Operational

Adult Missing Patient Policy

NHS Lothian Adult Acute Hospitals

Pilot Project

Policy Established	Last Updated	Policy Review Period/Expiry
May 2016	June 2021	June 2022

UNCONTROLLED WHEN PRINTED

1. Purpose and Scope

This policy has been developed in response to an identified need for an effective and reliable process to minimise the risk of high risk patients leaving in-patient areas, treatment areas and ultimately hospital grounds without the knowledge of staff as well as to effectively manage the situation when a high risk patient becomes a missing patient.

1.2 This policy is aimed at all staff caring for in-patients within the NHS Lothian Adult Acute Hospitals. This policy does not apply in Mental Health and Learning Disabilities in-patient facilities who have their own individual Missing Patient Protocols.

2. Statement of Policy

It is recognised that a hospital is an open environment where patients are free to move within and out with departments and leave hospital premises. Whilst every effort will be made to ensure the safety of our in-patients, they have a legal right to leave the hospital unless they are detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 or are in police custody.

Patients with learning disabilities or mental health problems in Adult Acute Hospitals who are either detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 or who require to be nursed under specific "observation" levels should be observed by adequately trained nursing staff.

NHS Lothian Adult Acute Hospitals has a duty of care to its patients and staff must be vigilant in its care of all vulnerable patients.

This policy has been created with due consideration to the principles contained within the National Missing Person Framework for Scotland.

3. Responsibilities and Organisational Arrangements

It is the responsibility of clinical staff, as part of ongoing assessment, to identify and initiate action for those patients who may be potentially at risk of becoming a missing patient. Clinical staff must set up local systems to ensure that they are aware of patients' whereabouts on a regular basis

4. Definitions

If a patient is missing from the Ward area/absconds:

Adult Missing Patient Policy

MISSING PERSON

A missing person is anyone whose whereabouts is unknown and:

1. The person is at risk of harm to themselves or another
2. Where the circumstances are out of character
3. The context suggests the person may come to harm or be subject to crime e.g. child protection and vulnerable adults.

Missing persons are classified by Police Scotland as Low, Medium or High Risk and will factor in NHS risk assessment in the grading of risk. The level of identified risk will guide the Police response based on the information provided.

MISSING PERSON LOW RISK STATUS

Low Risk is deemed as any person that goes missing where there is low risk of harm to that person or others.

MISSING PERSON MEDIUM RISK STATUS

Medium Risk is a missing person that is likely to place themselves in danger or they are a threat to themselves or others. Response is covered in section 2, agreement principles.

MISSING PERSON HIGH RISK STATUS

High Risk is a missing person where the risk posed is immediate and there are substantial grounds for believing that the Missing Person:
1. Is in danger through their own vulnerability; and / or
2. May have been the victim of a serious crime; and / or
3. The risk posed is immediate and there are substantial grounds for believing that the public is in danger.

For High Risk Missing Persons Police Scotland should be contacted on 999.

NHS Lothian
The following definitions will be applied to this policy Missing Patient:

Patients who are HIGH risk and disappear from an in-patient area, treatment area or hospital grounds and whose condition and / or devices give cause for concern (e.g. venflon in situ)

Patient at immediate risk to themselves or others:
Patients who wander or are disorientated are at **HIGH** risk because of factors in their clinical or mental presentation or who have shown a propensity to stray beyond the view or control of staff and who lack capacity to make informed decisions should they leave the site.

ABSENT STATUS

A person who is discovered not to be in the Hospital/care setting or has failed to attend/return to the Hospital/care setting who is identified as being not at risk of harm to themselves, or any other person.

The NHS will not report this matter to the Police and will retain ownership and responsibility for making contact with that person.
If this is not possible or the person needs to be physically traced then the Police can be called on 101 and a concern for incident raised.
This person is not a "missing person" (unless new circumstances or evidence around risk and vulnerability are known).

Owing to the changing nature of health and associated risk the level of risk is dynamic and individuals can move between these levels of risk and robust timeous communication between agencies is required to react in a proportionate and appropriate manner.

Absent Patient
Patients who are **LOW** risk and leave the in-patient area, treatment area or hospital grounds without informing staff. Absent patient will have been deemed to have capacity to make informed decisions should they leave the site.

All of these risks are subject to clinical judgement.

Gradings:

Low Risk

- Patient has the capacity to make sound judgements regarding him/herself or others

Medium Risk

- Patient is not ambulant
- Patient is mentally incapable of making sound judgements regarding the safety of him/herself or others

High Risk

- Patient is ambulant but clinically unstable e.g. dementia, suicidal idealisation, toxic confusional state, postictal (this list is not exhaustive), known psychiatric disorder etc. and/or lacks the capacity to make own decisions.
- Patient is at risk of losing their way when leaving the clinical area and coming to harm.
- Patient has a history of wandering, as noted either during hospital stays or from information provided by the family/carer
- Staff have other intuitive concerns for patient safety
- Patient under 16 in an adult ward

5. Risk Assessments

The National Missing Person Framework highlights the importance of preventing absconsion and therefore Appendix 1 and Appendix 2 of this policy provides two risk assessments:

a. **Emergency Department Mental Health Triage Form** (Appendix 1)
This is a mini risk assessment of the patient's status with regard to their capacity to make decisions relative to their immediate physical safety/wellbeing or potential absconding risk. It also contains a description of the patient that can be passed on to security and police to ease recognition.

N.B. Patients, whose mental status may change rapidly, due to their medical condition, may require repeated assessments.

All in-patients must have a wristband that includes Forename, Surname, date of birth CHI and gender as per NHS Lothian Policy.

b. Adult Acute Hospitals Absconsion Risk Assessment Form (Appendix 2)
This is a risk assessment to be used in the event of a missing patient, to be completed following informing Site and Capacity Bleep Holders and Hospital Security but prior to informing the Police to assess the patient's capacity to make decisions relative to their immediate physical and Mental safety/well being or potential absconding risk

A flow chart has been included in Appendix 4 to assist staff decision making during instances when a patient absconds.

6. Search Types – Missing/Absent Patients

- Preliminary Search
  - Conducted by ward/area staff immediately on discovering that any patient is unable to be accounted for. This search includes ward and immediate surrounds e.g. adjacent ward/area, offices, and stairwell areas etc.
  - Security should be alerted immediately to enable a review of CCTV footage.
  - Contacting the patient should be attempted. The patient's Next of Kin / Emergency Contact should also be alerted.
  - Site and Capacity Manager and in hours Clinical Management Team should be alerted. Out of hours the On-Call Senior Manager should also be informed by the Site and Capacity Manager.

- Full Search
  - Patients who are deemed MED/HIGH risk should be notified to the police and a Police Incident Number documented.
  - On completion of a Full Search a Datix Incident Form should be completed.

7. Outcomes

a. Patient located on Hospital Site

i. Return patient to ward and ensure comfort
ii. Ensure Medical Review
iii. Inform Next of Kin / Emergency Contact
iv. Update Site and Capacity Manager / Clinical Management Team / On-Call Senior Manager.

b. Patient located off site

i. Liaise with Police Scotland to ensure safe return to Hospital Site
ii. Follow actions as in 7a above.

c. Patient refusing to return to Hospital.

i. Liaise with Police Scotland regarding patient's location and status.
ii. Liaise with Senior Medical Staff regarding Mental Health Capacity and clinical condition and consider if imperative for patient to be returned to Hospital.
iii. Liaise with patient's Next of Kin / Emergency Contact to inform of situation.
iv. Update Site and Capacity Manager / Clinical Management Team / On-Call Senior Manager.

d. Patient unable to be located

i. Liaise with Police Scotland regarding patient's suspected clinical condition.
ii. Liaise with Senior Medical Staff regarding Mental Health Capacity and clinical condition and consider if imperative for patient to be returned to Hospital.
iii. Liaise with patient's Next of Kin / Emergency Contact to inform of situation.

NOT PROTECTIVELY MARKED

iv. Update Site and Capacity Manager / Clinical Management Team / On-Call Senior Manager.
v. NHS Lothian Communications Team to be updated by Clinical Management Team or On-Call Senior Manager.
vi. NHS Lothian Chief Officer informed by Clinical Management Team or On-Call Senior Manager.

APPENDIX 1

NHS Lothian Acute Emergency Department Mental Health Risk Assessment

Date Time of assessment

Patient Details

Physical Description
approx height:
build:
hair colour and style:
skin colour:
distinguishing features:
clothing:

Observation and Background

		Yes	No
1	**Does the person have any immediate plans for further harm to self or others, or to damage property?**	☐	☐
2	**Is the patient obviously disturbed, threatening, agitated or unpredictable in their behaviour?** If yes, **has this person been searched for potential weapons Yes ☐ No ☐**	☐	☐
3	**Is the patient unusually quiet and withdrawn?**	☐	☐
4	**Is there any suggestion that the person may abscond?**	☐	☐
5	**Does the person have a history of violence? (check alerts)**	☐	☐
6	**Does the person have a history of mental health problems or self harm?**	☐	☐
7	**Has the person been detained under a mental health section before?**	☐	☐

Presenting Complaint:

Any precipitating factors?

Any OD, DSH, suicide attempt or other injury?

Does the person have any close family/friends/social support?

Contact in case of emergency:

Print name: **Date**

Signature: **Time**

Designation: **Contact number**

Suicide risk screen – To be completed by care provider

The greater number of positive responses, the higher the risk

	Yes	No	Unknown		Yes	No	Maybe
Previous self harm	☐	☐	☐	**Family history of suicide**	☐	☐	☐
Previous use of violent methods	☐	☐	☐	**Unemployed/retired**	☐	☐	☐
Current suicide plan	☐	☐	☐	**Male**	☐	☐	☐
Current suicidal thoughts	☐	☐	☐	**Separated/widowed/divorced/ domestic violence**	☐	☐	☐
Hopelessness/helplessness	☐	☐	☐	**Lack of social support**	☐	☐	☐
Low in mood	☐	☐	☐	**Family concerned about risk**	☐	☐	☐
Displaying bizarre and unpredictable behaviour	☐	☐	☐	**Disengaged from services**	☐	☐	☐
Alcohol/drug misuse	☐	☐	☐	**Poor adherence to psychiatric treatment**	☐	☐	☐
Chronic pain or illness	☐	☐	☐	**Access to lethal means of harm**	☐	☐	☐

Are there any child protection **issues?**

Does this person have any adult protection **issues**?

After assessment**, what level of risk do you think this patient has?**	☐ Extreme	☐ High	☐ Medium	☐ Low

Print name: **Date:**

Signature: **Time:**

Designation: **Contact No:**

Risk	Key Factors	Where managed	Level of observation	Action
Low	Minor mental health problems may be present but no thoughts or plans regarding risk behaviours to self or others, or unlikely to act upon them No evidence of immediate or short term risk or vulnerability	In main department	No special observations	Does not require returning to department if absconds ?Refer to GP for community mental health management
Medium	Mental health problems present and/or has non-specific ideas or plans regarding risk behaviours to self or others These either not dangerous or no plans to act upon them May have already self harmed Potentially vulnerable in certain circumstances	Manage in HD/IC	Observe every 15 minutes	Refer MHAS/psych medicine (standard) If absconds – discuss with MHAS re further action.
High	Serious mental health problems present, including possible psychotic features and/or has clear ideas or plans regarding risk behaviours to self or others	Manage in psych cubicle providing no medical	Constant observation	Avoid absconsion Must be returned to department if leaves

	May have already self harmed Mental state may deteriorate if left untreated and potentially vulnerable	contraindication		Urgent MHAS/psych medicine review (within 30 minutes)
Extreme	Serious mental health problems present, including possible psychotic features and/or has strong and immediate plans or ideas regarding risk behaviours to self or others May have already self harmed Mental state likely to deteriorate if left untreated Vulnerable	Manage in psych cubicle providing no medical contraindication	Constant observation	Consider emergency detention Urgent/Immediate review by MHAS/psych medicine

Appendix 2

Adult Acute Hospitals Absconsion Risk Assessment Form

Date:	Time:
Name of Referrer:	Contact Details of Referrer:
Patients Name: DOB/CHI:	Patients' Address: Telephone No.
GP's Name:	GP Practice: Telephone No:

Presenting Complaint:

Does the person have an anticipatory care plan **YES** **NO**

Do they have a primary physical complaint **YES** **NO**
Details:

IS GCS above 14 **YES** **NO**
(IF NOT FULL MEDICAL REVIEW REQUIRED)

Are they under the influence of drugs/alcohol **YES** **NO**

Have they taken an overdose **YES** **NO**

Are the medically fit **YES** **NO**

Have bloods been taken and results reviewed **YES** **NO**
(if applicable)
Have they self harmed and been treated for this **YES** **NO**

Is there any evidence of Acute Confusion/Delirium **YES** **NO**
(IF YES A FULL MEDICAL REVIEW SHOULD HAVE BEEN COMPLETED)

Known Previous Psychiatric History:

Is there a risk of Absconsion: **YES** **NO** **Is the patient presenting in an agitated state:** **YES** **NO** **Does there appear to be any risks to assessing staff:** **YES** **NO** **Are there any existing alerts on TRAK:** **YES** **NO**
TRIAGE OUTCOME ONLY
Accepted for Mental Health Assessment
LOCATION (Please tick) **TIME(give approximate time)** **A&E** **IPCU** **OTHER**(Please specify)
Assessment Outcome (Tick as appropriate)
GP/Primary Care follow-up
Psychiatric Admission
Distress Tolerance
Referral for Urgent Appointment with Duty Consultant
Drug and Alcohol follow up
Intensive Home Treatment
Not in Psychiatric Crisis (advice given)
Liaise with Current service provider(if applicable)
Out of area

NOT PROTECTIVELY MARKED

APPENDIX 3

JOINT ACTION FORM
Police Scotland / NHS Lothian

Patient Name		Date of Birth	Age
Alias Forenames:			
Alias Surname:			

Home Address	Place Missing From

MISSING SINCE

Date		/		/		**Time**		:	

Previously Missing YES NO If YES date of last episode / /
Information from previous debrief

CURRENT RISK ASSESSMENT
To be reviewed regularly and any changes to be communicated to Police Scotland on 101

Note: This risk assessment must be carried out by NHS on each occasion a service user goes missing or absconds. This risk assessment should be fully discussed with Police Scotland.

MISSING CATEGORY

<table>
<tr><td rowspan="2">Category 1.
Absent</td><td colspan="3">Time Reported</td></tr>
<tr><td></td><td>:</td><td></td></tr>
<tr><td>A service user may be categorised as absent without authority when:</td><td colspan="3">Please Select</td></tr>
<tr><td>• The service user has left his/her ward without permission</td><td colspan="3"></td></tr>
<tr><td>• The service user has not returned at the agreed time</td><td colspan="3"></td></tr>
<tr><td>• The whereabouts of the service user are known/or they are in phone contact</td><td colspan="3"></td></tr>
<tr><td>• There is no level of risk (as assessed by the carer/staff/parent with reference to Appendix A).</td><td colspan="3"></td></tr>
<tr><td rowspan="2">If moving service user from Category 1 to Category 2 give reason why:</td><td colspan="3">Time Category Changed</td></tr>
<tr><td></td><td>:</td><td></td></tr>
<tr><td colspan="4"></td></tr>
</table>

NOT PROTECTIVELY MARKED

Patient Name	Date of Birth	Page
		2 of 4

Category 2. **Missing**	
A service user may be categorised as 'missing' when he/she is: • Absent from their ward ('Absent') for more than 8 hours or • When the risk assessment suggests an unacceptable level of risk and increased vulnerability.	

CURRENT LEGAL STATUS

	Please Select
Informal	
Comments:	
Mental Health (Care and Treatment) (Scotland) Act 2003	
Comments:	
Criminal Procedure (Scotland) Act 1995	
Comments:	
Authorised Leave/ Time Out Status	
Comments:	

DESCRIPTION

Nickname			Photo Available	NO	YES
Height	0' 0"		0.00m		
Hair Colour			Hair Type		

Facial Hair	NO	YES			
Eye Colour					
Eye Type		Eyebrows		Complexion	
Build					

Distinguishing Features

Marks/Scars/Other	**Location**	**Part**	**Description**

Patient Name	Date of Birth	Page
		3 of 4

CLOTHING

1. List the clothing the service user was wearing on leaving:
2. Have any other clothes been taken:

OTHER POSSESSIONS

E.g. bags, property, equipment, mobile phone:

MONEY IN POSSESSION

ASSOCIATED PERSONS

List associates with whom the service user has been associating recently:

ENQUIRIES UNDERTAKEN BY HEALTH CARE SERVICES

1.	Mobile phone no:	
	When last contacted:	

	Details of contact:	

2.	Service user's room has been checked: **CONFIRMED**
	What was found?

3.	List Family/Associates that have been contacted:			
	Name	**Address**	**Tel. No.**	**Result**

Patient Name	Date of Birth	Page
		4 of 4

4.	A search of unit and its environs has taken place: **CONFIRMED**
	Please explain what areas have been checked and give any information obtained:

5.	Has service user been missing previously?: YES NO
	If yes give details of NHS TAYSIDE debrief 'welcome back' report(s)

6.	What treatment/medication is the service user in receipt of and are any of these deemed to be high risk medications?
	Has the service user missed any medications/ when are medications next due and what is the likely impact on the service user of this? (Consideration can be given to forecasting if the missing period becomes extended)
	What risks have the healthcare team identified in respect of the service user?
	Are there any special considerations, including behavioural factors, which police officers approaching the service user should be aware of?
	Any other relevant information that could assist in targeting resources And the safety of the service user

NHS Lothian

Appendix 4: Flow Chart

Acute Partnership Agreement Flow Ch.

High Resolution Copy:

Optional: Emergency Department Mental Health Triage Form (Appendix 1)

Complete 'Joint Action Form – Police Scotland / NHS Lothian' (Appendix 3)

Patient Missing

Has patient got capacity?

Yes

Does Patient need Med Rx or Intervention?

Yes

No

Low Risk: Managed by Ward Staff

Try to Contact Patient

Contact GP

Document in Trak

Medium Risk: Discuss with Medical Staff (Consultant)

Try to Contact Patient

Contact GP

Document in Trak

Complete 'Adult Acute Hospitals Absconsion Risk Assessment Form' (Appendix 2)

Contact Site & Capacity and WGH Security

Conduct Search

Notify Police Scotland

Notify Next of Kin

Notify Consultant

Document in Trak

Outcome:

- Patient located on Hospital Site
- Patient located off Site
- Patient refusing to return to Hospital
- Patient unable to be located