

Missing Person and AWOL Policy

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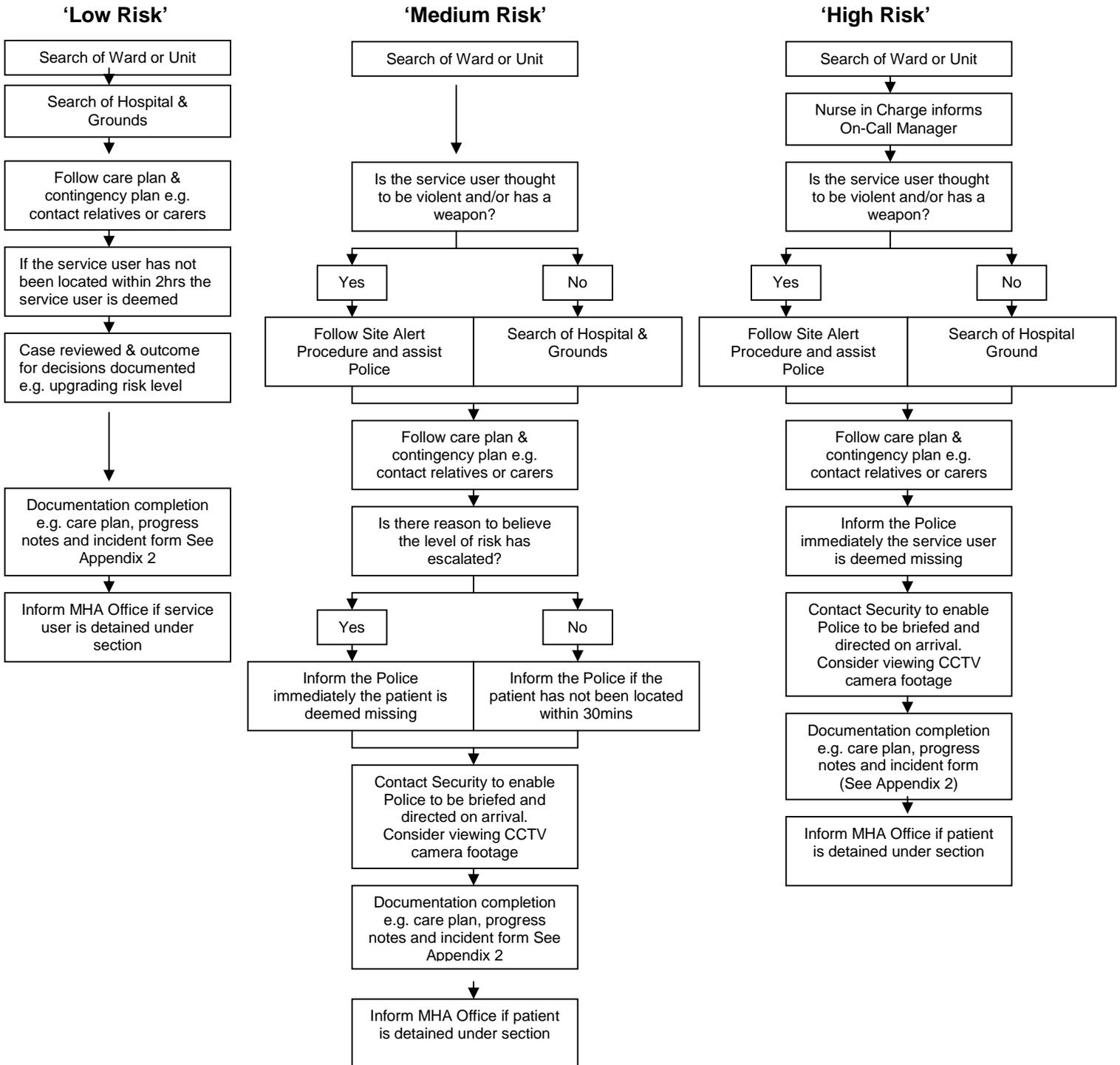
Version Control Summary

Version	Date	Status	Comment/Changes
6.0	September 2007	FINAL	
7.0	July 2009	FINAL	Amended to reflect NHSLA Risk Management Standards requirements
8.0	July 2011	FINAL	Additional information about reporting AWOLS and Audit Tool

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**Executive Summary:
Procedures for service users thought to have absconded or be missing**



1.0 Introduction

- 1.1 This document should be referred to:
- In all cases where a service user is deemed absent from an inpatient unit without negotiated and agreed leave;
 - In all cases where a service user resident in the community but under the care of a community mental health team [CMHT] has not attended appointments and cannot be located by the multi-disciplinary team [MDT].
- 1.2 Effective application of this policy depends on:
- Knowledge of, and therapeutic engagement with, the service user;
 - A comprehensive and up to date risk assessment. This recognises the need to re-assess the service user at regular intervals appropriate to that individual's care;
 - Detailed risk management and contingency plans related to identified risk factors;
 - An assessment of the likelihood of the service user absconding or defaulting on community treatment;
 - Maintaining good working relationships with all agencies involved.
- 1.3 Research has shown that service users who abscond from psychiatric inpatient units can be a significant risk to themselves and others (Mental Health Act Commission, 2001/National Confidential Inquiry report, 2006). Identifying risks and taking preventative measures to ensure safe and therapeutic environments must be at the heart of our practice. On occasions this will involve imposing restrictions on service users to which they may not agree. It also involves, however, reasonable therapeutic risk taking, in which issues of safety are balanced against those of individual choice and empowerment.
- 1.4 The range of duties stated in this policy reflects the provisions of the new Mental Health Act.
- 1.5 It is the responsibility of all multidisciplinary teams to ensure that this policy is adhered to.
- 1.6 This process of decision-making must involve the multi-disciplinary team and service user, taking into account the views of carers and/or family. It rests on developing a good understanding of the individual service user and the comprehensive assessment of all elements of risk pertinent to the service user. Risk management and contingency planning must be completed for every service user. It is important to note that the process of re-assessment must occur as relevant to the individual service user. This process must be followed in all cases, even where the service user is well known to the team.

2.0 Purpose

- 2.1 To ensure the provision of safe clinical practice in the management of service users who are missing or absent without leave.

3.0 Definitions

- 3.1 **Absconded** - A service user has absconded if s/he has left the inpatient unit or refuses to return from escorted leave without prior arrangement or the agreement of the MDT. The service user's whereabouts may be known to staff.
- 3.2 **AWOL** - A service user is absent without leave [AWOL] if s/he is away from the ward without prior arrangement or the agreement of the MDT. This may occur because the service user has absconded or because the service user has failed to return from agreed leave. The service user's whereabouts may be known to staff.
- 3.3 **Missing Person** - A missing person is a service user who has absconded or is AWOL and whose whereabouts are unknown despite efforts to locate her/him by the multi-disciplinary team and other agencies e.g. the police.
- 3.4 For the purposes of this policy, a service user under the care of a CMHT will be deemed a missing person if they cannot be located by the MDT despite efforts to communicate with, and locate, the service user
- 3.5 It can be seen that a service user can be a combination of the above e.g. absconded and missing, or missing but not AWOL. There has been a tendency historically to use these terms interchangeably. Staff are therefore reminded of the importance of using the appropriate terminology only.

4.0 Duties

4.1 Director of Nursing and Operations

- The Director of Nursing and Operations has overall executive responsibility for this policy

4.2 Service Directors

- Ensure that this policy is disseminated down to team level and staff are familiar with and are working within these procedures
- Report episodes of AWOL and absconds as a Key Performance Indicator reported quarterly to the Trust Board
- Facilitate joint working arrangements with external organisations e.g. the police

4.3 Ward Manager/Team Manager

- Initiate the Missing Person and AWOL Policy
- Ensure clinical staff are aware and familiar with procedures outlined in this policy
- Ensure an assessment of the service user's level of risk is made which will formulate a plan of action to ensure their safe return
- Ensure a debrief and learning from all incidents in which service users abscond takes place in order to minimise or prevent further absences.

4.4 All Clinical Staff

- Ensure that the procedures outlined in this policy are followed
- Report all incidents of service user's who have absconded or are missing

5.0. Ratification Process

Key Area	Lead Director	Working Group	Ratification Body
Clinical	Director of Nursing and Operations		Clinical Governance Group

6.0 General Points about Service users Absconding

- Service users tend to abscond for the first time from acute psychiatric within the first two weeks following admission;
- Most absconds occur towards the middle of the day;
- Two isolated peaks occur at 1300hrs and 2100hrs - this has been attributed to the majority of the nursing team being involved in handovers between shifts at these times, leaving the wards relatively unobserved;
- Saturday is the day on which most service user absconds occurred;
- Sunday is the day when the least absconds occurred;
- There is no marked variation between weekdays (Bowers et al 1999).

7.0 Levels of Risk

7.1 All risk management and contingency planning, with consequent interventions, must be reviewed at regular intervals appropriate to the individual service user's assessment and in line with the Trust's Care Programme Approach (C) Policy.

7.2 Each service user should be identified as being of 'high', 'medium' or 'low' risk in relation to the following definitions. The actions appropriate to the level of risk should be related to the procedures identified below.

7.3 **Low Risk**

A service user who has been fully assessed will be deemed to be 'low risk' if:

- S/he has no current plans to harm her/himself and/or others;
- S/he is not vulnerable to self neglect or exploitation by others;
- It is not thought there will be any deterioration, in the short term, in her/his mental state or situation that would significantly change the levels of risk once s/he was not in receipt of the care of the MDT.

7.4 **Medium Risk**

A service user who has been fully assessed will be deemed to be 'medium risk' if:

- S/he may have plans to harm her/himself and/or others but these are unlikely to be immediate;
- S/he may also have a significant risk history but, while the risk factors are not current, there is a possibility they may become present in the absence of care and treatment from the MDT;
- S/he may be vulnerable to serious self neglect or exploitation by others;
- There is the possibility of some deterioration, in the short term, in her/his mental state or situation that may significantly change the levels of risk once s/he is not in receipt of the care of the MDT.

7.5 **High Risk**

A service user who has been fully assessed will be deemed to be 'high risk' if:

- S/he has plans to harm her/himself and/or others and these are immediate;
- S/he has a significant risk history and, while the risk factors are not current, there is a likelihood they will become present in the absence of care and treatment from the MDT;
- S/he is vulnerable to serious self neglect or exploitation by others;
- There is a likelihood of some deterioration, in the short term, in their mental state or situation that will significantly change the levels of risk once they are away from the care of the MDT.

7.6 Service users newly admitted and/or not fully assessed should be regarded as medium to high risk, dependent on the circumstances that led to admission.

8.0 **Zoning**

8.1 Low risk service users would be expected to have been allocated to the Green Zone;

8.2 Medium risk service users would be expected to have been allocated to the Amber Zone;

8.3 High risk service users would be expected to have been allocated to the Red Zone.

8.4 Service users identified as being at high risk of absconding should be identified by using a symbol on the zoning board

9.0 **The Assessment Process**

9.1 During initial and consequent ongoing assessment, written documentation must include:

- A detailed risk assessment to be completed on RIO *on admission* and reviewed as appropriate, depending on clinical need. It is the responsibility of the admitting nurse to ensure this is undertaken and documented. Please refer to the CPA Policy
- Identify if the service user is at high risk of absconding. Potential or actual risks if the service user were to successfully abscond or be AWOL must be documented, including who is at risk, service user or others, and the detail of those risks;
- In the case of the service user absconding or being AWOL, names and phone numbers of whom to contact, including relatives/carers, and potential use of other agencies, including the police;
- Relevant timescales should be included e.g. is the risk immediate, as well as factors that might increase or decrease risk;

9.2 Specific interventions should be documented to prevent the service user absconding from the ward environment, if appropriate, and such interventions should influence decisions about the level of security required, and appropriateness of, the ward environment and staffing levels;

- A full risk history and risk factors, potential and actual;
- All potential and actual risks must be communicated to the full multi-disciplinary team;

- For all service users in the Forensic Directorate a clear abscond risk assessment must be developed on admission and updated as necessary;
 - Any service user who, because of her/his mental state, cannot be comprehensively assessed should be assumed to be high risk until an assessment can identify the actual level of risk.
- 9.3 The above details must be documented within the service user's care plan(s), with regular reviews agreed within all service areas. Nurses should, wherever possible, negotiate plans with the service user. Both the nurse and service user should have signed the care plan and the service user should have her/his own copy.
- 9.4 Service users should be actively involved in *all* care planning and agreement sought about observation levels, interventions and boundaries identified to help them maintain their own safety, mental health care and treatment. If the service user does not agree on the level of risk as assessed by the clinician(s), the clinician(s)' duty of care requires them to develop a risk management plan based on their appreciation of the level of risk and work with the service user on that basis.
- 9.5 Consideration should be given to factors important to the service user and which might lead to the possibility of absconding e.g.
- Responsibilities at home or things the service user believes s/he has to attend to;
 - Contact with family and friends
 - Financial issues e.g. benefits;
 - The need for clothes, things that the service user will need on the Ward but has not immediate access to.

If there is an identified need for an enhanced level of observation, the Trust's Observation Policy should be followed.

http://quick/uploads/policies/observationa_and_engagement_may11.pdf

- 9.6 In the event of the service user absconding/going missing from a ward environment or community setting the action agreed/required from the contingency plan must be implemented.
- 9.7 The nurse in charge should use the care plan and contingency plan with the Trust's missing persons/AWOL policy as guidance.

10.0 Procedure if a Service user is thought to have absconded or be Missing from an Inpatient Setting

This section should be read in conjunction with the Trust's Patient Leave Policy (Mental Health Act 1983 (Revised 2007) – Section 17, 18 and Informal Patients)

In all cases where the service is known, e.g. seen by a reliable witness, to have left the ward or site a search is not required.

10.1 Service user Identified as being Low Risk

- A full search of the ward/unit should be initiated;
- A localised search is initiated of the hospital and grounds, with particular attention to frequented areas. The exception to this will be when a service

user is thought to be potentially violent and/or has a weapon. In such cases, staff should follow the Site Alert Procedure and assist the police in conducting their own search of the hospital grounds;

- The care plan and contingency plan are followed, particularly with regard to contacting relatives and/or carers. It may involve a home visit by either ward staff or members of the CMHT;
- If the service user is detained on a section of the Mental Health Act, the Mental Health Act office must be informed immediately in case that service user has any pending Hospital Managers or Mental Health Tribunal hearings that may need to be postponed
- If the service user has not been located she/he will be deemed as missing and members of the MDT will review the case at the earliest opportunity to determine what steps should be taken next. The outcome and rationale for decisions should be documented;
- This may involve upgrading the previously identified level of risk and then following the procedure for that service user group. However, there should be a clear rationale for this;
- Details should be recorded in full on RIO, progress notes ,risk incidents and history and care plan
- The police should not be alerted nor their help sought if the service user is deemed 'low risk' to self or others.
- If, at any time, information is provided to the nurse in charge or any member of the MDT which indicates the risk level for a missing service user has changed, the MDT should review the identified risk level and act accordingly.
- An incident form should be completed for all incidents and sent to the Governance Department (See Appendix 2 for AWOL Reporting Guidance)

10.2 Service users identified as being 'Medium Risk'

- A full search of the ward/unit should be initiated;
- A localised search is initiated of the hospital and grounds, with particular attention to frequented areas. The exception to this will be when a service user is thought to be potentially violent and/or has a weapon. In such cases, staff should follow the Site Alert Procedure and assist the police in conducting their own search of the hospital grounds.
- Consideration should be given to viewing footage of any CCTV cameras that may be present on the particular site. MDT and nursing staff should therefore have a record of the relevant person to contact about this. For the SPRINGFIELD UNIVERSITY site (SPH), the monitors are located with the switchboard at the Gate House.
- The care plan and contingency plan are followed, particularly with regard to contacting relatives and/or carers;
- Unless there is any reason to believe that the level of risk has escalated, the police will be informed within 30 minutes if the service user has not been located, during which time the preliminary search should have been completed and telephone calls to relatives and/or carers made. If the risk factors have escalated, the police should be informed immediately the service user is deemed missing;
- The nurse in charge should contact any other relevant professionals;
- Recording within necessary documentation should commence e.g. within care plans, progress notes, incident form;

- Continuing attempts to trace the service user by use of home visits by either ward staff or members of the CMHT may be carried out if it is part of the contingency plan, unless the service user is thought to be potentially violent and/or has a weapon.
- If the service user is detained on a section of the Mental Health Act, the Mental Health Act office must be informed immediately in case that service user has any pending Hospital Managers or Mental Health Tribunal hearings that may need to be postponed.
- If, at any time, information is provided to the nurse in charge or any member of the MDT which indicates the risk level for a missing service user has changed, the MDT, or representatives of it, should review the identified risk level and act accordingly.
- An incident form should be completed for all incidents and sent to the Governance Department (See Appendix 2 for AWOL Reporting Guidance)

10.3 Service users identified as being 'High Risk'

- A full search of the ward/unit should be initiated;
- The care plan and contingency plan are followed, particularly with regard to contacting relatives and/or carers;
- The police will be informed immediately the service user is deemed missing;
- Recording within necessary documentation should commence e.g. within care plans, progress notes, incident form;
- The nurse in charge will decide upon the appropriateness of full search of the site and, if necessary, initiate the Springfield University Hospital ground search procedure. Again, no ground searches will take place if the service user is thought to be violent and/or has a weapon. Staff will assist the police in searching their own search of the grounds;
- The nurse in charge will also contact Security to enable the police to be briefed and directed if necessary on their arrival. The nurse in charge should consider the checking of any CCTV monitors.
- In the case of a service user missing/AWOL from within SPH, a nurse from the ward should go to the Gate House to check the CCTV monitors, as well as being available to assist the police.
- The nurse in charge will inform the C3 Mental Health Unit of missing and/AWOL service users (the surname only is required) on restriction orders;
- A home visit by either ward staff or members of the CMHT may be carried out if it is part of the contingency plan, unless the service user is thought to be potentially violent and/or has a weapon.
- If the service user is detained on a section of the Mental Health Act, the Mental Health Act office must be informed immediately in case that service user has any pending Hospital Managers or Mental Health Tribunal hearings that may need to be postponed.
- If, at any time, information is provided to the nurse in charge or any member of the MDT which indicates the risk level for a missing service user has changed, the MDT, or representatives of it, should review the identified risk level and act accordingly.
- In the event that a change of shift occurs whilst a service user is missing/absconded, it is the responsibility of the nurse in charge of the shift at the time the service user absconded and/or was found to be missing to document all details in the service user's records. A detailed account of the

risk assessment search protocol followed up to that point and any contact with outside agencies such as police and/or relative/carer contact must be fully explained at shift handover.

- An incident form should be completed for all incidents and sent to the Governance Department (See Appendix 2 for AWOL Reporting Guidance)

11.0 Procedure used when a Service User fails to return from a Period of Leave of Absence

This section should be read in conjunction with the Trust's Patient Leave Policy (Mental Health Act 1983 Revised 2007 – Section 17, 18 and Informal Patients)

11.1 If the service user fails to return from a period of ground leave refer to the procedure used when a service user absents themselves from an inpatient setting.

- 11.2 If a service user fails to return from any period of leave outside of the grounds:
- Consider the service users care plan and crisis and contingency plan
 - Attempt to contact the service user by telephone
 - Attempt to contact any relatives/carers/friends that the ward is aware of
 - Discuss with the MDT as soon as possible to assess the level of risk and formulate an action plan. Actions to consider may include contacting the police, contacting other agencies involved in the service users care e.g. the GP, CMHT, Crisis and Home Treatment Team
 - Document any actions planned and taken onto RIO
 - If the service user is detained on a section of the Mental Health Act, the Mental Health Act office must be informed immediately in case that service user has any pending Hospital Managers or Mental Health Tribunal hearings that may need to be postponed.
 - An incident form should be completed for all incidents and sent to the Governance Department (See Appendix 2 for AWOL Reporting Guidance)

12.0 General Points for Contact with the Local or British Transport Police

12.1 The police must be provided with clear information, usually over the telephone, about:

- The urgency regarding the medium risk to the service user and/or public;
- Details of actual and potential risks;
- The service user's status under the Mental Health Act 1983 (Revised 2007)
- The expectations of the MDT in terms of assistance in returning the service user to the hospital, including any intention to seek access to service user's home by use of Section 135(2) in the case of service users detained under the Act who have absconded;
- A full description of the service user. This should be given over the telephone
- Places and/or people the service user may visit as well as anything else that might be useful for them in attempting to trace the service user.
- See Appendix 1 for liaison with the Police.

12.2 Each in-patient ward must display relevant contact numbers for their local borough police station to enable immediate access by all staff.

13.0 Procedure if the service user is located

13.1 If the service user is 'low risk':

- Attempts should be made to agree a negotiated return to the inpatient unit;
- If the service user refuses, the MDT should review its course of action, in line with the risk management and contingency plan. This may include the involvement of the CMHT and home visits, if necessary, to see if the service user can be re-engaged in treatment;
- If the service user agrees to return to the inpatient unit, an action plan for returning to the ward environment should be discussed and agreed. If it is necessary for paid transport to be organised this should be organised through the nurse in charge or Service Manager;
- If the service user went to, or was residing in, another part of the country the MDT should decide appropriate action to be taken in line with CPA and the service user's risk management and contingency plan. The team should also agree to notify necessary relatives, Trust staff and relevant professionals in the residing area;
- There is no need for police involvement unless the risk factors are deemed to have escalated.

13.2 If the service user is 'medium risk'/ high risk

- Attempts should be made to agree a negotiated return to the inpatient unit;
- If the service user agrees to return to the inpatient unit, an action plan for returning to the ward environment should be discussed and agreed. If it is necessary for paid transport to be organised this should be organised through the nurse in charge
- If the service user went to, or was residing in, another part of the country the nurse in charge should inform the police, necessary relatives, Trust staff and relevant professionals in the residing area;
- If the service user refuses to return, the police should be informed of the service user's whereabouts as a matter of urgency;
- Steps can be taken to legally gain access to premises to return the service user to hospital (see below).

14.0 Gaining Legal Access to Premises and Returning the Service user to Hospital Premises

14.1 Section 18 Mental Health Act 1983 (Revised 2007) states if:

A formal service user, who is subject to detention under a section of that Act including Supervised Community Treatment absents him/herself from hospital without the leave of the doctor in charge of their treatment or fails to return to hospital having been granted a period of leave

OR

A person subject to a Guardianship Order absents themselves without leave from the place, at which they are required by the guardian to reside,

14.2 They may be taken into custody and returned to the place from which missing by a constable, an Approved Mental Health Professional (AMHP's), any officer on the

staff of the hospital or any person authorised in writing by the managers of the hospital.

- 14.3 However, Section 18 does not provide a power of entry to premises.
- 14.4 Section 17(1)(e) of The Police and Criminal Evidence Act allows the police to enter and search any premises if such action is required to detain a person 'unlawfully at large' (e.g. a person under a Mental Health Act section who is AWOL), save 'life or limb' or to prevent 'serious damage to property'. This can be used for service users detained under the Mental Health Act 1983 (Revised 2007) or who are informal if there is serious and clear concern expressed. This police power can be utilised to enter premises where the service user (under a Mental Health Act section) is believed to be either resident or staying (without authorised leave), or where the Trust (e.g. MDT) believes the risk factors, either to self or others, warrant this action. However, it is a decision for the individual police officer to make, who will base it on the information provided by the Trust.
- 14.5 The relevant Approved Mental Health Professional (AMHP's) can arrange for information to be provided to a magistrate so that a warrant may be issued to a police officer to enter premises to return the service user under Section 135(2) of the Mental Health Act 1983 (Revised 2007) but relates only to service users who are formally detained under the Act and have absconded from the ward. The information provided to the magistrate may be provided by a constable or other authorised person but, for the purposes of this policy, it has been agreed that the relevant AMHP will perform this task.
- 14.6 The nurse in Charge will ensure that the appropriate MDT/Ward or other person has made the appropriate transport arrangements to return the service user to hospital with the required degree of liaison and co-ordination.
- 14.7 The following factors should be considered:
- Transport may include the use of appropriately insured vehicles in use by the community care co-ordinator, hospital transport with nurse escorts, a 'within the hour' or 'blue light' ambulance service, or police transport;
 - If S135(2) is implemented, the AMHP dealing with the situation will make these arrangements;
 - If S17(1)(e) of PACE is implemented then a decision must be taken as to whether police transport or an ambulance is required to return the service user;
 - Police transport is a 'cell' in the back of a police van and, therefore, unsuitable for the normal return of service users unless the police are informed through the police duty officer that the service user is:
 - Violent or potentially violent;
 - A danger to the public;
 - Likely to be an immediate danger to themselves;
 - Police assistance and police transport will be required routinely to return service users that have absconded from Psychiatric Intensive Care Units. It is understood that handcuffs will be used in conjunction with police transport as a matter of course;
 - A 'within the hour' or 'blue light' ambulance needs to be co-ordinated with police action and nurse escorts.

- 14.8 The Pan London protocols assume that an ambulance is the most suitable mode of transport. Where there are serious safety concerns, it is for the LAS to decide if their staff need a police escort, in conjunction with the police, OR the most appropriate form of transport (e.g. the use of a police van) – again in conjunction with the police. Trust staff should anticipate any such need and facilitate any negotiations needed in advance.
- 14.9 Absconded service users who are formally detained under Section 3 or 37 of the MHA 1983 (Revised 2007) can be returned up to the end of the current period of detention or six months from the abscond date, whichever is later (the Mental Health Act Office should be contacted for the exact date).
- 14.10 Service users subject to short term sections of the Mental Health Act 1983 (Revised 2007) such as Sections 2, 4, 5(2), or 5(4) cannot be retaken under the terms of the Act once the period of detention has expired. Restricted patients can be returned at any time and this should be clearly stated on all risk management and contingency plans. This information must be clearly stated on the abscond form.
- 14.11 Service users subject to Community Treatment Order can be served recall notice based on the Responsible Clinician (RC) decision. The recall notice is not effective until handed to the service user personally. If the service user cannot be contacted or their whereabouts is unknown notice can be served by sending or delivering it to their last known address.
- 14.12 In these circumstances, this would commence the power to treat the service user as absent without leave (AWOL) and a copy of the notice of recall should be sent to the hospital managers.

15.0 When the Service user Returns to the Ward

- 15.1 The following should be informed at the earliest opportunity
- The RC and CMHT
 - The duty doctor out of hours, to assist with a review of the service user's mental and physical state;
 - The Mental Health Act office if the service user is detained on section
 - The police
 - All other relevant personnel/relatives/carers
- 15.2 It is the responsibility of the nurse in charge at the time of the service user's return to ensure that the service user has a comprehensive re-assessment and the risk management and contingency plans are fully updated. The assessment must consider:
- All aspects of risk
 - The service user's mental and physical state
 - What the person has done whilst missing and where the person has been. These details should be documented as they may have an affect on action to be taken, both by the Trust and the Police in any future abscond/AWOL/missing incidents.
- 15.3 The nurse in charge should arrange a multidisciplinary team review to include:
- A review of reasons for absconding

- A review of future leave arrangements;
- Security issues regarding the ward environment to minimise the possibility of the service user absconding in the future.
- Use of appropriate levels of observation

15.4 The nurse in charge is responsible for ensuring that all the above details are documented onto RIO.

15.5 If the service user has been located and is temporarily under the care of another Trust, it is the MDT's duty of care to liaise with this Trust. The Consultant Psychiatrists from both Trusts should discuss and agree immediate and future care needs. The police should be informed that the service user has been located.

15.6 If the police have been given the service user's photograph this must be returned to the service user's records.

16.0 Procedure for Service users who are Deemed Missing while under the Care of a CMHT

16.1 General points

The same definition is to be used here, i.e. a **missing person** is a service user whose whereabouts are unknown despite efforts to locate her/him by the multi-disciplinary team and other agencies e.g. the police.

The same process of risk assessment should occur for service users in the community as would be undertaken for people admitted to an inpatient unit.

It is the responsibility of the clinician(s) undertaking an initial assessment to complete and document a comprehensive risk assessment as part of that initial assessment.

The clinician(s) undertaking the risk assessment should develop an individualised initial risk management plan and contingency plan based on the assessment. This should, wherever possible, be agreed with the service user although it should be explained that the risk management and contingency plans may be refined by the MDT. Re-assessment should be built into the plan as appropriate to the individual.

In addition to this, this section of the policy applies to service users who have refused to meet with members of the CMHT, or grant them access, where there are serious concerns about risk to self or others even though the service user's whereabouts are known.

The MDT retain responsibility for tracing the missing person, even when the person has been reported missing to the Police. In this case, the MDT should work in conjunction with the Police, to avoid unnecessary duplication of work.

16.2 Steps to follow if a Service user is missing or Access is denied

16.2.1 Service users identified as being 'Low Risk'

- The care plan and contingency plan are followed, particularly with regard to contacting relatives and/or carers. It may involve a series of home visits by members of the CMHT at different times;

- If the service user cannot be located in what is thought to be a reasonable time appropriate to the individual service user's circumstances, s/he will be deemed as missing and members of the MDT will review the case at the earliest opportunity to determine what steps should be taken next. The outcome and rationale for decisions should be documented;
- This may involve upgrading the previously identified level of risk and then following the procedure for that service user group. Equally, the team may decide it is reasonable to discharge the service user back into the care of the G.P. There should be a clear rationale for decisions made and this should be documented;
- Recording within necessary documentation should commence e.g. within care plans, progress notes.
- The police should not be alerted nor their help sought if the service user is deemed 'low risk' to self or others.
- If, at any time, information is provided to the MDT which indicates the risk level for a missing service user has changed, the MDT, or representatives of it, should review the identified risk level and act accordingly.

16.2.2 Service users identified as being 'Medium Risk'/ high risk

- The care plan and contingency plan are followed, particularly with regard to contacting relatives and/or carers. It may involve a series of home visits at different times to see if the service user can be located, as well as visits to places the service user is known to frequent unless the service user is thought to be potentially violent and/or has a weapon;
- If the service user has not been located the police will be informed.
- Recording on Rio within necessary documentation should commence e.g. within care plans, progress notes;
- Contingency arrangements for an assessment under the Mental Health Act 1983 (Revised 2007) should be considered for when the service user is found;
- Steps can be taken to legally gain access to premises to return the service user to hospital (see below);
- Steps can be taken to legally gain access to premises for the purposes of re-assessing the service user (see above).

16.3 If, at any time, information is provided to the MDT which indicates the risk level for a missing service user has changed, the MDT, or representatives of it, should review the identified risk level and act accordingly.

17.0 Policy Dissemination

17.1 This policy should be read and understood by all professionals working within South West London and St. George's Mental Health NHS Trust. It is therefore required that during local induction new professionals have the opportunity to read and discuss any issues relating to this policy.

18.0 Learning Lessons from Absent Without Leave (AWOL) Incidents

18.1 Appendix 2 outlines guidance for reporting AWOLs. The guidance includes reference to CQC notifications if a detained service user is absent from an adult acute ward after midnight or any AWOL occurs in a low, medium or high security setting.

- 18.2 A multidisciplinary team review should be organised following an AWOL incident. Section 15 When the Service User returns to the Ward outlines procedures to ensure that lessons are learnt from individual AWOL incidents.
- 18.3 The Trust Board receives a quarterly report on all AWOL incidents as a key performance indicator (KPI).
- 18.4 Learning from AWOL incidents is included in the Trusts Risk Assessment Training and Education Programme (RATE) for all nursing staff and it periodically discussed at the Ward Managers Development Sessions.
- 18.5 The Learning from Experience Policy outlines the analysis and learning from incidents, complaints and claims.
- 19.0 Process for Monitoring Compliance with all of the above**
- 19.1 This policy will be reviewed in July 2013 subject to any new changes in legislation.
- 19.2 This policy has been developed in liaison with local police services and key stakeholders within the Trust. Feedback from service areas is encouraged, collected by the Policy Author and used to inform changes as required.
- 19.3 The effectiveness of the policy is reviewed through analysis and monitoring of AWOL incidents (Trust Board KPI Report and Learning from Experience Policy). An audit of

Monitoring Compliance Table

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
Policy Sections 4, 10,11 and 18	Lead Modern Matron	See Appendix 3	Annually	Part of the Trainee Doctor priority list for audits. Reported to local teams and Clinical Audit Group	<i>Required actions will be identified and completed in a specified timeframe.</i>	<i>Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</i>
Policy Section 18	Director of Performance and Service Development	Information taken from the Trust Risk Management System	Quarterly	Trust Board Key Performance Indicator Report		
Policy Section 18	Clinical Risk Manager	Information taken from the Trust Risk Management System and RCA investigations	Quarterly	Clinical Governance Group and Integrated Governance Committee		

20.0 Associated Documentation

- Care Programme Approach Policy
- Clinical Risk and Vulnerability Training Policy
- Police Liaison Policy
- Guidance on transfer between wards and across Trust sites.
- Learning from Experience Policy
- Observation Policy

21.0 References

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- Bowers, L. Jarrett, M. Clark, N. Kiyimba, F. McFarlane, L. (1999) 3. Absconding: Outcome and Risk Journal of Psychiatric and Mental Health Nursing 1999, 6, pp213-218
- Bowers, L. Jarrett, M. Clark, N. Kiyimba, F. McFarlane, L. (1999) 4. Absconding: Nurses Views and Reactions Journal of Psychiatric and Mental Health Nursing 1999, 6, pp219-224
- Department Of Health And Welsh Office (1999) Mental Health Act 1983 (Revised 2007) Code Of Practice. HMSO, London.
- Jones R (2001) 7th Edition. Mental Health Act Manual. Sweet & Maxwell Ltd, London.
- Mental Health Act 1983 (Revised) Chapter 20. The Stationery Office, London
- Mental Health Act Commission (1999) Guidance Note: Issues Surrounding Sections 17, 18 And 19 Of The Mental Health Act 1983 (Revised). Commission Reference No GN1-99, PP 5.
- Mental Health Act Commission (2001) Ninth Biennial Report 1999-2001 London, The Stationary Office
- University of Manchester (2006): Avoidable Deaths: Five Year report of the National Confidential Inquiry into Suicide and Homicide by people with mental illness London Department of Health

Liaison with the Police

1.
 - a. When the police control room is contacted and/or initial report is made, a CAD message will be created by the police/communications officer taking the call/report. The CAD reference number should be asked for and recorded in the service user's notes or other documentation. This will greatly assist subsequent communication with the Police.
 - b. The Metropolitan Police have now concentrated their local control rooms into Call Centres, which cover telephone calls generated within an (larger) area of London. Thus it should be borne in mind that the police person who answers any telephone call will not necessarily have knowledge of the local area or procedures/protocols with local Police Borough Divisions.
 - c. Contact with these Call Centres remains through the Police switchboards: to get the appropriate Call Centre, staff should still request being put through to the Police covering the particular Borough Council area (e.g. WANDSWORTH, SUTTON etc).

2. The Police may well ask the following questions:

Is the missing person:

- (1) likely to cause self harm, attempt suicide or have any physical illness, disability or mental health issues? Y/N
- (2) suspected to be the subject of crime in progress .e.g. abduction? Y/N
- (3) under 16 or, if aged between 16 & 18, vulnerable due to other factors, or an elderly or infirm person? Y/N
- (4) vulnerable to particular weather conditions that would seriously increase risk to health especially if a child or elderly person? Y/N
- (5) in need of essential medication or treatment not readily available to them? Y/N
- (6) believed not to have the physical ability to interact safely with others or in an unknown environment, visually impaired, Downs Syndrome? Y/N
- (7) involved in a violent, homophobic &/or racist incident or confrontation immediately prior to disappearance, e.g. bullying? Y/N
- (8) have a history of previous disappearances AND suffered or exposed to harm? Y/N
- (9) behaviour out of character and likely to be an indicator of their being exposed to harm? Y/N

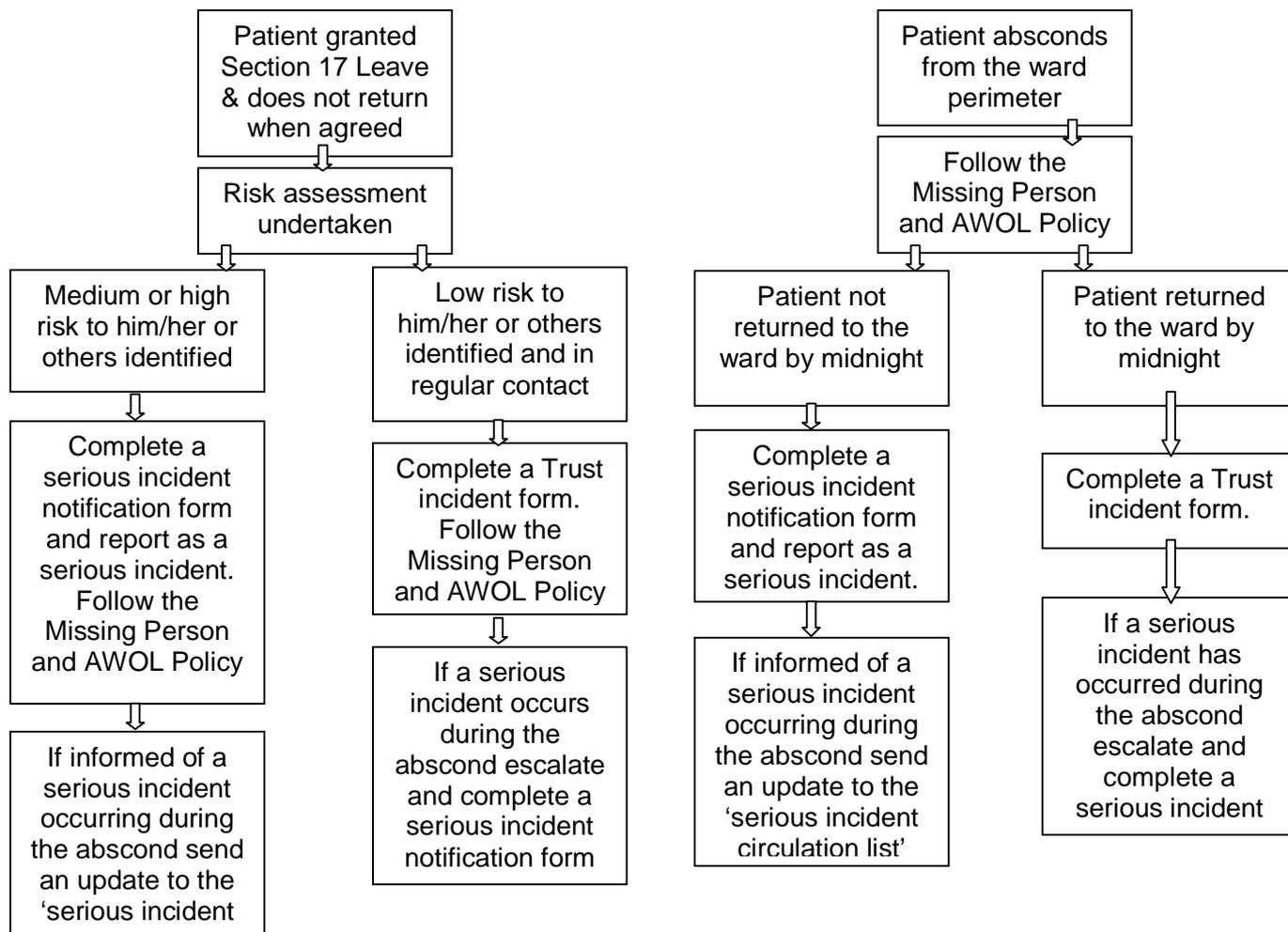
3. These questions are asked of all people reported missing, not just for our service users. Answers to some of the questions need to be qualified in order to fully cover the assessed risk associated with them.
 - (1) Our missing person reports will always have a mental health element. Our answers should also quantify the risks of self harm, suicide as LOW, MEDIUM or HIGH in accordance with the Care Plan.
 - (5) The medication factor should also be considered by the RC/MDT when making the Care Plan.
 - (6) This will include people with other physical disabilities (e.g. deafness) as well as those with learning disability and behavioural syndromes.
 - (7) Where there is a danger of the service user being violent and aggressive, this should be explained to the Police, together with the assessed level of this risk (i.e. LOW, MEDIUM or HIGH).

(8) The police should be given the history of previous incidents of AWOL irrespective whether the service user suffered or was exposed to any harm.

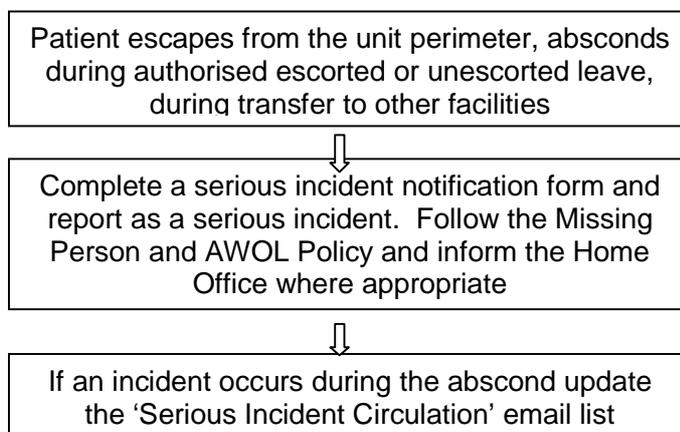
4. Irrespective of the Trust's risk assessment, the Police will make their own in order to determine how immediate their action needs to be. This will depend on how busy they are and the nature of the other calls for police attention. Thus the Police assessment is liable to be different to the Trust's.
5. Some Police Boroughs, such as WANDSWORTH, have a dedicated Missing Persons Unit. This unit will normally co-ordinate the Police response to our and the other missing person reports received. They are also liable to contact the relevant CMHT, Ward or RC for further information or to co-ordinate with our own enquiries to discover the whereabouts of the subject, to avoid unnecessary duplication.
6. See also TWC 51 Police Liaison.

Absconds and Escapes – Guidance for Reporting

1. General Wards – Detained Patients



2. PICU and Medium Secure



3. Informal Patients

A Serious Incident Notification Form or incident form is only completed for informal patients if an incident has occurred while they are away from the ward.

The Care Quality Commission has found cases where informal patients have been prevented from leaving a ward. If there are concerns about an informal patients risk to themselves or others if they were to leave the ward and the patient does accept advice and requests to stay, the Mental Health Act could be used to manage these situations. Further guidance can be found in the Trust policy 'Safeguarding the Rights of Informal Patients'.

***If you are unclear about what to report please contact the
Nursing and Governance Department for further advice***

AWOL Audit: * Data Collection Tool *
(Please use one tool per patient who has absconded or gone AWOL)

Date of Audit:	Auditors Initials:
Audit Tool Code:	Ward:

Standard	Met	Not Met	N/A	Comments
Procedure				
For service users absconding/missing from an <i>inpatient setting</i> , a risk assessment was carried out and the service user classified as 'low risk', 'medium risk' or 'high risk'.				
For service users failing to return from a <i>period of leave of absence</i> , the MDT was contacted as soon as possible to assess risk and formulate an action plan				
For service users absconding/missing from an <i>inpatient setting</i> , a full search of the ward/unit was carried out and any other searches in accordance with risk level.				
For service users detained on a section of the Mental Health Act, the Mental Health Act office were informed immediately				
For all service users, the care plan and contingency plan of the service user were followed, particularly with regard to contacting relatives and/or carers				
Contact with the police was based on risk level as outlined in the Missing Person and AWOL policy.				
Reporting				
Details of the incident were recorded in full of Rio progress notes, risk incidents and history and care plan				
A serious incident or trust incident form was completed as appropriate, in accordance with guidance (Appendix 2, Missing Person and AWOL policy)				

Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race		
	• Ethnic origins (including gypsies and travellers)		
	• Nationality		
	• Gender		
	• Culture		
	• Religion or belief		
	• Sexual orientation including lesbian, gay and bisexual people		
	• Age		
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems		
2.	Is there any evidence that some groups are affected differently?		
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?		
4.	Is the impact of the policy/guidance likely to be negative?		
5.	If so can the impact be avoided?		
6.	What alternatives are there to achieving the policy/guidance without the impact?		
7.	Can we reduce the impact by taking different action?		

If you have identified a potential discriminatory impact of this procedural document, please refer it to Andy Plumb, Lead Modern Matron, together with any suggestions as to the action required to avoid/reduce this impact.