East London
NHS Foundation Trust

Absent Without Leave (AWOL) & Missing Persons Policy

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Consultation Groups	Lead Nurses, Met Police Steering Group, Clinical Directors
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Ratified by:	Quality Committee
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Name of originator/author:	Richard Harwin – Health, Safety and Security Manager Paul McLaughlin – Lead Nurse NCfMH
Executive Director lead :	Paul Calaminus
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Services	Applicable
Trustwide	
Mental Health and LD	x
Community Health Services	

Version Control Summary

Version	Date	Author	Status	Comment
1.0	September 2014		Draft	New policy drafted in line with the Pan-London Mental health Partnership board.
2.0	June 2016		Final	Amendments to notification to CQC. AWOLs from PICUs no longer required - section 7.0 and appendix 3 amended accordingly.
3.0	June 2019		Final	Amendments as proposed by Metropolitan Police AWOL Task and Finishing Group
4.0	January 2020	Richard Harwin Paul McLaughlin	Final	Amendments to definitions and additional information re. patient's notes/police contact.

Contents

Executive Summary

Absent Without Leave (AWOL) & Missing Persons Policy

- This policy is intended to provide guidance to clinical staff and teams regarding duties, responsibilities and actions to be taken when a patient goes absent from our care.

- Additionally, this policy is intended to provide guidance to clinical staff and teams regarding duties, responsibilities and actions to be taken when a patient or service user is considered to be a 'missing person'. This is a separate but related issue and needs to be clearly defined and understood by all staff.

- The safety of service users and the general public must be at all times the prime consideration of clinical staff and teams.

- Inpatient units must consider the physical layout and security of clinical areas and take reasonable steps to reduce the risk of patients absconding.

- A patient going absent from our care – whether the patient is informal or detained under the Mental Health Act - should never automatically be viewed as a matter for the police, but rather the responsibility to take reasonable steps to locate the patient and ensure their safety remains with the responsible clinical team.

- The police should generally only be involved if the patient or service user is considered to be a 'missing person' or is assessed as being an immediate risk to themselves or others (high risk).

- If a patient in hospital is assessed as being an immediate risk to themselves or others (high risk), it cannot be viewed as reasonable for them to have leave from the ward, except in an emergency. Granting Section 17 Leave should never be used to facilitate smoking etc. and should only be used to promote ongoing recovery of patients whose risk is deemed as moderate to low.

1.0 Introduction and Purpose of this policy

This policy sets out procedures and describes the roles and responsibilities of East London NHS Foundation Trust staff and teams in the event of a patient going absent from Hospital or other Trust healthcare setting. Additionally to this, it also defines 'missing person' and describes how such persons should be circulated to the police.

The policy applies to both informal patients and those detained under the Mental Health Act. The policy was developed in line with the London-wide Mental Health Partnership Board guidance on Responding to AWOL Action Plan (2013) and a London-wide AWOL Task and Finish Group established in 2019. The aim of both is to direct efforts on the following activities to manager absconding in a productive way against the backdrop of finite resources:

- The reduction of patients absconding from inpatient units or during periods of leave.
- The eradication of old practices that do not work and waste resources.
- When a patients absconds, setting out clearly what is the responsibility of Trust staff.
- When a patient or service user is deemed to be a 'missing person', the provision of a process for liaison with the police and other agencies that is clear and streamlined.
- The development of existing protocols and procedures to reflect national standards for Mental Health Trusts and the Police.
- The development of a uniform approach across all London Trusts to ensure best practice.
- The development of a pro-active approach to reducing absconding between local inpatients units and the 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.

1.1 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 and national policies:

- The Mental Health Act Code of Practice
- 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.

1.2 At times patients may absent themselves from our care. This can happen for a variety of reasons. Sometimes a patient may abscond from a hospital ward; sometimes a patient will go outside on Section 17 Leave and then run off from their escort or fail to return to the ward at the agreed time. Negotiated time off the ward or to go on leave is an integral part of a patient's care plan and recovery journey and is designed to prepare and assess their suitability for discharge. Most patients who abscond come back to the ward safely. Sometimes, however, a patient might be considered as a 'missing person'. The procedures set out in this document are designed to clarify the process for managing patients who have absconded from our care or who have not returned from an agreed period of leave.

2.0 Definitions

AWOL

For patients detained under the Mental Health Act, Absent Without Leave (AWOL) is divided into two categories:

- 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) without permission.

An informal patient is not detained under the Mental Health Act and does not require leave granted by a doctor to come and go from the ward. Ward staff, however, will at all times be expected to take reasonable steps to assess whether it is safe for an informal patient to leave the ward.

'Missing Person'

A mental health patient who is absent from care is not automatically a 'missing person'. Most patients who go absent from care come back to hospital themselves after a few hours. A patient's status under the Mental Health Act also has no automatic relevance as to whether they are classified as 'missing' or not. A patient should never be circulated to the police merely on the basis that they are detained under Section. It is for the treating team to attempt to make contact with and locate an AWOL patient – not the police.

A patient is considered a 'missing person' if no one – staff, friends, family etc. – knows their whereabouts or is able to make contact with them and the risk they pose to themselves or others – or their vulnerability – is considered high.

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. Inpatient 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's 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. All leave is carried out at the discretion of nursing staff and may be suspended at any time by the nurse in charge. The rationale for such a decision must be documented and the patient informed.

2.2 Process to be followed when an Informal Patient is absent

An informal patient is not detained under the Mental Health Act and legally may leave the ward at any time. It may be appropriate, however, for the ward to ask an informal patient to sign a behavioural contract setting out expectations about how much time they are expected to stay on the ward and engage in care and treatment.

If an informal patient goes absent from care, the process to be followed is the same as that set out below. The determining factor to guide decision making is always risk, not legal status.

Please note: it is no longer the role of the police to carry out a 'welfare check'. This term is defunct and is no longer used. It is for the treating team to check on an informal patient who is absent from care, not the police. The police should only be contacted if the patient is considered as a 'missing person'.

2.3 When a detained patient goes absent from hospital (Abscond)

If a patient absconds from the ward or from leave, staff must initiate the agreed protocol set out in the appendices to this policy. The overriding principles are:

- Staff must confirm that the patient is absent**.** Judgment must be used by the MDT to decide when a patient is actually considered to be absent, 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 not at home may be considered AWOL.

- If it is established that a patient is absent from the ward, an immediate and thorough search of the ward area and common areas in the building and immediate area around the hospital/unit should be conducted. If available, CCTV may be inspected.

- It is the responsibility of the clinical team to take reasonable steps to locate the patient – by phoning the patient, and friends and relatives etc. Staff may also attempt to visit the patient's home address. A local protocol should be developed to guide this process, to cover issues such as how many staff should attend, use of taxi or hospital van etc.

- The team should consider what, if any, risks the patient poses to themselves or others.

- The team should consider what action should be taken when the patient is located.

- If the patient is detained under the Mental Health Act, the team should consider how the patient should be returned to the hospital or clinical area.

- The team should discuss whether the patient should be considered as a 'missing person'. If the patient is considered as a 'missing person' then the online form should

be used to report to the police and complete The Missing Person Information Pack "Grab Pack" (**Appendix 1**).

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. This criterion 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. An informal patient might be considered as high risk and a detained patient might be considered as medium or low risk. It is also important to note that just because a patient's whereabouts are unknown, this does not automatically make them a 'missing person'.

When a patient goes absent from care, the nurse in charge must document the following in the patient's record of care:

- **What steps have been taken to contact/locate the patient**
- **What level of risk the patient's absence is assessed as being (low/medium/high)**
- **Who has been involved in determining risk (consultant, matron etc.)**
- **What is the action plan and when will the plan be reviewed**

Determination of risk should always be made as a team. During office hours the Clinical Nurse Manager or Matron should be consulted, as well as the Responsible Clinician if available. Outside office hours the Duty Senior Nurse or Senior Manager On call may be consulted for advice. The following should be used to help determine level of risk:

Low Risk:	There is no immediate threat or danger to either subject or the public
Medium Risk:	The risks posed may place the subject in some danger or they are potentially a threat to themselves or others, especially if their condition were to deteriorate
High Risk:	The risk posed is immediate and there are substantial grounds for believing that the subject poses an immediate risk to self because of their own vulnerability or mental state, or there are substantial grounds for believing that the subject poses an immediate risk to the public due to their mental state

As a general rule, the police should only be contacted straight away if the clinical teams conclude that the patient poses a high risk to self or others (although specialist services will have additional considerations – see below). Before staff contact the Police to report such a patient, they will need to ensure the standardised response to AWOL patients has been followed. Patients who are assessed as medium risk would generally only be circulated to the police after staff have exhausted efforts to contact/locate the patient and their continued absence pushes their risk from medium to high. How much time needs to elapse before this happens is a decision for the team based on the circumstances of the individual patient and exacerbating factors – e.g. concerns of family members, time of year, what the patient is wearing, how cold it is etc. (**Appendix 6)**

4.2 Low Risk (Refer to flowchart in Appendix 2)
If it is determined that the service user is low risk, the minimum response provided will be as follows:

- If absent from ward, 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, relatives 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 team during the period the patient is missing. It is important to consider any risk to children at this stage or a vulnerable adult.

- Inform the Community Mental Health Team and other involved agencies. Seek their help in locating the patient and returning them to the ward.

- 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. **Risk assessment of absence and regular reviews must be documented in the clinical notes**.

- If contact is made with the patient and there are no concerns, consideration should be given to discharging them in their absence. Ideally a face to face assessment is always preferable. If the patient is informal, of course, the ward has no power to compel the patient to return.

4.3 Medium Risk (Refer to flowchart in Appendix 3)
Many mental health patients will be assessed as being medium risk. Again, for such patients the responsibility to take reasonable steps to locate them remains with the clinical team. As a general rule, the police should only be contacted if the clinical team conclude that the patient poses a high risk to self or others.

If it is determined that the service user is medium risk, the minimum response 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 any risk to children at this stage or a vulnerable adult. 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 the Trust Safe Guarding Children or Safeguarding Adults policy and procedure must be followed to determine the appropriate level of action.

- Ward and Trust Staff may need to take more proactive measures to locate the patient, including visiting the home address etc.

- 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 any possible 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. Some patients may move from being medium risk to being high risk the more time they are absent, especially if there is a concern that their mental health may deteriorate. **Risk assessment of absence and regular reviews must be documented in the clinical notes**. If it is judged that the patient's absence has moved from medium to high risk, the patient should be circulated to the police immediately.

- If it is likely that the patient may come to the attention of the police, one option is to inform the police via 101 that the patient is AWOL without circulating them as 'missing'. The police would then be aware that if the patient does come to their attention they can be returned to hospital.

There will be circumstances where it may be possible for the AWOL 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. As a general rule, breach of confidentiality is only justified where the risk is assessed as high.

4.4 High Risk (Refer to flowchart in Appendix 4)

High risk means that the patient poses an immediate risk to themselves or others. If their whereabouts are unknown then such a person would meet the criteria of being a 'missing person', for police purposes. A patient whose whereabouts are unknown should only be circulated to the police if they meet these criteria.

Some patients will automatically be assessed as high risk if they are missing. These might include older adults with severe dementia, or a patient who has active thoughts and plans of suicide.

There are additional responsibilities for patients who are detained under the particular forensic sections which will require the Ministry of Justice involvement.

If a patient whose whereabouts are unknown is assessed as being 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 and to collect the "Grab Pack" (**Appendix 1)** for the police missing person's report (Merlin) and the police risk assessment**.**

The nurse in charge must ensure that the missing person's information pack (**"**Grab Pack") is completed and given to the Police to assist with the search for the patient. A copy of the form must be kept on the ward with the patient's records.

The Grab Pack will contain the following 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 patient's 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 unauthorised 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 person 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 5.)**

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

5.0 Police Decision on Risk Assessment

Once a decision has been made to circulate the patient to the police, the police will carry out their own risk assessment and 'triage' the report based on the information provided by the Trust. The Police will also conduct any enquiries necessary and inform their supervisor and the Trust of their actions.

6.0 Reporting to Incident reporting

In all occurrences where a detained patient is AWOL the nurse in charge of the ward from where the patient is missing must ensure a Datix Incident report has been completed.

7.0 Reporting of AWOL patient to the CQC

There are statutory requirements to report cases of AWOL from both low and medium secure units to the CQC. This should occur as soon as possible after the incident is noted, but not to the detriment of taking necessary actions to deal with the incident on a practical level. This will be the responsibility of the Health, Safety and Security Team.

8.0 Trust and Police Collaboration (Patient Return)

A preliminary risk assessment should be conducted to help determine what police assistance is needed. As stated above, the police should only be contacted if the AWOL patient is assessed as being high risk.

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

Where the patient has been assessed as high risk, 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 when located. 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 patient to hospital. The issue of arranging transport for the patient's safe return and the associated costs are the responsibility of the Trust.

The plan of returning an AWOL 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 secure environment be considered due to potential changes in the patient's mental state.

- What review of their care and treatment needs to take place? Do other agencies need to be notified?

9.0 Section 135(2)

An application for a warrant under Section 135(2) should be applied for under the following circumstances:

- 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

A Section 135(2) is not required if access to the premises is granted by others living in the same premises as the patient, e.g. a family member. 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 Co-ordinator 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.

10.0 Assessment on Return to Hospital

Upon return to hospital an AWOL patient must be reviewed by the nurse in charge as soon as possible. Staff should follow the Searching Service Users and Property Policy – it would generally be deemed as reasonable to search a patient who has been AWOL. n the majority of cases, especially those detained under a section of the Mental Health Act, an assessment by the ward doctor or duty doctor should also be carried out as soon as reasonably possible. The assessment should reflect the following aspects:

- Current mental health
- Current physical health
- Time without medication
- Has the patient taken any drugs or alcohol?
- Current level of risk
- Level of observation required
- Specific care needs, e.g. PICU, suspending further leave etc.
- Ensure 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.

11.0 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.

12.0 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.

13.0 Debriefing, Learning and Prevention

Upon 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.

Each Locality should also establish a regular Police Liaison Meeting where issues around patient absconding can be discussed and reviewed, with an emphasis on shared inter-agency co-operation and learning.

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

3. 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.

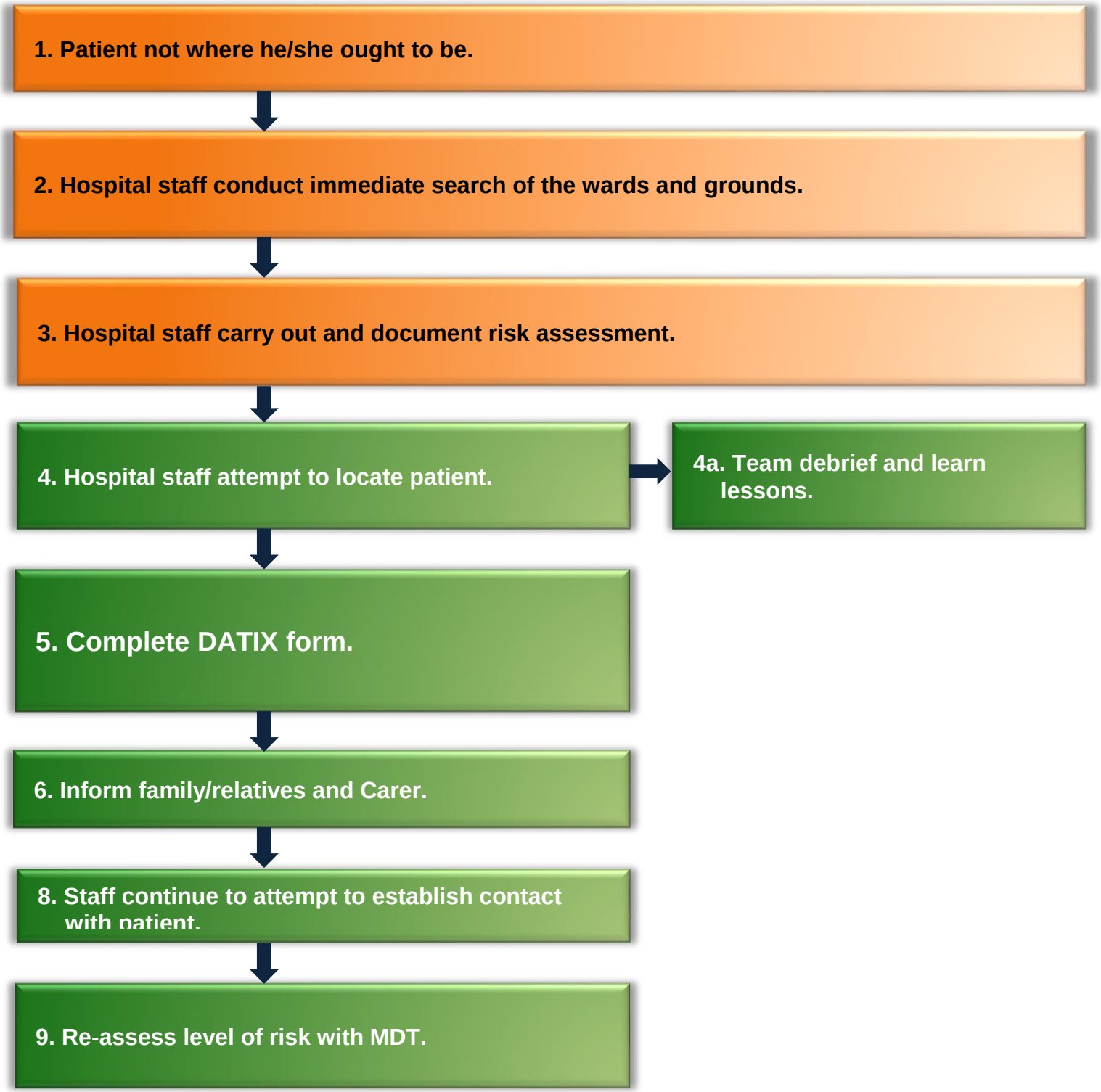
ii. Any other information which might assist Police in directing their search e.g. fascination with railways, liking takeaway food from a particular shop, always wears a red jacket and black woolly hat, said she wants to see Mamma Mia on stage.

Appendix 2 – Flowchart A

Flowchart AWOL Service Users

LOW RISK Patients

(Applicable for both informal patients and detained patients)



Appendix 3 – Flowchart B

Flowchart AWOL Service Users

MEDIUM RISK Patients

(Applicable for both informal patients and detained patients)

1. Patient not where he/she ought to be.

2. Hospital staff conduct immediate search of the wards and grounds.

3. Hospital staff carry out and document risk assessment.

4. Hospital staff attempt to locate patient.

4a. Team debrief and learn lessons.

5. Complete DATIX form.

6. Inform family/relatives and Carer.

8. Staff to continue to establish contact with patient.

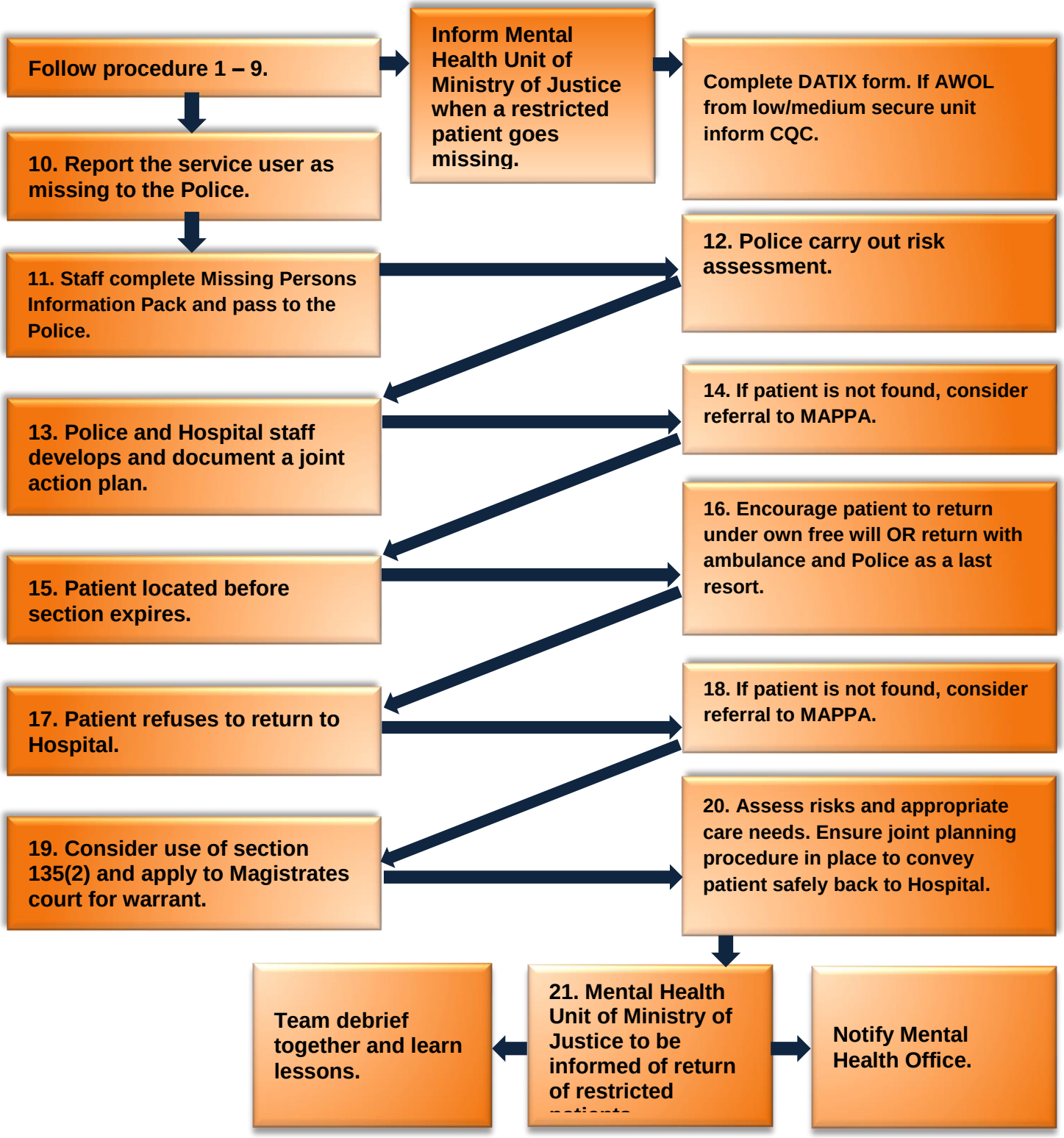
9. Re-assess level of risk with MDT.

Appendix 4 – Flowchart C

Flowchart AWOL Service Users

HIGH RISK Patients

(Applicable for both informal patients and detained patients)



Appendix 5 – 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 6 – Standardised Response to AWOL Patients

Only a patient who is assessed as HIGH RISK should be circulated to the police. The MHA status of the patient is not relevant.

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

1. That a search of the hospital and grounds 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 considered 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.”

Impact Assessment Tool

			Comments
1	**Briefly describe the policy/decision?**		The Missing Persons'/AWOL Policy is an overview of requirements within the Trust and outlines the roles and responsibilities of employees.
1.1	**Briefly describe the purpose or objective of the policy/decision?**		As above
1.2	**Does the policy/decision have a legitimate aim?**	**Yes**	Yes, the policy has a legitimate aim.
1.3	**Is the policy/decision necessary, proportionate and lawful?**	**Yes**	
2	**Will the policy/decision affect one group or a combination of groups less or more favourably than others on the basis of:** Race, Colour, Nationality, Gender, Age, Sexual orientation, Disability, Religion, Language (Disability includes: learning disabilities, physical disability, sensory impairment and mental illness)	**No**	No Adverse Impact. The policy is designed to be sensitive to the needs of all groups and takes into account Race, Colour, Nationality, Gender, Age, Sexual orientation, Disability, Religion, and Language
2.1	**List or describe the evidence that some groups will be affected differently?**	**No**	
3	**Will the policy/decision affect or restrict anyone's human rights?**	**No**	The policy has been developed in accordance with the Care Quality Commission and The Mental Health Act 1983.
3.1	**If the answer to Q3 is yes, which rights will be affected or restricted?** **a) absolute right** e.g. the right to protection from inhuman & degrading treatment **b) limited right** e.g. the right to liberty **c) qualified right** e.g. the right to respect for private and family life; freedom of expression; peaceful enjoyment of property etc;	**Yes/No** **Yes/No** **Yes/No**	The policy will have no direct impact on Human Rights
3.2	**Can the policy/decision be achieved without the infringement of human rights?**	**Yes**	The policy will have no direct impact on any of the areas listed.

			Comments
4	**Will this policy/decision:** • **Reduce or increase waste** • **reduce or increase use of energy** • **Have an impact on the use of transport** • **Create community employment opportunities**	**No** **No** **No** **No**	The policy will have no direct impact on any of the areas listed.
5	**What action is to be taken to minimise the impact that the policy/decision will have on equality and diversity and human rights.**		N/A
5.1	**What action is to be taken to minimise the impact that the policy/decision will have on the environment**		N/A
6	**Have you consulted with relevant groups around this policy/decision?** - **Staff members** - **Service Users** - **Carers** - **Other agencies**	**Yes** **Yes** **Yes** **Yes**	
6.1	**Do you have further plans to consult with the relevant groups**	**No**	
7	**Will the policy/decision be monitored?**	**Yes**	Via the Quality Committee and Trust Board
7.1	**Will the policy/decision be reviewed?** **If yes, when?**	**Yes**	Reviewed and amended May 2019
7.2	**Will this policy/decision and this Impact assessment be published?** **If yes, list when and where this information will be available.**	**Yes**	Intranet – Polices and trust website.