ABSENT WITHOUT LEAVE POLICY

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Mental Health and LD	
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Version Control Summary

Version	Date	Status	Comments/ Changes
1.0	September 2014	Draft	New policy drafted in line with the Pan-London Mental health Partnership board.
1.1	September 2014	Final	Name change from “Missing and Absent Without Leave Policy to Absent Without Leave Policy”
1.2	September 2022		Minor update to include reference to the Use of Force Act

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EXECUTIVE SUMMARY

Missing and Absent Without Leave (AWOL) Policy

- The safety of patients is at time a multi-agency task and this usually is between the East London NHS Foundation Trust and the London Metropolitan Police.
- It is a requirement by the Mental Health Code of Practice 1983 and it applies to all patient including those detained under the mental health act.
- To provide guidance to managers and staff regarding duties, responsibilities and actions to be taken when a patient is absent without leave or missing.
- Describes the procedures to be followed by managers and staff upon a patient's admission and by managers and staff and the Metropolitan Police should a patient go absent or is not where they are supposed to be.
- Outlines the procedure to be followed when a patient absent without leave is located.

1.0 Introduction and Purpose of this policy

This policy describes procedures to be adopted and the role and responsibilities of both East London NHS Foundation Trust and the London Metropolitan Police in the event of a patient going missing from Hospital or other Trust Healthcare setting. The policy applies to both informal patients and those detained under the Mental Health Act 1983. The policy was developed in line with the London-wide Mental Health Partnership Board guidance on Responding to AWOL Action Plan (2013). The aim of the Action Plan is to direct efforts on the following activities to manager absconders in a productive way against a back of reducing resources:

- The reduction of absconding from wards.
- Reduction of time spent by ward staff and the Police in gathering information that is needed to locate a patient.
- The eradication of old practices that do not work.
- The development of existing protocols and procedures to reflect national standards for Mental Health Trust and the Police.
- The development of a uniform approach across all London based Trusts to ensure good practice is shared amongst Trusts.
- The development of a pro-active approach to tackling absconding behavior between local wards and the local Police.

The Local Security Management Specialist (LSMS) is the designated "Single Point of Contact" with the Police. Each Service/Directorate will have a named Modern Matron who will work with the LSMS and the Police at a more local level together to discuss the problem profile and solutions. This will be done through the local borough Police and Ambulance Liaison Meetings.

1.2 The policy is intended to help provide safe practice in the management of patients who are missing or absent without leave based on their risk assessment.

This policy should be read in conjunction with the following Trust policies:

- Admission and Discharge Policy
- Observation Policy
- Clinical Risk Assessment Policy
- Trust Incident Reporting Policy
- Record Keeping Policy
- Care Programme Approach Policy
- Leave' for Informal Patients Policy
- Supervised Community Treatment Policy
- Safe Guarding Policies for Adults and Children
- Secure services policy and procedures on managing the absconding or escape of an in-patient.
- Use of Force Act Policy

1.3 Negotiated time off the ward or to go on leave is an integral part of a patient's care plan designed to prepare and assess their suitability for discharge. The conditions of their leave are discussed with the patient and a time agreed for their return to the ward. However occasionally a patient will not return from leave or will stay away from the ward without permission. Within reason, nursing staff should be aware of the whereabouts of each patient at all times. The procedures set out in this document are designed to clarify the process for reporting patients who are either missing from the ward/clinical area who have not returned from an agreed period of leave.

2.0 Definitions

For patients detained under the Mental Health Act AWOL is divided into two categories:

missing patient must discuss this with the Caldecott Guardian as to whether the disclosure of

- Failure of a patient to return from a period of authorised Section 17 leave, this will include a patient absenting themselves during a period of escorted authorised Section 17 leave (absconding).
- A detained patient absenting themselves from hospital (absconding).

3.0 Process to be followed when a detained patient is not where they are supposed to be.

Patients detained under the Mental health Act are expected to comply with the conditions of Section 17 leave at all times. In patient wards must stress to all detained patients the importance of adhering to the agreed section 17 leave conditions by returning back punctually from their leave and support the patients to comply with this expectation. Each case where a patient returns late from unescorted section 17 leave the reasons must be established and the appropriate documentation competed. Discussion with the patient must take place to ensure that non-compliance with the section 17 leave does not occur again and the results of this discussion must be documented in the patient progress notes to ensure that they are considered in subsequent risk assessment and management.

There will be cases where patients repeatedly return late from their section 17 leave or breach other conditions of their section 17 leave e.g. alcohol or drug use whilst out on unescorted leave. In such instances the section 17 leave would need to be reviewed with the option to suspend the leave considered.

4.0 When a detained patient absents him or herself from hospital (Abscond).

If a patient is found to be missing, staff must initiate the agreed protocol set out in appendix 1a and 1b. The overriding principles are:

- Staff must confirm that the patient is in fact missing**.** Judgment must be used by the MDT to decide when a patient is actually considered to be AWOL e.g. a patient who is an hour late returning from leave may not be classed as AWOL: the same patient who two or three hours later contacted by staff but is no home may be considered AWOL.
- Once it is established that a patient is not where they are supposed to be or they are AWOL an immediate and thorough search of the ward area and common areas in the building and immediate area around the hospital/unit.
- Consider what, if any, risk his or her absence poses to either him/herself or others.
- Consider whether to call the Police or others to assist in locating the patient and complete The Missing Person Information Pack (**Appendix 1**)
- Consider what action should be taken when the patient is located.
- If the patient is detained under the Mental Health Act, consider how the patient should be returned to the hospital or clinical area.

4.1 Determination of Risk (Hospital Staff make Decision on Level Risk)

Once it has been confirmed that patient has gone AWOL the nurse in charge of the ward at the time in conjunction with others must decide whether the risks presented by the patient are high, medium or Low. In order to make this decision the nurse in charge must refer to the criteria in the table below if Police assistance in locating and returning the patient back to hospital will be required. This criteria was developed by the Association of Chief Police Officers Risk Assessment. It is important to note that just because a patient is detained under the Mental Health Act does in itself indicate medium or high risk.

Low Risk:	There is no apparent threat or danger to either subject or the public
Medium Risk:	The risk posed is likely to place the subject in danger or they are a threat to themselves or others

missing patient must discuss this with the Caldecott Guardian as to whether the disclosure of

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

Before hospital staff contact the Police to report an absconding patient, they will need to ensure the standardised response to AWOL patients has been followed. **Appendix 5**….

4.2 Low Risk

Hospital staff will attempt to locate patient and return within specified time limit.
If it is determined that the service user is of low risk, the minimum response which will be provided will be as follows:

- Immediate search of the ward, unit and hospital grounds.
- If the patient is detained under the Mental Health Act, inform the Mental Health Act Admin that the patient is AWOL and complete a Datix incident report.
- Inform the patient's family, relative and/or friends and also enquire from them if they have seen the patient, if the patient has returned to the home or is with them. The family and friends must be kept informed of all actions taken by the Ward during the period the patient is missing. It is important to consider the risk to children at this stage. This may relate to the patient's own children or others that the patient may come into contact with. In the event that of increased risk to children the Trust Safe Guarding childre4n policy and procedure must use to determine the appropriate level of action.
- Inform the Community Mental Health Team and other involved agencies. Seek their help in locating the patient and returning them to the ward. This collaborative working may also include discussion around who may be best placed to do this including the decision to use Section 135 (2) and who should obtain the warrant.
- The risk status of the patient is to be periodically reviewed by the hospital as this may change due to factors such as length of time without taking medication or their vulnerability. If the risk level changes to medium or high risk then contact Police control room.

There will be circumstances where it may be possible for the missing patient to come into contact with medical or psychiatric services in other organisations. Consideration should be given to disclose information to other Trusts. In order to work within the law the MDT responsible for the care of the missing patient must discuss this with the Caldecott Guardian as to whether the disclosure of information should take place.

4.3 Medium or high Risk

Some patients will automatically become high risk if they are missing. These include vulnerable adults, older people especially those who may be confused, children, suicidal patients, and those with long term physical health problems that may require medication or may rapidly deteriorate due to adverse weather conditions.

There are additional responsibilities for patient who are detained under the particular forensic sections which will require the Ministry of Justice involvement.
If a missing patient is assessed as being either medium or high risk, the nurse in charge of the ward will notify the Police control room immediately and will arrange for an officer to attend the hospital to take details (**Grab Pack** - **Appendix 1)** for a **Merlin Report** and **Police Risk Assessment.**

The Nurse in charge must ensure that missing person's information pack (**Grab Pack**) is completed and given to the Police to assist with the search for the missing patient. A copy of the form must be kept on the ward with the patient's records.
The Grab Pack will contain the following
missing patient must discuss this with the Caldecott Guardian as to whether the disclosure of

information:

- A description of the person in line with the Police Merlin documentation. Where applicable a recent photograph of the patient, in the Forensic services this may be a mandatory expectation.
- The most recent multi-disciplinary risk assessment name and dosage of any medication the patient may require preserving life as opposed to improving the quality of life.
- The name and dosage of any medication along with the predicted or anticipated effect of failing to receive it.
- Any physical inability to interact with others or diagnosed medical condition linked to vulnerability, e.g. visual impairment, Alzheimer's
- Any other factor(s) or circumstances which may affect the risk assessment of the missing person.

There will be circumstances whereby particular people (family member or others) are known to be at risk because of the patient being AWOL. In such circumstances urgent consideration must be given to managing potential and actual risk using the patient's risk plan to inform the appropriate response. In such situations the Police will need to have a role in responding to such risks.

The multi-disciplinary team responsible for the patients care must advise the Police about the extent to which the patient's absence may present a risk to the patient and / or others in order to inform the Police decision about whether and at what stage to issue a missing patient alert to the public via the media. At this stage, the Trust Communication and Public Relations Department need to be advised and involved in cases where a patient's unauthorized absence may likely generate public concern (e.g. a Medium Secure Services patient failing to return from leave).

There will be circumstances where it may be possible for the missing patient to come into contact with medical or psychiatric services in other organisations. Consideration should be given to disclose information to other Trusts. In order to work within the law the MDT responsible for the care of the missing patient must discuss this with the Caldecott Guardian as to whether the disclosure of

information should take place (**Appendix 4.)**

A Datix Incident From must be completed within four hours. A Datix report should be completed even of the patient returns with four hours.

5.0 Police Decision on Risk Assessment.

Once it has been reported to the Police that a patient is missing, the Police will carry out their own risk assessment based on the information provided by the Trust. The criteria they use is described in above in **paragraph 4.1.** The Police will also conduct any enquiries necessary and inform their supervisor and the Trust of their actions.

6.0 Reporting of AWOL to Mental Health Act Offices and the CQC

For any detained patient it is important that the correct procedures are followed for involving both the MHA offices and the CQC in reporting patient who are AWOL and if and when they return.

7.0 Reporting to Mental Health Offices and Incident reporting

In all occurrences where a detained patient is AWOL the following procedures need to be followed:

- The nurse in charge of the ward from where the patient is missing must ensure a Datix Incident report has been completed.
- The nurse in charge of the ward at the time of the detection that the patient is missing must notify the MHA office that the patient is AWOL.

8.0 Reporting of AWOL patient to the CQC.

There are statutory requirements to report cases of AWOL to the CQC.

Incidents of AWOL from PICUs and Forensic Units at any time must always be reported to the CQC.

For patient admitted to other units, any cases where a patient is AWOL and has not returned by midnight of the day of the report must be reported to the CQC.

9.0 Trust and Police Collaboration (Patient Return)

A preliminary risk assessment should be conducted to help determine whether Police assistance is needed. A number of factors need to be considered namely:

- The potential or actual mental state of the patient.
- Reasons or motives for why the patient absconded.
- Recent nursing observations
- Risk history
- Any other relevant information.

A joint action plan between the Police and Trust staff must be drawn up outlining how the patient will be safely returned back to hospital. The Trust as the detaining authority, are responsible for the return of patients absent without leave and should seek assistance from other professionals and services in accordance with the presenting risk and circumstances. Police are not expected to deal with the return of the patient on their own. There is an expectation that a minimum level of hospital resources will be available for the joint work of locating and returning the missing patient to hospital. The issue of arranging transport for the patient's safe return and the associated costs is the responsibility of the Trust.

The plan of returning a missing patient back to hospital if appropriate should consider the following:

- Should the patient be returned to the clinical area they absconded from or should a more or less secure environment be considered due to potential changes in the patient's mental state.
- If there are concerns that the missing patient poses a danger to the public the Police and the patient in-patient MDT or CMHT should consider referring the patient to the Multi-Agency Public Protection Panel (MAPPP).

10.0 Section 135(2)

An application for a warrant under Section 135(2) should be applied for where Someone who is detained under the MHA is AWOL, has been located but refuses to allow staff access to them

- someone who is subject to Supervised Community Treatment has been recalled to hospital but refuses to allow staff access to them or return to the hospital

Section 135(2) enables a Police constable to enter (if necessary by force) the place where the patient is staying and return them to the place where they ought to be. It is good practice for a suitably qualified and experienced mental health professional who knows the patient to accompany the Police when they exercise the warrant.

Where community patients subject to Supervised Community Treatment (SCT) have been recalled to hospital and failed to return to the hospital to which they have been recalled, it will be the role of the Responsible Clinician and the Care -coordinator to organise their return. They may be supported by the Police, where a risk assessment indicates that this is required or wherever a warrant under Section135 (2) MHA needs to be executed to gain entry to a premises.

11.0 Assessment on Return to Hospital.

Once returned to hospital the patient should be reviewed by the nurse in charge as soon as possible. In majority of cases especially those detained under a section of the mental act an assessment by the ward doctor or duty doctor should be carried out. The assessment should reflect the following aspects:

- Current mental state
- Time without medication
- Current level of risk.
- Level of observation required.
- Specific care needs, e.g. PICU, suspending further leave etc.
- In circumstances involving high risk patients, has a Datix been completed to prompt a SUI review.

All information acquired during this assessment must then be used to inform/formulate the assessment of future risk and any changes to the care plan that may be required.

12.0 Time Limits

The Mental Health Act has stipulated times for returning patient to hospital:

- 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.
- Patients subject to short term Section of the mental Health act 1983 i.e. section 2, section 4, section 5(2) and section 5(4) cannot be retaken once the period of detention has expired.

13.0 Patients who leave the United Kingdom while absent or 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 and

held in custody whilst awaiting to be returned to the Trust. This is accordance with section 88 and section 138 of the Mental Health Act 1983.

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

14 Debriefing, Learning and Prevention

Upon return the patient's return to hospital a debriefing with the patient and a discussion relating to the patient absconding or not returning from leave within the agreed time will need to take place. The purpose of the meeting will assist the MDT to understand:

- The patient's rationale for absconding or not returning within the agreed time frame.
- To review practices within the clinical area in analysing how this event could have been avoided.
- Review the interagency working procedures between services involved e.g. Police, Trust stuff etc.
- To identify lessons in order to reduce or prevent similar events from reoccurring and to adjust practices and procedures.

Appendix 1 – "Grab Pack"

Missing Persons Information Pack

" Grab Pack"

Information to be given to the Police in the event of a service user, who is assess as being of either **Medium** or **High** risk and is missing from the

ward. Please retain a copy of this form in the

case notes.

Name of person completing this form:_____

Telephone No:_____ Time & Date of completion:_____

Surname:		Gender:	
First Name:		Date of Birth:	
Preferred Name/Alias:		Religion:	
Title:		Ethnicity:	
Address:		Preferred Language:	
		LEGAL STATUS	
		Section:	
		Subject to supervised Community Treatment	
Post Code:		**YES / NO**	
Telephone Number:		Ministry of Justice Restriction:	
Mobile Number:		**YES / NO**	
Main Carer/Next of Kin:		Statutory Supervision by the Probation Service	
Relationship:		**YES / NO**	
Address:			
Post Code:		Ward:	
Telephone No:		Consultant:	
		Telephone No:	
Other Key People service user will be in contact with:		Name of CMHT & Care Coordinator:	

Contact Details:		Contact Details:	

1. Description of Service User

i. In case of Forensic/Medium or High Risk patients, attach photograph if available.

ii. Please include height, build, complexion, hair colour, distinguishing marks to make decision as specific as possible.

2. Summary of Risk Assessment

i. Please attach latest risk assessment with specific details about risk to self/others.

ii. Where relevant, include certain information (e.g. forensic history/convictions/incidents within the last 24/48 hours/vulnerability).

3. Essential Medication and Treatment required in order to preserve mental state i. Name and dosage

ii. Predicted or anticipated effects if not taken (include timescales for predicted or anticipated effects).

4. Description of any physical disabilities or diagnosed medical conditions e.g. Diabetes, Alzheimer's.

5. Any other factors or circumstance about the missing person which may affect the risk of

Police risk assessment.

i. Please specify specific issues e.g. forensic history, carrying weapons, past use of illicit substances.

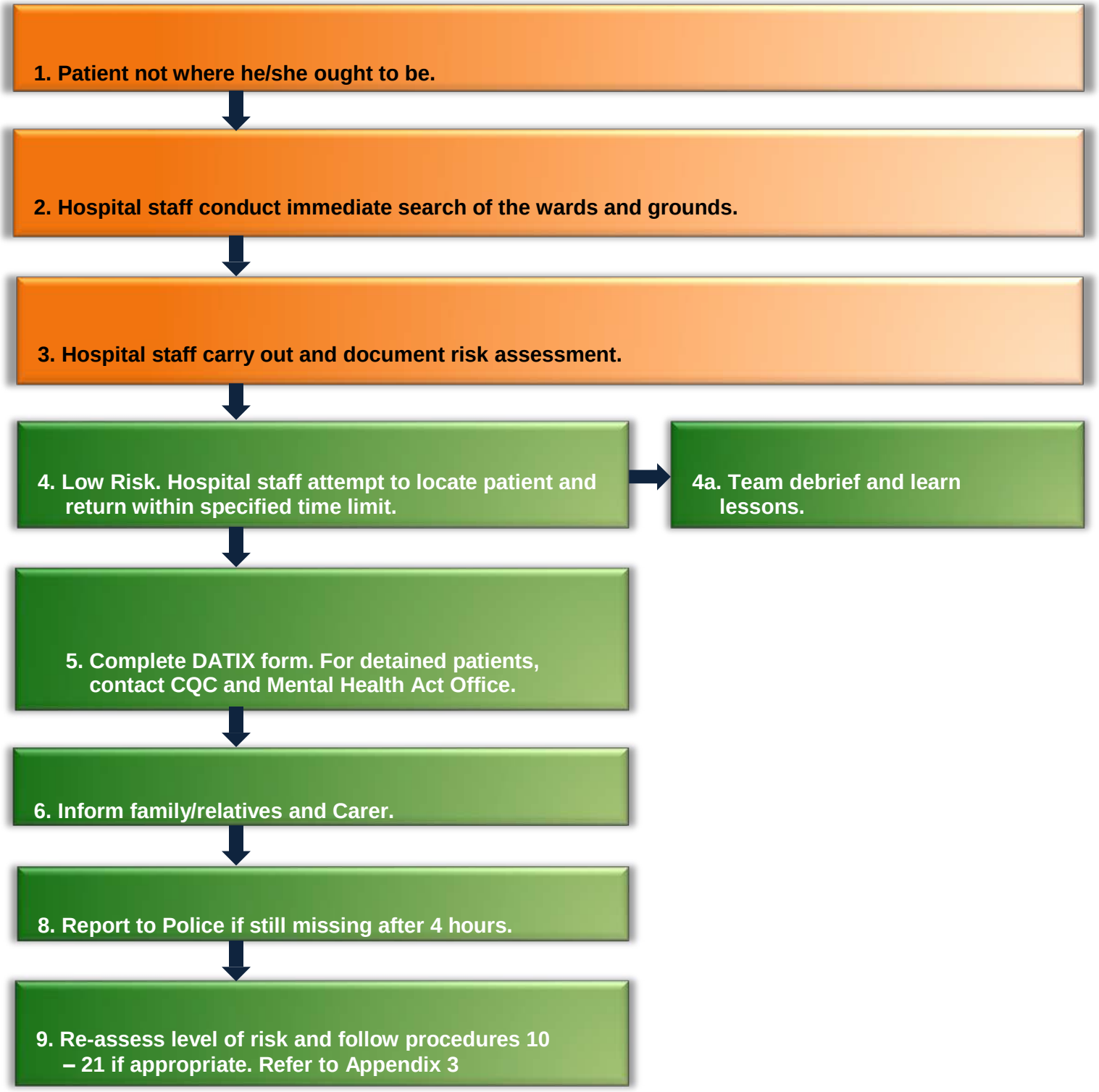
ii. Any other information which might assist Police in directing their search e.g. fascination with railways, liking takeaway food from a particular shop, always wears a red jacket and black woolly hat, said she wants to see Mamma Mia on stage.

Appendix 2 – Flowchart A

Flowchart Missing / AWOL Service Users

Low Risk Patients

(Applicable for both missing informal patients and AWOL detained patients)

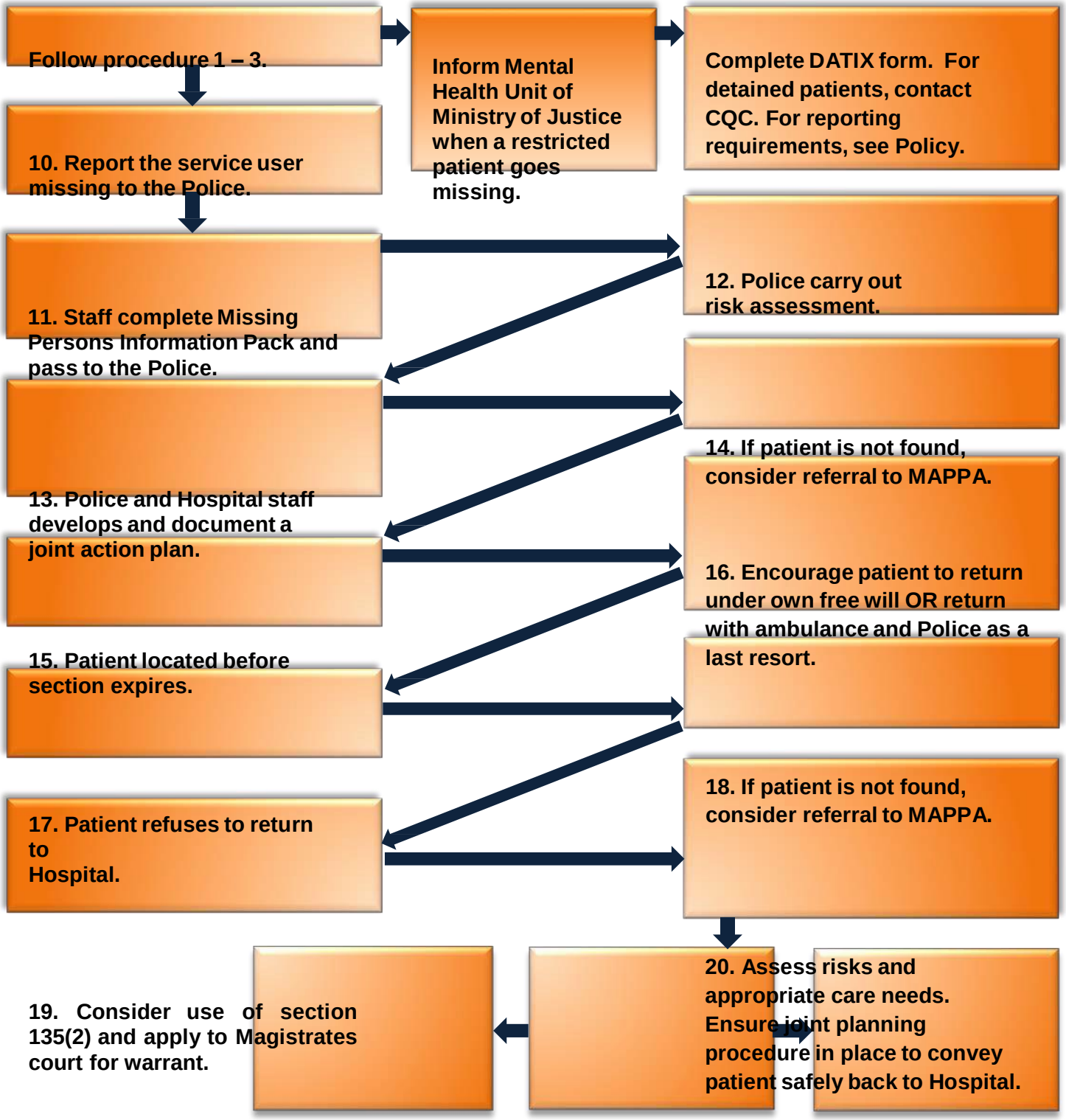


Appendix 3 – Flowchart B

Flowchart Missing / AWOL Service Users

Medium/High Risk Patients

(Applicable for both missing informal patients and AWOL detained patients)



Appendix 4 – Missing Person Alert

MISSING PERSON ALERT
SURNAME: FORENAME: ALIAS: Date of Birth:
Physical Description:
Height: Ethnicity: Build: Eye Colour: Hair, Colour and Style:
Any Distinguishing Features:
Additional Information:
Known Risks: Medication:

Mental Health Act Status:
Any recent episodes of absconding that might help establish links to whereabouts of missing person:
Team contact Details if person located: Address: Telephone number Email:

PLEASE DESTROY 7 DAYS FROM RECEIPT (PHYSICALLY OR ELECTRONICALLY)

Appendix 5 – Standardised Response to AWOL Patients

Before the member of ward staff reports an absconding patient to the Police, they will first ensure that the following 5 steps have been taken

1. That a search of the hospital and ground in accordance with a standard search plan previously prepared by the Hospital security management has been carried out – recording on the Police AWOL grab pack the date, time and full name of the staff member who carried out the search.
2. That telephone calls to the absconding patient, carers and care coordinator, relatives and friends have been make and that enquires have been made of other patients on the ward. The name of the member of staff who undertook these enquires and the date and time to be recorded on the Police AWOL grab pack.
3. That a member of ward staff has reviewed the circumstances of the absconding patient against the 10 questions under the heading "Absconder Classification" below and recorded on the Police AWOL grab pack the classification that they believe is most suitable (either "missing" or "absent").
4. That the minimum information recorded in (Standardised response - Police AWOL grab pack) has been prepared and is immediately available for handing to or emailing to the Police at the time of reporting.
5. That the outcome of a risk assessment covering the risks of self-harm, harm from others and risks of harm to others is either Medium or High.

Absconder Classification

1. What is the specific concern in this instance?
2. What has been done so far to trace this individual?
3. Is this significantly out of character?
4. Are there any specific medical needs?
5. Are they likely to be subjected to crime?
6. Are they likely to become a victim of abuse?
7. Are they currently at risk to sexual exploitation?
8. Are they likely to attempt suicide?
9. Do they pose a danger to other people?
10. Is there any other information relevant to their absence?

Following a review of the questions above, the ember of ward staff who calls the Police will record the patient as missing or absent according to which of the following definitions best fits the circumstances.

Missing – "Anyone who's 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."