MISSING PATIENTS FROM PREMISES IN WHICH THE UHB IS PROVIDING HEALTHCARE PROCEDURE

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Documents to read alongside this Procedure	Child Abduction Policy Multiagency protocol on children who go missing (Local Safeguarding Children Board) Mental Health Services – Procedural Guidance in the event of a missing patient What to do if a patient makes a serious attempt to leave the ward out of hours

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Disclaimer

When using this document please ensure that the version you are using is the most up to date either by checking on the UHB database for any new versions. If the review date has passed please contact the author.

OUT OF DATE POLICY DOCUMENTS MUST NOT BE RELIED ON

Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	27/09/2012	12/07/2013	This is a new procedure.

CONTENTS

1. INTRODUCTION

This procedure sets out the steps that need to be taken when a patient aged 18 years and over is missing from premises in which the UHB is providing healthcare – e.g. a hospital ward, department, an acute assessment unit, emergency unit or out-patients (henceforth "UHB premises"), **except** where patient / clients are missing from mental health services.

There is a separate procedure for patients missing from mental health services Missing Persons Procedure Mental Health.

There is a separate procedure for missing/absconding patients aged under 18 years: Cardiff LSCB Multi-Agency Protocol on Children who go Missing and also one for child abduction - The Child Abduction Policy.

The procedure has been developed by Cardiff and Vale University Health Board (UHB), in collaboration with South Wales Police (Police) and Welsh Ambulance Services NHS Trust (WAST), so that the partner agencies can work together effectively when a patient is missing from UHB premises.

Please see the flowchart attached at appendix A.

2. AIMS

The aim of this procedure is to set out the steps that must be taken by UHB staff when a patient is missing from UHB premises.

3. SCOPE

This procedure applies to people aged 18 years and over, across all UHB premises except mental health services (see links to separate procedures above).

4. OBJECTIVES

The procedure

- Clarifies the actions to be taken by relevant staff and agencies when a patient is missing from UHB premises
- Provides a checklist for referral to Police services when the missing patient is vulnerable/at risk (See Appendix B)
- Provides advice to staff regarding patients who attend the Emergency Unit, Minor Injury Units or out-patients departments with minor complaints and who do not wait (DNW) to be seen by a doctor or a nurse practitioner

5. RESPONSIBILITIES

5.1 UHB

UHB staff need to be aware of the importance of identifying patients who appear to be missing and who are vulnerable/at risk.

The Nurse-in-charge / department manager of the relevant area is responsible for taking action to locate missing vulnerable patients and to escalate concerns to Directorate line managers, Divisional Managers or site managers

Clinical Directors are responsible for making all relevant staff aware of this procedure.

5.2 The Police

The Police are responsible for responding appropriately to information received from the UHB about missing vulnerable patients, in accordance with their Missing Persons Investigation, Management and Recording Procedure.

5.3 WAST

WAST is responsible for conveying vulnerable missing patients who are in need of medical attention after they have been located that cannot be treated at scene and the ambulance crew believes that conveyance is in the person's best interests.

6. RESOURCES

It is not envisaged that any extra resources are needed to implement this procedure.

7. TRAINING

It is not envisaged that any additional training will be needed to implement this procedure.

8. IMPLEMENTATION

The procedure can be implemented immediately once it has been agreed with the Police and WAST and approved/ratified by the UHB.

9. THE PROCEDURE

Recognising patients at risk

It is essential that UHB staff identify patients at risk of absconding and ensure that appropriate and reasonable action is taken to prevent vulnerable patients (restless, confused, agitated, wandering, self harm and statement of intention to leave), absconding from departments and wards and UHB staff refer to the UHB guidance for patients attempting to leave in-patient settings - What to do if a Patient makes a serious attempt to leave the ward out of hours

Nursing staff will ensure that:

- at risk patients are cared for in the most appropriate environment
- there is appropriate allocation of nursing staff to provide additional observation

- next of kin details and description of patient / clothing are documented
- all staff are aware of patients at risk of self harm or absconding
- appropriate risk assessments and medical records are maintained

Risk Assessment of vulnerable people

UHB staff should consider the following risk factors:

- There is reason to doubt that the patient has mental capacity to make a decision to leave UHB premises/on assessment the patient has been found to lack mental capacity to make this decision
- Cognitive impairment
- Age
- Suicidal Intent
- Low mood
- Mental ill health
- Self harm
- Substance Misuse
- Learning Disability
- Physical Disability
- Physical Illness / Injury (NB Head Injury – Alcohol)
- Medication required
- Domestic Abuse
- Inclement weather
- Public protection concerns
- Criminal intent

This list is not exhaustive and staff should seek senior advice if concerned about a patient's wellbeing.

9.1 Discovering that a patient is missing

A patient should be considered as missing when their whereabouts cannot be determined by staff working on the ward/department (and/or by relatives/carers).

If a patient is found to be missing from UHB premises, it is essential that the occurrence is reported to the Nurse-in-charge / department manager of the relevant area.

A detailed time-line of all actions to locate the missing patient must be kept by UHB staff, including details such as the time and outcome of phone calls. The missing patient checklist at Appendix B must be printed out and all information must be recorded on it. All actions taken in relation to a missing patient must be recorded in the patient's notes.

It should be confirmed that the patient has not left the relevant area following agreement of any staff on duty.

The Nurse-in-charge/department Manager of the relevant area should speak to all members of staff on duty to check that no-one has knowledge of the patient's whereabouts.

It is acknowledged that some patients with minor complaints do not wait to be seen in the emergency unit, minor injury units or out-patients and are deemed not to be at risk of further harm or vulnerability. Staff will document the time the patient was called and did not respond as per department procedure. The patient's GP is informed by staff of the patient's attending complaint and their decision to leave prior to being seen by a clinician.

However, UHB staff need to be aware of the importance of identifying patients who appear to be missing and who are vulnerable/at risk.

The Nurse-in-charge of the relevant area is responsible for taking action to locate missing vulnerable patients and must record details of time, date, and location person was last seen and by whom.

If the patient has provided contact details, next of kin information, etc, then attempts must be made to locate the missing patient using this information. All attempts to contact the patient / next of kin must be recorded – i.e. name and number rung, time, outcome (e.g. call not answered, number engaged, etc) in the patient's notes.

The Nurse-in-charge will discuss the patient's case with the most senior Doctor.

There are separate procedures for missing /absconding children/young people ie. under 18 years of age Cardiff LSCB Multi-Agency Protocol on Children who go Missing) and child abduction The Child Abduction Policy.

9.2 Search

The Nurse-in-charge must organise a search of the clinical area and surroundings. Details of the areas searched must be recorded in the patient's notes - i.e. where, when, by whom, time, etc and staff must report back with findings to the Nurse-in-charge.

Once the ward area has been searched and the patient not found

- The Nurse-in-charge / Department Manager will inform security staff, give full description of missing patient including name, age, description of clothing and last time seen and request a thorough search of hospital grounds
- The Nurse-in-charge / Department Manager will request that any relevant CCTV be checked
- The Nurse-in-charge / Department Manager will inform the Senior Nurse/Directorate Manager /Site Manager
- The Nurse-in-charge will inform the patient's Next of Kin, if not already present

If UHB staff have very serious concerns about the missing patient they should contact the police at once with basic information about the person. UHB staff should

then initiate searches and collate further information about the missing patient, where possible. Any further information should be communicated to the police.

Staff should not be involved in off site searches and should not be expected to leave hospital premises at any time.

9.3 Risk Assessment

If the patient cannot be located, the Nurse-in-charge must determine and record the level of vulnerability/risk, including whether there are concerns about the person's mental capacity. Other factors – e.g. inclement weather conditions which would seriously increase the risk to health/welfare – should also be taken into account.

The Nurse-in-charge / Department Manager must collate as much information as possible about the missing patient (see Appendix B - missing patient checklist) and print it off. If there is reason to believe that the missing person is vulnerable/at risk, the **South Wales Police Operations Room must be contacted on 029 2022 2111**.

UHB staff will be asked a series of questions by Police in order to make a risk assessment and decide on the most appropriate action.

The Nurse-in-charge/Department Manager will update the next of kin. If Next of kin cannot be contacted, the Nurse-in-charge will relay this to the Police and a joint decision taken about further attempts to contact next of kin.

The Nurse-in-charge/Department Manager will document all events, ensure the timeline is recorded in the patient's notes and complete an Incident form.

9.4 Shift handover

The Nurse-in-charge/Department Manager must ensure a full briefing is given during shift handover to ensure information shared between Police and UHB staff is consistent and that all relevant staff are kept updated.

9.5 Police role

Police will commence enquiries to locate the missing patient in accordance with their procedure "Missing Persons Investigation, Management and Recording".

9.6 Missing patient located by Police

Once the Police have located the missing patient, there are a number of possible outcomes which UHB staff need to be aware of:

- The patient agrees to return with the Police to the UHB location that reported the person missing
- The patient has mental capacity and decides not to return to UHB premises
- The Police, having reason to believe that the patient has a mental disorder, arrests him/her under s.135/136 of Mental Health Act 1983 and takes the person to a place of safety for a mental health assessment. Within the UHB

area, the places of safety are Whitchurch Hospital or the Police Custody suite.

- If the patient is injured or needs immediate medical treatment, the Police will take the person to the Emergency Unit for treatment and once the treatment has been given, will then take him/her to the place of safety. **The police must stay with the person during their period of treatment at the Emergency Unit, as the Emergency Unit is NOT a place of safety** (for further information about s.135/136 of Mental Health Act, please see Appendix C)
- The Police have reason to believe that the person lacks mental capacity to make a decision about returning to UHB premises. If the Police believe that it is in the person's best interests to return to UHB premises, they will arrange for this to be done.

(Note that a person can be arrested under s.136 of MHA 1983 in the Emergency Unit waiting room, but that the Emergency Unit is not a place of safety.)

The police may contact the Nurse-in-charge/Doctor in charge of the patient to ascertain the most appropriate course of action

9.7 WAST

The Police may decide that an ambulance is needed to convey the person to UHB premises. At the receiving unit the Ambulance staff will provide an initial concise verbal handover to the receiving team, to ensure the patient is directed quickly to the most appropriate clinical area. On arrival at the treatment area, the receiving UHB team should be provided with a more detailed and holistic handover, which can be supported by use of the SBAR (Situation, Background, Assessment and Recommendation) tool.

9.8 Risk of violence

Where a missing patient is located, is in need of medical treatment and there is a risk of violence, the police will convey the person to UHB premises with the patient's consent, or in their best interests, if they lack mental capacity.

If a request is made by UHB staff for police to remain with the patient because there is a risk of violence, then the police should remain as long as is necessary. However this should be reviewed regularly by the Nurse-in- charge so that police can leave at the earliest opportunity.

9.9 An urgent Mental Health Act assessment is required in the Emergency Unit

If the situation becomes such that the person detained under s.135/136 requires an urgent Mental Health Act assessment whilst they are receiving treatment in the Emergency Unit, police will assist Emergency Unit staff in arranging for an appropriate doctor and an AMHP to attend to undertake a joint assessment.

Police officers are required to remain with the detained person throughout both the physical and mental health assessment.

9.10 Missing patient located

If a missing patient is located by UHB staff or returns to the hospital of their own accord and they have been reported to the police as missing, ensure that the police are immediately informed.

10. MENTAL HEALTH SERVICES

If a mental health services patient is found to be missing, the "Mental Health Services – Procedural Guidance in the event of a missing patient" must be followed - Missing Persons Procedure Mental Health.

11. EQUALITY

Equality Statement

Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups. We have undertaken an Equality Impact Assessment and received feedback on this procedure and the way it operates. We wanted to know of any possible or actual impact that this procedure may have on any groups in respect of gender (including maternity and pregnancy as well as marriage or civil partnership issues), race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics.

The development of this new procedure has considered the implications of 'age' with reference made to agreed child protection policy, the legal framework for children's safeguarding policy in Wales and health board procedures for Child and Adolescent Mental Health services.

The new procedure has highlighted and provided a hyperlink to the separate procedure for missing persons from Mental Health services.

Taking these points into account, the assessment found that there was no negative impact on the equality groups mentioned. Where appropriate we will make plans for the necessary actions required to minimise any stated impact to ensure that we meet our responsibilities under the equalities and human rights legislation.

A multi agency approach will be required to monitor the compliance with the new procedure and any potential equality impact implications.

12. AUDIT

Adherence to this procedure will be monitored by a variety of processes, including structured and ad-hoc case note review.
Clinical Audit activity in relation to the monitoring of this procedure will be reported to the UHB Safeguarding Steering Group.

13. REFERENCES / FURTHER INFORMATION

Child Abduction Policy, Cardiff and Vale UHB, 2012

Procedure in the event of a missing/ absconding child/ young person from hospital premises

Restraint in the care Management of Patients who lack Mental Capacity to Consent to Treatment and Care, Cardiff and Vale UHB, 2011

Mental Health Services – Procedural Guidance in the event of a missing patient

14. DISTRIBUTION

This procedure will be made available on the UHB intranet, clinical portal and internet sites. It will also be circulated to Clinical Directors.

15. REVIEW

This Procedure will be reviewed every three years or sooner if appropriate.

APPENDIX A

PROCEDURE TO BE FOLLOWED IN THE EVENT OF A PATIENT FOUND TO BE MISSING FROM A HOSPITAL WARD, ACUTE ASSESSMENT UNIT OR EMERGENCY UNIT

Patient is missing or has absconded

YES

Missing Person is under 18 years?

YES

Follow Procedure for missing patients under 18 years. (UHB Child Abduction Policy)

Missing Person is 18 years or above?

YES

Follow Procedure for patients missing from a hospital ward, department, acute assessment unit or Emergency Unit

YES

Patient is at risk or vulnerable (see*)

NO

Patient has a minor Injury / illness and did not wait to be assessed in the Emergency Unit / Assessment Unit

YES

- Discuss the patient with the named Doctor or Nurse In Charge
- Determine that there are no known risk factors in relation to the patient's decision to leave
- Ensure 'did not wait' status is documented in the EU clinical notes

YES

Nurse in Charge / Department Manager, invokes search requests and contacts next of kin but is unable to locate the missing person

YES

Nurse in Charge / Department Manager completes **Appendix A** and contacts the Police at Police Operations Room: **02920 222111. Details of the missing patient are reported via normal UHB internal escalation procedures**

Missing person is missing from Mental Health Service?

YES

Follow Procedure for patients missing from mental health services.

***Patients at risk or vulnerable:**

- Lacks mental capacity
- Cognitive Impairment
- Age
- Suicidal Intent
- Low Mood
- Mental ill health
- Deliberate Self Harm
- Learning Disability
- Physical Disability
- Physical Illness / Injury (head injury- Alcohol)
- Medication required
- Domestic Abuse
- Inclement weather
- Public Protection concerns
- Criminal Intent

This list is not exhaustive

When the Missing Person is located they may voluntarily agree to return to:

1. The ward, department, Assessment Unit, Emergency Unit
2. If the patient has new injuries the patient will be taken to the Emergency Unit via ambulance

YES

Missing Person is located by UHB Staff and returned to the designated ward / Emergency Unit, the Police and next of kin are informed

When the Missing Person is located but refuses to return voluntarily, the following will be considered:

1. Use of Mental Health Act
2. Use of Mental Capacity Act
3. Ambulance request
4. Contact Patient's named Doctor at the ward, Department, Assessment Unit, Emergency Unit

Appendix B

FOR UHB STAFF TO COMPLETE

Patient Details:	Clinical Information
Date and Time patient found to be missing :	
Time reported to Police:	
Name of Police Officer:	
UHB Location:	
FULL PATIENT DESCRIPTION: Age • actual • apparent	
Hair colour and style	
Ethnicity	
Sex	
Disability	
Height (actual or apparent)	
Weight (actual or apparent)	
Distinguishing features	
Clothing	
Jewellery	
Marks/scars/tattoos	
Medication person taking	
Any other useful info	

RISK FACTORS/VULNERABILITY

Why is this person in hospital/attending EU?	
Why do you consider person to be vulnerable?	
Mood and behaviour	
Are you aware of any risk factors to person/others?	
Does person have vital medication with them?	

Appendix B

OTHER INFORMATION SPECIFIC TO THE EMERGENCY UNIT

Time of arrival	
How did the person arrive at EU?	
Why was the person attending EU?	
Was the person accompanied? If so, by whom?	
List any meds that have been administered and effects on the person	
If person had self-harmed or attempted suicide, provide details of method used.	
If person had over-dosed, what drugs had they taken?	
What effect will these drugs have on them?	
Any other pertinent information	

PATIENT CONTACT INFORMATION

Address	
Phone numbers • home • work • mobile	
Name of relative/nok/friend	
Address	
Phone number	
Name of relative/nok/friend	
Address	
Phone number	
Name of relative/nok/friend	
Address	
Phone number	
Name of relative/nok/friend	
Address	
Phone number	

Procedure for the appropriate use of the Mental Health Act within the Emergency Unit at the University Hospital of Wales

SECTIONS 135/136 MENTAL HEALTH ACT 1983

Sections 135/136 Mental Health Act 1983 apply to a person of any age.

Section 135 provides for a magistrate to issue a warrant authorising a police officer to enter premises specified in the warrant using force if necessary to remove a mentally disordered person to a place of safety for a period of not more than 72 hours. The warrant becomes effective once the constable has entered the premises, either by force or invitation.

N.B. There is a difference between warrants issued under s.135(1) and s.135(2).

Section 135(1):

The application to a justice of the peace is made by an approved mental health professional. It is used where there is concern about the wellbeing of a person who is not detained under the Mental Health Act 1983 i.e:

- the person has been, or is being ill-treated, neglected or kept otherwise than under proper control *or*

- is unable to care for themselves

Section 135(2):

The application to the justice of the peace is made by an authorised person e.g. from the University Health Board or a police officer where the patient:

- is **already** liable to be detained in a hospital *or*

- **required** to reside at a particular place under a guardianship order or community treatment order.

The police officer may be accompanied by a doctor or other authorised person from the hospital or local social services authority such as an approved mental health professional.

Section 136, MHA 1983 (2007) empowers a police officer to remove a person from a place to which the public have access to a place of safety if he/she considers that the person is suffering from mental disorder and is in immediate need of care and control.

Note that: the term "Place of Safety" only relates to situations where the police have arrested people under ss.135 and 136 of the MHA 1983(2007). "Place of Safety" does not exist in any other circumstance.

The Places of Safety within the South Wales Police area have been jointly agreed between partnership agencies reference: "South Wales Police Mental Health Policy 2010".

The "Places of Safety" in Cardiff and Vale UHB area are Whitchurch Hospital and the Police Custody Suite, for people of all ages.

A person can be detained in a Place of Safety for up to 72 hours to enable a Mental Health Act assessment by a doctor and an Approved Mental Health Professional (AMHP) to be undertaken within the shortest period i.e. up to a maximum of 72 hours.

If, and only if a person who was reported as missing

- is found by a police officer, and
- is detained by police under s.135/136 MHA 1983, **and**
- the person has injuries or requires physical healthcare

the **only destination** is the Emergency Unit.

Under these circumstances the police officer will either convey the person directly to the Emergency Unit or authorise an ambulance to convey if necessary. In either case, the police officer will remain with the patient throughout.

1. Emergency Unit/Hospital Ward - A Place to which the Public have Access?

A hospital Emergency Unit waiting room is a place where members of the public can without hindrance, attend for a particular purpose and therefore comes within the scope of s.136. However a hospital ward (this includes the EU clinical environment/area) is excluded from this provision because only particular members of the public can attend at the actual or implied request of the patient and with the Hospital Managers' permission.

2. Police and Mental Health Policy 2010:

Making contact with the Senior Nurse will be the responsibility of the police officer removing the person under s. 135/136.

On arrival at the Emergency Unit, the police officer will remain with the patient whilst they receive physical/medical intervention in accordance with guidance from Emergency Unit staff.

3. Determining the Place of Safety

If police take the person to a hospital Emergency Unit in order that treatment may be given for a physical injury, the Emergency Unit **would not become the Place of Safety under this provision.**

During the time that the person is receiving treatment in the Emergency Unit, the appropriate Place of Safety to which the person will be transferred will be determined

by the police officer. In reaching his/her decision, advice from staff within the Emergency Unit and any other professional can be taken into account as well as all other circumstances and any information obtained.

Police officers detaining a person who has physical injuries or requires physical healthcare **will no**t take the person to Whitchurch Hospital or the custody suite until he/she has been assessed and treated for their injury in the Emergency Unit.

4. Communication with Staff at Whitchurch Hospital as the Determined Place of Safety

If the police officer has determined that Whitchurch Hospital is the appropriate Place of Safety, he/she must contact the Shift/ Night Site Co-ordinator at Whitchurch, giving details of:

- the circumstances which led to detaining the person under s. 135/136
- the reasons why the person was taken to the Emergency Unit in the first instance.
- The anticipated time of arrival at Whitchurch Hospital

Police officers must not take any person detained under the provisions of s. 135/136 from the Emergency Unit to Whitchurch Hospital without giving reasonable advance notice, particularly when the person has just received treatment for physical injuries or physical healthcare.

Police officers must not take a person from the Emergency Unit to Whitchurch Hospital as the Place of Safety and leave them there without prior assessment by the receiving senior nurse at Whitchurch and subsequent formal agreement to receive the person for a Mental Health Act assessment under s.135/136.

5. Whitchurch Hospital Shift Co-ordinator/Night Site Co-ordinator Contact Details

Between 7.30am and 8.00pm weekdays, weekends and Bank Holidays the Shift Co-ordinator is the person on duty who will consider whether to receive any person brought to Whitchurch Hospital as the Place of Safety under s. 135/136. If the person is not accepted, Police must take the person to the alternative Place of Safety - the Police Custody Suite.

Between 8pm and 7.30am it is the Night Site Co-ordinator who will assume this responsibility.

Telephone contact is via University Hospital of Wales switchboard.

6. Commencement of the 72 Hour Period under s. 135/136

The 72 hours starts when the person arrives at the Place of Safety – ie. Whitchurch Hospital or the Police Custody suite.

7. Section 136 Monitoring Form

Completion of Section 136 Monitoring Form

It is expected that Section 136 Monitoring Form will have been completed comprehensively and legibly by the detaining/accompanying officer with relevant and essential information about activity from the time of arrest up to the point where the person was taken to Whitchurch Hospital or the Police Custody Suite.

If when discharged from the EU the person is to be taken to Whitchurch Hospital as the place of safety, the completed Monitoring Form must be submitted directly to the shift/night site co-ordinator who will verify:

- that the person has been lawfully arrested under s.135/136 *and*
- confirm that the person is suitable for a MHA assessment at Whitchurch Hospital *or*
- whether they should be transferred to the Police Custody Suite.

If the patient is assessed by the shift/night site co-ordinator as being unsuitable for a MHA assessment at Whitchurch Hospital and is subsequently transferred *(MHA 1983(2007))* under s. 135/136 to the Police Custody Suite, the police officer will ensure that the partially completed Monitoring Form is available for the assessing team at the Police Custody Suite to enable them to complete their record of the assessment.

Alternatively, if whilst at the Emergency Unit the police officer determines that the preferred Place of Safety under the circumstances is the Police Custody Suite, the police officer will ensure that the partially completed Monitoring Form is available for the assessing team at the Police Custody Suite to enable them to complete their record of the assessment.

If at either place of safety, the doctor sees the person first and concludes that the person has a mental disorder and that while compulsory admission to hospital is not necessary, they may still need treatment or care (whether in or out of hospital) the person should still be seen by an AMHP. The AMHP should consult the doctor about any arrangements that might need to be made for the patient's treatment or care. The Monitoring Form will need to be completed

In any of the above situations, the AMHP from the assessing team will forward the completed Monitoring Form to the Mental Health Act office/shift/night site co-ordinator at Whitchurch Hospital for monitoring purposes whether an application for detention has been made or not.

If there is a handover or shift change whereby another police officer takes over the s. 135/136 procedure from the detaining officer, the Monitoring form completed up to that point must be handed over and the procedure continued as above.

If the police officer has not completed the Monitoring Form up to the point of arrival at Whitchurch Hospital, Security at Whitchurch will provide him/her with a blank form Monitoring Form to complete and a s.135/136 rights leaflet for the detained person.

When the person is formally received by the Shift/Night Site Co-ordinator, police officers complete the Monitoring Form with details of the UHB staff member to whom the care of the person has been transferred and record the time.

The Police NSPIS/NICHE incident/occurrence must be recorded with the UHB staff member's name and the time at which responsibility for the person's care passes under s.135/136 of MHA 1983 from police to health