The Royal Wolverhampton NHS Trust

OP53
Missing Patient Policy

Contents

Sections		Page
1.0	Policy Statement	3
2.0	Definitions	3
3.0	Accountabilities	4
4.0	Responsibilities	5
5.0	Policy Detail	8

5.1 Early identification of patients at risk of absconding
5.2 Procedure for the management of those who abscond or are missing
5.3 Flowchart for the management of those who abscond or are missing
5.4 Absconding patients who present a high risk of harm
5.5 Emergency Department – Other Emergency Admission Areas
5.6 Adult Community patients
5.7 Children and young people missing from the Trust
5.8 Children and young people in the community
5.9 Discharge Arrangements
5.10 Training

6.0	Financial Risk Assessment	14
7.0	Equality Impact Assessment	14
8.0	Maintenance	14
9.0	Communication and Training	14
10.0	Audit Process	15
11.0	References	15

Appendix 1: Missing Person Report Form

Appendix 2: Police Notification Form

Appendix 3: SOP for Community patients

Appendix 4: Absconding Patient Capacity Flowchart

Right Care, Right Person' – assisting police with when to respond to incidents

Right Care, Right Person (RCRP) is the approach as of ***Monday 5 February 2024, across all NHS Trusts in the Black Country.***

It is to assist police in making decisions about when it is appropriate for them to respond to incidents. This predominantly affects patients with mental health conditions or who are deemed vulnerable.

Please note, the threshold for a police response to a mental health-related incident is:

- *to investigate a crime that has occurred or is occurring; or*
- *to protect people, when there is a real and immediate risk to the life of a person, or of a person being subject to or at risk of serious harm.*

As healthcare providers we have been tasked in changing our practice and implementing due diligence prior to contacting police for support, and only to do so in the instances described above.
To assist, the Trust's Mental Health Team has introduced this attachment alongside other forms and flow charts for patient-facing staff to use as referred to in the relevant Policies.
For queries, please contact the Acute Mental Health Team on 07816264869, Monday-Friday, 8.30am-4.30am. You can also request to join one of the team's daily Microsoft Teams meetings (at 2.30pm) to ask any questions.

Appendix 5: Absconding Patient at Risk Flowchart

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Appendix 6: Due Diligence Form

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1.0 Policy Statement

Patients under the care of the Trust may attempt to leave the ward/ department responsible for their care, either through conscious decision or due to impaired mental capacity. It is the responsibility of the Trust to minimise the risk of patients leaving the ward/department.

Where community staff are unable to gain entry at a planned home visit, staff must take action to establish that the patient is safe.

The key principles of this policy are:

- Early identification of patients who are at risk of absconding
- Risk assessment and anticipatory management of patients at risk of absconding
- Safe management of situations where patients have absconded

2.0 Definitions

Capacity - the ability to understand, retain, weigh up and communicate an informed decision, having been given all of the relevant information and support to do so.

The Deprivation of Liberty Safeguards (DoLS) is an addendum to the Mental Capacity Act that came into force in 2009. It ensures that any Best Interests decision that deprives someone of their right to liberty is made according to defined processes and in consultation with specific authorities. It applies where a person needs to be accommodated in a hospital or a care home in order to receive care or treatment for which they cannot consent. The DoLS were introduced to protect an individual's rights under such circumstances and ensure that any care or treatment that they receive, including where this involves the use of restraint or restrictions, is proportionate to the risk of harm they would otherwise be at and in their best interests.

DoLS Acid Test Criteria -
Following the Cheshire West case law ruling in 2014, a DoLS is understood as when someone who lacks capacity to consent to care and treatment is accommodated in a hospital or care home and is:

- Not free to leave and
- Under constant supervision and control

For further guidance on DoLS please refer to the Deprivation of Liberty Safeguards policy CP02.

Missing Patient - a patient who either leaves their designated ward without informing the ward staff of their actions or if the community staff

are unable to gain access for a planned visit.

Mental Health Act 1983 - The Mental Health Act (1983) is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder. People detained under the Mental Health Act need urgent treatment for a mental health disorder and are at risk of harm to themselves or others.

Mental Capacity Act 2005 - The Mental Capacity Act 2005 aims to empower people to make decisions themselves wherever possible and sets out the steps which must be taken to promote this. Where a person lacks the capacity to make a particular decision it provides a statutory framework for acting and making decisions on their behalf and in their best interests.

Restraint - Restraint is defined by the MCA 2005 as the use or threat of use of force where a person lacking capacity resists, and any restriction of liberty or movement whether or not the person resists. However, the statutory defence will not arise if a person who is caring for or treating another, does an act intending to restrain that their person unless in addition to the requirements above where, the person using restraint reasonably believes it is necessary to prevent harm to the person lacking capacity; and the restraint used is proportionate to the likelihood and seriousness of harm.

SBARD - an easy to remember communication tool which has been modified, using the acronym Situation, Background, Assessment, Recommendation and Decision.

Section 5 of the Mental Capacity Act 2005 - Section 5 of the MCA 2005, provides statutory protection against civil or criminal liability for assault and trespass to person for actions done in connection with the care or treatment of another considered to be in the best interests of someone who lacks capacity, provided that:

1) before doing the act, reasonable steps are taken to establish the lack of capacity in relation to the matter in question and when doing the act it is reasonably believed that:

a) the person being cared for or treated lacks capacity in relation to the matter; and

b) it will be in the best interests of the person being cared for or treated, for the act to be done

3.0 Accountabilities

Chief Executive Officer
Is responsible for ensuring the policy is implemented across the Trust.

Chief Nursing Officer
Manages and co-ordinates the assurance processes at an organisational level, working in support of the Chief Executive and is the Director with overall responsibility for the management of risk, clinical governance and

for the management of complaints within the Trust.

Chief Operating Officer
Is the Executive Lead for the implementation of the policy.

Clinical Directors, Consultants, Heads of Nursing/Midwifery, Therapy Leads, Matrons, Department Managers, Sisters/Charge Nurses and other senior staff

They must ensure that all their staff are aware of the Trust Missing Patient Policy and support colleagues in implementing the process and the associated legislation and Acts as in section 2.

4.0 Responsibilities

4.1 Senior Sister/Charge Nurses

It is the responsibility of the Manager in each area to ensure that reasonable steps are taken to minimise the risk of patients leaving the ward/department unplanned and that, where possible, staff must ask patients to inform staff if they intend to leave the ward.

The steps may include checking the security of all entrances and exits, advising staff on the appropriate risk assessments and actions to take to prevent patients absconding and auditing to ensure that systems are being followed. The Manager is responsible for ensuring that all patients in the ward/department are wearing an active Safehands badge where Safehands is available.

When patients go missing or abscond, the Manager is responsible for ensuring staff check the Safe Hands board for the patient's last known location. The Manager is responsible for ensuring an incident form is completed on the Trust incident reporting system.

4.2 Individual Staff Members

It is the responsibility of all staff on a ward or in a department to ensure the safety of all patients in their care. It is the responsibility of all staff from inpatient areas to ensure that the appropriate risk assessments and identified actions are taken. All staff are equally responsible for ensuring that their acts or omissions do not lead to a patient leaving the place of care without agreement, either by failing to challenge a person who is attempting to leave an area while still under treatment or leaving doors or windows unsecured to allow patients to leave.

4.3 Clinical Teams

Clinical teams must contribute to the risk assessment and actions to ensure safe, appropriate and necessary measures to safely manage the patient identified at risk of absconding. If a risk assessment by the clinical staff suggests that there is a high risk of absconding, consideration must be given to referral for appropriate specialist services, including the

Mental Health Liaison Team and support from the Dementia and Delerium Team. When a patient who is known to be at risk of absconding is transferred from one clinical team or area to another there must be a clear and well documented handover using the SBARD tool to identify the patient's enhanced care score assist with the overall risk assessment of the new area regarding the risk assessment and what measures have been put in place.

The clinical team is responsible for advising the Directorate or On-call Manager if it is appropriate to escalate or stand down a search when a patient goes missing or absconds. This decision must be based on the assessment of how significant a risk failure to continue care and treatment poses to the patient or to others who may be affected by their acts or omissions and if they are currently detained under the Mental Health Act (see OP11, Administration of the Mental Health Act 1983, in an Acute Hospital Setting Policy Appendix 14).

In the event of a patient absconding, it is the responsibility of the clinical team to review their medical notes and make a documented assessment of the patient's clinical needs and what effect, if any, failure to provide continued care will have on the patient. It is the responsibility of the ward/ department to notify the on-call manager as soon as initial checks of the area have been conducted and Security has been informed.

4.4 On-Call Manager (Out of hours)

The role of the On-Call Manager is to provide support and advice to the area from which a patient has absconded to ensure all that can be done has been done and to escalate to the On-Call Director as appropriate.

The decision to ring the police to notify them can be made directly by the ward/ department before calling the On-Call Manger if they feel the patient is vulnerable and has been identified as high risk.

4.5 Matrons

If staff on the ward/department identify a patient as agitated or confused and who may abscond and pose a risk to themselves and, or others, the Matron will provide advice and support to the manager as how best to reduce the risk of them leaving, using the least restrictive way possible. For patients who lack mental capacity and meet the acid test criteria a DoLS application must be completed.

In the event of the ward/department being unable to locate a patient, the Matron must be informed and must attend the ward/department and provide advice and support to the member of staff in charge of the area.

4.6 Security Officer

The Trust Security Team must be given the opportunity to become involved in the risk management of those patients deemed to be at risk of absconding.

On receipt of a call about a missing patient or one who has absconded, the Security Officer must conduct a systematic search. On locating the patient, the Security Officer must inform the ward/department and then he or she will encourage the patient to return to the ward/department. A member of ward/department staff, preferably one known to the patient, must attend the location to assist in returning the patient to the ward.

Where the patient refuses, (irrespective of their mental capacity status) to return to the ward/department, the Security Officer will advise them of the importance of remaining in hospital care but must allow them to leave unless given a clear indication otherwise by a member of clinical staff. Where a patient is not being detained under the Mental Health Act (please refer to definition on page 2) they cannot be treated and detained without their consent, no matter how damaging that refusal to stay in hospital might be to their health or wellbeing.

Where a patient has been sectioned under the Mental Health Act 1983 the Police must be notified but a Security Officer of the hospital may take them into their custody and escort them back to the ward.

Where a patient is escorted back to the ward the Security Officer must hand over the patient to the nurse in charge and complete a daily occurrence log in the Security department. This must also be noted in the medical records by clinical staff and an incident form completed.

The Security Officer must inform the ward/department if the patient has not been located when they have completed their search. Where a missing patient was detained or liable to be detained under the Mental Health Act 1983 or is deemed as high risk, an incident report must be completed by the ward/department within 2 hours and they will undertake a rapid review and this will be reviewed in lined with the PSIRF process.

4.7 Directorate/ Divisional Team

The role of the Directorate Team is to provide support and advice and to escalate to the Divisional Team as appropriate when patients are at risk of absconding or when missing.

4.8 Executive Director on Call

The role of the Executive Director on call is to provide support and advice to the On-Call Manager and escalate to the Chief Operating Officer to request the support of the media via the On-Call Comms Team.

4.9 Chief Operating Officer

The role of the Chief Operating Officer is to authorise the request for the support of the media.

4.10 Safeguarding Team

The Safeguarding Team will support professionals in the delivery of effective safeguarding practice by providing expert knowledge, nursing advice and review of cases as required.

5.0 Policy detail

5.1 Early identification of patients at risk of absconding

Patients at risk of absconding must be identified and have risk assessments undertaken utilising the Enhanced Care Scoring Tool and/or Adult and Paediatric Mental Health Risk Assessment tools (available on the trust Mental Health website (Adult's Mental Health - Risk Assessment Forms)). The level of risk must be documented in the individual care plan and the patient managed in accordance with the actions identified.

Any assessment regarding the risk of absconding must be repeated if there is a change in the patient's physical, emotional or mental state.

Patient risk factors for absconding:

a) Patients with dementia who are mobile
b) Patients who have previously absconded from clinical care
c) Patients who have a dependence on (or are under the influence of) cigarettes, alcohol or other drugs
d) Patients with mental health problems especially a history of deliberate self-harm or psychosis
e) Patients who are experiencing temporary confusion attributable to other causes, e.g. illness or medication
f) Patients with a cognitive impairment
g) Patients who display erratic or wandering behaviour are agitated or restless or who seem withdrawn or uncooperative

Patients identified as being at risk of absconding present variable risks and therefore it is important to identify patients as high, medium or low risk if they were to abscond. The Adult Mental Health Risk Assessment categorises patients risk as Green (Low), Amber (Medium) or Red (High); the Enhanced Care Scoring Tool categorises patients risk as Green (Low), Amber (Medium) or Red (High).

Hospital Security Team members must not only be informed promptly when a patient absconds but may be given the opportunity to become

involved in the risk management of those patients deemed to be at risk of absconding.

When a patient who is known to be at risk of absconding is transferred from one clinical team or area to another, there must be a clear and well documented handover regarding the risk assessment and what measures have been put in place, using the SBART transfer checklist.

An information form for patients identified at risk of absconding must be commenced to provide a detailed physical description to help security staff or police to locate them if they went missing (Appendix 1). A photograph may also be obtained via medical illustration if the patient consent is obtained.

5.2 Procedure for the management of those who abscond or are missing

The Trust's policy is that no patient must leave the ward area for non-clinical reasons without being dressed to ensure both comfort and dignity. Ward staff must ensure that patients are aware of this on admission.
If a patient does go missing or absconds, it is the responsibility of the nurse in charge of the ward/department to check the last known location on Safe Hands board where available; initiate a thorough search as per the procedure laid down in 5.3. They must keep a record of each action taken with times and ensure that information is passed on if changing shift, and ensure an incident form is completed. If the patient is under the OP11 Administration of the Mental Health Act - Appendix 14 must be followed.

5.3 Flowchart for the management of those who abscond or are missing

If the patient is detained under the MHA then follow flow chart in the OP11, Administration of the Mental Health Act 1983, in an Acute Hospital Setting Policy

This guidance has been developed to help staff understand the key actions that are required to be taken if a patient is missing from the ward/clinical area. A different approach is required for patients that have capacity to those who lack capacity or are detained under the MHA. This is not an exhaustive list and staff can use their clinical judgment, experience to help with the decision and seek advice from the senior nursing team / on- call manager. Any patient who is presenting with a Mental Health issue either in receipt of care, awaiting assessment or has been assessed by Mental Health Liaison Services who subsequently absconds should be notified to the Mental Health Liaison immediately for them to enact their protocol (Appendix 4).

- If the patient is detained under the MHA, then follow the flowchart in the MHA administration policy.
- Notify security on:-
- 8222 (New Cross site) / 708222 (West Park Hospital) / 6380 (Cannock hospital)

Give a clear description of the patient to security (Appendix 1) and a photograph if available

Low risk (green)
Patient with Capacity

If patient leaves clinical area without knowledge or notification consider risk, for example do they have an intravenous cannula in situ? Depending on the individual circumstances you can consider contacting the following people:-

- Next of kin or those with parental responsibility(*if appropriate)
- GP
- District nurse/practice nurse

Complete an incident form and document the action and outcome in the patient's notes

*consider confidentiality: are relatives aware of this admission and the circumstances, if not do not disclose

High risk (amber/red)
Patient Deemed to Lack Capacity

If patient leaves clinical area without knowledge you **MUST**

- *Check last location on Safe Hands board (where available)*
- Conduct a head count of patients
- Check the patient is not using the wrong bed/room
- Check all the rooms, storerooms and toilets and then –
  Extend the search to the surrounding areas and wards

High Risk (red)
IF PATIENT NOT LOCATED BY STAFF OR SECURITY THE PERSON IN CHARGE MUST:

- Inform local manned police station via switchboard – you must use the Police Notification form (Appendix 2) – make sure that you are clear about the level of risk that the missing person poses to self and/or others
- Inform clinical team who must review the medical notes
- *Inform the next of kin or those with parental responsibility and document in the patient notes
- Inform the on-call manager (out of hours)
- Inform the Matron of the area

Complete an incident form *and report as Serious Incident*; document the action and outcome in the patient"s notes

5.4 Absconding patients who present a high risk of harm

These are individuals who present a significant and/or immediate risk to themselves and/or others. Such patients may include those:

a) Patients sectioned under the Mental Health Act (please see OP11, Administration of the Mental Health Act 1983, in an Acute Hospital Setting Policy
b) At risk of rapid deterioration in their physical condition due to lack of medication or other treatment
c) Subject to a detention order under the MHA or a DoLS authorisation
d) Who may present a significant risk of physical harm to themselves or others either through direct actions or an impaired mental state (e.g. confused patient trying to cross a road)
e) Who have absconded with the suspected intention of causing a serious criminal offence
f) Who are thought to be at risk of harm due to the actions of other persons

High risk patients who abscond and cannot be found on Trust premises by the Security Team must instigate a notification to the Police at the earliest opportunity.

Requests to the Police service for assistance with patients who have absconded use significant resources and must only be made when it is certain that the patient represents a high risk of harm and other options have been considered. The use of routine “Safe and Well" checks for all patients who abscond is not appropriate. It must be remembered by clinical staff that the police may have limited powers to restrain people or enter premises (depending on the circumstances) and cannot forcibly return patients to the hospital as a matter of course.

In the event that a decision is made that a Police response is required, the Matron/On-Call Manager and Nurse in Charge of the clinical area where the patient absconded from must arrange completion of the 'Police Notification" form (Appendix 2).

The original form must be placed in the patient's medical notes and a copy faxed

immediately to the relevant service. The Duty Inspector of the local manned police station must be called and the reasons for the Police notification given.

The Police must be given adequate information, especially regarding any risks that the patient poses to themselves or others, to determine whether they may be justified in bringing a person back to the hospital.

Police actions:

1. Must provide caller with log number
2. Must arrange call back when form received to confirm receipt
3. Must continue contact with On Call Manager/Matron regarding ongoing actions
4. Act according to their internal procedures

In all cases, family members and other relevant persons must be kept informed of the progress in any search for a patient.

Where the patient is not located, the decision to suspend the search must be made by the patient's medical and nursing team with the assistance of nursing staff. This decision will depend on the medical condition and competence of the patient and what risk their continued absence poses to themselves and others. The decision to suspend the search and the reasons for that conclusion must be clearly documented in the patient's medical record. At this stage, the patient's General Practitioner must be notified, via telephone and followed up with an email. The Executive Director On-Call must also be informed

Where the patient is not located and the clinical team has significant concern for the patients" wellbeing, the decision to request the support of the media must go through the directorate/divisional structure in hours, or through the On-Call Manager via the On-Call Director to the Chief Operating Officer out of hours who will request the support of the media via the On-Call Comms Team.

The Manager for the war/ department must review each incident, liaising with the Governance Team where appropriate, discussing in the relevant governance forums to identify any lessons learned and share them with their staff and colleagues. The Security Management Team must report incidents and trends to the Health and Safety Steering group.

5.5 Emergency Department – Other Emergency Admission Areas

If a vulnerable patient absconds from the Emergency Department (ED) either prior or during their assessment, the nurse in charge in conjunction with a senior clinician (recognising the limited information available) will make a timely decision regarding the risk presented by that action. If further action is deemed appropriate the flowchart for the management of those who abscond or are missing, point 5.3 should be followed. All actions should be documented in the clinical records for the patient.

5.6 Adult Community patients

Where community staff are unable to gain entry at a planned home visit, staff must take action to establish that the patient is safe by following the standard operating procedure in Appendix 3.

5.7 Children and young people missing from the Trust (age group 0-18)

In addition to the actions identified in 5.3 Flowchart for the management of those who abscond or are missing, the following actions must take place if a child is identified as missing from an inpatient or outpatient area of the Trust:

1. Inform the person with parental responsibility
2. Where abduction is suspected, refer to Security procedure -abduction of infant NNU/ Children's ward (available on department website)
3. For all children known to the Child and Adolescent Mental Health Service (CAMHS), alert their key worker or deputy
4. Inform the child / young person's health visitor / school nurse / GP as appropriate
5. Inform the named nurse for safeguarding children if appropriate

5.8 Children and young people in the community

For managing non-attendance at health appointments and non-locatable families please refer to Children's Did Not Attend/No Access Policy OP101.

5.9 Discharge Arrangements

There must be clearly documented details of the arrangements in the healthcare records and discharge letter.

5.10 Training

There are no specific training needs for the implementation of this Policy however staff must be made aware of this policy on local induction to the ward/department.

6.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	N/A

7.0 Equality Impact Assessment

It is not envisaged that this policy will disadvantage any one group.

8.0 Maintenance

The policy will be maintained by the Chief Operating Officer.

9.0 Communication and Training

Communication of the policy will be through:

- Management team members
- Trust Intranet Policies

10.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Incident reports non-high risk	The relevant Governance Officer for the respective Directorate	Trust database/Incident summary reports/Security logs	Monthly	Local Governance
Incident reports high risk – SI RCA's	Directorate Management Team	Trust database/ Directorate incident summary reports	Monthly	Divisional Governance
Incident reports	Security Management Team	LSMS Security report	Bi-monthly	Health and Safety Steering Group
Incidence of patients absconding	Chair of the Quality Safety Oversight Group (QSOG)		Quarterly	QSOG/ Divisional Governance

11.0 References

The Mental Capacity Act (2005)
The Mental Health Act (1983)
Trust Incident Reporting Policy
Trust Risk Management Policy
NHS Litigation Authority
Care Quality Commission Regulation 12 – Safe and Care Treatment
Deprivation of Liberty Safeguards (DOLS) 2009

Part A - Document Control

Policy number and Policy version: OP53 v6.0	**Policy Title** Missing Patient Policy	**Status:** Final	**Author: Head of Nursing, Division 2** **Director Sponsor:** Chief Operating Officer

Version/Amendment History	Version	Date	Author	Reason
	1	05/2006		Introduction
	2	09/2009		Review
	3	04/2013	Safeguarding Adults Lead	To include West Park Rehabilitation Hospital (WPRH), Adult Community Services & Children's inpatient services
	4	04/2017	HON & Matron	Review
	4.1	05/2017	Head of Nursing	Addendum to 5.3 re Mental Health (App 4)
	4.2	05/2020	Safeguarding Adults Lead	Extension agreed by Director Sponsor
	4.3	January 2021	Safeguarding Adults Lead	Extension agreed by Director Sponsor
	5	May 2021	Matron, Diabetes and Respiratory	3 Yearly review of policy
	5.1	August 2021	Matron, Diabetes and Respiratory	Minor amendment made to title of policy on document control page and update to Author
	5.2	February 2024	Head of Nursing, Division 2	Inclusion of Appendix 4, Absconding Patient Capacity Flowchart, Appendix 5, Absconding Patient at Risk Flowchart and Appendix 6, Due Diligence Form
	5.3	May 2025	Head of Nursing, Division 2	Extension
	6.0	October 2025	Head of Nursing, Division 2	3 Yearly review of policy

Intended Recipients: Ward and departmental managers and staff	
Consultation Group / Role Titles and Date: Matrons Operational Group October 2012 **Divisional Head of Nursing and Senior Matron, Respiratory Medicine –** October 2025	
Name and date of Trust level group where reviewed	Trust Policy Group – October 2025
Name and date of final approval committee	Trust Policy Group – October 2025
Date of Policy issue	October 2025
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	October 2029 - 4 yearly
Training and Dissemination: Senior Managers Briefings, Matrons Operational Group, Band 7/8 Forum	
To be read in conjunction with: Policy for Care of Patients Requiring Enhanced Care/OP52 – Safehands; CP53 – Safeguarding; OP26 – Security; OP107 - Safer Nurse Staffing; OP10 - Risk Management and Patient Safety Reporting; Mental Health CBP webpage including patient process maps; LD Strategy; Dementia Strategy; Delirium; CP56 – Restraint and Sedation; CP63 - Management of Deliberate Self Harm on Hospital Premises of Young Persons Up to The Age Of 18 OP11 Administration of the Mental Health Act 1983, in an acute Hospital Setting v1.1	
Initial Equality Impact Assessment (all policies): **Completed Yes / ~~No~~** **Full Equality Impact assessment (as required):** **Completed ~~Yes~~ / No / ~~NA~~**	
Monitoring arrangements and Committee	
Document summary/key issues covered. The purpose of this policy is to assist managers and employees in minimising the opportunity for patients to abscond, to maintain patient safety and to provide staff with a set of guidelines to follow in the event that a patient who does go missing might compromise his or her safety and wellbeing.	
Key words for intranet searching purpose	Missing. Absconded. Absent
High Risk Policy? **Definition:** • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. If a policy is considered to be high risk it will be the responsibility of the author and director sponsor to ensure it is redacted to the requestee.	**No (delete as appropriate)** If Yes include the following sentence and relevant information in the Intended Recipients section above – In the event that this is policy is made available to the public the following information should be redacted:

The Royal Wolverhampton NHS Trust

OP53 Appendix 1

Missing Person Report Form

Once you have identified a patient that is at risk of absconding due to impaired capacity or have suicidal thoughts or self harm please complete this form

Is the patient detained under the Mental Health Act? – if so please refer to OP11 Administration of the Mental Health Act 1983, in an Acute Hospital Setting (xrwh.nhs.uk)

Consider if your patient went missing how easy would it be for us or police to locate them?

Pre Incident Information	Details
Individual information	
Name	
Home Address	
Date of Birth	
Next of Kin:	
Name	
Address and/or contact number	
Physical description:	
General appearance (Hair colour, type, features). Glasses. Eye Colour Complexion Any known marks, scars, tattoos, piercings. Distinguishing features	
What medication are they taking, what is the impact if they don't take it?	
Individuals mental state	
Is the patient suffering from Dementia, Delirium or toxic state, if yes give details	
Has the patient been referred to psychiatric liaison service if yes please give details	
Does the patient have capacity?	
Is there a DOLS in place for the patient?	

Does the patient have communication or learning difficulties	
Is the patient considered to be at risk of harm to self or others	
Can the person protect themselves from harm or abuse	
Is patient known to abscond, history of wandering from previous attendances	
Notification of Incident & post assessment information	
Security	
Have security been notified?	
Date & Time	
By whom	
Patient last seen	
Date & Time	
Where and which direction were they heading	
What were they wearing – Hospital or own clothing	
Did the patient say anything to staff or other patients about leaving? If yes please give the details	
Have checks been made with the NOK If so by whom & outcome	
Police Notification:	
Inform the police using the police notification form appendix. Date & time reported Name of the police officer who you spoke to & log number Name, job title of member of staff reporting it	
Complete DATIX – record reference Number	
Outcome of the Incident	

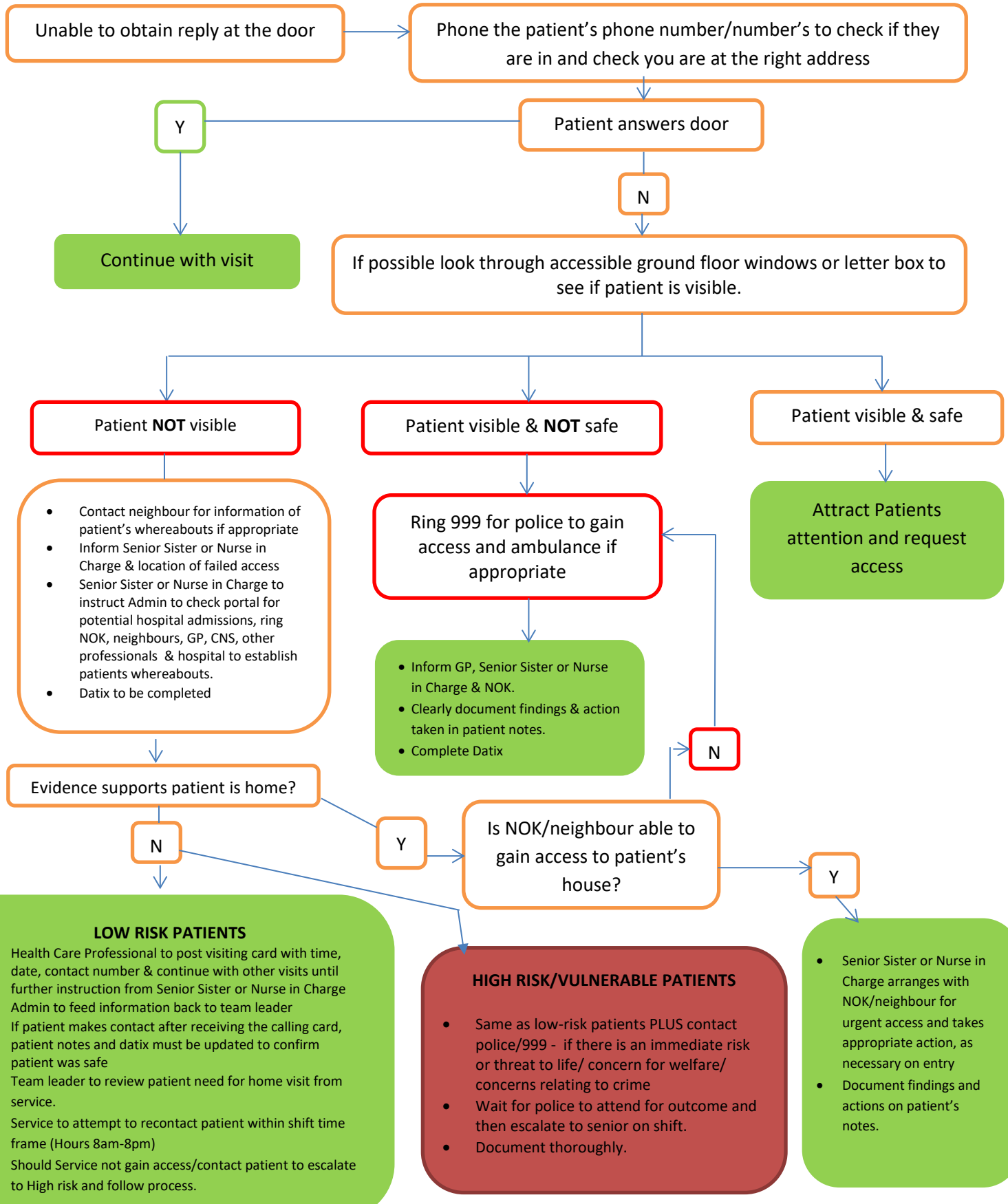
This document must be completed in full and retained in the patient records

Police Notification Form

Is the patient detained under the Mental Health Act? – If so please refer to- OP11 Administration of the Mental Health Act 1983, in an Acute Hospital Setting (xrwh.nhs.uk)

No.	Question	Response
1	**Is this event significantly out of character?**	
2	**Is the person likely to be subjected to harm or a crime?**	
3	**Is the person a danger to themselves or others?**	
4	**Is the person likely to attempt suicide?**	
5	**Is the person a victim of abuse?**	
6	**Does the person have any specific medical needs?**	
7	**Is there a specific concern?**	
8	**Do you know the person whereabouts?**	
9	**Have they done this before?**	
10	**Have you been in contact with this person?**	
11	**Who are they with?**	
12	**Do you believe them to be involved in crime?**	
13	**What were their intended actions when last seen?**	
14	**What have you done to locate this person?**	
15	**Is there a time you expect them to return?**	
16	**Is there any other significant information you can give?**	

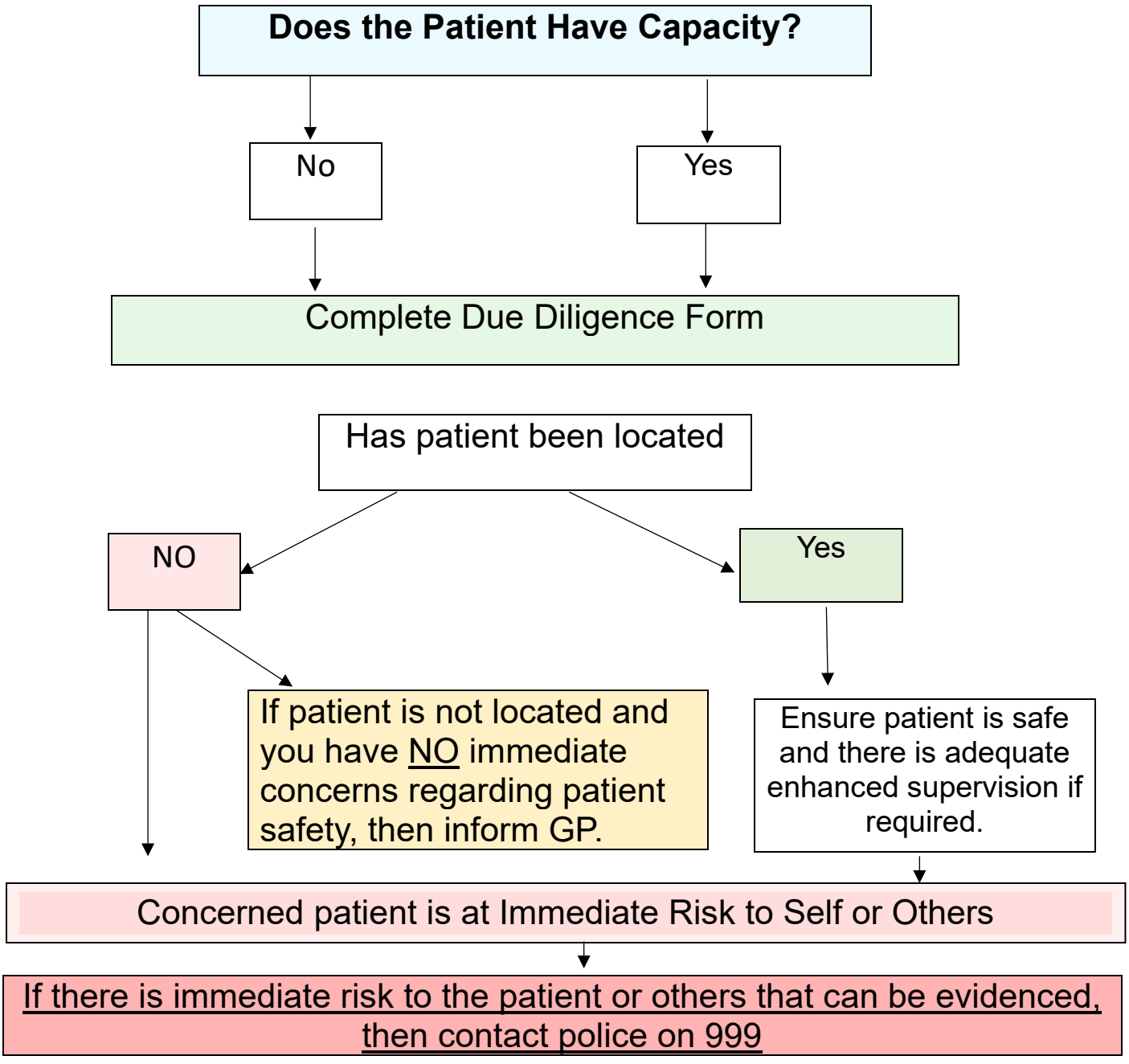
Standard Operating Procedure to be Followed When Staff are Unable to Gain Entry at Patient Home Visits



Is the patient a missing person/ AWOL or have they absconded?

Right care, Right person pathway to support patients

who have left without consent or assessment.



Right Care, Right Person' – assisting police with when to respond to incidents

Right Care, Right Person (RCRP) is the approach as of ***Monday 5 February 2024, across all NHS Trusts in the Black Country.***

It is to assist police in making decisions about when it is appropriate for them to respond to incidents. This predominantly affects patients with mental health conditions or who are deemed vulnerable.

Please note, the threshold for a police response to a mental health-related incident is:

- *to investigate a crime that has occurred or is occurring; or*
- *to protect people, when there is a real and immediate risk to the life of a person, or of a person being subject to or at risk of serious harm.*

As healthcare providers we have been tasked in changing our practice and implementing due diligence prior to contacting police for support, and only to do so in the instances described above.

To assist, the Trust's Mental Health Team has introduced this attachment alongside other forms and flow charts for patient-facing staff to use as referred to in the relevant Policies.

For queries, please contact the Acute Mental Health Team on 07816264869, Monday-Friday, 8.30am-4.30am. You can also request to join one of the team's daily Microsoft Teams meetings (at 2.30pm) to ask any questions."

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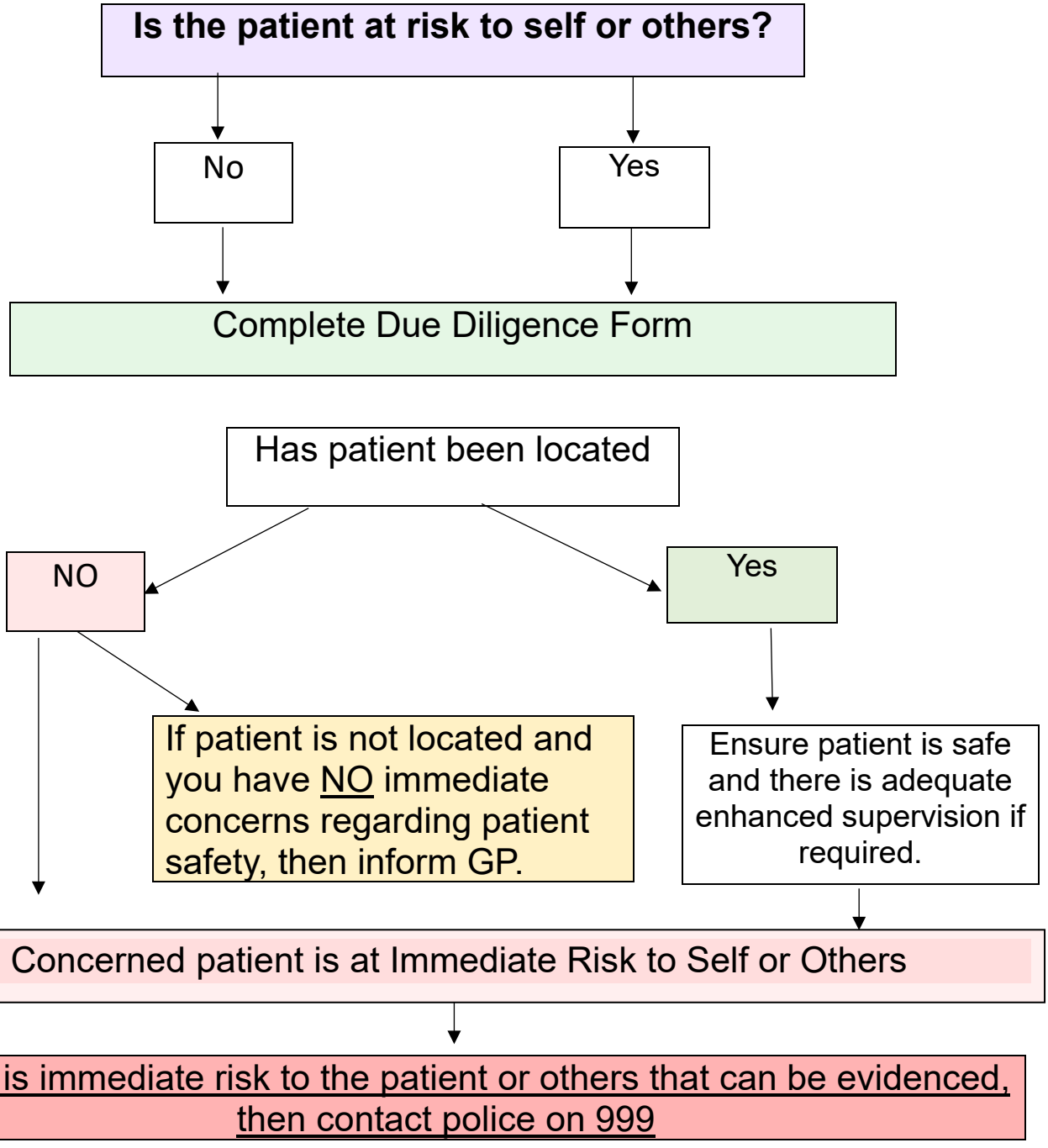

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The Royal Wolverhampton NHS Trust

DUE DILIGENCE FORM

Patients Name: **Date:** **Time Absconded:**	*Hospital* *Label*

Did the Patient have RCEM Risk Assessment?	Please circle answer. YES / NO	Comments:
Does the Patient have Capacity?	Please circle answer. YES / NO	Comments: *(i.e. - Has the patient any identified Dementia/ Cognitive Impairment / Learning Disability*
Is the Patient Detained under the Mental Health Act?	Please circle answer. YES / NO	Comments: *(i.e. – Are there any Medical recommendations for detention under the MHA in Place)*
Does the Patient have an MCA/DOLS in place?	Please circle answer. YES / NO	Comments:
Is there a known immediate risk to self or others? *(ie. Suicidal, lacks capacity, threats to harm others)*		
Does the patient have a mental health diagnosis?		
Has the patient had a formal capacity assessment?		

Have security been contacted to complete a local search?	Please circle answer. YES / NO	
Have you contacted the patient on their personal telephone?	Please circle answer. YES / NO	
Have you contacted NOK? ***Name:*** ***Time:***	Please circle answer. YES / NO	
If there is immediate risk to self or others, escalate to Police (**follow Due Diligence flow chart**)		
Outcome:		

Completed Due diligence forms to be emailed to:

rwh-tr.mentalhealthactadministrator@nhs.net

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