

## SECTION 18 AWOL, AND MISSING PATIENT STANDARD OPERATING PROCEDURE

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

**VALIDITY – All local SOPS should be accessed via the Intranet**

### CHANGE RECORD

Version	Date	Change details
1	June 2016	Standard operating procedure produced in line with Annex B requirements Mental Health Act Code of Practice (2015).
2	January 2017	Updates made in relation to informal patients and risk assessment.
3	May 2017	Updates made to flow chart (Appendix 5) following discussion at OMG on 4 May 2017, and also to include section on photograph identification following comments from the Mental Health Legislation Steering Group on 16 May 2017.
4	June 2018	Additions made to section 9 regarding ongoing detention.
5	November 2018	In response to learning from Datix alerts (Web29615 and Web29561), clarification made at point 7 regarding passing information on to the police when a patient goes AWOL. Also referenced S135 Protocol and name changes in relation to Care Group leads and MHRS.
5.1	February 2019	Amendments made to 9.1 following comments from John Thirkettle, Mental Health Operations Manager (Humberside Police) and Crisis Care Concordat 18 February 2019 and MHLSG 20 February 2019.
6	April 2020	Full review – in particular adjustments to section 7 with regards to clarity to police about the reason for informing them of the AWOL.
6.1	November 2020	Addition of Appendix 6 (AWOL and Absent Voluntary Mental Health Patients Quick Guide)
6.2	April 2023	Full review – added “have been assessed as high risk or lacking capacity to consent to their admission” to informal patient section (page 3), added EIA (page 19). Approved at MHLSG 19 April 2023

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## 1. Introduction

This standard operating procedure has been developed in accordance with the requirements under Annex B of the Mental Health Act Code of Practice (2015) which sets out requirements for policies, procedures and guidance which the code says should be in place to inform and guide staff. Hospital Managers are required to have a clear written procedure about the action to be taken when a detained patient or a patient on a CTO goes missing without authorised leave being granted. This procedure also covers informal patients. It should be read in conjunction with the Trust Inpatient Leave Policy and the Inpatient Search Policy.

## 2. Scope

This procedure applies to all staff working in the delivery of mental health services both in an inpatient and community setting.

## 3. Duties and Responsibilities

The Clinical Director, Divisional Clinical Leads and Divisional Managers will ensure dissemination of Mental Health policy and associated standard operating procedures.

All clinical staff must ensure they are compliant with the Mental Health Act Code of Practice and its related procedures.

## 4. Procedures

**Absence without Leave (AWOL) – applies to patients who are detained under the MHA 1983**

### 4.1. The Formally Detained Patient, and those subject to Community Treatment Order (CTO)

As Section 17 of the MHA 1983 furnishes authority for a detained patient to take leave, Section 18 provides guidance on the action to be taken when detained patients are absent without leave (AWOL) or have otherwise absconded from legal custody under the Act.

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

- a) have left the hospital in which they are detained without leave being agreed (under section 17 of the Act) by their responsible clinician
- b) have failed to return to the hospital at the time required to do so under the conditions of leave under section 17
- c) are absent without permission from a place where they are required to reside as a condition of leave under section 17
- d) have failed to return to the hospital if their leave under section 17 has been revoked
- e) are patients on a community treatment order (CTO) (community patients) who have failed to attend hospital when recalled
- f) are CTO patients who have absconded from hospital after being recalled there
- g) are conditionally discharged restricted patients (for example S37/41) whom the Secretary of State for Justice has recalled to hospital
- h) are guardianship patients who are absent without permission from the place where they are required to live by their guardian.

### 4.2. The Informal Patient

Informal patients must be allowed to leave the ward if they wish, unless they have been assessed as high risk or lacking capacity to consent to their admission, and are to be detained under the Act or to be considered for an urgent DoLS (Deprivation of Liberty Safeguards) authorisation under the

Mental Capacity Act 2005. Both the patient, and where appropriate, their carer and advocate should be made aware of this right with information being provided in a format and language the patient understands. The inpatient leave policy for Humber Teaching NHS Foundation Trust about movement around the hospital and its grounds must be clearly explained to the patients concerned. Failure to do so could lead to a patient mistakenly believing that they are not allowed to leave hospital, which could result in an unlawful deprivation of their liberty and a breach of their human rights. The informal patient therefore cannot technically be AWOL; they can be classified however as absent or missing.

**Where an informal patient is thought to be vulnerable or of high risk, having given due consideration to the time of day or night, the weather, age of the patient and any physical co-morbidities the patient should be reported missing when his or her whereabouts cannot be accounted for. Staff should use existing information and knowledge about the patient to inform a risk assessment of the situation, its seriousness and the level of response that is likely to be required of other agencies, i.e. the police.**

## **5. Circumstances that Result in an Inpatient Being Defined as AWOL or Missing (applies to informal patients)**

Patients will be considered **AWOL** in the following circumstances:

- When the patient is subject to detention under the requirements of the Mental Health Act 1983 or Deprivation of Liberty Safeguards and has left without explicit and written permission of the Responsible Clinician.
- If a detained patient does not return at the specified time from authorised leave under section 17.
- If a detained patient goes AWOL whilst being escorted or transported in the community.
- If a patient under guardianship is absent without permission from the place where they are required to live by their guardian.
- Detained patient cannot be located in the clinical area that they are residing in.
- Detained patient cannot be located within the immediate hospital gardens/grounds.

Patients will be considered **missing** in the following circumstances:

- If an informal patient is considered to be vulnerable by the clinical team leaves the ward area without the staff being aware or has not returned from leave at the agreed time.
- If an informal patient who has been identified as posing a significant risk to themselves or others absents themselves whilst being escorted or transported in the community.
- Informal patient refusal to return from accompanied supportive off-site leave, if they are identified as being vulnerable or posing a risk to themselves or others.

If an informal patient with capacity, whereabouts are known, but they are refusing to return to the ward and there is no immediate risk to themselves or others, they are not missing. In these circumstances staff should arrange a Multi-Disciplinary Team (MDT) review to agree if discharge is appropriate. It is important that community staff, and/or friends and family (where appropriate) are included in the MDT.

## **6. Risk Assessment**

**All patients will have a formal risk assessment completed on admission which will include identification of their risk of going AWOL or missing, including previous history and/or patterns. This will be clearly recorded in the Trust risk assessment document. The patient's capacity to understand dangers associated with being AWOL/missing and levels of**

**vulnerability should also be considered within the context of any risk posed should they leave the ward.**

The risk assessment will be subject to regular review and updating and will be reviewed whenever any changes in the patient's condition or risk profile are identified. This will also be reflected in the patient's engagement levels (please refer to the Supportive Engagement Guidelines).

Each assessment and review will be recorded in the patient's clinical record and communicated to all relevant staff.

Known "triggers" must be recorded e.g. phone calls from particular friends and relatives. If a decision is reached that the patient may go missing, details of their description should be recorded, e.g. height and weight, other physical characteristics etc. The recording of this information must be kept in the patient's clinical record.

In relation to detained patients: "A photograph of the patient should also be included in their notes, if necessary with the patient's consent (or if the patient lacks capacity to decide whether to consent, a photograph is taken in accordance with the Mental Capacity Act (MCA))" (Mental Health Act 1983 Code of Practice 27.22). The Trust has a process of attaching patient ID (photograph) to MAR charts (with consent), which can also be used for other purposes such as when a patient is AWOL or missing (with consent). Please refer to the Inpatient Identification Procedure.

When formulating the risk management plan consideration should be given to whether the risk is active or passive:

**Active** – the patient is likely to knowingly and overtly attempt to leave the clinical area

**Passive** – the patient may be confused and/or disorientated and may wander out of, or away from the clinical area if unsupervised.

All patients who are assessed as presenting a risk of going AWOL or being missing should have clearly recorded in their safety plan/engagement plan appropriate levels of observation, supervision and security of the clinical environment for the level of risk assessed. When assessing the environment consideration must be given to the level of access to going AWOL or being missing.

For patients who are confused and there is a risk that they may become separated from their escort, consideration should be given to the need for them to carry contact information on them when away from the wards.

## **7. Initial Actions Where a Patient is Identified to be Missing or AWOL (this includes patients failing to return from planned leave)**

(Staff must initiate the action identified below immediately)

**Action to be taken by the member of staff in charge of the ward or department (all actions taken must be clearly documented in the patient's notes)**

Having determined that any patient, of informal or detained status as defined by the Mental Health Act (1983) or who is subject to a Community Treatment Order (Section 17A) is absent, or has failed to return from approved leave, the following steps must be taken:

- a) Initiate search procedure by organising and searching the immediate vicinity of the unit/place last seen (if appropriate) at once:
  - If the patient has a mobile phone an attempt should be made to contact the patient and ascertain where they are and request that they return to the ward.

- Call the patient's land line number (if one has been provided) to ascertain from either the patient or their next of kin if they are at their home address and request that they return to the ward (unless there are exceptional reasons for not communicating with family/carer)
- b) If patient still not located, inform RC during working hours or make on call consultant aware
- c) Inform the Police, subject to the consultation regarding the above, based on risk factors to patient and others. However, they must always be informed if a patient is considered to be particularly vulnerable, dangerous or detained under the Mental Health Act. There may be valid exceptions when the police are not informed immediately for those patients detained under the MHA for example: a patient who regularly returns slightly late from S17 leave but always returns to the unit shortly after the leave expiry time. Contacting the police does not negate one's responsibility to continue pursuing the absence through the CMHT or Mental Health Crisis Intervention Team (MHCIT) etc. It should be made clear to the Police whether the notification is for information only at this stage or if there is a need for immediate assistance due to high levels of risk/vulnerability. Please note a S135(2) warrant – applied for by the Hospital staff (please refer to Section 135 – Warrant to Search For and Remove Patients Protocol) - will be required for the police to gain entry to the patient's property unless for the reason "of saving life or limb or preventing serious damage to property" (S17 Police and Criminal Evidence Act 1984).

Humber Teaching NHS Foundation Trust procedure requires police to be informed of all detained patients going AWOL but not necessarily to assist. The Trust stance is that staff should make it clear to the police if it is for action or information only. Unless there are immediate concerns Trust staff (as the Detaining Authority) must fulfil their legal duty by attempting to bring the patient back first before escalating the request for police assistance. The nurse in charge must, following risk assessment, make the decision about whether police support is required.

The Code of Practice states:

28.14 The police should be asked to assist in returning a patient to hospital only if necessary. If the patient's location is known, the role of the police should, wherever possible, only be to assist a suitably qualified and experienced mental health professional in returning the patient to hospital.

28.15 The police should always be informed immediately if a patient is missing who is:

- considered to be particularly vulnerable
  - considered to be dangerous, and/or
  - subject to restrictions under part 3 of the Act (restricted patients) (see paragraphs 22.53 – 22.60).
- d) If the whereabouts of a patient is known but they are refusing access to their property a warrant under Section 135(2) can be applied for (see Section 135 policy for process).
  - e) In the case of a patient who is subject to guardianship being absent without leave, this would require immediate notification of the specified guardian and the Social Services.
  - f) In the case of restricted patients (for example S37/41), there will be a need to notify the Mental Health case worker at the Ministry of Justice, out of hours numbers are available.
  - g) **Although every case should be considered on its merits, patient confidentiality will not usually be a barrier to providing basic information about a patient's absence to people – such as those the patient normally lives with or is likely to contact – who may be able to help with finding the patient. Wherever possible an up to date photograph should accompany the missing person's details (see Section 17 leave policy and COP 27.22).**
  - h) During normal working hours, inform your charge nurse, modern matron/service manager, or divisional clinical lead as appropriate.

- i) Outside of normal working hours, report the missing patient to the MHCIT and the on-call manager.
- j) In all cases complete the missing patient form, and complete incident report via Datix. All incident reports are reviewed by the daily huddle.
- k) In the case of children or adolescents report to the CAMHS out of hours on call clinician and on-call manager.
- l) Review the risk assessment and document all actions taken.
- m) Ensure effective communication, where appropriate liaise with family/carers, unless exceptional reasons state otherwise.

The following point is specific to secure services: The CQC must be notified in accordance with the statutory notification requirements about the absence of the detained patient, or those liable to be detained. Complete incident reporting via Datix; all incident reports are reviewed by the daily huddle. Email the internal CQC team as soon as possible with details to enable notification to be sent off. CQC email address: [hnf-tr.cqc@nhs.net](mailto:hnf-tr.cqc@nhs.net).

\* Services that are designated as low, medium or high security (forensic service only) are required to notify CQC of any unauthorised absence of a person detained or liable to be detained under the Mental Health Act 1983, and of the return of persons from unauthorised absences.

**The above list of actions to be undertaken is not a chronological order and the individual member of staff must use their own professional judgement for the order of priority.**

Following consultation with the RC, or on-call Consultant and the Modern Matron or Service Manager the following steps must be to be initiated if the risk assessment dictates:

- a) Inform local agencies with an interest, for example social worker, Probation Services, Prison Services and/or the patient's GP (in case the patient presents at the surgery for medication).
- b) NHS England should be notified at 24 hours and 72 hours in the case of those patients detained in forensic services (Forensic Services has its own Absence Without Leave (AWOL) Policy)
- c) If any child safeguarding issues have been identified, inform Children and Family Services or the duty social worker if out of hours and also the Trust Safeguarding Department.
- d) Where the absconder may be of a high public profile, consideration needs to be given to a joint press release between the Trust and the Police service. The on-call director for the Trust needs to be notified by the modern matron or on-call manager in preparation to action this issue.
- e) In certain cases consideration should be given to the issuing of an electronic alert to other Trusts. Alerts of this nature would be co-ordinated through the Communications Department and the Local Security Management Specialist, who has a network of other security leads within the Yorkshire region.

## 8. The Return of Patients

1. Carry out physical observations and seek support from medical staff/on-call duty doctor to attend to any physical needs of the patient.
2. Review patient's supportive engagement/observation level.
3. It may be necessary to undertake a personal search and/or search of belongings in line with any person specific risk management requirements (see Inpatient Search Policy). Staff should remain vigilant of patients returning to the unit from leave with items which may cause harm (intentional or unintentional) to themselves or others, e.g. fire setting.
4. If the patient returns, update the Datix or notify the Risk Management Department of the date, time and the means of their return, in order that the Datix can be updated.

5. Advise the modern matron/ Divisional Clinical Lead, Mental Health Crisis Intervention Team, or on-call manager if required and report any concerns you may have about the patient's wellbeing.
6. Report return to any other agencies as appropriate i.e. Social worker for case record and risk management processes.
7. Complete report on returning missing inpatient and scan and upload onto Lorenzo (main copy in patient's notes).
8. Record AWOL/missing in the patient's notes and review care plan to see if specific actions to be taken if patient goes missing again are needed.
9. Whenever the police are asked for help in returning a patient, they must be informed of the time limit for taking them into custody, i.e. date the section lapses (for example S136 is only valid for 24 hours).
10. Where the police have been informed about a missing patient, they should be told immediately if the patient is found or returns.

### 8.1. Escorted Leave and Patients who Abscond from Legal Custody

The RC may direct that the patient must remain in custody during his/her leave if it is necessary in the interest of the patient or for the protection of other persons. The patient may be kept in the custody of an officer (officer is not defined in the Act and could include an employee who is neither a nurse nor a doctor) on the staff of the hospital, authorised in writing by the Hospital Managers (**CoP 27.27**).

The purpose of this provision is to provide those caring for the patient during a period of leave with an immediate power to restrain the patient should they make an attempt to abscond. Any patient who escapes from custody can then be immediately recaptured using the power contained in s.18 – there is no need to wait for the patient to fail to return to the “base hospital” or for the RC to revoke the leave in writing.

In other words if the RC has written on the S17 leave form that a patient's leave should be escorted then the staff member/s acting as escort can legally physically prevent the patient from absconding should they make an attempt to do so (degree of restraint used will depend on the immediate risk posed by the patient to themselves or others should they abscond).

**Staff should refer to the Trust's restraint policy in terms of what is legal, reasonable and what is taught in the Trust's DMI training. Escorts should not attempt restraint if they are on their own but should pursue and observe and note whereabouts if safe to do so, whilst contacting the unit.**

Detained patients who are AWOL may be taken into custody and returned by an approved mental health professional (AMHP), any member of the hospital staff, any police officer, or anyone authorised in writing by the hospital managers (**CoP 28.4**).

S137(2) – “A constable or any other person required or authorised by or by virtue of this Act to take any person into custody, or to convey or detain any person shall, for the purposes of taking him into custody or conveying or detaining him, have all the powers, authorities, protection and privileges which a constable has within the area for which he acts as constable.” In other words 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.

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 (**CoP 28.5**).

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 (**CoP 28.6**).

Patients who abscond from legal custody, i.e. those who are liable to be detained following the making of an application by an AMHP, can be retaken and conveyed to the hospital named on the application. When the application is duly completed (when all of the relevant statutory forms have been completed and signed), the patient is in legal custody (S137(1)). A patient who is being conveyed to hospital is deemed to be in legal custody and if he escapes he may be retaken within 14 days after the last medical examination for the purposes of a medical examination for S2 or S3 patients, or within 24 hours from the medical examination or the time when the application was made, whichever is the earlier for a S4 patient.

If patients who are in legal custody abscond, they may also be taken into custody and returned to the place they ought to be, in accordance with the Act (**CoP 28.10**). The named ward/unit cannot accept section papers for a patient who has absconded prior to admission until they are recaptured and conveyed to the unit/ward. In essence the section cannot start until the patient has been found and is actually admitted to the ward. If the bed on the unit named on the application is no longer available once the patient has been found then a new application will need to be made if still within the timescales as stated in paragraph above, otherwise a full MHA assessment will need to be completed.

People authorised by the applicant to transport patients act in their own right and not as the agent of the applicant. They may act on their own initiative to restrain patients and prevent them absconding, if absolutely necessary. When they are the applicant, AMHPs retain a professional responsibility to ensure that the patient is transported in a lawful and humane manner and should give guidance to those asked to assist (**CoP 17.18**).

## **8.2. Patients on a CTO**

Community patients who are AWOL (following being recalled) may be taken into custody and returned to the hospital to which they were 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 managers of that hospital or by the responsible clinician (**CoP 28.8**).

## **8.3. Ongoing Detention**

Where patients (other than restricted patients for example S37/41) return after a substantial period of absence without leave it is good practice always to re-examine the patient to establish whether they still meet the criteria for detention, a CTO or guardianship.

### **Patients returned within 28 days**

If a patient is returned within 28 days and the current authority for detention or guardianship has not expired, that authority remains until its expiry date. No form is required to continue the detention or guardianship.

If a patient is returned **within 28 days** and the authority for detention or guardianship has expired or has less than seven days to run, it can be extended by up to seven days beginning with the day the patient returns. During these seven days the patient must be assessed with a view to either renewing that authority for detention or Guardianship or discharging the patient. The responsible clinician may renew the section in the usual way and the renewal will take effect from the date the original period ended.

### **Patients returned after 28 days**

If a patient is returned after 28 days have elapsed, section 21B of the Act requires the responsible clinician to assess the patient within seven days of return to determine whether detention or Guardianship is still appropriate. Where the authority for detention or guardianship has expired it can be extended by up to seven days beginning with the day the patient returns. If continued detention or Guardianship is thought necessary, the responsible clinician must submit the relevant

form, and the renewal will take effect from the expiry date of the original Section once the forms have been received by the hospital managers. Otherwise, the patient's detention, CTO or Guardianship will end automatically (**CoP 28.21**).

## 9. References

Mental Health Act Legislation Policy

Inpatient Leave Policy

Inpatient Search Policy

Supportive Engagement Guidance

Section 135 – Warrant to Search For and Remove Patients Protocol

Department of Health: (2015) Mental Health Act Code of Practice. London TSO

Jones. R. (2015) Mental Health Act Manual (Latest Edition). London. Sweet & Maxwell

Department of Health: (2015) Mental Health Act Code of Practice. London TSO

Missing persons, what you need to know (fact sheet 1 Missing persons bureau – see [www.missingpersons.police.uk/en-gb/resources/downloads/download/65](http://www.missingpersons.police.uk/en-gb/resources/downloads/download/65))

RDaSH NHS Foundation Trust (Rotherham Doncaster and South Humber NHS Foundation Trust) – Patients who are missing or absent without leave (AWOL) Policy

Department of Health: (2015) Mental Health Act Code of Practice. London TSO

The association of Chief police Officers: Interim Guidance on the Management, Recording and Investigation of Missing Persons 2013 (see <http://library.college.police.uk/docs/college-of-policing/Interim-Missing-Persons-Guidance-2013.pdf>)

## 10. Appendices

Appendix 1 – The National Police Chiefs Council (NPCC) Association of Chief Police Officers (ACPO) definitions of missing persons

Appendix 2 – Reporting a missing/AWOL patient to the police

Appendix 3 – Missing Person Information & Patient Alert Form

Appendix 4 – Returning Missing Inpatient Form

Appendix 5 – Managing the missing patient flowchart

Appendix 6 – AWOL and Absent Voluntary Mental Health Patients Quick Guide

Appendix 7 – Equality Impact Assessment

**Appendix 1: The NPCC Association of Chief Police Officers (ACPO) definitions for missing persons:**

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

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

The 'absent' category should comprise cases in which people are not presently where they are supposed to be and there is no apparent risk. 'Absent' cases should not be ignored, and must be monitored over periods of time with consideration given to escalating to 'missing' if there is a change to the circumstances that has increased the level of risk.

## **Appendix 2: Reporting a Missing/AWOL Patient to the Police**

At the point of initial report, it will be necessary for the call maker to determine whether the person is missing or absent. The following set of questions can be used to assist this decision making.

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 be the victim of abuse?
7. Are they currently at risk of 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?

**The police guidance for reporting missing people seek the following information about the person concerned:**

### **Personal details of missing person**

Name (including aliases)  
Gender  
DOB or age if not known  
ID Status  
Care status (this applies to children's care only)  
What type of children's care (S20 or S31)  
Out of county placement  
Absconder type / subject of an order  
Order expiry time and date  
Address including telephone numbers and e mail address

### **Description of missing person**

Ethnic appearance  
Ethnicity  
Height  
Build  
Hair type  
Hair colour  
Hair features  
Facial hair  
Eye colour  
Eye wear  
Shoe size  
Accent  
Complexion  
Dentures  
Sexual orientation  
Vehicle  
Jewellery  
Clothing  
Habits  
Warning signals  
Notes  
Identifying marks

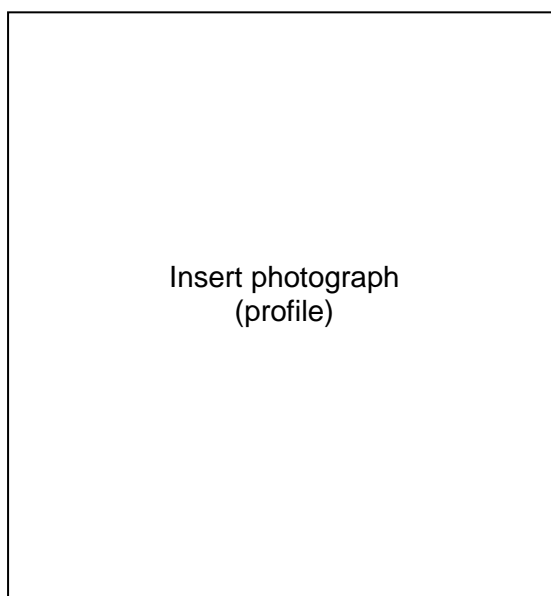
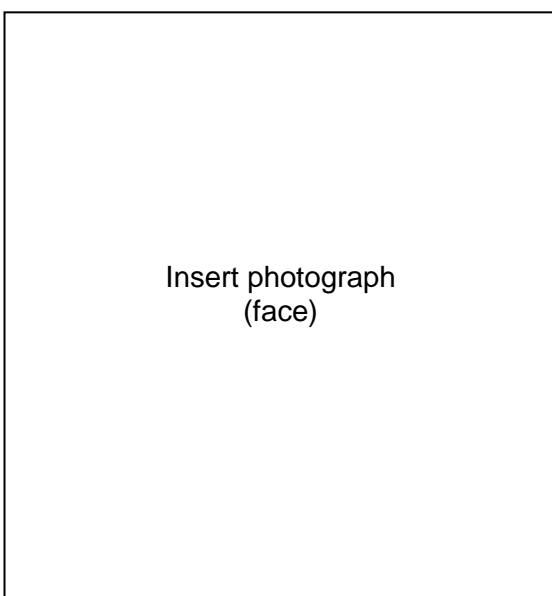
**Address/Location person was reported missing from**

- Address
- Telephone number
- Email address

### Appendix 3: Missing Person Information and Patient Alert Form

(This information will be required by Humberside Police)

<b>Mental Health Act status (please circle):</b> Detained      Informal		<b>Section:</b>
<b>Registered to MAPPA? Yes – No</b> (Details)		
<b>NHS No:</b>	<b>Date of birth:</b>	
<b>Name:</b>	<b>Alias:</b>	
<b>Ethnicity:</b>	<b>Build:</b>	
<b>Height:</b>	<b>Weight:</b>	
<b>Hair (colour, length)</b>	<b>Dental (false teeth/bridge):</b>	
<b>Eyes (colour)</b>	<b>Spectacles:</b>	
<b>Spoken language:</b>		
<b>Barriers to communication:</b>		
<b>Marks / scars / tattoos (attach body-map)</b>		
<b>Notable characteristics:</b>		
<b>Probation/other professional:</b>		
<b>Home Address:</b>	<b>Telephone number:</b>	
	<b>Mobile number:</b>	
<b>General practitioner:</b>	<b>Next of kin/Nearest relative &amp; address:</b>	
<b>Any other info:</b>		



**Unit:**

**Telephone No:**

**Name:**

**Date of birth:**      Affix pre-printed personal details label here

**NHS Number:**

<b>Any known allergies to prescribed medications and drug sensitivities:</b>	
<b>Any other known allergies (nuts, perfumes, etc.):</b>	
<b>Known medical conditions (epilepsy, diabetes, etc.):</b>	
<b>Previous history of absence without leave/escape:</b>	Yes – No
<b>Details of previous abscond/absence without leave/escape (dates, circumstances, where found, etc.):</b>	
<b>Is the patient a danger to any particular individual(s)?</b>	Yes – No
<b>Name:</b>	<b>Contact No:</b>
<b>Address:</b>	
<b>Is there a history of violence?</b>	Yes – No
<b>Is there a history of weapon use?</b>	Yes – No
<b>(Details)</b>	
<b>Does the patient have a history of self-harm/suicide attempt?</b>	Yes – No
<b>(Details)</b>	
<b>Is there a history of substance/alcohol misuse?</b>	Yes – No
<b>(Details)</b>	
<b>Details of any other significant known risk?</b>	
Ensure that this information accompanies the patient on all external transfers including hospital visits dentist, etc.	

**Form Completed by** (Print name):

Signature:

Designation:

Band:

## Appendix 4: Returning Missing Inpatient Form

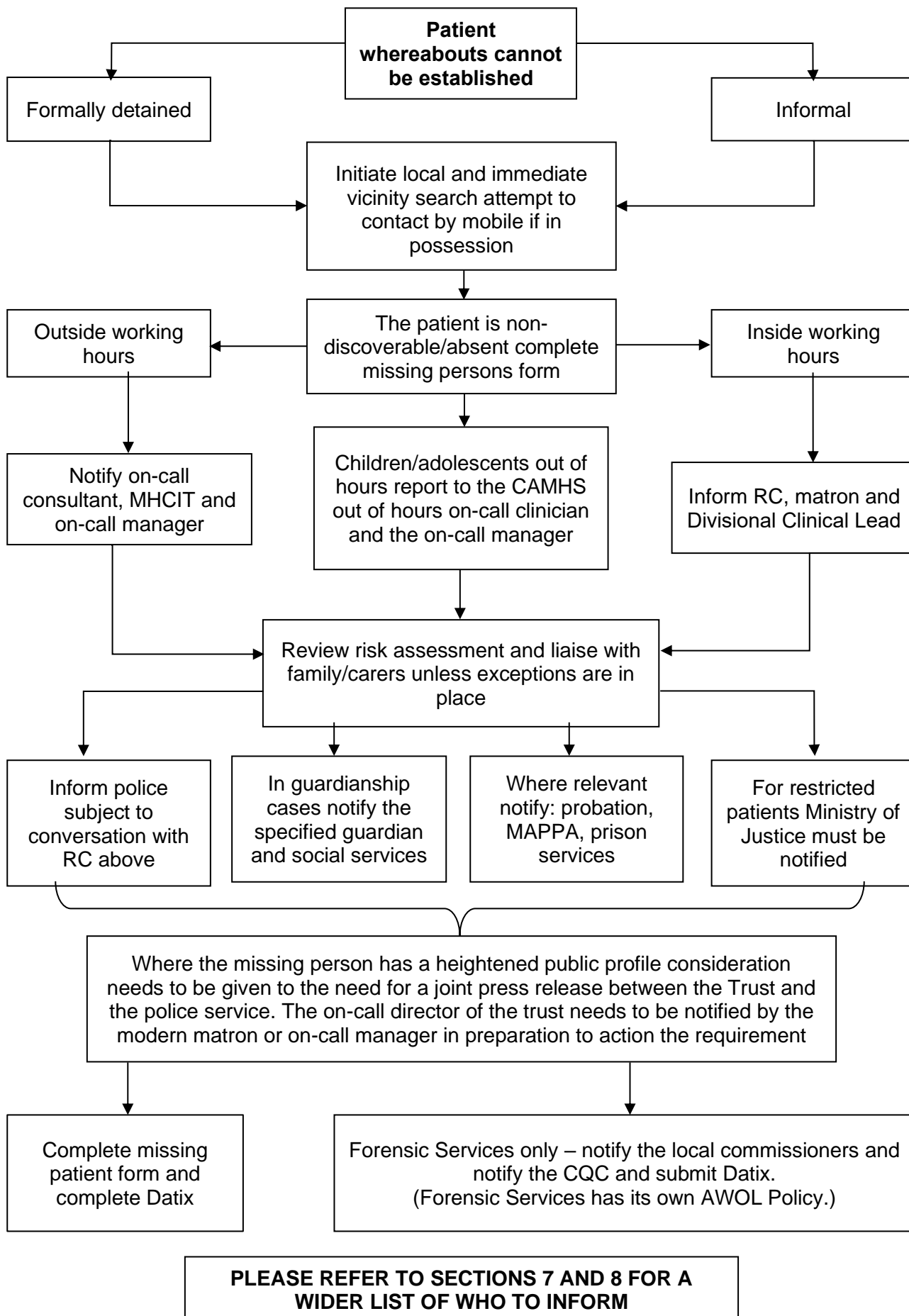
Date:

Time

<b>RETURNING MISSING INPATIENT</b>		
<b>Patient returned to (ward/unit):</b>	<b>Date:</b>	<b>Time:</b>
<b>Patient returned by (self/relative/Police):</b>		
<b>Person receiving returning patient (ward/unit staff):</b>		
<b>Information surrounding return or other outcome:</b>		
<b>Information handed over on arrival to ward/unit (behaviour/concerns/risk):</b>		
<b>Any further information:</b>		
<b>Risk assessment update require</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>Information shared with unit staff (colleagues/handover):</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/>		
<b>Level of risk</b> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>		
<b>Type of risk:</b>		
<b>Notification of returning missing patient (if appropriate):</b>		
Modern Matron <input type="checkbox"/>	Consultant <input type="checkbox"/>	Relative/Friend <input type="checkbox"/>
MH Legislation <input type="checkbox"/>	Police <input type="checkbox"/>	MHCIT <input type="checkbox"/>
		Transport Police (9-5 only) <input type="checkbox"/>
		Social Services/EDT <input type="checkbox"/>
<b>Completed by:</b>	<b>Date:</b>	<b>Time:</b>



## Appendix 5: Managing the Missing Patient



## Appendix 6: AWOL and Absent Voluntary Mental Health Patients Quick Guide

### AWOL Patients

1. AWOL patients are the responsibility of the hospital to return them.
2. Detained patients who are AWOL **must** be reported to the Police if they are deemed to be;
  - a. Especially Vulnerable (not simply vulnerable)
  - b. Dangerous (to themselves or others)
  - c. Subject to part 3 of the Act (restricted patients)
3. Patients described in 2 above reported to the Police will be the subject of detailed discussions between parties to understand the right course of action required.
4. The role of the Police is to support the hospital to return their patient, not to do so for them.
5. If a Patient is not deemed to be as described in 2 above, the Police will not support the hospital to return them unless;
  - a. Following all possible enquiries and efforts by the hospital the Patient cannot be found. In these circumstances the patient should be reported 'missing'.
  - b. The Patient's whereabouts is known but they cannot be returned without the use of a warrant to gain entry to a premises (S135 (2)).
  - c. The Patient's behaviour is so violent or aggressive towards hospital staff that they are unable to retake them without Police support.
6. In the circumstances described at 4 above the Police will assist in retaking a Patient only in support of a suitably qualified and experienced mental health professional.

### Voluntary Inpatients

7. The police have no authority to detain an informal patient because they have absented themselves from care or because of any perceived need that they should return.
8. Under Right Care Right Person the Police will not look for a voluntary patient unless there is an immediate risk to life.
9. Attempts to return a patient voluntarily is not the role of the Police.
10. A Patient located at home cannot be removed from their address by force.
11. A voluntary patient cannot be reported missing to the police for the purpose of having them coerced back to hospital.
12. A Patient reported missing and located by the Police will be left where they are unless the criteria for detention under S136 MHA applies.
13. Where no S136 applies the police will confirm that the person is immediately safe and well and inform the hospital.
14. The patient will be left where they are unless they voluntarily agree to return to the hospital.

## Appendix 7: Equality Impact Assessment

### Screening pro forma for strategies, policies, procedures, processes, tenders, and services

1. Document or Process or Service Name: S18 AWOL SOP
2. EIA Reviewer (name, job title, base and contact details): Michelle Nolan, Mental Health Act Clinical Manager
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? SOP

<p><b>Main Aims of the Document, Process or Service</b></p> <p>This standard operating procedure has been developed in accordance with the requirements under Annex B of the Mental Health Act Code of Practice (2015) which sets out requirements for policies, procedures and guidance which the code says should be in place to inform and guide staff. Hospital Managers are required to have a clear written procedure about the action to be taken when a detained patient or a patient on a CTO goes missing without authorised leave being granted. This procedure also covers informal patients. It should be read in conjunction with the Trust Inpatient Leave Policy and the Inpatient Search Policy.</p>
<p>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma</p>

<p>Equality Target Group</p> <ol style="list-style-type: none"> <li>1. Age</li> <li>2. Disability</li> <li>3. Gender</li> <li>4. Race</li> <li>5. Religion or belief</li> <li>6. Sexual Orientation</li> <li>7. Transgender, Transsexual</li> </ol>	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score</p> <p>Low = Little or No evidence or concern (Green)</p> <p>Medium = some evidence or concern (Amber)</p> <p>High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> <li>a) who have you consulted with</li> <li>b) what have they said</li> <li>c) what information or data have you used</li> <li>d) where are the gaps in your analysis</li> <li>e) how will your document/process or service promote equality and diversity good practice</li> </ol>
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Age</b>	Including specific ages and age groups: Older people, Young people, Children, Early	Low	This SOP is consistent in its approach regardless of age. Staff must carry out mandatory Equality, Diversity and Human Rights training via e-learning.
<b>Disability</b>	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:  Sensory, Physical, Learning, Mental	Low	This SOP is consistent in its approach regardless of disability.  For patients who have a communication need or have English as their second language consideration must be given to providing information in an accessible format.  Staff must carry out mandatory Equality, Diversity and Human Rights training via e-learning.
<b>Sex</b>	Men/Male, Women/Female	Low	This SOP is consistent in its approach regardless of sex.  Staff must carry out mandatory Equality, Diversity and Human Rights training via e-learning.
<b>Race</b>	Colour, Nationality, Ethnic/national origins	Low	This SOP is consistent in its approach regardless of race. It is acknowledged however that for any patient whose first language is not English, as information

			needs to be provided and understood, staff will follow the Trust interpretation procedure.  Staff must carry out mandatory Equality, Diversity and Human Rights training via e-learning.
<b>Religion or Belief</b>	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	This SOP is consistent in its approach regardless of religion or belief.  Staff must carry out mandatory Equality, Diversity and Human Rights training via e-learning.
<b>Sexual Orientation</b>	Lesbian Gay Men Bisexual	Low	This SOP is consistent in its approach regardless of sexual orientation.  Staff must carry out mandatory Equality, Diversity and Human Rights training via e-learning.
<b>Gender Re-assignment</b>	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	This SOP is consistent in its approach regardless of the gender the individual wishes to be identified as. We recognise the gender that people choose to live in hence why the terms gender identity and gender expression ensure we are covering the full spectrum of LGBT+ and not excluding trans, gender fluid or asexual people. Staff must carry out mandatory Equality, Diversity and Human Rights training via e-learning.

### Summary

Is a FULL Equality Impact Assessment required?	Yes	No
Please describe the main points arising from your screening that supports your decision above:		
<p>The SOP is specifically aimed at the protection of all service users and their carers under the Equalities Act 2010 and the Human Rights Act. Significant attention has been paid to ensure that no groups are discriminated against either directly or indirectly.</p> <p>The procedures relate equally to all persons regardless of protected characteristics.</p>		
EIA Reviewers: Michelle Nolan, Mental Health Act Clinical Manager		
Date completed: 12 April 2023	Signature: M Nolan	