Royal Cornwall Hospitals NHS Trust

POLICY UNDER REVIEW

Please note that this policy is under review. It does, however, remain current Trust policy subject to any recent legislative changes, national policy instruction (NHS or Department of Health), or Trust Board decision. For guidance, please contact the Author/Owner.

Information Category	Detailed Information
Document Title:	Missing Patients Policy V3.0
This document replaces (exact title of previous version):	Missing Patients Policy V3.0
Date Issued / Approved:	December 2022
Date Valid From:	December 2025
Date Valid To:	June 2026
Author / Owner:	Was Lerryn Udy, Deputy Manager. Will be Scott Fuller, Adult Safeguarding Named Practitioner and Prevent Lead
Contact details:	01872 255 741
Brief summary of contents:	The aim of this policy is to establish a process and offer guidance, which can be implemented in the event of a patient going missing. It is intended to ensure a consistent approach in reducing the risk of patients absconding or going missing and responding when patients do abscond or go missing.
Suggested Keywords:	Missing, Missing patient, AWOL, Absent, MisPer, Lost.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Dual Chief Nursing Officer/Deputy CEO
Approval route for consultation and ratification:	Safeguarding Operational Group (SOG)

Information Category	Detailed Information
Manager confirming approval processes:	Zoe Cooper
Name of Governance Lead confirming consultation and ratification:	Zoe Cooper
Links to key external standards:	Mental Health Act 1983 Mental Capacity Act 2005 CQC
Related Documents:	RCHT Adult Safeguarding Policy Deprivation of Liberty Safeguards Policy Enhanced Care for Adults Policy Mental Capacity Act Policy Positive Patient Identification Policy and Procedures Restrictive Practice Policy Supporting Adult Patients Wanting to Self-Discharge Against Medical Advice Policy CHA4079 Missing Patient Form and Risk Checklist
Training Need Identified:	Yes - Training has been provided to nominated staff.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/Safeguarding Services>Safeguarding>Adult Safeguarding

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

One + all | we care

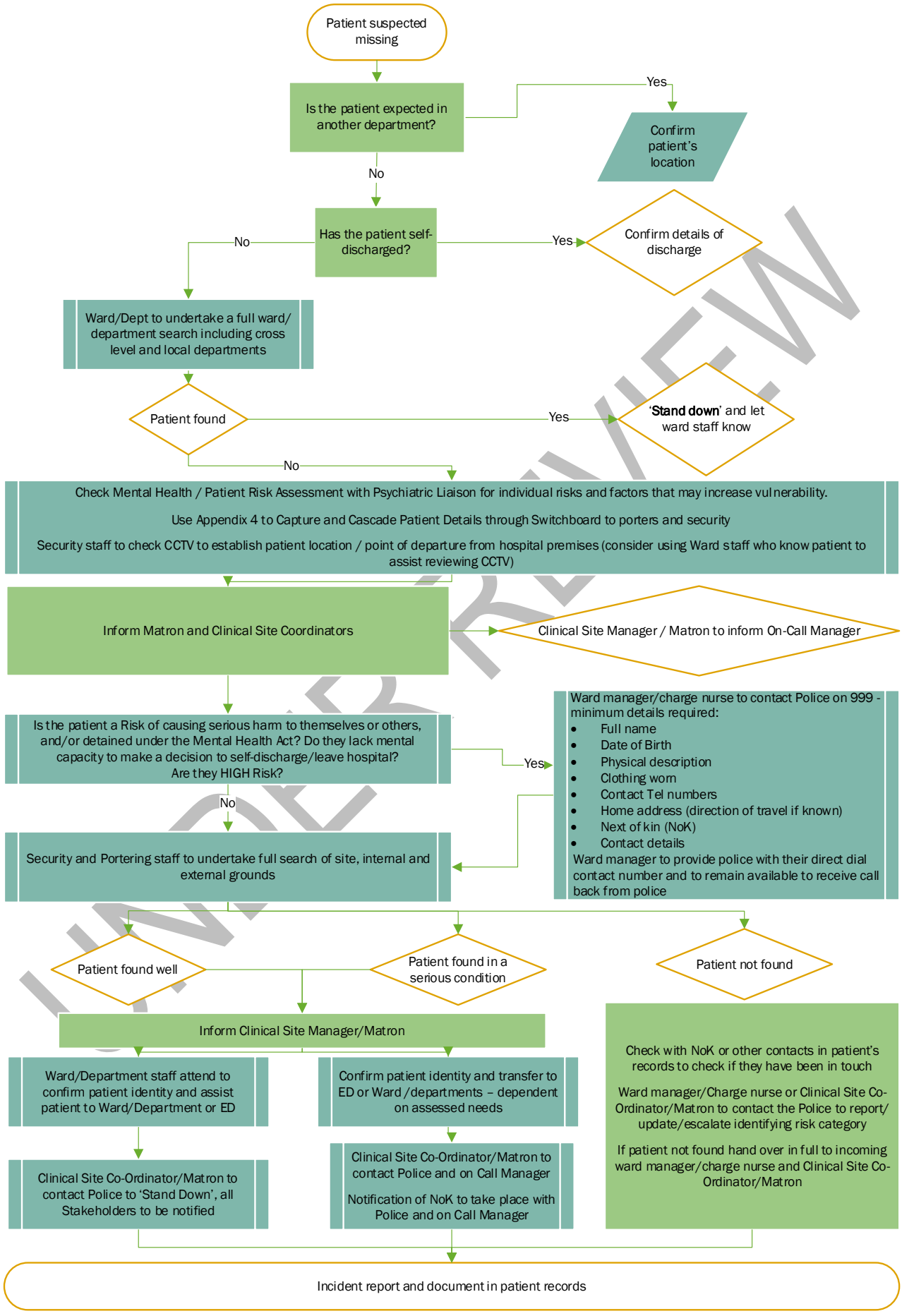
Royal Cornwall Hospitals NHS Trust

Missing Patients Policy

V3.0

December 2022

Missing Patient Flowchart



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Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. The safety of patients is of paramount importance to the Trust. The need to assess patients on arrival for their ability to maintain their own safety is an inherent part of the admission assessment.

1.2. A person is considered to have gone missing if they leave either the ward or the escorting staff without permission and a state of risk exists. The patient may not have capacity, may be detained under the Mental Health Act, may either actively or passively harm themselves or others, or suffer harm due to an inability to care for themselves whilst they are away from the clinical environment and under a duty of care from the Trust. The primary consideration is the safety and wellbeing of the patient involved and the protection of others.

1.3. A formal search process is aimed at a systematic approach to carry out searches in order to find patients in a timely way before harm is caused.

1.4. The Suspected Infant or Child Abduction policy sets out actions which must be followed on discovering that an infant or child is missing from any area in the hospital or in the hospital grounds including the play area and may have been abducted. If a member of staff becomes aware of the unexplained absence of an infant/child, they must report to the person in charge immediately.

1.5. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

2.1. The aim of this policy is to establish a process and offer guidance, which can be implemented in the event of a patient going missing. It is intended to ensure a consistent approach in reducing the risk of patients absconding or going missing and responding when patients do abscond or go missing.

2.2. On occasions, for a variety of reasons, patients decide that despite being advised that their continued admission to hospital is necessary, they will discharge themselves. In this event it is important that staff adhere to agreed guidelines to ensure that patients understand why medical opinion advises a continued hospital stay and understand the possible implications of their decision to ignore medical advice. Ensure you refer to the Policy to Support Adult Patients Wanting to Self-Discharge Against Medical Advice If a patient has the capacity to make this decision and is not detained under the Mental Health Act 1983 then they must not be detained or apprehended.

2.3. To provide a clear structure for carrying out patient searches.

2.4. To provide a risk assessment and response in relation to a missing patient.

3. Scope

This policy applies to all patients of Royal Cornwall Hospital Trust. With the exception of Infant and Children who are suspect to have been abducted (see The Suspected Infant or Child Abduction policy) and those patients under escort by Police or Prison Service Officers, in the event of these patients absconding search and capture will be the responsibility of the Police or Prison Services.

4. Definitions / Glossary

For the purpose of this policy a patient is deemed to be missing when:

- The patient is found to be absent from the clinical area and there is no known reason to explain their absence.
- The patient has willfully left the clinical area either secretly or openly and has not notified staff of his/her decision to leave.
- Patients who are being detained under a section of the Mental Health Act 1983 or the Deprivation of Liberty Safeguards 2007 are considered to be missing (absent without leave) if they are absent from the ward without authority granted; or, they are missing without permission from the address where they are required to live by the conditions of their leave.

5. Ownership and Responsibilities

5.1. Role of the Chief Nursing Officer

The Chief Nursing Officer is responsible for:

- Ensuring that the policy is appropriately implemented and its effectiveness and use is monitored.

Note: This is to be achieved through the RCHT Safeguarding Operational Group (SOG).

5.2. Role of the RCHT Safeguarding Operational Group (SOG)

The Safeguarding Operational Group (SOG) is responsible for:

- Ensuring that the Policy is suitable for purpose and is reviewed as required.
- Ensuring the Policy is disseminated and to support its roll out.

5.3. Role of the Managers

Line managers are responsible for:

- Ensuring that all staff are aware of the policy within their clinical areas.
- Acting accordingly when they are contacted and advised on the need for further action.
- Escalating the incident as required dependent on the level of assessed risk.

5.4. Role of Matron

The Matron is responsible for:

- Reviewing the staffing requirements of the patient's ward to allow the Ward Search Coordinator to focus on leading the search.

5.5. **Role of Ward Manager / Nurse in charge (Ward Search Coordinator)**

The ward manager or nurse in charge is responsible for:

- Taking control of the initial search and ongoing implementation of the Missing Patients Policy.
- Following the Missing Patient Flowchart
- Ensuring details of the absence, risk assessment and actions taken are thoroughly recorded, utilising the CHA4079 Missing Patient Form and Risk Checklist (Appendix 3).
- Contacting the Police where the Missing Patient is assessed as high risk – and being available to be contacted by the police to aid the search.
- Ensuring all information and risk is communicated during handover when the absence spans more than one shift.
- Co-ordinating the use of security and porters to widen the search.
- Ensuring their Matron is aware that a patient is missing as directed in this Policy.

5.6. **Role of Clinical Site Team**

The Clinical Site Team is responsible for:

- Acting as Hospital Search Coordinator where immediate search of ward vicinity managed by the Ward Search Coordinator have been unsuccessful in locating the patient.
- Making available a member of staff to take part in search activities.
- Fulfilling the role of the Ward Matron for searches outside of normal working hours.

5.7. **Role of On-Call Manager**

The On-Call Manager is responsible for:

- Acting as Hospital Search Coordinator if required following discussion with the Ward Search Coordinator and the Clinical Site Team.
- Assisting the Ward Search Coordinator and/or Hospital Search Coordinator as required.

5.8. Role of Hospital Security

Hospital Security is responsible for:

- Searching the outside areas, and public spaces as part of a primary search.
- Being involved in searching outside areas as part of a full hospital Search.

5.9. Role of Individual Staff

All staff members are responsible for:

- Ensuring that practice reflects the policy.

6. Standards and Practice

6.1. Upon admission note should be made of any known previous incidents where the patient went missing or attempted to leave the clinical area without giving an explanation or informing staff. This should include the methods used by the patient. This information should be documented in the patient's nursing notes.

6.2. Where it is suspected a person may be at risk of going missing the CHA4079 Missing Patient Form and Risk Checklist (Appendix 3) should be completed as a precautionary measure and to aid the Missing Person process should it be required.

6.3. In addition to previous incidents assess if:

- The patient is restless or displaying anxious or agitated behaviour.
- The patient is wandering around the ward.
- The patient is displaying any confusion or cognitive impairment, including Dementia.
- The patient is intoxicated or withdrawing from alcohol or other substances.
- There is recent or current history of self-harming behaviour.
- The patient has been involved in a recent confrontation or argument.
- The patient has received bad news.
- The patient has problems relating to their social circumstances such as relationships, housing, finances, employment etc.

6.4. The following categorisation for missing patients has been agreed with Devon and Cornwall Police to ensure a consistent assessment and approach is undertaken.

No apparent risk (absent)	
There is no apparent risk of harm to either the patient or the public.	Actions to locate the patient and/or gather further information should be agreed and a review time set to reassess the risk.

Low risk	
The risk of harm to the patient or the public is assessed as possible but minimal.	Proportionate enquiries should be carried out to ensure that the individual has not come to harm.

Medium risk	
The risk of harm to the patient or the public is assessed as likely but not serious.	This category requires an active and measured response by the staff, police and other agencies in order to trace the missing person.

High risk	
The risk of serious harm to the patient or the public is assessed as very likely.	This category almost always requires the immediate 999 call for police support. A member of the senior management team must be briefed and involved in the examination of initial lines of enquiry and approval of appropriate staffing levels allocated to search activity. Family should be notified and support should be put in place where appropriate. Children's services must also be notified immediately if the person is under 18.

Note: Risk of serious harm has been defined as (Home Office 2002 and OASys 2006): 'A risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible.'

6.4.1. Where the risk cannot be accurately assessed without additional information, appropriate lines of enquiry should be set to gather the required information to inform the risk assessment.

6.4.2. The risk assessment must be reviewed whenever any changes in the patient's condition, behaviour or situation are identified.

6.4.3. The Missing Patient Checklist and Form (appendix 4) must be completed and filed in the patient's nursing notes and communicated to

all relevant staff where a person is identified as a risk of going missing. Known triggers must be recorded e.g. agitation, alcohol intake, confusion.

6.4.4. All patients who are assessed as presenting a risk of going missing must have this clearly documented in their health record, which identifies appropriate levels of enhance care and management. This must be subject to regular review and must be communicated to all staff that need to be aware.

6.4.5. Risk assessments should be documented and shared with Matrons and General Managers in order that staffing can be adjusted to accommodate the care and interventions required.

6.4.6. Where the person has been assessed by Psychiatric Liaison they should be contacted to support the risk assessment process and supported with the missing patient process. Psychiatric Liaison can be contact via MAXIMS or via Switchboard.

6.4.7. Mental capacity assessments must be carried out and documented in line with the RCHT Mental Capacity Act Policy. If the patient has capacity and is not detainable under the Mental Health Act 1983 and they choose to self-discharge their decision, although against medical advice, this must be accepted.

6.4.8. Please refer to Support Adult Patients Wanting to Self-Discharge Against Medical Advice Policy.

6.4.9. If the patient does not have capacity and it is within their best interests or if they are detained under the Mental Health Act 1983 the ward manager/nurse in charge takes responsibility for confirming the patient is missing and initiating subsequent actions.

6.5. Activating the Missing Patient Policy

6.5.1. If the patient does not have capacity and it is within their best interests or if they are detained under the Mental Health Act 1983 the ward manager/nurse in charge takes responsibility for confirming the patient is missing and initiating subsequent actions.

6.5.2. The Nurse-in-Charge is to remain on the ward as the ward search coordinator. In the event that the Missing Patient Policy is invoked during a shift changeover, the oncoming Nurse-in-Charge is to be fully briefed and take over as the ward search coordinator.

6.5.3. A search of the ward must be coordinated, including all locked and out of access areas, and the immediate area outside of the ward. All areas to be thoroughly searched including:

- Bays and patient rooms – under beds, in cupboards, behind curtains, etc.
- Toilets and washrooms.

- All other rooms – staff areas, day room, kitchen, sluice, treatment areas, etc.
- Areas immediately adjacent to ward/department – fire exits/stairs, corridors, internal courtyards, etc.
- Neighbouring wards/departments.

6.5.4. Adjacent wards must be informed that a patient is missing; a description of the patient and details of what to do if the patient is seen should be communicated, including details of any assessed risks. They should be asked to carry out a detailed search of their ward immediately and report back to the Ward Search Coordinator.

6.5.5. Royal Cornwall Hospital Trust Switchboard should also be informed of the missing patient to ensure that if they receive any communications with regards to a patient being found they can inform the appropriate clinical area.

6.5.6. If the Patient is missing from Royal Cornwall Hospital and is not found in the search of the immediate area security must be informed. When alerting security they must be informed of:

6.5.7. The outcome of a Mental Capacity Assessment – refer to the RCHT Mental Capacity Act Policy

6.5.8. The Patient's legal status i.e. detained under the Mental Health Act 1983

6.5.9. The Patient's assessed risks.

6.5.10. The full description of the patient and any distinguishing features

6.5.11. To assist in the searches, the Trust CCTV operator should be contacted to review available footage.

6.5.12. Porters should be utilised to widen the search area. Porters must receive a description of the missing patient including:

- Hospital ward or department
- Name
- Gender
- Age
- Ethnic origin
- Build e.g. tall and slim
- Risk information
- Distinguishing features

6.5.13. The Ward Search Coordinator must inform the Site Coordinator if the Patient is not found in the search of the immediate area.

6.5.14. Attempts should be made to contact the patient on their mobile phone or via their landline, if adequate time has elapsed for them to have arrived home.

6.5.15. If attempts to contact the patient or a search of the immediate ward premises is unsuccessful the Ward Manager/Nurse in Charge will inform the next of kin and check if the patient has made contact or arrived home.

6.5.16. A search of the grounds of the hospital should be carried out by portering and security staff.

6.5.17. Each search should be clearly documented in the medical records.

6.5.18. An RCHT incident report (DATIX) and the CHA4079 Missing Patient Form and Risk Checklist (Appendix 3) must be completed and the circumstances of the patient going missing must be documented in their notes.

6.6. Police Involvement

6.6.1. If the patient is at a high risk of causing significant harm to themselves or others the Police should be contacted immediately by the ward manager via 999.

6.6.2. The ward manager should inform the police. It is important the call to police is made by the ward manager as they are best placed to give a clear description and relevant information. This must include the reason for concern and the degree of urgency in locating the patient. The police reference number must be clearly documented in the patient nursing notes.

6.6.3. The ward manager should notify the police of any relevant legal frameworks which the Patient is subject to, such as the Mental Health Act and the Mental Capacity Act.

6.6.4. Switchboard personnel should not be asked to contact the police to report missing Patients.

6.6.5. If the patient presents a medium risk and has not been located following an immediate area and a full hospital search police should be notified via 101 or online reporting. Should the risk increase escalate to the police via 999.

6.6.6. The Police should be provided with all necessary patient details and the details of the searches already carried out. Staff should support the police with any search actions that they feel are required.

6.6.7. The ward manager must remain available to speak with the police, where possible providing a direct dial contact number. At the change of shift this responsibility should be handed over to the ward manager

commencing on shift.

6.6.8. The ward manager/nurse in charge of the ward must record details of the incident in the patient's notes. This must include an assessment of the patient's physical and mental state, the time patient was last seen and the time the absence was noted. The entry in the notes must also confirm that the actions detailed above have been implemented. Any deviation from the actions detailed above must be documented including the reasons for the deviation and what alternative actions occurred.

6.6.9. If the patient is located but refuses to return to ward, and they do not have capacity and it is within their best interests or they are detained under the mental health act 1983, they may be apprehended and returned to the ward using the minimal amount of restraint required to ensure the safety of the patient, the persons involved in the restraint and others. The persons apprehending the patient should have received training in Personal Safety and Psychical Intervention Training.

6.6.10. The patient's privacy and dignity must be maintained at all times for example: Where restraint is required in an area where other people may witness it the area should be cleared or the incident screened off. The patient's dress should be maintained, where clothing is inappropriate consider the use of a blanket, if it is safe to do so. Refer to the RCHT Restrictive Practice Policy.

6.6.11. If the patient has not been located after the initial searches have been completed the ward manager/nurse in charge must confer with the Site Coordinator and the consultant in charge of the patient's care to determine appropriate actions relevant to the individual patient's care requirements.

6.6.12. If the patient remains missing then the nurse in charge of subsequent shifts is responsible for keeping the police and next of kin up to date with any changes they are made aware of, there may be the need to have an agreement in relation to the frequency of contact made by the clinical team.

6.7. **Risks to Staff and Others**

6.7.1. Risks to staff engaged in searching for a missing Patient could include:

- Violent behaviour from the patient.
- Being alone in secluded parts of the hospital grounds.
- Risk of harm from building works.
- Slips, trips and falls.

6.7.2. If there is a risk of harm from the patient it may be appropriate to search in pairs. If the risk to staff is too high it may not be appropriate to search for the patient without Police guidance and support.

6.7.3. No staff member should search any area when they have a concern

about their own safety.

6.7.4. If the risks to staff or others are considered to be very high, early contact with the Police should be made.

6.8. Press Involvement

6.8.1. The Police have very good pathways for engaging the Press in the event that this is considered appropriate to help in finding the missing patient. The Ward Search Coordinator or Hospital Search Coordinator should support the Police in any consideration of press involvement.

6.8.2. The Communications Team should be informed of any press involvement arranged by the Police (Communications Team – Ext 2934 or via Switchboard).

6.8.3. Out of hours, the On-Call Manager should be made aware of the Press involvement and can contact Communications if they feel this is required in special circumstances.

6.9. Termination of the Search

6.9.1. It is critical that when the search is terminated, for any reason, that all those engaged in the search are informed and that all Missing Patient Documentation is completed by the Nurse in Charge.

6.9.2. A full nursing assessment must be carried out immediately on the patient's return and documented in the nursing notes. Follow CHA4079 Missing Patient Form and Risk Checklist (Appendix 3)

6.9.3. The Ward Manager/Nurse in Charge must inform the medical team and request that the patient is examined to assess physical and mental state and review care requirements. An entry must be made in the medical record.

6.9.4. The patient's care plan should be reviewed and actions implemented to ensure future safety e.g. Enhanced Care, review of medication, review of location on the ward, admission to a closed access ward etc.

6.9.5. Where appropriate consideration should be given to the implementation of the Mental Health Act 1983 or the Deprivation of Liberty Safeguards 2005.

7. Dissemination and Implementation

This policy should be implemented and disseminated through the organisation immediately following ratification and will be published on the organisations intranet site (document library). Access to this document is open to all.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Monitoring of compliance with this policy will be conducted and led via the DATIX reporting system. Trends, exceptions and outcomes will be reported to the Safeguarding Adults Operational Group along with recommendations and action plans where deficiencies have been identified.
Lead	The audit will be undertaken by members of the RCHT Safeguarding Operational Group (SOG).
Tool	Audit documentation will capture and record evidence regarding the identified elements to be monitored.
Frequency	Following each incident of a Missing Patient and to be exercised a minimum of every three years.
Reporting arrangements	RCHT Safeguarding Operational Group (SOG)
Acting on recommendations and Lead(s)	Where the report indicates sub optimal the nominated SOG group member will produce an action plan. The SOG will be responsible for monitoring progress and will undertake subsequent recommendations and further action planning for all deficiencies identified within agreed timeframes.
Change in practice and lessons to be shared	Required changes to practice identified will be documented in the action plan outcomes. The emergency planning lead and the membership of the SOG will identify a lead to take each change forward across divisions as appropriate. Lessons will be shared with all relevant parties.

9. Updating and Review

9.1. Comprehensive reviews will take place every three years or earlier in view of developments which may include legislative changes, national policy instruction (NHS or Department of Health) or Trust Board decision.

9.2. Revisions can be made ahead of the review date when the procedural document requires updating.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion and Human Rights Policy' or the Equality and Diversity website.

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Missing Patient Policy V3.0
This document replaces (exact title of previous version):	Missing Patient Policy V2.0
Date Issued/Approved:	December 2022
Date Valid From:	December 2022
Date Valid To:	December 2025
Directorate / Department responsible (author/owner):	Lerryn Udy, Deputy Manager Integrated Safeguarding Services for CFT and RCHT
Contact details:	01872 255741
Brief summary of contents:	To establish a process and offer guidance, which can be implemented in the event of a patient going missing. It is intended to ensure a consistent approach in reducing the risk of patients absconding or going missing and responding when patients do abscond or go missing.
Suggested Keywords:	Missing, Missing Person, Missing Patient, AWOL, Absent, MisPer, Lost
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Deputy Chief Executive and Chief Nursing Officer
Approval route for consultation and ratification:	Safeguarding Operational Group (SOG)
General Manager confirming approval processes:	Zoe Cooper, Consultant Nurse for Integrated Safeguarding Services for CFT and RCHT
Name of Governance Lead confirming approval by specialty and care group management meetings:	Frazer Underwood

Information Category	Detailed Information
Links to key external standards:	Mental Health Act 1983 Mental Capacity Act 2005 CQC
Related Documents:	RCHT Adult Safeguarding Policy Deprivation of Liberty Safeguards Policy Enhanced Care for Adults Policy Mental Capacity Act Policy Positive Patient Identification Policy and Procedures Restrictive Practice Policy Supporting Adult Patients Wanting to Self-Discharge Against Medical Advice Policy CHA4079 Missing Patient Form and Risk Checklist
Training Need Identified?	Yes - Training has been provided to nominated staff.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Safeguarding Services / Adult Safeguarding

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
July 2010	V1.0	First draft written and consulted on.	Lerryn Udy
December 2010	V1.1	Amendments made following consultation and re-formatted in line with organisational guidelines	Divisional Quality Facilitator
February 2011	V1.2	Final amendments	Lerryn Udy
January 2015	V1.3	Review following training with clinical staff and missing persons expert.	Divisional Quality Facilitator
Feb 2017	V1.4	Added young person flowchart as approved at Safeguarding Children's Operational Group	Lerryn Udy
Sept 2018	V2.0	Full Review and minor amendments. Missing person checklist and Missing	Divisional Quality Facilitator

Date	Version Number	Summary of Changes	Changes Made by
		person form merged into one document (Appendix 6)	
Dec 2022	V3.0	Full review, flowchart made accessible, minor amendments	Lerryn Udy, Deputy Manager Integrated Safeguarding Services for CFT and RCHT

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Missing Patients Policy V3.0
Directorate and service area:	Safeguarding Services / Adult Safeguarding
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Lerryn Udy
Contact details:	01872 255741

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	The aim of this policy is to establish a process and offer guidance, which can be implemented in the event of a patient going missing.
2. Policy Objectives	It is intended to ensure a consistent approach in reducing the risk of patients absconding or going missing and responding when patients do abscond or go missing.
3. Policy Intended Outcomes	To ensure the safety of patients and to respond appropriately if a patient is identified as missing.
4. How will you measure each outcome?	Via DATIX reports and audit.
5. Who is intended to benefit from the policy?	All Patients.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: Yes • External organisations: Yes • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Safeguarding Operational Group (SOG)
6c. What was the outcome of the consultation?	Approved
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:** Yes - activity reports from police regarding missing patient activity

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	The aim of this policy is to establish a process and offer guidance, which can be implemented in the event of a patient going missing. It is intended to ensure a consistent approach in reducing the risk of patients absconding or going missing and responding when patients do abscond or go missing.
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Lerryn Udy

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3. CHA4079 Missing Patient Risk Checklist and Form

File within Legal section

Place patient sticker **within** this box

NHS
Royal Cornwall Hospitals
NHS Trust

Missing Patient Form and Risk Checklist

Details		
Surname:	**Forename(s):**	**D.O.B.** (or age if not known):
Alias / maiden name:	**Gender:** Male Female	**Marital status:** Single Married Divorced Separated
Telephone numbers: (including mobile)		
Next of kin: (including contact details)		
Time & location last seen: **By whom:** **Circumstances:**		

Description	
Please circle one in the following categories or give description of 'Other' if it is not included in list	
Ethnic appearance: **Nationality:**	**Language:**
Height:	**Build:** Very heavy / Heavy / Stocky / Medium / Slim / Thin / Other:
Hair colour: Dark brown / Light brown / Black / Fair / Blonde / Grey / White / Ginger / Other:	**Hair type:** Bald / Thinning / Receding / Straight / Curly / Wavy / Permed / Spiky / Dyed / Wig / Short / collar length / Shoulder length / Very long / Other:
Complection: Fresh / Pale / Ruddy / Tanned / Fair / Spotted / Other:	**Facial hair:** Full beard / Beard / Goatee / Moustache / Sideburns / Bushy eyebrows / Other:
Eye colour: Blue / Brown / Hazel / Green / Grey / Cast / Staring / Other:	**Marks:** (Location) Scars / Tattoos / Others:
Clothing last seen wearing: (include as much detail as possible including manufacturers or design details if known and distinctive or unusual patterns and logos)	
Property carried:	
Jewellery:	

Missing Patient Form and Risk Checklist **CHA4079 V2** Printed 11/2022

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Missing patient form cont...

Additional details

Transport used:	**If car:** **Registration number:** **Make / model:** **Colour:**
Physical condition:	
Any distinguishing behaviour, peculiarities, abnormalities or habits:	
Level of risk: **Low risk** ☐ **Medium risk** ☐ **High risk** ☐	

Risk identification

Factor	No	Yes
Is there any information that the patient is likely to cause self-harm or attempt suicide?		
Is the patient vulnerable due to age, infirmity or any other factor?		
Does the patient have any disability or mental health problems?		
Does the patient need urgent medical treatment?		
Does the patient need essential medical treatment?		
Are there any inclement weather conditions that would seriously increase the risk to the health of the patient?		
Do you believe that the patient may not have the ability to interact safely with others or in an unknown environment?		

If the answer to any of the above is **Yes** the initial risk identification may be **HIGH**

WARNING MARKERS: DRINK / DRUGS / MENTAL HEALTH / VIOLENT / CONTAGIOUS

Medication taken:

Medication required:

Any other relevant information

Form completed by:	**Date:**	**Time:**
Department searched by:	**Date:**	**Time:**
Security informed:	**Date:**	**Time:**
Police informed:	**Date:**	**Time:**

Place patient sticker **within** this box

Risk Checklist

This checklist is indented to act as a guide to decision making when determining the level of risk for a missing person. It is essential to record all details in full.

Section 1 - If the answer to any of the questions in section 1 is 'yes', the initial risk assessment is **HIGH** and an immediate response may be required			
Factor	**No**	**Yes**	**Details**
Is there any information that the person is likely to harm themselves or attempt suicide?			
Is the person suspected to be subject of a crime? eg. abduction, domestic violence, modern slavery			
Is the person under 16 or, if between 16 and 18, vulnerable due to other factors?			
Is the person elderly or frail?			
Are there severe weather conditions that would seriously increase risk to health, especially where the missing person is a child or elderly person?			
Does the missing person need essential medication or treatment not readily available to them?			
Is the person suffering from a physical, mental illness or psychological disorder? - Physical injury - Physical disability - Depression - Cognitive impairment - Dementia - Mental illness - Other			
Is it likely the missing person does not have the ability to interact safely with others in an unknown environment?			
Has the person been involved in a violent, homophobic and / or racist incident or confrontation prior to their disappearance?			
Has the person been subject of bullying, harassment or maltreatment?			

Place patient sticker **within** this box

Section 2 - If the answer to any of the questions in section 2 is 'yes', this indicates a medium to low risk.			
Factor	**No**	**Yes**	**Details**
Has the person previously disappeared AND suffered or was exposed to harm?			
Is this behaviour out of character and likely to be an indicator or their being exposed to harm?			
Is the person suffering from drug or alcohol dependency?			
Are there problems relating to the persons social circumstances? (Family / Relationships, Housing, Employment, Finances, School / College / University)			
Is the person unfamiliar with the area?			
Is the person assumed to be alone?			

List any other factors which should be taken into consideration

Risk assessment	
Low risk	There is no apparent threat of danger to either the patient or the public
Medium risk	The risk posed is likely to place the patient in danger or they are a threat to themselves or others
High risk	The risk posed is immediate and there are substantial grounds for believing that the patient is in danger through their own vulnerability or mental state, or there are substantial grounds for believing that the public is in danger through the patient's mental state.

After consideration of all the risk factors, what do you consider the level of risk to be?

Low risk ☐ **Medium risk** ☐ **High risk** ☐

Risk assessment is an ongoing process and should be repeated throughout the patient's disappearance

Name (printed) of person who completed the risk checklist: _____

Designation: **Signature:**

Date: **Time:**