

MISSING PERSON POLICY

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POLICY SUMMARY
<p>This policy provides a clear set of action that staff are expected to follow to assess and to manage risk to patients to maximise patient safety in all cases where a patient is deemed absent from Trust inpatient unit without negotiated and agreed leave. The policy also applies to:</p> <ul style="list-style-type: none"> • Patients subject to Guardianship under the Mental Health Act or Community Treatment Order (CTO) patients that do not return to hospital when recalled. • and/or CTO patients that have been recalled to hospital and then abscond. • Residents of a nursing home. <p>‘Patient’ will be the terminology used throughout this document and will refer to a patient, client, resident or service user.</p>

The Trust monitors the implementation of and compliance with this policy in the following ways;
<p>All incidents of missing patients are discussed with Ward/Team Leaders at the relevant local team meetings.</p> <p>Statistics and trends analysis are reported to the Executive Team on a monthly basis via the Performance report and any resulting action plans are therefore monitored through the Clinical Governance & Quality Committee and Health Safety and Security Committee monthly.</p>

SCOPE

Services	Applicable	Comments
Trustwide	✓	
Essex MH&LD		
CHS		

**The Director responsible for monitoring and reviewing this policy is
Executive Director of Nursing**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

MISSING PERSON POLICY

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ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

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1.0 INTRODUCTION

- 1.1 The Trust and its staff have a “duty of care” to all patients who are receiving care and treatment from the Trust’s services. Episodes of unexplained or unauthorised absence from care and treatment may serve to disrupt recovery and prevention of such episodes is considered an integral component of risk management plans for all patients.
- 1.2 Our commitment to patient safety is paramount and as such the purpose of this document is to provide guidance to staff when responding to a patient who is deemed missing from a Trust In-patient Unit or nursing home.
- 1.3 Information in the procedural of this policy includes input from Essex Multi-Agency Protocol which takes account of Guiding Principles within the Mental Health Code of Practice (MHA CoP 2008).

2.0 DUTIES

- 2.1 **The Trust Board** is responsible for:
- Ensuring that the principles of this policy, the related procedural guidelines and other associated policies are implemented across the organisation;
 - Ensuring any necessary financial resources.
- 2.2 **Governance arrangements within the Trust** will ensure that:
- Appropriate systems are in place throughout the organisation to assess clinical risk.
 - Training regarding the completion of the Datix Risk Management Incident Reporting System is accessible via the Trust intranet site and training is delivered at induction by the Risk Management Team on request. Missing patient incidents involving patients who are detained under the MHA and identified as high risk to self or others are monitored by the Head of Serious Incidents or a member of the SI Team until the patient has been returned to the ward or the Trust is notified that a serious incident has occurred.
- 2.3 **The Executive Director of Nursing** will ensure:
- Policy and procedures are embedded into clinical practice as well as Best Practice Framework and in ensuring these are updated regularly.
 - Any identification and implementation of training educational needs arising from any relevant documentation.
 - That any Clinical Risk issues are addressed with relevant line managers
 - The implementation of National Guidance.

2.4 Directors and Senior Management will:

- Monitor the implementation of this policy via clinical audit and supervision.
- Ensure that Trust Integrated Risk Team is appropriately notified of all incidents.
- Be able to evidence that EPUT policies have been followed.
- Ensure any lessons learnt are disseminated.

2.5 Clinical Managers/Leads & Matrons

- Ensure the procedures and principles detailed within this policy are followed, to meet with all relevant guidance.
- Ensure that all incidents are recorded on the Datix Risk Management Incident Reporting Trust Policy.
- Ensure staffs receive appropriate and correct training as per Trust policy.
- Ensure effective debrief and learning from all incidents relating to Missing Patients.

2.6 Individual Staff-Members must:

- Must ensure that they report all incidents or suspected incidents where a patient may be missing to their line manager, site officer or senior manager on call out of hours immediately to facilitate any action necessary.
- Must report missing incidents within four hours using Datix risk management incident reporting system.
- The Missing Person Procedural will inform staff regarding assessment of risk.
- To refer to Search for and Remove a Patient Mental Health Act 1983 and Practice Guidance S135 (2) MHA 1983 for Community Treatment Order (CTO) patients that do not return to hospital when recalled, and / or CTO patients that have been recalled to hospital and then abscond.
- Must adhere to EPUT procedures, guidelines and protocols outlined in this policy.

3.0 DEFINITIONS

3.1 The term missing patient includes all patients on all Mental Health wards or nursing homes whether subject to the mental health act, informal who are found to be missing from the ward/nursing home, patients who abscond while being escorted and Community Treatment Order (CTO) patients that do not return to hospital when recalled and/or CTO patients that have been recalled to hospital and then abscond.

3.2 However, any patient regardless of their Mental Health Act status who is absent from the ward/nursing home without having previously arranged leave or advised staff that they would be absent is defined as a missing person.

3.3 Definitions from DOH 2009 which apply to high, medium and low secure mental health services are explained in the Missing Patients Procedural.

- 3.4 Community health services – applies to non-mental health teams such as district nursing, dental care, continence services, etc.

4.0 PRINCIPLES

- 4.1 The purpose of this policy is to set out the actions and reporting arrangements the nurse in charge of the ward or nursing home will undertake in the event of a missing patient. These actions are to:
- Identify when a patient should be regarded as missing or AWOL.
 - Ensure the actions required are clear and can be completed in an effective and timely manner.
 - Minimise the risks to patients and others including the risk of disruption to their treatment and care plan.
 - Ensure everyone involved in the patients care is informed as necessary.

5.0 MONITORING OF IMPLEMENTATION AND COMPLIANCE

- 5.1 Clinical managers / leads and matrons will monitor the implementation of this policy via supervision.
- 5.2 All incidents of missing patients are discussed with Ward/Team Leaders at the relevant local team meetings.
- 5.3 To ensure staff are equipped with the skills and confidence to carry out risk assessment with patients which is an integral part of managing missing patients the Trust has in place Mandatory and Core practice requirements for staff to receive ongoing competency training as set out within Clinical Guidelines for the Assessment and Management of Clinical Risk.
- 5.4 The Risk Team will provide a summary of lessons learnt from statistical analysis of reportable missing patient incidents and investigations undertaken to the committee responsible for Risk Management on a regular basis.
- 5.5. Statistics and trends analysis are reported to the Executive Team on a monthly basis via the Performance report and any resulting action plans are therefore monitored through the Clinical Governance & Quality Committee and Health Safety and Security Committee monthly.
- 5.6 The Policy and Procedures will be available via the Trust Intranet site.
- 5.7 Any amendments to this clinical policy will be submitted to the Clinical Governance & Quality Committee for approval
- 5.8 This clinical policy will be reviewed at least once every three years.

6.0 POLICY REFERENCES / ASSOCIATED DOCUMENTATION

Adverse Incidents Policy / Procedure

Engagement and Formal Observation Policy / Procedure

Clinical Risk Assessment and Safety Management Policy / Procedure

EPUT MHA18 policy: Section 135 - to Search for and Remove a Patient
Mental Health Act 1983.

7.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

Department of Health, Absent without Leave *Definitions of Escape and Abscond*, 2009

Practice Guidance S135 (2) MHA 1983 for Supervised Community Treatment (SCT)

Southend, Essex and Thurrock : Multi-agency Protocol for People with Mental Ill Health or Learning Disabilities who are Missing or Absent Without Leave from Care

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