

**ABSENT WITHOUT LEAVE (AWOL) AND
MISSING PERSON POLICY
NOV 2013**

This policy supersedes all previous policies for AWOL

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Consultation	Divisional Managers, Divisional Clinical Leads, Local Security Management Specialist; Matrons, Community Team Managers, Ward Managers; Deputy Director Nursing		

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Further copies of this document can be found on the Foundation Trust intranet.

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Policy Prompt - AWOL Policy

Please note: staff have a duty to read the whole policy

1. When a staff member realises a detained patient is AWOL they will:

Inform the shift co-ordinator who will carry out and/or delegate the following:-

- Initiate a search of the ward/unit, checking every room and area (not required if the patient has not returned from leave).
- Attempt to contact the patient via telephone, by mobile or at last known address.
- Assess the level of risk
- Inform the Duty Nurse who, following consultation with ward staff, will decide whether to inform the Matron/Divisional Manager, or out of hours the On-Call Senior Manager.
- Between 9.00am and 5.00pm inform a member of the patient's medical team. After 5.00pm and at weekends/bank holidays inform the duty doctor (within normal waking hours). The consultant on call may be informed at the discretion of the Senior Manager On-Call, if there are significant concerns about the patient's level of risk.
- Inform the Police, indicating a level of urgency based on the current mental state and risk assessment and risk management plan (see Assessment of Risk and Involvement of the Police below).
- Contact the patient's next of kin; carers or potential contacts.
- Inform the named Care Co-ordinator under CPA (if outside of normal working hours this should be completed at the earliest opportunity).
- Inform any other agencies directly involved in the care of the patient, including the GP.
- The AWOL incident must be recorded on:
 - the Inpatient Management/ Leave and AWOL history on RiO
 - details of the incident and any known factors which precipitated the incident must be recorded in the progress notes including the time contact was made with the next of kin, family, friends and other agencies; and this progress note should be added to the Risk History
 - a Datix Incident Form must be completed
 - the patient's risk summary must be updated following an AWOL episode, and a care plan written for 2nd and subsequent AWOL incidents
- If the patient remains AWOL the multidisciplinary team should make a plan of action which may include the use of Section 135(2).

2. When a detained patient fails to return from leave

- Endeavour to contact the patient by telephone and ask them to return to the ward.
- A risk assessment should be undertaken prior to contacting the Police to report the patient AWOL.
- Inform staff with responsibility for clinical care, Consultant and other relevant professionals eg hostel staff and relatives who may know the whereabouts of patient and be able to assist in his/her return
- Details of the incident and any known factors which precipitated such an occurrence must be recorded on the Datix Incident Form and in the patients RiO records:
 - in the Inpatient Management/ Leave and AWOL history
 - the progress notes including the time contact was made with the next of kin, family, friends and other agencies and this progress note should be added to the Risk History
- If the patient remains AWOL the multidisciplinary team should make a plan of action which may include the use of Section 135(2)
- Complete an Incident Form and record all events and discussions on RiO, including the return/or not of the patient.
- Update the patient's risk summary to reflect the AWOL episode and a care plan written for 2nd and subsequent AWOL incidents

1. Introduction

This policy gives guidance on action to be taken when an inpatient absents themselves from an inpatient setting or fails to return from leave where the person is either:

- A person detained in hospital under the Mental Health Act 1983 (i.e. **AWOL**)
- A person who has been admitted to hospital informally but who is considered to be vulnerable either because of a mental/physical health problem that is giving rise to concern. (i.e. **missing**)

This policy will form the basis of a joint working agreement between:

- Camden and Islington NHS Foundation Trust
- Islington Social Services
- Camden Social Services
- Metropolitan Police Borough Command Units (BCO) for Camden and Islington
- London Ambulance Service

The writing of this policy was informed by NHSLA guidance and the Pan London Multi-Agency Protocol for Service Users Missing from Hospitals or other Healthcare Settings.

Trust Safeguarding Statement

The Trust is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults. All employees have a duty to be alert to potential vulnerabilities in children and adults, and to know what to do if they have concerns. All staff are expected to be aware of and implement the Trusts safeguarding policies and procedures.

2. Aims and Objectives

- To provide a working definition of what is meant by a 'missing patient'.
- To define the distinction between a patient who is missing and a patient who is AWOL.
- To outline the process that must be followed when a patient goes missing and is returned, or fails to return from agreed leave.
- To distinguish between low, medium and high risk patients.
- The introduction of a strategy to reduce AWOL/missing patients.

3. Scope of the Policy

This policy relates to the management of all inpatients (and those on leave who are subject to community sections) of the Foundation Trust and the staff responsible for their care in both inpatient and community settings.

4. Definitions

4.1 Absconded

A patient who has run away from a member of staff whilst out on any authorised leave (e.g. running away whilst on escorted walk or attending appointment with members of staff)

4.2 Absent without leave (AWOL)

- A **detained** patient who fails to return from home leave or any other agreed period of unescorted leave
- A **detained** patient who leaves a ward/unit without permission
- A patient subject to Supervised Community Treatment who has been recalled to hospital and fails to return or goes missing within the 72 hour period of recall

4.3 Missing

- **Informal** patients who fail to return from leave by an agreed or specified time and their whereabouts are unknown
- **Informal** patients who leave the ward/unit or department without the knowledge of staff.
- **Informal** patients who whilst being accompanied by staff, leave that escort and cannot be found (i.e. Patient may be lost or confused but not actively seeking to avoid care).

5. Duties and Responsibilities

5.1 Chief Executive

It is the responsibility of the Chief Executive to:

- Promote the aims and objectives of this policy.
- Provide resources for putting the policy into practice; ensuring there are arrangements for monitoring incidents of AWOL and that the Board reviews the effectiveness of the policy.
- When there is an incident involving the use of AWOL for requesting that it is investigated and recommendations made under the Serious Incident Policy.

5.2 The Associate Director of Governance and Performance

It is the responsibility of the Associate Director of Governance and Performance to ensure that:

- This policy is reviewed and updated in a timely fashion, in liaison with medical, nursing, pharmacy, training and operational services staff.
- There is a current version of this policy on the Trust intranet and that staff are informed of any policy updates.
- Provide six monthly reports to the Quality Committee on incidents of AWOL as laid out in Section 15.

5.3 Lead Nurses/Ward Managers and Associate Directors

Lead Nurses/Ward Managers and Associate Directors are responsible for the implementation of the AWOL policy in their service area and must ensure that:

- The staff they manage read and understand the AWOL Policy
- The ward staff implement this policy and the AWOL Intervention correctly
- Ensure online datix incident forms are completed and completed for each AWOL incident
- Ensure that the recommendations from AWOL audits are implemented in a timely fashion.

5.4 Clinical Staff & the Police

The roles of both clinical staff and the police are set out in the policy below.

6. Anti-absconding initiative¹

The trust has adopted an anti-absconding initiative which all ward managers are introducing with the aim of reducing the number of patients who go AWOL.

- All patients are asked to sign in and out of the ward every time they leave
- Identification of those at high risk of absconding
- Targeted nursing time for those at high risk
 - Dealing with home worries
 - Promotion of controlled access to home
 - Promoting contact with family and friends
- Careful breaking of bad news
- Post-incident debriefing
- Multi-disciplinary-team (MDT) review following two absconds

7. Patients Detained Under A Section Of The Mental Health Act 1983 Who Leave The Ward/Unit Without Authorisation

7.1 Role of inpatient ward/unit teams in the event of patient AWOL

Please refer to:

- The policy prompt at the beginning of the policy

When a staff member realises a patient is AWOL they will:

7.1.1 Inform the shift co-ordinator who will carry out and/or delegate the following:-

7.1.2 Initiate a search of the ward/unit, checking every room and area (including those rooms that are locked) (not required if the patient has not returned from leave).

7.1.3 Attempt to contact the patient via telephone, either by mobile or at last know address.

7.1.4 Check the remainder of the unit and the surrounding area (not required if the patient has not returned from leave).

7.1.5 Assess the level of risk

¹ The Anti-Absconding Intervention: A Handbook for Ward Managers; City University & E London, 2003:

- 7.1.6 Inform the Duty Nurse who, following consultation with ward staff, will decide whether to inform the Matron/Associate Director, and out of hours the On-Call Senior Manager.
- 7.1.7 Between 9.00am and 5.00pm inform a member of the patient's medical team. After 5.00pm and at week ends/bank holidays inform the duty doctor (within normal waking hours). The consultant on call may be informed at the discretion of the Senior Manager On-Call, if there are significant concerns about the patient's level of risk.
- 6.1.8 Inform the Police, indicating a level of urgency based on the current mental state and risk assessment and risk management plan (see Assessment of Risk and Involvement of the Police below).
- 7.1.9 Contact the patient's next of kin; carers or potential contacts.
- 7.1.10 Inform the named Care Co-ordinator under CPA (if outside of normal working hours this should be completed at the earliest opportunity). (see notes below)
- 7.1.11 Inform any other agencies directly involved in the care of the patient, including the GP.
- 7.1.12 The AWOL incident must be recorded on:
- the Inpatient Management/ Leave and AWOL history on RiO (see Appendix 3 for details)
 - details of the incident and any known factors which precipitated such an occurrence must be recorded in the Progress Notes including the time contact was made with the next of kin, family, friends and other agencies; and this progress note should be added to the Risk History
- 7.1.13 Complete an Incident Form.
- 7.1.14 The patient's Risk Summary must be updated following an AWOL episode.
- 7.1.15 Staff are reminded to complete RiO records at the end of the AWOL episode, including the recording of multidisciplinary team discussion in the progress notes.

7.2 Assessment of Risk and Role of the Police

The ward/unit team, which will include the Shift Co-ordinator, Ward/unit Manger, Ward/unit Doctor, Consultant, Duty Nurse (where available) and Primary Nurse (or the nurse responsible for the patient on the shift) will assess and agree the level of risk related to the patient. The ward/unit team will convey to other agencies involved the degree of urgency in locating and returning the patient to hospital. This Risk Assessment will take into account previous Assessment of Risk and management plans, as well as the following specific factors relating to the person being AWOL:

- any active symptoms which indicate an increased risk to self;
- any active symptoms which indicate an increased risk to others;
- alcohol abuse;
- drug abuse;

- involvement in any incidents/unusual behaviour prior to absconding;
- any family or social crises/events which might have bearing on their whereabouts;
- age or physical condition which may increase risk; and
- details of whether they have been AWOL before including:
 - the outcome;
 - whether they came to any harm;
 - where were they found;
 - how did they return to the hospital; and
 - who was involved.

The above information will determine whether the person is low, medium or high risk and will assist the Police when the Missing Persons notification is made.

Please be aware that the Police will use the “**Association of Chief Police Officers**” risk assessment factors “to determine the level of risk:

Association of Chief Police Officers’ risk assessment model

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

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

High: The risk posed is immediate and there are substantial grounds for believing that the subject is in danger because of their own vulnerability or mental state or the risk posed is immediate and there are substantial grounds for believing that the public is in danger through the subject’s mental state.

In high risk cases the Police should be **informed immediately**, in medium and low risk cases this may be delayed for **up to four hours**.

In addition to an assessment of risk the Police will need the following information for their computerised Merlin system. They should be able to come to the ward and be given these details in paper form immediately. This is known as the ‘**GRAB PACK**’:

(Appendix 5: Pan London Flowchart for Local Protocols: Service User Missing from hospital)

INFORMATION NEEDED WITHIN THE GRAB PACK

- Name (including known aliases);
- Date of birth;
- Address and telephone number;
- Status under the Mental Health Act and expiry date of Section;
- Name and contact numbers of others involved, eg staff with responsibility for clinical care, GP;
- An accurate, updated physical description (ethnic origin, skin and hair colour, distinguishing features, clothing);
- Photograph of patient if available.

Adapted from "Pan-London guidance notes for local protocols: service user missing from healthcare setting (part b)"

The Police will also need to know what action has already been undertaken to locate and return the patient.

Police involvement in locating and assisting in returning the patient to the ward/unit will be dependent on:

- level of risk and urgency and
- risk of violence, self harm or harm to others.

7.3 Role of the staff with responsibility for clinical care in the community

6.3.1 The primary responsibility for initiating action to locate and return patients to the ward lies with the inpatient teams.

6.3.2 Care Co-ordinators and community services have a responsibility to assist inpatient teams in locating and returning patients to the ward.

6.3.3 Where appropriate and with due regard to local Lone Working Policy, the Care Co-ordinator will visit the patient at home or any other known location with the aim of encouraging the patient to return to the ward. They may accompany inpatient staff, or be accompanied by other agencies involved in the care of the patient.

6.3.4 The Care Co-ordinator will also liaise with carers or relatives, and involve them as appropriate in plans to locate and return the patient to hospital.

6.3.5 When a patient is not willing to return to hospital the Care Co-ordinator will consult with others involved in the patient's care to plan a course of action. This could involve:

- A reassessment by the Responsible Clinician to consider whether the patient still needs to be detained. This may result in the Section being rescinded.
- Where the location of the patient is known, and access denied, an application under Section 135(2) of the Mental Health Act may be made (Appendices 6 & 7).

8. Informal Patients Who Leave the Ward/Unit Without Agreement

8.1 Role of Inpatient Team in the Event of a Patient Absconding.

If an informal patient is absent from the ward/unit without prior arrangement, and there is concern about their wellbeing, then action detailed in **Section 6** of this policy needs to be implemented, with the exception of informing the Police.

The Police should **only be informed in the case of an informal patient being absent from the ward/unit if there is immediate and serious concern about their safety or the safety of others.**

The patient's GP should be informed within 24 hours of a patient being absent from the ward/unit.

8.2 Assessment of Risk

If after assessing the level of risk, and making attempts to contact the patient and/or the Care Co-ordinator, the ward/unit team feels that the level of concern does **not** warrant immediate action, then it is acceptable to review this decision at each change of shift.

These decisions and the rationale for them must be recorded in the notes and communicated to other workers involved in the patient's care, including the GP.

When there is a resolution of events and decisions made about the future management of this patient, these must be communicated to other workers involved in the patient's care, including the GP.

If after assessing the level of risk, the ward/unit team feel that this patient **is vulnerable** and at significant risk to themselves or to others, then the full procedure detailed in **Section 6** of this policy should be implemented.

These decisions and the rationale for them must be recorded on RIO and communicated to the other workers involved in that patient's care, including the GP.

When there is a resolution of events and decisions made about the future management of this patient, these must be communicated to other workers involved in the patient's care, including the GP.

If the patient is contacted and cannot be persuaded to return to the ward/unit voluntarily, and they are still considered to be at risk, a Mental Health Assessment should then be considered.

9. Patients Detained Under A Section Of The Mental Health Act 1983 Who Fail To Return From Leave & Section 135(2)

Please Note that this section of the AWOL Policy should be used in conjunction with the **Patient Leave Policy**.

Where patients do not return from leave at the specified time, a risk assessment should be undertaken prior to contacting the Police.

“Stopwatch” timing, resulting in calls to Police within minutes of an expired deadline regarding leave, should be avoided unless there is further evidence to suggest additional vulnerability.

9.1 Role of inpatient ward/unit teams in the event of a detained patient failing to return from leave

Please refer to:

- The policy prompt at the beginning of the policy

When a staff member realises a patient on leave has become AWOL they will:

- 9.1.1 Endeavour to contact the patient by telephone and ask them to return to the ward.
- 9.1.2 A risk assessment should be undertaken prior to contacting the Police to report the patient AWOL.
- 8.1.3 Inform staff with responsibility for clinical care, Consultant and other relevant professionals eg hostel staff and relatives who may know the whereabouts of patient and be able to assist in his/her return
- 9.1.4 If the patient remains AWOL the multidisciplinary team should make a plan of action which may include the use of Section 135(2)
- 9.1.5 Details of the incident and any known factors which precipitated such an occurrence must be recorded on the Datix Incident Form and in the patients RIO records:
 - in the Inpatient Management/ Leave and AWOL section
 - the progress notes including the time contact was made with the next of kin, family, friends and other agencies and this progress note should be added to the Risk History
- 9.1.6 Update the patient’s risk summary to reflect the AWOL episode.

9.2 Concern during planned leave

If during a period of planned leave concerns are raised with the ward/unit by carers, neighbours or any other agency, including members of the public, the shift co-ordinator who receives this information will on the same day discuss with the clinical team and the care co-ordinator an urgent review of the leave arrangements. This may require a home visit by the care co-ordinator or the Crisis Team to reassess the situation.

9.3 Implementation of Section 135(2)

There may be occasions when it is necessary, in the interest of the patient to gain access to the premises where the patient is known to be. This requires the use of Section 135(2), which provides for the issue of a warrant to a police officer to enter premises, using force if necessary, for the purpose of retaking a patient who is already liable to be detained.

A Section 135(2) may also need to be used when a patient has been granted leave from the ward into the care of the Crisis team and fails to either return to the ward or to keep agreed appointments. In this instance joint working between the Crisis team and the ward are essential, although the responsibility to invoke the use of a Section 135(2) lies with the ward.

When a patient is AWOL for more than 28 days Form H6 "Section 21B – authority for detention after absence without leave for more than 28 days" is used.

Please refer to the appropriate appendices:

- Appendix 6: Application for Section 135(2) Guidance
- Appendix 7: Extracts From The Mental Health Act 1983
- Appendix 8: Information in Support of Application for Warrant to Enter Premises and Remove Patient (MH72)
- Appendix 9: Warrant to Search & Remove Patient (MH73)
- Appendix 10: Authority for detention after absence without leave for more than 28 days Form H6.

10. Informal Patients Who Fail To Return From Leave

When there is serious concern about the safety of an Informal patient who has not returned from leave, procedures outlined in **Section 8** of this policy should be followed.

If the patient cannot be persuaded to return to the ward/unit voluntarily, and they are still considered to be at risk, a Mental Health Assessment should then be considered.

If during a period of planned leave concerns are raised with the ward/unit by carers, neighbours or any other agency, including members of the public, the shift co-ordinator who receives this information will on the same day discuss with the clinical team and the care co-ordinator an urgent review of the leave arrangements. This may require a home visit by the care co-ordinator or the Crisis Team to reassess the situation.

11. Patients Who Are Subject To Community Treatment Orders Who Do Not Respond To Recall

Service Users who are on a Community Treatment Order and who have not responded to a recall to hospital will be classified as Absent Without Leave - AWOL. Once this classification has been made, the Absent Without Leave Policy should be followed to ensure their safe return to an inpatient unit.

Any multidisciplinary team, CPA or professional meeting to discuss management of care should be co-ordinated by the staff with responsibility for clinical care or delegated to a community team member to prevent delay in accessing care co-coordinator if they are not available, (Reference: Supervised Community Treatment Policy).

12. Involvement of Care-Coordinator and Community Teams

The Shift Co-ordinator is responsible for negotiating the assistance of the Care Co-ordinator in locating and returning the patient, if possible.

If allocated, the named Care Co-ordinator under CPA, is to be contacted immediately and informed of what action the ward staff are taking to locate and return the patient. A plan needs to be agreed that clearly states what action the ward staff and the Care Co-ordinator will take. This should be documented in the patient's notes.

Where there is no allocated Care Co-ordinator, the Shift Co-ordinator will contact the local Duty Senior/Intake Worker in the relevant community team to discuss what action can be taken to locate and return the patient safely to the ward. The Shift Co-ordinator is responsible for negotiating the assistance of the community services in locating and returning patients. A plan needs to be agreed that clearly states what action the ward staff and the community services will take. This should be documented in the patient's notes.

When a patient goes missing at weekends or after 5pm, inpatient teams may not be able to contact Care Co-ordinators or community services within an acceptable time scale. At these times, decisions will have to be taken about the involvement of the Police, carers or relatives in assisting the inpatient ward teams to locate and return the patient independent of the community teams.

13. Outcomes and Resolutions

Once there has been a resolution of the AWOL situation, the following action will be undertaken by the Shift Co-ordinator, or delegated to another named member of staff on duty:

- All relatives, carers, the GP and other agencies contacted should be informed of the outcome.
- It is particularly important to inform the **Police** as soon as possible.
- If the patient has returned to the ward/unit, there will be a multidisciplinary review of their care, and a revised care plan devised that reflects the risks identified at the review.
- If the patient has not returned to the ward/unit, and is no longer subject to the Mental Health Act, a CPA meeting will be convened, and a Care Plan agreed. The GP must be kept informed of all action taken.
- RIO progress notes must be amended to indicate route of return and assessment on return

- The care of detained patients who remain AWOL in spite of attempts to locate them, must be discussed by the relevant locality team or in the case of patients of No Fixed Abode (NFA) by the admitting ward/unit team within two weeks of the patient going AWOL.
- The ward/unit manager must ensure that any requirements of CQC monitoring of AWOL returns are completed (NB. This may change during time of policy and ward/unit managers are expected to be aware of Trust arrangements.)

Each inpatient site holds regular Police Liaison Meetings where issues relating to patients who abscond and lessons learnt are discussed.

Incident forms (IR1) are monitored by the Clinical Governance Department.

14. Dissemination and Implementation Arrangements

- The Policy is posted on the Trust Intranet where all staff can access it.
- Associate Directors, and appropriate Ward/Team Managers, will be notified of updates to the policy, and will brief the staff they manage.
- The Clinical Policy Development Manager can be contacted for clarification support in the implementation of the policy on 0203 317 3132.

15. Training Requirements

Training on the use of this policy is the responsibility of Ward/Team Managers for all new permanent and temporary staff during their induction. Attendance at training must be recorded on the Learning & Development Database.

16. Monitoring and Audit Arrangements

Elements to be monitored	Lead	How trust will monitor compliance	Frequency	Reporting arrangements	Acting on recommendations and leads	Changes in practice and lessons to be shared
a. Duties	Audits coordinated by clinical Governance & Performance		6 monthly	Quality Committee	Required actions will be identified and completed in a specified timeframe	Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders
b. Procedure used when a patient absents themselves from an inpatient setting	Audits coordinated by clinical Governance & Performance	Audit Datix system and RIO notes	6 monthly	Quality Committee		
c. Procedure used when a patient fails to return from a period of leave of absence	Audits coordinated by clinical Governance & Performance	Audit Datix system and RIO notes	6 monthly	Quality Committee		
d. Process for learning from the factors that are identified from AWOL incidents*	Audits coordinated by clinical Governance & Performance	Take learning from audits at c and d to police liaison meetings	6 monthly	Quality Committee		

17. Review of the Policy

All aspects of this policy will be reviewed in November 2015 or as necessary.

18. Associated Documents

- The Lone Working Policy (2011)
- Patient Leave Policy (2009)
- Clinical Risk Assessment and Management Policy (2011)
- Supervised Community Treatment Policy (2009)
- The Anti-Absconding Intervention: A Handbook for Ward Managers; City University, 2003:

Appendix 1

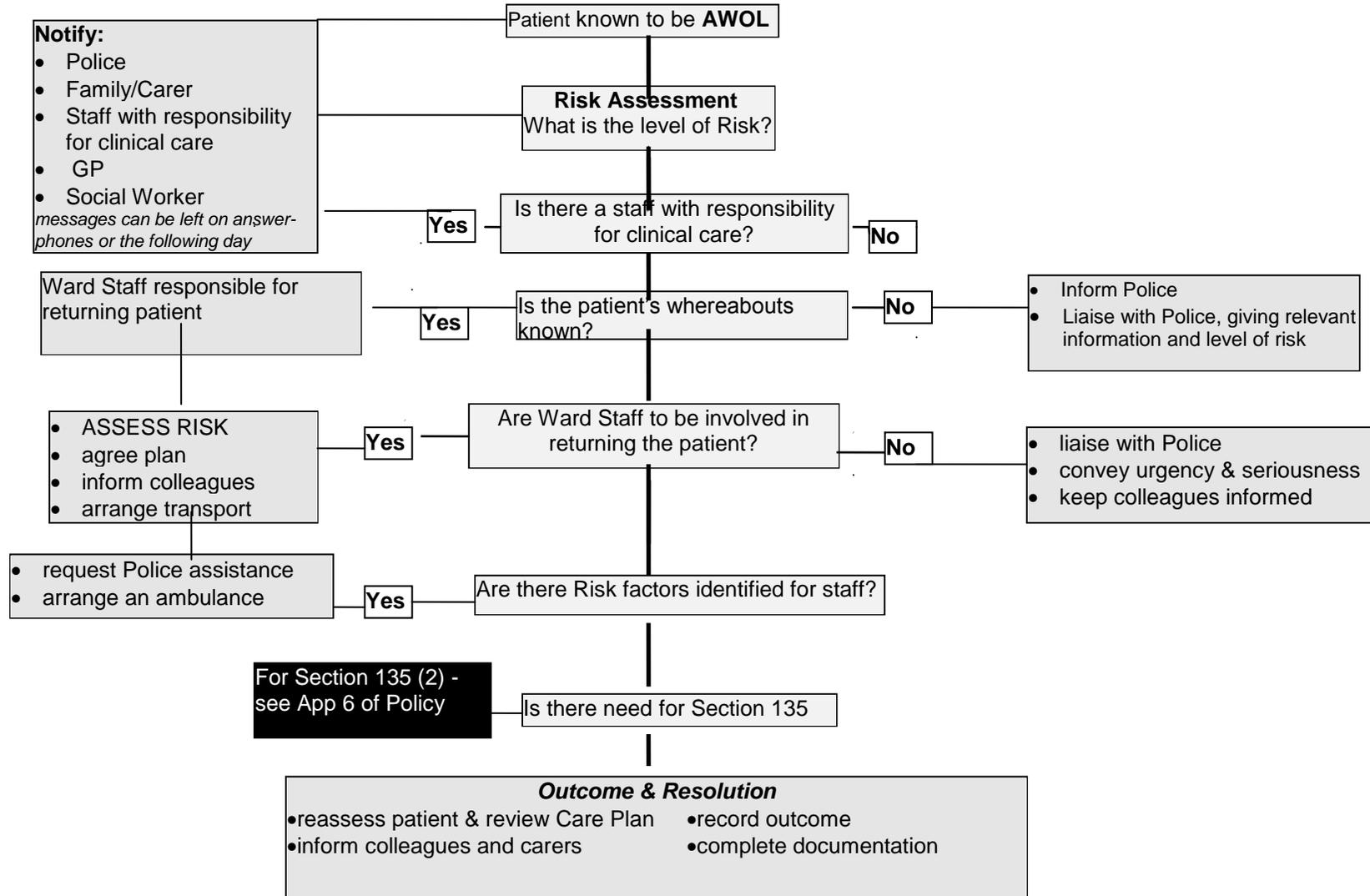
Equality Impact Assessment Tool

	Yes/No	Comments
1. Does the policy/guidance affect one group less or more favourably than another on the basis of:		
Race	No	
Ethnic origins (including gypsies and travellers)	No	
Nationality	No	
Gender	No	
Culture	No	
Religion or belief	No	
Sexual orientation including lesbian, gay and bisexual people	No	
Age	No	
Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2. Is there any evidence that some groups are affected differently?	No	
3. If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4. Is the impact of the policy/guidance likely to be negative?	No	
5. If so can the impact be avoided?	N/A	
6. What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7. Can we reduce the impact by taking different action?	N/A	

Appendix 2a

SUMMARY OF ACTION TO BE TAKEN WHEN A DETAINED PATIENT IS AWOL - Evenings & Weekends

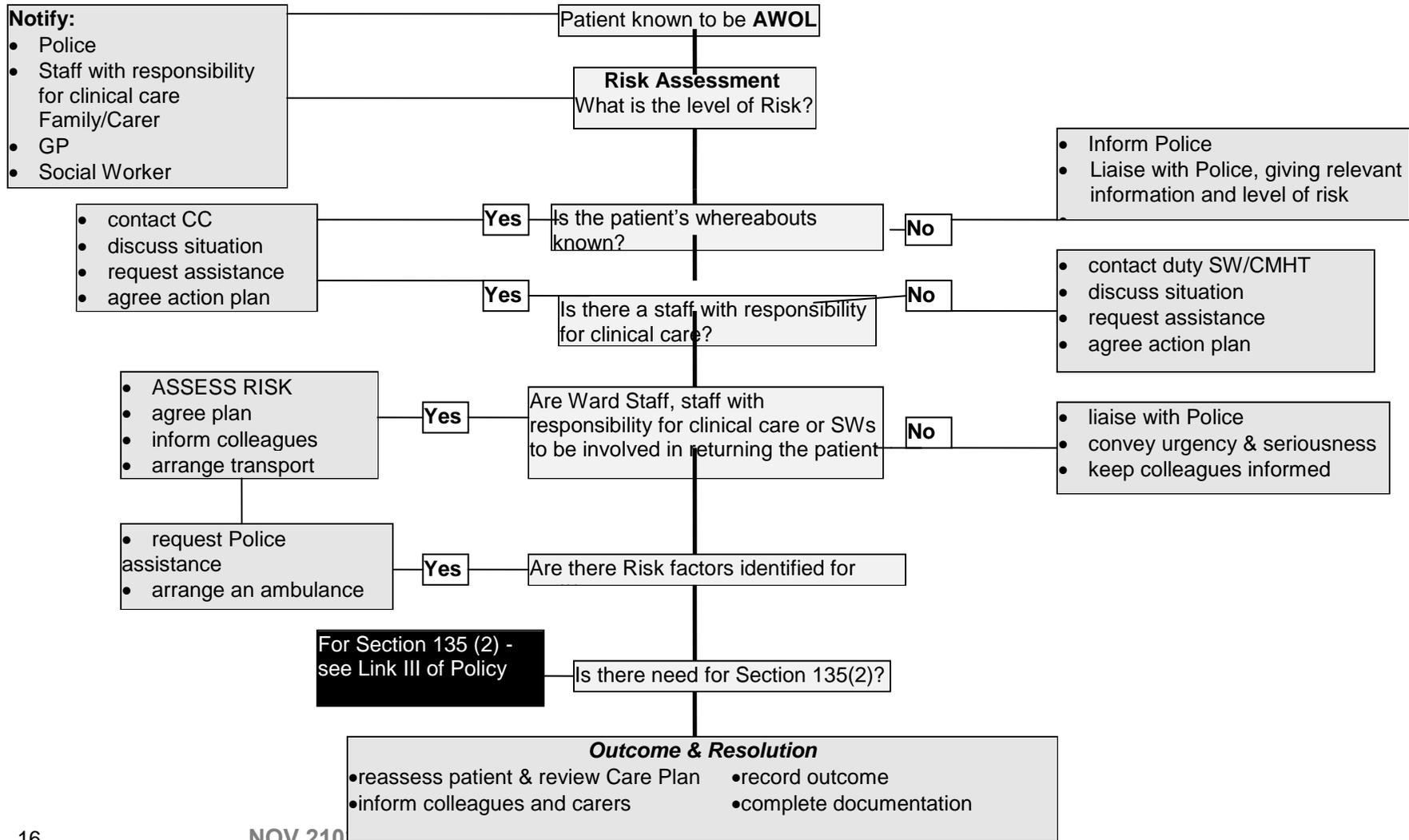
It is recognised that access to other colleagues involved with the patient is unlikely to be possible after 5pm, and at weekends. Therefore, the main responsibility for locating and returning the patient will lie with the ward staff and other 24 hour services, primarily, the Police. The essential AWOL procedure remains the same, and the safety of the patient, carers and staff will remain paramount.



Appendix 2b

SUMMARY OF ACTION TO BE TAKEN WHEN A DETAINED PATIENT IS AWOL - Monday to Friday 9.00 - 5.00

It is the responsibility of the shift co-ordinator on the ward to initiate and monitor the action plan in response to the missing patient. The AWOL Policy assumes the ongoing Assessment of Risk at all stages of the action plan, and the review of those plans in response to new information or identified risk factors. The safety of patients, carers and staff must be paramount.



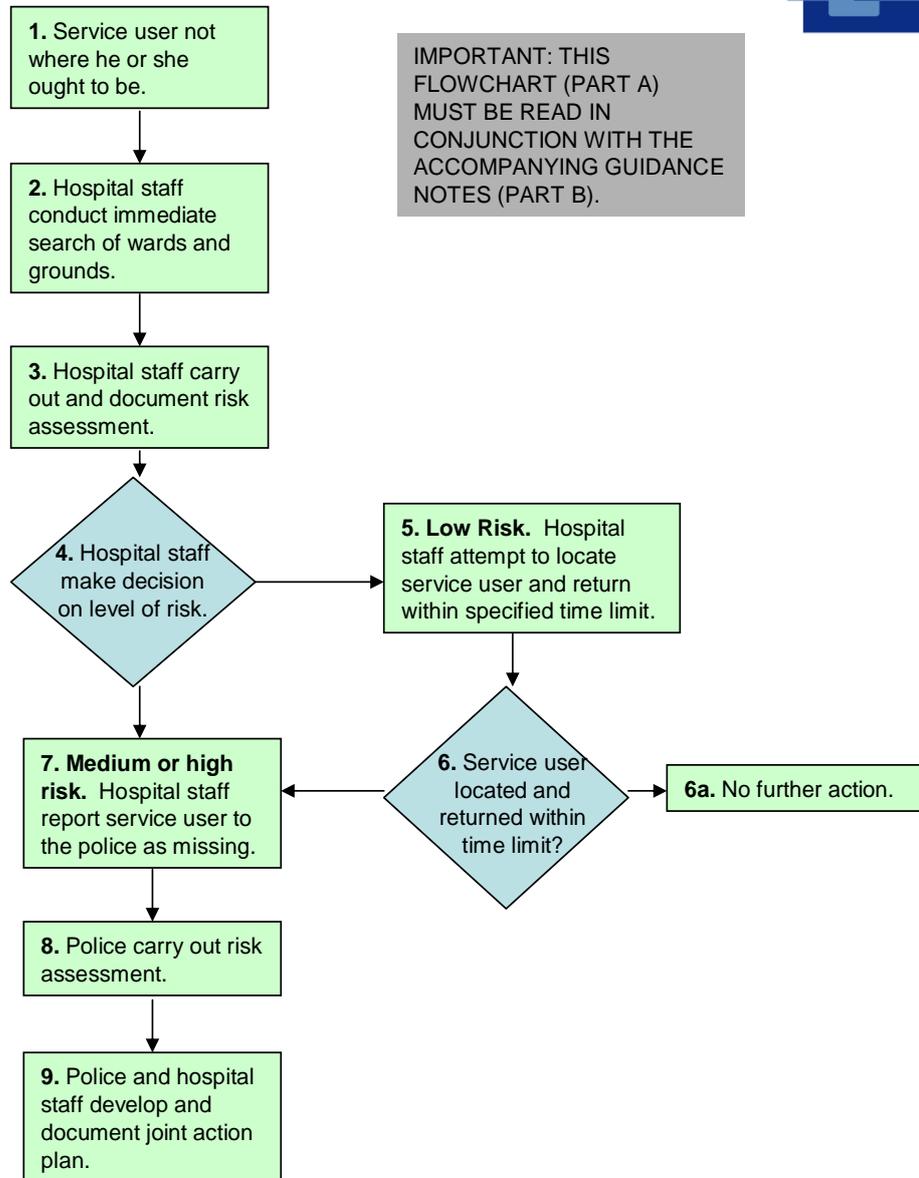
Appendix 3

Useful Telephone Numbers

Risk Manager	Tel No: 020 3317 3116
Health and Safety Manager	Tel No:020 3317 2701
Clinical Policy Manager	Tel No: 020 3317 3132
Local Security Management Specialist	Tel No: 07876 567 382 (9–5, Mon–Fri only)
Police	0300 123 1212
Director on Call	Pager No: 07659 175 451
Duty Consultant Psychiatrist	Tel No: 020 3317 3500
Duty Senior Adult Acute Services:	Tel No: 07768022062 Pager: 07659153379
Duty Senior Residential/ Community:	Tel No: 07810 057 791
Older People's Services	Pager No: 07659 180 397 Tel No: 07887 654 256

Appendix 4

**PAN-LONDON FLOWCHART FOR LOCAL PROTOCOLS:
SERVICE USER MISSING FROM HOSPITAL OR OTHER
HEALTHCARE SETTING* (PART A)**



*the term "hospital", used throughout this flowchart, also covers other healthcare settings.

**PAN-LONDON GUIDANCE NOTES FOR LOCAL PROTOCOLS:
SERVICE USER MISSING FROM HEALTHCARE SETTING (PART B)**

IMPORTANT: THESE GUIDANCE NOTES (PART B) MUST BE READ IN CONJUNCTION WITH THE ACCOMPANYING FLOWCHART (PART A).

The objective of the attached flowchart (part A) and this guidance document (part B) is to ensure consistency across London in the provision of a safe, secure and supportive service to service users, carers and members of the community, along with the creation of a local implementation document (part C). The complete protocol for Assessment on Private Premises consists of these three documents, which should be used together.

Any action taken by agencies, either unilaterally or jointly, must be:

- Proportionate.
- Legal.
- Accountable.
- Necessary.
- Based on the best available information.

and in accordance with the Human Rights Act and other legislation (see appendix).

These documents provide a framework of minimum standards around which local partner agencies are able to ensure clear arrangements are in place for the planning and implementation of local Mental Health Act assessments. It is recognised that many such arrangements already exist, and that these documents provide an opportunity to review, consolidate and build upon good practice.

It is essential that all such local arrangements are documented and publicised to all staff, and are readily available for reference.

PAN-LONDON GUIDANCE NOTES FOR LOCAL PROTOCOLS: SERVICE USER MISSING FROM HEALTHCARE SETTING (PART B)

Each numbered section refers to the numbered boxes in the flowchart (Part A).

Advance planning for all service users admitted to hospital

There is an expectation that:

- on admission, hospital staff will immediately carry out and document a care needs assessment and a risk assessment.
- these documents will be dynamic and regularly updated.
- these documents will be available to ward staff on a 24 hour basis.
- hospital staff will explain clearly to service users their expectations of standards of behaviour while resident on the ward.
- hospital staff should develop a “grab pack” which will contain information to be shared with the police which will be helpful in the event of the service user going missing. The pack should contain sufficient detail to enable Metropolitan police staff to complete the MERLIN document.
- staff should consider the possibility of including photographs of the service user in the “grab pack”.
- all hospital staff (including agency staff) and police officers should be aware of the local protocol, the location of the “grab pack” and its contents.

Dealing with a service user who is missing

1. Service user not where he or she should be

- The various scenarios should be listed, e.g. missing from the ward, missing from escorted leave, failing to return from leave.
- Each Trust should have a policy which sets out who will be informed immediately and, and who will coordinate the hospital response.

2. Hospital staff conduct immediate search of hospital ward and grounds

- There should be a statement of the minimum response that hospital will provide.

3, 4 Hospital staff carry out a documented risk assessment

- Carrying out a risk assessment requires a risk assessment model, including a statement of the risk that is being evaluated (risk of what and to whom and when?). Local organisations should consider the joint adoption of the risk assessment model used by the Association of Chief Police Officers (see box below), which underpins these guidance notes.
- The “grab pack”, compiled on the service user’s admission, will be a major resource.
- A trained member of hospital staff should be available to carry out an immediate risk assessment.
- A decision should be made about whether the risk is low, medium or high.

5. Low risk: hospital staff attempt to locate and return

- The hospital should state the minimum response which it will provide, including a search of the buildings and grounds, telephone enquiries with service user's home address, friends, relatives, enlisting help from other agencies, e.g. social services.

6. Location and return of service user within time limit

- There should be a local agreement about the length of time which is allowed for initial action by the hospital in locating a service user assessed as low risk.

7. Report service user as 'missing person' to police

- There should be a clear statement about the purpose of reporting a missing service user to the police, particularly when the hospital knows the service user's location.
- A missing person report will be completed by police, using MERLIN.

8. Documented police risk assessment

- Police will use the Association of Chief Police Officers' risk assessment factors to determine the level of risk.

Association of Chief Police Officers' risk assessment model

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

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

High: The risk posed is immediate and there are substantial grounds for believing that the subject is in danger because of their own vulnerability or mental state or the risk posed is immediate and there are substantial grounds for believing that the public is in danger through the subject's mental state.

- Police will require high quality information to carry out their risk assessment. Hospital staff should consider, generally in advance when compiling the "grab pack", what information will be shared with the police.

9. Joint, documented action plan

- The joint action plan should document how the identified risks are going to be managed, and the service user safely returned.
- The documented plan should cover both proactive actions (which agency will do what?) and a reactive plan (what action should be taken if police come across the service user in the normal course of their duties?). As many contingencies as possible should be covered.
- It needs to be clear who within both agencies will carry out this role.
- There should be an acknowledgement that the police should not be expected to deal with the situation on their own – a minimum level of hospital resources should be available for the joint operation to locate and return the service user.
- Any visit to premises to re-take service users must be treated as a pre-planned operation, requiring structured and documented risk assessment, planning and briefing processes.
- There should be a mechanism in place for referring missing service users to

Multi-Agency Public Protection Panels (MAPPPs) where relevant.

- Legal considerations must be taken into account.

Power to re-take

- There is no power to re-take and return to hospital a patient who is not liable to be detained under the Mental Health Act.
- If the patient is liable to be detained under the Mental Health Act and is absent without leave, he or she may be taken into custody and returned to the hospital by an ASW, any officer on the staff of the hospital or place from which the patient is absent, any constable, or any person authorized in writing by the managers of the hospital.

Entry to premises and Section 135(2) warrants

- There is no power of entry without a warrant.
- Unlike Section 135(1), a Section 135(2) warrant can only be granted if it appears to the magistrate that admission to the premises has been refused or that refusal of admission is apprehended.
- The warrant can be applied for by any constable or any other person authorised under the Mental Health Act to re-take a patient absent without leave, as above.
- Who applies? Staff trained to apply for warrants? Out of hours applications? Warrant for premises outside of court area – which court can issue warrant? Who applies, practical arrangements?
- The warrant, if granted, authorizes any constable to enter the premises, if need be by force, and remove the patient. The warrant also authorizes 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 hospital should inform the police immediately if the service user returns to hospital.

Debriefs, learning and prevention

- It should be the responsibility of the hospital to ensure that the service user is interviewed on return, as soon as possible. The hospital should decide who should conduct the interview, taking into account whether there ought to be an independent person involved.
- Any relevant information from the interview should be fed into the service user's care plan, risk assessment and into action to prevent similar incidents.

Appendix 5

Application for Section 135(2) Guidance Notes for Camden & Islington Trust Staff

It is possible that there will be occasions when it may be necessary, in the interests of the patient, to gain access by force to the premises where they are known to be. These instances are likely to be rare, but when they occur, will reflect a degree of urgency and concern which will require prompt and well co-ordinated action on the part of those involved in the care of the patient. Early notification of the local police authorities is therefore **essential** in order to plan a co-ordinated response.

Section 135(2) provides for the issue of a warrant [APPENDIX VI] to a police officer to enter premises, using force if necessary, for the purposes of retaking a patient who is already **liable to be detained**.

Initiating 135(2)

Applications for a warrant, using Form MH 72 [APPENDIX V] under Section 135(2) can be made by:

- approved Social Workers
- any officer on the staff of the hospital
- by any constable
- any person authorised in writing by the managers of the hospital¹²

Any member of the Trust staff who may be required to make an application under Section 135(2) will require authorisation in writing from the managers of the Trust. Highbury Magistrates Court have agreed in writing to this procedure.

Prior to the application for a warrant, a risk assessment should be undertaken in consultation with the RC, other medical staff involved, a senior member of the nursing staff (F Grade or above) and anyone else involved in the care of the patient. The decision to apply for a warrant under Section 135(2) should be made by senior medical and nursing staff within the Trust. Applications should be made by trained permanent members of staff.

For Trust staff, whether inpatient ward staff or CMHT staff members, to apply for a warrant under Section 135(2) the following action must be taken:

- Liaise with the Duty Officer/Operations Sergeant at the relevant Police Station to inform them of the plan to apply for a warrant and request assistance

All calls should be made via the central police number:

0300 123 1212

Please Note: Calls are answered in rotation and so there may be a slight delay.

- Liaise with local CMHTs to inform them of the plan and request assistance as necessary.
- Contact the Clerk of the Court Magistrates Court to arrange to lay information on oath before a Justice of the Peace.

¹² This can be the Assistant Locality Director, Consultant Psychiatrist, Ward Manager or Duty Nurse/Senior Nurse

- Obtain from MH72 (Information in Support of an Application for Warrant to enter premises and remove patient (Section 135(2)) – a supply of which are kept on the wards [Appendix 7].
- Form MH72 to be completed giving evidence/reasons to suspect that the criteria is satisfied in respect of the person – the person should be named on the application.
- Obtain written authorisation from Trust managers detailing the status of the applicant, that they are authorised to ‘take or retake’ the patient and the status of the person authorising.

Within court hours (9.00 am – 4.00 pm) an officer of the Trust or an Approved Social Worker may apply for the warrant.

Documents to be taken to the Court

The following documentation is required:

- Completed Form MH72 (Supplies on the Ward with AWOL Policy);
- Obtain a letter of authorisation from Ward Manager, Duty Nurse, RC¹³; and
- Photo ID/name badge of staff member/NMC Pin Card.

At the Magistrates Court

At the Court, ID and relevant papers need to be presented to the Clerk of the Court. It may also be worth asking the Clerk what exact procedures to follow e.g. which court to go to; where to find the ‘list caller’ who needs to know why the applicant is there so that the case can be put on the list. The staff member will be required to take the oath in front of a magistrate and may be questioned about the circumstances of the case.

Once the Warrant has been issued and obtained

The following action is necessary:

- return to the hospital/CMHT base;
- liaise with the Police – (obtain a CAD Number for the assignment) – who will execute the warrant;
- order an ambulance;
- alert and organise relevant workmen (e.g. Locksmiths)¹⁴; and
- organise two staff members (may be ward staff and Care Co-ordinator)¹⁵.

¹³ A sample letter is shown below

¹⁴ If this is a Local Authority premises, then the local Neighbourhood Office/Housing Office need to be contacted 9-5 Monday – Friday to contact Local Authority Locksmiths. Similarly the Housing Associations. If a Trust Locksmith is required, contact the Estates & Facilities Department 020 7530 3388. Out of Hours Page: 020 8884 3344 or 020 8345 6789 request Trust WK1.

¹⁵ The staff member who attends the execution of the warrant does not need to be the same one who applied for it.

STRICTLY PRIVATE & CONFIDENTIAL

6 April 2011

The Justice of the Peace¹⁶
Highbury Corner Magistrates Court
51 Holloway Road
London N7

TO WHOM IT MAY CONCERN

Re: Joe Public, 5 Station Road, Mayville N19

**Detained under Section 3 Mental Health Act 1983
Section Expires January 28 1998**

This is to confirm that the bearer of this letter, Josephine Briggs, Registered Mental Health Nurse, Pin Number has authorisation to obtain a warrant to enable a constable to enter premises and retake the above named patient who absconded from Goffman Ward at the Psychiatric Ward on December 9, 1997.

Thank you for your co-operation in this matter.

Yours sincerely,

A.N. Other

Lead Nurse

¹⁶ Warrants need to be applied for at the Court relevant to the patient's address. There may be specified times when applications are accepted e.g. 9-11am. It is worth checking this before going to court in order to avoid unnecessary delays.

ADDITIONAL INFORMATION

During out of hours, the Police will need to be given sufficient information so that a police constable may obtain a warrant from a magistrate.

Prior to removal of a patient under Section 135(2), a **minuted briefing** meeting should be organised between Trust staff, the Police and anyone else involved in this action.

In executing a warrant, the Police are in charge of the situation. Trust staff are there to advise and assist the Police Officers. The Police at the scene are responsible for the safety of the patient, staff, members of the public and their own officers.

When a patient is removed under Section 135(2), they should be transferred back to hospital in an ambulance.

Magistrates Court:

Highbury Corner Magistrates Court
51 Holloway Road
London N7
Tel: 020 7607 6757
Fax: 020 7607 5158

Police Stations:

Tel: 0300 123 1212 (for the north London area).

Appendix 6

EXTRACTS FROM THE MENTAL HEALTH ACT 1983

135.- (1) If it appears to a justice of the peace, on information on oath laid by an approved social worker, that there is reasonable cause to suspect that a person believed to be suffering from mental disorder –

Warrant to search for and remove patients

- (a) has been, or is being, ill-treated, neglected or kept otherwise than under proper control, in any place within the jurisdiction of the justice, or
- (b) being unable to care for himself, is living alone in any such place,

the justice may issue a warrant authorising any constable named in the warrant to enter, if need be by force, any premises specified in the warrant in which that person is believed to be, and, if thought fit, to remove him to a place of safety with a view to the making of an application in respect of him under Part II of this Act, or of other arrangements for his treatment or care.

(2) If it appears to a justice of the peace, on information on oath laid by any constable or other person who is authorised by or under this Act or under Section 83 of the Mental Health (Scotland) Act 1960 to take a patient to any place, or to take into custody or retake a patient who is liable under the Act or under the said section 83 to be so taken or retaken –

1960 c. 61.

Part X (a) that there is reasonable cause to believe that the patient is to be found on the premises within the jurisdiction of the justice; and (c) that admission to the premises has been refused or that a refusal of such admission is apprehended.

the justice may issue a warrant authorising any constable named in the warrant to enter the premises, if need be by force, and remove the patient.

(3) A patient who is removed to a place of safety in the execution of a warrant issued under this section may be detained there for a period not exceeding 72 hours.

(4) In the execution of a warrant issued under subsection (1) above, the constable to whom it is addressed shall be accompanied by an approved social worker and by a registered medical practitioner, and in the execution of a warrant issued under subsection (2) above he constable to whom it is addressed may be accompanied-

- (a) by a registered medical practitioner;
- (b) by any person authorised by or under this Act or under section 83 of the Mental Health (Scotland) Act 1960 to take or retake the patient.

(5) It shall not be necessary in any information or warrant under subsection (1) above to name the patient concerned.

(6) In this section “place of safety” means residential accommodation provided by the local social services authority under Part III of the National Assistance Act 1948 or under paragraph 2 of Schedule 8 to the National Health Service Act 1977, a hospital as defined by this Act, a police station, a mental nursing home or residential home for mentally disordered persons or any other suitable place the occupier of which is willing temporarily to receive the patient.

18.- (1) Where a patient who is for the time being liable to be detained under this Part of this Act in a hospital –

- (a) absents himself from the hospital without leave granted under section 17 above; or
- (b) fails to return to the hospital on any occasion on which, or at the expiration of any period for which, leave of absence was granted to him under that section, or upon being recalled under that section; or
- (c) absents himself without permission from any place where he is required to reside in accordance with conditions imposed on the grant of leave of absence under that section.

Return and readmission of patients absent without leave.

he may, subject to the provisions of this section, be taken into custody and returned to the hospital or place by any approved social worker, by any officer on the staff of the hospital, by any constable, or by any person authorised in writing by the managers of the hospital.



Mental Health Act 1983, section 135(2)
**INFORMATION IN SUPPORT OF APPLICATION FOR
WARRANT TO ENTER PREMISES AND REMOVE PATIENT**

Magistrates' Court

(Code)

Name and address of applicant

THE INFORMATION of

of

Delete any words in square brackets which do not apply

[a constable][a person authorised by or under [the Mental Health Act 1983; [section 83 of the Mental Health (Scotland) Act 1984] to take a patient to an place, or to take into custody or retake a patient who is liable under the said [Act] [section] to be taken or retaken], who, upon [oath] [affirmation] states that there is reasonable cause to believe that a patient, namely

Name the patient

is to be found on premises at

Specify premises within the jurisdiction of the magistrate

and that [admission to the premises has been refused] [refusal of admission to the premises is apprehended] and who now applies for a warrant under the provisions of section 135(2) of the Mental Health Act 1983, authorising entry to the said premises if need be by force and to remove the said patient.

Here state relevant information in support of the application, including basis of authority to take or retake the patient

Signature of informant:

Date 19

Taken and[sworn][affirmed] before me

[Stipendiary Magistrate] [Justice of the Peace]

Appendix 9

Form H6 Regulation 14(1)(a) and (b)

Mental Health Act 1983

Section 21B – authority for detention after absence without leave for more than 28 days

PART 1

(To be completed by the responsible clinician)

To the managers of *(name and address of hospital in which the patient is liable to be detained)*

I examined *(PRINT full name of patient)*

on

/ / *(date of examination)*

who:

- (a) was absent without leave from hospital or the place where the patient ought to have been beginning on

/ / *(date absence without leave began)*

- (b) was / is* liable to be detained for a period ending on (* delete the phrase which does not apply)

/ / *(date authority for detention would have expired, apart from any extension under section 21, or date on which it will expire)*

and

- (c) returned to the hospital or place on

/ / *(date)*

I have consulted *(PRINT full name of approved mental health professional)*

who is an approved mental health professional.

I have also consulted *(PRINT full name and profession of person consulted)*

who has been professionally concerned with the patient's treatment.

page 1 of 4