Sussex Partnership NHS
NHS Foundation Trust

ABSENT WITHOUT LEAVE (AWOL) POLICY

(replacing 069/Clinical)

'This policy is being reviewed by Sussex Partnership NHS Foundation Trust and Sussex Police. The policy remains current until September 2014.'

When a patient subject to the Mental Health Act is absent without leave or an informal patient is missing

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POLICY AUTHOR	Mental Health Act Services Manager Head of Social Care – Specialist Services Mental Health Liaison Officer – Sussex Police

EXECUTIVE SUMMARY:

- Multi-agency policy relating to patients absent without leave / informal missing patients
- Required by the Code of Practice to the Mental Health Act (2008)
- Applies to all patients including those detained under the Mental Health Act, subject to Guardianship, Supervised Community Treatment as well as those in hospital informally

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ABSENT WITHOUT LEAVE (AWOL) POLICY

KEY POLICY POINTS

- Multi-agency policy, demonstrating commitment by Sussex Partnership NHS Foundation Trust and Sussex Police to ensure the safety of our patients and improve joint working.
- Required by the Code of Practice to the Mental Health Act (2008) and applies to all patients, including those detained under the Mental Health Act, subject to Guardianship, Supervised Community Treatment, as well as those in hospital informally.
- Guidance to Managers and staff regarding duties, responsibilities and actions to be taken when a patient is absent without leave.
- Provides the legal framework which underpins these duties and responsibilities.
- Describes the procedure to be followed by Managers and staff upon a patient's admission and by Managers, staff and Sussex Police should a patient go absent without leave.
- Describes the procedure to be followed when a patient absent without leave is located.
- Describes the circumstances under which a Section 135 warrant can be obtained to return to hospital a patient liable to detention and the legal framework that underlies the warrant's execution.
- Provides guidance on the responsibility of staff to inform their local Mental Health Act Co-ordinator of a patient who is absent without leave and of their return to hospital.
- Outlines how instances of absence without leave will be monitored and reviewed.
- Describes how compliance with this policy will be monitored and by whom.

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INTRODUCTION

1.0 AIM

1.1 The aim of this policy is to ensure the safety of our patients and improve joint working between Sussex Partnership NHS Foundation Trust (Sussex Partnership) and Sussex Police.

2.0 POLICY STATEMENT

2.1 It is the responsibility of the hospital managers, and the local Social Services Authority where Guardianship is concerned, to ensure that there is a clear written policy in relation to action to be taken when a detained or liable to be detained patient or a person subject to Guardianship goes absent without leave (AWOL) or an informal patient goes missing.

2.2 An AWOL or missing patient is defined as any patient who is absent without having previously arranged or advised staff that they would be absent.

2.3 An AWOL person is a patient detained, or for Supervised Community Treatment (SCT) patients is recalled to hospital or the SCT is revoked, or subject to guardianship under the Mental Health Act, whereas a missing patient has informal status.

3.0 LEGAL CONTEXT

3.1 Detained patients

- Detained patients who are AWOL may be taken into custody (see below and glossary for definition) and returned by an approved mental health professional (AMHP), any member of the hospital staff, any police officer, or anyone authorised in writing by the hospital managers.
- Definition of Custody - this is not a place. It is a police officer, duly authorised officer of the Trust or an Approved Mental Health Practitioner (AMHP). A person who is required or authorised to detain or convey a person who is in legal custody shall have the powers of a constable when so acting. These powers include the power to use reasonable force to secure the conveyance of the person. A person who escapes from legal custody can be retaken. These powers do not include the power to use force to enter premises to remove a person simply because he or she was believed to be suffering from a mental disorder.
- A patient who has been required to reside in another hospital as a condition of leave of absence can also be taken into custody[1] by any member of that hospital's staff or by any person authorised by that hospital's managers.
- Otherwise, responsibility for the safe return of patients rests with the detaining hospital. If the absconding patient is initially taken to another hospital, that hospital may, with the written authorisation of the managers of the detaining hospital, detain the patient while arrangements are made for their return. In these (and similar) cases people may take a faxed or scanned copy of a written authorisation as evidence that they have the necessary authority without waiting for the original. *(Code of Practice 2008 – 22.3 – 22.5)*

[1] See glossary for definition of custody

- Under section 18 of the Act, patients are considered to be AWOL in various circumstances, in particular when they:

  - have left the hospital in which they are detained without their absence being agreed (under section 17 of the Act) by their Responsible Clinician (RC);

  - have failed to return to the hospital at the time required to do so by the conditions of their leave under section 17;

  - are absent without permission from a place where they are required to reside as a condition of leave under section 17;

  - have failed to return to the hospital when their leave under section 17 has been revoked;

  - are SCT patients who are recalled to hospital by the RC and fail to attend;

  - are SCT patients who have absconded from hospital after being recalled;

  - are conditionally discharged restricted patients whom the Secretary of State for Justice has recalled to hospital; or

  - are guardianship patients who are absent without permission from the place where they are required to live by their guardian.

    (Code of Practice 2008 – 22.2)

3.2 Community Treatment Orders – the RC's notice of recall must be served on the patient for it to become effective (Code of Practice 2008 25.54 – 25.64 for definition of "served on the patient").

3.3 Any detained patient who is found not to be present on the ward or in the hospital building and grounds and who is not taking agreed leave should be treated as AWOL for the purposes of this document.

3.4 Judgements must be used by the clinical team to decide when a patient is actually to be classed as AWOL e.g. a patient who is an hour late returning from leave may not yet be classed as AWOL; the same patient three hours later who has been telephoned or attempted contact by other appropriate method of communication and who is not home may be.

3.5 A detained patient who is known to be at home without authorised leave may be classed as AWOL even though their whereabouts are known.

4.0 Supervised Community Treatment (SCT) patients

4.1 SCT patients who are AWOL may be taken into custody and returned to the hospital to which they have been recalled by an AMHP, a police officer, a member of staff of the hospital to which they have been recalled, or anyone authorised in writing by the managers of that hospital or by the RC. *(Code of Practice 2008 – 22.7)*

5.0 Informal patients

5.1 An informal patient who has arranged to spend time away from the hospital but who has not yet arrived back at the time advised or as per regular return time should be treated as a missing patient for the purposes of this procedure.

5.2 Any informal patient who is found not to be present on the ward or in the hospital building and grounds and who has not advised staff and is not taking agreed leave should be treated as missing for the purposes of this document.

5.3 Judgements must be used by the clinical team to decide when a patient is actually to be classed as missing e.g. a patient who is an hour late returning from leave may not yet be classed as missing; the same patient three hours later who has been telephoned / texted or any other appropriate method of communication and who is not home may be.

6.0 Guardianship patients

6.1 A person absent without leave from the place where they are required to live while under Guardianship may be taken into custody by any member of staff of the responsible local Social Services Authority, or by any person authorised in writing by the Guardian or the local Social Services Authority.

7.0 DUTIES

7.1 The nurse-in-charge of the ward where the patient is AWOL / missing is responsible for ensuring the procedures in this document are carried out.

7.2 All relevant staff are responsible for making themselves familiar with the contents of this policy and the actions they need to undertake where a detained patient is deemed to be AWOL or a vulnerable informal patient goes missing.

7.3 The Ward Managers are responsible for forwarding the AWOL checklists (Appendix D) to the Business Manager, Mental Health Act Services, who will carry out ongoing monitoring as per section 19.2.

7.4 The MHA Monitoring Group and s136 MHA Liaison Group will monitor issues and outcomes relating to lesson learning as per section 17.1.

8.0 PROCEDURE

8.1 The in-patient description form (Part 1 of the form, at Appendix A) must be completed for all patients at the time of admission, kept up to date and filed in the patient's clinical record. Part 1 need not be completed separately if, and only if, this form is included as part of the in-patient admission documentation. It is important that where possible all parts of the form are completed.

8.2 In Sussex Partnership there is a policy which offers a choice to all in-patients to have their photograph taken. Unless in Forensic Services, patients are able to decline to have their photograph taken for use in reducing medication errors and / or released to the Police in the case of a truly vulnerable missing person.

8.3 Within the patient's care plan consideration should be given to the procedure to be followed should they go AWOL / missing from hospital, if identified through the risk assessment.

8.4 Patient should be informed on admission that should they go AWOL / missing their nearest relative/next of kin will normally be informed and the Police may be contacted.

8.5 The action to be taken by the responsible clinical team should the patient abscond from the ward or not return from leave must be discussed by the clinical team at the first review after admission and documented. This assessment will include a definition of the level of risk and should follow the categories listed in the risk assessment (Appendix B).

This must be reviewed at all multidisciplinary team clinical weekly reviews throughout the admission and must reflect the documented risk assessment. It should also be clearly recorded in the patient's care plan.

8.6 If it is suspected or known that a patient has gone AWOL / missing, the nurse-in-charge must be informed immediately.

8.7 Unless the patient is known to have left the grounds, an immediate search of the ward, building and grounds should be made quickly to confirm this (Appendix A, Part 2).

8.8 Staff searching for the patient should not take any risks and ensure that they are sufficient in number, should they find, and are to return the patient.

8.9 The AWOL / missing patient form (Appendix A, Part 3) should be completed when a patient is found to be AWOL or missing. An incident form needs to be completed for all such patients.

8.10 Under the Health & Social Care Act 2008 the Trust is required to notify the Care Quality Commission of unauthorised absences of detained / liable to be detained patients.

To ensure MHA Co-ordinators meet this legal obligation staff must provide their local MHA office with the necessary information to satisfy this requirement. A copy of Appendix A must be sent immediately to the MHA Co-ordinator for their area giving details of any patient deemed to be AWOL and again of their subsequent return.

8.11 A risk assessment must be completed according to the Risk Assessment Model (Appendix B).

8.12 Attempts should be made to contact the patient by telephone either at home or on their personal mobile or by any other appropriate means of communication, and attempts made to ascertain their whereabouts and well being. If possible staff should attempt to encourage the patient to either return or to maintain telephone or other appropriate contact on a regular basis.

8.13 Nursing staff must ensure that all necessary parties are informed, as specified on the AWOL / missing patient form. This should include the nearest relative/next of kin and

staff must take account of the sensitivities offering support and reassurance as necessary.

8.14 Careful consideration should be given and a plan made and documented for a visit to the patient's home address to establish whether they are present and plan return to hospital if appropriate.

During office hours

- The in-patient staff should inform the nurse in charge to establish whether it is possible for the in-patient staff to safely return the patient or contact the responsible Community Mental Health Team, Assertive Outreach Team, Acute Home Treatment Team, Crisis Resolution Home Treatment (CRHT) or Rehabilitation Team.

Out of hours

- The in-patient staff should inform the nurse in charge to establish whether it is possible for the in-patient staff to safely return the patient. If the in-patient staff are unable to return the patient then CRHT should be contacted for assistance.
- Following a full risk assessment of the patient including the views of the appropriate doctor it may be necessary to contact the Police for support in returning the patient. Consideration should be given to:
    - risk to the patient and others
    - risk to the staff returning the patient

8.15 An appropriate doctor must be advised that the patient is AWOL / missing at the earliest opportunity. This will include consideration of the potential risks and a review of the patient's care plan, mental state, legal status and circumstances in which the patient left the premises.

8.16 If a detained patient is assessed in the community as safe then the RC should consider application of Section 17 Mental Health Act enabling the patient to be placed on leave. If the patient is assessed in the community and no longer meets the criteria for detention under the Mental Health Act they can be discharged from their Section by the RC.

8.17 If the patient is assessed to be **Low Risk** on the Risk Assessment Model (Appendix B), a notification to the Police will not be necessary. Low risk patients may be discharged in their absence if a) they are informal and entitled to absent themselves from hospital and b) their absence does not lead to heightened risk. Decisions to discharge patients should be made by the multi disciplinary team or by an assessing doctor in the community and documented in the patients clinical records.

8.18 **Out of hours** if staff are uncertain as to which degree of risk a patient presents, then the on-call consultant can be contacted for advice. However, if the patient is detained under the Mental Health Act the on-call consultant must be consulted.

8.19 At all times the nurse in charge will decide whether police should be contacted.

8.20 If the patient returns or is found without police involvement, please follow procedure in section 10 of this policy.

9.0 Contact with Sussex Police

9.1 Contact with Sussex Police should at all times be the responsibility of the nurse-in-charge. The nurse in charge reporting should contact Sussex Police on 0845 60 70 999, record the incident number and the time the report is made within the patient's records.

9.2 In line with national policy Sussex Police distinguish between missing persons and those who are absent as follows:

- **Missing** – anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be subject of crime or at risk of harm to themselves or another.

- **Absent** – a person not at a place where they are expected or required to be.

If a person is classified as 'absent; the police will record details and ensure that a Neighbourhood Response Supervisor is aware. Agreement will be reached about a suitable review period and the reporting party may be asked to call back at an agreed time. If the person has not returned at the end of the review period(s) or additional information is received that raises the risk, the person may be reclassified as 'missing'.

Where a person is reported as 'missing' police will attend the report address and take full details of the person and the circumstances. They will then carry out a full investigation in an effort to locate and return the missing person. Police enquiries will continue as long as the person remains missing, and will only cease when the person has been seen by police in order to ensure that they are safe and well.

Having reported the incident to the police, hospital staff will continue to make further enquiries, although these should be discussed and agreed with the police to avoid duplication of effort. Any information received by staff that affects the risk level or the reporting category should immediately be communicated to the police.

The unit co-ordinator in and out of hours must also be informed and should ensure that all steps of the procedure have been followed correctly. This will trigger an SUI – please refer to the Sussex Partnership SUI policy and procedure.

Where patients are subject to **Restriction Orders** e.g. S37/41 S47/49 the Mental Health Act 1983 (irrespective of the level of risk) contact the Ministry of Justice Mental Health Unit Monday – Friday 9.00 am – 5.00 pm (Tel: 0207 210 8500). Out of hours telephone 0207 035 4848 (Home Office – Monday to Friday 5.00 pm – 8.00 am and weekends) and police must be informed. In such circumstances the Service Director must be informed. This will trigger an SUI, please refer to the Trust SUI policy.

If the patient is returned or is found by the police, please follow procedure in section 10 of this policy.

10.0 Patient Returned

10.1 When the patient is found and has been returned to the unit, Part 4 of AWOL / missing patient form and a management plan should be completed to prevent them from going AWOL / missing again. The decision should be reflected in the care plan.

10.2 The nurse in charge must complete an incident form and ensure that full details are recorded in the patient's notes.

10.3 A thorough risk assessment of the patient must be undertaken at the earliest opportunity. This will include an examination of the reasons behind their absence and the means by which the patient went missing and location where they were found and fully documented in the records.

10.4 All patients must be reviewed weekly by the multi disciplinary team whilst they remain AWOL / missing.

10.5 Under the Health & Social Care Act 2008 the Trust is required to notify the Care Quality Commission of unauthorised absences of detained / liable to be detained patients.

To ensure MHA Co-ordinators meet this legal obligation staff must provide their local MHA office with the necessary information to satisfy this requirement. A copy of Appendix A must be sent immediately to the MHA Co-ordinator for their area giving details of any patient deemed to be AWOL and again of their subsequent return.

11.0 Returning a Detained Patient to Hospital

11.1 The Hospital Managers, as the detaining authority, are responsible for the return of patients absent without leave. Trust staff should fulfil this duty on their behalf. However, after an initial search has been undertaken, assistance may be sought from other professionals and services.

11.2 Patients liable to detention who are AWOL may be taken into custody[2] and returned by an AMHP, any member of the hospital staff, any police officer, or anyone authorised in writing by the hospital managers.

11.3 The issue of arranging transport for the patient's safe return, and bearing the cost is the responsibility of the detaining hospital. (Please refer to the Multi Agency Conveyance Policy).

12.0 Section 135 Warrants

12.1 <u>s135(2)</u>

12.2 If attempts to return a patient liable to detention to the hospital fail, including recalled and revocation of SCT patients, a warrant will be necessary under Section 135(2) Mental Health Act 1983. Under these circumstances the agreed Multi Agency Joint Policy for Section 135 will be followed. For SCT patients a copy of the recall notice (CTO3) must also be made available for the police to view.

12.3 Section 135(2) Mental Health Act 1983 provides the power for a warrant to be granted by a Justice of the Peace on information on oath laid by any police officer or other

[2] See glossary for definition of custody

person who is authorised by or under this Act, this will normally be a nurse from the in-patient service. In the case of an SCT patient this will be a member of the community team who retake a patient who is liable to detention under this Act providing:

a) that there is reasonable cause to believe that the patient is to be found on premises within the jurisdiction of the Justice; and
b) 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 Police officer to enter the premises if need be by force and remove the patient.

12.4 The Police officer may be accompanied:

a) by a Registered Medical Practitioner
b) by any person authorised by or under this Act to take or retake the patient (liable to be detained).

12.5 Section 135(2) provides for the issue of a warrant to a Police Officer to enter premises using force if necessary for the purposes of taking / retaking a patient who is **already** liable to be detained into custody. It also applies to a patient under Guardianship who has absconded from a place where he or she is required to reside and SCT patients who have failed to return to hospital following recall or the revocation of the Community Treatment Order.

12.6 The persons authorised to retake patients under section 18 of this Act are, in addition to a Police officer, any officer on the staff of the hospital, any AMHP or any person authorised by the Hospital Managers or, in the case of a patient subject to Guardianship, any officer on the staff of a local Social Services Authority or a person authorised by the Guardian or local Social Services Authority. However, it is important to remember that responsibility remains with the detaining authority, i.e. Sussex Partnership except for those subject to Guardianship. See s135/136 policy.

12.7 The most appropriate person to obtain a s135(2) warrant and assist in returning the patient to hospital for detained patients is the ward nursing staff most familiar with the patient and the care co-ordinator for SCT patients recalled to hospital who have failed to attend.

12.8 <u>s135(1)</u>

12.9 If a patient not already liable to detention is considered to be at sufficient risk and entry has been refused a warrant under s135(1) will be necessary to authorise police entry accompanied by a doctor and an AMHP.

See multiagency s135 / s136 policy.

13.0 Time Limits

13.1 The time limits for returning patients as described in the Mental Health Act are:

- A patient who has absconded may be taken into custody for up to six months after going absent or until the expiry date of the current period of detention or guardianship, if that is later
- Patients subject to short-term Sections of the Mental Health Act 1983 – Sections 2; 4; 5(2); 5(4) – cannot be retaken once the period of detention has expired.

14.0 Informal Patients

14.1 If the missing patient was admitted to hospital on an informal basis and is found by Police, there is **no power to forcibly return the patient to hospital.**

15.0 Patients Who Leave the Country whilst AWOL

15.1 Patients who are liable for detention and who are AWOL and are found in Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man can be retaken, held in Custody and returned to this Trust by virtue of Section 88 and Section 138 of the Mental Health Act 1983. (Please refer to the Conveyance Policy).

15.2 Patients who go outside the UK are not detained under the Mental Health Act while abroad and there is no power to return them.

16.0 AWOL Patients who are Liable for Detention and the MHA Co-ordinator

16.1 The local MHA Co-ordinator must be informed by the nurse in charge of the ward of any patient detained under the Mental Health Act who is AWOL and passed a copy of the information contained in Appendix A. The MHA Administrator will maintain a list of current AWOL patients and collect monitoring data from information provided.

16.2 The MHA Co-ordinator must also be informed when the patient ceases to be AWOL.

16.3 Under the Health & Social Care Act 2008 the Trust is required to notify the Care Quality Commission of unauthorised absences of detained / liable to be detained patients.

To ensure MHA Co-ordinators meet this legal obligation staff must provide their local MHA office with the necessary information to satisfy this requirement. A copy of Appendix A must be sent immediately to the MHA Co-ordinator for their area giving details of any patient deemed to be AWOL and again of their subsequent return.

17.0 Monitoring Patients who are AWOL

17.1 To ensure that the incidents and outcome of AWOL / missing patient episodes are kept under scrutiny, the Trust will monitor as follows:

- General Managers will provide final reports including action plans of all SUIs resulting from AWOL / missing patients will be sent to the quarterly MHA Monitoring Group.
- General Managers will provide the action plans / recommendations will also be sent to the appropriate locality monthly / bi-monthly s136 MHA Liaison Groups for discussion, action and lesson learning. If data monitoring via these groups identifies any urgent concerns or lessons to be learned these will be disseminated via the minutes of the meeting and brought to the attention of the appropriate Professional Head of Social Care who will inform the relevant Director. Outcomes will also be reported to the MHA Monitoring group and the s136 MHA Liaison Groups. More routine or less urgent issues or outcomes will be reported direct to

the MHA Monitoring Group and raised with the appropriate Professional Head and / or Director.

- MHA Administration will provide information on instances of AWOL to the MHA Committee.
- Figures on the number and outcome of AWOL patients will be included in the MHA quarterly statistics.
- The local Police Liaison groups will also consider these figures.

18.0 Governance

18.1 Final reports of SUIs for AWOL / missing patients will be passed to the Executive Director of Nursing for scrutiny with actions and recommendations to identify local and organisational learning and key themes. Quarterly figures and comments will be passed to the chair of the MHA Monitoring Group to address multi-agency issues.

19.0 Monitoring Compliance of this Policy

19.1 As part of the policy review the policy sponsor and author will ensure, through consultation, the correct roles and responsibilities for staff and forums / committees are identified within the document.

19.2 To ensure compliance with the policy, the policy sponsor and author will ensure that the completion and return of the procedure checklists (Appendix D) will be monitored every month by the Business Manager, MHA Services, against internal MHA Services AWOL reporting and cross-checked with reports received monthly from the Risk and Safety team.

19.3 Any discrepancies and/or deficiencies identified will be addressed with the Ward Manager on an ongoing basis by the MHA Services team.

19.4 Monitoring of the process for lesson learning will be as per section 17.1.

References

Mental Health Act 1983 as amended by the Mental Health Act 2007

Mental Health Act 1983 Code of Practice (2008) London: HMSO

Multi Agency Conveyance Policy

Serious Untoward Incident (SUI) Policy

Multi Agency Joint Policy for s135 / s136

Use of Photographs of Patients to Reduce the Risk of Medication Errors and for Use When Vulnerable People Go Missing

Sussex Police Missing Persons Policy

Leave for in-patients policy

S17 leave MHA procedure

Glossary

AWOL	Absent Without Leave

AMHP	Approved Mental Health Professional
MHA	Mental Health Act
RC	Responsible Clinician
CMHT	Community Mental Health Team
CRHT	Crisis Resolution Home Treatment team
SUI	Serious Untoward Incident

Definition of Custody

This is not relating to a place. It is a police officer, duly authorised officer of the Trust or an AMHP.

A person who is required or authorised to detain or convey a person who is in legal custody shall have the powers of a constable when so acting. These powers include the power to use reasonable force to secure the conveyance of the person. A person who escapes from legal custody can be retaken. These powers do not include the power to use force to enter premises to remove a person simply because he or she was believed to be suffering from a mental disorder.

Role of the nurse

When a patient is in hospital then nursing staff have a duty of care to protect the person from the risk of harm to self or others. If that patient is lawfully detained under the MHA that duty of care would extend to ensuring they remain detained unless the patient is given authorised leave from hospital. If a nurse does not take reasonable action to prevent a patient going AWOL in a situation where they could have done so then they could conceivably be charged with aiding and abetting a person to go AWOL (s128 MHA).

Being AWOL is not an offence but aiding and abetting is and carries on summary conviction a potential prison sentence of up to 6 months or a fine or both; on conviction on indictment for a term up to 2 years or a fine or both.

Nurses should not put themselves at risk by any preventative action they take but not to act at all could be negligent if the AWOL results in harm to the patient. In particular see the case of *Savage* below

Definitions of Escape, Attempted Escape, Abscond and Failure to Return in Secure Mental Health Services – Department of Health - October 2009

The following definitions apply to high, medium and low secure mental health services:

Escape
A detained patient escapes from a unit / hospital if he or she unlawfully gains liberty by breaching the secure perimeter that is the outside wall, fence, reception or declared boundary of that unit.

Attempted Escape
A failed or prevented attempt by a patient to breach the secure perimeter that in the nature of the incident demonstrated intent to escape.

Abscond
A patient unlawfully gains liberty during escorted leave of absence outside of the perimeter of the originating unit / hospital by breaking away from the custody / supervision of staff.

Failure to Return
A patient fails to return from authorised unescorted leave.

Case Law

Savage v South Essex Partnership NHS Trust[3]

The Facts
Mrs Savage had a history of mental illness and absconded from hospital where she had been detained as a patient on an open ward and was being treated for paranoid schizophrenia. Having absconded she took her own life by jumping under a train.

Her daughter applied to the Court for compensation, saying that the Trust failed in its duty to protect her mother and, further than that, was in breach of Article 2 of the European Convention of Human Rights (ECHR) in not protecting her mother's right to life. Her mother had made a number of previous attempts to leave the hospital. It was contended on her behalf that the hospital managers had failed to appreciate the risk this particular patient presented and therefore failed to take adequate measures to protect her life.

The Issues
Do NHS bodies as agents of the State owe a duty not only in negligence but also under ECHR to protect patients whether or not they are detained? Does Art.2 create a positive obligation on the Trust and its staff to protect every patient from taking their own life? Is this obligation additional to the organisational manager's responsibility to employ competent staff and operate safe systems of work?

The Judgment
The House of Lords decided that the Trust was liable despite the absence of "gross negligence". The Court saw no distinction in the duty owed to a patient compulsorily detained in a mental hospital to an individual held in custody in prison. This new obligation is expected to apply to all suicide cases involving Mental Health Trusts.

Mental Health Managers now have 3 legal obligations:

1. To ensure the Trust employs competent staff who should be trained to a high professional standard to deal with patients at risk.
2. To ensure the Trust adopts safe systems to identify and protect the lives of mentally ill patients.
3. To do all that can" reasonably be expected "to prevent a patient from taking their own life where that patient presents "a real and immediate risk of suicide".

These obligations are distinct and in addition to the standard duty of care imposed by the law of negligence.

Mental Health Manager's Role

[3] 2008 UKHL 74

Arising from this decision it seems that even if competent staff are employed and a safe system of work is put in place, liability could still arise for an individual under-assessment of risk or inadequate observation or ineffective security systems on wards. The House of Lords specifically emphasised the personal liabilities of staff in this situation .For managers liability might also arise for lack of supervision or training of staff with the Trust remaining vicariously liable for all acts or omissions of its employees

Although this is just one case decided on the particular circumstances of this individual patient the implications of the House of Lords criteria (which effectively set an example of judicial approach for lower courts faced with similar situations) seem wide for any patients who now present *"a real and immediate risk of suicide"* and for the Managers responsible for their safety.

To help ensure protection there needs to be clear evidence in the patient notes of the risk assessments, frequent reviews and implementation of the patient plan. In this way claims can be defended not only for damages for negligence but also a breach of Article 2 ECHR as cogent evidence can than be adduced to satisfy the "*all that could reasonably be expected* test".

The overall effect of this case seems to have lowered the threshold for bringing a claim where patients take their own lives on or off hospital premises.

The decision in Rabone and the Pennine Care NHS Trust[4] initially clarified the application of Article 2 by restricting it to detained patients but this case is currently subject to appeal.

[4] 2009 EWHC 1827 QB

Inpatient Description Form Appendix A

PART 1: This information is completed as part of the admission process and retained in the case notes.

PART 2 AND 3 To be completed in the event of a patient going AWOL / missing (Plus search of grounds checklist – Appendix C)

PART 4: To be completed upon return of Patient to the Unit

Part 1: Completed on Admission

Service User's Personal Details			
Title:	Last name:	First name/s:	M F
D.o.B:	Previous names / aliases :		
Religion:	Relationship status: Single Married Divorced Living with partner Civil partnership Widowed		
Preferred Language:	Interpreter required: Y N	Ethnic origin:	
Permanent address: Postcode:			
Telephone number:	Mobile number:		
Next of Kin: Relationship: Address: Postcode: Tel no:	Nearest Relative: Relationship: Address: Postcode: Tel no:		
Responsible Clinician:	Care Co-ordinator:		
Mental Health Act Status:	Primary Nurse:		

GP Name:	Tel No:
Address:	Date GP contacted:

PERSONAL DESCRIPTION

Date Description Taken:	
Height:	**Eye Colour:** **Glasses** **Y** ☐ **N** ☐
Build:	**Marks:** (*scars, tattoos etc.)*
Hair: *(Length and colour)*	**Physical Presentations:** (*stammer, etc.)*
Voice/Accent:	
If patient goes missing - Any people / places the person is likely to visit?	
If patient goes missing - Is anybody at risk due to the AWOL? **If so, who?**	
If Car Driver, name and make of car and car registration + location of car (if known):	

Part 2: Search of Grounds for AWOL / Missing Patient Checklist

Initial Grading of the AWOL *(using Appendix B as guide)*

Date of search_____

Start time of search _____

AREAS SEARCHED	NAME OF SEARCHER
1.	
2.	
3.	
4.	
5.	
6.	

SUBWAYS: Has Hospital Engineer been requested to search subways?

YES / NO / NOT APPROPRIATE
(Delete as appropriate)

Results of Search

_____

_____

_____

_____

_____

_____

_____

Name of Person Completing……..

Position …….

Signature …….. Date…….

Part 3: Complete if AWOL / missing

Clothing:		
Current Diagnostic Remarks: (*Violent; suicidal; depressed; etc.*)		
Any Other Information:		
Last seen by:		Date:
Location:		Time:

Please ensure all below are notified as soon as possible:

During Office Hours

Ward Manager/Team Leader:	Yes ☐ Time:	No ☐ Date:	Nearest Relative / Carer Next of Kin	Yes ☐ Time:	No ☐ Date:
Modern Matron	Yes ☐ Time:	No ☐ Date:	Police serial No:	Yes ☐ Time:	No ☐ Date:
Deputy Director *(if high risk)*	Yes ☐ Time:	No ☐ Date:	General Manager	Yes ☐ Time:	No ☐ Date:
Responsible Clinician / Consultant Psychiatrist	Yes ☐ Time:	No ☐ Date:	Person known to be at risk Name of person:	Yes ☐ Time:	No ☐ Date:
Community Team	Yes ☐ Time:	No ☐ Date:	MHA Administrator *(if under the MHA)*	Yes ☐ Time:	No ☐ Date:

Out-of-Hours

Unit Co-ordinator	Yes ☐ Time:	No ☐ Date:	Police serial No:	Yes ☐ Time:	No ☐ Date:
On-Call Manager (*if high risk)*	Yes ☐ Time:	No ☐ Date:	Nearest Relative / Carer: Next of Kin:	Yes ☐ Time:	No ☐ Date:
On-Call Consultant:	Yes ☐ Time:	No ☐ Date:	Any other person known to be at risk Name of person:	Yes ☐ Time:	No ☐ Date:
MHA Administrator *(if under the MHA)* All 3 parts of form must be faxed	Yes ☐ Time:	No ☐ Date:	Next working day- senior managers as above		

Part 4: Complete on Return

Return Date:	Time:
By whom:	Where found?
Completed by:	Signature Date

All persons who were informed in Part 3 of AWOL / missing patient *must* be informed of return

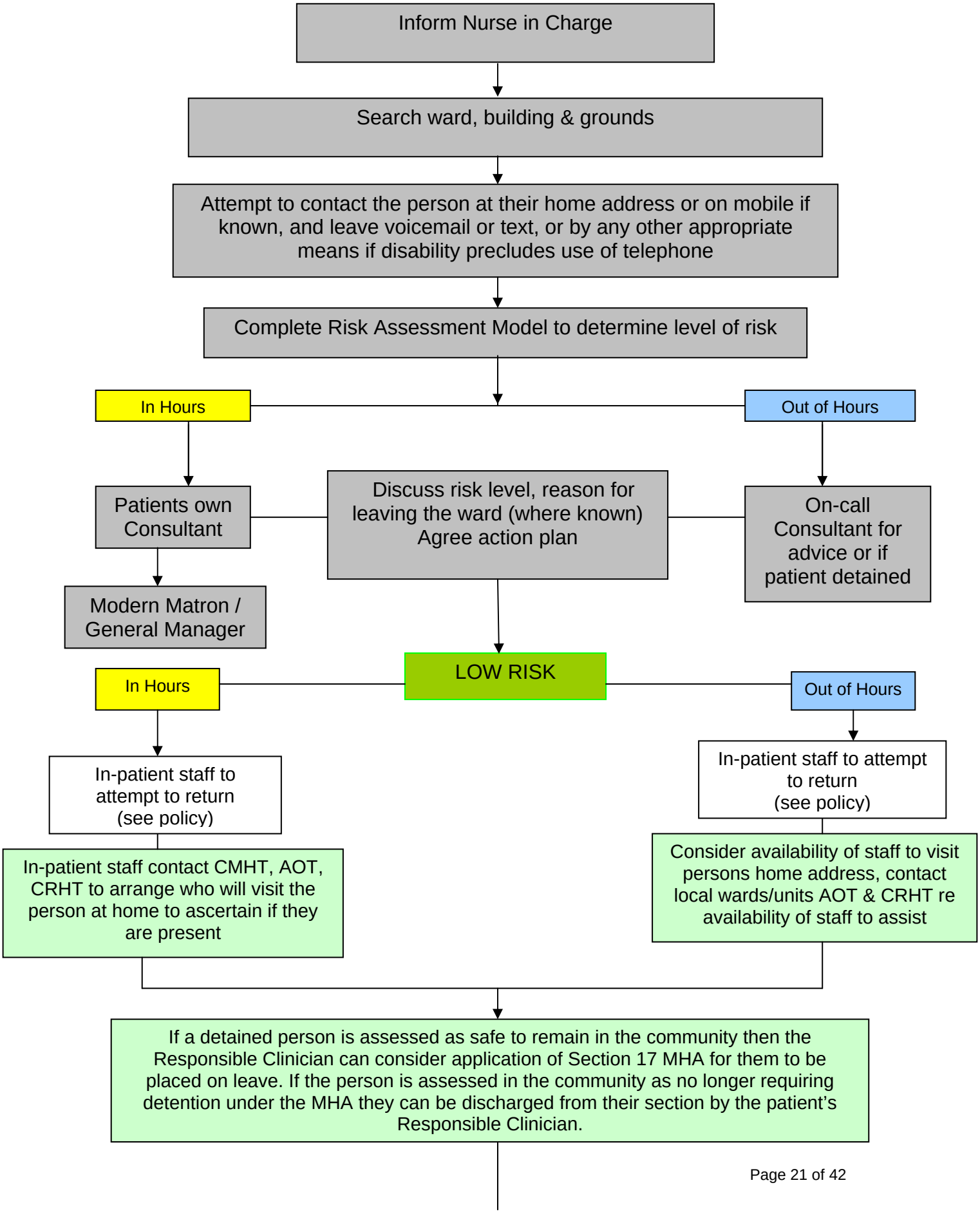
Appendix B

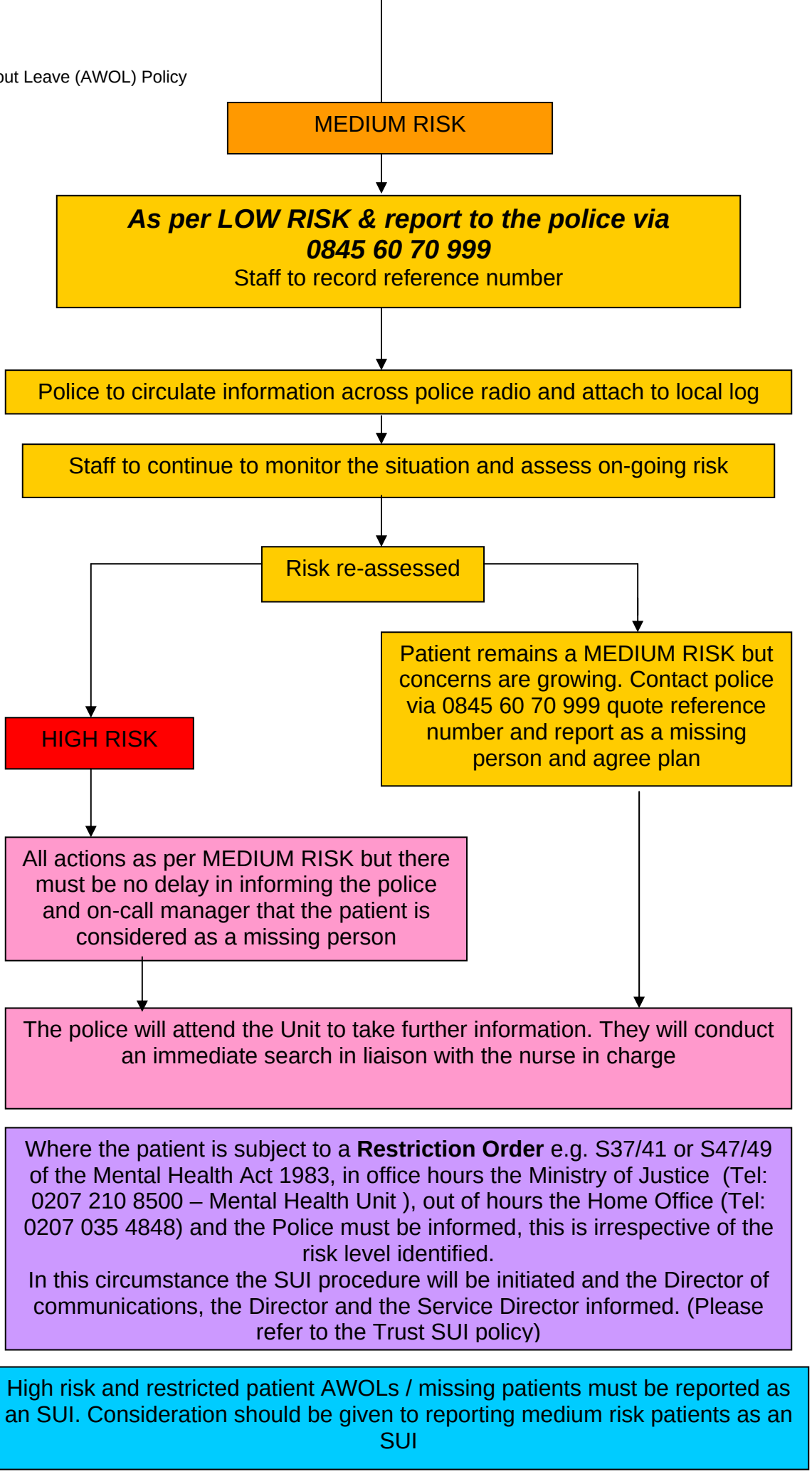
AWOL / missing patient risk assessment model

HIGH RISK		
DEFINITION	**EXAMPLES**	**ACTION**
It is suspected that the individual has been the victim of a serious crime. **OR** The risk posed is **IMMEDIATE** and there are **SUBSTANTIAL** grounds for believing that the individual may suffer death or serious injury. **OR** The risk posed is **IMMEDIATE** and there are **SUBSTANTIAL** grounds for believing that the individual may cause death or serious injury to another.	1. It is suspected that the individual has been murdered, kidnapped or abducted. 2. It is believed that this individual has the intention of committing suicide or seriously self-harming and the risks posed are immediate. Or require life preserving medication which they do not have access to. 3. It is believed that this individual has the intention of causing death or serious injury to another person or their behaviour is so unpredictable that other persons are at a real and immediate risk of death or serious injury.	**REPORT TO THE POLICE IMMEDIATELY** **REPORT AS AN SUI**
MEDIUM RISK		
DEFINITION	**EXAMPLES**	**ACTION**
There is an **APPARENT RISK** that the individual may be exposed to significant harm. **OR** There is an **APPARENT RISK** that the individual poses a risk of significant harm to another person.	1. A Service User who goes missing who is unable to interact safely with a known/unknown environment. 2. A person who is severely depressed, has gone missing and there is little known about them to give cause for concern. 3. A patient who has a recent history of violence against the person.	**INFORM POLICE** **ONGOING RISK ASSESSMENT** **CONSIDER REPORTING AS AN SUI**
LOW RISK		
DEFINITION	**EXAMPLES**	**ACTION**
There is **NO KNOWN CURRENT RISK** that the individual may be exposed to harm. **OR** There is **NO KNOWN CURRENT RISK** that the individual poses a risk of harm to another person.	1. The individual is able to live outside hospital. 2. The individual is able to interact safely with an unknown environment. 3. The individual does not pose a current risk of violence.	**ONGOING RISK ASSESSMENT**

Appendix C

Absent Without Leave (AWOL) / missing patient Policy Flowchart





Where the patient is subject to a **Restriction Order** e.g. S37/41 or S47/49 of the Mental Health Act 1983, in office hours the Ministry of Justice (Tel: 0207 210 8500 – Mental Health Unit), out of hours the Home Office (Tel: 0207 035 4848) and the Police must be informed, this is irrespective of the risk level identified.
In this circumstance the SUI procedure will be initiated and the Director of communications, the Director and the Service Director informed. (Please refer to the Trust SUI policy)

High risk and restricted patient AWOLs / missing patients must be reported as an SUI. Consideration should be given to reporting medium risk patients as an SUI

Appendix D

ABSENT WITHOUT LEAVE (AWOL) PROCEDURES MONITORING CHECKLIST

TO BE COMPLETED BY WARD MANAGER

Part 1: To be completed when patient is absent without leave / missing

Please tick where appropriate: **Patient PiMS ID ……**

1. Is in-patient description form up to date and filed in patient's clinical record?
   Yes □ No □ If no, give reason: ……..

2. Does the patient's clinical record define the level of risk of the patient going AWOL/missing, following the categories listed in Appendix B?
   Yes □ No □ If no, give reason: ……..

3. Does the care plan set out the procedure to be followed should the patient go AWOL/missing?
   Yes □ No □ If no, give reason: ……..

4. Is it evidenced that the patient was informed of the above procedure on admission?
   Yes □ No □ If no, give reason: ……..

5. Has the nurse in charge been informed that the patient has gone AWOL/missing?
   Yes □ No □ If no, give reason: ……..

6. Has the AWOL/missing patient form (Appendix A, Part 3) **and** an incident form be completed?
   Yes □ No □ If no, give reason: ……..

7. Has a copy of Appendix A been forwarded to your local Mental Health Act office?
   Yes □ No □ If no, give reason: ……..

8. Has a risk assessment been completed according to the Risk Assessment Model (Appendix B)?
   Yes □ No □ If no, give reason: ……..

9. Have attempts been made to contact the patient by telephone?
   Yes □ No □ If no, give reason: ……..

10. Have all necessary parties, including nearest relative and next of kin, been informed?
    Yes □ No □ If no, give reason: ……..

11. Has a plan been made and documented for a visit to the patient's home address and for their return to hospital, if appropriate?
    Yes □ No □ If no, give reason: ……..

12. Has an appropriate doctor/on-call consultant been advised that the patient is AWOL/missing?
    Yes □ No □ If no, give reason: ……..

13. Has Section 17 leave been considered by the RC where appropriate?
    Yes □ No □ If no, give reason: ……..

Please return this form to Alison Naylor, Business Manager, Mental Health Act Services
1st Floor, Woodside, The Drive, Hellingly

Appendix D

ABSENT WITHOUT LEAVE (AWOL) PROCEDURES MONITORING CHECKLIST

TO BE COMPLETED BY WARD MANAGER

Part 2: To be completed when patient returns to hospital

Patient PiMS ID: ……

Please tick where appropriate:

1. Has Part 4 of the AWOL /missing patient form been completed?

   Yes □ No □ If no, give reason: ……..

2. Has a management plan been completed to prevent this from happening again?

   Yes □ No □ If no, give reason: ……..

3. Has an incident form been completed?

   Yes □ No □ If no, give reason: ……..

4. Have the patient's notes been updated?

   Yes □ No □ If no, give reason: ……..

5. Has a risk assessment of the patient been completed?

   Yes □ No □ If no, give reason: ……..

6. Has a copy of Appendix A been forwarded to your local Mental Health Act office?

   Yes □ No □ If no, give reason: ……..

Please return this form to Alison Naylor, Business Manager, Mental Health Act Services
1st Floor, Woodside, The Drive, Hellingly

Sussex Partnership NHS
NHS Foundation Trust

Appendix E

WOODLANDS HOSPITAL - LOCAL SEARCH PROCEDURE/CHECKLIST –

THIS CHECKLIST MUST BE USED IN CONJUNCTION WITH THE AWOL POLICY

Search should be initiated when you become aware that a patient is missing from the ward. The search should be instigated at the same time as other staff are attempting to contact the patient/friends/family.

Patient's Name	Legal Status	Ward
Date	Time patient noted as missing	Time search initiated
Nurse-in-Charge	Unit co-ordinator	
Name of person/s undertaking the search		

WARD
On the ward some rooms may normally be locked, but should be checked anyway. In addition, check the patient's bedroom to establish if any personal belongings have been taken, such as mobile phone etc.

Room	Time	Checked by	Comments
All bedrooms			
Bathrooms			
Communal areas			
Interview rooms/offices			
Laundry			
Staff rooms			
Clinic			
Storerooms			
Garden(s)			
Sluice room			
OT room			

ELSEWHERE IN THE HOSPITAL
Some rooms are routinely locked at 17.00 but should still be checked.

Area	Time	Checked by	Comments	
Corridors				
Reception				
Family Room				
Check 9 bedded area			Bedrooms	
			Lounge	
			Offices	
			Bathrooms	
OT Dept				
Public Toilets				
Dining room				
Sacred Space				
Main Meeting room				

Elsewhere In The Hospital cont			
Staff Room			
Doctors Room			
Kitchen Area			
CRHT offices			
Admin Offices			
Cashiers Office			
136 Suite			
Phone check A & E			

GROUNDS

Search of grounds should be undertaken by two staff who should remain together in hours of darkness

Area	Time	Checked by	Comments
All gardens, particularly bushes and embankment down to fence.			
Area around undercroft			
Rear of hospital esp. bin area			
Car parks			
Back of St. Annes House			
Road and carpark to Spire Hospital			
The roads to Ridge, both directions			

OFF SITE

Check the local area - should be undertaken by two staff who should remain together in hours of darkness

Area	Time	Checked by	Comments
Local bus stops			
Conquest shops and cafe			

CCTV CHECKED (requests to Conquest)

OUTCOME OF SEARCH

Outcome discussed with Nurse-in-Charge	
Name of person/s undertaking the search	Signatures
Name of Nurse-in-Charge	Signature
Date	Time

Sussex Partnership NHS
NHS Foundation Trust

Appendix F

CENTURION - LOCAL SEARCH PROCEDURE/CHECKLIST

THIS CHECKLIST MUST BE USED IN CONJUNCTION WITH THE AWOL POLICY

Search should be initiated when you become aware that a patient is missing from the ward. The search should be instigated at the same time as other staff are attempting to contact the patient/friends/family.

Patient's Name	Legal Status	Ward
Date	Time patient noted as missing	Time search initiated
Nurse-in-Charge	Unit co-ordinator	
Name of person/s undertaking the search		

WARD

On the ward some rooms may normally be locked, but should be checked anyway. In addition, check the patient's bedroom to establish if any personal belongings have been taken, such as mobile phone etc.

Room	Time	Checked by	Comments
All bedrooms			
Bathrooms			
Communal areas			
Interview rooms/offices			
Laundry			
Staff rooms			
Clinic			
Storerooms			
Garden(s)			
Sluice room			
Resource Room			
Children's Room			
Dr's Office			
Spirituality /3R Room			
Dining Room			
Ward Managers Office			
Garden Area			

External to the Wards in the Unit (Ground Floor)

Some rooms are routinely locked at 17.00 but should still be checked.

Area	Time	Checked by	Comments
Contact Other Ward			
Corridors			
Lift			
Therapy Room			
Reception			
Court Yard			
Public Toilets			
Laundry/Delivery Area			
Store Room			
Common/Yellow Room			
Kitchen			
Elsewhere In The Hospital (First Floor)			
Recreation Room			

Staff Toilets			
Tribunal Room			
Managers Office			
Staff Room/Dr's Mess			
Gym			
Therapy Base			
ADL Kitchen			
CTR Office			

GROUNDS IMMEDIATE to the UNIT
Search of This Area should be undertaken by two staff who should remain together in hours of darkness

Area	Time	Checked by	Comments

CCTV Checked – Contact Dalkia	Time	Checked by	Comments
Plant room – Contact Dalkia			

OUTCOME OF SEARCH

Outcome discussed with Nurse-in-Charge	
Name of person/s undertaking the search	Signatures
Name of Nurse-in-Charge	Signature
Date	Time

Sussex Partnership NHS
NHS Foundation Trust

Appendix G

DEPARTMENT OF PSYCHIATRY - LOCAL SEARCH PROCEDURE/CHECKLIST – THIS CHECKLIST MUST BE USED IN CONJUNCTION WITH THE AWOL POLICY

Search should be initiated when you become aware that a patient is missing from the ward. The search should be instigated at the same time as other staff are attempting to contact the patient/friends/family.

Patient's Name	Legal Status	Ward
Date	Time patient noted as missing	Time search initiated
Nurse-in-Charge	Unit co-ordinator	
Name of person/s undertaking the search		

WARD

On the ward some rooms may normally be locked, but should be checked anyway. In addition, check the patient's bedroom to establish if any personal belongings have been taken, such as mobile phone etc.

Rooms	Time	Checked by	Comments
All bedrooms			
Bathrooms			
Communal areas			
Interview rooms/offices			
Laundry			
Staff rooms			
Clinic			
Storerooms			
Sluice room			
Toilets			
Shower rooms			

ELSEWHERE IN THE HOSPITAL

Area	Time	Checked by	Comments
Main Staircase			
Rear fire exit/escape			
Lift			
Contact other wards			Bodiam
			Heathfield
			Amberley
Gym			OT/Activity workers have key
Spirituality room			Sub 2 key
Freezer room			Key in servery.
Servery Exit and link corridor			
ECT suite			Keypad codes in reception
Art/Activity room			Key in OT office
Small staff room			Keypad codes in reception
Patient Council Room			Keypad codes in reception
Yellow Room			Sub 1 Key
Blue Room			Sub 1 Key
Garden			Open all times
Male/Female Patients Toilet			Locked at 8pm
Day Treatment/OT office			Keypad codes in reception
Male/Female Patients Toilet			Locked at 8pm
Elsewhere In The Hospital cont			
CRHT Corridor			Via Swipe Card

CRHT Offices			Sub 1 Key
MHA Office			Sub 1 Key
Consultant Offices			Sub 1 Key
Photocopy Room			
136 Suite			Swipe Card
Reception			Swipe Card
Admin Team Leader Office			Keypad code in Reception
OPMH Liaison			
ADL OT Kitchen			Sub 1 Key
Rooms 11 and 12			Sub 1 Key
Family Room			Sub 1 Key
Dr On Call Room			
Shower room			Open
Toilet			Open
Seminar Room			Sub 1 Key
CCTV Room			Sub 1 Key
Store Room			Sub 1 Key
Staff Room			open
General Manager office			Separate key no access
Staff locker rooms Male/female			Keypad code in reception
Visitors Disabled Toilet			Sub 1 Key (Locked 6pm---9am)

GROUNDS

Search of grounds should be undertaken by two staff who should remain together in hours of darkness

Area	Time	Checked by	Comments
All gardens, particularly bushes			
Immediate Car Parks			
Rear of hospital esp- by bins			
Behind and in Staff Social Club			
Main Entrance to EDGH			
Nurses Accommodation			

OFF SITE

Check the local area - should be undertaken by two staff who should remain together in hours of darkness.

Area	Time	Checked by	Comments
Local bus stops			
Rodmill Pub and COOP			

CCTV CHECKED (Located In CRHT Corridor)

OUTCOME OF SEARCH

Outcome discussed with Nurse-in-Charge	
Name of person/s undertaking the search	Signatures
Name of Nurse-in-Charge	Signature
Date	Time

Appendix H

LANGLEY GREEN HOSPITAL - LOCAL SEARCH PROCEDURE/CHECKLIST

THIS CHECKLIST MUST BE USED IN CONJUNCTION WITH THE AWOL POLICY

Search should be initiated immediately you become aware that a patient is missing from the ward.

Name:		Ward:
Date:	Time patient noted as missing:	Time search initiated:
Level of observations:	Last time patient was formally observed:	
Last activity / location patient was observed:		
Legal Status:	Shift Co-ordinator:	
Name of staff undertaking the search:		

ON THE WARD: all rooms MUST be checked including those which are locked. In addition, check the patient's bedroom to establish if any personal belongings have been taken, such as a mobile phone etc.

Room	Time	Checked by	Comments
All bedrooms / en suite			
Bathroom / communal toilets			
Communal areas (lounge / dining)			
Sluice Room			
Main Lounge			
Quiet Room			
Ladies lounge			
Store cupboard			
Staff Room			
Manager's office			
Cleaners' room			
Group Handover Room			
Doctors' room			
Clinic			
Interview Room 1&2			
Patients' Kitchen			
Patients' Laundry			
Servery			
Garden(s)			
Linen Room			

THE UNIT: Some areas within the unit are locked out-of-hours but should still be checked.

Area	Time	Checked by	Comments	
Corridors				
Lift				
Contact other wards and ask them to check their ward / gardens and report back to you as soon as			*Coral*	
			Jade	
			Opal	

possible.			*Amber*	
S136 Suite				
Public Toilets x 3 (Reception)				
Therapies Dept inc Toilets x 3)				
Sacred Space 1 & 2 (Inc Multi Faitl Office & Advocacy Room)				
Sports Hall & Storage Room				
Gym				
Conference Room				
1st floor all rooms (Inc Showers)				
Kitchen area / ground floor				
Kitchen corridors and rooms				
All stair wells & Fire Escape				
MHA Corridor Inc. Weald Day Hos				
Café				

N.B. please note, to lock the door between reception and reception office you need to lift the handle up to engage the lock

GROUNDS: Following a thorough search of the unit proceed to search the grounds in particular bushes (in hours of darkness two staff should undertake the search and remain together at all times).

Area	Time	Checked by	Comments
Around the Wanderloop including surrounding areas			
Area outside lower entrance to Estates Office inc Bin Compoun			
Car park around LGH Inc S136			
Areas on both sides of LGH			
REPORT BACK TO THE SHIFT CO-ORDINATOR ON YOUR WARD FOR THEM TO INFORM THE POLICE (MISPER) THEN RECOMMENCE AN EXTENDED GROUND SEARCH. ENSURE THAT YOU TAKE THE WARD MOBILE PHONE.			
Area around Depot Road			
Area around Waste Transfer Sta			
Langley Green Parade			
Retail Park			
OUTCOME OF SEARCH (patient found / not found / AWOL procedure instigated)			

Name of person/s undertaking the search:	Signatures:
Name of Shift Co-ordinator:	Signature:
Date:	Time:

Appendix I

MEADOWFIELD HOSPITAL - LOCAL SEARCH PROCEDURE/CHECKLIST

THIS CHECKLIST MUST BE USED IN CONJUNCTION WITH THE AWOL POLICY

Search should be initiated immediately you become aware that a patient is missing from the ward.

Name:		Ward:
Date:	Time patient noted as missing:	Time search initiated:
Level of observations:	Last time patient was formally observed:	
Last activity / location patient was observed:		
Legal Status:	Shift Co-ordinator:	
Name of staff undertaking the search:		

ON THE WARD: all rooms MUST be checked including those which are locked. In addition, check the patient's bedroom to establish if any personal belongings have been taken, such as a mobile phone etc.

Room	Time	Checked by	Comments
All bedrooms / en suite			
Bathroom / communal toilets			
Communal areas (lounge / dining)			
Garden room			
Day room			
Quiet Room			
Ladies lounge			
Store cupboard			
Staff toilet			
Manager's office			
Cleaners' room			
Ward round room			
Doctors' room			
Clinic			
Ward round room			
Patients' pantry			
Patients' property cupboard			
Main ward kitchen			
Garden(s)			
Housekeeping office			

THE UNIT: Some areas within the unit are locked out-of-hours but should still be checked.

Area	Time	Checked by	Comments	
Corridors				
Lift				
Contact other wards and ask them to check their ward / gardens and report back to you as soon as			*Maple*	
			136 Suite	
			Rowan	

possible.			*Larch*	
Fern Suite				
Public Toilets x 3				
Alder Suite				
Sanctuary				
Behind reception / back room				
Gym				
Conference Room				
Bramber Suite (1st floor all rooms)				
Kitchen area / ground floor				
Kitchen corridors and rooms				
All stair wells				
Family Room				
Café garden area				

N.B. please note, to lock the door between reception and reception office you need to lift the handle up to engage the lock

GROUNDS: Following a thorough search of the unit proceed to search the grounds in particular bushes (in hours of darkness two staff should undertake the search and remain together at all times).

Area	Time	Checked by	Comments
Around the fire path checking the surrounding areas			
Area outside lower entrance to kitchen			
Car park around Northdown Leading up the steps to Meadowfield			
Areas on both sides of Meadowfield drive			
REPORT BACK TO THE SHIFT CO-ORDINATOR ON YOUR WARD FOR THEM TO INFORM THE POLICE (MISPER) THEN RECOMMENCE AN EXTENDED GROUND SEARCH. ENSURE THAT YOU TAKE THE WARD MOBILE PHONE.			
Area around Swandean HQ and associated buildings			
Area around Chanctonbury / training centre			
Highdown / walled garden			
Middle Hill area			
Area around Salvington Lodge			
OUTCOME OF SEARCH (patient found / not found / AWOL procedure instigated)			

Name of person/s undertaking the search:	Signatures:
Name of Shift Co-ordinator:	Signature:
Date:	Time:

Sussex Partnership NHS
NHS Foundation Trust

Appendix J

MILL VIEW HOSPITAL - LOCAL SEARCH PROCEDURE/CHECKLIST –

THIS CHECKLIST MUST BE USED IN CONJUNCTION WITH THE AWOL POLICY

Search should be initiated when you become aware that a patient is missing from the ward. The search should be instigated at the same time as other staff are attempting to contact the patient/friends/family.

Patient's Name	Legal Status	Ward
Date	Time patient noted as missing	Time search initiated
Nurse-in-Charge	Unit co-ordinator	
Name of person/s undertaking the search		

WARD: On the ward some rooms may normally be locked, but should be checked anyway. In addition, check the patient's bedroom to establish if any personal belongings have been taken, such as mobile phone etc.

Room	Time	Checked by	Comments
All bedrooms			
Bathrooms			
Communal areas			
Interview rooms/offices			
Laundry			
Staff rooms			
Clinic			
Storerooms			
Garden(s)			
Sluice room			
OT room			

ELSEWHERE IN THE HOSPITAL: Some rooms are routinely locked at 17.00 but should still be checked.

Area	Time	Checked by	Comments	
Corridors				
Lifts (09.00 – 17.00)				
Reception lift				
Lift Nr Caburn				
Lift Nr Promenade				
Contact other wards, including Promenade and ask them to check their ward and report back to you.			Regency	
			Promenade	
			Caburn	
			Meridian	
OT Dept				
Public Toilets			Unit Co-ordinator has key.	
Dining room			Unit Co-ordinator has code.	
Sacred Space				
Mind Resource room			Unit Co-ordinator has key.	
Activity room				
Main Meeting room				
Elsewhere In The Hospital cont				

Conference room Nr Pavilion			
Staff toilets near Pavilion			
Kitchen corridor			
Stairs to Promenade			
Out Pts/Wish Day reception			WDH/ offices only accessible via fob
136 Suite			
General office out of hours			Unit co-ordinator has access fob
General Store by Caburn			

GROUNDS: Search of grounds should be undertaken by two staff who should remain together in hours of darkness

Area	Time	Checked by	Comments
All gardens, particularly bushes			
Sussex Education Centre			Building locked outside of 09.00 – 17.00 Security have access
Rear of hospital esp. bin area			
Car parks including near Polyclinic and Nursery			
All around Polyclinic, especially at rear			
Pathway to gate to Nevill Hospital			
Drive to roadway			

OFF SITE: Check the local area - should be undertaken by two staff who should remain together in hours of darkness

Area	Time	Checked by	Comments
Local bus stops			
Area around shops			

CCTV CHECKED (Located In Reception)

OUTCOME OF SEARCH

Outcome discussed with Nurse-in-Charge	
Name of person/s undertaking the search	Signatures
Name of Nurse-in-Charge	Signature
Date	Time

APPENDIX K

HELLINGLY CENTRE – LOCAL SITE SEARCH

THIS CHECK LIST MUST BE USED IN CONJUNCTION WITH THE AWOL POLICY

PART 1

Notes

1. No service user can leave the Hellingly Centre for Unescorted Leave unless the Responsible Clinician (RC) has granted Section 17 Leave. Where the patient is subject to Restriction Order unescorted leave must have been granted by the Ministry of Justice before the RC can sign s17 leave form. The service user must be escorted from the wards to reception by a member of staff and booked out.

2. In-patient files should hold a current In-patient Description Form (Appendix A, AWOL Policy), together with a current photograph of the service user. This must be updated via CPA reviews if changes to the service user occur, ie, beard, weight gain, hairstyle etc.

3. These documents should be held electronically by the individual wards and a copy kept on the service user's file. In the event of an AWOL, this can either be (a) electronically sent to the police or (b) be printed off and given to the police if they attend the unit.

4. Before commencing a search of the external site, all wards need to be informed and the therapy areas checked.

5. Searches should be initiated by the Ward Manager/Nurse in Charge in liaison with the Matron or Clinical Security Manager, to determine the appropriate number of staff required for the search to proceed. Searching staff must carry radios.

6. Whilst searching the site, staff must not put themselves in danger. If concerned, they should liaise with the unit and police as appropriate.

PART 2

INTERNAL CHECKS

SERVICE USER NAME:	LEGAL STATUS:	WARD:
DATE:	TIME SERVICE USER NOTED MISSING:	TIME SEARCH INITIATED:
NURSE IN CHARGE:	WARD MANAGER:	
NAME(S) OF PERSON(S) UNDERTAKING SEARCH:		

Due to the nature of the environment and the Access/Egress requirement via the Control Room/Reception area, AWOLs would normally be defined as the service user being out of the unit. This, however, must never be taken for granted therefore it is necessary to search the unit.

ROOMS:	**TIME:**	**CHECKED BY:**	**COMMENTS:**
All bedrooms			
Communal Areas			
Bathrooms/Toilets			
Clinic			
Meetings Rooms			
Garden Areas			
Ward Kitchen			
Check with other wards			
Therapy Areas			
Twittens			
Check with Control Room			

Once established the service user is not on the ward/unit, proceed to a Grounds Search, as per Part 3.

PART 3

Date of Search: ……..

Start time of Search: ……

Staff assigned to the Search: ……

SYSTEMATIC SEARCH PROCESS (from Hellingly Centre to main road):

1. Grounds surrounding the Hellingly Centre and Southview **Findings:**
2. Staff car parking area **Findings:**
3. Adjoining contractor's compound **Findings:**
4. Badgers Corner Café and surrounding area **Findings:**
5. Area surrounding The Firs **Findings:**
6. Area surrounding Woodside and Woodside Annexe ***(if during office hours, make sure service user has not attempted to enter buildings)*** **Findings:**
7. Area surrounding Bunny Run Nursery **Findings:**
8. Area surrounding Bowhill **Findings:**
9. Area surrounding Rosslyn House **Findings:**

NB: Staff need to be mindful of the housing estate and should not search any of those areas. Liaison must take place with the Police, who will take responsibility for that area of search.

Name of staff carrying out search: …….....

Position: …….

Signature: …….