MHS 18 -Missing Person Policy
NHS GG&C Mental Health In-patient Services

Document Number	**MHS 18**
Lead Author	**Katrina Phillips**
Responsible Director	**Lead Associate Medical Director MH**
Approved by	**Mental Health Governance MH Group**
Date approved	**April 2021**
Review Interval	**September 2025**
Replaces previous version: [if applicable]	

1.

Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments

Contents

1. Purpose of this Document

This paper outlines procedures to be carried out and offers guidance for staff to consider when a person goes missing from inpatient settings within Mental Health Services across NHSGGC.

A missing person is defined as anyone whose whereabouts are unknown and

- Where the circumstances are out of character; or
- The context suggests the person may be subject to crime; or
- The person is at risk to themselves or another.

1.1 Risk Categories. (As provided by Police Scotland)

Low Risk: The apparent threat of danger to either the missing person or the public is low.

Medium Risk: The risk posed is likely to place the Missing Person in danger or they are a threat to themselves or others.

High Risk: The risk posed is grave and immediate and there are substantial grounds for believing that the missing person is in danger through their own vulnerability; or may have been the victim of a serious crime; or the risk posed is immediate and there are substantial grounds that the public is in danger.

The procedures in place have been collaboratively developed and agreed by The Mental Health Quality and Clinical Governance Group.

2. Competencies Required

This policy pertains to members of the multidisciplinary team (MDT) and all staff should be familiar with the following:

- Lone Working Policy
- Individual patient pass plans

3. Background

On occasions patients in hospital go missing from care. These absences cause carers and staff concern that the patient may come to harm whilst absent. Of main concern is the safety and welfare of the missing patient. The service has an obligation to take steps toward not only the safe return of the individual, but also to monitor the risks associated with the

continued absence of the patient and any prescribed treatments that they may be receiving.

People in need of care within the adult mental health in-patient setting can be categorised as:

- Informal or voluntary patients - free to leave the hospital at any time.
- Formal patients – individuals detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 or Criminal Procedure (Scotland) Act 1995
- Some informal patients have impaired decision making ability with regard to the care recommended during their admission. A change in the patient's behavior may indicate that the need for detention should be reassessed.
- A further category, 'Restricted Patients', are individuals detained under a variety of pre-disposal or post-disposal orders made under the Criminal Procedure (Scotland) Act 1995.

All patients at the point of admission and throughout their hospital stay will be prescribed a level of nursing engagement and continuous intervention.

4. Pass Plans

All inpatients should have an up to date pass plan developed by the MDT at the time of admission. The plan should be updated after any significant change to clinical risk / significant incident and as a minimum at each MDT meeting, throughout their stay in hospital. It is important that all domains of the pass plan be completed in order that when a patient goes absent or fails to return within the agreed specified time, staff can attempt preliminary contact to establish the patient's whereabouts prior to notifying the police that they are a potential missing person. All passes from ward should be discussed and agreed with the patient.

In particular the following must be noted:

- The patient's own mobile telephone number
- Full contact details of any significant others/ known acquaintances

The following sections outline the procedure to be followed if a patient is noted to be absent without leave based on the different levels of passes agreed by the MDT.

4.1 Patients with No Time Out (NTO)

Where the decision is made that a patient is to remain within the ward at all times, the rationale for 'no time out' and associated risk level should they subsequently manage to leave without permission should be recorded when the pass plan is initially being devised.

If the patient then goes missing from the ward, the MDT will need to review the risk level associated with this unauthorised absence (Out of hours, ward staff may be required to discuss this further with on call medical staff).

It is anticipated that these patients be reported as a Missing Person to Police Scotland promptly and clinicians would be involved in making the decision about the level of risk posed. It is most likely to be medium or high based on the premise that the patient had not been permitted time out on their own due to safety or wellbeing concerns to themselves or others. Classification as low risk should only be made after discussion with senior medical staff and commented within clinical care record. This view of the MDT should be shared with Police Scotland if required in order to inform their own assessment of risk

4.2 Patients on Staff Escorted Pass

When a patient is out on an escorted pass with a staff member and then absconds, the staff member will take reasonable steps to maintain visual contact where possible and report to ward area about the difficulties with the patient complying with return to the ward. Where the patient is not in visual sight the staff member will contact the ward to confirm risk category and if necessary report as missing and provide assistance to the police in tracing the patient.

This will include:

- Escorting staff will be responsible for ensuring they have an agreed means of communicating with the ward and police in the event that they require assistance. The staff member accompanying the patient will endeavor to follow the patient where it is safe to do so in order to inform the police and ward colleagues of their whereabouts or general direction headed.
- Escorting staff will make themselves available at the time of reporting the incident to the police to provide a statement of events.

4.3 Patients with Family/Friend Accompanied Pass

The MDT may decide that the patient can have pass out of the ward as long as they are accompanied by a member of their family or a friend.

In this instance staff must ensure that they know what the person's relationship is to the patient and validation of identity and contact details sought. Patients will need to agree to staff sharing relevant information regarding the potential risks of them not being accompanied at all times with the family member or friend. Staff should ensure they have contact addresses and telephone numbers of family members and friends to whom this applies. It is also useful to document any specific locations the patient intends to visit or has in the past visited.

Staff must also be confident that the person accompanying the patient understands the importance of them accompanying the patient back to the ward.

Before they leave the ward, staff should obtain a contact number from the person accompanying the patient and should ensure the person knows the contact details for the ward in the event they require advice or have any difficulties.

4.4 Patients with Unescorted Pass

During an inpatient stay the clinical team will assess, and in partnership with the patient, make a range of decisions regarding the patient's time off the ward. The options will include agreed time periods where a patient can be off the ward and / or hospital grounds without a nurse escort.

Details of agreed time away from the ward and any potential boundaries associated with this (for example, hospital grounds only) should be clearly recorded within the patient record and patient pass plan.

The pass plan must stipulate actions to be taken should the patient not adhere to the agreed plan, for example, if they do not return to the ward within the agreed timeframe; or they venture to locations not agreed as part of their pass plan; or they abscond. This should include assessment and documentation of previous absconding behaviors, level of risk to self and others and past outcomes of previous absconsions to determine the appropriate action required.

When a patient has unescorted pass and the MDT, after assessment, categorise the level of risk as medium to high risk should the patient not adhere to the pass plan, nursing staff will take all reasonable steps to document as much information as possible regarding the patient prior

to them leaving. This includes recording the following on the 'sign out/in sheet' when patients leave and return to the ward (Appendix 2):

- What the patient is wearing, and general description
- Whether they have money or are they in possession of bank cards
- Whether they are in possession of house keys or a bus pass
- Whether they are in possession of a mobile telephone and if so a note of its number
- Where they intend to go on pass and expected/agreed time of return.

4.5 Assessing and Recording the Level of Risk

The pass plan devised by the MDT with the patient should indicate the level of risk in the event the patient fails to adhere to the plan. The level of risk is likely to change depending on individual circumstances such as length of time or information received following an unauthorised absence.

It is **important to note** that while the Police Scotland response to the reporting of a Missing Person fully considers the level of clinical risk determined by health care professionals, the final decision on the category of risk, and thereby the police response, is determined by Police Scotland (Appendix 3).

5. Patients Subject to Compulsory Measures

All patients who are subject to compulsory measures requiring them to be detained in hospital (e.g. Short Term Detention Certificate or Compulsory Treatment Order) should be categorised as medium or high risk on the pass plan. The police will be notified as per the timings on the pass plan if the patient has not been concordant with the agreed pass plan

Patients who are subject to compulsory measures which do not authorise detention in hospital (e.g. community-based Compulsory Treatment Order) will be treated as an informal patient and a decision made as to whether they are low, medium, or high risk.

6. Patient Confidentiality and Sharing Information

Patients may not have agreed to information being shared with others however in the context of risk, limited disclosure is acceptable including notifying a patient's family or significant other if they are missing (unless there are clearly documented reasons for not doing so). Data Protection legislation ensures NHS staff can provide all relevant information requested by attending Police officer in the case of a missing person report

Ideally the N.O.K, family or significant other should be contacted prior to the patient being formally reported as missing to the police, even if overnight, primarily to check that the patient is not with them and to check whether they may have information about the patient's whereabouts.

A record of the time and detail of this discussion should be recorded within the patient's record.

This action may not have been agreed in advance with the patient and therefore may be considered as a breach of patient confidentiality. It is important however, that staff understand that making a limited disclosure of such information is an important part of managing the risk for Missing Persons. This action is recognised as acceptable by the Mental Welfare Commission and relevant Professional bodies.

7. Risk Categories and Associated Actions

The following sections outline the different risk categories and subsequent action to be taken by clinicians in the event a patient is missing from hospital. Appendix 5 shows a shared categorisation of risk by Mental Health Services and Police Scotland and summarises the police response for each level.

7.1 Absent Category

In some cases where a patient may absent themselves from the hospital and refuse to return, it may be possible for staff to continue contact with them by telephone. Depending on the agreed risk level of the patient it may be appropriate to classify them as 'Absent' as opposed to missing. This is entirely dependent on there being continued contact between the patient and hospital staff, confirmation of the patient's whereabouts and categorisation of the patient being absent as opposed to Missing should be regularly reviewed within the MDT and the plan clearly documented. Should contact from the patient cease or should staff become increasingly concerned about the patient's well-being this classification can change from absent to the appropriate Missing Person level detailed in sections 7.2 to 7.4.

A patient may be categorised as 'Absent' without authority when they have:

- left his / her ward without the agreement of the health care team *or*
- not returned at the agreed time or
- Is not where they agreed they would be?

Patients who fall into this category will be the subject of a review of risk based on what information is available to health care staff while they remain absent.

Patients who are assessed as being NO known risk to themselves or others will be suitable for consideration in the 'Absent' category. Patients who could be identified as absent should have this clearly documented on the pass plan by the MDT in charge of their care.

Their status may change to 'Missing Person' after an agreed period of time following discussion between MDT or ward staff and on call medical staff or if determined by the ongoing risk review.

Whilst the patient's status remains 'Absent' the Police **will not** be alerted. The category will change when:

1. The patient's whereabouts is unknown and there has been no phone contact from them for the period of time which has been agreed and documented on the pass plan;

   and/or

2. Where clinical staff have assessed the risk to have increased;

   and/or

3. There are other external factors that would seriously increase risk to the health of the patient, for example, adverse weather conditions.

A decision will be taken by health care staff regarding the length of time a patient may stay in the 'Absent' category. If the patient has been absent for up to 8 hours, members of the MDT are required to reassess the level of risk and if the risk is deemed higher, consideration should be given to formally reporting the patient as missing. Prior to this staff should encourage the patient to return to the ward of their own volition, or with support of family/ carers.

If the patient has not returned within the agreed timescale and the categorisation of risk has been reassessed contact should be made with Police Scotland.

Staff should note that Police may record this as a 'concern for' incident (code 72) rather than an actual missing person as the patients are deemed to have been known.

If the decision is made for the patient to remain in the absent category this should be reviewed at least at 8 hourly intervals. This should be documented in the patient record with a clear rationale for this decision.

Course of Action to be taken by Staff

- If the patient is absent without authority then nursing staff will ensure that the time the patient was noted as absent is clearly documented.

- Communication must be maintained with the patient at agreed times and these communications must be documented in the clinical notes.
- Every effort should be made to encourage the patient to return to hospital. During communications, staff should be assessing the patient's safety. If staff feel that the patient's safety is at risk or if communications stop, then staff will report the patient as Missing to the police.
- All decisions must be documented and communicated clearly.
- In the absence of the ward Charge Nurse, then escalation to a senior nursing management team member must be involved in all review discussions about the patient's Missing Person status.
- In all missing person cases when identified as high risk, there should not be any delay in contacting the police.

7.2 Low Risk Missing Person

Low Risk is: -There is no apparent threat of danger to either the subject or the public

When deciding to categorise the patient as a low risk, indicators to consider include:

- The patient is not considered a danger to themselves or others.
- The patient is in hospital on a voluntary basis and unlikely to be considered for detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 when absent.
- The patient is unlikely to be considered as an adult at risk under the Adult Support & Protection (Scotland) Act (2007)
- Other absences have not resulted in harm and there are no significant differences this time.

In addition to this one or more of the following:

- No active suicidal ideation is noted / the patient is not prone to serious self injury
- The patient is not seen as likely to come to physical harm.
- The patient poses no serious threat to the community.
- The patient is not likely to commit a serious offence.

7.3 Medium Risk Missing Person

Medium Risk is: - The risk posed is likely to place the subject in danger or they are a threat to themselves or others.

Medium risk indicators include:

- The patient is subject to compulsory measures that include hospital detention.
- There is evidence of a change in a patient's understanding of the need for current care plans that may make them liable to be assessed for detention in hospital.
- There is a risk of harm to self or others.
- There is no particular pattern surrounding any reported absences of the patient in the past.
- It is not clear why the patient may have absented themselves.

7.4 High Risk Missing Person

High risk is: - The risk posed is immediate and there are substantial grounds for believing that the subject is in danger through his/her own vulnerability; or the risk posed is immediate and there are substantial grounds for believing that the public is in danger

The police should be called immediately for all "restricted" patients or patients assessed as being in high risk category.

A patient should be considered a high risk Missing Person where the following indicators are present:

- The patient has absconded whilst requiring a high level nursing engagement and observation due to risk of harm to self or others or due to their clinical presentation
- The patient is subject to compulsory measures that include hospital detention
- There is evidence of a change in a patient's understanding of the need for current care plans that may make them liable to be assessed for detention in hospital.
- The patient has voiced recent suicidal ideation or has recent history of serious self injury.
- The discovery of suicidal intent such as a suicide note or plan.
- The patient is in receipt of medical treatment (e.g. Insulin) where risk to life may occur if not received.
- The patient's mental state is such that they are grossly unaware of common dangers such as crossing roads.

- The patient is vulnerable to serious physical harm or exploitation/abuse by others
- They may well pose a serious threat to the community or may commit a serious offence.

8. When a Restricted Patient Is Thought To Be Missing

All missing restricted patients should be considered high risk. This includes patients receiving treatment under an Assessment Order, Treatment Order, Interim Compulsion Order, and Transfer for Treatment Direction and Compulsion Order with Restriction Order.

Health care staff should notify the Police immediately and report the patient missing and follow other actions outlined in section 9.0.

In addition:

- Staff should contact the Scottish Government Health Department as set out in the memorandum of procedure on Restricted Patients, 2010. This can found athttps://www2.gov.scot/Topics/Health/Services/Mental-Health/Restricted- Patients. 'Annex B - Incident Recording and Notification' sets out the procedures to follow.
- It is the responsibility of the RMO (consultant) to contact the Scottish Government after being informed by the ward team. Out of hours this would be the duty consultant.
- Specific contact details can be found at: - https://www2.gov.scot/Topics/Health/Services/Mental-Health/Restricted-Patients/team.
- The Scottish Government would then decide on when to issue a press report based on the level of risk.

9. Actions Prior to Reporting a Missing Person

The police will not automatically conduct enquiries for a Missing Person unless the patient is an immediate high risk case or restricted patient.

Prior to reporting a patient as missing staff must have completed all reasonable local measures. These are detailed below:-

- The nurse in the charge of the ward will inform the wider clinical team, including the consultant or on call medic
- Nursing staff will carry out the actions identified within the pass plan which will also indicate whether there is a need for the Police to be informed at this stage.

- A check of the patient 'sign out / in sheet' to see when the patient left the ward, where they intended to go, expected time of return, what they were wearing and what they took with them.
- Attempts to contact the patient via their mobile / home telephone in the first instance.
- Contact has been made with the patient's next of kin and/or any family members or associates where appropriate.
- If further information comes to light, the category of risk may be increased. This information should be documented in the notes and communicated to relevant parties.
- If the patient's whereabouts is identified and they are known to be with family or friends, health care staff would aim to contact the relative or friend and encourage them to assist the patient to return to hospital in the first instance.
- Where the patient refuses to return to hospital, there should be discussion within the MDT to decide whether the patient, if informal, now meets the grounds for detention in hospital. If the patient is already subject to detention there should be a decision whether the patient needs to be returned to hospital. Staff from community and inpatients services should be considered where appropriate to attend patients address to support return to ward
- If staff are attending patients home and there is increased risk of aggression and/or violence clinical staff should seek the assistance of the Police
- The patient's room/bed space and belongings have been checked to see whether they have taken some or all of their belongings; to see if they have left any notes; or if there is evidence of them having finalised their affairs.
- Every room on the ward has been checked in a systematic way to ensure the patient has not been missed.
- Notifying the In-Patient service Manger that a patient is missing and requesting help to check further areas.
- A systematic check of adjoining areas and areas in the hospital that the patient is known to frequent, e.g. hospital shop, smoking areas.
- Supplementary appropriate staff groups may be called upon by the In-patient service Manager to assist with checks of the ward, adjoining areas, or places known to be frequented by the patient.
- Where CCTV is present, Police may request to view any footage and should be supported to do so and to provide a printed copy of patients image if available

N.B. No one is expected to carry out checks of secluded or outside areas on their own especially overnight.

If the patient is not located, the clinical team should:

- Complete a Datix.
- Complete the Joint Action Form (Appendix 6). An accurate description of the patient is crucial.

The status of the Missing Person should be reviewed and may escalate to high risk depending on the circumstances, including length of time missing and other information that may come to light. This would normally be a police decision however if clinical staff are aware of any changing circumstances they should contact police to update on their level of concern

10. Reporting a Missing Person to Police Scotland –

To report a patient as Missing, the staff member will telephone the Area Control Room (ACR) for Police Scotland on the following numbers:

999 When the staff member believes the risk posed by the patient is so great that is requires an immediate police response. An example would be where there is an immediate threat to life.

101 when there is a level of concern they wish to discuss with police to determine if patient should be categorised as missing. Direct number for the ward and named contact from the clinical team should be provided.

Police Scotland now operate a new CAM / THRIVE model and questions clarifying the situation and risk are likely to be asked by police call handler Please ensure joint action form is completed before calling Police as these are the questions likely to be asked.

- Staff will complete the Joint Action Form (Appendix 4) in preparation for both the call to the police and for the police attending the hospital. If a missing person is identified as high risk, there should not be any delay in contacting the police.

If agreed with the local police sergeant, clinical staff may email this form directly to a named contact within Police Scotland.

Staff should record incident number and any additional details provided by Police Scotland.

Additional information relating to the circumstances of the patient's disappearance to be gathered by police includes:

1. **Information relating to previous movements** – e.g. date, time, place last seen, method of last contact, details of person who last saw /spoke with patient, known demeanor of patient when last seen, were they accompanied, preparations to leave.

2. **Information relating to contacts and behaviour** – e.g. next of kin, friends, family, intended destination when last seen, daily routines, routes used, locations frequented.
3. **Information relating to personality, lifestyle and influences** – e.g. social interests, personality, recent conduct, details of any addictions, involvement in crime.
4. **Information gathered from risk assessment** – e.g. any concerns identified from risk assessment., medication, suicidality etc

Further detail is available in appendix 4.

The police should be notified immediately if the patient makes contact with the ward while reported missing. Clinical staff should also ensure the family/carer is informed to let the police know if the patient makes contact with them.

10.1 British Transport Policy

Mental Health Services have facilities within close proximity to train stations. As such British Transport Policy BTP have requested that staff should consider contacting them directly in addition to calling Police Scotland if any patients abscond and have a history of having previously to the train tracks or rail bridges or have patients who are threatening to do this or jump in front of a train. This would allow them to assess the risk in a more timely fashion and advise Network Rail on how best to proceed.

- If a patient absconds and, following a review of their pass plan, it has been determined that the police need to be informed then the **current process of the Missing Persons Policy should always be followed and the patient reported to Police Scotland.**

The BTP have provided two separate numbers to contact dependent on the level of risk that the patient poses. These are:

- If the patient absconds from the ward and has expressed that it is their intention to go to the train tracks or jump in front of a train or if the patient has a history of this behaviour the BTP have requested **that an additional call be made to them using the following contact details: BTP High Risk Missing Person – 0300 790 0585 to inform them of the direct risk of the patient going to the train station.**

- If the patient has failed to return from time out and, following a review of their pass plan, it has been determined that the police need to be informed and the patient has a history of going to the train tracks or threatening to jump in front of a train then the BTP have requested **that an additional call be made to them using the following contact details: Network Rail Route Control 0141 332 1700 to inform them that the patient has a history of these behaviours.**

11. Police Investigation

Following a report to the ACR, a police officer will attend the ward to take a full Missing Person report and to update the Joint Action Form. An appropriate staff member will make themselves available to the police. This process may take some time so where this staff member does not believe they can assist due to operational demands, a senior member of staff such as the Senior Charge Nurse/Charge Nurse should be consulted so a suitably informed staff member can be identified. This staff member will be expected to provide a statement and the information required by the police to investigate the whereabouts of the patient. .The Data Protection legislation requires NHS staff to pass all relevant information onto the Police on request

As part of the investigation police may require to speak/note a statement from the last member of staff to have seen the patient. If the escorting staff member retires from duty prior to being spoken to by a police officer, there may be a need for their personal details to be obtained. A police officer may attend at their home address in order to obtain further information in order to conduct the investigation.

The police will require access to the patient's room to conduct a search in the presence of a member of staff.

Police Scotland may hold a Gold Command Group when a Patient is missing for more than 24hrs and representation from either the clinical team or hospital management may be requested to participate.

12. Patient Reviews

A staff member (usually the Nurse in Charge) should be identified as the point of contact for the police. Where a patient is graded as High Risk, Police Scotland will expect the Senior Charge Nurse/Charge Nurse or Senior MDT member/member of management team, to act as the point of contact and lead person for coordinating the response.

A police supervisor will contact this member of staff at least once per police shift and a record of the review discussion should be recorded within the patient's record on EMIS.

The purpose of this review is to:

- Allow the police to update health care staff on the police investigation.
- Discuss the patient's medication. It is expected that the staff member will be able to provide a clinical opinion on how the lack of any medication may affect the patient.
- Discuss the patient's risk grading and whether it should bereviewed.
- Enable staff to provide any new information and provide any new lines of enquiry that may have come to light.
- Enable the reviewing staff member to voice any concerns.

Where a member of staff has new information that may aid the police investigation and/or affect the patient's risk grading, it is expected that they will contact the police as soon as possible and not wait for the review.

13. Prolonged Missing Person Cases

In the event a patient is missing for a prolonged period of time, any contact with police and family should be accurately recorded within the clinical record.

Clinical staff should also ensure the family/carer is informed to let the police know if the patient makes contact with them.

14. Forcing Entry to a Private Residence

The police have no power to force entry into a private residence without a warrant:

Unless for the purposes of:-

- Protecting life and property
- On hearing the noise of a serious disturbance in the premises, to inquire into the cause or suppress the disorder
- Close pursuit of a person who has committed or attempted to commit a serious crime.

Appendix 6 details the process for clinical staff accessing a Mental Health Officer MHO to consider application for a warrant under the Mental Health (Care and Treatment) (Scotland) Act 2003. to allow Police Scotland force entry into a private residence.

The staff member making the referral should consult the Psychiatric Emergency Plan to obtain appropriate social work numbers for individual HSCPs across NHS GGC.

15. After an Event

When a Missing Person returns to the ward, nursing staff will:

- Notify Police Scotland immediately, if they are not already aware, for example when the Missing Person returns on their own or without police intervention and agree whether there is requirement for Police to attend for return discussion or safe and well check
- Make a current mental state assessment
- Check for signs of self-harm or ingestion of stimulants and other substances
- Consider whether a physical examination is required
- Consider current risk to self and/or others
- Consider the need to raise their engagement of continuous interventionor implement any additional provisions contained within Mental Health (Care and Treatment) (Scotland) Act 2003
- Carry out a 'Return To Ward Discussion' within 24 hours, recording this on EMIS (Appendix 3)
- Contact and inform Police outcome and content of Return to Ward discussion
- Inform other relevant parties of the patient's return – Next of Kin, family, medical team, security and CCN.

The patient's Consultant Psychiatrist and Senior Charge Nurse/Charge Nurse will discuss and agree with the patient a care plan to minimise the risk of recurrence and update the patient's pass plan.

The Senior Charge Nurse/Charge Nurse will complete the investigation field of the Datix. In the event of serious injury or death the investigation will be completed in line with NHS GGC Serious Incident Review Policy.

Ongoing review of a patient's risk status is a MDT responsibility and should occur with the same frequency as engagement and observation status reviews and should be similarly recorded in both medical notes and nursing care plans.

16. Informal Patients

If an informal patient is reported as Missing, Police Scotland would expect the reporting staff member to inform the police of what course of action the clinical team intends to take should they refuse toreturn.

The police should be notified immediately if the patient makes contact with the ward while reported missing. Clinical staff should also ensure the family/carer is informed to let the police know if the patient makes contact with them.

The police have no power to return a voluntary patient found in a private residence. At the time of reporting, Police will require that the reporting staff member should be able to provide which of the following courses of action the clinical team intends to take:

- If the patient has been medically assessed that day and it has been confirmed that the grounds for detention are met, that the clinical team will invoke an Emergency Detention certificate.
- Once a patient is traced they are no longer classed as a Missing Person; however should the clinical team wish the patient to return, they should discuss the clinical presentation and risk with the police.
- Ideally the patient should be encouraged to return to hospital and support provided where possible from ward and community staff to facilitate return. If the patient refuses to consider return voluntarily, this should be escalated to the MDT (Out of hours to the on-call Higher Trainee/Consultant) for advice and to negotiate a further plan.
- The clinical team is satisfied that there is no need for the patient to return and they are discharged in their absence. The staff member making this decision will be requested to provide their details and rationale to be noted on the police log.

When an informal patient is found in a public place (not their home) after being reported missing, a Police Officer can consider detaining under Section 297.

Section 297 of the Mental Health (Care and Treatment) Scotland Act 2003 allows the police to remove a person from a public place to a place of safety where the following criteria have been met:

- They reasonably suspect that a person in a public place has a mental disorder; and
- That person is in need of immediate care or treatment; and
- It is considered to be in the interest of that person or necessary for the protection of any other person to remove the person to a place of safety.

The purpose of this detention is to allow a health professional to examine the person and make necessary arrangements for their care andtreatment.

17. References

General Medical Council (2013) 'Good Medical Practice - Disclosing Information to Protect Others. 'Available from:
http://www.gmc-uk.org/guidance/ethical_guidance/30608.asp

Mental Welfare Commission (2013) 'Good Practice Guide, Carers and Confidentiality'. Available from:
http://www.mwcscot.org.uk/media/125263/carers_and_confidentiality_2013_webver sion.pdf

Nursing & Midwifery Council (2015) 'The Code, Professional Standards of Practice and Behaviour for Nurses and Midwives'. Available from:
https://www.nmc.org.uk/globalassests/sitedocuments/nmc-publications-code.pdf.

Appendix 1 – Patient Pass Plan

Name Address (or affix label) CHI	**Pass Plan**	Patient Mobile Phone Number Patient Home Phone Number Relative/Carer – Name and Phone Number

Start Date	Detention Status Please Circle	Current Risk Please Circle	Type of Pass Please Circle	Additional Conditions	*Can patient be considered as "Absent" if they fail to return?* *Only applies if the patient is:* *Informal* *No Risk to self or others* *On unescorted passes* ***With consultant agreement***		If patient fails to return, or absconds from an escorted pass, then call the following at the specified times:			Patient in agreement with pass plan?		Person completing pass plan
							Patient	Relative or Carer	Police: Missing Person			
	Informal Detained Restricted	Low Medium High	No Time Out Escort - Nurse Escort - Other Unescorted		***Yes***	***No***				Yes	No	Name: Signature:
	Informal Detained Restricted	Low Medium High	No Time Out Escort - Nurse Escort - Other Unescorted		***Yes***	***No***						Name: Signature:
	Informal Detained Restricted	Low Medium High	No Time Out Escort - Nurse Escort - Other Unescorted		***Yes***	***No***						Name: Signature:
	Informal Detained Restricted	Low Medium High	No Time Out Escort - Nurse Escort - Other Unescorted		***Yes***	***No***						Name: Signature:

Police Scotland Missing Person Classification of Risk
Low Risk: a missing person where there is a low risk of harm to that person or to others.
Medium Risk: a missing person who is likely to place themselves in danger or are a threat to themselves or others.
High Risk: a missing person where the risk posed is immediate and there are substantial grounds for believing that the patient is in danger through his/her own vulnerability; or the risk posed is immediate and there are substantial grounds for believing the public is in danger

Oct 13th Version J.Cheeseman

Appendix 2 – Patients Sign out / in Sheet

WARD NAME: Record of Patients Out / In

Ward Mobile Number 1 : XXXXXXXXX (1)

Ward Mobile Number 2 : XXXXXXXXX (2)

Date:

Date	Name	Pass Status	With Whom	DESCRIPTION CLOTHES	TIME LEFT	DUE BACK	Ward mobile 1 or 2	Own phone y/n		£	Actual Return	Lighter handed in
EXAMPLE				Clothing: Blue jeans, red jumper. Outerwear: Black leather jacket Footwear: black boots Headwear colour Style								
				Clothing Description: Outerwear: Footwear: Headwear:								
				Clothing Description: Outerwear: Footwear: Headwear:								
				Clothing Description: Outerwear: Footwear: Headwear:								
				Clothing Description: Outerwear: Footwear: Headwear:								
				Clothing Description: Outerwear: Footwear: Headwear:								
				Clothing Description: Outerwear: Footwear: Headwear:								
				Clothing Description: Outerwear: Footwear: Headwear:								
				Clothing Description: Outerwear: Footwear: Headwear:								

Appendix 3 - Police Scotland Missing Person Classification of Risk and Response

A Missing Person will be graded according to the following three classifications and the police response will be proportionate to the risk and in line with the relevant Police Scotland SOPs.

LOW RISK - The apparent threat of danger to either the missing person or the public is low.

Police response - *In addition to recording the information on the Police National Computer, the police will advise the person reporting the disappearance that once all active enquiries have been completed the case will be deferred to a regular review pending any further information coming to notice.*

This grading is not resource intensive.

MEDIUM RISK - The risk posed is likely to place the missing person in danger or they are a threat to themselves or others.

Police response *- This category requires an active and measured response by police and other agencies in order to trace the missing person and support the person reporting.*

This grading may involve dedicating officers to conducting enquiries and may require the deployment of specialist officers.

HIGH RISK - The risk posed is immediate and there are substantial grounds for believing that the subject is in danger through his/her own vulnerability; or may have been the victim of a serious crime; or the risk posed is immediate and there are substantial grounds for believing that the public is in danger.

Police response *- This category requires an immediate deployment of Police resources and a member of the Local Policing senior management team or similar command level must be involved in the examination of initial enquiries lines and approval of appropriate staffing levels.*

This grading is extremely resource intensive and will likely have a significant impact on the ability of local resources to respond to routine calls. Specialist resources may be also be deployed.

There is no expectation for staff to grade a patient as this lies with the police. However it is important that there is an understanding of the criteria for each grading.

Appendix 4 - JOINT ACTION FORM: POLICE SCOTLAND/MHS NHS GGC

Patient Name	Date of Birth	Age
Alias Forenames:		
Alias Surname:		
Home Address	**Place Missing From**	

DESCRIPTION

Nickname			Photo Available	NO	YES
Height	0’ 0”		0.00m		
Hair Colour			Hair Type		
Facial Hair	NO	YES			
Eye Colour					
Eye Type		Eyebrows		Complexion	
Build					

DISTINGUISHING FEATURES

Marks/Scars/Other	Location	Part	Description

CLOTHING

1. List the clothing the service user was wearing on leaving:

2. Have any other clothes been taken

OTHER POSSESSIONS

E.g. bags, property, equipment, mobile phone:

MONEY IN POSSESSION

NHS Greater Glasgow and Clyde
Mental Health Services

MISSING SINCE

DATE:		/		/		TIME:		:	

Previously Missing	YES	NO	If YES Date of Last Episode:
Information from previous debrief			

CURRENT RISK ASSESSMENT

To be reviewed regularly and any changes to be communicated to Police Scotland on 101

Note: This risk assessment must be carried out by NHS on each occasion a service user goes missing or absconds. This risk assessment should be fully discussed with Police Scotland.

MISSING CATEGORY

Category 1. Absent	Time Reported		
		:	
A service user may be categorised as absent without authority when:	Please Select		

• The service user has left his/her ward without permission	
• The service user has not returned at the agreed time	
• The whereabouts of the service user are known/or they are in phone contact	
• There is no level of risk (as assessed by the carer/staff/parent with reference to Appendix A).	
If moving service user from **Category 1** to **Category 2** give reason why:	**Time Category Changed** **:**

Category 2. Missing	
A service user may be categorised as 'missing' when he/she is: • Absent from their ward ('Absent') for more than 8 hours or • When the risk assessment suggests an unacceptable level of risk and increased vulnerability.	

CURRENT LEGAL STATUS	Please Select
Informal	
Comments:	
Mental Health (Care and Treatment) (Scotland) Act 2003	
Comments:	
Criminal Procedure (Scotland) Act 1995	
Comments:	
Authorised Leave/ Time Out Status	
Comments:	

PATIENT INFORMATION / ASSOCIATED PERSONS

ENQUIRIES UNDERTAKEN BY HEALTH CARE SERVICES

1.	Patients Mobile phone no:	
	When last contacted:	
	Details of contact:	
	Presentation immediately prior to being absent/missing	
	Known substance misuse	Yes / No
2.	Service user's room has been checked: **CONFIRMED**	Yes / No

3.	List Family/Associates that that service user has been in contact with recently			
	Name	**Address**	**Tel. No.**	**Result**

4.	List Family/Associates that have been contacted:			
	Name	**Address**	**Tel. No.**	**Result**

5.	A search of unit and its environs has taken place: **CONFIRMED**
	Please explain what areas have been checked and give any information obtained:

6.	Has service user been missing previously?: YES NO
	If yes give details of previous Return to Ward Discussion – Information that may assist Police search/enq.
	Please provide details of places and associates previously visited
	Has the service user ever made threats towards the railway or been located on the railway YES / NO
	Please provide any additional Information.

7.	What treatment/medication is the service user in receipt of and are any of these deemed to be high risk medications?
	Has the service user missed any medications/ when are medications next due and what is the likely impact on the service user of this? (Consideration can be given to forecasting if the missing period becomes extended)
	What risks have the healthcare team identified in respect of the service user?
	Are there any special considerations, including behavioural factors, which police officers approaching the service user should be aware of?
	Any other relevant information that could assist in targeting resources And the safety of the service user Is there history of alcohol/drug misuse?
	List of Key Teams and or Professionals involved in supporting patient. Both hospital and community.

Team/Individual	Contact Details	Contacted	Not Contacted	N/A
CMHT				
Social Work				
Housing				
Third Sector Organisations				

Appendix 5 – Police Scotland: Missing Person Aide Memoire

POLICE SCOTLAND
Keeping people safe

Missing Person Aide Memoire

Initial Information

During any Missing Person Investigation, it is important to have a full understanding of the missing person's personal information, previous movements, behaviour and contacts. It is equally important to learn of their personality and lifestyle, including any factors leading to their disappearance.

For every missing person report, the Initial Attending Officer MUST gather and record the information contained in SECTION A.

The Initial Attending Officer SHOULD also consider and record relevant data contained in SECTION B.

SECTION C refers to information relating to the circumstances of disappearance. Not all of these factors will be relevant in every missing person investigation. However, an assessment of their relevance should be made by the Initial Attending Officer when considering the overall circumstances.

Not Protectively Marked

Section A:- Essential Core Information

1. Personal Details

1. Full name, including middle names, nicknames, previous names and aliases
2. Age, date & place of birth
3. Occupation / school attended & addresses
4. Home address
5. Location missing from (if different)
6. Phone number (contracted or pay as you go & service provider)
7. Access to other phone or SIM cards
8. E-mail addresses (passwords)
9. Social networking sites used (obtain account names and passwords)
10. Hair cut & facial hair (colour & style)
11. Clothing
    a. Head wear
    b. Upper body clothing
    c. Lower body clothing
    d. Footwear
    e. Underwear
    f. Outer clothing
    h. Jewellery
    g. Other clothing, gloves / scarves / glasses etc
12. Possessions e.g. cash, keys, computer, medication, bank cards, store cards, travel cards, passport, make / model of phone. Is it internet enabled or have phone locator apps installed
13. Preferred modes of transport, access to vehicles, ability & licence to drive, types of public transport used regularly
14. Visible marks, scars, tattoos, piercings or distinguishing features

2. Personal Description

1. Photograph
2. Gender
3. Height, build, weight & complexion
4. Ethnicity and skin colour
5. Eye colour
6. Glasses / contact lenses worn
7. Habits & mannerisms
8. Accent
9. General health / Mental health (diagnosed or otherwise)

3. Other Information

1. Are there any objections to a media release?
2. Does the family / informant need personal support?

Section B:- Additional Personal Information Dependent On Circumstances

1. Personal Details

1. Nationality
2. Religion or beliefs
3. Marital / civil partnership status
4. Sexuality
5. Previous addresses
6. Previous schools / occupations
7. Financial details (income source, bank, sort code, account no, cards)
8. Passport details (number & location)
9. Details of Doctor
10. Details of Dentist
11. Right / left handed

2. Personal Description

1. Jewellery (earrings, watches, bracelets, rings, necklace, other)
2. Languages spoken / read
3. Ability to understand / read English
4. Shoe size
5. Dentures
6. Medical implants

Section C:- Information Relating To Circumstances Of Disappearance

1. Information relating to previous movements

1. Date, time and place last seen.
2. Date, time and method of last contact, i.e. call / text
3. Details of person who last saw / spoke with missing person
4. Known demeanour of missing person at last sighting
5. Were they accompanied?
6. Any property missing from home?
7. Any preparations made to leave?

2. Information relating to contacts and behaviour

1. Next of kin (including relationship to missing person)
2. Friends, relatives, partners or associates
3. Intended destination when last seen
4. Daily routines, routes used
5. Work location / address
6. Locations frequented, favourite places, beauty spots, walking routes etc.

3. Information relating to personality, lifestyle and influences

1. Social interests
2. Personality (outgoing, insular, deep)
3. Recent demeanour
4. Details of any addictions
5. Involvement with crime, cults or gangs?
6. Recent life troubles? e.g. family, financial or work
7. Religious and cultural influences?

4. Information gathered from Risk Assessment

Any concerns identified in the completion of the Risk Assessment must be fully investigated.

Risk Assessment Tool

Missing Persons risk assessment will be conducted by the Initial Attending Officer and endorsed by a supervisor. It should be subject to daily reviews by the Inspector or the Senior Management Team (where appropriate). All questions must be considered to assist in determining the level of risk and investigative priorities. Supplementary questions may be needed to fully clarify concerns raised. Responses made and the person giving the information should be recorded.

No.	Investigative Considerations
Vulnerability	
1	Is there any identified risk of suicide?
2	Is criminality suspected to be a factor in the disappearance?
3	Is the person vulnerable due to age, infirmity or other similar factor?
4	What are the effects of failure to take medication that is not available to them?
5	Does the missing person have dementia, medical or mental health conditions, physical illnesses or disabilities?

6	Can the person interact safely with others when finding themselves in unfamiliar circumstances?
7	Is there a dependency on drugs, alcohol, medication or other substances?
8	Are they on the Child Protection Register?
9	Do the current/previous weather conditions present additional risk? Consider all circumstances including age & clothing.
Influences	
10	Are there family/relationship problems or recent history of family conflict and/or abuse?
11	Are they the victim or perpetrator of domestic violence?
12	Is there an ongoing personal issue linked to racial, sexual, homophobic, the local community or any cultural issues?
13	Were they involved in a violent and/or hate crime incident prior to disappearance?
14	Are there any school, college, university, employment or financial problems?
15	Is forced marriage or honour based violence an issue?
16	Are they the victim of sexual exploitation, human trafficking or prostitution? If so, is going missing likely to place them at risk of considerable harm.
Past Behaviour Behaviour that is out of character is often a strong indicator of risk	
17	Are the circumstances of going missing different from normal behaviour patterns?
18	Is there a reason for the person to go missing?
19	Are there any indications that preparations have been made for absence?
20	What was the person intending to do when last seen? Did they fail to complete their intentions?
21	Has the person disappeared previously and were they exposed to harm on such occasions?
22	Is the missing person a risk to others? And in what way?
23	Are their other unlisted factors which the officer or supervisor considers relevant in the assessment of risk?

In consideration of the above factors, their likelihood and seriousness, what level of risk do you consider to be adequate?

HIGH Risk

The risk posed is immediate and there are substantial grounds for believing that the missing person is in danger through their own vulnerability; or may have been the victim of a serious crime; or the risk posed is immediate and there are substantial grounds for believing that the public is in danger.

MEDIUM Risk

The risk posed is likely to place the missing person in danger or they are a threat to themselves or others.

LOW Risk

The apparent threat of danger to the missing person or the public is low.

Return Interview

Upon the return of a missing person, the immediate priority is to ensure their personal wellbeing and to provide any medical assistance necessary.

A return interview **MUST** be conducted, to gain a better understanding of the circumstances and events which led to their disappearance, along with their conduct and behaviour whilst missing.

The level of detail required in any return interview will vary dependent on the risk classification and general circumstances.

Careful consideration is necessary to ensure that the missing person is interviewed at the right time, in the right circumstances and provided with an appropriate level of support. Where personal harm is suspected, consideration should be given to consult with PPU staff or local partner agencies for advice or support in conducting the interview. It may be necessary to delay the completion of this interview, carrying it out at a suitable time and place in the days following their return. Any identified vulnerability should be followed by an appropriate referral.

The following should be considered during any return interview.

1. Reason For Disappearance

1. Why did they leave?
   a) Life pressures? (i.e. work, family, financial, relationship)
   b) To clear their head?
   c) Boredom?
   d) To get family contact?
   e) Were they encouraged to stay out? If so, by whom?
2. Were they intent on going anywhere when they left?
3. Did they go anywhere that was unfamiliar to them? Why? What drew them there?
4. Were any preparations made to leave? What were they?
5. Were they under the influence of alcohol or drugs when they left?

2. Circumstances While Away

1. How did they travel? How far?
2. Who were they with?
3. What did they do?
4. Where did they stay, shower, change clothes?
6. Did they access money?
7. Did they have/use a mobile phone?
8. Did they access/use social media?
9. Did they make contact with anyone whilst away?
10. Were they involved in criminal activity?
11. Were they encouraged to take part in criminal activity? By whom? What type of activity?
12. Did they take alcohol or drugs whilst away? (What & how much?)
13. Did anything bad happen to them? (hurt, injured, drugged, abused?)
14. Were they held captive?
15. Were they aware the Police were concerned for them?
16. Did they actively avoid Police whilst away?
17. Did they want to return at any point? What stopped them from doing so?

3. Circumstances Of Return

Self return

1. Why did they return? Would anything have made them return sooner?

Traced

1. Who traced them? (Police, friends, family, carers?)
2. Would they have returned of their own accord eventually? If so, how long would this have taken?
3. Is there anything that would have made them return of their own accord sooner?
4. Did they have any worries about coming back? If so, what were they?
5. Is there any help they would like but were unable to find?

4. Health / Vulnerability / Suicide Issues

1. Any physical conditions, disability or impairment?
2. Any mental health conditions?
3. Any prescribed medication?
4. When away, did they feel vulnerable or in danger?
5. Any injuries? If so, what are they?
6. Did they try to get help whilst away? (Who, why?)
7. Did they consider taking their own life?
8. Did they talk to anyone about their concerns prior to leaving?
9. Did they make physical attempts to take their own life? If yes, how?
10. Have they previously attempted to take their own life? If yes, how often and by what method?

5. Other Relevant Information

1. Have they been missing / gone away before?
2. How many times and when did they last go away?
3. Was this reported to Police?
4. Did they do the same on this occasion as they did previously?
5. What did they do differently?
6. Any strong religious / cult beliefs or practices?
7. Is there anything else they need?

Appendix 6 - How To Obtain A Warrant For Police When Requested.

The following is the process for accessing a Mental Health Officer MHO to consider application for a warrant under the Mental Health (Care and Treatment) (Scotland) Act 2003. To allow Police Scotland force entry into a private residence.

The staff member making the referral should consult the Psychiatric Emergency Plan to obtain appropriate social work numbers for individual HSCPs across NHSGGC.

The staff member needs to make it clear that they require the services of a MHO the call handler will then take all relevant information. During normal working hours the request for an MHO will be passed by Social Care Direct to the administrative team at 329 High Street who will check if the service user is already known to an MHO. If the service user is known to the MHO the support staff will attempt to contact that MHO before passing the request to a duty MHO. If they establish that the allocated MHO is not available the request will be passed to the appropriate duty MHO.

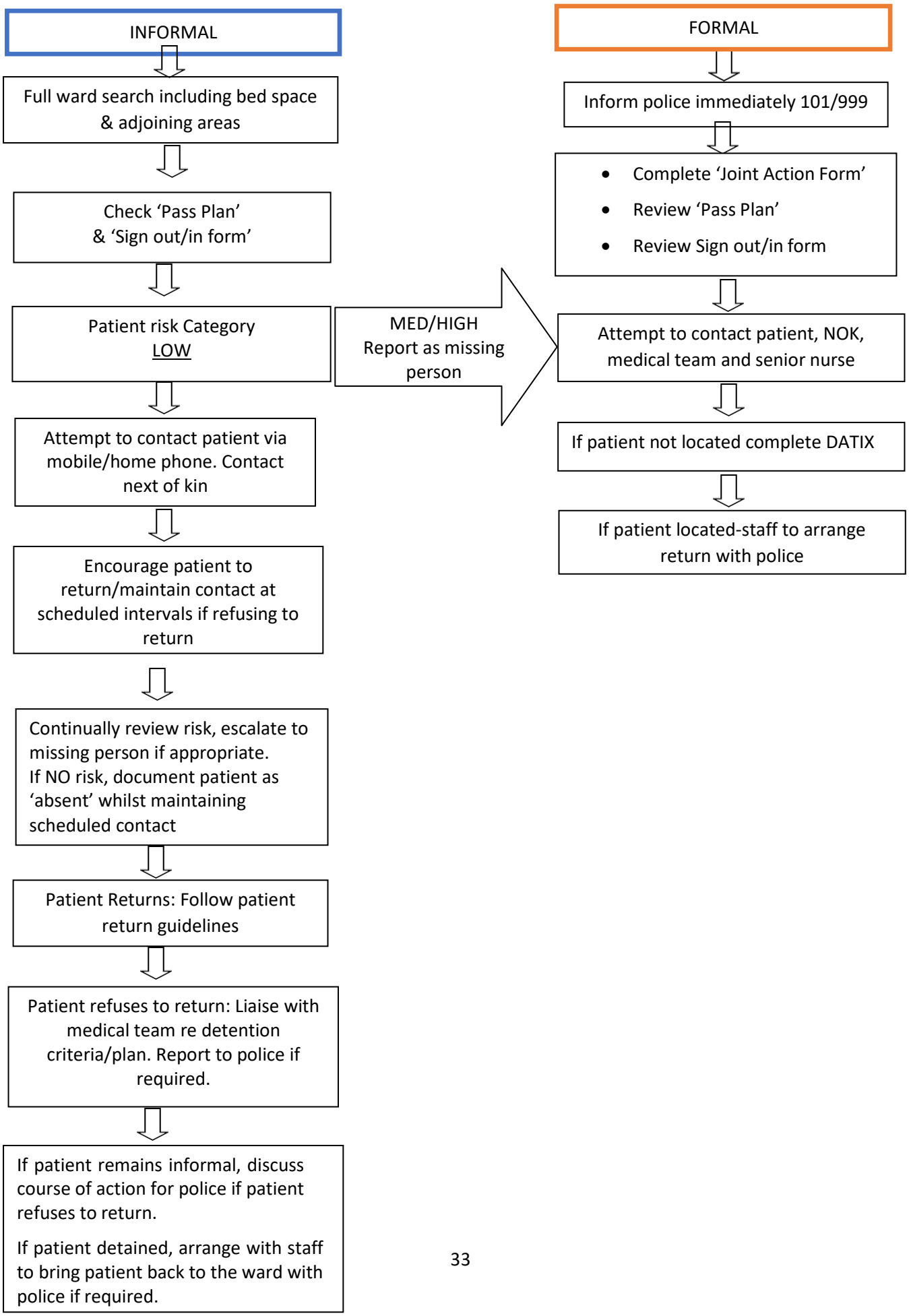
If the service user is not currently known to an MHO the call will immediately be passed to the appropriate duty MHO.

Out with normal working hours the call will be passed to the Emergency Social Care Service who will pass the request to an MHO.

The MHO taking the request forward will contact the referrer back to get more information and agree what action will be taken.

It is for the MHO to decide, in consultation with relevant others, whether the grounds for making an application for a warrant are met. Pertinent information will include the current mental state of the service user (as far as this can be determined), the level of risk to the service user and/or others, and what informal attempts have been made to get access to the service user and to return them to the hospital.

APPENDIX 7: Missing Persons Policy Flowchart



Appendix 8: Returning Missing Patient Flowchart.