Standard Operating Procedures
for
Reporting Missing Persons
from
Adult & Older People's Mental Health
In-patient Services
Royal Edinburgh Hospital

Date Approved	January 2019	**Review Date**	January 2020
Authors	Clinical Nurse Manager Quality Improvement Nurse Consultant Psychiatrist Police Scotland		
Approved by	Adult And Older People's Mental Health Executives		
Scope	Applies to all in-patients within Adult (Acute and Rehab) and Older People's Mental Health Services, Royal Edinburgh Hospital		

1.0	Purpose of this Document

This paper outlines procedures to be carried out and offers guidance for staff to consider when a person goes missing from the adult or older people's inpatient setting within the Royal Edinburgh Hospital Site (REH).

REH is currently Edinburgh's number one repeat location for Missing Persons Demand. It is also the number one repeat location in Scotland (Figure 1).

Figure 1: REH Missing Persons - Key Statistics

- **Edinburgh Policing Division dealt with just over 3000 missing persons investigations in 2018.**
- **10% of these cases were reported from REH involving 145 different patients; 45 of whom were reported missing on more than one occasion.**
- **45% of all REH incidents involve the patient self returning to the ward.**
- **43% of all REH incidents involve patients missing for less than 3 hours.**
- **23% of all REH incidents involve the patient self returning to the ward in less than 3 hours.**
- **13% of REH missing persons are located at their home address.**
- **63% of all REH incidents are reported to Police between the hours of 1200hrs and 2200hrs.**
- **20% of all REH incidents involve patients who absconded while on escorted pass.**

Source: PC Yocksan Bell, Police Scotland, December 2018

The procedures in place have been collaboratively developed and agreed by the Royal Edinburgh Hospital's Adult and Older People's Mental Health Services and Police Scotland.

2.0	Competencies Required

This SOP pertains to members of the multidisciplinary team (MDT) and all staff should be familiar with the following:

- NHS Lothian Lone Working Policy available from: http://hronline.lothian.scot.nhs.uk/HR**Policy**/managementofaggression/**Lone Working**/Documents/**Lone Working Policy**.doc
- Standard Operating Procedure for Use of the Ward Mobile Telephone Whilst Escorting Patients
- Individual patient pass plans

- Standard Operating Procedure for Patient Photographs on Medication Kardex's

In addition all clinical staff within adult and older people people's services will be required to evidence that they have read and understood this SOP. A record (appendix 1) of this will be kept at ward level by Senior Charge Nurses for nursing staff, by the Clinical Directors for medical staff and by team leaders for other professional groups (e.g, Occupational Therapy, Physiotherapy) involved in providing care. These records will be subject to periodic audit.

3.0 Background

On occasions patients in hospital go missing from care. These absences cause carers and staff concern that the patient may come to harm whilst absent. Of main concern is the safety and welfare of the missing patient. The service has an obligation to take steps toward not only the safe return of the individual, but also to monitor the risks associated with the continued absence of the patient and any prescribed treatments that they may be receiving.

People in need of care within the adult mental health in-patient setting can be categorised as:

- Informal or voluntary patients - free to leave the hospital at any time.

- Formal patients – individuals detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 and held in hospital, often against their will.

- Some informal patients have impaired decision making ability with regard to the care recommended during their admission. A change in the patient's behaviour may indicate that the need for detention should be reassessed.

- A further category, 'Restricted Patients', are individuals detained under a variety of pre-disposal or post-disposal orders made under the Criminal Procedure (Scotland) Act 1995, as amended by the Mental Health (Care and Treatment) (Scotland) Act 2003.

All patients at the point of admission and throughout their hospital stay will be prescribed a level of nursing engagement and observation.

4.0 Pass Plans

All inpatients should have an up to date pass plan (Appendix 2) developed by the MDT at the time of admission and reviewed / updated throughout their time in hospital. It is important that all domains of the pass plan be completed, particularly

the patient's own mobile telephone number and contact details of any significant others so that when a patient goes missing or fails to return within the specified time, staff can attempt preliminary contact before necessarily notifying the police they are missing.

The pass plan should always be filed inside the front cover of their clinical notes so that it is easily accessed if and when needed.
The following sections outline the procedure to be followed if a patient goes missing based on the different levels of passes agreed by the MDT.

4.1	Patients with No Time Out (NTO)

Where the decision is made that a patient is to remain within the ward at all times, the rationale for **'no time out'** and associated risk level should they subsequently manage to leave without permission ought to be recorded when the pass plan is initially being devised.

If the patient then goes missing from the ward, the MDT will need to review the risk level associated with this unauthorised absence (*Out of hours, ward staff may be required to discuss this further with on call medical staff).*

It is anticipated that these patients be reported as a Missing Person to Police Scotland promptly and clinicians would be involved in making the decision about the level of risk posed. It is most likely to be medium or high based on the premise that the patient had not been permitted time out on their own due to safety or wellbeing concerns to themselves or others. ***Classification as low risk should only be made after discussion with senior medical staff.***

4.2	Patients on Nurse Escorted Pass (N/E)

When a patient is out on an escorted pass with a staff member and then absconds, the staff member will take reasonable steps to assist the police in tracing the patient particularly where they intend to report the patient as now 'missing'.

This will include:

- Escorting staff will be responsible for ensuring they have an agreed means of communicating with the ward and police in the event that they require assistance. All adult mental health wards have been provided with dedicated mobile phones to be carried by clinical staff when out with patients. The SOP for this is available in Appendix 3 and all staff should have read and understood this.

- The staff member accompanying the patient will endeavour to follow the patient where it is safe to do so in order to inform the police and ward colleagues of their whereabouts or general direction headed.

- Escorting staff will make themselves available at the time of reporting the incident to the police to provide a statement of events.

4.3	Patients with Family/Friend Accompanied pass

The clinical team may decide that the patient can have pass out of the ward as long as they are accompanied by a member of their family or a friend.

In this instance staff must ensure that they know what the person's relationship is to the patient. Patients will need to agree to staff sharing relevant information regarding the potential risks of them not being accompanied at all times with the family member or friend.

Staff must also be confident that the person accompanying the patient understands the importance of them accompanying the patient back to the ward.

On leaving the ward staff should obtain a contact number from the person accompanying the patient and should ensure the person knows the contact details for the ward in the event they require advice or have any difficulties.

4.4	Patients with Unescorted Pass

During an inpatient stay the clinical team will assess, and in partnership with the patient, make a range of decisions regarding the patient's time off the ward. The options will include agreed time periods where a patient can be off the ward and / or hospital grounds without a nurse escort.

Details of agreed time away from the ward and any potential boundaries associated with this (for example, hospital grounds only) should be clearly recorded within the patient's pass plan.

The pass plan must stipulate actions to be taken should the patient not adhere to the agreed plan, for example, if they do not return to the ward within the agreed timeframe; or they venture to locations not agreed as part of their pass plan; or they abscond.

When a patient has unescorted pass and the clinical team, after assessment, categorise the level of risk as medium to high risk should the patient not adhere to the pass plan, nursing staff will take all reasonable steps to document as much

information as possible regarding the patient **prior to them leaving**. This includes recording the following on the 'sign out/in sheet' when patients leave and return to the ward (Appendix 4):

- What the patient is wearing, and general description
- Do they have money or are they in possession of bank cards
- Are they in possession of house keys or a bus pass
- Are they in possession of a mobile telephone and if so a note of its number
- Where they intend to go on pass and expected/agreed time of return.

4.5	Assessing and Recording the Level of Risk

The pass plan devised by the MDT with the patient should indicate the level of risk in the event the patient fails to adhere to the plan. The level of risk is likely to change depending on individual circumstances such as length of time or information received following an unauthorised absence.

It is **important to note** that while Police Scotland response to the reporting of a Missing Person fully considers the level of clinical risk determined by health care professionals, the final decision on the category of risk, and thereby the police response, is determined by Police Scotland (Appendix 5).

5.0	Patients Subject To Compulsory Measures

All patients who are subject to compulsory measures requiring them to de detained in hospital (e.g. Short Term Detention Certificate or Compulsory Treatment Order) should be categorised as medium or high risk on the pass plan. The police will be notified as per the timings on the pass plan if the patient has not been concordant with the agreed pass plan

Patients who are subject to compulsory measures which do not authorise detention in hospital will be treated as an informal patient and a decision made as to whether they are low, medium, or high risk.

6.0	Patient Confidentiality and Sharing Information

Patients may not have agreed to information being shared with others however in the context of risk, limited disclosure is acceptable including notifying a patient's family or significant other if they are missing (unless there are clearly documented reasons for not doing so).

Ideally the family or significant other should be contacted prior to the patient being formally reported as missing to the police, even if overnight, primarily to check that

the patient is not with them and to check whether they may have information about the patient's whereabouts.

A record of the time and detail of this discussion should be recorded within the patient's clinical notes.

This action may not have been agreed in advance with the patient and therefore may be considered as a breach of patient confidentiality. It is important however, that staff understand that making a limited disclosure of such information is an important part of managing the risk for Missing Persons. This action is recognised as acceptable by:

Mental Welfare Commission *(2013)*
'Occasionally, the practitioner may be justified in sharing information with a carer or third party, without the individual's consent, if the sharing of the personal information is to prevent serious harm to either the service user or others'.

General Medical Council (2013)
"*Disclosure of personal information without consent may be justified in the public interest, where failure to do so may expose the patient or others to death or serious harm."*

"You must weigh the possible harm (both to the patient and the overall trust between doctors and patients) against the benefits which are likely to arise from the release of information."

Nursing and Midwifery Council (2015)
"Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection. To achieve this, you must:

- *Take all reasonable steps to protect people who are vulnerable or at risk from harm, neglect or abuse.*
- *Share information if you believe someone may be at risk of harm, in line with the laws relating to the disclosure of information.*
- *Have knowledge of and keep to the relevant laws and policies about protecting and caring for vulnerable people.*
- *Ultimately information is shared in order to protect the patient and/or others from harm".*

7.0 Risk Categories and Associated Actions

The following sections outline the different risk categories and subsequent action to be taken by clinicians in the event a patient is missing from hospital. Appendix 5 shows a shared categorisation of risk by REH and police and summarises the police response for each level.

7.1 Absent Category

In some cases where a patient may absent themselves from the hospital and refuse to return, it may be possible for staff to continue contact with them by telephone. Depending on the agreed risk level of the patient it may be appropriate to classify them as 'Absent' as opposed to missing. This is entirely dependent on there being continued contact between the patient and hospital staff and categorisation of the patient being Absent as opposed to Missing should be regularly reviewed within the MDT and the plan clearly documented. Should contact from the patient cease or should staff become increasingly concerned about the patient's well being this classification can change from Absent to the appropriate Missing Person level detailed in sections 7.2 to 7.4.

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

- left his / her ward without the agreement of the health care team *or*
- not returned at the agreed time *or*
- 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** known risk to themselves or others will be suitable for consideration in the 'Absent' category. Patients who could be identified as Absent should have this clearly documented on the pass plan by the MDT in charge of their care.

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

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

The category will change when:

1. The patient's whereabouts is unknown and there has been no phone contact from them for a period of time which has been agreed and documented on the pass plan;

2. Where clinical staff have assessed the risk to have increased;

3. There are other external factors that would seriously increase risk to the health of the patient, for example, adverse weather conditions.

A decision will be taken by health care staff regarding the length of time a patient may stay in the 'Absent' category. If the patient has been absent for up to 8 hours, the MDT is required to reassess the level of risk and if the risk is deemed higher, consideration should be given to formally reporting the patient as missing. If the decision is made for the patient to remain in the absent category this should be reviewed at least at 8 hourly intervals. This should be documented on TRAK with a clear rationale for this decision.

Course of Action to be Taken by REH Staff

- If the patient is Absent without authority then nursing staff will ensure that the time the patient was noted as Absent is clearly documented.

- Communication must be maintained with the patient at agreed times and these communications must be documented in the clinical notes.

- Every effort should be made to encourage the patient to return to hospital. During communications, staff should be assessing the patient's safety. If staff feel that the patient's safety is at risk or if communications stop, then staff will report the patient as Missing to the police.

- All decisions must be documented and communicated clearly.

- In the absence of a ward Charge Nurse, the Coordinating Charge Nurse (CCN) must be involved in review discussions about the patient's Missing Person status.

7.2	Low Risk Missing Person

The shared REH and Police definition of a Low Risk missing person is **"the apparent threat of danger to the missing person or the public is low".**

When deciding to categorise the patient as a low risk, indicators to consider include:

- The patient is not considered a danger to themselves or others.
- The patient is in hospital on a voluntary basis and unlikely to be considered for detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 when absent.
- The patient is unlikely to be considered as an adult at risk under the Adult Support & Protection (Scotland) Act (2007)
- Other absences have not resulted in harm and there are no significant differences this time.

In addition to this:

- No active suicidal ideation is noted / the patient is not prone to serious self injury.
- The patient is not seen as likely to come to physical harm.
- The patient poses no serious threat to the community.
- The patient is not likely to commit a serious offence.

7.3	Medium Risk Missing Person

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

Medium risk indictors include:

- The patient is subject to compulsory measures that include hospital detention.
- There is evidence of a change in a patient's understanding of the need for current care plans that may make them liable to be assessed for detention under the Mental Health (Care and Treatment)(Scotland) Act 2003.
- There is a risk of harm to self or others.
- The patient may be more vulnerable to physical harm or exploitation or abuse by others.
- There is no particular pattern surrounding any reported absences of the patient in the past.
- It is not clear why the patient may have absented themselves.

7.4	High Risk Missing Person

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; or**
- **may have been the victim of a serious crime; or**
- ***the risk posed is immediate and there are substantial grounds for believing that the public is in danger.***

A patient should be considered a high risk Missing Person where the following indicators are present:

- The patient has absconded whilst requiring a high level nursing engagement and observation due to risk of harm to self or others or due to their clinical presentation
- The patient is subject to compulsory measures that include hospital detention
- There is evidence of a change in a patient's understanding of the need for current care plans that may make them liable to be assessed for detention under the Mental Health (Care and Treatment)(Scotland) Act 2003
- The patient has voiced suicidal ideation or has history of serious self injury.
- The discovery of suicidal intent such as a suicide note or plan.
- The patient is in receipt of medical treatment (e.g. Insulin) where risk to life may occur if not received.
- The patient's mental state is such that they are grossly unaware of common dangers such as crossing roads.
- The patient is vulnerable to serious physical harm or exploitation/abuse by others
- They may well pose a serious threat to the community or may commit a serious offence.

8.0 When A Restricted Patient Is Thought To Be Missing

All restricted patients should be considered high risk. This includes patients receiving treatment under an Assessment Order, Treatments Order and Compulsion Order with Restriction Order.

Health care staff should notify the Police immediately and report the patient missing and follow other actions outlined in section 9.0.

In addition:

- Staff should contact the Scottish Government Health Department as set out in the memorandum of procedure on Restricted Patients, 2010. This can found at https://www2.gov.scot/Topics/Health/Services/Mental-Health/Restricted-Patients. 'Annex B - Incident Recording and Notification' sets out the procedures to follow.
- It is the responsibility of the RMO (consultant) to contact the Scottish Government after being informed by the ward team. Out of hours this would be the duty consultant.
- Specific contact details can be found at https://www2.gov.scot/Topics/Health/Services/Mental-Health/Restricted-Patients/team.

- The Scottish Government would then decide on when to issue a press report based on the level of risk.

9.0	Actions Prior to Reporting a Missing Person

Unless an immediate high risk case, the police will not automatically conduct enquiries for a Missing Person unless:

Prior to reporting a patient as missing to the police, it is expected REH staff will have completed all **reasonable** local measures. Examples of these include:

- The nurse in the charge of the ward will inform the wider clinical team, including the consultant.
- Nursing staff will carry out the actions identified within the pass plan which will also indicate whether there is a need for the Police to be informed at this stage.
- A check of the patient 'sign out / in sheet' to see when the patient left the ward, where they intended to go, expected time of return, what they were wearing and what they took with them.
- Attempts to contact the patient via their mobile / home telephone in the first instance.
- Contact has been made with the patient's next of kin and/or any family members or associates where appropriate.
- If further information comes to light, the category of risk may be increased. This information should be documented in the notes and communicated to relevant parties.
- *(If the patient's whereabouts is identified and they are known to be with family or friends, health care staff would aim to contact the relative or friend and encourage them to assist the patient to return to hospital in the first instance.*
- *Where the patient refuses to return to hospital, there should be discussion within the MDT to decide whether the patient, if informal, now meets the grounds for detention in hospital. If the patient is already subject to detention there should be a decision whether the patient needs to be returned to hospital. In either case clinical staff should seek the assistance of the Police if required.)*
- The patient's room/bed space and belongings have been checked to see whether they have taken some or all of their belongings; to see if they have left any notes; or if there is evidence of them having finalised their affairs.
- Every room on the ward has been checked in a systematic way to ensure the patient has not been missed.
- Notifying the CCN that a patient is missing and requesting help to check further areas.

- A systematic check of adjoining areas and areas in the hospital that the patient is known to frequent, e.g. hospital shop, the Hive, smoking areas.
- Security may be called upon by the CCN to assist with checks of the ward, adjoining areas, or places known to be frequented by the patient.

(N.B. No one is expected to carry out checks of secluded or outside areas on their own especially overnight.)

If the patient is not located, the clinical team should:

- Complete a Datix.
- Complete the Joint Action Form (Appendix 6). An accurate description of the patient is crucial.
- Notify Security and fill in the 'Internal Request to Download CCTV Images' form (Appendix 7) and hand deliver this to the Security Office at Mackinnon House Reception (or call Security and inform then that the form has been sent via email to *rehsecurity@nhslothian.scot.nhs.uk*).

The status of the Missing Person should be reviewed and may escalate to high risk depending on the circumstances, including length of time missing and other information that may come to light.

10.0	Reporting a Missing Person to Police Scotland

To report a patient as Missing, the REH staff member will telephone the Area Control Room (ACR) for Police Scotland on the following numbers:

999 - When the staff member believes the risk posed by the patient is so great that is requires an immediate police response. An example would be where there is an immediate threat to life.

101- To report all non-emergency missing patients.

Staff will complete the Joint Action Form (Appendix 6) in preparation for the police attending the hospital.

Additional information relating to the circumstances of the patient's disappearance to be gathered by police includes:

1. **Information relating to previous movements** – e.g. date, time, place last seen, method of last contact, details of person who last saw /spoke with patient, known demeanour of patient when last seen, were they accompanied, preparations to leave.

2. **Information relating to contacts and behaviour** – e.g. next of kin, friends, family, intended destination when last seen, daily routines, routes used, locations frequented.

3. **Information relating to personality, lifestyle and influences** – e.g. social interests, personality, recent demeanour, details of any addictions, involvement in crime.

4. **Information gathered from risk assessment** – e.g. any concerns identified from risk assessment.

Further detail is available in appendix 8.

11.0 Police Investigation

Following a report to the ACR, a police officer will attend the ward to take a full Missing Person report and to update the Joint Action Form. An appropriate staff member will make themselves available to the police. This process may take some time so where this staff member does not believe they can assist due to operational demands, a senior member of staff such as the Senior Charge Nurse/Charge Nurse should be consulted so a suitably informed staff member can be identified. This staff member will be expected to provide a statement and the information required by the police to investigate the whereabouts of the patient.

As part of the investigation police may require to speak/note a statement from the last member of staff to have seen the patient. If the escorting staff member retires from duty prior to being spoken to by a police officer, there may be a need for their personal details to be obtained. A police officer may attend at their home address in order to obtain further information in order to conduct the investigation.

The police will require access to the patient's room to conduct a search in the presence of a member of staff. A photograph of the patient may also be requested by the police, this can be taken from the copies used for the medication kardex or from CCTV images obtained.

12.0 Patient Reviews

A staff member (usually the Shift Coordinator) should be identified as the point of contact for the police. Where a patient is graded as High Risk, Police Scotland will expect the Senior Charge Nurse/Charge Nurse or the Coordinating Charge Nurse (CCN) to act as the point of contact and lead person for coordinating the REH response.

A police supervisor will contact this member of staff at least once per police shift and a record of the review discussion should be recorded within the patient's progress notes on TRAK.

The purpose of this review is to:

- Allow the police to update health care staff on the police investigation.
- Discuss the patient's medication. It is expected that the staff member will be able to provide a clinical opinion on how the lack of any medication may affect the patient.
- Discuss the patient's risk grading and whether it should be reviewed.
- Enable REH staff to provide any new information and provide any new lines of enquiry that may have come to light.
- Enable the REH reviewing staff member to voice any concerns.

Where a member of staff has new information that may aid the police investigation and/or affect the patient's risk grading, it is expected that they will contact the police as soon as possible and not wait for the review.

13.0	Prolonged Missing Person Cases

In the event a patient is missing for a prolonged period of time, any contact with police and family should be accurately recorded within the clinical record.

The police should be notified immediately if the patient makes contact with the ward while reported missing. Clinical staff should also ensure the family/carer are informed to let the police know if the patient makes contact with them.

14.0	Forcing Entry to a Private Residence

The police have no power to force entry into a private residence without a warrant:

- Unless on hearing the noise of a serious disturbance in the premises in order to enquire into the cause or to suppress the disorder.

- Or there is an immediate threat to life or serious damage to property.

If during a Missing Person enquiry the police require entry to a private residence and none of the above circumstances are present, a request will be made to obtain a warrant to do so (Appendix 9).

During subsequent reviews, Police Scotland may continue to make requests to obtain a warrant or to review a previous decision depending on how the investigation progresses.

Where the clinical team has decided not to instigate the internal procedures to obtain a warrant, the senior staff member of this team's name, decision and rationale will be recorded by police in their enquiry log.

Police officers will enforce a warrant if obtained.

15.0	After an Event

When a Missing Person returns to the ward, nursing staff will:

- Notify Police Scotland immediately, if they are not already aware, for example when the Missing Person returns on their own or without police intervention.
- Make a current mental state assessment
- Check for signs of self-harm or ingestion of stimulants
- Consider current risk to self and/or others
- Consider the need to raise their engagement and observation status or implement any additional provisions contained within Mental Health (Care and Treatment) (Scotland) Act 2003
- Carry out a 'Return To Ward Discussion' within 24 hours, recording this via canned text on TRAK (Appendix 10)
- Inform other relevant parties of the patient's return – Next of Kin, family, medical team, security and CCN.

The patient's Consultant Psychiatrist and Senior Charge Nurse/Charge Nurse will discuss and agree with the patient a care plan to minimise the risk of recurrence and update the patient's pass plan.

The Senior Charge Nurse/Charge Nurse will complete the investigation field of the Datix. In the event of serious injury or death the investigation will be completed in line with NHS Lothian Incident Policy.

Ongoing review of a patient's risk status is a MDT responsibility and should occur with the same frequency as engagement and observation status reviews and should be similarly recorded in both medical notes and nursing care plans.

16.0	Informal Patients

If an informal patient is reported as Missing, Police Scotland would expect the reporting staff member to inform the police of what course of action the clinical team intends to take should they refuse to return.

The police have no power to return a voluntary patient found in private residence. At the time of reporting, Police will require that the reporting staff member should be able to provide which of the following courses of action the clinical team intends to take:

- If the patient has been medically assessed that day and it has been confirmed the grounds for detention are met, that the clinical team will invoke an Emergency Detention certificate removing the voluntary status.

- Once a patient is traced they are no longer classed as a Missing Person; however should the clinical team wish the patient to return, they should discuss the clinical presentation and risk with the police. Ideally the patient should be encouraged to return to hospital. If this does not happen, this should be escalated to the MDT (Out of hours to the on-call Higher Trainee/Consultant and CCN) for advice and to negotiate a further plan).

- The clinical team is satisfied that there is no need for the patient to return and they are discharged in their absence. The staff member making this decision will be spoken to and their details and their rationale will be noted on the police log.

When an informal patient is found in a public place (not their home) after being reported missing, a Police Officer can consider detaining under Section 297.
Section 297 of the Mental Health (Care and Treatment) Scotland Act 2003 allows the police to remove a person from a public place to a place of safety where the following criteria have been met:

- They reasonably suspect that a person in a public place has a mental disorder; **and**
- That person is in need of immediate care or treatment; **and**
- It is considered to be in the interest of that person or necessary for the protection of any other person to remove the person to a place of safety.

The purpose of this detention is to allow a health professional to examine the person and make necessary arrangements for their care and treatment.

17.0	References

General Medical Council (2013) '*Good Medical Practice - Disclosing Information to Protect Others.'*
Available from:
http://www.gmc-uk.org/guidance/ethical_guidance/30608.asp

Mental Welfare Commission (2013) '*Good Practice Guide, Carers and Confidentiality'*
Available from:
http://www.mwcscot.org.uk/media/125263/carers_and_confidentiality_2013_web_version.pdf

Nursing & Midwifery Council (2015) '*The Code, Professional Standards of Practice and Behaviour for Nurses and Midwives'*
Available from:
https://www.nmc.org.uk/globalassests/sitedocuments/nmc-publications-code.pdf.

Appendix 1: Record of 'Read and Understood'

SOP for 'Reporting Missing Persons from Adult and Older People's In-patient Services' – SIGNED STAFF RECORD

WARD/TEAM:

I have read and understand the Standard Operating Procedure for 'Reporting Missing Persons from Adult and Older People's Mental Health In-patient Services'

DATE	PRINT NAME	SIGNATURE	BAND / ROLE

Name Address (or affix label) CHI	**Pass Plan**	Patient Mobile Phone Number Patient Home Phone Number Relative/Carer – Name and Phone Number

Start Date	Detention Status Please Circle	Current Risk Please Circle	Type of Pass Please Circle	Additional Conditions	*Can patient be considered as "Absent" if they fail to return?* *Only applies if the patient is:* *Informal* ***No** Risk to self or others* *On unescorted passes* ***With consultant agreement***		If patient fails to return, or absconds from an escorted pass, then call the following at the specified times:			Patient in agreement with pass plan?		Person completing pass plan
							Patient	Relative or Carer	Police: Missing Person			
	Informal Detained Restricted	Low Medium High	No Time Out Escort - Nurse Escort - Other Unescorted		***Yes***	***No***				**Yes**	**No**	Name: Signature:
	Informal Detained Restricted	Low Medium High	No Time Out Escort - Nurse Escort - Other Unescorted		***Yes***	***No***						Name: Signature:
	Informal Detained Restricted	Low Medium High	No Time Out Escort - Nurse Escort - Other Unescorted		***Yes***	***No***						Name: Signature:
	Informal Detained Restricted	Low Medium High	No Time Out Escort - Nurse Escort - Other Unescorted		***Yes***	***No***						Name: Signature:

Police Scotland Missing Person Classification of Risk
Low Risk: a missing person where there is a low risk of harm to that person or to others.
Medium Risk: a missing person who is likely to place themselves in danger or are a threat to themselves or others.
High Risk: a missing person where the risk posed is immediate and there are substantial grounds for believing that the patient is in danger through his/her own vulnerability; or the risk posed is immediate and there are substantial grounds for believing the public is in danger

Oct 13th Version J.Cheeseman

Appendix 2 – Patient Pass Plan

Appendix 3 - Standard Operating Procedure for the Use of the Ward Mobile Telephone Whilst Escorting Patients	
Date Approved: November 2017 & Reviewed December 2018	**Next Review Date:** January 2020
Approved by	Adult Mental Health Executive
Scope	Applies to adult mental health wards at the Royal Edinburgh Hospital

1. Purpose of this document: All adult mental health wards have been issued a mobile phone for the purposes of escorting patients out with the ward.

2. Scope of this SOP: All mental health practitioners, within adult mental health wards on the Royal Edinburgh Hospital Site who are employed by NHS Lothian.

3. Competencies required: This pertains to all practitioners. Staff should be familiar with the NHS Lothian Lone Working Policy.

http://hronline.lothian.scot.nhs.uk/HR**Policy**/managementofaggression/**LoneWorking**/Documents/**Lone Working Policy**.doc

4. PROCEDURE

4.1 The ward mobile phone should be stored securely within the ward duty room when not in use, along with the log sheet (appendix 1)

4.2 All staff should be encouraged to use this phone for escorting purposes instead of their own personal phones.

4.3 The number of this phone should be displayed clearly on the wall in the duty room and also documented in the front of the ward diary.

4.4 Staff must check that they are familiar with how the phone works and that it is charged before taking a patient out on escort.

4.5 Staff must fill in the log sheet prior to leaving the ward and on return.

4.6 This phone should only be used to keep in contact with the ward, e.g. asking for support, advising of a delay in expected return time and/or contacting the police in the event of an emergency whilst escorting a patient (further guidance available).

4.6 On return staff should charge the phone if necessary. Night staff will be responsible for ensuring phones are charged if necessary overnight.

4.7 Under no circumstances should the phone be used for personal use. Staff should be aware that the use of this phone will be monitored regularly by the ward charge nurse.

4.8 Should the phone be broken or damaged this should be reported immediately to the ward charge nurse or CCN so an alternative arrangement can be made. A Datix should also be completed.

Appendix 4 – Patients Sign out / in Sheet

WARD NAME: Record of Patients Out / In

Ward Mobile Number 1 : XXXXXXXXX (1) Date:

Ward Mobile Number 2 : XXXXXXXXX (2)

Date	Name	Pass Status	With Whom	DESCRIPTION CLOTHES	TIME LEFT	DUE BACK	Ward mobile 1 or 2	Own phone y/n		£	Actual Return	Lighter handed in
EXAMPLE				Clothing: Blue jeans, red jumper. Outerwear: Black leather jacket Footwear: black boots Headwear colour Style								
				Clothing Description: Outerwear: Footwear: Headwear:								
				Clothing Description: Outerwear: Footwear: Headwear:								
				Clothing Description: Outerwear: Footwear: Headwear:								
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				Clothing Description: Outerwear: Footwear: Headwear:								

Appendix 5 - Police Scotland Missing Person Classification of Risk and Response

A Missing Person will be graded according to the following three classifications and the police response will be proportionate to the risk and in line with the relevant Police Scotland SOPs.

LOW RISK - There is no apparent threat of danger to either the subject or the public ***Police response -*** *In addition to recording the information on the Police National Computer, the police will advise the person reporting the disappearance that once all active enquiries have been completed the case will be deferred to a regular review pending any further information coming to notice.* *This grading is not resource intensive.*
MEDIUM RISK - The risk posed is likely to place the subject in danger or they are a threat to themselves or others. ***Police response*** *- This category requires an active and measured response by police and other agencies in order to trace the missing person and support the person reporting.* *This grading may involve dedicating officers to conducting enquiries and may require the deployment of specialist officers.*
HIGH RISK - The risk posed is immediate and there are substantial grounds for believing that the subject is in danger through his/her own vulnerability; or the risk posed is immediate and there are substantial grounds for believing that the public is in danger. ***Police response*** *- This category requires an immediate deployment of Police resources and a member of the Local Policing senior management team or similar command level must be involved in the examination of initial enquiries lines and approval of appropriate staffing levels.* *This grading is extremely resource intensive and will likely have a significant impact on the ability of local resources to respond to routine calls. Specialist resources may be also be deployed.*

There is no expectation for staff from the REH to grade a patient as this lies with the police. However it is important that there is an understanding of the criteria for each grading.

Appendix 6 - JOINT ACTION FORM: POLICE SCOTLAND / REH, NHS LOTHIAN

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

Home Address	Place Missing From

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

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

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: • 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:	

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**

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 REH Return to Ward Discussion – Information that may assist Police search/enq.

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

Appendix 7 – 'Internal Request to Download CCTV Images' Form

All requests must be made on this proforma and must be authorised by at least one of the authorised signatories listed below prior to downloading of images.

No CCTV images should be shown to anyone without approved permission

Details of Incident	
Date	
Time	
Location	
Reason for downloading images	
Requester's Details	
Date	
Time	
Location	
Reason for Request	
Details of Security Officer Downloading Images	
Name	
Signature	
Position	
Location	
Date	

CD Disc Identification Number / Name	
No. Of CD's Downloaded	
Serial No. (Identification no.)	
Devices downloaded from	CCTV Cameras

I confirm this request to download images held by NHS Lothian has *been authorised / not been authorised by one of the below (*delete as appropriate)

Signature	
Designation	
Print	
Date	

- Services Director
- Chief Nurse
- Clinical Nurse Manager
- Service Manager
- Facilities Area Manager
- Facilities Site Services Manager

(*Hand deliver form to Security Office at Mackinnon House, REH or send via email to* *rehsecurity@nhslothian.scot.nhs.uk*)

Completed form will be filed and kept in Security Office, Mackinnon House

Appendix 8 – Police Scotland: Missing Person Aide Memoire

POLICE SCOTLAND
Keeping people safe

Missing Person Aide Memoire

Initial Information

During any Missing Person Investigation, it is important to have a full understanding of the missing person's personal information, previous movements, behaviour and contacts. It is equally important to learn of their personality and lifestyle, including any factors leading to their disappearance.

For every missing person report, the Initial Attending Officer MUST gather and record the information contained in SECTION A.

The Initial Attending Officer SHOULD also consider and record relevant data contained in SECTION B.

SECTION C refers to information relating to the circumstances of disappearance. Not all of these factors will be relevant in every missing person investigation. However, an assessment of their relevance should be made by the Initial Attending Officer when considering the overall circumstances.

Not Protectively Marked

Section A:- Essential Core Information

1. Personal Details

1. Full name, including middle names, nicknames, previous names and aliases
2. Age, date & place of birth
3. Occupation / school attended & addresses
4. Home address
5. Location missing from (if different)
6. Phone number (contracted or pay as you go & service provider)
7. Access to other phone or SIM cards
8. E-mail addresses (passwords)
9. Social networking sites used (obtain account names and passwords)
10. Hair cut & facial hair (colour & style)
11. Clothing
    a. Head wear
    b. Upper body clothing
    c. Lower body clothing
    d. Footwear
    e. Underwear
    f. Outer clothing
    h. Jewellery
    g. Other clothing, gloves / scarves / glasses etc
12. Possessions e.g. cash, keys, computer, medication, bank cards, store cards, travel cards, passport, make / model of phone. Is it internet enabled or have phone locator apps installed
13. Preferred modes of transport, access to vehicles, ability & licence to drive, types of public transport used regularly
14. Visible marks, scars, tattoos, piercings or distinguishing features

2. Personal Description

1. Photograph
2. Gender
3. Height, build, weight & complexion
4. Ethnicity and skin colour
5. Eye colour
6. Glasses / contact lenses worn
7. Habits & mannerisms
8. Accent
9. General health / Mental health (diagnosed or otherwise)

3. Other Information

1. Are there any objections to a media release?
2. Does the family / informant need personal support?

Section B:- Additional Personal Information Dependent On Circumstances

1. Personal Details

1. Nationality
2. Religion or beliefs
3. Marital / civil partnership status
4. Sexuality
5. Previous addresses
6. Previous schools / occupations
7. Financial details (income source, bank, sort code, account no, cards)
8. Passport details (number & location)
9. Details of Doctor
10. Details of Dentist
11. Right / left handed

2. Personal Description

1. Jewellery (earrings, watches, bracelets, rings, necklace, other)
2. Languages spoken / read
3. Ability to understand / read English
4. Shoe size
5. Dentures
6. Medical implants

Section C:- Information Relating To Circumstances Of Disappearance

1. Information relating to previous movements

1. Date, time and place last seen.
2. Date, time and method of last contact, i.e. call / text
3. Details of person who last saw / spoke with missing person
4. Known demeanour of missing person at last sighting
5. Were they accompanied?
6. Any property missing from home?
7. Any preparations made to leave?

2. Information relating to contacts and behaviour

1. Next of kin (including relationship to missing person)
2. Friends, relatives, partners or associates
3. Intended destination when last seen
4. Daily routines, routes used
5. Work location / address
6. Locations frequented, favourite places, beauty spots, walking routes etc.

3. Information relating to personality, lifestyle and influences

1. Social interests
2. Personality (outgoing, insular, deep)
3. Recent demeanour
4. Details of any addictions
5. Involvement with crime, cults or gangs?
6. Recent life troubles? e.g. family, financial or work
7. Religious and cultural influences?

4. Information gathered from Risk Assessment

Any concerns identified in the completion of the Risk Assessment must be fully investigated.

Risk Assessment Tool

Missing Persons risk assessment will be conducted by the Initial Attending Officer and endorsed by a supervisor. It should be subject to daily reviews by the Inspector or the Senior Management Team (where appropriate). All questions must be considered to assist in determining the level of risk and investigative priorities. Supplementary questions may be needed to fully clarify concerns raised. Responses made and the person giving the information should be recorded.

No.	Investigative Considerations
Vulnerability	
1	Is there any identified risk of suicide?
2	Is criminality suspected to be a factor in the disappearance?
3	Is the person vulnerable due to age, infirmity or other similar factor?
4	What are the effects of failure to take medication that is not available to them?
5	Does the missing person have dementia, medical or mental health conditions, physical illnesses or disabilities?

6	Can the person interact safely with others when finding themselves in unfamiliar circumstances?
7	Is there a dependency on drugs, alcohol, medication or other substances?
8	Are they on the Child Protection Register?
9	Do the current/previous weather conditions present additional risk? Consider all circumstances including age & clothing.
Influences	
10	Are there family/relationship problems or recent history of family conflict and/or abuse?
11	Are they the victim or perpetrator of domestic violence?
12	Is there an ongoing personal issue linked to racial, sexual, homophobic, the local community or any cultural issues?
13	Were they involved in a violent and/or hate crime incident prior to disappearance?
14	Are there any school, college, university, employment or financial problems?
15	Is forced marriage or honour based violence an issue?
16	Are they the victim of sexual exploitation, human trafficking or prostitution? If so, is going missing likely to place them at risk of considerable harm.
Past Behaviour Behaviour that is out of character is often a strong indicator of risk	
17	Are the circumstances of going missing different from normal behaviour patterns?
18	Is there a reason for the person to go missing?
19	Are there any indications that preparations have been made for absence?
20	What was the person intending to do when last seen? Did they fail to complete their intentions?
21	Has the person disappeared previously and were they exposed to harm on such occasions?
22	Is the missing person a risk to others? And in what way?
23	Are their other unlisted factors which the officer or supervisor considers relevant in the assessment of risk?

In consideration of the above factors, their likelihood and seriousness, what level of risk do you consider to be adequate?

HIGH Risk

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

MEDIUM Risk

The risk posed is likely to place the missing person in danger or they are a threat to themselves or others.

LOW Risk

The apparent threat of danger to the missing person or the public is low.

Return Interview

Upon the return of a missing person, the immediate priority is to ensure their personal wellbeing and to provide any medical assistance necessary.

A return interview **MUST** be conducted, to gain a better understanding of the circumstances and events which led to their disappearance, along with their conduct and behaviour whilst missing.

The level of detail required in any return interview will vary dependent on the risk classification and general circumstances.

Careful consideration is necessary to ensure that the missing person is interviewed at the right time, in the right circumstances and provided with an appropriate level of support. Where personal harm is suspected, consideration should be given to consult with PPU staff or local partner agencies for advice or support in conducting the interview. It may be necessary to delay the completion of this interview, carrying it out at a suitable time and place in the days following their return. Any identified vulnerability should be followed by an appropriate referral.

The following should be considered during any return interview.

1. Reason For Disappearance

1. Why did they leave?
   a) Life pressures? (i.e. work, family, financial, relationship)
   b) To clear their head?
   c) Boredom?
   d) To get family contact?
   e) Were they encouraged to stay out? If so, by whom?
2. Were they intent on going anywhere when they left?
3. Did they go anywhere that was unfamiliar to them? Why? What drew them there?
4. Were any preparations made to leave? What were they?
5. Were they under the influence of alcohol or drugs when they left?

2. Circumstances While Away

1. How did they travel? How far?
2. Who were they with?
3. What did they do?
4. Where did they stay, shower, change clothes?
6. Did they access money?
7. Did they have/use a mobile phone?
8. Did they access/use social media?
9. Did they make contact with anyone whilst away?
10. Were they involved in criminal activity?
11. Were they encouraged to take part in criminal activity? By whom? What type of activity?
12. Did they take alcohol or drugs whilst away? (What & how much?)
13. Did anything bad happen to them? (hurt, injured, drugged, abused?)
14. Were they held captive?
15. Were they aware the Police were concerned for them?
16. Did they actively avoid Police whilst away?
17. Did they want to return at any point? What stopped them from doing so?

3. Circumstances Of Return

Self return

1. Why did they return? Would anything have made them return sooner?

Traced

1. Who traced them? (Police, friends, family, carers?)
2. Would they have returned of their own accord eventually? If so, how long would this have taken?
3. Is there anything that would have made them return of their own accord sooner?
4. Did they have any worries about coming back? If so, what were they?
5. Is there any help they would like but were unable to find?

4. Health / Vulnerability / Suicide Issues

1. Any physical conditions, disability or impairment?
2. Any mental health conditions?
3. Any prescribed medication?
4. When away, did they feel vulnerable or in danger?
5. Any injuries? If so, what are they?
6. Did they try to get help whilst away? (Who, why?)
7. Did they consider taking their own life?
8. Did they talk to anyone about their concerns prior to leaving?
9. Did they make physical attempts to take their own life? If yes, how?
10. Have they previously attempted to take their own life? If yes, how often and by what method?

5. Other Relevant Information

1. Have they been missing / gone away before?
2. How many times and when did they last go away?
3. Was this reported to Police?
4. Did they do the same on this occasion as they did previously?
5. What did they do differently?
6. Any strong religious / cult beliefs or practices?
7. Is there anything else they need?

Appendix 9 - How To Obtain A Warrant For Police When Requested.

The following is the process for accessing a Mental Health Officer MHO to consider application for a warrant under the Mental Health (Care and Treatment) (Scotland) Act 2003. To allow Police Scotland force entry into a private residence.

The staff member making the referral should contact Social Care Direct on **0131 200 2325**, this is a number dedicated to referrals from professionals and is used for all MHO duty calls. It is the same number at all times of the day, including out with normal working hours.

The staff member needs to make it clear that they require the services of a MHO the call handler will then take all relevant information. During normal working hours the request for an MHO will be passed by Social Care Direct to the administrative team at 329 High Street who will check if the service user is already known to an MHO. If the service user is known to the MHO the support staff will attempt to contact that MHO before passing the request to a duty MHO. If they establish that the allocated MHO is not available the request will be passed to the appropriate duty MHO.

If the service user is not currently known to an MHO the call will immediately be passed to the appropriate duty MHO.

Out with normal working hours the call will be passed to the Emergency Social Care Service who will pass the request to an MHO.

The MHO taking the request forward will contact the referrer back to get more information and agree what action will be taken.

It is for the MHO to decide, in consultation with relevant others, whether the grounds for making an application for a warrant are met. Pertinent information will include the current mental state of the service user (as far as this can be determined), the level of risk to the service user and/or others, and what informal attempts have been made to get access to the service user and to return them to the hospital.

Appendix 10 - Canned Text for Return to Ward Discussion

Access via:

\missper

RETURN TO WARD DISCUSSION

Date of absconding:

Date of return:

Keyworker:

Why did you go missing?

Where did you go?

Who were you with?

What did you do?

What can we do that would prevent you from leaving like this again?

Did anything upsetting happen to you whilst you were away?

Completed by (name and designation):