



JOINT PROTOCOL

Patients who Absent Themselves from Adult In-patient Services, Royal Edinburgh Hospital

This protocol has been developed and agreed between Police Scotland and REH, NHS Lothian

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1.0 INTRODUCTION

This joint protocol has been agreed by the Divisional Commander, Lothian and Borders Division, Police Scotland and the Services Director of Royal Edinburgh Hospital and Associated Services (REAS).

It is the aim of REH, in partnership with Police Scotland, to provide a caring, collaborative and appropriate response to the patients who go missing and absent themselves from adult in-patient services without permission.

The protocol sets out the roles and responsibilities of the Police and REH services for such patients.

It takes into account the Milan Principles (2001), the Mental Health (Care and Treatment) (Scotland) Act 2003 and best practice which exists elsewhere.

It also embraces the principles of the Human Rights Act 1998 that formally incorporated the European Convention on Human Rights into UK law in October 2000. The Act requires that all action taken by a public body must be compatible with the provisions of the Convention and any legislation must be read and interpreted as if the principles of the Convention had been applied to it.

The aim of this protocol is to protect and promote the safety and wellbeing of people who go missing from hospital based adult services within REH focusing on four principles of approach:

- Prevention
- Response
- Support
- Protection

1.1 OWNERSHIP

Officers' responsible:

- Divisional Commander, Police Scotland
- Services Director, REAS

The ownership of this document lies with the above individuals who will be responsible for ensuring that its effectiveness is maintained.

2.0 GENERAL GUIDANCE

The purpose of this protocol is to help the Police and REH staff match their responses to the needs and known risks of particular situations as they arise and as they develop in relation

to instances of patients going missing from hospital. The safety and protection of patients and that of the wider community is the central concern of both agencies.

The needs and the assessed risk for the person missing should determine each agency's response.

Through implementing this protocol and using professional judgment in effective collaboration, situations can potentially be identified which show a regular pattern and become a joint concern. The agencies' approach to resolving repeated absences should likewise be a joint one. It is neither in the interests of individual patients, the community, or the agencies concerned that regular absentee or missing person reports are made and allowed to become an established pattern. Where this looks likely then collaborative efforts need to be made to meet the needs of these patients and that of the wider community.

Where patients regularly become involved in a pattern of behaviour that becomes defined under this policy, each incident needs to be considered in its own right and the circumstances properly risk assessed. It would be unjustifiable to dismiss the importance of a particular absence because of a previous history and leave the patient at risk because the full circumstances have not been properly addressed.

Consideration of the known risk assessment factors will take priority in determining the appropriate and proportionate response to the absence.

This protocol is intended as a framework in which sound professional judgment and common sense can be used to meet Police Scotland and NHS Lothian's collective responsibilities and ensure the protection of health service users while also meeting the interests of the wider community.

2.1 PURPOSE

The purpose of the joint protocol is to set a framework in which we identify the agreed actions taken by Police Scotland and REH's adult mental health in-patient staff when a patient is absent from their ward without permission.

The aims are to:

- To promote the wellbeing and safety of patients who are in the receipt of adult in-patient care.
- To improve the efficiency, quality and proportionality of the response provided by Police and REH when a patient is absent without authority or missing from a ward
- To reduce the number of patients who go missing from the hospital by collecting and analysing the information gathered from patients and Joint Action Forms. This will assist in developing prevention strategies.

3.0 DEFINITION AND RISK STATUS OF A MISSING PERSON

A missing person is anyone whose whereabouts is unknown and:

- The person is at risk of harm to themselves or others; and/or
- Where the circumstances are out of character; and/or
- 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. These are explained below.

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

Medium Risk is a missing person that is likely to place themselves in danger or they are a threat to themselves or others.

High Risk is a missing person where the risk posed is immediate and there are substantial grounds for believing the Missing Person:

- Is in danger through their own vulnerability; and /or
- May have been the victim of a serious crime; and/or
- The risk posed is immediate and there are substantial grounds for believing that the public is in danger.

The level of identified risk will guide the Police response based on the information provided.

A person who is discovered not to be in the hospital/ward setting or has failed to return to the hospital/ward and is identified as being **not at risk** of harm to themselves or any other person is not considered a 'missing person' (unless new circumstances or evidence around risk and vulnerability are known).

4.0 PROCESS FOR RESPONSE

There are two categories of absence:

1. Absent
2. Missing

All in-patients within REH Adult Mental Health services will have an up-to-date pass plan devised by the clinical team. This will be based on information regarding risk and actions to be taken by staff in the event a patient is to be deemed absent or missing.

4.1 MANDATORY ACTIONS TO BE TAKEN BY HEALTH CARE STAFF

Generic actions to be taken by ward staff on discovery that a patient is missing:

1. Undertake the necessary checks and searches where possible and practicable, for example:
 - Bed space/ bed room (with 2 staff)
 - Ward and hospital grounds
2. Make the necessary checks of likely contacts by telephone.
3. Check the details of the current pass plan devised by the clinical team and carry out any actions identified.
4. Inform the ward charge nurse (if on duty), the CCN, and hospital security staff.
5. Report incident via Datix system.

It is the responsibility of the nurse in charge of the shift to ensure that these actions are completed.

4.2 ABSENT CATEGORY

A patient may be categorised as 'Absent' without authority when they have:

- left his / her ward without the agreement of the clinical team *or*
- not returned at the agreed time *or*
- not attended a ward or is not where they agreed they would be.

Patients who fall into this category will be the subject of a review of risk based on what information is available to health care staff while they remain Absent.

Patients who are assessed as being **no risk** to themselves or others will be suitable for consideration in the 'Absent' category.

Their status may change to 'Missing Person' after an agreed period of time or if determined by the ongoing risk review by the multidisciplinary team.

Whilst the patient's status remains 'Absent' the Police will not be alerted.

The category will change when:

1. The patient's whereabouts are unknown and there has been no phone contact from the patient for a period of time;
2. Where clinical staff have assessed the risk to have increased;
3. There are other external factors that would seriously increase risk to health of the patient, e.g. adverse weather conditions.

A decision will be taken by clinical staff regarding the length of time a patient may stay in the 'Absent' category, but will be **no longer than 8 hours** after which they would be deemed as missing.

Placing a patient in the 'Absent' category will be the initial decision of REH staff.

The above is summarized in the flow chart available in Appendix 1.

4.3 MISSING CATEGORY

A patient may be categorised as 'Missing' when they meet the criteria outlined in Section 3.0.

A patient may also be categorized as a 'Missing Person' when he/she is absent from their ward ('Absent') for more than 8 hours without permission and / or when the ongoing risk review suggests a high level of risk.

4.4 ACTION TO BE TAKEN BY NHS STAFF

The Standard Operating Procedure for dealing with Missing Persons provides comprehensive guidance for staff working in REH in-patient services. The following is a basic summary of immediate action to be taken by staff in the event of a person deemed 'missing':

1. All actions described in the section Mandatory Actions to be taken by NHS Staff, listed above.
2. Report the patient as missing to the Police.
3. Update the 'Joint Action Form' (Appendix 2) and discuss with the Police the change of category from 'Absent' to 'Missing Person' category; or
4. Complete the 'Joint Action Form' if risk assessment deems that the patient is to go straight to the 'Missing Person' category.
5. The appropriate agreed manager will be consulted.
6. Advise the Named Person, carer or next of kin as appropriate of the actions that have been taken.
7. Report the incident via Datix.
8. Review the risk assessment on a regular basis / as per agreed management plan and any change to it must be communicated to Police Scotland on 101.

NHS staff should agree a designated worker, normally the nurse in charge of the shift, after notification to the Police.

4.5 ACTION TO BE TAKEN BY POLICE

1. On receipt of information from NHS that a patient is 'missing' Police Scotland will follow their procedures as per the Police Scotland Missing Person Standing Guidance.
2. Police Officers will be deployed as a priority to attend at the Hospital and uplift the 'Joint Action Form' which will be completed by NHS staff.
3. The attending Police Officer should liaise with NHS staff regarding the risk assessment which will have been completed prior to the patient being reported 'missing'. The Joint Action Form will be fully completed.
4. NHS staff's specific concerns should be noted.
5. A 'Missing Person' report should be raised by Police Scotland; enquiries should thereafter be carried out in line with the Police Scotland Policy and Guidance on Missing Persons.
6. Police Scotland will provide an incident number and appropriate point of contact for ongoing interaction between the partners during the enquiry.

5.0 PROCESS FOR SUPPORT

When the patient returns to the ward the following should be carried out by the appropriate ward staff:

- The patient should be made welcome upon return.
- Every effort should be made to talk to the patient to ensure that they are physically safe and well.
- Nursing staff will assess whether the patient is under the influence of alcohol, drugs or other substance. If there are any concerns nursing staff will discuss with medical staff on duty. (Discussion between the health care staff and Police should take place to ascertain whether the patient needs to be taken to Accident and Emergency).
- Any information given by the patient should be recorded in their clinical notes.
- Ascertain the medical condition of the patient and make arrangements for medical attention if necessary.

5.1 WARD STAFF ACTION FOLLOWING THE RETURN OF A PATIENT

If the patient has been reported missing to the Police and returns of his/her own accord, it is the responsibility of the nurse in charge of the shift to notify Police Scotland of his/her return immediately and check that the patient feels safe returning to the ward.

If the patient returns of their own accord, health care staff will carry out a 'return to the ward' discussion and update the relevant form (refer to the Standard Operating Procedure) accordingly. It is the responsibility of the nurse in charge of the shift to ensure that this takes place.

5.2 RETURN INTERVIEW BY POLICE

Following the return of the missing person, liaison will take place between NHS and Police as to who is best placed or most appropriate to conduct the return interview.

Should it be agreed that NHS staff will conduct the return interview then there will be no requirement for Police to attend.

Any return interview conducted by the Police will be recorded as per Police Scotland Procedures.

5.3 RETURN DISCUSSION WITH HEALTH CARE STAFF

- All patients who go missing from a ward will have a 'Return to the Ward Discussion' with nursing staff within 2 hours of their return.
- Interviews will be recorded on the relevant form and kept in the patient's notes as relevant information, and will form part of the risk assessment should they go missing on a subsequent occasion.
- The outcome agreed as a result of this discussion will also be recorded on the 'Return to the Ward Discussion' form which will remain in the patient's file for reference should they subsequently leave without authority.

The purpose of these discussions is to:

- Explore the reasons for the patient's absence and to ascertain whether it could it have been prevented
- Check whether any harm has come to the patient during their period of 'Absence'.
- Ascertain whether they have been involved in or witnessed acts of a criminal nature.
- Determine whether or not they have been involved in substance misuse.

The risk assessment and clinical management plan must be updated. This will not only include actions to be taken if the patient absconds in future but also to address therapeutic interventions and activities.

6.0 MEDIA

In some cases decisions have to be made regarding a press release in relation to a patient missing from REH. This decision will be made through the Senior Investigating Officer for the enquiry and a Senior Manager.

The protocol will be reviewed on an ongoing basis by REAS Clinical Nurse Manager for Adult Mental Health (Acute) and the Safer Communities Inspector for Police Scotland,

Lothian and Borders Division. Both post holders will be responsible, jointly for preparing the annual report.

7.0 SUMMARY

Co-operation and clear lines of communication between agencies are essential in managing situations whereby patients go missing from adult in-patient services within REH.

On each occasion a risk assessment or review must take place based on relevant information from all agencies involved.

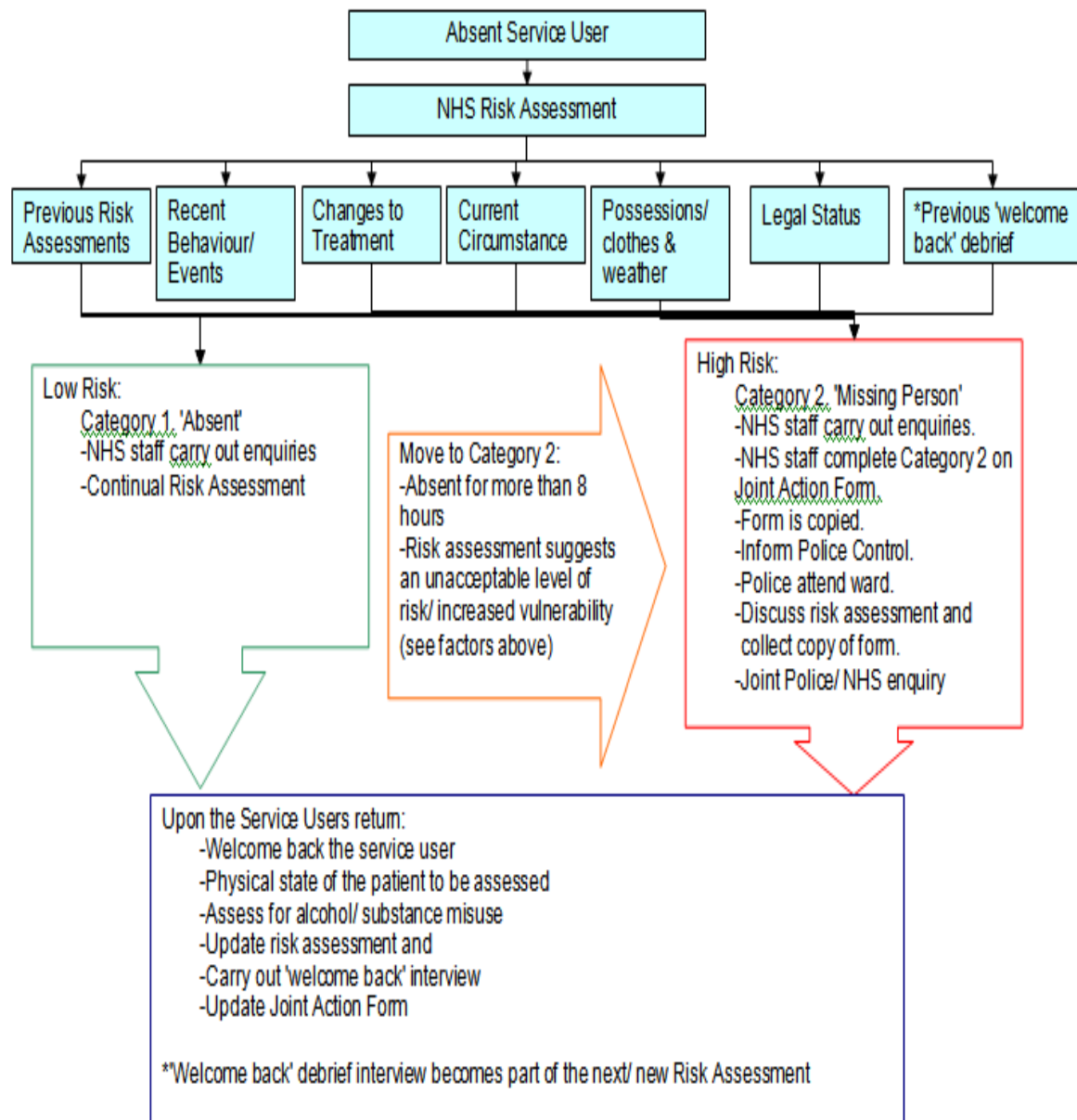
The reporting of Missing Persons by REH staff will be in accordance with the protocol.

Police Scotland will respond in a manner appropriate to the circumstances under which the patient has been reported missing and in accordance with the protocol and assessed risk.

Listening to the patient's account of the reason for absence is of paramount importance.

Where patients persistently absent themselves from wards and where there are an increasing number of reports being made, it would be helpful to consider a risk management meeting to look at the issues and to agree and plan a joint strategy to manage the situation. These meetings can be arranged by either the Police or REAS staff and will form part of ongoing partnership working to reduce harm and incidence.

Appendix 1 Mental Health Service Users who Absent Themselves from REH In-patient Services - Flowchart



Appendix 2

Police Scotland / REH Joint Action Form

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

Home Address	Place Missing From

MISSING SINCE

Date		/		/		Time		:	
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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

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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

Category 1. Absent	Time Reported		
		:	

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

Category 2. Missing	
A service user may be categorised as 'missing' when he/she is:	
<ul style="list-style-type: none"> 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

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:

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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

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
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	If yes give details of REH 'return to ward discussion' information that may assist Police search
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