HOSPITALS MISSING ADULT PATIENT PROTOCOL

Ensuring a reasonable and proportionate police response to missing persons from hospital.

NORTHUMBRIA POLICE
Proud to Protect

Contents

1. Purpose

1.1 This document explains the role of Northumbria Police in assisting NHS Trusts to locate and ensure the well-being of patients that have been declared missing and there is a ***genuine*** concern for the patient's safety. It outlines the responsibilities of NHS Trusts to manage their own enquiries as per their missing patient policies.

1.2 This document defines the roles and responsibilities of the Police and Health Trust staff. Police and Trust staff should use professional judgement to take any action that is deemed necessary to protect the safety of each patient and the public based on a risk assessment for each user.

1.3 Northumbria Police has a duty of care to protect life and safeguard vulnerable persons. However, police officers and staff are not medical professionals, normally only having basic first aid training, and therefore should not be deployed to tend to concerns for safety based on medical issues except where there is a risk to life.

2. Background

2.1 All Trusts across the National Health Service (NHS) have a duty of care to ensure the safety of patients within their care, take all *reasonable* steps to do so and ensure they can be located at all times. Despite monitoring by Trust staff, there are occasions when patients will leave their designated area for different reasons.

2.2 When a patient has been declared missing by Trusts as per their definition, there should be a co-ordinated approach by the relevant Trust to manage and conduct initial enquiries into missing patients as per their missing person policies, ensuring a full risk assessment is conducted. In managing this risk, Northumbria Police may need to be contacted by the trust to facilitate locating and ensuring the safety of missing patients. However, Northumbria Police should not be used to facilitate the initial enquiries as agreed and outlined in the Trusts' policies, unless there is a ***serious*** or ***imminent*** risk to the safety and well-being of the patient and the wider public. Preventative steps should be conducted by the Trusts prior to police being contacted to ensure enquiries are carried out to facilitate a full risk assessment.

2.3 It is appreciated that there will be numerous instances of missing patients that will be successfully managed and resolved by the Trusts without police support being required. However, there continues to be incidents where police are becoming involved in searches for missing patients when initial enquiries have not been conducted by Trusts and substantial risk assessment has not been completed, placing unnecessary demand on police resourcing and reducing the ability of parties involved to safeguard patients.

3. NHS Trusts

3.1 The Northumbria Police area consists of four acute NHS Foundation Trusts:

1. South Tyneside and Sunderland
2. Gateshead Health
3. Newcastle upon Tyne Hospitals
4. Northumbria Healthcare

There is also the Cumbria, Northumbria, Tyne and Wear Mental Health Trust. (CNTW has a separate Missing Protocol with Northumbria Police for Missing MH Patients. See CNTW policies website)

There are five accident and emergency (A&E) departments within these trusts basted at the following hospitals:

1. The Royal Victoria Infirmary, Newcastle upon Tyne - *Newcastle upon Tyne Hospitals*
2. Northumbria Specialist Emergency Care Hospital, Cramlington - *Northumbria*
3. Queen Elizabeth Hospital, Gateshead - *Gateshead Health*
4. South Tyneside District Hospital, South Shields - *South Tyneside*
5. Sunderland Royal Hospital, Sunderland - *City Hospitals Sunderland*

4. Missing Patient Policies

4.1 Whilst the Trust policies have slight variations, each of the policies clearly outlines the processes which must be conducted by Trust staff when a patient has been identified as missing.

The key points from the missing person policies:

1. The Trusts will retain ownership of the missing patient
2. A manager or senior member of staff will be informed and at the earliest opportunity identified to coordinate the Trusts response in line with their policies
3. An initial localised search will be conducted by Trust staff
4. A risk assessment based on all known information and medical expertise will be conducted (mental health services may be utilised to assist in decision making re risk) and the patient will be classed as:
    a. <u>Not at risk</u>
        i. An adult patient who has mental capacity and there is a low clinical risk
        ii. They have left for a legitimate reason or considered by medical staff as self-discharged.
        iii. There may be a need to establish contact for minor intervention e.g. removal of intravenous cannula.
    b. <u>At risk</u>
        i. The patient is under the age of 18
        ii. The patient is unable to care for and/or protect themselves e.g. elderly, confused or so intoxicated through alcohol or drugs to pose a risk to themselves or others.
        iii. Persons detained under the Mental Health Act and do not have permission to be absent
5. Initial enquiries to contact missing patient either directly via telephone or through next of kin / family will be made by the Trust in all cases.
6. The Trust will collate information about missing patient including description and what clothing they were wearing and complete a detailed form that will be handed to the attended officer *which also outlines enquiries the trust have made should the patient's risk necessitate police involvement*.
7. A wider search by Trust staff of the hospital and grounds utilising security to check CCTV to obtain direction of travel
8. If patient is deemed to be of not at risk then advice may be sought from the patient's clinician and no further action may be taken at this stage *by the trust*

9. If the patient is deemed to be at risk then the manager or senior member of staff will inform police
10. The manager or senior member of staff will ensure that a review takes place of actions already conducted.

5. Role of Hospital Staff

5.1 Actions to be taken to ascertain that a patient is missing:

5.1.1 The Nurse in Charge must communicate with all staff on duty to establish that the patient has left the ward without the knowledge of the staff.

5.1.2 The Nurse in Charge may ask other patients/members of the public if they have any knowledge of the missing patients' whereabouts.

5.1.3 The Nurse in Charge must organise a thorough search of the ward and this must be done as soon as possible. If the person is not found on the ward the Nurse in Charge will organise a search of the other wards and hospital grounds utilising CCTV opportunities and will attempt to contact the person via their mobile phone number where known.

5.1.4 The Nurse in Charge will contact appropriate family/carers, any other known contacts and the person's home phone number to establish last contact.

5.1.5 When conducting a search the staff should take with them a means of communicating with the hospital / ward, for example a mobile phone or hospital radio.

5.1.6 In deciding if a patient is to be classed as missing a full risk assessment shall be carried out by the nurse in charge utilising all available information known to them.

5.1.7 If the person is confirmed as missing, the Nurse in Charge must inform the Reception/Switchboard who directs enquiries to the relevant ward.

5.1.8 The Nurse in Charge, in consultation with the Line Manager or Duty Nurse Manager / Mental Health Manager on call (if Line Manager not available) / Site Manager, will identify what the risks are to the patient being outside the care of the hospital.

5.1.9 If the patient is found and refuses to return the member of staff should contact the ward and advise them of the situation. The Nurse in Charge, in consultation with the Line Manager or Duty Nurse Manager / Mental health Manager on call / Site Manager will determine what further action needs to be taken after a further risk assessment is completed.

5.2 Action to be taken if the Patient is confirmed as missing:

5.2.1 The nurse in charge in conjunction with clinical colleagues shall continue to continually risk assess and make decisions on the risks posed to the individual and any members of the public by the patient remaining missing as more information becomes available.

5.2.2 If there are clearly identifiable, significant and immediate risks or concerns for the patient or others, e.g. if they are elderly and in pyjamas or unsuitable clothes for the weather conditions or have expressed serious thoughts of self-harm, the police are to be called immediately and an

immediate response sought with the missing person being classified 'at risk' by the trust. The nurse in charge will ensure that all available information including descriptions, addresses and any available photographs are passed to police officers. Staff will continue with searches and any agreed actions and a suitable member of staff shall make themselves available to police on attendance. A Missing from Home Handover form will be completed with the available information and handed to police on attendance.

5.2.2.1 If there is no imminent risk to the patient or other members of the public, then those involved in discussions at 5.2.2 above should decide upon a timescale before further assessing the risk. Should this review identify increased risks to the patient then police should be contacted.

5.2.2.2 If the patient is deemed to not be 'at risk' and Trust staff require the patient's welfare to be assessed, then the most appropriate individual or organisation shall be sought to complete this welfare check visit. This will not fall to the Police. Consideration is to be given to utilising health partners including ambulance service or community nurses/GPs. Consideration should be given to visiting the patient's home or known addresses.

5.2.3 The Nurse in Charge must inform appropriate family and/or carers that the patient is missing and that the missing persons policy has been implemented and what actions and time scale have been agreed. The Trust will also maintain contact with the family and ensure information from the family is included in the risk assessment. Family members who disagree with the risk assessment are encouraged to discuss their thoughts with the Nurse in Charge and have the option of contacting police direct who will then conduct the THRIVE risk assessment as for any other missing person report.

5.2.4 The overriding priority is the safety of the patient, their family/carers and the public. If necessary, confidentiality can be overridden for this purpose even if it is against the wishes of the patient that their family/carers are to be contacted. (Note that there has to be sufficient justification to breach confidentiality and each professional should consider the consequences of breaking confidentiality verses the risks involved. It is essential that decisions relating to this are recorded in the patient's case notes. Advice to be sought from the Trust guidelines, policies and procedures and any information passed is to be limited to addressing the immediate needs of the situation).

5.2.5 The Nurse in Charge will update the Line Manager and/or Duty Nurse, Mental health Manager on call / Site Manager of any developments.

5.2.6 The Line Manager will discuss with the inpatient user manager / locality manager if any further action is required.

5.2.7 If a patient is deemed 'at risk', regular consultation should take place between Police and Trust staff as to the on-going development of the investigation to locate the patient and information shared accordingly.

6. Northumbria Police Guidance

6.1 Contact Handler

6.1.1 When Trusts request the assistance of police to assist in the locating of missing patients, the contact handler will ascertain the risk level as determined by the hospital. Contact handlers will

clarify if trust staff has followed their own policy and if confirmed patient is deemed 'at risk' will continue to obtain all the relevant details.

6.1.2 Trust staff should only contact police in situations whereby a risk to the patient or member of the public has been identified and police support is required. Contact Handler will complete a full THRIVE assessment and if a patient is deemed '*not at risk'* after the THRIVE by contact handler, an incident will be created with the Trust's rationale, however, no officers will be deployed. Escalation processes are outlined below.

6.1.3 Where a patient is deemed *at risk* an incident will be created with the Trust's rationale and MFH risk graded according to the Northumbria Police Incident Management Guidance. The grading and police response will be clearly communicated to the Trust.

6.1.4 Where the Trust does not agree with the grading of the incident or the decision not to deploy officers they may challenge the decision which should be escalated to a control room Team Leader. The police incident log will be endorsed so that it can be later reviewed and feedback of the grading provided to the Trust.

6.1.5 Should an issue fail to be resolved between Trust staff and Police this matter can be escalated to the Duty Force Operations Manager and equivalent senior Trust staff member. (Duty On-Call Manager/On- Call Director).

6.1.6 The call handler will determine if initial enquiries have been conducted by the Trust as per their missing person policies:

1. Search of hospital grounds
2. Security advised and CCTV reviewed
3. Contact missing patient via telephone
4. Contact next of kin / family

6.1.7 If the initial enquiries have not been conducted by the Trust the incident log will be endorsed and switched to a resource controller. The trust will be advised to conduct the initial enquiries and re-contact when complete, prior to a police response.

6.1.8 If the Trust has determined there is an imminent risk to life (e.g. the patient has just walked out the door stating they are going to kill themselves) the rationale will be appended to the incident log which will be switched to a resource controller. A patient should not be allowed to simply walk out and police contacted to return them. The Trust will be reminded of their duty of care and powers that exist under the Mental Capacity Act 2005. If initial enquiries have not been conducted by the Trust they will be advised to do so whilst awaiting police attendance.
6.1.8.1 The call handler will ascertain the following information and append to the log (this should have been collated by the Trust prior to the call):

1. Missing patient information
    a. Name
    b. Date of birth
    c. Sex
    d. Ethnic origin
    e. Height
    f. Build

g. Hair colour
h. Distinguishing features e.g. tattoo
i. Address
j. Time and place last seen
k. Clothing last seen in
l. Reason for attending / admittance at hospital

2. Missing patient co-ordinator
   a. Name
   b. Job Title
   c. Ward / Department
   d. Contact number

6.2 Resource Controller

6.2.1 Resource controllers in all instances will ensure that area command supervision have been made aware of the report of a missing patient by the Trust. If the Trust has determined there is an imminent risk to life the resource controller will deploy officers at the highest priority.

6.2.2 If there is no imminent risk to life and initial enquiries have not been completed by the hospital the incident log will be placed on a short delay. If the Trust has not re-contacted to confirm initial enquiries are complete prior to the incident log dropping off delay, the Trust will be contacted to ensure they are conducting the initial enquiries as per their missing patient policies. Advice will be sought from area command supervisors as to whether a further delay is warranted or whether a resource should be deployed. When the Trust has conducted the initial enquiries the resource controller will deploy resources as per the grading of the incident.

6.3 First Attending Officer

6.3.1 As with all missing person enquiries the role of the first attending officer (FAO) is to gather sufficient information to allow a risk assessment to be conducted as per the missing person search categorisation (low, medium or high). The FAO will receive the completed Trust Missing from Home handover form and review the document with the reporting party. The FAO will liaise with the missing patient co-ordinator at the Trust and interview any witnesses to the disappearance. They will then contact their area command supervisor so that the appropriate missing person search categorisation can be applied.

6.4 Area Command Supervisor

6.4.1 The role of the area command supervisor remains the same as for other missing person enquiries, to manage and review the level of risk and ensuring appropriate resources are utilised.

7. Conclusion

7.1 NHS Trusts will retain ownership of their missing patients. However, Northumbria Police will assist Trusts in the locating of vulnerable and at risk patients whilst ensuring that the Trusts are fulfilling their obligations in relation to their missing patient policies.

7.2 The joint decision model should be central to all decision making with regards to deployment and grading of incidents.

Signed

NORTHUMBRIA POLICE Proud to Protect

Signed

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Signed

Northumbria Healthcare NHS Foundation Trust

Signed

NHS Gateshead Health NHS Foundation Trust

Signed

South Tyneside NHS Foundation Trust

Signed

NHS City Hospitals Sunderland NHS Foundation Trust

Missing Patient Handover Form

Patient Information

First Name(s)	Surname	Date of Birth

Address	Telephone Number(s)

Physical Description		Clothing
Sex		
Ethnicity		
Height		
Build		
Hair (Style / Colour)		
Marks/Scars/Tattoos		

Next of Kin

First Name(s)	Surname	Date of Birth

Address	Telephone Number(s)

Disappearance Details

Time Last Seen	Location

Direction of Travel	Mode of Transport

Hospital Treatment

Reason for Attendance at Hospital

Medical Risk Assessment	Rationale for Risk

Medication Required	When & Implications

Hospital Response

Hospital Incident Number	Contact Name & Department	Telephone Number(s)

Actions Completed		Actions Completed (Additional)
Ward Search	Yes / No	
Hospital Wide Search	Yes / No	
Security Informed	Yes / No	
CCTV Reviewed	Yes / No	
NOK Contacted and Advised	Yes / No	
Image Available for Police	Yes / No	

Any Other Information
