



ABSENT WITHOUT LEAVE (AWOL) POLICY

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

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EXECUTIVE SUMMARY:

- Multi-agency policy relating to patients absent without leave / informal missing patients
- 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 for Managers and staff regarding duties, responsibilities and actions to be taken when a patient is absent without leave and provides the legal framework which sets out these duties and responsibilities.

If you require this document in another format such as large print, audio or other community language please contact the Governance Support Team on 01903 845735 or email HSCG@sussexpartnership.nhs.uk

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1.0 Introduction

This policy describes the procedure to be followed to ensure that incidents of absconding detained patients and missing informal patients are properly managed, reported, monitored and reviewed; and improves joint working between Sussex Partnership NHS Foundation Trust (Sussex Partnership) and Sussex Police.

1.1 Purpose of Policy

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.

This document sets out the policy and procedure when a detained patient is absent without leave or an informal patient is missing. This policy:

- Describes the procedure to be followed 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.

1.2 Policy Statement

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.

1.3 Definitions

Detained patients

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.
AWOL Patients	Absent without leave. Patients who are liable to be detained under the Mental Health Act 1983 and who absent themselves from hospital without authorised leave granted under section 17 Mental Health Act 1983 or are Supervised Community Treatment ("SCT") patients who have failed to attend hospital when recalled.

Attempted Escape (S&F only)	A failed or prevented attempt by a patient to breach the secure perimeter that in the nature of the incident demonstrated intent to escape.
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.
Escape (S&F only)	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.
Failure to Return	A patient fails to return from authorised unescorted leave.
Section 17 Leave	Patients detained under the Mental Health Act can be granted leave by their Responsible Clinician using Section 17 MHA 1983. The Section 17 policy sets out the conditions and requirements for staff working with patients who have been granted leave.
Section 18 MHA 1983	Allows for the return of patients who are absent from hospital without leave (which includes failure to return from a period of authorised leave or when recalled) or are absent without permission from an address at which they have been required to live, either by the conditions of their leave of absence or by their guardian.

Sussex Police Definitions

Missing	Informal patients (who are <u>not</u> liable to be detained under the Mental Health Act 1983) who leave the unit (inpatient or day services) unexpectedly, without explanation or prior notice should be considered 'missing'.
Absent	A person not at a place where they are expected or required to be.

Guardianship

A person absent without permission 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.

2.0 LEGAL CONTEXT

Under section 18 MHA1983, 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 Supervised Community Treatment (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*)

2.1 Detained patients

Detained patients who are AWOL may be taken into custody and returned by an Approved Mental Health Professional, any member of the hospital staff, any police officer, or anyone authorised in writing by the Hospital managers.

A patient who has been required to reside in another hospital as a condition of leave of absence can also be taken into custody 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*).

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.

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.

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

2.2 Supervised Community Treatment (SCT) patients

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*)

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*)

2.3 Informal patients

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.

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.

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 contacted by any other appropriate method of communication and who is not home may be.

2.4 Guardianship patients

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.

3.0 DUTIES

3.1 Nurse in Charge Duties

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. As shown in the procedure set out in section 4.2 the nurse in charge will, wherever possible, involve other members of the clinical team, in particular the responsible Clinician. The nurse-in-charge retains overall responsibility for ensuring each step of the procedure is implemented.

3.2 Responsible Clinician Duties

The Responsible Clinician (RC) or authorised acting Responsible Clinician must be advised that the patient is AWOL at the earliest opportunity. The doctor must consider the potential risks and review the patient's care plan, mental state, legal status and circumstances in which the patient left the premises.

If a detained patient is located and assessed in the community as safe, the RC should consider the use of Section 17 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.

Using the Risk Assessment Model (Appendix B), the RC should assess the level of risk posed by the patient who is AWOL. Where the patient is AWOL out of hours, the on-call consultant must be consulted.

3.3 MHA Office

Once notified of an AWOL the MHA office will complete the statutory CQC notification form as follows:

- Services that are designated as low, medium or high security should notify CQC of **all incidences of AWOL**.
- The relevant MHA coordinator should complete the notification form as soon as possible after being notified.
- AWOLS need only be reported by secure settings.

3.4 All staff (SPFT and Sussex Police)

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.

4.0 PROCEDURE

4.1 On Admission and Subsequent Reviews

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.

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. Please refer to the Trust's policy on photographing patients.

The 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.

The Trust's Clinical Risk Assessment and Safety Planning policy must be followed for all patients from admission and during the whole of their hospital stay. Where a patient is considered to have significant risk of self-harm, suicide, neglect, vulnerability or violence the risk of the patient becoming AWOL/Missing should also be considered. If the risk of becoming AWOL/Missing is also considered significant, the actions to be taken in the event of this happening should be part of the patient's agreed safety plan.

4.2 Procedure if patient is suspected/known to be AWOL

1. The nurse-in-charge must be informed immediately

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

The nurse in charge must review the evidence of current clinical risk to self and others which will inform discussions with the clinical team, the RC, and the police if it is necessary to contact them.



2. Attempts to contact the patient

Attempts will 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 encourage the patient to either return or to maintain telephone or other appropriate contact on a regular basis whilst advice is sought from the RC, if possible. Please refer to Trust policy on communication when the patient has limited knowledge of English or is deaf/hard of hearing.



3. Conducting a search

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. The Police cannot be expected to assist with searches on Trust property due to low staffing levels. If this situation arises then the on call Director should be informed.

The AWOL / missing patient form (Appendix A, Part 3) should be completed when a patient is found to be AWOL or missing. An electronic incident form needs to be completed for all such patients. This enables accurate monitoring across the Trust and allows the MHA Services team to notify the CQC where a patient is AWOL from a secure setting (see 3.3 above).



4. Discussion with the RC and clinical team

The RC or acting RC must be advised that the patient is AWOL / missing at the earliest opportunity. The nurse in charge, clinical team and where possible the RC must discuss and agree the current level of risk, the potential risks, mental state and physical presentation, legal status and circumstances in which the patient left the premises, and agree a plan of action.



5. Categorisation or risk and/or vulnerability

Before categorisation of low/medium or high risk, the nurse in charge, clinical team and RC should refer to **Appendix B** for guidance on categorising the current level of risk. If the risk assessment indicates that it is necessary to contact the Police. It is the responsibility of the nurse in charge to give the Police a comprehensive handover on the patient's presentation and it is the duty of the Police to determine the level of response.



6. If the patient is assessed as safe in the Community

If a detained patient is assessed in the community as safe then the RC should consider application of Section 17 Mental Health Act 1983 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.

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7. Informing necessary parties

Nursing staff must ensure that all necessary parties are informed, as specified on the AWOL / missing patient form and enquire if the patient has made contact with them. This should include the nearest relative/next of kin and staff must take account of the sensitivities offering support and reassurance as necessary.

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8. Visiting the patient's home

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. It is not automatically a police responsibility to return a patient.

The nurse in charge must 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 an appropriate team in the patient's locality should be contacted for assistance.

Where a patient is admitted to hospital outside of their locality and is AWOL, the hospital will liaise with services in the patient's home area to locate the patient.

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9. Contact with Sussex Police

At all times the nurse in charge and clinical team will decide whether the Police should be contacted.

If the circumstances suggest immediate and life threatening risk to the patient or another, consideration should be given to contacting the Police via **999 (i.e. High Risk on Appendix B model)**.

Where the assessment is that there is a **Medium Risk**, the nurse in charge should contact Sussex Police on **101**, recording the incident number and the time the report is made within the patient's records.

If the patient is assessed to be **Low Risk** 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 (see box 6 above).

Using the agreed model, the Police will make a decision on the level of risk presenting and their response.

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.

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10. Police response

If a person is reported 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' (see definitions table)

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 make proportionate enquiries in an effort to locate and return the missing person, however on occasion it may be decided to file as long term missing and take no further action.

11. Actions by staff following contact with the Police

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. If the missing patient is seen by staff this must be immediately communicated to Police. The Police should also be informed immediately if the patient returns or is located by staff.

12. Returning a detained patient to hospital

The Trust staff, on behalf of the Trust, are responsible for the return of patients absent without leave. Assistance may be sought from other professionals and services.

Patients liable to detention who are AWOL may be taken into custody and returned by an AMHP, any member of the hospital staff, any police officer, or anyone else authorised in writing by the managers of the hospital. The Police do not have powers beyond this to return a patient to hospital.

Following a risk assessment of the patient including the views of the RC or Acting RC it may be necessary to contact the Police for support in returning the patient (please refer to paragraph 4.7 on execution of s135(2) warrant . Consideration should be given to:

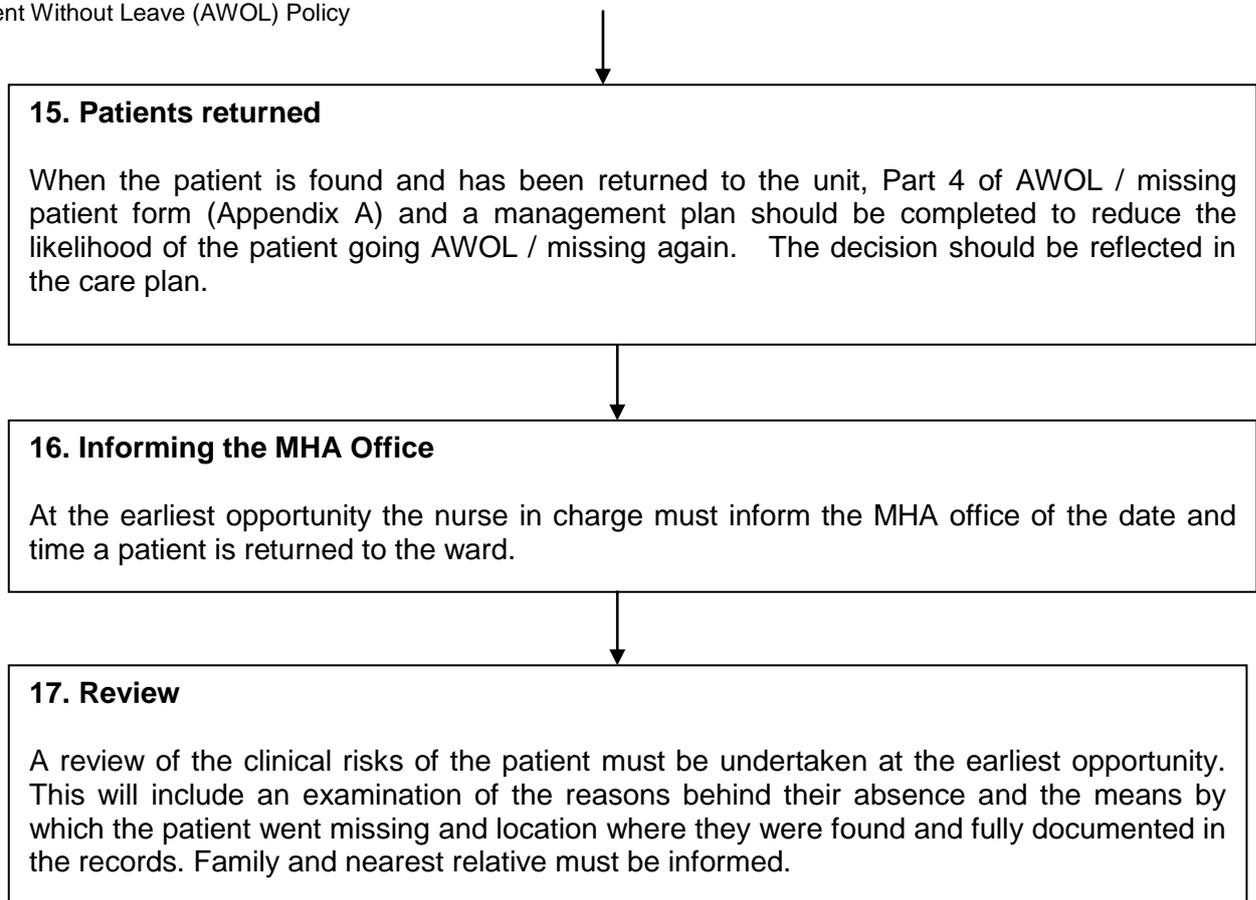
- risk to the patient and others
- risk to the staff returning the patient

13. Conveying a patient to hospital

The issue of arranging transport for the patient's safe return, and bearing the cost and their individual needs (possibly related to disability, for instance) is the responsibility of the detaining hospital. **(Please refer to the Multi Agency Conveyance Policy).**

14. Returning informal patients

If the missing patient was admitted to hospital on an informal basis and is found by the Police, there is **no power to forcibly return the patient to hospital.** Consideration should be given to raising a SAR alert when appropriate



4.3 Section 135 Warrants

4.3.1 s135(2)

If attempts to return a patient liable to detention to the hospital fail, including the recall 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 Assessment of Persons under Section 135* must be followed. (see s.135 flowchart in s.135 policy)

Section 135(2) provides for the issue of a warrant to the applicant for execution by 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.

For SCT patients a copy of the recall notice (CTO3) must also be made available for the Police to view.

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. The member of staff must provide to the court a completed authorisation letter to confirm identification.

4.3.2 Section 135(1)

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 to undertake an assessment. *Please refer to the multiagency s135 / s136 policy.*

4.4 Time Limits

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

- A patient who is AWOL 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.
- The time limits do not apply to patients subject to restrictions under section 41 or 49 MHA who continue to be liable to be returned at any time.
- If at the time the patient goes absent the authority for detention or guardianship has been renewed in accordance with section 20, but the new period has yet to begin, the renewal is ignored and the six month limit for returning the patient applies

Advice can be sought from the local MHA Office. Please also see grid below:

4.4.1 Section 3 / 37 / notional 37 time limits and action to be taken

<u>Period of AWOL</u>	<u>On date of return from AWOL</u>	<u>Action to be taken</u>
Less than 28 days	Section is still running	No action is needed
	Section has expired or expires within 7 days	Form H5 to be completed.
More than 28 days	Section is still running	Form H6 to be completed . This will require an examination of the patient within 7 days of the patient returning.
	Section expires within 2 months	Completion of H6 acts as a Renewal of Section.
	Section expires within 7 days	The original authority to detain the patient carries on for 7 days only to allow for assessment. RC to complete H5 renewal.
	Section has expired	The original authority to detain the patient carries on for 7 days to allow for assessment. The RC will need to complete a form H6.

4.4.2 RC Reports under s21B MHA 1983 (AWOL more than 28 days)

If a report is not made the liability to detention will end, even if the original expiry date has not been reached.

If the report under section 21B is made before the date when the original authority would have expired its effect is to restore that authority, which then runs until the original expiry date. However if the original authority has less than two months to run the Clinician may specify that the report should also have the effect of a renewal report under section 20. The authority for detention is then renewed for the appropriate period (6 or 12 months) prescribed by section 20(2).

If the report under section 21B is made after the date when the original authority would have expired it automatically has the effect of a section 20 renewal report. The new authority (whether for 6 or 12 months) then runs from the expiry date of the old one.

4.5 Patients Who Leave the Country whilst AWOL

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*).

Patients who go outside the UK are not detained under the Mental Health Act while abroad and there is no power to return them. If a detained patient subsequently returns of their own volition within the period of detention, they remained detained under the MHA 1983.

4.6 Monitoring Patients who are AWOL

All incidents of patients being AWOL must be reported on the Trust's Incident reporting system. The Nurse in Charge is responsible for ensuring this is completed as soon as practicable following the start of the AWOL incident.

The MHA Services Business Manager will be automatically informed of the AWOL through Safeguard who will log the data and report quarterly to the MHA Committee.

The MHA office will complete a statutory CQC notification form for all AWOLs from Secure settings.

The Nurse in charge must inform the MHA office if the patient is returned. The MHA Coordinator should ensure regular contact with the ward and request updates on whether the patient has been returned.

The MHA Services Business Manager will monitor the data and remind the MHA offices to follow up any omissions in the data provided.

5.0 Development, Consultation and Ratification

Policy developed jointly by Head of Practice Quality, Head of Social Care – Specialist Services, Mental Health Liaison Officer – Sussex Police, the Director of Patient Safety and Nursing Standards and Nurse Consultant for Acute Care. To be ratified by the Professional Practice Forum.

6.0 Equality and Human Rights Impact Assessment (EHRIA)

The policy has been equality impact assessed in accordance with the Procedural Documents Policy.

7.0 Monitoring Compliance

MHA Services will report to the Mental Health Act Committee any areas of concern regarding compliance of this policy. The MHAC will agree any audits applicable to this policy. Audits will investigate patients becoming AWOL/missing across protected characteristics. This will assist in understanding why patients becomes AWOL/missing and the actions that can be taken.

8.0 Dissemination and Implementation of Policy

8.1 Dissemination

This policy will be uploaded onto the Trust website by the Governance Support Team. Publication will be announced via the Communications e-bulletin to all staff.

9.0 Document Control Including Archive Arrangements

This policy will be stored and archived in accordance with the Trust Procedural Documents Policy.

10.0 Reference Materials

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

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

Health and Social Care Act 2008

Savage v South Essex Partnership NHS Trust

In this case the House of Lords (as it then was) established three legal obligations for Hospital Managers:

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".

11.0 Cross Reference

Multi Agency Conveyance Policy

Serious Incident (SI) Policy

Multi Agency Joint Policy for s135 / s136

Absent Without Leave (AWOL) Policy

Sussex Police Missing Persons Policy

S17 leave Policy

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

Patient'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 <input type="checkbox"/> N <input type="checkbox"/>
Build:	Marks: (<i>scars, tattoos etc.</i>)
Hair: (<i>Length and colour</i>)	Physical Presentations: (<i>stammer, etc.</i>)
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.....

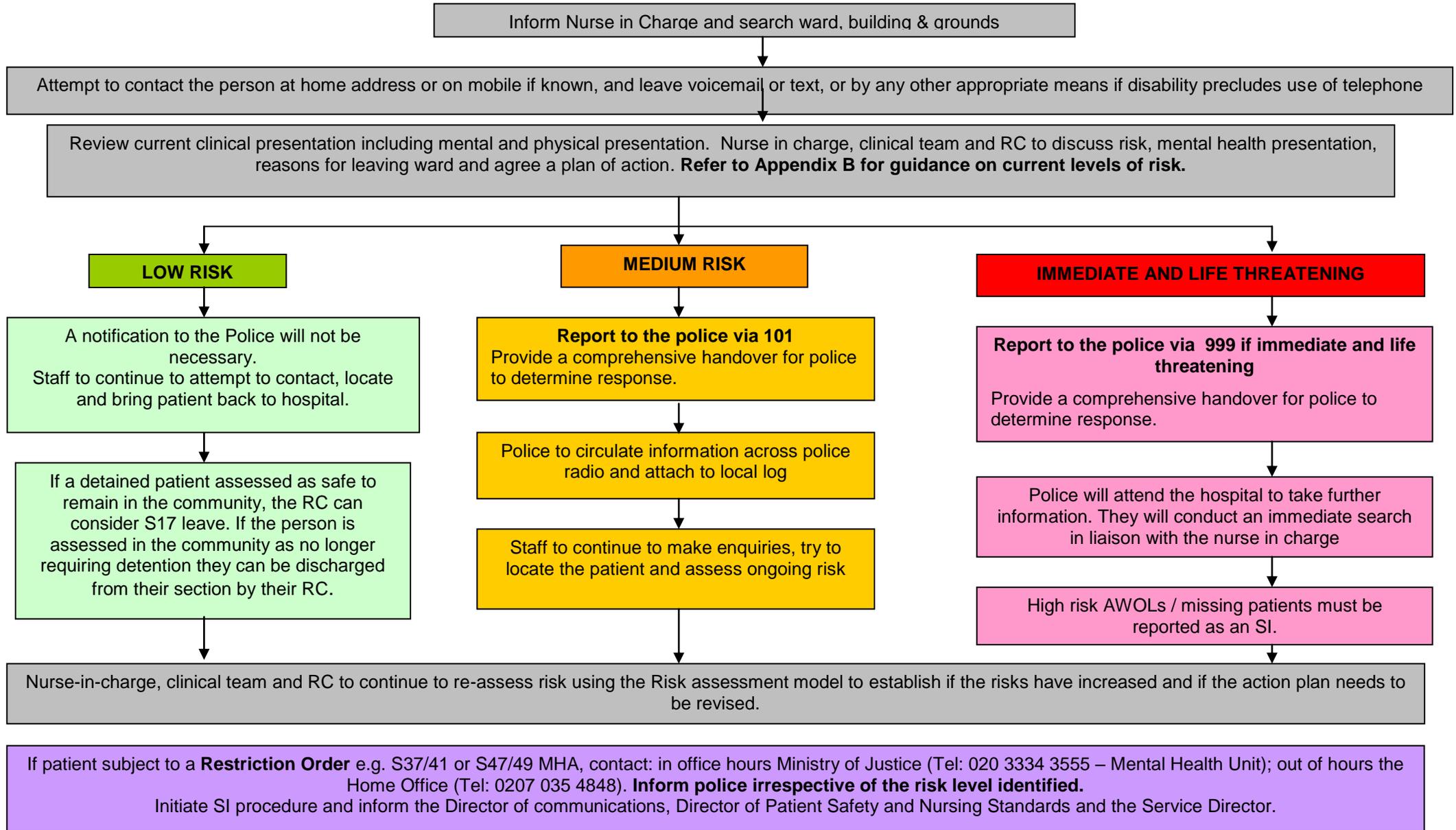
Position

Signature Date.....

AWOL / missing patient risk assessment model

IMMEDIATE AND LIFE THREATENING		
DEFINITION	EXAMPLES	ACTION
<p>It is suspected that the individual has been the victim of a serious crime.</p> <p>OR</p> <p>The risk posed is IMMEDIATE and there are SUBSTANTIAL grounds for believing that the individual may suffer death or serious injury.</p> <p>OR</p> <p>The risk posed is IMMEDIATE and there are SUBSTANTIAL grounds for believing that the individual may cause death or serious injury to another.</p>	<ol style="list-style-type: none"> 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. 	<p>REPORT</p> <p>TO</p> <p>THE</p> <p>POLICE</p> <p>IMMEDIATELY</p> <p>REPORT AS AN</p> <p>SI</p>
MEDIUM RISK/VULNERABILITY		
DEFINITION	EXAMPLES	ACTION
<p>There is an APPARENT RISK that the individual may be exposed to significant harm.</p> <p>OR</p> <p>There is an APPARENT RISK that the individual poses a risk of significant harm to another person.</p>	<ol style="list-style-type: none"> 1. A patient who goes missing who is unable to interact safely with a known/unknown environment. 2. A person who is severely depressed, has gone missing. 3. A patient who has a recent history of violence against the person. 	<p>INFORM</p> <p>POLICE</p> <p>ONGOING RISK</p> <p>ASSESSMENT</p> <p>CONSIDER</p> <p>REPORTING</p> <p>AS AN SI</p>
LOW RISK/VULNERABILITY		
DEFINITION	EXAMPLES	ACTION
<p>There is NO KNOWN CURRENT RISK that the individual may be exposed to harm.</p> <p>OR</p> <p>There is NO KNOWN CURRENT RISK that the individual poses a risk of harm to another person.</p>	<ol style="list-style-type: none"> 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 to self or others. 	<p>ONGOING</p> <p>RISK</p> <p>ASSESSMENT</p> <p>No Need to</p> <p>Inform Police</p>

Appendix C - Absent Without Leave (AWOL) / missing patient Policy_Flowchart



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**

**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**

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			

GROUND S

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 Hosp			
The roads to Ridge, both directio			

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

CHICHESTER CENTRE/OAKLANDS- 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			

GROUND'S 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

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 severy.
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)

GROUND S

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

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			
<i>Contact other wards and ask them to check their ward / gardens and report back to you as soon as possible.</i>			<i>Coral</i>
			<i>Jade</i>
			<i>Opal</i>
			<i>Amber</i>
S136 Suite			
Public Toilets x 3 (Reception)			
Therapies Dept inc Toilets x 3)			
Sacred Space 1 & 2 (Inc Multi Faith Office & Advocacy Room)			
Sports Hall & Storage Room			
Gym			
Conference Room			
1 st 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 Compound			
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			

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			
<i>Contact other wards and ask them to check their ward / gardens and report back to you as soon as possible.</i>			Maple
			136 Suite
			Rowan
			Larch
Fern Suite			
Public Toilets x 3			
Alder Suite			
Sanctuary			
Behind reception / back room			
Gym			
Conference Room			
Bramber Suite (1 st 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			

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			

GROUNDNS

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 Hospit			
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