

The Newcastle upon Tyne Hospitals NHS Foundation Trust
Missing Adult Patients Procedure
(For Paediatrics see Missing Children's Patients' Procedure)

Effective: February 2011

Review: February 2014

1. Introduction

The Newcastle upon Tyne Hospitals NHS Foundation Trust has a duty of care to ensure the safety of patients in its care and takes all possible steps to do so. On occasions when this has not been possible and patients have left an area and cannot be located, the Trust will ensure a prompt and systematic response in order to minimise the risk to the individual. The purpose of this policy is to ensure an effective and co-ordinated response in the event of a patient going missing from a clinical area within the Newcastle upon Tyne Hospitals NHS Foundation Trust.

(NB If a prisoner on remand or in custody goes missing this is regarded as an escape and dealt with by the relevant authorities, i.e. the police. They would not usually wish hospital staff to be involved in a search as the prisoner could be regarded as potentially violent.)

2. Detaining patients against their will

2.1 Unless subject to a section of the Mental Health Act 1983, no patient can be kept in hospital against her/his will. Should a patient wish to discharge her/himself against medical advice the identified procedure should be followed (Hospital Discharge Policy Section 5.6). If a patient discharges her/himself without completing the necessary paperwork the person should not be regarded as a 'missing patient' but must be followed up by contacting relatives and relevant professionals e.g., CPN, GP, in order to ensure the patient's personal safety.

3. Immediate role of the Clinical Team

3.1 Any member of staff suspecting that a patient is missing from the ward should convey this information immediately to the Nurse in Charge/Head of Department.

- (i) The Nurse in Charge/Head of Department will: establish whether a patient is missing from the ward or department and will ask staff on duty if they are aware whether the patient has left the area. Ward staff should check if personal belongings are missing.

Other patients on the ward should be asked if they are aware whether the missing patient had indicated where they may be going.

At the same time, the Nurse in Charge will initiate a search of all rooms and spaces including, for example, linen rooms, store cupboards, within the ward/departmental area. The occupant of each bed space should be identified and accounted for.

(ii) If the patient has not been found the Nurse in Charge will then undertake the following action:

In hours:

- Contact the Matron/Senior Nurse or their designated deputy and PSC if Matron not available, who will conduct an initial assessment and provide immediate support to the clinical area.
- Make an entry to this effect in the patient records and ensure an incident report is completed.
- At Walkergate Hospital, contact the hospital bleep holder who will contact the Patient Services Co-ordinator (PSC)/Matron.
- Compile a detailed description of the patient, including any special needs e.g. in relation to communication or distinguishing features. Any special circumstances should also be noted, e.g.
- Inform relatives/Next of Kin

Out of hours:

- Contact would be directly with the Patient Services Co-ordinators.
- PSC to complete a report form of missing patients.

4. Immediate role of the Matron/PSC

The Matron/will take the following action:

- (i) Confirm a local search of the ward and immediate vicinity has been undertaken by the nurse in charge.
- (ii) Contact the PSC who will assume the role of Search Co-ordinator and undertake the following actions.
- (iii) Confirm whether the patient has gone missing previously, where the patient went to, and whether she/he subsequently returned to the ward unaided. If it is decided that a search is necessary this information is vital and must be conveyed to all the search teams.
- (iv) Contact the patient's consultant (or in the out of hours period, the consultant on the relevant on-call team). In conjunction with the senior nurse on the ward and the consultant, assess the risk to the missing patient, ensuring the details are recorded in the Patient's Clinical Record.
- (v) Ensure the Patients relatives are informed and a record of the conversation is made in the Patient's records.
- (vi) Contact the Directorate Management Team and keep them informed of progress. Matron/Directorate Manager in office hours. On-call manager out of hours.

5. Search Coordinator and Search Team Roles

The intensity and duration of the search will depend upon the result of the risk assessment. Patients may be considered to be at risk because of their mental or physical condition. This will include patients who are:

- Confused.
- Detained under the provision of the Mental Health Act.
- Suffering from debilitating illness or physical frailty.
- At risk of self harm or injury.
- Considered to be at risk of harming other people.
- Liable to suffer a deterioration in health.
- At risk from others eg a Child* or vulnerable adult
- Special communication needs

The Search Co-ordinator will take the following action:

- (i) Meet the search team.
- (ii) If the missing patient is a child the Named Nurse for Child Protection must also be advised. Safeguarding Adults, Tel ext 20959/29878. Safeguarding children, Tel ext 29150.
- (iii) Confirm that Security for the relevant hospital site has been advised (who will contact Porter staff) of the missing patient, giving details of the ward of origin, a description of the patient and any other essential information. Ask security to review any available CCTV footage of the area.
- (iv) Request support from neighbouring wards to liaise with the search co-ordinator. These staff will join search teams, each of which will consist of 2 members of staff. This will enable help to be summoned promptly whilst also maintaining patient safety in the event that the patient requires medical assistance. Ensure support staff are given Tel ext for PSC in order to report back at pre designated time intervals.
- (v) Establish an immediate search of all likely places where the missing person may be found. The approach should be directed by the search co-ordinator.
- (vi) If the above initial search is unsuccessful a more thorough and extensive search should be considered.
- (vii) A systematic search of the hospital will be undertaken by the search teams concentrating initially on all unlocked wards, departments, corridors, rooms on the same level and other most likely locations e.g. dining areas, public telephones etc., (see section 6) subsequently broadening out the search to other areas including the grounds, if necessary. Where necessary laminated site plans available from reception desks in Leazes Wing, New Victoria Wing and Claremont Wings at the RVI as well as reception at Freeman Hospital and walkie-talkies are available from the security control room.

- (viii) All search teams must document which named personnel have looked where and at what time. This report must be filed with the Clinical Incident Report Form i.e. Intranet Datix. The search teams will contact the search co-ordinator at regular intervals of no more than 30 minutes to report on progress.
- (ix) Unless already aware, if the patient had not been found in the hospital or the grounds, the next of kin should be updated. A record of this conversation should be entered in the patient's records.
- (x) Once the initial search has been conducted, if the patient has not been located, the relevant Head of Nursing (Out of Hours Manager on Call) should be advised of the incident by the search co-ordinator. If the patient is exceptionally vulnerable or at risk the police should be notified as soon as possible.
- (xi) In other circumstances, following discussion a decision on whether to notify the police will be taken. It is the responsibility of the Head of Nursing/PSC to advise when to contact the police. Ward staff should not assume responsibility for contacting the Police.
- (xii) If the missing patient is located at home notify Rapid Response giving relevant details of the patient condition in order that they may visit the patient for assessment and remove e.g. cannulae, catheters etc.

6. General guidance to Searchers

- The following should be remembered:
- examine all locked and unlocked areas - keys will be available from domestic services/security staff;
- thoroughly check all recesses/open cupboard;
- check closed and empty wards and departments;
- check all cubicles, toilets, corridors and behind open doors;
- check all landings and stairways;
- check under stair storage spaces, store rooms and linen/waste collection points;
- whilst searching observe for evidence that the patient may have been in the vicinity; (may have discarded clothing or dropped the patient identification arm band)

- on completion of the search of the designated area search teams should contact the search co-ordinator for further instructions;
- an open fire door, for example, may indicate that the patient has left the building;
- All adjacent buildings, even those that are not the property of the Trust, must be considered;
- CCTV footage may provide initial evidence;
- The details of all searches must be documented as described;

7. Media Attention

7.1 All enquires from the media should be referred via the Patient Services Co-ordinator and, if necessary, to the On Call Manager who will agree a press statement with a Trust Executive. The police press office is available for assistance if it is considered necessary.

7.2 Under no circumstances should any other member of staff give information to the media with out the express permission of the On Call Manager.

8. Action following the incident

8.1 A full and comprehensive untoward Datix report should be completed and forwarded to immediately to the Clinical Governance and Risk Department. Statements from ward staff and the Patient Services Co-ordinator should be co-ordinated with the person completing the Datix and electronically attached to the Datix report. Documentation must be submitted within 24 hours.

8.2 If the Matron/Directorate Manager was not on duty at the time of the incident (eg Out of hours) the Nurse in Charge of the Ward is responsible for informing them at the earliest possible opportunity, and no later than the following working day.

9. Monitoring

On an annual basis a report will be provided by Clinical Governance & Risk Department to identify the number of occasions the policy has been applied and reviewed to ensure satisfied outcome.

This Policy will be reviewed as indicated. Any comments, queries or suggested amendments should be addressed to Patient Services Manager.

Flow chart for Missing Adult Patient

Patient Missing

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Ask staff and Patients whether Patient indicated intentions to leave.

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Check/Search all rooms and spaces within the Ward area.

Still not found

- Contact Matron and PSC: Out of hours only PSC
- Record in Patients notes + Incident/Datix report to be completed
 - Compile detailed description of patient.
 - Inform relatives/NOK

PSC to:

- Confirm that local search has been completed.
 - Confirm whether patient has gone missing before.
 - Contact Patients Consultant/Out of Hours: Team on Call in order to assess risk management of the patient.
 - Contact the directorate Management Team or On-Call Manager if out of hours.
- ↓
- If the Patient is vulnerable: Contact Safeguarding Adults: ext 20959/29878 or Child Protection: ext29150.
 - PSC only to contact the Police if it is thought necessary.
 - Security to review CCTV
 - Request staff of any grade from neighbouring wards to establish search teams.
 - Carry out immediate search of all possible places/areas.
 - The details of the search should be documented.

If Unsuccessful

- ↓
- PSC must initiate a systematic search of the hospital premises and grounds.
 - The details must be documented.

If Unsuccessful

- ↓
- NOK should be informed.
 - If not located: Head of Nursing to be informed by Matron/PSC or Manager on call out of hours by the PSC.
 - Police to be contacted only by PSC or Head of Nursing.
 - All media enquiries must be referred to PSC or On-Call Manager only.
 - If Matron/Directorate Manager not on duty at the time of the incident, they must be informed at the earliest opportunity and no later than the following day.

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Missing Adult Patients Procedure	Policy Author:	<u>Dot Kyle, Patient Services Manager</u>
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)		This policy does not discriminate against any individual or group on the basis of race, ethnicity, Nationality, gender, culture, religion, sexuality age or disability
	• Race *	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender *	No	
	• Culture	No	
	• Religion or belief *	No	
	• Sexual orientation including lesbian, gay and bisexual people *	No	
	• Age *	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	No	
	• Gender reassignment *	No	
	• Marriage and civil partnership *	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	N/A	
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	N/A	
4(b).	If so can the impact be avoided?	N/A	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
4(d).	Can we reduce the impact by taking different action?	N/A	

Comments:	Action Plan due (or Not Applicable): N/A
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Name and Designation of Person responsible for completion of this form: Dot Kyle, Patient Services Manager Date: 21/07/2011

Names & Designations of those involved in the impact assessment screening process: Dot Kyle, Patient Services Manager

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.