STANDARD OPERATING PROCEDURE FORENSIC – ABSENCE WITHOUT LEAVE (AWOL)

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Name of Trust Strategy / Policy / Guidelines this SOP refers to:	Inpatient Leave Policy

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	*7 Oct 2015*	*Storage on Lorenzo, and option to vary contact time for NoK*
1.1	*Sept 2020*	*New format, update of ward names*
1.2	*March 2023*	*Update and changes including addition of role of Duty Manager. Approved at Security Committee (6th March 2023).*

Contents

1. INTRODUCTION

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

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

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

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

Failure to Return
A patient fails to return from authorised unescorted leave." (DoH, 2009)

2. SCOPE

This protocol is intended to guide the practice of clinical staff working within the Forensic Mental Health and Learning Disabilities Service who are likely to be involved in the event of a patient of the service being absent without leave (AWOL).

This procedure should be read in conjunction with the following:

- Trust Policy on Section 17 Leave
- Trust SOP Missing Patient and Section 18 AWOL
- Procedure on Patient Leave and Movement
- Procedure on Escort to Court of Patients Detained Under Sections of Part 3 of the MHA 1983
- Procedure on Drugs and Alcohol
- Search procedure

The Mental health Act 1983 (Sections 18, 138 & 139), and Chapters 19, 21 & 23 of the Code of Practice

3. PROCEDURE STATEMENT

A patient being absent without leave from the service has the potential to put the patient and others at risk of harm and must be dealt with urgently and with the utmost attention to ensuring that all that can be done is done in order to minimise the risk that may be posed.

4. DUTIES AND RESPONSIBILITIES

- All staff will be aware of this procedure,
- All staff will be familiar with the Mental Health Act Code of Practice and, with reference to this procedure, particularly Chapter 28 "Absence without leave'.

5. PROCEDURES

5.1. Identification Details

All patient files will include a fully completed Missing Person Information and Patient Alert form – Appendix A – available electronically in the Forensic V Drive folder in the Documentation folder; this is also available on the electronic patient record. Completed forms will be stored on the patient's Lorenzo file.

It is important that any photographs are of good quality, up-to-date and suitable to be of use to other agencies in the event of an AWOL

A description of all patients proceeding on leave will be recorded in a leave record form. The precise layout of this form may vary, but will contain as a minimum:

- Date of leave
- Time of departure
- Expected time of return
- Actual time of return
- Name of escort
- Destination
- Clothing (including headwear, spectacles, shoes, etc.)
- Any money/cards in the patient's possession
- Lighter in the patient's possession
- Mobile phone in the patient's possession (including number)

5.2. Role of the Duty Manager

The Duty Manager will play a pivotal role in the coordination of the procedure, particularly out of normal office hours, overnight and at weekends.

- The Duty Manager is informed immediately a patient is considered missing.
- The Duty Manager immediately attends reception control and assumes management responsibility for the incident.
- During normal working hours if the duty manager is unavailable, the service manager assumes responsibility for the management of the incident.
- **The police must be informed immediately if a patient absconds from within the buildings or from their escort whilst on external leave.**
- The Duty/Service Manager starts a "missing patient checklist" recording their actions. The responsibility for coordinating the missing patient procedure is passed from Duty Manager to Duty Manager on a shift-by-shift basis.
- The Duty Manager informs all the persons listed on the current checklist.
- If the missing patient is transferred on Section 22 (2)(B) of the Prison Act 1952, the patient's RC must inform the Governor of the appropriate prison.
- If the patient is subject to the restrictions set out under Section 41 of the Mental Health Act 1983, the patients RC may inform the Ministry of Justice (MOJ)
- **Complete CQC AWOL Notification form and email to MHA office**

5.2.1 Information to the Police

The police must be given:

- The completed “misper” form.
- A description of the patient’s current clothing and appearance obtained by re-running the video recording equipment in reception control.

5.2.2 Information to the Press

Press statements are released by the police. These are based on information provided by the patient’s RC. The Director of Communications is informed of any information that is to be released to the press.

Staff must not provide any comment to the press.

5.3. Immediate Action – as soon as the AWOL is noted

As soon as it is noted that the patient is absent without leave, staff will notify agencies in accordance with the checklist at Appendix A. The police will be notified in all cases, and **reporting staff will emphasise the name and nature of the service, and the patient’s current and historical risks** (be those risks to the patient or to others). If the patient is MAPPA registered, ensure that this is made clear when reporting.

If the patient has evaded their escort in the community, escorting staff will notify the ward immediately and seek guidance as to action – this may include maintaining sight of the patient if it is safe to do so but will not include attempting to detain/restrain the patient.

It may be appropriate to organise a concurrent local search, but this must not delay the reporting process.

Discussion with the RC/on-call forensic psychiatrist and on-call manager will guide/inform management of the situation, and any responses above and beyond those required in Appendix A. It may be necessary to contact senior service staff outside standing on-call arrangements for additional support/guidance.

In the event of an abscond (i.e. the patient is in the company of staff and breaks away from the custody/supervision of staff) then staff are expected to act in accordance with the following principles:

- Encourage the patient to return to the unit
- Notify the unit immediately of the ongoing situation and any developments (include patient’s appearance, assessed mood, any expressed intentions, etc.)
- If there are police in the vicinity, gain their support in retaking the patient
- If it safe (for the patient, staff and others) to do so, keep the patient in sight and update the unit as necessary
- The patient may be highly motivated to abscond and may take risks (such as crossing busy roads, climbing walls, fences, etc.) in order to do so. Staff must not jeopardise their own safety or that of the patient by taking risks or by increasing the agitation of the patient
- Unless there is an escort planned to restrain in the event of an attempt to abscond (which will involve at least four members of staff), **do not** attempt to restrain the patient

5.4. Within 24 Hours

Ward manager/nominated deputy will prepare a briefing report in accordance with Trust Risk Management Strategy. The template is available electronically in the Forms section of the Trust intranet site.

The Care Quality Commission are to be notified of all absences without leave from the service's medium and low secure units. The requirement is that this be done "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".

5.5. At 24 Hours/Next Working Day (whichever is sooner)

Service manager/nominated deputy will submit a 24-Hour Report to Commissioners

5.6. Patient located or returned to the centre

The duty manager will liaise with the police on how the patient will be returned to the unit. Under current practice the unit has a responsibility to collect the patient.
If unit staff transport the patient a secure escort will be required (refer to Secure Escort Policy).
The lead of health, safety and security should be contacted to assist in this matter (in hours) and contact the On-call Manager out of hours.
All patients returning from Absent With Out Leave (AWOL) will be subject to a pat-down search and metal detection, e.g. via the BOSS chair, wand or walk by metal detection.
On the patient's return the duty manger informs all the persons listed on the current checklist of the patient's return.
The duty manager ensures a *new updated* misper form is *partially* completed and filed in the appropriate place.
Care plans and risk assessments to be updated.

5.7. Record Keeping

It is important that all actions and communications are recorded in the clinical notes. This will include actions undertaken directly by staff on duty, and the reported actions of others.

5.8. Contact Numbers

See Appendix B.

6. IMPLEMENTATION

All new staff will be required to read the service operating procedures as part of their service security induction. This procedure will be highlighted as part of Escort training.

7. MONITORING AND AUDIT

All absences without leave in the service will be reported using Datix and a briefing report will be submitted to the Operational Risk Management Group (ORMG).

Reports will also be submitted to NHS England North of England Specialised Commissioning Team (Yorkshire & Humber Hub) and to the Care Quality Commission.

8. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

Mental Health Act 1983

Mental Health Act Code of Practice (DoH, 2015)
Mental Capacity Act 2005

Absent without leave – definitions of escape and abscond (DoH, 2009) available at http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107391

Mental Health Notifications (CQC, 2015) available at http://www.cqc.org.uk/content/mental-health-notifications

Appendix A: AWOL Reporting Checklist

Humber Centre for Forensic Psychiatry
AWOL Reporting Record

Name:		**DoB:**		**NHS No.**	

Who to	When	Who by	Date	Time	Sign and Print
Police (incl. MAPPA status if registered)	Immediate	Nurse in Charge			
RC/on-call Forensic Psychiatrist	Immediate				
Duty/Service Manager/on-call manager	Immediate				
Ministry of Justice (restricted patients)	Immediate				
Next of Kin	Within 2 hours*				
Briefing Report	Within 24 hours	Ward Manager			
Care Quality Commission	ASAP**	See contacts			
Commissioners – NHS England	At 24 hours	Service Manager			
Commissioners – NHS England	At 72 hours				

* to be contacted immediately if the patient is known to pose a risk to NoK or if NoK live nearby and the patient may make for their address.
** “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.”

Appendix B: Contacts

Police	999 Also e-mail Missing Person and Person Alert form to; pvpmsu@humberside.pnn.police.uk (quote police log no.)
On-call Forensic Psychiatrist	As per published rota
On-call Manager	Via Miranda House switchboard – 216624
Ministry of Justice	MoJ Switchboard 020 3334 3555 Outside normal office hours phone the Home Office switchboard (020 7035 4848) and choose option 5 to speak to an operator.
Briefing Report	e-mail to; HNF-TR.briefingreports@nhs.net
Commissioners – NHS England	Email to: england.syb-qps@nhs.net
CQC	Email the form VIA NHS.NET ONLY by arrangement with the Mental Health Operations Team by calling 03000 616161 (press option 1 when prompted). Alternatively secure fax on 03000 200238