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Baby, Child and Young Person Abduction / Missing Policy

Classification:	Policy
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Authors Job Title:	Lead Nurse for Safeguarding Children
Authors Division:	Corporate
Departments/Group this Document applies to:	Trustwide Clinicians

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Policy to be followed by (target staff): Trustwide Clinicians

To be read in conjunction with the following documents:
Milton Keynes University Hospital NHS Foundation Trust Safeguarding Children Policy ORG/GL/25

CQC Fundamental standards:
Regulation 9 – person centred care
Regulation 10 – dignity and respect
Regulation 11 – Need for consent
Regulation 12 – Safe care and treatment
Regulation 13 – Safeguarding service users from abuse and improper treatment
Regulation 14 – Meeting nutritional and hydration needs
Regulation 15 – Premises and equipment
Regulation 16 – Receiving and acting on complaints
Regulation 17 – Good governance
Regulation 18 – Staffing
Regulation 19 – Fit and proper

See Page 3 for Immediate Actions to be followed

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Disclaimer

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.
The ultimate responsibility for the use of the policy, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

Index

Policy Statement 4
Purpose and Scope 4
Abbreviations Used & Definitions 4
1.0 Roles and Responsibilities 5
2.0 Implementation and Dissemination of Document 6
3.0 Processes and Procedures 6
3.1 Identification of an Abduction Incident 6
3.2 Working with the Police and other agencies 7
3.3 On the child's return 7
3.4 Following Missing Child Incident 7
3.5 Appeals to the Media 8
3.6 Review, Maintenance, Training and Exercise 8
4.0 Statement of Evidence/References 9
Statement of evidence 9
References: 9
5.0 Governance 10
5.1 Document review history 10
5.2 Consultation History 10
5.3 Audit and monitoring 11
5.4 Equality Impact Assessment 12
Appendix 1: Flow Chart – Missing Baby, Child or Young Person 13
Appendix 2: Risk Matrix for Abudction of Baby / Child / Young Person 14
Appendix 3: Risk Matrix for Missing Baby / Child / Young Person 15
Appendix 4: Nurse in Charge 16
Appendix 5: Switchboard Staff 18
Appendix 6: Clinical Site Manager / Manager On-Call 20
Appendix 7: Support Team 21
Appendix 8: Security Team Lead 22
Appendix 9: Entrance Poster 23
Appendix 10: Search Form 24
Appendix 11: Patient Alert Profile 25
Appendix 12: Guide to Action 26
Appendix 13: Identification Report 28
Appendix 14: Abduction Search Process 32

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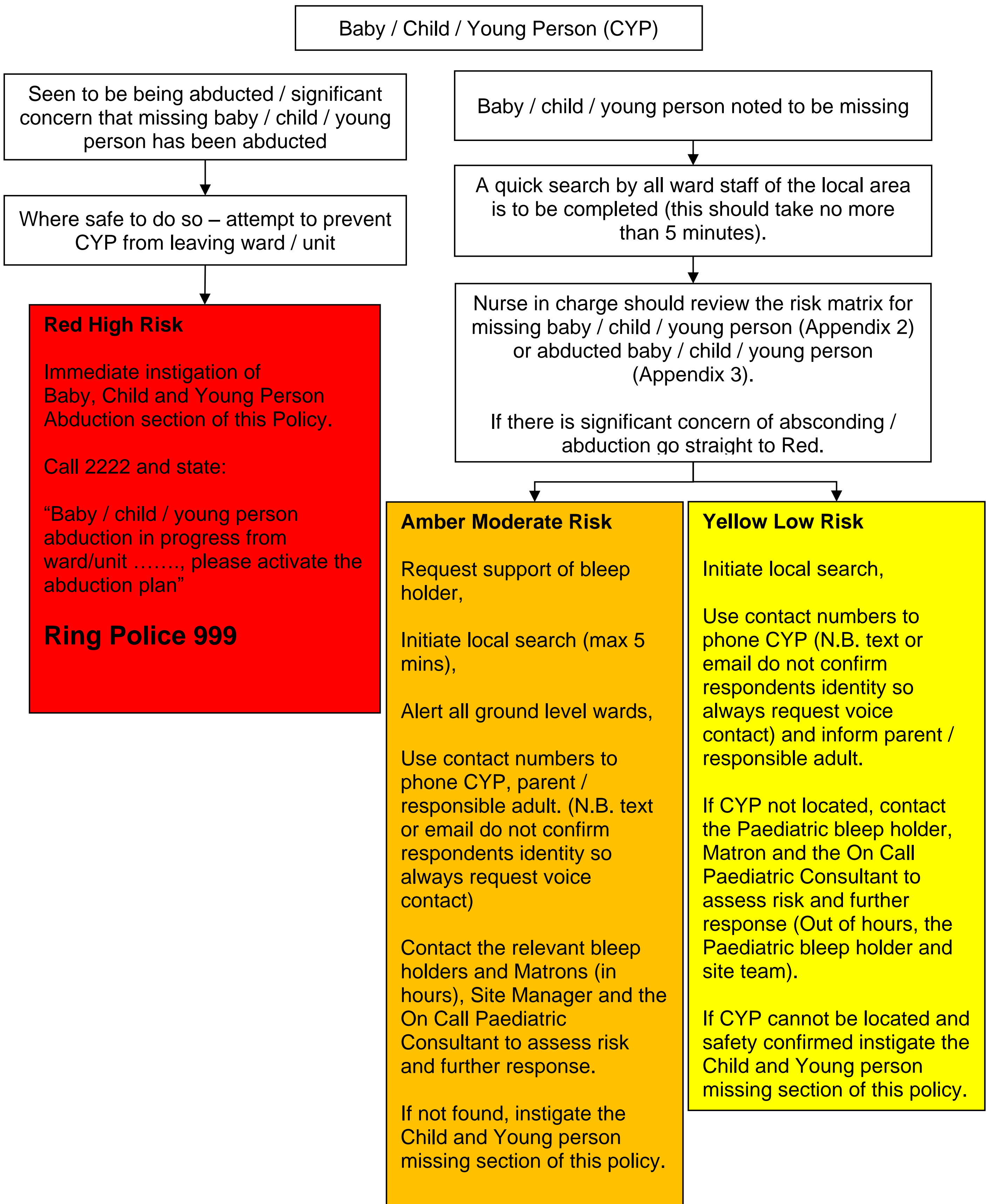
IMMEDIATE ACTIONS TO BE FOLLOWED



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Policy Statement

The immediate action taken during a potential abduction / absconder incident is the most crucial. It is essential to react as quickly and methodically as possible to stand any chance of containing an abduction / absconder attempt or identifying any abductor(s).

Switchboard staff will play a pivotal role in initiating the procedure and must therefore be informed as quickly as possible.

Purpose and Scope

The purpose of this plan is to identify the roles and responsibilities of all the key staff members in Milton Keynes University Hospital, in the event of actual or attempted baby / child / young person abduction or absconding child or young person.

This plan forms part of the Trust's Security of People and Premises Policy.

Abbreviations Used & Definitions

Throughout this policy CYP will be used to reference any baby, child or young person.

Abduction: the criminal act of taking someone away by force or deception.

Absconding: when a child or young person with competence has deliberately removed themselves from the ward or hospital against medical advice (with or without parent / guardian's consent)

Baby Child or Young Person / CYP: person under the age of 18 years

Missing baby / child / young person: any CYP with unexplained or un-consented absence from the ward or hospital

Removed baby / child / young person: when a CYP is removed from the hospital by parents, guardian or responsible adult without the knowledge and consent of the clinical team. If the CYP is well, not at risk and accompanied by their parents or guardian, then this is not a removal that needs to be opposed by the trust. However, if the child's removal is thought to be contrary to their best interests, this must be made clear to the parents.

If they persist in trying to remove the child, where no imminent serious threat to the child's health and/or welfare is present, they should be allowed to leave, but social services should be immediately informed.

Where staffs have a reason to believe there is an imminent serious threat to the child's health and/or welfare, the child should be temporarily prevented from leaving using proportionate security measures until the situation can be clarified. The parents need to be informed that the police would be informed.

For the purpose of this policy the word 'CYP' will be used, however this policy encompasses all baby, children and young people (CYP) being cared for up to their 18th birthday.

LSMS: Local Security Management Specialist (Head of Security).

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1.0 Roles and Responsibilities

Trust Board
The Trust Board is accountable for safety and has a collective responsibility to ensure they provide the resources and challenge to support the identification and appropriate management of risks, incidents and policies.

All Staff dealing with Babies, Children and Young People
Have a responsibility to minimise the risk of abduction by raising any concerns regarding increased risk factors associated with each baby / child / young person admitted. This may be in relation to child protection concerns or general discord within a family unit. Any concerns should be escalated to a senior member of the team at any point. In hours this would be a Matron on bleep 1324 and out of hours, the paediatric bleep holder on 1136. Other areas that staff can consider include the following to minimise risk:

- Visiting times displayed in all areas and should be adhered to. Any exceptions will be agreed with the shift coordinator. All visitors must be identified when they are admitted to clinical areas by staff, in order to confirm they should be within the clinical area.

- When children are being escorted off the ward by parents/guardians and this has been agreed and negotiated by the nurse in charge, the time that the child should be returning to the ward should be documented in the medical / Multi-agency Team notes and discussed clearly with the family prior to them leaving the ward. Contact details should be checked prior to them leaving and a record made in the notes of where the patient is going. The Nurse in Charge should ensure that the child is safe to leave the ward and they have all the appropriate equipment required.

- Official visitors must be accompanied by a member of trust staff from the local area at all times. (E.g. social worker, police, teacher, etc.)

- Volunteers and all multidisciplinary staff must be displaying official identification badges all times when on duty

- Any security related issues must be addressed and action plans agreed by all staff in the area, shift coordinators, bleep holders, matrons and LSMS.

- Passwords may be set up for certain personal and family members so that confirmation of identification can be made when communicating by phone.

- Staff should challenge anyone who is acting suspiciously. They should escalate their concerns about the person to senior managers for support and intervention as necessary.

- Staff must report any suspicious behaviour they observe to security. If the behaviour and situations makes them feel completely unsafe then the police must be called.

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2.0 Implementation and Dissemination of Document

This document will be published on the Trust Intranet, discussed in all Level 2 and above safeguarding training, shared via Team Meetings and a copy kept in the Ward level Safeguarding Policy Folder.

The action cards will be kept in the Major incident cupboard outside Silver Command Suite (Site Office) and the 1136 Paeds and NNU Bleep folder for easy access. The flow charts for response should be displayed in a prominent place in clinical areas.

3.0 Processes and Procedures

3.1 Identification of an Abduction Incident

This section of this document forms the main body of the plan and the action cards.

PROBLEM	ACTION
Witnessed / suspected abduction	Immediately initiate abduction of CYP process. Activate CHILD ABDUCTION Bleep #2222, stating: "Baby / child / young person abduction in progress from …… please activate the abduction plan."
Removed baby / child / young person: a CYP removed from the ward or hospital by parents, guardian or responsible adult without medical consent	Go to Risk Matrix for Abduction of Baby, Child Young person (Appendix 2 & 3).
Any other missing baby / child / young person	Go to Risk Matrix for Abduction of Baby, Child Young person (Appendix 2 & 3).
Absconding child / young person: a CYP with competence who has deliberately removed themselves from the ward or hospital against medical advice (with or without parent / guardian's consent)	Go to Risk Matrix for Abduction of Baby, Child Young person (Appendix 2 & 3).

Immediately on finding a baby/child has been abducted, ask member of staff to dial 2222 and quote:

"Baby / child / young person abducted from ward / unit …………."

Switchboard will then alert the key bleep holders via the CHILD ABDUCTION BLEEP and will state:

"Abduction of baby / child / young person in progress from ward/unit ……….…. All relevant personnel activate plan" (see action cards)

This should be immediately followed by a 999 call to the police made by the reporting member of staff.

A search process will be conducted and coordinated by LSMS or deputy in hours, with Site Team initially leading out of hours reverting to Silver On Call when attending site. Detail of search process and areas are shown in appendix 14.

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Alert all staff in the area and give pursuit if possible but do not put yourself or the baby / child / young person at risk.

Where possible note the appearance of the abductor and any transport used, including make, colour and registration number of vehicle and record it in writing as soon as possible (see Identification Sheet – any other information). Try to obtain as much information as possible in order to help the police to identify the abductor.

Do not allow anyone to leave the wards or building until the police say otherwise, but do not put yourselves at risk if people become aggressive or violent.

Controlled Lockdown measures will be conducted by Security personnel that will control and screen who is allowed to exit the lockdown area with main entrance and exit close to area of abduction being reported at initial stage. CCTV through Avigillon software will support further coordination in helping to idenfity possible movements or whereabouts of the baby / child / young person at risk.

All staff in the hospital must stay until the police direct otherwise.

The Clinical Site Manager will print a copy of the plan from the intranet and collect a copy of site plan from the Operations Office, liaise with ward/unit staff where the abduction has occurred and then wait in Operations Office until the police arrive.

The Clinical Site Manager is responsible for ensuring that switchboard have informed the Manager on Call and Executive on Call of the incident.

The safety of the baby / child / young person is paramount and all attempts must be made to safeguard this.

In case of fire or other emergency, people must be allowed to exit and enter the building accordingly.

3.2 Working with the Police and other agencies

The Trust will work closely with Thames Valley Police, Children's Social Care and other agencies including Mental Health during and after the incident.

3.3 On the child's return

With regards medical examination, if there is concern of assault or serious injury then the baby / child / young person (when found) would be taken to the nearest Emergency Department for assessment and treatment. This is the multi-agency process for dealing with non-accidental injuries on babies / children / young people. It would require the on-call paediatric consultant to assess the baby / child / young person and then liaise with the named doctor for safeguarding and the local duty Detective Inspector or Child Abuse Investigation Unit.

3.4 Following Missing Child Incident

- An incident reporting system Incident Form must be completed within 24 working hours.
- The investigation will follow the Serious Incident requiring Investigation Procedures.
- Views should also be taken from the Police, if they have been involved in the incident, with regard to the effectiveness of any proactive and reactive measures in place.

- A hot debrief will be held within 24 hours of the close down of the incident. A full, internal debrief will be held within 14 working days of the incident. The initial incident report will be produced within 28 working days supported by the Emergency Planning Officer as outlined within the Major Incident Plan. In the event of Serious Crime, all debriefs will be in accordance with Police requirements or investigation.

- A report is produced describing the issues arising from the incident and any actions needing to be taken to rectify any shortcomings in the Trusts procedures. The reports action plan and lessons learnt should be shared both within the MKUH.

3.5 Appeals to the Media

In some circumstances of an absconding or removed baby / child / young person it may be appropriate for the trust in conjunction with the police and social care, to release an appeal via the media to try to encourage the baby / child / young person or parents to either:

1) make contact with the hospital / other agency

2) return to the hospital

3) seek medical assistance

This should be done if it is thought to be in the best interests of the baby / child / young person and would aid maintenance of the relationship between the clinical team and baby / child / young person / parents. Medical confidentiality should be preserved, although it may be necessary to disclose some essential information.

The decision to make an appeal should be made by the executive on call after discussion with the communications lead and the patient's consultant, and only with the express consent and approval with the police and any other agencies involved.

3.6 Review, Maintenance, Training and Exercise

This policy is maintained and reviewed in the following way;

a. the carrying out of exercises for the purpose of ensuring that the Policy is effective:
b. the provision of training of:
    - an appropriate number of suitable staff; and
    - such other persons considered appropriate, for the purposes of ensuring that the plan is effective.

To meet these requirements, this policy will be exercised to ensure its effectiveness and validity. Staff with responding roles in the policy and those who potentially have a role within an emergency response will participate in a targeted training programme to ensure competency in those roles. This will involve both initial training for those staff new to their role and refresher training for other appropriate staff.

The maintenance of the document is the responsibility of the Safeguarding Children Lead; it will be reviewed as required by the lead Matron for Children and ADO (Woman and Children).

4.0 Statement of Evidence/References

Statement of evidence:

Children's Services authorities in Thames Valley and Thames Valley Police (2014) *Joint protocol concerning children and young people who run away or go missing from home or care - to include reports of absences from April 29th 2014.* [Online]. Available from: http://mkscb.procedures.org.uk/assets/clients/3/Documents/tv_joint_pr_CYP_run_away_go_miss_home_2014.pdf [Accessed 15 June 2020]

Milton Keynes Safeguarding Children Board. *Milton Keynes Safeguarding Children Procedures Manual. Section 1.3.4 Missing child policy*. Last updated October 2014. [Online]. Available from: http://mkscb.procedures.org.uk/ykyxto/assessing-need-and-providing-help/safeguarding-children-priorities/missing-child-policy [Accessed 15 June 2020]

References:

Association of Chief Police Officers and College of Policing (2013) *Interim guidance on the management, recording and investigation of missing persons 2013*. [Online]. Available from: http://library.college.police.uk/docs/college-of-policing/Interim-Missing-Persons-Guidance-2013.pdf [Accessed 15 June 2020]

College of Policing (2020) *Missing persons: authorised professional practice*. Last modified 23 March 2020. [Online]. Available from: https://www.app.college.police.uk/app-content/major-investigation-and-public-protection/missing-persons/ [Accessed 15 June 2020]

Department for Education (2014) *Statutory guidance on children who run away or go missing from home or care*. [Online]. Available from: https://www.gov.uk/government/publications/children-who-run-away-or-go-missing-from-home-or-care [Accessed 15 June 2020]

Department for Education (2018) *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children*. [Online]. Available from: https://www.gov.uk/government/publications/working-together-to-safeguard-children--2 [Accessed 15 June 2020]

Home Office (2011) *Missing children and adults: a cross government strategy*. [Online]. Available from: https://www.gov.uk/government/publications/missing-children-and-adults-strategy [Accessed 15 June 2020]

Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings (2018) *Facing the future: standards for children in emergency care settings*. [Online]. Available from: https://www.rcpch.ac.uk/sites/default/files/2018-06/FTFEC%20Digital%20updated%20final.pdf [Accessed 15 June 2020]

National Policing Improvement Agency on behalf of the Association of Chief Police Officers (2010) *Guidance on the management, recording and investigation of missing persons*. 2nd ed. [Online]. Available from: http://library.college.police.uk/docs/npia/missing-persons-guidance-2010.pdf [Accessed 15 June 2020]

Royal College of Emergency Medicine (2018) *The patient who absconds: best practice guideline*. [Online]. Available from: https://www.rcem.ac.uk/docs/College%20Guidelines/CEC_BPG_Abscond_130117%20SS%20final%202%20-%20on%20new%20template.pdf [Accessed 15 June 2020]

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5.0 Governance

5.1 Document review history

Version number	Review date	Reviewed by	Changes made
2	2020	Judy Preston	Minor changes made to the wording of conversation that would be had when a code victor alert is put out. Alterations around the PEWS Score.

5.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Safeguarding Leads for children and Security Team (including Emergency Planning Officer)		25/09/2020	08/10/2020	Wording Amendments made.	Yes
Paediatric Information & Guideline Meeting.		October 2020	16/11/2020	Pews score mentioned and some amendments made due to new scoring. Wording over what would be said on telephone call to put out a code victor minor changes made	Yes
Designated Doctor Safeguarding Children September 2020	Safeguarding	September 2020		Happy with the document and did not want any changes at this point.	Yes
Paediatric Information and guidelines Meeting		November 2020			Yes
Carrie Tyas		27/5/21		Remove all references to code victor	Yes
TDC		27/5/21		1. Datix to be changed to incident reporting system as we are about to change our incident reporting system. 2. Safeguarding Children Policy to be added to the box in the front page where it reads to be read in conjunction with following guidelines and policies.	Yes

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5.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
Staff compliance with policy	Mock exercise	Safeguarding Children Lead/ Emergency Planning Officer	Annual	Safeguarding Committee
Staff knowledge of policy	Safeguarding general knowledge audit	Safeguarding Children Lead	Annual	Safeguarding Committee

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5.4 Equality Impact Assessment

As part of its development, this policy and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified.

Equality Impact Assessment			
Division	**Women's & Children's**	**Department**	**Safeguarding**
Person completing the EqIA	**Judy Preston**	**Contact No.**	**85111**
Others involved:		**Date of assessment:**	**27/1/21**
Existing policy/service	Yes	**New policy/service**	**No**

Will patients, carers, the public or staff be affected by the policy/service?	Staff
If staff, how many/which groups will be effected?	All staff

Protected characteristic	**Any impact?**	**Comments**
Age	NO	Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for patients and staff
Disability	NO	
Gender reassignment	NO	
Marriage and civil partnership	NO	
Pregnancy and maternity	NO	
Race	NO	
Religion or belief	NO	
Sex	NO	
Sexual orientation	NO	

What consultation method(s) have you carried out?	Meetings, emails
How are the changes/amendments to the policies/services communicated?	Meetings, emails

What future actions need to be taken to overcome any barriers or discrimination?			
Who will lead this?	Who will lead this?	Who will lead this?	Who will lead this?
N/A	N/A	N/A	N/A
Review date of EqIA	**27/1/2024**		

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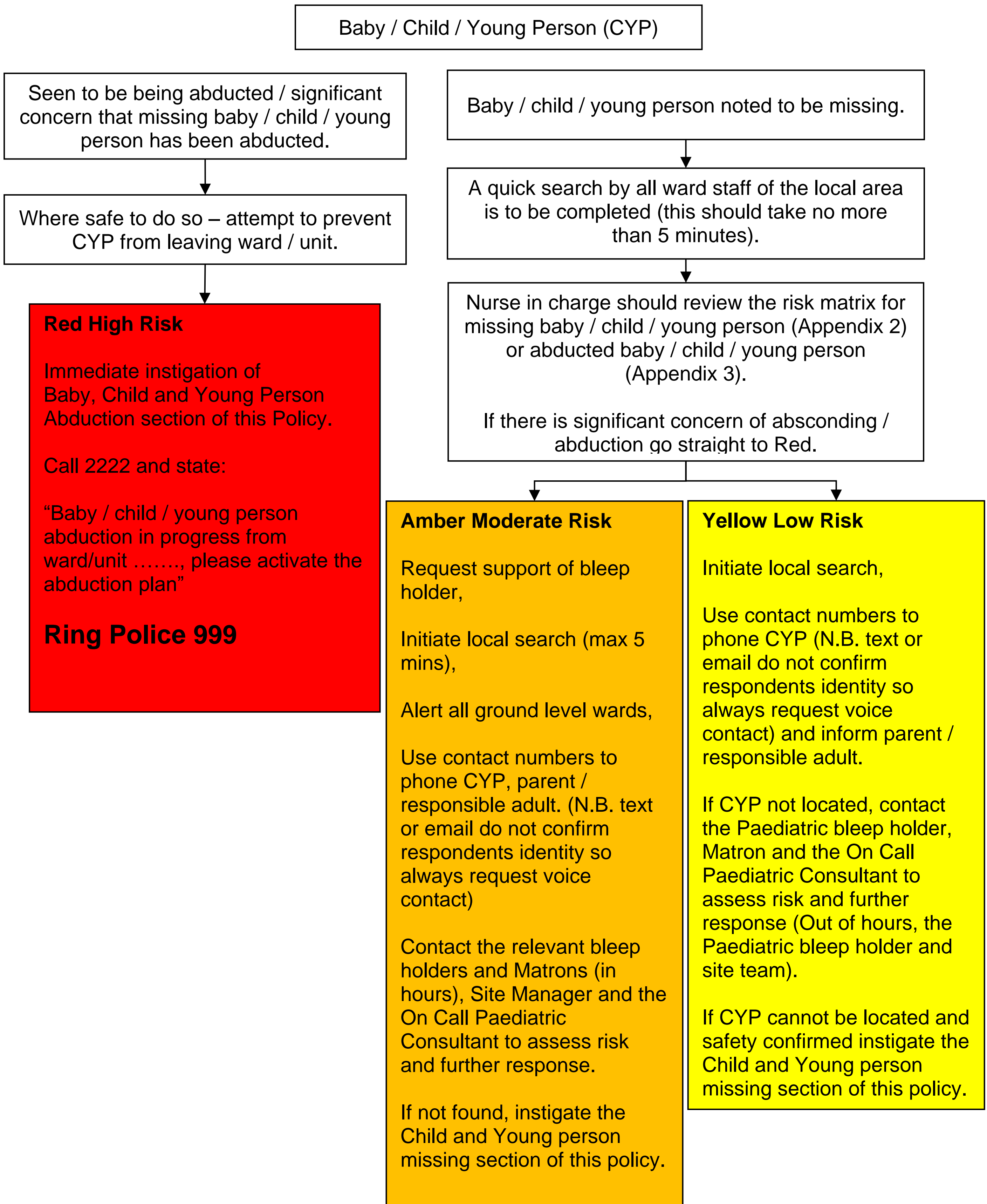
Appendix 1: Flow Chart – Missing Baby, Child or Young Person



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Appendix 2: Risk Matrix for Abudction of Baby / Child / Young Person

	Critically unwell child. PEWS 5 triggers of above or further treatment essential, (immediately life threatening)	Child requires full nursing care and transfer would only be completed using trained members of the team or a full paramedic crew.	Ongoing ward level medical care. PEWS score 3 to 4 triggers or further treatment essential, but not immediately life threatening	Ongoing ward level medical care. PEWS score of 1 to 2 triggers. No essential medication or care needs. Negligible risk to life / severe harm	Fit for discharge
No concerns over responsible adults	Red	Red	Amber	Yellow	Yellow
Minor concerns over responsible adults	Red	Red	Amber	Yellow	Yellow
Safeguarding concerns in place	Red	Red	Red	Amber	Amber
Looked after child	Red	Red	Red	Red	Red

Any newborn baby is considered as Red.

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Appendix 3: Risk Matrix for Missing Baby / Child / Young Person

	Critically unwell child. PEWS 8 or above or further treatment essential, (immediately life threatening)	Ongoing ward level medical care. PEWS score of 4-7. Or further treatment essential, but not immediately life threatening	Ongoing ward level medical care. PEWS<3. No essential medication or care needs. Negligible risk to life / severe harm	Fit for discharge
A competent CYP not expected to be a risk to themselves	Red	Amber	Amber	Yellow
Out of character and context for a competent CYP, or they may be a risk to themselves or others, or there are safeguarding concerns	Red	Red	Amber	Yellow
CYP may be In danger or a threat to themselves or others, or there are safeguarding concerns	Red	Red	Red	Red
Substantial grounds for believing CYP is at significant risk through their own vulnerability or there are safeguarding concerns	Red	Red	Red	Red

Any newborn baby is considered as Red.

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Appendix 4: Nurse in Charge

Action Card No: 600 (Abducted baby / child / young person)

ROLE / POST	Nurse/Midwife-in-Charge	
ACCOUNTABLE TO	Matron for Paediatrics	
NUMBER	**ACTION**	**DATE & TIME COMPLETED**
	Baby / Child / Young Person Abduction	
1.	5 minute ward search to ensure baby / child / young person is not still on ward	
2.	If baby / child / young person cannot be found on the ward contact Switchboard using the 2222 Number. State the following message : "Baby/child/young person abduction in progress, from ward/unit …………………, please activate the CHILD ABDUCTION BLEEP"	
3.	Refer to the risk matrix and assess the level of risk.	
4.	Delegate appropriate people to - Observe all exits in and out of the ward and restrict the movement in and out of the ward to ward staff only. - Check immediate area outside of the ward. - Make a thorough search of the ward area and conduct a count of patients, parents/carers present.	
5.	Direct the Nurse/Midwife responsible for the child to fill in the Missing and Absent Patient Identification Report (Appdendix 13) which will help to relay information.	
6.	Within 5 minutes of reported abduction and with the Missing and Absent Patient Identification Report (Appendix 13) commenced dial 999 and relay information.	
7.	Ensure family / carers are being supported as appropriate if they are present on the ward. May need to assign a member of staff to take care of the parents in a quiet room. If the family are not present arrange for them to be contacted at home. Arrangements must be made to meet them at the hospital entrance.	
8.	Secure the bed area and ask patients and relatives on the ward to please stay where they are until the police arrive.	
9.	Inform medical staff / appropriate consultant in charge of care and liaise with site manager and paediatric bleep holder.	
10.	Ensure other patients receive safe and effective care.	
11.	Contact Duty Social Worker informed via Multi Agency Safeguarding Hub.	
12.	Ensure incident reported on incident reporting system.	
13.	Ensure Patient Experience team informed of incident.	

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Action Card No: 600 (Missing baby / child / young person)

ROLE / POST	Nurse/Midwife-in-Charge
ACCOUNTABLE TO	Matron for area

NUMBER	ACTION	DATE & TIME COMPLETED
	Missing Baby / Child / Young Person	
1.	Report to Paediatric Bleep Holder Bleep 1136.	
2.	Take lead to direct searching of the ward (maximum for 5 minutes) to check baby / child / young person is not still on the ward.	
3.	Refer to the risk matrix for missing baby / child / young person and assess the level of risk.	
4.	If baby / child / young person cannot be found on the ward and is high risk contact Switchboard using the 2222 Number. State the following message: "Baby / child / young person missing from ward/unit ………, please activate the CHILD ABDUCTION BLEEP"	
5.	Delegate appropriate people to - Observe all exits in and out of the ward and restrict the movement in and out of the ward to ward staff only. - Check immediate area outside of the ward. - Make a thorough search of the ward area and conduct a count of patients, parents/carers present.	
6.	Use contact numbers to phone child / young person, parent / responsible adult. (N.B. text or email do not confirm respondents identity so always request voice contact)	
7.	Direct the Nurse responsible for the baby / child / young person to fill in the Missing and Absent Patient Identification Report (Appendix 13) which will help to relay information.	
8.	Within 5 minutes for high risk or 15 minutes for medium risk and with the Missing and Absent Patient Identification Report (Appendix 13) commenced dial 999 and relay information.	
9.	If baby / child / young person is low risk contact Paediatric bleep holder, Matron and the On Call Paediatric Consultant to assess risk and further response (Out of hours, the Paediatric bleep holder, On Call Paediatric Consultant and Clinical Site Manager).	
10.	Ensure family / carers are being supported as appropriate if they are present on the ward. May need to assign a member of staff to take care of the parents in a quiet room. If the family are not present arrange for them to be contacted at home. Arrangements must be made to meet them at the hospital entrance.	
11.	If police are contacted secure the bed area and ask patients and relatives on the ward to please stay where they are until the police arrive.	
12.	Ensure other patients receive safe and effective care.	
13.	Contact Duty Social Worker via Multi Agency Safeguarding Hub.	
14.	Ensure incident reported on incident reporting system.	

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Appendix 5: Switchboard Staff

Action Card No: 601 (Abducted baby / child / young person)		
ROLE / POST	Switchboard Staff	
ACCOUNTABLE TO		
NUMBER	**ACTION**	**DATE & TIME COMPLETED**
	Baby / Child / Young Person Abduction	
1.	Upon receiving the call that a baby / child / young person has been abducted from MK Hospital the telephonist will notify key personal by activating the CHILD ABDUCTION BLEEP with the following message: "Baby / child / young person abduction in progress from ward/unit …….., please activate the abduction plan."	
2.	The following staff will be contacted via the CHILD ABDUCTION BLEEP: • Clinical Site Manager (1222) • Support Team (1480) • Security (1483, 1034) • Matron for Children's Services (1324) • Paediatric Bleep Holder (1136) • Medicine Bleep Holder (1005) • Surgery Bleep Holder (1580) • Maternity Bleep Holder (1440) • Lead Midwife on Call (via switchboard)	
3.	The following members of staff will need to be contacted by Switchboard: • Manager on call • Executive on call • MKUH Police Officer (internal bleep 1555). • Communication Manager (Ext. 86217, 86218, 8621)	
4.	Switchboard will need to long the date and time call was received and name of the staff member reporting the incident and the time Bleep was activated and time it was responded to.	

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Action Card No: 601 (Missing baby / child / young person)

ROLE / POST	Switchboard Staff
ACCOUNTABLE TO	

NUMBER	ACTION	DATE & TIME COMPLETED
	Missing Baby / Child / Young Person	
1.	Upon receiving the call that a baby / child / young person has been abducted from MK Hospital the telephonist will notify key personal by activating the CHILD ABDUCTION BLEEP with the following message: "Baby / child / young person abduction in progress from ward/unit …….., please activate the abduction plan."	
2.	The following staff will be contacted via the CHILD ABDUCTION BLEEP: • Clinical Site Manager (1222) • Support Team (1480) • Security (1483 , 1034) • Matron for Children's Services (1324) • Paediatric Bleep Holder (1136) • Medicine Bleep Holder (1005) • Surgery Bleep Holder (1580) • Maternity Bleep Holder (1440) • Lead Midwife on Call (via switchboard)	
3.	The following members of staff will need to be contacted by Switchboard: • Manager on call • Executive on call • MKUH Police Officer (internal Bleep 1555). • Communication Manager (Ext 86217, 86218, 8621)	
4.	Switchboard will need to long the date and time call was received and name of the staff member reporting the incident and the time Bleep was activated and time it was responded to.	

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Appendix 6: Clinical Site Manager / Manager On-Call

Action Card No: 602 (Abducted child / young person)

ROLE / POST	Clinical Site Manager / Manager-On-Call
ACCOUNTABLE TO	

NUMBER	ACTION	DATE & TIME COMPLETED
Child Abduction / Missing Child or Young Person		
1.	Upon receiving the call that a baby / child / young person had been abducted from MK Hospital via CHILD ABDUCTION BLEEP bleep the clinical site manager, who will take charge until the manager on call arrives.	
2.	The clinical site manager will immediately go to the ward to collect a copy of the Missing and Absent Patient Identification Report (Appendix 13).	
3.	Contact 999.	
4.	Allocate which entrance will be used as an access point for signs and staffing and ensure that Support Staff and Security assist in securing access around the hospital site.	
5.	Initiate the Guide to Action Form (Appendix 12).	
6.	Confirm any witnesses to the abduction and events leading up to it.	
7.	The Clinical Site manager will: • Ensure that the Action Cards within this policy are being followed. • Ensure that a copy of the Abduction plan and site plans are available for the police, Security Team and Manager on Call in the Operations Office.	
8.	Co-ordinate the transfer of this information onto the Patient Alert Profile and arrange circulation of this around the Trust.	
9.	Await the Manager On-Call who will then continue to co-ordination of the Guide to Action Form (Appendix 12).	
10.	Specialist support will be provided by the Trust Security Officer and the Police.	
11.	Liaise with Executive On-Call and Communications Team.	
12.	Ensure that the area involved including the bed is protected and remains secure until the police advise that it can return to clinical use (forensic assessment may be needed).	

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Appendix 7: Support Team

Action Card No: 603

ROLE / POST		Support Team
ACCOUNTABLE TO		
NUMBER	**ACTION**	**DATE & TIME COMPLETED**
	Missing / Abducted Baby / Child / Young Person	
1.	One member of team to attend ward involved to secure that area.	
2.	Secure the Main Entrance as during fire evacuation.	
3.	Liaise with Clinical Site Manager who will identify which entrance will provide access to the site and put up provided signs on outside of all hospital entrances.	
4.	Contact all other members of the support team and other available staff on duty via radio to assist in this process. Delegate following tasks: • Allocate two members of staff - one to remain outside the main hospital doors and one to remain inside the main hospital doors for communication purposes. • Secure the main stores loading bay. • Search all the gardens and grounds including all car parks. • Search all non-patient areas, including all toilets and fire escapes.	
5.	Assist police, Clinical Site Manager and Security Team.	
6.	Prioritise emergencies – If cardiac arrest occurs then attend that as a matter of urgency.	

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Appendix 8: Security Team Lead

Action Card No: 604

ROLE / POST		Security Team Lead
ACCOUNTABLE TO		
NUMBER	**ACTION**	**DATE & TIME COMPLETED**
	Child Abduction / Missing Child or Young Person	
1.	One member of team to attend the car park office and immediately commence a search of the CCTV system. If necessary close the office to allow concentration.	
2.	One member to liaise with the Clinical Site Manager for clarification of description and to take charge of all radio traffic on behalf, and under direction, of the Clinical Site Manager.	
3.	Contact all other members of the security team and other available staff on duty via radio to assist in this process.	
4.	Assist police, Clinical Site Manager and Manager On-Call.	
5.	Where necessary arrange for other security to assist in a thorough search of the ward / dept checking all rooms, cupboards, cubicles, trollies and other areas large enough for a child to hide or be hidden	

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Appendix 9: Entrance Poster

STOP

THIS HOSPITAL ENTRANCE IS CURRENTLY CLOSED DUE TO AN INCIDENT

PLEASE ENTER VIA THE

ENTRANCE

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Appendix 10: Search Form

For use by MKUHFT

Immediate Clinical Area Search Form				
Patient name:			Date of Birth:	
Date:		Time patient noticed as missing:		
Action	**Search done**	**By Whom**	**Time**	**Outcome**
Other patients asked				
Patient's belonging still there?				
Bathrooms checked				
Toilets checked				
Storerooms checked				
Curtains checked				
Day rooms checked				
Check Offices (inc locked offices)				
Staff Room checked				
Staff toilets checked				
Check nearby wards as above				
Check stairwells				
Check lifts				
Check restaurants/shops				

	Time contacted	By Whom	Time	Outcome
Site Team				
Clinical Site Team				
Next of Kin				
Medical Team				
Security				
Police				

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Appendix 11: Patient Alert Profile

Patient Alert Profile			
Patient name:		**Date of Birth:**	
Missing from:	**Date / Time Last Seen:**	**Nationality:**	**Gender:**

Brief Description:
To include height, weight, hair colour, distinguishing marks, characteristics, known physical diagnosis, known cognitive state and any reasons for concern.

If you see/have seen this person, please contact:

Name: Clinical Site Manager / Manager On-Call / Other:

Signature:

Contact Number:

Date: Time:

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Appendix 12: Guide to Action

GUIDE TO ACTION

1. **Date:** DD/MM/YYYY

2. **Time abduction occurred:** HH : MM

3. **From where:**

4. **Time switchboard called:** HH : MM

5. **LOCK DOWN – do not allow <u>anyone</u> to enter or leave the wards/unit until authorised by the Police**

6. **Allocate Matron for Children / Paediatric bleep / Maternity bleep holder to support clinical area where abduction has taken place**

7. **Inform wards/dept and ensure that head counts of all patients are complete – allocate this task to suitable member of staff if possible**

AREA	TIME CONTACTED	AREA	TIME CONTACTED	AREA	TIME CONTACTED
A&E		W20		W4	
W1		W21		W5	
W2		W22		W9	
W3		W23		W10	
W7		W24		Labour Ward	
W8		EPAU		ADAU	
W14		SDAU		NNU	
W15		DSU		DoCC	
W16		Phase 1 Theatres		Main Outpatients	
W17		Phase 2 Theatres		Maple Unit	
W18		Main X-ray		Acorn Unit	
W19					

8. **Check that staff from wards / departments check fire escapes routes and maintain presence at external exits.**

9. **Any patient movements within the hospital, must be authorized by the Manager on call e.g. theatre transfer.**

10. **Refer to site plans and check that all exits and car parks are checked.**

11. **Record details of missing baby / child/ young person and parents on Missing and Absent Patient Identification Report.**

12. **Establish co-ordination base in the Operations Office:** HH : MM

13. **Until arrival of Communications Manager restrict any comments to the press to:**

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'We are unable to give you any information at this moment due to the ongoing nature of the incident but will do so as soon as we can.'

14. Time of Police arrival: HH : MM

15. Details of Police Officer in Charge:

Number Surname Rank

16. Ensure regular information is passed to parents of abducted baby / child / young person.

17. CCTV footage checked: HH : MM

18. Complete Serious Incident Form / incident reporting system.

Any decision to escalate or stand down the incident will be taken jointly by the Manager On-Call and the Senior Police Officer.

Incident stood down or escalated to an Internal Incident.

Role	Name	Signature	Date and Time
Manager on Call			
Senior Police Officer			

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Appendix 13: Identification Report

Person details and Part 1 to be completed by MKUHFT Nurse in Charge of ward (in liaison with Security and the Clinical Site Manager) whilst awaiting Thames Valley Police arrival. Part 2 to be completed by Thames Valley Police.

Please complete for both missing/absent baby/child/young person and suspected abductor.

<table>
<tr><th colspan="2">Missing & Absent Patient Identification Report</th></tr>
<tr><td colspan="2">STAFF MEMBER COMPLETING FORM:

Contact number of Clinical Site Manager / Manager On-Call:</td></tr>
<tr><td>Name of patient:

Date of birth:</td><td>Patient contact number(s):</td></tr>
<tr><td colspan="2">Home address of missing patient:

Place last seen:

Time last seen and by whom:</td></tr>
<tr><td>DESCRIPTION (CYP and abductor if known)
Height:

Build:

Ethnicity:</td><td>Facial Hair: Yes / No
If yes,
Moustache?

Colour?

Sideburns?</td></tr>
<tr><td>Eye Colour?

Lenses/Glasses?</td><td>Hair colour:

Style/length:</td></tr>
<tr><th colspan="2">OTHER DETAILS</th></tr>
<tr><td colspan="2">First Language Second Language:
Accent:</td></tr>
<tr><td colspan="2">Notable physical features/ mobility or communication aides/marks/scars/tattoos/piercings</td></tr>
<tr><td colspan="2">Clothing worn when last seen</td></tr>
</table>

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Are they carrying anything? **Are they believed to have their mobile phone with them?**	
Places previously frequented?	
Continued: Missing & Absent Patient Identification Report	
Email address:	
Are they known to use social media?	
Do they have access to a vehicle?	
Other means of transport that may be used:	
Details of bank account(s):	
NEXT OF KIN DETAILS/ASSOCIATES	
1) Name: **Relationship:** **Contact:**	**2) Name:** **Relationship:** **Contact:**
3) Name: **Relationship:** **Contact:**	**4) Name:** **Relationship:** **Contact:**
CIRCUMSTANCES LEADING TO DISAPPEARANCE – intentions, preparations, travel fears, push/pull factors	

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Risk Assessment Part 1: to be completed by MKUHFT staff. Please provide detailed answers.
What is the specific reason you are calling the Police?
What has been done so far to locate the patient?
Is this significantly out of character? Has there been a change in the patient's behaviour?
Does the person need *immediate* medical attention or medication(s)?
Are they likely to be subjected to any crime?
Are they likely to be the victim of any abuse?
Are they likely to attempt suicide?
Do they pose a danger to others? If yes, how and why?
Is there any other information relevant to their absence?

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Risk Assessment Part 2: to be completed by TVP officers
Is the person detainable under any mental health legislation?
Are they vulnerable due to other factors? Is the person an Adult At Risk?
Is the person particularly at risk of harm due to physical disability, infection, frailty or memory?
Does the person lack the ability to safely interact with others in an unknown environment?
Has the person been involved in any incident before disappearing?
Are there any known safeguarding concerns?
Is the person suffering from a drug or alcohol dependency?
Are there any social concerns?
Any additional information:

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Appendix 14: Abduction Search Process

LSMS or Deputy in hours (Site team OOH) will lead with contacting key staff to support search process following abduction call if no evidence via CCTV or initial assessment pin points whereabout of baby/ child or young person.

All staff will be asked to attend Site Office (Silver Command Suite) as initial meeting point to be given instructions and areas to search from table below. Each member will be given a Major Incident radio with channel 5 (major incident) set to coordinate comms in notifying any find to lead.

Below table outlines areas and number of minimum staff of **14x** required to conduct search. Note that more staff can be used if available.

Number of Staff Needed	Zone	Areas	Areas Checked
4x	**Yellow**	▪ **Level 2** – Eye Clinic, Fracture Clinic, Main Entrance, Outpatient Reception, Outpatient X-Ray, Paediatric Outpatients, Pharmacy, Physiotherapy, Ultrasound (Access to level 3 for Ward 14 and Orthortics)	
		▪ **Level 3** – Lung Function, Occupational Health, Oral Maxillofascial, Orthodontics, Stratford Suite	
		▪ **Level 4** – Audiology, Dermatology, E.N.T	
		▪ **Car Park D**	
2x	**Purple**	▪ **Level 2** – ADAU, Labour Ward, Theatres 1-4	
		▪ **Level 1** – CT scanner, ED, MRI centre, Main X-Ray	
2x	**Orange**	▪ **Level 3** – Ward 23	
		▪ **Level 2** – DSU, Treatment Centre, Ward 24 (Access to CRS Building, Education Centre)	
		▪ **Car Park C**	
4x	**Blue**	▪ **Level 2** – Chapel & Prayer Room, Haematology Clinic, Pathology, Theatres 5-12, Wards 17 – 21 (Access to Cancer Centre and Ward 25)	
		▪ **Level 1 –** Antenatal Clinic, Breast Care Unit, Cardiology Unit, Restaurant, Endoscopy Unit, General Office, HSDU, MK Friends Shop, Medical Equipment Library, Ward 12, Ward 15 and 16, Willow Unit (Access to Level 2 for Ward 22)	
		▪ **Car Park B**	
2x	**Green**	▪ **Level 2** – ICU, NNU, Renal Unit, Ward 7-10	
		▪ **Level 1** – Main Stores, PDU, Ward 1-5	
		▪ **Oak House**	
		▪ **Car Park A**	