line

Quick Reference Guide



HOW TO IDENTIFY PATIENTS AT RISK (risk assessment tool)

Classifying patients into risk categories will initiate the appropriate response. The risk assessment should be undertaken by the senior member of staff with responsibility for the patient.

Care needs to be taken to ensure that patient's rights and confidentiality are respected and to ensure that their needs and choices are taken into account. Staff may wish to contact the Clinical Site Management Team (CSMT) or unit manager for assistance where there is a doubt.

CATEGORY A – HIGH RISK PATIENTS
Patients with a Deprivation Of Liberty Safeguard authorisation in place/Liberty Protection safeguard
Patients awaiting or already detained under the Mental Health Act 1983
Patient known to have a history of violence – either in general or a targeted individual, possibly known to possess a weapon
Identified suicide risk / serious self-harm risk – information from medical notes, statement from patient, use of the Liaison Psychiatry A & E Risk Assessment Matrix (see Document Management Service)
Adult at risk of harm (as defined below*)
All young people under the age of 18 (consider using Safeguarding measures to keep safely in hospital)
Clinical condition poses a threat to patient's safety e.g. Diabetic without their insulin or lack of medication for epilepsy/invasive lines in situ
Lack of cognitive ability (permanently or temporary) e.g. known dementia, hypoxia, drug induced mental impairment, Learning Disability and any patients who have been assessed as lacking capacity to understand the risks of leaving or a clinician reasonably believes this to be that case at the time of absconding

*The safeguarding duties apply to an adult over the age of 18 who:

- has needs for care and support (whether or not the local authority is meeting any of those needs),and;
- is experiencing, or is at risk of, abuse or neglect, and;
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. (Section 14.2 Care Act 2014)

CATEGORY B – MEDIUM RISK
Behavioural problems – abusive/aggressive patients who are non-compliant and who may be at risk of reciprocal violence
Withdrawal from medication – e.g. Alcoholic detoxification, Schizophrenia
Physical or mental condition compromises their ability to cope with adverse environmental factors e.g. poor weather.
Insufficient resources to get to their destination e.g. inadequate clothing, money, keys, food. Community Services not in place.

CATEGORY C – LOW RISK
Unable to fully care for themselves independently whilst in the hospital or community environment

CATEGORY D – NO RISK
Able to fully care for themselves independently whilst in the hospital or community environment and there are no concerns about their mental health or mental capacity

CATEGORY 'A' MISSING PERSONS FLOWCHART

As soon as the patient appears to be missing, staff must perform swift search of the immediate area. If patient not found immediately the following actions to be taken: CSMT to inform the Security team and the Police if the patient -

- Is under 18
- Lacks mental capacity to understand the risks of leaving
- Is detained under the Mental Health Act
- Is subject to a Deprivation of Liberty Safeguard Authorisation/Liberty Protection Safeguard (LPS)
- Is violent and a risk to themselves or others

Patient who is under DOLS/LPS or lacks capacity to understand the risks of leaving (under MCA)

- Contact the appropriate CSMT
- In hours contact the Safeguarding Nursing team on ext 21696
- The clinical staff must establish the risks to the patient and list additional risk factors, for example, disabilities, sensory deficits, medication requirements, unpredictable behaviour.
- The clinical staff must alert the Security team +/- the Police, stating that the patient is 'detained under a Deprivation of Liberty Authorisation' / 'Liberty Protection safeguard' or 'the patient lacks capacity and is being managed under the Mental Capacity Act
- The clinical/ward staff must alert the patients relatives or carers, ask them to make the above aware of any contact.
- Dependant on risk, the CSMT must contact the on-call manager who may contact the exec on call.
- The clinical/ward staff must complete an UH Bristol Datix Incident form.
- The Safeguarding nursing team will contact the local authority/DOLS/Social Care team.

Patient who is detained under the Mental Health Act

- The clinical/ward staff must contact the appropriate CSMT with a detailed description of the patient, any additional risk factors and when last seen.
- The CSMT/ward will alert the Police, Security, Psychiatrist via switchboard and the medical team with the relevant details.
- Patients currently on Section 5.2, 2, 3, 17, 19, or those 'liable to be detained' on Community Treatment Orders 17A or 17E MUST be found and returned to the hospital unless otherwise stipulated by the Responsible Clinician for Psychiatry.
- The Care Quality Commission (CQC) needs to be notified within 3 working days of any patients that dies, goes missing or dies whilst missing (Please see p4).
- Patient under a restriction order, For example, Section 37 'Hospital Orders Made by the Courts' or Section 41 'Leave of Absence for Patients Subject to Restrictions' remain under the care of the Home Office.
- Dependant on risk, the CSM must contact the on-call manager who may contact the exec on call
- The ward staff must complete a UH Bristol Datix

Young patient who is under 18 in Adult services

- (For children under 18 in Bristol Royal Children's Hospital see 'Absconding Paediatric Inpatient SOP)
- Contact the appropriate CSMT
 - In hours contact the Safeguarding Nursing team on ext 21696. Out of hours contact EDT 01454615165
 - The clinical staff must establish the risks to the patient and list additional risk factors, for example, disabilities, sensory deficits, medication requirements, unpredictable behaviour.
 - The clinical staff must alert the Security team +/- the Police, stating that the patient is under 18
 - The clinical/ward staff must alert the patient's parents or social worker/ person with parental responsibility
 - Dependant on risk, the CSMT must contact the on-call manager who may contact the exec on call.
 - The clinical/ward staff must complete an UH Bristol Datix Incident form.

CATEGORY 'B' MISSING PERSONS FLOWCHART (Under 18 always 'Category A')

As soon as patient appears to be missing clinical staff perform a swift search of immediate area, **if patient not found:**

Inform appropriate CSMT.

The appropriate bleep holder

Ascertain the level of risk to staff to search, using the risk assessment tool within this document.

Safe to search?

Y

N

- Bleep holder**
- Contact security and porters to send a representative immediately to the ward/area.
 - Issue a description of missing person.
 - Contact Police via switchboard (101 or 999 depending on risk).
 - Contact GP.
 - Conduct search of allocated areas.
 - Inform duty/on-call manager if patient not found. Duty/on-call manager to contact executive on-call and press officer as appropriate.

- Bleep holder**
- Contact Security Team (bleep 2540).
 - Contact Police via Switchboard.
 - Out of hours or in an emergency call 999 via Switchboard for Police assistance.

- Area/Ward Co-ordinator**
- Inform the medical team.
 - Inform the next of kin.
 - Inform other agencies as appropriate.
 - Document.

If at any stage the patient returns independently, under escort or with the Police all personnel will need to be informed.

Complete UH Bristol Datix Incident Form.

CATEGORY 'C' MISSING PATIENTS FLOWCHART (Under 18 always Category 'A')

Clinical area/ward staff complete search of immediate area, **if patient not found:**

Ward/Area Co-ordinator informs

- Medical team.
- Next of kin and ensure they have hospital contact details should the patient appear.
- Appropriate CSMT.

Clinical Site Manager Team

- Contact security and porters to send a representative to the ward/area.
- Issue description of missing person and Site Management Team mobile telephone to all members of search team (security, porter, one ward nurse and CSM).
- Conduct search of allocated areas.
- If patient still not found, consider re-categorising the risk in collaboration with the medical team:
 - If re-categorised – refer to Category A, B or D flowchart.
 - If remains category C then contact next of kin again to inform them of action taken.
- Document

If at any stage the patient returns independently, under escort or with the police all personnel will need to be informed.

Complete UH Bristol Datix Incident Form.

CATEGORY 'D' MISSING PATIENTS FLOWCHART (Under 18 always Category 'A')

Patient goes missing from ward or department without informing the staff/fails to return from a pre-arranged absence at an agreed time. Search immediate vicinity.
If not returned to ward within 2 hours the bed is declared as vacant.

Attempt to contact patient or next of kin to ascertain whereabouts.

If patient is unwilling to return to hospital

- Inform medical team.
- Document.
- Inform relevant bleep holder.

If at any stage the patient returns independently, under escort or with the police all personnel will need to be informed. Complete UH Bristol Datix Incident Form.

PATIENT FOUND IN THE COMMUNITY

When a patient is found in the community, the ward staff, attending medical staff and CSMT must consider the following issues:

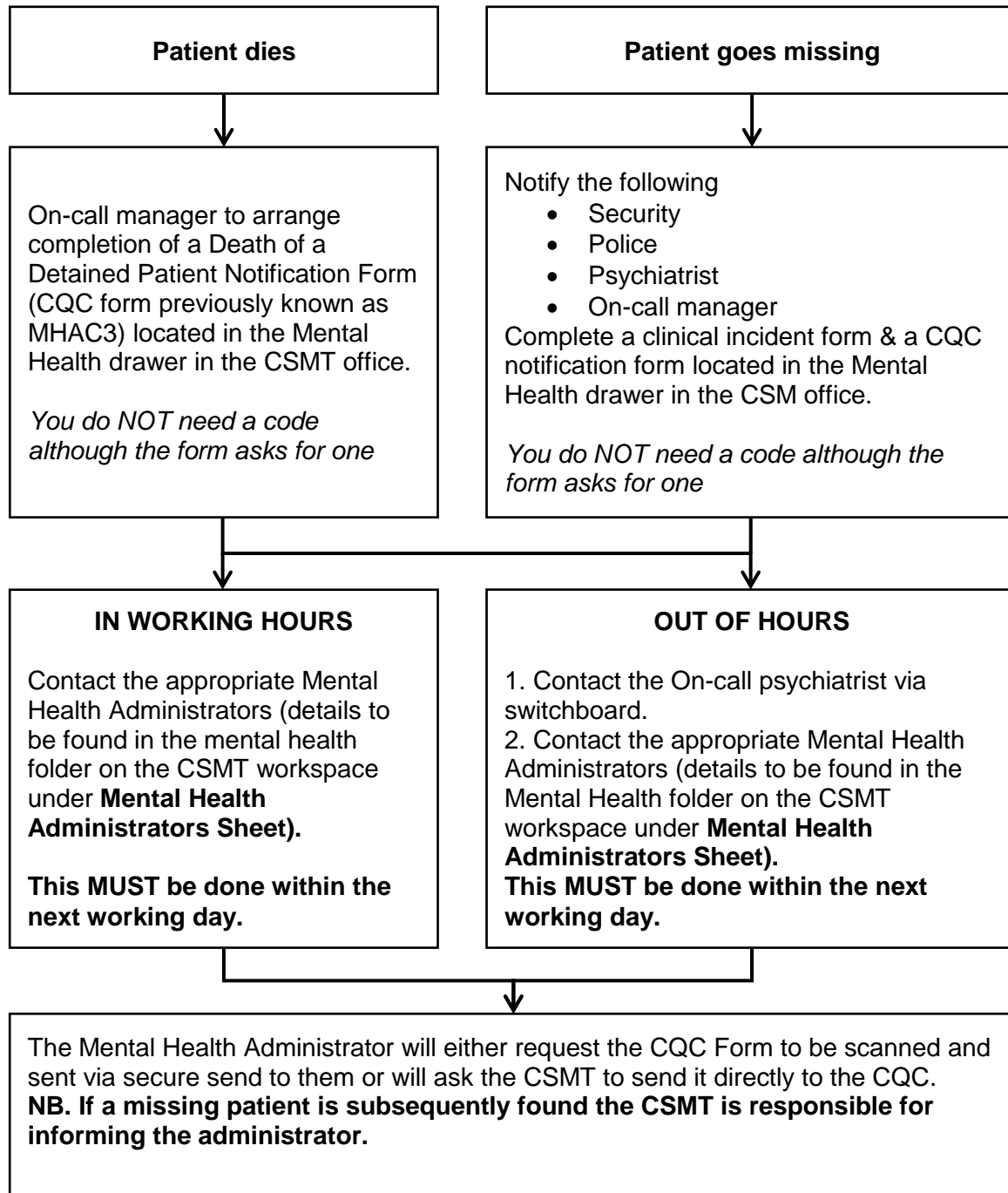
- For patients sectioned under the Mental Health Act 1983 the Responsible Medical Officer (RMO) and the Community Team Leader and the nurse in charge will jointly make a decision on the need to obtain a magistrates warrant 135(2) to return the patient to hospital.
- UH Bristol has duty to collect and return patients detained under the Mental Health Act 1983 or subject to a Deprivation of Liberty Authorisation (DoLS)/ Liberty Protection Safeguard(LPS).
- You may need to seek further assistance from family members, GP, Psychiatric Services, Social Services or District Nursing Services to return the patient to designated area. (These all have out of hour's services).
- Is the patient capable or able to return to the hospital/unit independently?
- Is the patient deemed to be at risk e.g. Adult at risk of harm/ child under 18?
- Is the patient able to access transport to return them back for continued care?
- The Police are not obliged to return voluntary patients against their will.
- Patient and/or doctor may make the decision for the patient to remain at home.
- Ensure this is fully documented in the patient's notes and the medical team informed.

How to Notify the Care Quality Commission when a Detained Patient * Dies or Goes Missing.

(*Section 5.2, 2, 3, 17, 19, Community Orders 17A, 17E of the Mental Health Act)

The CQC **must** be notified whenever a UH Bristol patient under one of the sections above dies or is absent without leave.

The CSMT is responsible for ensuring the following actions are taken:



RELATED DOCUMENTS	Safeguarding Policy, Absconding Paediatric Inpatient SOP
SAFETY	N/A
QUERIES	Contact Safeguarding Team Ext 21696/bleep 2970. Clinical Site Team 24 hours bleep 2441/On-call Midwife bleep 2924.