

## Standard Operating Procedure Infant/Neonate Abduction SOP

Date	Version
December 2015	1

### Purpose

The purpose of this policy is to ensure that adequate procedures are in place to:

- Facilitate the speedy return of the infant to a place of safety
- Ensure that staff are fully aware of their roles and responsibilities
- Ensure that staff are deployed effectively to conduct a search and cooperate with the Police.
- Ensure involvement of the supervisor of midwives to support staff on duty at time of the abduction.
- Ensure that the parents/family of an abducted infant are kept fully informed of the situation and are appropriately supported.
- Conduct effective de-brief and review of procedures in the event of an abduction occurring, in line with Trust Risk Management procedure.

### Who should read this document?

- Chief Executive
- Director of Planning and Site Services (Director of Security)
- Matrons and Heads of Departments
- All Staff working with Children / Infants and Neonates should be fully versed with this SOP

It will be the responsibility of these staff to ensure that the contents of this SOP are brought to the attention of all Trust staff and that staff of all organisations contracted to deliver services across the Trust.

### Key messages

- Infant abduction events are rare.
- In the event of a suspected infant abduction, call **Switchboard** (3333) immediately.
- Time is of the essence: controlling access and egress from the building is paramount.
- The Police are responsible for leading the investigation.

### Accountabilities

<b>Production</b>	Maternity Risk Manager
<b>Review and approval</b>	Clinical Effectiveness Committee
<b>Ratification</b>	HOM
<b>Dissemination</b>	Trust Documents

Compliance	Audit Midwife
------------	---------------

**Links to other policies and procedures**

- Trust SOP Infants abduction
- Health and Safety Policy
- Risk Management Framework
- Trust Security Policy
- Major Incident Plan
- Policy for the Management of Adverse Events
- E-form – Trust Incident Report Form (DATIX)
- Safeguarding Adults – multi-agency policy for safeguarding adults – a complete working guide

**Version History**

1.0	Dec 2015	Issue
Last Approval		Due for Review
Dec 2015		Dec 2018

*The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

**An electronic version of this document is available on Trust Documents. Larger text, Braille and Audio versions can be made available upon request.**

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

<b>Section</b>	<b>Description</b>	<b>Page</b>
1	Purpose and Scope	4
	Definitions	4
	Regulatory Background	4
	Key Duties	5
	Monitoring and Assurance	6
2	Procedure to Follow	7
3	Document Ratification Process	12
	Dissemination and Implementation	
4	Reference Material	12
<b>Appendices</b>		
	Action cards	14
	How to Protect your infant/neonate from Abduction	22
	Dissemination Plan	23
	Review and Approval Checklist	24
	Equalities and Human Rights Impact Assessment	26

## Standard Operating Procedure (SOP)

### Infant/Neonate Abduction Standard Operating Procedure

#### 1 Purpose and Scope

##### Introduction

Major security incidents such as infant/neonate abduction are rare, however the trauma and publicity surrounding such events highlights the importance of ensuring that if such an incident does occur, the care group has a comprehensive response plan.

The purpose of this procedure is to ensure that adequate arrangements are in place to:

- Facilitate the speedy return of the infant to a place of safety
- Ensure that staff are fully aware of their roles and responsibilities
- Ensure that staff are deployed effectively to conduct a search and cooperate with the Police.
- Ensure involvement of the supervisor of midwives to support staff on duty at time of the abduction.
- Ensure that the parents/family of an abducted infant are kept fully informed of the situation and are appropriately supported.
- Conduct effective de-brief and review of procedures in the event of an abduction occurring, in line with Trust Risk Management procedure.

This policy applies to all staff employed at Plymouth Hospitals NHS Trust involved in the care of infant/neonates.

This policy is applicable to all buildings and grounds of all Plymouth Hospitals NHS Trust operated buildings and sites.

##### Definitions

For the purpose of this policy the definition of “Infant/neonate” is a child in the earliest period of life. This relates to the Maternity and Neonatal Wards only.

The definition of “abduction” is the criminal act of taking someone away by force or deception.

##### Regulatory background

There is no specific legislation that relates to this SOP.

Guidance and Statutory Orders are issued by the Department of Health through NHS Protect.

## **Key Duties**

### **Chief Executive**

Has overall responsibility for ensuring that the Trust meets its statutory obligations and that effective security arrangements are in place and periodically reviewed.

### **Director of Security**

The role of the Director of Security is a statutory requirement for all Trust's as defined in the Secretary of State for Health's Directions to NHS Bodies on Security Management Measures 2004. The role is undertaken by a suitable Trust Executive Director who has responsibility for operational and/or strategic security matters. In this Trust the Director of Planning and Site Services is the nominated Director of Security.

### **Local Security Management Specialist**

Ensure that search plans are in place.

Ensure that procedures are in place to accurately record all relevant information relating to incidents.

Ensure all incidents (including hoaxes) are recorded on the Trust's Incident Reporting system.

### **Head of Midwifery/Director of maternity services/ Associate Director of Nursing**

Ensure that this policy is applied within the Women and Children's Directorate and that all staff has access to a copy.

Ensure that employees are aware of, and understand the requirements of this procedure.

Ensure that risk assessments take account of the risk of potential threats and that preventative measures are put in place where possible.

### **All Staff**

Remain vigilant and report any suspicions immediately to both senior clinical staff and the Security Team. These should also be recorded via the Trust's risk management incident reporting system (DATIX).

Observe the requirements of this procedure.

Attend any training provided by the Trust.

**For Roles and Responsibilities During and Operational Response –  
Refer to Section 2.**

## Monitoring and assurance

Outcome Measure	Performance Indicator	Compliance	Learning
All staff are aware of the contents of this SOP.	Audit of staff for awareness of SOP and key facts.	Maternity clinical risk team	Outcome will feed into maternity communications strategy.
Switchboard staff handle the incoming call in line with the SOP.	Switchboard staff have completed Training in line with this SOP.	Health and Safety Committee	Outcome will feed into review of SOP / Policy. Outcome will feed into Emergency Response Planning.
Security Systems are fully operational covering the Maternity and Neonatal Units: <ul style="list-style-type: none"> <li>• CCTV cameras are always fully operational.</li> <li>• Entry cameras are always fully operational.</li> <li>• Electronic Access Control is always fully operational</li> </ul>	KPIs enshrined in Vinci IPSMS Contract	Integrated Car Parking and Security Management (IPSMS) Service Contract Review	Outcome will feed the performance review of the Vinci Contract. Outcome will shape future Security Contracts.
Maternity and Neonatal staff ensure the Security of their Wards and Units: <ul style="list-style-type: none"> <li>• Unexpected Visitors are always challenged</li> <li>• Staff ensure they are not “tail-gated” to access the Ward / Unit</li> </ul>	Audit of staff for awareness of SOP and key facts.	Maternity clinical risk team	Outcome will be highlighted to the maternity staff via newsletter

## **Procedure Statement**

This SOP sets out the procedures the Trust will adopt on discovery of suspected infant/neonate abduction. The Policy details the procedures for ensuring that the alarm is raised; undertaking initial search; engaging the involvement of the Police; preserving evidence; handling the media and ensuring that the families and staff are supported.

The SOP also includes specific action cards for staff involved in the response to suspected infant/neonate abduction and the post incident review. Details include the liaison with the Police.

### **Step 1**

#### **Raising the Alarm**

In the event of an incident of suspected infant/neonate abduction or circumstances where an infant/neonate is missing or unaccounted for, the member of Staff will immediately inform the Midwife in charge of the area concerned.

The immediate priority for the Midwife in Charge of the area is to establish that the infant/neonate is missing and unaccounted for. This may require a search of the ward/area.

### **Step 2**

If the infant/neonate is not found through a quiet search of the area, the Midwife in Charge of the area will contact the hospital switchboard on extension 3333 and quote "infant abduction", stating their identity and location.

The Switchboard operator will advise the following that infant/neonate abduction has occurred:

- On Call Executive Director
- On-call Manager
- Supervisor of Midwives
- Operations Manager
- Security / Estates teams

*The Midwife in Charge of the area will take responsibility for notifying all other staff on the unit.*

## **Response to Incident**

Infant/neonate abduction is a criminal offence and therefore the Police will assume responsibility for the management of the incident and the recovery of the infant/neonate.

Prior to the arrival of the Police, the On Call Executive Director will establish the Major Incident Control Centre, with designated senior staff who will lead the Trust's response to the incident.

Major Incident Control Centre, Diagnostics Meeting Room, Level 6

Tel 55158

Email [derrifordhospital.controlcentre@nhs.net](mailto:derrifordhospital.controlcentre@nhs.net)

## **Roles and Responsibilities During and Operational Response**

### **Maternity/Neonatal Staff**

Provide guidance to parents on how to protect their infant/neonate from abduction. (An example advice leaflet is provided in Appendix 2)

When a member of staff becomes aware of the unexplained absence of an infant/neonate, they must report the incident immediately to the senior member of staff on duty.

### **Midwife in Charge of the area (Ward)**

Has responsibility for activating the critical response plan in the event of suspected infant/neonate abduction or circumstances where an infant/neonate is missing or unaccounted for. They will contact the hospital switchboard on extension 3333 and quote "infant abduction", stating their identity and location. They will instruct other staff members within the area to continue to quietly search the immediate area.

They will arrange for the room / bed space to be locked if possible, or sealed off. They will prevent anyone being allowed into the room or the vicinity of the bed space after discovery of the abduction. They will arrange for a suitable private area for the parents and any other relatives of the abducted baby to remain on the Ward and be accompanied at all times by a named midwife allocated to the care of the mother and her infant/neonate. The named midwife will arrange for any necessary or requested family support.

They will request a member of the Security/Estates team / Portering to guard the entrance to the abduction room until the Police arrive to take responsibility.

### **Preserving the scene**

All efforts will be made to preserve forensic evidence. If at all possible arrangements will be made to prevent anyone being allowed into the room or the vicinity of the bed space after discovery of the abduction.

The room / bed space will be locked if possible, or sealed off.

### **Switchboard Operator**

Ensure that immediate contact is made with Police, On Call Executive Director, and Security.

### **On Call Executive Director**

CLI.MAT.SOP.1003 Infant-Neonate Abduction SOP

The On-call Executive Director will lead the operational response from the Major Incident Control Centre, Level 6, instigating elements of the Major Incident plan as appropriate (for instance Lockdown).

The On-call Executive Director will act as the link person with the Police Incident Commander and other relevant agencies.

### **On-call Manager**

The On-call Manager will be responsible for implementing the operational response arrangements required, under the direction of the On-call Executive Director, including:

- Liaising with Senior Clinical Staff (Duty Senior Nurse, Head of Midwifery, Safeguarding Team) as required as the incident develops.
- Ensuring that sufficient staffing resources are allocated to support the Ward/Department, Security and Estates.

### **Operations Manager**

They will liaise directly with the on call manager. They will co-ordinate the deployment of security officers, fire team and porters to undertake buildings and grounds checks.

### **Security Officers / Estates Team / Porters**

Have responsibility for securing all exits to the building and all exit traffic barriers. Also to support the Police as directed.

### **Communications Manager**

Is responsible for all media/press enquiries and will liaise with the Police Press Office. They are responsible for any internal communications issued with respect to the incident.

Action Cards for key roles have been developed (see Appendix 1) to assist key staff in responding to an infant/neonate abduction event.

### **Instigating a lock-down of site**

The On Call Executive Director will instigate a lock down of the Derriford Hospital building, requiring Security / Estates team / Portering staff to be located at all entrances/exits to the hospital and fire exits, lifts and staircases.

No person will be allowed to leave or enter the Hospital Building without being searched, except on the authorisation of the Police Incident Commander.

Only staff involved in life-saving care, search and preservation of evidence will be allowed in or out of the Maternity / Neonatal Unit.

Car park exit barriers will be manned by Car Park Officers, to check and monitor all vehicles leaving the car park - this may include searching by consent.

Consideration will be given as to whether further entry to the Hospital site will be restricted, and if so this will require support from the Police from traffic management to be located at all entry points to the Hospital site.

The CCTV Control Room staff will carry out random checks of the external car parks and roads using the Trust's CCTV Systems.

Staff should be alert to suspicious circumstances, such as people carrying babies being found in inappropriate areas, e.g. stairwells, lifts, etc. or people carrying large packages or bags - particularly if the person is cradling the package rather than carrying it or appears to be talking to the package.

### **Instigating a search**

The Incident Co-ordinator will ensure that a thorough search of every room of every area of the Maternity / Neonatal Unit is instigated. When staffing and other circumstances allow, simultaneous searches will be made in each area.

At times of low staffing or when unavoidable clinical demands on staff are high, priority will be given to the ward from which the abduction has taken place. The search will commence immediately, as the premises are locked down, and will not wait for Police arrival.

If the alarm-protected exits have been disabled by a fire alarm, an initial check will be made to ensure that they are all closed. An open exit will indicate the area on which to concentrate further searches.

By the time that the immediate area of the Maternity / Neonatal Unit has been searched, it is probable that the Police will be in attendance to extend the search to other areas of the hospital site. If not the same principles will be followed - thorough searches of complete areas fanning out from the Maternity Unit / Neonatal.

### **Protecting and supporting the affected family**

The parents and any other relatives of the abducted baby should remain on the Ward and be accompanied at all times by the named midwife allocated to the care of the mother and her infant/neonate. The named midwife will arrange for any necessary or requested family support.

The Incident Co-ordinator will keep the family informed of the progress of the incident.

### **Liaising with other parents in the Maternity/Neonatal Unit**

The Incident Co-ordinator will ensure that staff inform other parents in the relevant Unit of the incident and the steps being taken to deal with it.

Parents will be requested to stay - with their infant/neonate, if appropriate - in their own room or bed area. They will be asked to co-operate by maintaining a calm and orderly atmosphere and ensuring that their own particular areas are thoroughly checked for the missing baby.

A check will be made to link all parents present in the relevant Unit

Regular information on the progress of the incident will be given to the parents, especially if or when the baby is found or recovered.

## **Managing the media**

No media responses will be made by the Trust without first liaising with Devon and Cornwall Police Public Relations Officer or the Senior Investigating Officer.

The Trust's Communications Officer will be responsible for the management of media representatives on Trust premises. In their absence, this duty will be undertaken by the On Call Executive Director or their nominee.

Media representatives will be directed to the Main Outpatients (as detailed in the Major Incident Plan where a member of staff will be allocated to liaise with them on the progress and management of the incident.

Under no circumstances will media representatives be allowed into other areas of the hospital including the Maternity / Neonatal Unit to talk to staff or patients, unless agreed by and escorted by the Police and Trust Communications Manager.

The Trust's Communication Officer must maintain close liaison with the Trust's Incident Co-ordinator.

## **Support for the Staff**

The Supervisor of Midwives will be informed and be responsible for organising on-going support of individual Staff.

## **Post Incident Review**

The Emergency Planning & Liaison Officer will co-ordinate a timely, post incident review covering all aspects of action taken, including raising staff awareness and establishing further deterrent and preventative measures. This review will address both the successful and unsuccessful elements of the incident.

The objective will be to ensure that plans remain comprehensive and relevant and, above all, are understandable and operable by all staff. 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.

The Chief Executive will ensure 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 report will be submitted to the Health and Safety Committee and the Trust Senior Management Team.

## **3 Document Ratification Process**

The design and process of review and revision of this procedural document will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of three years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the maternity clinical risk team and ratified by the clinical effectiveness committee.

Non-significant amendments to this document may be made, under delegated authority from the Director of Maternity, by the nominated author. These must be ratified by the Director of Maternity and should be reported, retrospectively, to the Clinical effectiveness committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes

### **Dissemination and Implementation**

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of Security and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

## **4 Reference Material**

This policy has been developed using guidance from:

- Department of Health & NHS Protect Guidance on Safer Hospitals and Preventing Infant/neonate Abduction.
- Regulatory Agencies – NHS Protect, CQC, HSE and Police.

### **Relevant Trust Policies and Forms**

- TRW/EMP/PLA.226/9 – Major Incident Plan
- Health and Safety Policy
- Risk Management Framework
- Trust Security Policy
- Major Incident Plan
- Policy for the Management of Adverse Events
- E-form – Trust Incident Report Form (DATIX)
- Safeguarding Adults – multi-agency policy for safeguarding adults – a complete working guide
- Trust procedure Standard Operating Procedure Infant Abduction Policy

The following Appendices are included in this policy:

- Appendix 1 – Action Cards
- Appendix 2 – How to protect your Infant/neonate from Abduction
- Appendix 3 - Dissemination Plan
- Appendix 4 - Review and Approval Check list
- Appendix 5 - Equalities and Human Rights Impact Assessment

## Action Cards

## Appendix 1

- Action Card 1 Senior Member of Maternity Staff
- Action Card 2 Switchboard Operator
- Action Card 3 On Call Executive Director
- Action Card 4 On-Call Manager
- Action Card 5 Duty Senior Nurse (Bleep 035)
- Action Card 6 Security Manager (Vinci Park) / Hotel Services Manager (Serco)
- Action Card 7 Estates Officer

## Infant/neonate Abduction Incident

### Senior Member of Maternity Staff

#### Action Card 1

**Notified by** Member of Clinical Staff / Patient

**Responsible to** On-call Executive Director

**Location** Ward or Department

#### ACTION DURING INCIDENT

- 1) If the unexplained absence of an infant/neonate occurs, the following actions must be carried out:
  - Secure the area to prevent anyone from leaving the Ward.

CLI.MAT.SOP.1003 Infant-Neonate Abduction SOP

- Conduct an immediate Head Count of Mothers and Babies
  - Thoroughly check the Ward / Department and all areas in the immediate vicinity, e.g. lift/lobby areas.
  - Question the Parents/visitors of the missing infant/neonate if they are present in the Ward / Department
  - Question all other patients/visitors on the Ward/Department
- 2) Inform Switchboard via 3333 of the missing infant/neonate providing as much information available as possible including:
- Infant/neonate Abduction Security Alert
  - Your name, job title, ward name and contact number – to act as single point of contact until senior team assembled in Major Incident Control Centre
  - Ask the Switchboard operator to inform all relevant parties as per their action card
  - Report infant/neonate abduction, giving name of child involved and approximate time of incident.
  - Confirm exact location of ward name and address as Derriford Hospital, Derriford Road, Plymouth, PL6 8DH,
  - Any information available regarding who the abductor might be, any description or indication as to whether they may still be on site or if a vehicle was used to depart from site
  - Confirm that switchboard will be calling the police.
- 3) Contact Maternity Reception on Ext 31499, inform them of the unexplained absence of an infant/neonate and ask them to immediately contact the Supervisor of Midwives and your name and contact number.
- 4) Act as Single Point of Contact for ward, taking charge of incident response at ward level.
- 5) Liaise with Hospital Co-ordination Team established in Major Incident Control Centre, Level 6 who will lead on:
- Liaison with the Police and Security
  - Instigating and co-ordinate a systematic search of surrounding areas and grounds
  - Liaise with Security team and ensure full co-operation of Maternity / Neonatal Staff.
- 7) Retrospectively, report incident and immediate actions on Datix.

# **Infant/neonate Abduction Incident**

## **Switchboard Operator**

### **Action Card 2**

<b>Notified by</b>	<b>Senior Member of Nursing/Midwifery Staff</b>
<b>Accountable to</b>	<b>On-call Manager</b>
<b>Location</b>	<b>Switchboard</b>

#### **ACTION DURING INCIDENT**

- 1) On receipt of a 3333 call requiring the initiation of an Infant/neonate Abduction Emergency Procedure, The Switchboard operator must note the following details from the caller:
  - Name of the caller
  - Extension number of caller
  - Location from where infant/neonate is missing
  - Last time infant/neonate was seen
  
- 2) Contact the following senior staff, informing them on the exact information available:
  - Police via 999
  - On-call Executive Director
  - On-call Manager
  - Duty Senior Nurse
  - Security Manager
  - Estates Officer

Requesting them to immediately report to the Major Incident Control Centre, (Diagnostics Seminar Room) Level 6 Derriford Hospital.

# **Infant/neonate Abduction Incident**

## **On Call Executive Director**

### **Action Card 3**

<b>Notified by</b>	<b>Switchboard</b>
<b>Accountable to</b>	<b>Chief Executive</b>
<b>Location</b>	<b>Major Incident Control Centre, Level 6, Derriford Hospital (Diagnostics Seminar Room)</b>

#### **ACTION DURING INCIDENT**

- 1) Establish Major Incident Control Centre, to co-ordinate incident and instigate emergency plans, as appropriate (eg Lockdown).
- 2) Risk assess incident and determine staffing resource allocation required for appropriate incident response.
- 3) Wear Executive Director tabard and maintain a written log of all events, actions and timing throughout the incident.
- 4) Act as a link person with Incident Commander deployed from the Police.
- 5) Ensure all communication messages are pre-fixed with subject header 'Critical Internal Incident – Infant/neonate Abduction'
- 5) Escalate situation to health partner agencies, formally reporting incident and issues via situations reports – contained within Major Incident plan.
- 6) Seek advice from the Police, risk assess and direct Trust staff on the actions to make.
- 7) Maintain a written timed log of all events, actions undertaken and outcomes.

# **Infant/neonate Abduction Incident**

## **On Call Manager**

### **Action Card 4**

<b>Notified by</b>	<b>Switchboard</b>
<b>Accountable to</b>	<b>On-call Executive Director</b>
<b>Location</b>	<b>Major Incident Control Centre, Level 6, Derriford Hospital (Diagnostics Seminar Room)</b>

#### **ACTION DURING INCIDENT**

- 1) Wear On-call Manager tabard and work under the direction of the On-call Executive Director, ensuring operational response is co-ordinated.
- 2) Implement operational response arrangements detailed within the Infant/neonate Abduction SOP and related emergency plans.
- 3) Maintain a written timed log of all events, actions undertaken and outcomes.
- 4) Liaise with Supervisor of Midwives and Single Point of Contact on ward affected to ensure they have sufficient support throughout the incident.
- 5) Inform Duty Senior Nurse, Estates Officer, Vinci Security Manager and Serco Duty Manager, of priorities for action and staffing resources required.
- 6) Ensure that response teams are briefed on the situation and how to respond to queries – particularly at cordons and as part of any search activity.
- 7) Make use of radios available in Major Incident Control Centre for staff deployed manning cordons, runners or assisting in searches.
- 8) Prepare situation reports for partner agencies, for authorisation by the On-call Executive Director.
- 9) Ensure Communications Team member has been informed of the incident response and agree internal communication to staff, and respond to media enquiries.

# **Infant/neonate Abduction Incident**

## **Duty Senior Nurse – Bleep 0355**

### **Action Card 5**

<b>Notified by</b>	<b>Switchboard</b>
<b>Responsible to</b>	<b>On-call Executive Director</b>
<b>Location</b>	<b>Major Incident Control Centre, Level 6, Derriford Hospital (Diagnostics Seminar Room)</b>

#### **ACTION DURING INCIDENT**

- 1) Wear Duty Senior Nurse tabard and work under the direction of the On-call Executive Director, ensuring operational response is co-ordinated.
- 2) Maintain a written timed log of all events, actions undertaken and outcomes.
- 3) Support Supervisor of Midwives during incident response, whilst maintaining an overview of the hospital in general.
- 4) Ensure clinical areas have appropriate staffing levels to maintain services and support the areas affected.
- 5) Identify leads and agree communication routes with all wards/departments affected – (telephone/bleep/radio)
- 6) Advise On-call Manager and On-call Executive Director on clinical issues or concerns relating to the incident or response.
- 7) With Supervisor of Midwives, identify appropriate On-call Consultant lead to support response – dependent upon speciality areas affected and ensure clinical input into any decisions regarding evacuation.

**Infant/neonate Abduction Incident**  
**Vinci Park Operations Manager and**  
**Serco Duty Manager**

**Action Card 6**

<b>Notified by</b>	<b>Switchboard</b>
<b>Responsible to</b>	<b>On-call Manager</b>
<b>Location</b>	<b>Major Incident Control Centre, Level 6, Derriford Hospital (Diagnostics Seminar Room)</b>

**ACTION DURING INCIDENT**

- 1) Report to and work under the direction of the On Call Manager based in the Major Incident Control Centre. If you leave this location, ensure that the On-Call Manager has a route to contact you immediately (e.g. via mobile or radio)
- 2) Identify staff on duty to support immediate response to facilitate in searches and manning cordons in or around the building.
- 3) Brief Vinci/Serco staff on the position, their role and provide agreed information as to what they should say in answer to any queries. Confirm that if they cannot answer a question accurately or require assistance, the Major Incident Control Centre must be contacted for advice and support.
- 4) Call in additional Vinci/Serco staff to support the incident response, as required.
- 5) Liaise with On Call Manager regarding any changes in priorities or if lockdown is advised.

# **Infant/neonate Abduction Incident**

## **Estates Officer**

### **Action Card 7**

<b>Notified by</b>	<b>Switchboard</b>
<b>Responsible to</b>	<b>On-call Manager</b>
<b>Location</b>	<b>Major Incident Control Centre, Level 6, Derriford Hospital (Diagnostics Seminar Room)</b>

#### **ACTION DURING INCIDENT**

- 1) Report to and work under the direction of the On Call Manager based in the Major Incident Control Centre. If you leave this location, ensure that the On-Call Manager has a route to contact you immediately (e.g. via mobile or radio)
- 2) Identify staff on duty to support immediate response to facilitate access to all areas to facilitate searches.
- 3) Support the On-call Executive Director in liaising with the Police.
- 4) Brief Estates staff on the position, their role and provide agreed information as to what they should say in answer to any queries. Confirm that if they cannot answer a question accurately or require assistance, the Major Incident Control Centre must be contacted for advice and support.
- 5) Call in additional Estates staff to support the incident response, as required.
- 6) Liaise with On Call Manager regarding any changes in priorities or if lockdown is advised.

Within Plymouth Hospitals NHS Trust we have a responsibility to provide a safe and secure environment for you and your baby. It is also our responsibility to make you aware of the risk of infant/neonate abduction (kidnapping) from hospitals, birthing centres or even from your home. Such incidents are rare, and whilst the hospital has many initiatives to ensure security within the Maternity/Neonatal Unit, there are things that you as a parent can do to enhance safety and minimise risks. The guidelines below will help you to protect your baby from the risk of abduction whilst in the hospital.

- Familiarise yourself with the nurses and other hospital staff who will be taking care of you and your baby.
- **NEVER** allow anyone who does not have a hospital identity badge to examine your baby; question unfamiliar people entering your room or asking about your baby, even if they are wearing hospital uniform. If you are concerned, notify a member of Staff immediately.
- **NEVER** give your baby to anyone who does not have official hospital identification and question anyone who tries to carry your baby out of your room.
- If your baby needs to have any tests, find out who approved the tests, where your baby will be taken and how long the test will take. You or your partner may accompany the baby.
- If you take your baby out of your room for any reason, keep your baby in a crib on wheels. Do not carry your baby in your arms when outside your room.
- When your baby is in your room, keep the bassinet beside your bed. Ask staff about any security concerns you may have.
- Please help us by telling your family and friends about infant/neonate security issues.
- Be aware of the visiting times for family and friends.
- Ask any visitors to be patient when trying to gain access to the Ward using the intercom system. The system is in place to improve your baby's security.

<b>Core Information</b>				
<b>Document Title</b>	<b>Maternity Infant/neonate Abduction</b>			
<b>Date Finalised</b>	Dec 2015			
<b>Dissemination Lead</b>	Trudie Roberts			
<b>Previous Documents</b>				
<b>Previous document in use?</b>	Nil			
<b>Action to retrieve old copies.</b>				
<b>Dissemination Plan</b>				
<b>Recipient(s)</b>	<b>When</b>	<b>How</b>	<b>Responsibility</b>	<b>Progress update</b>
All in maternity	On ratification	e-mail newsletter	Clinical risk team	Dec 2015

Review		
<b>Title</b>	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, frame-work, APN or SOP?	Yes
	Does the style and format comply?	Yes
<b>Rationale</b>	Are reasons for development of the document stated?	Yes
<b>Development Process</b>	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
<b>Content</b>	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
<b>Evidence Base</b>	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
<b>Approval</b>	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A
	Does the document identify which Executive Director will ratify it?	Yes
<b>Dissemination/ Implementation</b>	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
<b>Document Control</b>	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
<b>Monitoring Compliance &amp; Effectiveness</b>	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
<b>Review Date</b>	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
<b>Overall Responsibility</b>	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the	Yes

	document?	
--	-----------	--

<b>Core Information</b>	
<b>Manager</b>	Trudie Roberts
<b>Directorate</b>	Women’s and Children’s care group
<b>Date</b>	16 <sup>th</sup> December 2015
<b>Title</b>	<b>Maternity Infant/neonate Abduction</b>
<b>What are the aims, objectives &amp; projected outcomes?</b>	To ensure a secure environment for staff, patients and visitors and comply with legislation, guidance, best practice and Trust policies.
<b>Scope of the assessment</b>	
Infant/neonate Abduction Policy (maternity SOP, restricted not for public release). New development.	
<b>Collecting data</b>	
<b>Race</b>	No
<b>Religion</b>	No
<b>Disability</b>	No
<b>Sex</b>	No
<b>Gender Identity</b>	No
<b>Sexual Orientation</b>	No
<b>Age</b>	No
<b>Socio-Economic</b>	No
<b>Human Rights</b>	No
<b>What are the overall trends/patterns in the above data?</b>	N/A
<b>Specific issues and data gaps that may need to be addressed through consultation or further research</b>	No data has been collected during this review.
<b>Involving and consulting stakeholders</b>	
<b>Internal involvement and consultation</b>	Members of the Trust’s clinical effectiveness committee maternity. Trust’s Security Management Specialist and Director of Security.
<b>External involvement and consultation</b>	NHS Protect – policies and guidance
<b>Impact Assessment</b>	

<b>Overall assessment and analysis of the evidence</b>	<p>This document provides a comprehensive policy which encourages, endorses and guides all staff, patients and visitors to act or take measures in a way that promotes an environment that is secure for the individual as well as Trust and private property. None of the measures is designed to cause distress, inequality or prevent patient accessing healthcare either planned or in an emergency. The only negative effect of these measures would be through sanctions brought by the Trust against those who cause distress, violence or aggression against others, or steal Trust or private property. In these cases the Trust ensures that individuals are still able to access emergency healthcare when required irrespective of the sanctions imposed by the Trust. These measures are deemed fair and reflect the guidance from NHS Protect and are used in other Trusts' throughout England. They are not deemed to prejudice any group or individual and do not preclude these individuals from accessing healthcare at the Trust in an emergency.</p>			
<b>Action Plan</b>				
<b>Action</b>	<b>Owner</b>	<b>Risks</b>	<b>Completion Date</b>	<b>Progress update</b>