



(PROCEDURE)

MULTI-AGENCY RESPONSE AGREEMENT

IN RELATION TO MISSING ADULTS WHO ARE

RECEIVING CARE SERVICES

INTRODUCTION

This document represents a joint local Response Agreement between Surrey Police and Surrey care providers and agencies for the management of adults receiving care who go missing.

“A proportionate, considered and appropriate response must be applied by all agencies involved – in short, all reasonable steps must be taken to ascertain the whereabouts of the person prior to reporting them missing to the police, and if the police are notified an equally appropriate response is required by them.” (ACPO Guidance)

Whilst there has always been a good relationship between care providers, care agencies and Surrey Police, there is evidence to suggest that missing person enquiries could have been completed more efficiently and effectively with improved understanding between organisations of one another’s roles.

The aim of this document is to improve understanding of and commitment to both collective and individual responsibilities to protect life and safeguard those who are most vulnerable in society. This agreement seeks to provide a coordinated response which makes best use of each organisations resources when a person is found to be missing or absent – the focus is on inter-agency information sharing and working practices. The process will be regularly monitored and reviewed at six monthly intervals to ensure compliance.

This document should be considered in the context of safeguarding adults i.e. Empowerment, Protection, Prevention, Proportionality, Partnerships, and Accountability. This will need to be balanced against the rights and privacy of the individual and the wider responsibility to prevent/reduce the risk of significant harm.

This Response Agreement provides all parties with clear and concise guidelines as to their agreed actions to be taken when an adult receiving care services goes missing or is absent.

This may apply to a range of adults at risk with varying levels of care, including those who:

- Are elderly and frail due to ill health, physical disability or cognitive impairment,
- Have a learning disability,
- Are on the Autistic Spectrum,
- Have a physical disability and/or a sensory impairment ,
- Have a mental illness (including dementia) or a personality disorder,
- Have a long term illness or condition,
- Misuse substances or alcohol.

OPERATIONAL IMPACT

By signing up to this agreement Surrey care providers and agencies will be able to make accurate risk assessments based on the needs of their patients. In the event that a patient goes missing, this information will enable Police Officers to make operational decisions based on a consistent framework.

Whilst Police will always recognise that persons missing from care should be considered vulnerable, the RED, AMBER and GREEN response system will support better initial assessment of risk when dealing with missing or absent persons.

All agencies must be aware that risk can change over time and it is the responsibility of the care provider, agency or other to continually assess the risk.

DEFINITIONS

For the purposes of this agreement, **missing persons** refer to informal and detained adults using care services who do not return from approved leave, or go missing from/leave a ward, unit, residential care home, day centre or from their own home etc. where there is known and evidenced risk associated with these individuals not being present.

Absent persons refer to informal and detained adults using care services who do not return from approved leave or abscond/leave a ward, unit, residential care home, day centre or from their own home etc. where there is no apparent risk associated with these individuals not being present.

This is supported by the Association of Chief Police Officers (ACPO) definition of missing and absent:

- Missing - *'anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be subject of crime or at risk of harm to themselves or another'*.
- Absent – *'a person not at a place where they are expected or required to be'*.

A person receiving care includes anyone in a hospital, unit, ward, residential or nursing home, or their own home.

Care providers include Surrey and Borders NHS Partnership Trust, Acute Hospitals, Private Care homes, Supported living homes, and agency staff employed in any of the above settings.

SUPPORTING DOCUMENTATION

Police must be aware that this document does not replace the current procedures outlined in the NPIA (2010) Guidance on the Management, Recording and Investigation of Missing Persons and the NPIA (2013) Interim Guidance on the Management, Recording and Investigation of Missing Persons.

Any absence should also be considered in conjunction with the ACPO guidance 'Missing from Care – A multi-agency approach to protecting vulnerable adults' (Nov 2014) referred to throughout this document as 'ACPO Guidance, 2014'.

The statutory responsibilities of health and social care providers are also documented in the revised codes of practice for the Mental Health Act 1983, revised in April 2015.

See also appendix D for recommended reading and advice.

RESPONSIBILITIES

ACPO guidance 2014 reinforces the importance of planning for missing or absent episodes, so that all the relevant information on a person is readily available. For this reason there is an expectation that:

1. When a person begins receiving care from a care provider or agency, and where it is considered appropriate to do so, the relevant provider/agency staff will complete a 'Misper Form' and carry out and document a formal care needs assessment including an abscond risk assessment (see appendix A).

The misper pack and zoning criteria (appendix C) must be regularly reviewed especially in such cases where leave is being considered under s17 MHA.

2. These documents will be dynamic and available to the care provider or agency 24 hours a day, preferably in an electronic format. They will identify where risks could occur and assist in the formulation of timely proportionate responses to manage risk effectively at the earliest opportunity.
3. The assessment will involve persons' receiving care being categorised as RED, AMBER or GREEN based on evidenced and documented social and clinical risks and presentations. Zoning Criteria (see appendix C) will guide the care provider in determining the zone for each individual. The Zoning system will be integral to shift handovers, where team members will plan and allocate clinical activities and resources based on each person's zoning. A person's zoning category will be made known to all staff and clearly indicated in the individuals file/log. This is to be updated immediately if the category changes.
4. Where appropriate, the service will explain clearly to people their expectations of standards of behaviour whilst a resident or using the services.
5. Care providers and staff should all be aware of the location of the 'Misper Pack' to aid efficient information sharing between themselves and the Police. The provision of any such information is considered as information sharing for a policing purpose and encompasses confidential personal information necessary for an effective missing person enquiry.
6. When out in the community it may be appropriate for staff to take each client's 'Misper Pack' (or similar) with them ensuring that a photograph is included. This can then be passed to officers if the individual goes missing whilst out in the community.
7. It is essential that when staff from any care provider contacts the Police to report a missing or absent person that they inform the Police of the risk grading/category of the person i.e. green, amber or red. Staff must justify and provide information that supports this grading at the time of reporting. If this is not provided then police may not concur with the risk assessment and may either ask staff to collate further information before a police response is given or give individuals a different grading.

8. A voluntary patient not under section of the Mental Health Act (1983) who is not engaging with their care providers and whose location is known is not a missing person. The care provider should address the issue through application to a magistrate for a section 135 warrant.
9. Where a patient who is absent without leave from a hospital is taken into custody by another organisation, the managers of the hospital from which the patient is absent are responsible for arranging the necessary transport for the patient's return.
10. Police do not have a responsibility to transport or return a person whose location is known.
11. Care providers and staff (other than those who provide episodic care e.g. most domiciliary care agencies) must recognise that they retain the responsibilities for persons in their care at all times, even when missing, this responsibility is not absolved when they have reported an adult missing to the police.
12. If an individual is categorised as GREEN / absent then the expectation is that care staff will make all reasonable efforts to locate the individual without the deployment of police. The risk will need to be reassessed in order to consider an extension of leave if appropriate. These incidents will be reviewed regularly and escalated to a missing person enquiry if the level of risk increases.
13. On any occasion when a person is missing a 'Misper Log' (see appendix C) should be filled in by staff to record all actions taken to locate the individual and their outcome. This should reflect the tasks set out in the individuals risk assessment category (red, amber or green).
14. All care providers and staff (including agency staff) and Police officers need to be aware of the agreed protocol.
15. If the above protocol is not followed, there is an expectation that there will be a timely management intervention to determine the circumstances of the non-compliance, and to share the resultant learning with other partners. Lack of staff is not an acceptable reason for failing to carry out the above.

INFORMATION SHARING

The decision to share information remains with the health professionals, however following consultation by the UK Missing Persons Bureau this decision should be based on the risk associated with the missing person. "If there is any belief that the person is at risk to themselves or to others information is vital for the police to make and employ appropriate search strategies and to protect the missing person at all costs. Therefore health professionals should not hesitate to provide the police with the information they request." (ACPO Guidance, Nov 2014).

There is a requirement to have a legal basis on which to make decisions and share information, this should be justifiable, proportionate and in the best interests of the patient.

On admission, where possible, consent should be sought to share the information captured in the Misper Form (appendix A) with relevant partners on the occasion that the person goes missing.

Sharing may be through the Crime & Disorder Information Sharing Protocol (CDISP) and/ or the Multi-Agency Information Sharing Protocol (MAISP). Agencies can sign up to the CDISP and the MAISP by sending an enquiry to **Surrey MAISP User Group, Grisilda Ponniah, C/O Corporate Information Governance Manager, Legal & Democratic Services, Surrey County Council, County Hall, Room 129, Kingston upon Thames, KT1 2DN or by calling 03456 009 009**. It is also acceptable to share information outside an Information Sharing Agreement provided the appropriate process is followed and a risk assessment undertaken over the information to be shared.

LOCAL RESPONSE AGREEMENT

Detailed below are the steps to be taken by each organisation at the time when a patient is found to be either missing or absent. The actions necessary are reliant on the responsibilities listed above all being in place.

MISSING PERSON – RED RESPONSE

The risk posed can be EVIDENCED AS IMMEDIATE and there are substantial grounds for believing that the person is in danger through their own vulnerability, or there are substantial grounds for believing that the public is in danger.

This may include; persons who pose an immediate threat to themselves or others; those who are currently suicidal; persons known to be physically aggressive or who are expressing thoughts of violence; people who are confused or lack capacity to keep themselves from harm; people requiring medication for either physical or mental illness.

CARE AGENCY OR PROVIDER

POLICE

1. Commence the Misper Log (appendix B) and update with all enquiries as completed.
2. Complete search of buildings and grounds.
3. Attempt to contact missing person by mobile telephone.
4. If these enquiries are unsuccessful at locating the

1. Corroborate level of risk and follow missing and absent procedures.
2. Create an ICAD event record and give reference number to care provider or agency staff.
3. Grade as a grade 1 (immediate deployment) for officer to obtain Missing Person report.
4. Immediately create interim PNC Missing Person

person, immediately report the person as missing to the Police by calling 999. **Ensure Misper Pack is accessible prior to the calling the Police in order to share current information about risks.** Obtain the Police Incident Reference Number (ICAD) which must be quoted in any future calls. Inform relevant managers / supervisors.

5. Make contact with relatives or people at home address to establish whereabouts of missing person/advise them that they are missing. Keep a log of who has been contacted, when, by whom and the outcome.

6. Make all other reasonable enquiries (friends, other relatives etc) to establish whereabouts of missing person.

7. Contact the Local Authority or Funding Agency to inform them of the missing person.

8. Make contact with, or visit where practicable, local locations where the missing person is known to frequent.

9. Notify the Care Quality Commission (CQC) if the care provider or agency is a regulated service provider.

10. Access CCTV, where available, to establish direction of exit from the care setting.

11. Supply full case history to Police in appropriate settings, along with their risk assessment and 'Misper Form' (appendix 1). Where applicable, this is to include a statement about 3rd parties believed to be at risk. Allow Police access to person's notes/file if required to generate lines of enquires. Regularly update Police with significant enquiry results.

12. Undertake a joint review of risk between reporting agency and Police, and compile a joint action plan. Consensus on risk assessment category should be sought.

Report.

5. Circulate descriptions to patrols as appropriate and inform Duty Sergeant and Duty Inspector immediately.
6. Undertake a joint review of risk between reporting agency and Police, and compile a joint action plan. Consensus on risk assessment category should be sought. This should be recorded as per missing person procedure on Connect.
7. Conduct activity in line with a **high risk** missing person as set out in national guidance; Guidance on the Management, Recording and Investigation of Missing Persons which can be found on Connect or [here](#). This will include, but is not limited to:

- Appointment of an Investigating Officer, Senior Investigating Officer and a Police Search Advisor (PoISA)
- Press / media strategy
- Close contact with outside agencies
- Family support
- Notify the UK Missing Person Bureau
- Consideration of specialist police resources as required i.e. Dogs, Helicopter

In addition to the actions included in the above, the following will be completed:

- Review care setting staff logs, "Misper pack", risk assessment and person's file/notes if necessary.
- Take all appropriate steps to ensure safety of other individuals who may be at risk i.e. police assistance and protection.
- Create Missing Person report, confirm missing person PNC report via MSS within 24 hours, if appropriate create a vehicle

13. Nominate a single point of contact to assess risk and facilitate police liaison. This should be handed over at the end of shift.

14. Update Police immediately if the person is traced and arrange collection taking into account their presentation. If person poses a risk to staff at that time then request Police to assist and provide a staff member to be on hand to advise Police.

15. Immediately inform relatives and then the relevant management and teams, local authority/funding agency, and CQC as soon as is practicable. Update them with any further significant enquiry results.

16. Consider whether application for warrant under s135 (2) MHA is appropriate and obtain if necessary.

17. On return, and where possible to do so, conduct a de-brief with the missing person to ascertain reason for going missing and establish where the person has been. Complete risk assessment. The information obtained should be shared with Police in the best interests of safeguarding the individual.

18. Any instance of a missing patient requiring a red level response should be reported on local systems as a serious incident.

19. Care providers and agencies should follow internal guidance and procedures in relation to recording, reporting and revisiting all missing person incidents, i.e. Serious Incidents (SI), Safeguarding response, internal review.

20. All actions taken in order to locate the missing person and their outcome should be recorded in the Misper Log (appendix 2) along with details of where they have gone missing from and the last place they were seen and by whom.

21. Log to be reviewed by a supervisor / manager to ensure compliance and to capture any lessons learned.

PNC report, and commence missing person investigation to include all relevant enquiries to trace missing person as soon as practicable.

- Consider using the combined services of the Samaritans and Missing People's TextSafe if appropriate – guidance on this can be found on Connect. Missing People can also offer publicity and support to relatives.
- When located, conduct safe and well check. If individual has been located by Police then consider appropriate powers of detention where applicable (e.g. s135(2) or s136 of the Mental Health Act or Mental Capacity Act). The Missing Person Unit should consider completing this safe and well check or an additional debrief to any that will be conducted by Response Officers.
- If criminal offences are suspected deal in accordance with Police procedure.
- Notify the care setting so that they can arrange transport of person.
- Record any information shared by care setting from debrief on the local systems. Consider submitting a 5x5x5 if necessary.

MISSING PERSON – AMBER RESPONSE

The risk posed is likely to place the person in danger or they are a threat to themselves or others. This includes persons who are mentally unwell (including dementia and cognitive impairments) but do not present major risk factors. This also includes people who have been missing for a period of time, who have fluctuating capacity to keep themselves safe from harm or who are at risk due to the omission of prescribed medication.

CARE AGENCY OR PROVIDER

1. Commence the Misper Log (appendix B) and update with all enquiries as completed.
2. Confirm search of buildings and grounds.
3. Attempt to contact missing person by mobile telephone.
4. Make contact with relatives or people at home address to establish whereabouts of missing person/advise them that they are missing. Keep a log of who has been contacted, when, by whom and the outcome.
5. Make all other reasonable enquiries (friends, other relatives etc) to establish whereabouts of person. Keep a log of who has been contacted, when, by whom and the outcome.
6. Make contact with, or visit if practicable, local locations that the missing person is known to frequent.
7. Reassess the level of risk and category of response needed.
8. If these enquiries are unsuccessful at locating person within a reasonable time period or the result of enquiries increase the level of risk, report the person as missing to the Police by telephoning the Police Contact Centre on 101. **Ensure Misper Pack is accessible**

POLICE

1. Corroborate level of risk and follow missing and absent procedures.
 2. Create an ICAD event record and give reference number to care provider or agency staff.
 3. Grade as a grade 2 incident (response within 1 hour) and allocate resources in accordance with this agreement.
 4. Immediately create interim PNC Missing Person Report.
 5. Circulate description to local patrols and inform Duty Sergeant & Duty Inspector immediately.
 6. Undertake a joint review of risk between reporting agency and Police, and compile a joint action plan. Consensus on risk assessment category should be sought. This should be recorded as per missing person procedure on Connect.
 7. Conduct activity in line with a medium or low risk missing person, as set out in national guidance; Guidance on the Management, Recording and Investigation of Missing Persons which can be found on Connect or here. The level of risk should be continually reviewed and altered if necessary.
- In addition to the actions included in the above guidance, the following will be completed:
- Review care provider or agency staff logs, “Misper pack”, risk assessment and patients file.
 - Take all appropriate measures to ensure the safety of all other individuals who may be at risk i.e. police assistance and protection.

prior to the calling the Police in order to share current information about risks. Obtain the Police Incident Reference Number (ICAD) which must be quoted in any future calls. Inform relevant managers/supervisors.

9. Contact the Local Authority or Funding Agency to inform them of the missing person.

10. Notify the Care Quality Commission (CQC) if the care provider or agency is a regulated service provider.

11. Supply full case history to Police in appropriate settings, along with their risk assessment and 'Misper Pack'. Where applicable, this is to include a statement about 3rd parties believed to be at risk. Allow Police access to person's notes/file if required to generate lines of enquires. Regularly update Police with significant enquiry results.

12. Undertake a joint review of risk between reporting agency and Police, and compile a joint action plan. Consensus on risk assessment category should be sought.

13. Nominate a single point of contact to assess risk and to facilitate police liaison. This should be handed over at the end of shift.

14. Update Police immediately if the person is traced and arrange collection taking into account their presentation. If person poses a risk to staff at that time then request Police to assist and provide a staff member to be on hand to advise Police.

15. Immediately inform relatives and then the relevant management and teams, local authority/funding agency, and CQC as soon as is practicable. Update them with any further significant enquiry results.

16. If the person is not under any statutory powers of detention the police have no powers to return them.

17. Consider application for warrant under S135 (2)

- Create Missing Person report, confirm missing person PNC report via MSS within 24 hours, if appropriate create a vehicle PNC report, and commence missing person investigation to include all relevant enquiries to trace missing person as soon as practicable.
- Consider using the services of Missing People i.e. TextSafe and publicity. Inform relatives of the charity if appropriate.
- When located, conduct safe and well check. If individual has been located by Police then consider appropriate powers of detention where applicable (e.g. S136 of the Mental Health Act or Mental Capacity Act).
- If criminal offences are suspected, deal in accordance with Police procedures.
- Notify the care provider or agency so that they can arrange transport of person.
- Record any information shared by care provider or agency from debrief on the local systems. Consider submitting a 5x5x5 if necessary.

<p>MHA in appropriate circumstances.</p> <p>18. On return and when it is appropriate to do so, conduct a de-brief with the missing person to ascertain reason for going missing and establish where they have been. Update risk assessment if necessary. The information obtained should be shared with Police in the best interests of safeguarding the individual.</p> <p>19. Care providers and agencies should follow internal guidance and procedures in relation to recording, reporting and revisiting all missing person incidents. I.e. Serious Incidents (SI), Safeguarding response, internal review.</p> <p>20. All actions taken in order to locate the missing person and their outcome should be recorded in the Misper Log (appendix 3) along with details of where they have gone missing from and the last place they were seen and by whom.</p> <p>21. Log to be reviewed by a supervisor / manager to ensure compliance and to capture any lessons learned.</p>	
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MISSING PERSON – GREEN RESPONSE

In these cases there is not thought to be any apparent risk or threat of danger to either the absent person or the public, or there is not thought to be any apparent risk.

This will include any person whose whereabouts is known and who is not thought to pose a risk to themselves or others. It also includes people who have made their way to their home address, relatives or friends and they are thought to be safe until they agree/want to return and can be returned by relatives/friends or be picked up by care staff. In these cases consideration should be given to extending the leave period (if applicable) rather than reporting them as missing.

It will be considered that the person has the capacity to keep themselves safe from harm.

<u>CARE AGENCY OR PROVIDER</u>	<u>POLICE</u>
<p>1. Commence the Misper Log (appendix B) and update with all enquiries as completed.</p>	<p>1. Corroborate level of risk and follow missing and absent procedures. Confirm that individual qualifies</p>

2. Confirm search of buildings and grounds.
3. Attempt to contact missing person by mobile telephone.
4. Make contact with relatives or people at home address to establish whereabouts of missing person/advise them that they are missing. Keep a log of who has been contacted, when, by whom and the outcome.
5. Make all other reasonable enquiries (friends, other relatives etc) to establish whereabouts of person. Keep a log of who has been contacted, when, by whom and the outcome.
6. Make contact with, or visit if practicable, local locations that the missing person is known to frequent.

Please note that if these enquiries have not been made prior to calling police, the informant will be advised to complete these enquiries before a response is considered.

7. Reassess the level of risk and category of response needed.
8. Contact the Local Authority or Funding Agency to inform them of the missing person.
9. Notify the Care Quality Commission (CQC) if the care provider or agency is a regulated service provider.
10. If not located within reasonable time-frame according to their risk and following consultation with Management Team, contact Police to report the incident by telephoning 101. **Ensure Misper Pack is accessible prior to the calling the Police in order to share current information about risks.** Obtain the Police Incident Reference Number (ICAD) which must be quoted in any future calls.

Please note at this point Police may still categorise the individual as absent depending on their

as being absent.

2. Set agreed actions and review period with informant, create an ICAD event record and give reference number to care provider or agency staff. Maintain contact with the carer
3. Review in line with set actions and agreed time period. Consider escalating to a missing person enquiry if risk has increased or set further actions and a review period with care provider / agency staff. If the incident is escalated to a missing person enquiry, please refer to the previous amber and red sections that corroborate with the risk assessment given. Get a photograph if possible.

If absent individual is located consider sending officers to do a safe and well check if further concerns are raised on their return to care services.

assessment of risk. Care providers / agency staff may therefore be asked to complete further enquiries to locate and return the individual.

If the incident is categorised as missing by Police please refer to the previous amber and red sections that corroborate with the risk assessment given.

11. Nominate a single point of contact to assess risk and to facilitate police liaison. This should be handed over at the end of shift.
12. Update Police immediately if the person is traced and arrange collection taking into account their presentation. If person poses a risk to staff at that time, then request Police to assist and provide a staff member to be on hand to advise Police.
13. Immediately inform the family and then the relevant management and teams, local authority/funding agency, and CQC as soon as is practicable. Update them with any further significant enquiry results.
14. If the person is not under any statutory power of detention the police have no powers to return them.
15. Consider application for warrant under S135 (2) MHA in appropriate circumstances.
16. When absent person is located, when possible, staff must conduct a de-brief with the individual to ascertain reason for absence and where they have been. Consider whether the person wishes to / needs to return to the care setting. The information obtained in the de-brief should be shared with the Police in the best interests of safeguarding the individual or others.
17. Care providers and agencies should follow internal guidance and procedures in relation to recording, reporting and revisiting all absences, i.e. Serious Incidents (SI), Safeguarding response, internal review.
18. All actions taken in order to locate the absent person and their outcome should be recorded in the

Misper Log (please see appendix B) along with details of where they are absent from and the last place they were seen and by whom.	
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19. Log to be reviewed by a supervisor / manager to ensure compliance and to capture any lessons learnt.	
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RETURNING A PATIENT TO CARE

MHA Codes of Practice (April 2015) paragraph 28.14:

The police should be asked to assist in returning a patient to hospital only if necessary. If the patient's location is known, the role of the police should, wherever possible be only to assist a suitably qualified and experienced mental health professional in returning the patient to hospital.

Individuals who require to be taken back into care may agree to return voluntarily, however, there may be some occasions where this is not the case. In these situations, Police and other agencies, have the following powers available to them;

- 1) Detention of a person who is AWOL – sections 18 and 138 of the MHA provide an AMHP, Police Officer, or member of staff from where the person has gone missing, with the power to detain the person and return them to the care establishment from which they have gone missing. Both s18 and s138 of the MHA do not provide a power of entry to private premises, and in cases where patients are uncooperative a warrant must be applied for under s135(2) unless there is an immediate risk (see below). There is no power to hold the person at another place of safety or a Police station.
- 2) s17 Power of entry – if the missing person is located in a private address, police only have a power of entry under s17 of the Police and Criminal Evidence Act, if there is an immediate need to save life and limb. If there is no immediate threat to the person and they do not give permission to enter a private property, the police have no powers to enter. As above, if permission is not granted, a warrant under s135(2) of the MHA will need to be obtained. The warrant will be executed by the Police accompanied by a healthcare professional.

The warrant, if granted, authorises any Police officer to enter the premises, if needed by force, and remove the patient. The warrant also authorises the constable to be accompanied by a registered medical practitioner and/or anyone authorised to re-take a patient absent without leave, as above. The police have no power of entry without a warrant.

- 3) If a person is subject to a Deprivation of Liberty Safeguards (DoLS) under the Mental Capacity Act (2005) care providers and agency staff have the authority to transport or return the person to the place where they are required to reside. Whilst the authority to detain under these circumstances does not extend to the police, officers may be requested to assist in the process, perhaps to prevent a breach of the peace.

There is no legal provision under the MCA for the police to return the person or remove them for the purposes of a MHA assessment, however traditional protection practices should be adopted to ensure the persons safety.

Where a person is believed to lack mental capacity, police officers can temporarily restrain the person (under s5 and s6 of the MCA) to effect a best interest decision, where that restraint is proportionate to the potential harm facing the person. It is preferable that where Health and Social Care professionals are present that they take the lead on these decisions in accordance with the MCA. If not present and immediate action is not required, it is preferable for police officers to contact Health and Social Care practitioners for advice / action.

- 4) There may be occasions where officers can detain a missing person under s136 of the MHA if they are not already subject to detention under another section of this act.

If an officer finds a person in a public place, who appears to be suffering from mental disorder and to be in immediate need of care or control, the officer may, if they think it is necessary to do so in the interests of that person or for the protection of other persons, remove that person to a place of safety. Every effort should be made by all agencies to ensure police custody is not used as a place of safety in these circumstances.

TRANSPORT

Patients should always be conveyed in the manner which is most likely to preserve their dignity and privacy consistent with managing any risk to their health and safety or to other people (ACPO guidance; MHA Codes of Practice).

If the location of the individual is known at the time of reporting to the police then police transport will not be used to return the individual and other methods should be sought.

Police assistance in returning a person who is AWOL should not be considered a matter of routine, responsibility for the return transport arrangements rests with the hospital from which the patient is missing (MHA codes of practice paragraph 17.30).

The police can be asked to assist in returning a person who is AWOL in exceptional circumstances; if it is urgent, there is a risk of violence or to prevent further absconding, they should in these situations be accompanied by a healthcare professional.


REVIEW AND DEBRIEF

Following all episodes of a person being reported as missing or absent, a full debrief must take place.

A review should be conducted if a person goes missing three times in a 90 day period. A review of security should be conducted if there are three or more missing person reports within a 90 day period.

Restricted once Completed

APPENDIX A

<p>Multi-Agency Response Agreement in Relation to Missing People who are Receiving Care Services - Misper Pack Form</p> <p>This form is to be completed on an individual's admission to care services to be shared with Police in the event of the individual going missing.</p> <p>This information needs to be monitored and regularly updated to reflect the current information available about persons receiving care. It is recommended this is also reviewed prior to s17 leave being granted.</p>	 <p>SURREY POLICE <i>With you, making Surrey safer</i></p>
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<p>Care Provider / Agency Information (e.g. details of Care Home, Hospital, Ward, Domiciliary Care Provider)</p> <p>Name:</p> <p>Address:</p> <p>Contact number:</p>

<p>Risk Assessment Zoning Category: (Red, Amber, Green)</p> <p>Capable of protecting self from harm? (Y/N; include details in justification below)</p> <p>Risk/threat to self or others? (Y/N; include details in justification below)</p> <p>Justification for Category</p>

<p>Personal Details</p> <p>Title: Full Name:</p> <p>Other names used:</p> <p>Gender: Date of Birth:</p> <p>Place of Birth:</p> <p>Nationality:</p> <p>Religion:</p> <p>Ethnic Origin:</p> <p>First Language:</p> <p>Accent:</p> <p>Other languages:</p> <p>Home Address (if different from location):</p> <p>Marital Status</p>	<p>Attach Photograph here</p> <p>Options include:</p> <ul style="list-style-type: none">- Obtaining from relative- Locating in individual's home- Taking a photograph <p>Consent (Y/N)</p> <p>Best interest decision (Y/N)</p> <p>Date taken:</p> <p>Agree use for publicity (Y/N)</p>
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<p>General Appearance**</p> <p>Hair (colour, type, features):</p>

Restricted once Completed

APPENDIX B

Form No:

NOT TO BE USED FOR POLICE RECORDING

Local Response Agreement in Relation to Missing People who are Receiving Care Services - Misper Pack Log

This log is to be completed in the event of an individual going missing.

It should be used to document actions that have been taken by care providers/agencies. Actions should reflect those that have been agreed for an individual's zoning category (red, amber, green) and are set out in the agreement document. The outcomes of these actions should also be clearly indicated.



Individuals zoning category: (Red, Amber or Green)	
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Location where individual is missing from:	
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Last place seen, by whom and when:	
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Date	Time	Action	Completed by	Outcome

APPENDIX C

The zoning criteria to be used by care providers in assessing the patients' current level of risk.


Zoning Criteria		
RED	AMBER	GREEN
<p>The red zone indicates individuals that are assessed as high risk or in a severe state of crisis. This will include those who are considered to lack capacity to keep themselves safe from harm, and those where there is danger of intent to severely self harm, stated intention to commit suicide, risk of significant physical harm to self or others or to participate in serious criminality. Individuals in this zone need daily re-assessment and a specific care plan to manage the risks identified prior to any missing episode.</p>	<p>The amber zone indicates individuals who do not present obvious major risk factors. It includes persons who have fluctuating capacity to keep themselves safe from harm. These individuals will present with more functioning skills than those in the red zone. This may still include those who are living with mental ill health, dementia, cognitive impairments, Autism and significant learning difficulties.</p>	<p>The green zone will include those who are medication and presentation stable, and also those who are considered to have capacity to keep themselves safe from harm. It would include individuals who are being prepared to be discharged to their community teams, acute/respice settings or to a more appropriate setting.</p>

Restricted once Completed

APPENDIX D

Form No:

NOT TO BE USED FOR POLICE RECORDING

<p>Local Response Agreement in Relation to Adults receiving care in a hospital setting who go missing - Misper Pack Log</p> <p>This log is to be completed on every occasion when a person has gone missing OR if it is suspected that a person presents a risk of going missing, as much detail as possible should be collected prior to this.</p> <p>This document should be used to record actions that have been taken by care providers/agencies. Actions should reflect those that have been agreed for an individual's zoning category (red, amber, green) and are set out in the agreement document. The outcomes of these actions should also be clearly indicated.</p>	 <p>SURREY POLICE <i>With you, making Surrey safer</i></p>
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<p>Individuals zoning category: (Red, Amber or Green) Include justification: (risk to self/others, capable of protecting themselves)</p>	
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<p>Location where individual is missing from:</p>	
<p>Last place seen, by whom and when:</p>	

<p>Personal Details</p> <p>Title: Full Name: Other names used: Gender: Date of Birth: Ethnic Origin: First Language: Home Address</p> <p>Contact Number:</p>	<p>Where is the person suspected to be?</p> <p>Details of concern (e.g. MH problems and unwell, vulnerable person at risk, alcohol/drug dependency)</p> <p>Details of any medication required or medical conditions.</p> <p>Is the person under the care of any other provider?</p>
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NOK Name:	
NOK Contact number:	

General Appearance**

Hair (colour, type, features):

Facial Hair: Eye Colour: Glasses (Y/N)

Complexion: Dentures (Y/N) Height: Build:

Any known marks, scars, tattoos, piercings, distinguishing features:

**** If an individual is considered at risk of going missing, a log of their dress and appearance should be made in the individual's notes/file.**

Date	Time	Action	Completed by	Outcome

APPENDIX E - Missing Persons Process

ON ADMISSION staff must have completed

- Missing Person (MISPER) Appendix A with photo ID attached and uploaded on RiO
- Progress Note linked to admission date to evidence uploaded MISPER form
- Recorded or updated contact details on RiO

If patient is identified as missing

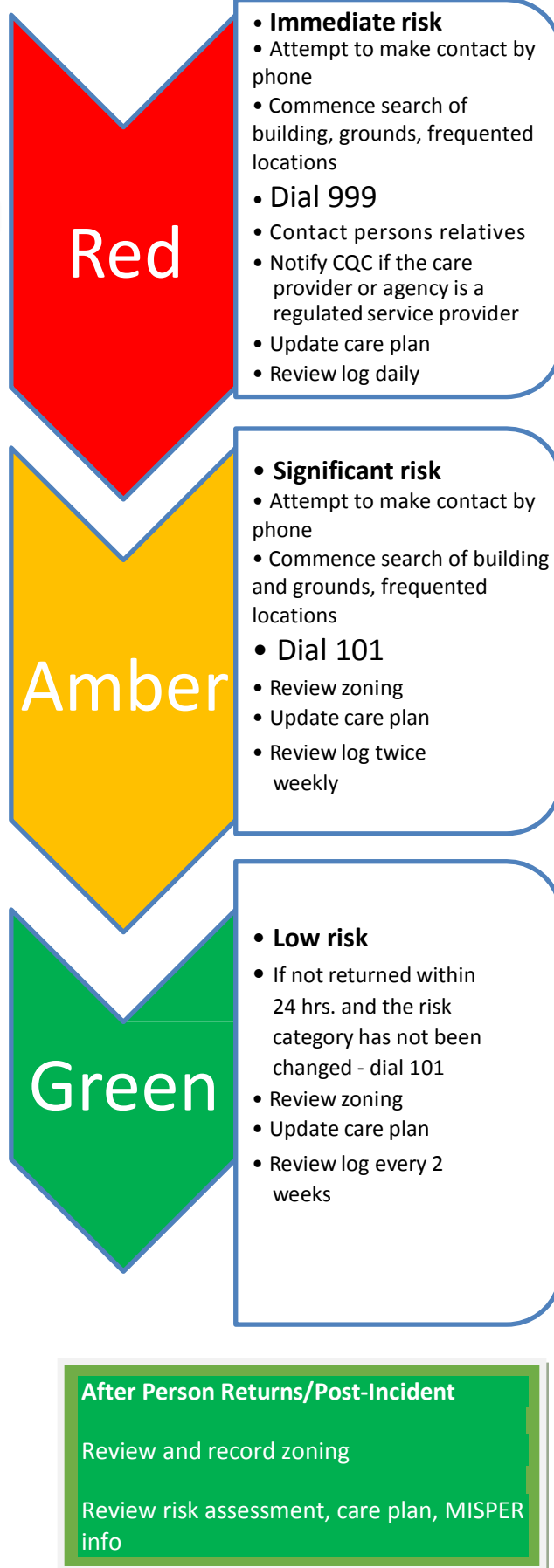
- Commence the MISPER log Appendix B
- Immediately attempt to contact missing person by mobile telephone if possible, escalate to Managers.
- Conduct an immediate search of the ward/grounds
- Locate MISPER Appendix A to pass info to the police
- With reference to RAG rating (opposite) call the police (999/101 as appropriate). Obtain the Police Incident Reference number (ICAD) and record this in RiO progress notes
- Confirm search of buildings and grounds
- Make contact with relatives or people at home address to establish whereabouts of missing person/advise them that they are missing and record contact on progress notes
- Make contact with, or visit where practicable. Local locations where the missing person is known to frequent and record contact on progress notes
- Record Absent or AWOL start date on RiO, complete DATIX

WHEN POLICE ARRIVE

- Supply full case history in appropriate settings (also use App A as reference)
- Allow appropriate access to person's file if required
- Nominate a single point of contact to assess risk and facilitate police liaison

AFTER POLICE HAVE LEFT

- Update Police immediately if the person is traced



June 2015

APPENDIX F – Missing persons process in emergency care settings

MISPER DEFINITION - Missing persons refers to someone who has left the hospital environment and there remains concerns about the person's safety due to confusion, mental health or other vulnerability. If someone is not identified as vulnerable then they should be treated as a 'did not wait' or 'discharge against medical advice'.

ON ADMISSION staff must have completed

- Missing Person (MISPER) Appendix D completed and uploaded on RiO
- Progress Note linked to admission date to evidence uploaded MISPER form
- Recorded or updated contact details on RiO

If patient decides to leave prior to completing treatment

- Discuss treatment wait times with patient and highlight risks of leaving
- Signpost to other services
- Contact patients GP to understand their level of risk

If patient is identified as missing

- Locate MISPER Appendix D to pass info to the police
- Notify Security
- Attempt to contact patient by phone
- Commence search of ward/grounds.
- With reference to RAG rating (opposite) call the police (999/101 as appropriate). Obtain the Police Incident Reference number (ICAD) and record this in RiO progress notes
- If possible make contact with relatives or people at home address to establish whereabouts of missing person, record contact on progress notes
- Contact other known care providers to understand patient's risk
- Record Absent or AWOL start date on RiO, complete DATIX

WHEN POLICE ARRIVE

- Supply information to inform Police search (use App D as reference)
- Allow appropriate access to person's file if required
- Nominate a single point of contact to assess risk and facilitate Police liaison.

AFTER POLICE HAVE LEFT

- Update Police Immediately if the person is traced
- Regularly update police with significant enquiry results

Red

Immediate risk

- Notify Security
- Attempt to make contact by phone
 - Commence search of building, grounds, frequented locations
 - Dial 999
 - Contact person's relatives and other known care providers

Amber

Significant risk

- Attempt to make contact by phone
- Notify Security
- Commence search of building and grounds, frequented locations
- Dial 101

Green

LOW Risk

- Decision to leave is discussed with patient and an informed decision made.
- Patient signposted to other support organisations
- Patients GP notified

After Person Returns/Post-Incident

- Review and record zoning
- Review risk assessment, care plan, MISPER info

June 2015