

## Missing & Absent Persons Policy

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Author:	Polly Ragoobar
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## Document History

### Version Control

Version No.	Date	Summary of Changes	Major (must go to an exec meeting) or	Author
1.0	Sep 2008			B. Hennigan
4.0	Dec 2010			B. Lepper
5.0	Feb 2011	With amendments by Clinical Governance Committee, E. Talbot (solicitor) and Review Group.		B. Lepper
6.0	April 2011	With amendments by Trust Safeguarding Children Lead		B. Lepper
7.0	June 2011	With comments from Southwark and Croydon PLC's		B. Lepper
8.0	September 2011	Amendments with monitoring table to meet NHSLA requirements		B. Lepper
9.0	December 2014	To provide clear guidance to Inpatient Multi-disciplinary Teams on the procedures & process of the reporting and returning of patients who have absconded or failed to return from an agreed period of leave from an inpatient service (both S17 & informal negotiated leave)	Major	P. Ragoobar

### Consultation

Stakeholder/Committee/ Group Consulted	Date	Changes Made as a Result of Consultation
Local Police Liaison Committee	August 2011	No Changes

### Plan for Dissemination of Policy

Audience(s)	Dissemination Method	Paper or Electronic	Person Responsible
All Clinical Staff and Service Managers/Directors.	A group email will be sent alerting teams to the policy and instructing them to download for local use.	Electronic	B. Lepper

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## 1. Introduction

Periods of negotiated time out of the ward/health care setting or to go on leave are an important part of a patient's care and designed to assess mental state and risk & prepare them for discharge. The conditions of their leave i.e. what time they are expected back and how to contact the ward should be explained each time they go on leave from the ward. However, occasionally a patient will not return from leave or will leave the service or escort without permission or prior arrangement/agreement.

Within reason nursing staff should know the whereabouts of each patient at all times. The following procedures are designed to clarify the process for reporting patients who are either missing from the ward/health care setting or who have not returned after an agreed period of leave.

This policy uses the terms patient or patients throughout. It is recognised that some people prefer the terms service user(s) or client(s); the use of the term patient reflects the fact that both the MHA and its Code of Practice uses this terminology and that the bulk of this policy deals with people detained under the MHA.

The impact of patients absconding is significant and has widespread impact on the persons recovery, their length of stay in hospital, friends and families – relationship with the patient & ward team and hospital & clinical resources.

Integral to this policy is the view that there are many cases in which good clinical practice and intervention can make a difference whether a patient chooses to abscond. Len Bowers carried out research into the reasons why patients abscond and in 2000, from the findings of this research developed an Anti-Absconding Workbook which was published by East London and the City Mental Health NHS Trust. It contains easy to use tools that have been shown to reduce rates of absconding. The workbook and guidance for Ward Managers can be found on the internet by searching for 'Len Bowers, anti-absconding workbook' or by clicking on the link below:

<http://www.kcl.ac.uk/ioppn/depts/hspr/research/ciemh/mhn/projects/Absconding.aspx>

This research identified the patient group who are most likely to abscond may have all or some of the following characters or behaviours:

- Absconded during a previous admission – 9 times more likely to abscond
- Refusal of medication in previous 48hrs – 3 times more likely to abscond
- 35 year or younger – 3 times more likely to abscond
- Male – 2 times more likely to abscond
- Diagnosis of schizophrenia – 2 times more likely to abscond.

The most common reasons for people absconding were non-violent and practical such as:

- Home related concerns e.g. bills, pets, plants, neighbours, washing and security of their property
- Homesickness i.e. wanting to be in comfortable own space, shower in their own bathroom & watch what they wish to on TV
- Missing friends and relatives – children, partners

In order to address these common reasons for absconding, several key interventions were identified, these included the following:

- Rule clarity around leave conditions – use of signing in and out book completed by the patient.
- Identifying those patients at high risk of absconding
- Targeted nursing time for those high risk patients to help with worries about their home, accessing their home & facilitating and promoting contact with friends and family.
- Dealing with worries about their home – safety, bills etc. at the earliest point i.e. on admission or transfer to a ward.
- Promoting access to home
- Promoting contact with family and friends
- Careful breaking of bad news , for example around leave conditions or allocation
- Post-incident debriefing and MDT review following a patient absconding, putting in plans for leave, what can be done to prevent it happening again?

Implementation of these key interventions have reduced levels of absconding in some areas of the UK by up to 55%.

## **2. Purpose and Scope of the Policy**

This policy has been developed in line with Pan London procedures agreed between Mental Health Services, Metropolitan Police and the London Ambulance Service. The policy outlines the procedures, roles and responsibilities of both the Metropolitan Police Service and Trust staff in the event of a patient going absconding from hospital or other Trust health care setting.

The policy is intended to inform safe clinical practice in the management of patients who are missing or absent based on their risk assessment.

This policy should be read in conjunction with all relevant sections of the 1983 MHA and takes into consideration both Safeguarding Child/Adult Procedures and the 1998 Human Rights Act. This policy should be used in conjunction with other Trust Policies:

- Leave Policy
- Supervised Community Treatment Policy
- Discharge & Transfer Policy
- Clinical Risk Assessment and Management of Harm Framework
- Clinical Record Keeping Policy
- Care Programme Approach
- Trust Incident Policy
- Engagement and Formal Observation Policy
- Guidelines for Safety on Community Visits
- Safeguarding Policies (for adults and children)
- Lone Working Policy.

The legal responsibilities and restraints placed upon hospitals, Community Teams and the Police must be taken into consideration.

### **3. Summary of the development of the policy including consultation and communication with stakeholders**

The procedures within the original policy had been developed by the Pan London Mental Health Multi Agency Steering Group with wide consultation between all stakeholders e.g., Mental Health professionals, Social Care Services, the Metropolitan Police Service and the London Ambulance Service.

Issues reflected in the revised policy include lessons learned from a number of incidents which have occurred since 2008. It also takes into account new Care Quality Commission (CQC) reporting requirements and the need for more robust mechanisms to be in place to ensure the correct legal procedures are adhered to when patients return from being missing or absent so as to avoid any cases of patients being unlawfully detained.

The review of this policy takes into account operational issues and events which have arisen since September 2008 when the policy was first ratified. In September 2014 the MHA Lead & Project Lead for reducing absconding met to take the review forward. A draft was taken to the Clinical Risk Committee in December 2014 and further revisions were made. The draft was considered during a meeting of the Trust wide police liaison group to ensure that police consultation occurred on the revised draft.

### **4. Definitions**

#### **4.1. For the purpose of this policy & reporting to the police we define patients who are not where they supposed to be as:**

**Abscond** – to leave the ward, hospital or an escort whilst on leave without prior agreement or consent from the Clinical Team

**Absent** – a patient who has absconded and their whereabouts **is** known, however they are not where they should be i.e. at home rather than on the ward.

**Missing** – a patient who has absconded and their whereabouts is unknown despite efforts to locate them by the responsible team.

#### **4.2. For the purpose of this policy, there are 3 ways in which a patient can abscond:**

- 1) From the ward or ward garden.
- 2) From escorted leave on or off the hospital grounds.
- 3) Failure to return from unescorted or extended leave.

Patients who are detained under the Mental Health Act and have absconded can be classified as absent without leave (AWOL) however this terminology doesn't apply informal patients as they are not required to have a formal leave agreement but negotiated escorted or unescorted time off the ward.

When reporting that a patient has absconded, it is important to identify if the patient is detained or informal as this will determine how Police & Ward Team proceed with returning them to the ward.

### 4.3. Risk:

The following definition must be used, particularly when reporting a patient missing or absent to the police. Though the assessment of risk will be clinically determined the criteria below have been developed from the Association of Chief Police Officers (ACPO) Risk Assessment.

Note that the fact that a patient is detained under the MHA does not in itself determine whether they are high, medium or low risk. There will be high risk informal patients & low risk detained patients. Each patient should be assessed as an individual.

Risk can be fluid and change quickly. A patient who is usually considered low risk may become medium or high risk if absconding is unusual or out of character for them or the team receive information to suggest that the risk may increase such as a family bereavement, being without medication for period of time or has consumed illicit substances for example

**High Risk** – the risk posed is immediate and there are substantial grounds for believing that the patient is in danger (risk to life or limb) due to their own vulnerability or mental state or the risk posed is immediate and there are substantial grounds for believing that the public is in danger (risk to life or limb) through the patients mental state.

For example, a suicide note has been found amongst their belongings, they have verbalised their intention to harm or threaten another person.

**Medium Risk** – The risk posed is *likely* to place them in danger or they are a threat to themselves or others. For example; through neglect, wandering, drug taking, voices or self-harm, suicide, however they are not an immediate risk to life or limb.

**Low Risk** – No apparent threat of harm or danger to themselves or others.

Identifying what level of risk a patient is should include consultation with the patients friends, family & care professionals such as the care co-ordinator, children services etc. throughout the period of time that they are absent or missing from the ward and on their return to the ward.

**4.4. Informal Patient:** Being an informal patient means that they have agreed to admission to hospital and agreeing to a plan of care which will include assessment, treatment, leave process (which may include starting with short periods of escorted leave as part of the assessment process) and adhering to ward 'rules' such as standards of behaviour, returning at specified times. It is important to understand that informal patients can be high risk and detained patients can be low risk and we have the same duty of care towards informal patients as we do to detained patients. For example if an informal patient no longer agrees to the care plan or wishes to discharge against medical advice and cannot be persuaded to stay they would undergo an assessment which could result in detention or alternative care and treatment in their home with a different team. However it must be understood that informal patients will not have the same restrictions that detained patients have.

**4.5. Detained Patients:** Detained patients are expected to comply with the conditions of s17 leave at all times. In cases where patients repeatedly return back late from agreed periods of leave or they breach conditions of leave (such as abstaining from alcohol or illicit drugs) it will be necessary to review leave with the option of suspending it for a limited period.

**4.6. Nominated deputy;** Out of hours this would refer to an Emergency Team Leader/DSN, On-call manager, Duty Dr or On-call SpR/Consultant.

## 5. Roles and Responsibilities

**5.1 Director of Nursing and Education:** The Director of Nursing and Education has overall executive responsibility for this policy in addition to implementing strategies which reduce the likelihood of patients going missing. It is the responsibility of Service and Clinical Academic Group (CAG) Directors to ensure that;

- Policy standards are monitored;
- Joint working arrangements between health, social care staff, local police services and the London Ambulance Service to implement procedures as outlined in the policy are fostered and sustained;
- That the level of AWOL/missing person's incidents are monitored and that the procedures within this policy are used to inform and enhance effective joint working and patient safety;

**5.2 Clinical Staff:** It is the responsibility of all clinical staff to be aware of and adhere to the procedures outlined in this policy. This includes:

- The escalation procedures and the steps that staff are required to follow when a patient absconds.
- Standards for documenting incidents of patients who abscond, on Datix & EPJ and to the Mental Health Act Office.
- Risk assessment of the patient prior to going out to establish if they are 'well enough' to go out taking into consideration any incidents that may have occurred, what their plans for that time are and do they know how to contact the ward should they need help or advice and reaffirming conditions of the leave before the patient leaves the ward. If they have any concerns, they should speak to senior nursing or medical colleagues before granting leave.
- Ensuring a member of staff escorting a patient is competent to do so & is aware of their responsibilities, policies and procedures.
- Ensure that incidents of missing or absent detained patients are reported to the MHA Office using the AWOL1 form within agreed timescales.
- Ensure they are reviewed by nurse/doctor on their return for any immediate concerns.

**5.3 Ward Managers (and their Deputies):** It is the Ward managers (and their deputies) responsibility to ensure clinical staff are aware and familiar with procedures outlined within this policy and there is evidence available to support this e.g. training records i.e. table top exercises, ward based teaching sessions, local inductions etc.;

- That appropriate leave care plans are being developed which ensures the patient is able to take responsibility for their own safety prior to a period of leave being granted by the nurse in charge of the shift.
- Appropriate leave records are maintained. This should include a note of what the patient is wearing, what time they left, time they are due back & conformation that a risk assessment has been completed prior to them leaving the ward.
- Promote joint working practices between trust staff, the police, ambulance service and social care staff;
- Ensure the team maintain clear communication and liaison with the police during the period of an individual patient being missing; especially to ensure that risk is appropriately managed including updates on the level of risk involved;



- Ensure debriefing and learning from all incidents where a patient absconds takes place in order to minimise or prevent further absences;
- Ensure that there are processes in place that make sure that incidents of missing or absent detained patients are reported to the MHA Office within agreed timescales.

**5.4. Multidisciplinary Team** – Led by Consultant (RC) & Ward Manager (or their nominated deputies) and involving; Occupational Therapist, Nurse in Charge/Primary Nurse & other health professionals involved in the patients care.

Many staff automatically report missing or absent patients, even low risk patients (e.g. someone they have established as being at home with family and are safe & said they'll return the next day) to the police because they feel there will be blame or they will get into trouble should something unexpected or unforeseeable (e.g. being involved in a road traffic accident).

The joint assessment, decision making and leadership of the Consultant & Ward Manger supports the rest of the team in making confident decisions based on 'evidenced-based risk assessment' rather than fear of getting into trouble. Therefore the MDT should ensure:

- An MDT risk assessment has taken place with the patient before leave is granted and the findings incorporated into a clear leave plan which includes clarification of rules and condition of leave, including what action should be taken should the patient abscond.
- In the event of a patient absconding, an MDT review of their risk level (low, medium or high) is completed immediately based on mental state, incidents over the previous week, previous incidents of absconding and based on this a plan is made that determines how & when the patient is 1) reported to the police & 2) returned to the ward.
- The plan is based on the individual patient.
- The plan is clearly documented & reviewed at least weekly in the ward round/clinical review and daily if the patient is absent or missing.
- On return to the ward after a period of being missing/absent there is a documented review of the absence including the impact on their treatment, mental state, physical wellbeing, where they were found, what they did during the absence (i.e. did they go out with friends, sleep on the street), how they were returned (i.e. by police, resistive, passive, or their own volition) and why they absconded to inform the action plan to prevent absconding and to have details should they abscond again.

#### **5.5. Mental Health Act Office;**

- To inform the CQC to report all detained patients who are absent without leave and have not returned by midnight to the CQC,
- To inform the CQC for all patients who are absent without leave from PICU & forensic settings. This should be done by fax.
- To ensure that records of AWOL1 & 2 are maintained for reporting & audit.

### **6. Procedures**

When a patient absconds or fails to return, whether detained or informal, it is the responsibility of the team to locate the patient. It is the Nurse in Charges responsibility to ensure that the following actions are taken;

#### **Search:**

- ward environment including for example, toilets, bathrooms, under beds, wardrobes & staff areas, basements, fire escapes & areas which maybe hidden or difficult to access
- ward gardens
- hospital grounds

**Phone:**

- the patient – to try and persuade them to return or establish their risk & whereabouts
- friends & family – to inform them that the patient has absconded & ask if they are aware of any risks that may not be known to the MDT or whether they know the patients whereabouts
- care co-ordinators
- hostel workers
- any other person or place they have contact with

**Establish:**

- when they were last seen
- what they were wearing
- physical description
- level of risk they pose to themselves or others (see definition in section 4)
- what action should be taken if the patient is or isn't located

**Documentation:**

- a Datix report should be completed for every patient who absconds (please see Grading guidelines in appendix 3)
- Fact finder only needs to be completed for C grade incidents.
- Epj entry detailing outcome of the processes above & action taken agreed plan.
- Update of risk assessment
- Grab pack
- AWOLs 1 & 2 forms (Detained patients only).

## **7. Low Risk Patients – Reporting & Return Procedures**

Police should not be routinely called for low risk patients as there is not an immediate risk to themselves or others. For example if there is evidence from previous incidents of absconding that the patient returns of his or her own volition without harm or incident, there have been no incidents of concern on the ward or the patient or someone else has confirmed their whereabouts and that they are safe.

All the procedures outlined above (6.1) should be followed, a decision should then be made by the MDT (please see definition 5.4 above) as to how and when to return the patient to hospital. This will include arranging transport & an escort if required.

Police should only be informed if the active risk increases, taking into consideration that risk factors such as drug use, length of time without medication & if they cannot be located within an agreed period of time may change their level of risk and vulnerability. In the event of a change to medium or high risk the Police should be informed. The MDT plan for the missing/absent patient should be reviewed daily.

If a low risk patient remains missing after 24hrs the MDT will need to decide whether to report the patient missing to the police.

## **8. Medium Risk Patients – Reporting & Return Procedures**

All procedures above should be followed (6.1). There discussion with the MDT as to the level of risk, how quickly is the patients risk likely to increase? If the risk it is not immediate, the team can use their discretion to give the patient up to 4hrs to return. After the 4hrs:

- If the patient is Absent (the team know where they are) - the MDT should make plans to return them to the ward, using available resources such as family members or friends for example or this may be through the use of S135(2) & police if they are refusing to return or are likely to be resistive or aggressive. Please see guidance on S135 (2) below.

- If the patient remains Missing and cannot be found they must be reported to the police as a Missing Person. The police have a better chance of finding a person the sooner they are reported.

## 9. High Risk Patients – Reporting & Return Procedures

This group of patients pose an immediate risk to themselves or others and must be reported to the police immediately. With clear details of who is at risk & what that risk is. If particular people (family members or others) are known to be at risk the police must be informed of who they are and where they maybe i.e. at home, school, work. If appropriate make attempts to contact that person and advise them of the risk and to take steps to increase their safety.

Confidentiality – there are often concern about breaching the confidentiality of a patient by disclosing clinical information about risk & mental state, however the potential consequences of not disclosing that information to someone who is in immediate risk of harm would be far greater than not doing so and a breach of confidentiality in this situation would be justified.

**Be prepared if reporting to the police, below is an example of questions the police may ask:**

- Recent photograph of the patient (if they are from a secure ward or MoJ patient).
- The most recent multidisciplinary clinical risk assessment;
- Essential medication or treatment required in order to preserve life (as opposed to improving the quality of life) & the predicted or anticipated effect of not having it?
- Any other disability which may need to be taken in to consideration or increase vulnerability.
- Are they likely to self-harm or attempt suicide?
- To they have any physical illness or disability which is a current cause of concern?
- Suspected to be subject of crime in progress, e.g. abduction?
- Is the person under 16 or, if aged between 16 and 18, vulnerable due to other factors, or an elderly or infirm person?
- Any weather conditions that would seriously increase risk to health especially where is child or elderly person?
- Involved in violent, homophobic and/or racist incident or confrontation immediately prior to disappearance e.g. bullying?
- While previously missing, suffered or was exposed to harm?
- Behaviour out of character and likely to be an indicator of their being exposed to harm?

The ward team are expected take the lead in managing the return of the patient the service, in high risk patients a referral to PICU should be considered. For patients detained under particular forensic sections – where there is Ministry of Justice involvement- there are additional responsibilities to inform that agency – see table on Page 15 below.

## 10. Patient return – Trust Staff and Police Collaboration

Decisions made by Trust staff as to how they secure the return of an AWOL patient must be made in the context of a *risk-based approach*. Prior to making direct contact with the patient a preliminary risk assessment should take place to help determine whether police assistance is needed. Factors which should be taken into account include the following:

- the potential or actual mental state of the patient
- reasons or motives for why the person absconded
- recent nursing observations
- risk history
- any other relevant information

Trust staff should always accompany the police if the patient is to be returned from their home

If the absence has been reported to the police and the patient subsequently returns without police assistance this should be reported immediately to the police to avoid the unnecessary waste of police resources.

Before hospital transport is used, attempts should be made by hospital staff and where possible community based mental health staff to encourage the person to return of their own free will (if appropriate or safe to do so).

The power of arrest and the use of reasonable force in relation to the retaking of absent patients can be given to nominated persons (including a constable and other hospital staff) under MHA s18. This section does not provide a power to enter premises by force unless the owner of the property provides consent to Trust staff or the police. (for example, where a patient has returned to his/her parent's home and the parent gives permission for police to enter the property).

If access is not obtained consideration needs to be given to obtaining a s135 (2) warrant. Note that in the absence of a s135 (2) warrant, a police officer may use force to enter and search any premises for the purposes of saving life and limb, or preventing serious damage to property (Section 17 Police & Criminal Evidence Act 1984) providing the officer has reasonable grounds for believing that such threats are likely. The use of criminal law to affect a forced entry to private premises should not be resorted to unless there is an immediate need to prevent serious harm. More information about the use of s135 (2) is contained in Appendix 6 of this policy.

If entry has been gained and the patient agrees to return to hospital the staff member(s) in collaboration with the patient need to decide how best to ensure the patient's safe return to hospital.

If the police are likely to be involved in returning the patient to hospital an action plan – jointly drafted between the police and Trust staff - needs to be drawn up. This plan must describe clearly the respective roles of the police and Trust staff. This joint action plan will be recorded in the form of a Merlin Report and must always be scanned onto PJS under correspondence (the term Merlin is one used by the police to describe the software on which information is stored). The plan should always be drawn up after a meeting (preferably face to face) in which the following issues are addressed:

- If appropriate discussion as to whether the patient is returned to the place from which they absconded. It should never be assumed that the patient will automatically be returned to the unit from which they absconded as – due to changes in the patient's mental state – they may need to be in a more or less secure setting
- If thought to be a danger to the public the police and the patient's clinical and community mental health team should, if appropriate, consider referring the patient the Multi-Agency Public Protection Panel (MAPPP). All decisions to refer a patient to MAPPP must be discussed with the Senior Manager for the service, prior to any referral being made.

## **11. Debriefing and Learning Lessons & MDT Review**

Following the patient's return to hospital a MDT debriefing with the patient and discussion should take place. This meeting will assist the team to:

- Understand as far as possible the patient's rationale for absconding, establish the whereabouts of the patient whilst absent & what contact they may have had with carer/family/friends. This will be helpful information for any future episodes
- to review practices within the clinical area in analysing how this event could have been avoided & from the information gathered from the patient is there anything that the team can do to address reasons why they absconded?

- to review interagency working procedures between services involved e.g. trust staff, police,
- to identify lessons learnt in order to minimise or prevent similar events reoccurring and to adjust practice and procedures accordingly.

## 12. High, Medium & Low Secure Patients – Definitions & Buddi Trackers

Staff working in high, medium and low secure mental health services needs to be familiar with the definitions contained within the absence without leave document published in October 2009 by the Secure Services Policy Team within the Department of Health. These definitions are reproduced in the following box.

**Escape** – a detained patient escapes from a unit/hospital if s\he unlawfully gains 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, which in the nature demonstrated the 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.**10.**

## 13. Monitoring Compliance

What will be monitored i.e. measurable policy objective	Method of Monitoring	Monitoring frequency	Position responsible for performing the monitoring	Group(s)/committee (s) monitoring is reported to, inc responsibility for action plans
Duties	Audit	Annual	Deputy Director of Nursing (Governance)	Clinical Risk Committee
Procedure when a patient absents themselves from the ward	Audit	Annual	Deputy Director of Nursing (Governance)	Clinical Risk Committee
Procedure when a patient fails to return from leave	Audit	Annual	Deputy Director of Nursing (Governance)	Clinical Risk Committee
Process for learning from the factors that are identified from AWOL incidents	Audit	Annual	Deputy Director of Nursing (Governance)	Clinical Risk Committee

#### **14. Freedom of Information Act 2000**

All Trust policies are public documents. They will be listed on the Trusts FOI document schedule and may be requested by any member of the public under the Freedom of Information Act (2000).

#### **15. Patients likely to come into contact with other NHS services or be of media interest**

The Communications and Media Department need to be advised and involved In cases where a patient's unauthorised absence may be likely to generate public concern, for example a patient failing to return from leave from Medium Secure Unit care.

In cases where it is possible that the missing person will come into contact with medical or mental health services in other organisations consideration may be given to disclose information to other Trusts.

Appendix Five contains the sample form to be used for this. To ensure compliance with the law discussion must take place between the clinical team and the Caldicott Guardian as to whether the disclosure of information should happen.

## 1. Patient return – legal MHA requirements

The following table/flow chart summarise the powers available to ‘retake’ patients detained under the MHA. The table on the next page deals with all MHA sections with the exception of s3/s37 (without restrictions) which are covered in the *flow chart on the following page*. Note the importance of informing the Ministry of Justice (MOJ) for patients detained under particular forensic sections.

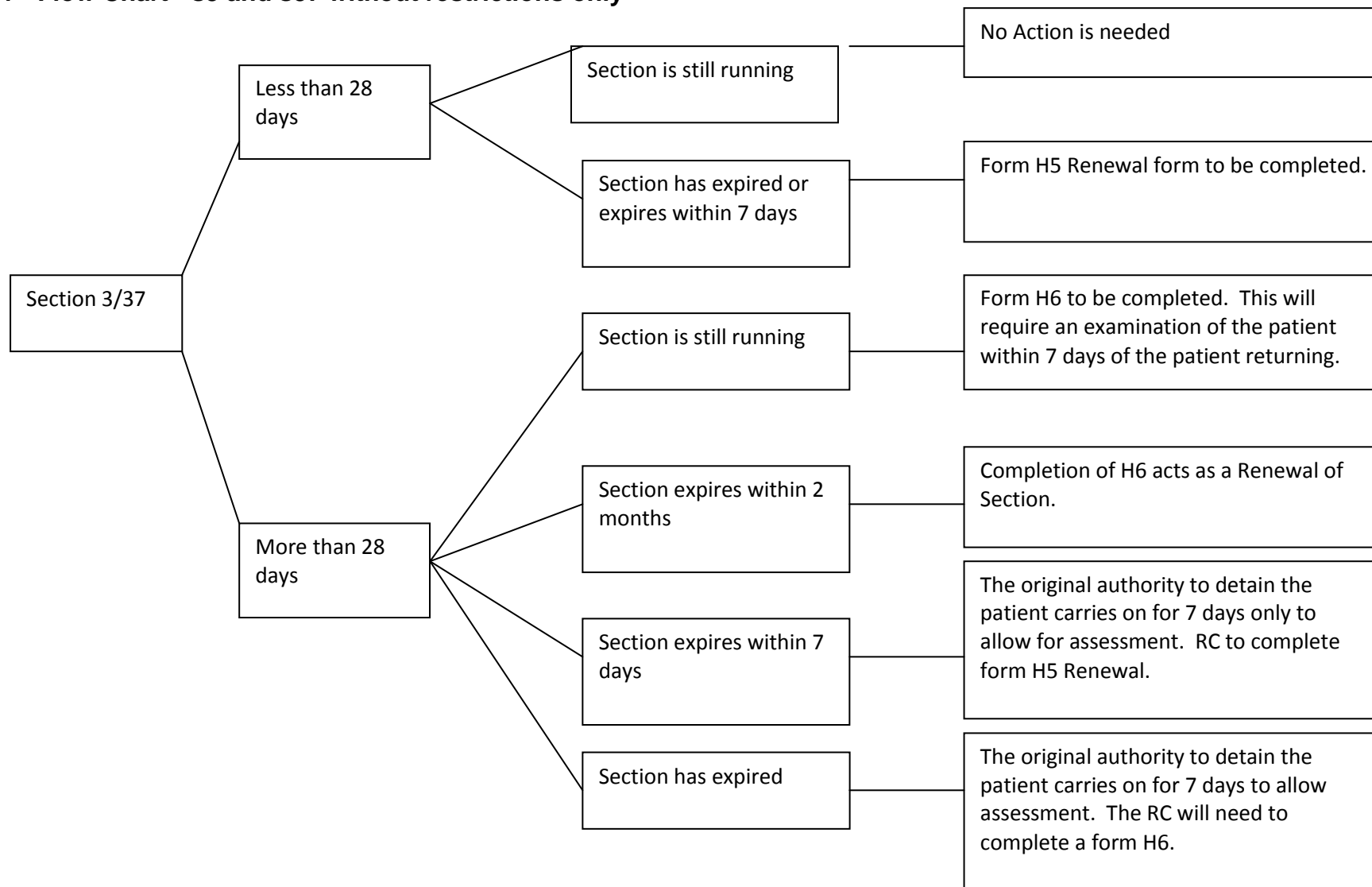
The distinctive features of the flow chart describe the particular MHA procedures that need to be followed depending on the stage in their section at which the patient absconds and whether or not the patient who is returned was AWOL for more or less than 28 days.

Note that Responsible Clinicians cannot discharge a detained or CTO patient while they are absent or missing. The priority must be to locate and return the patient so an assessment takes place.

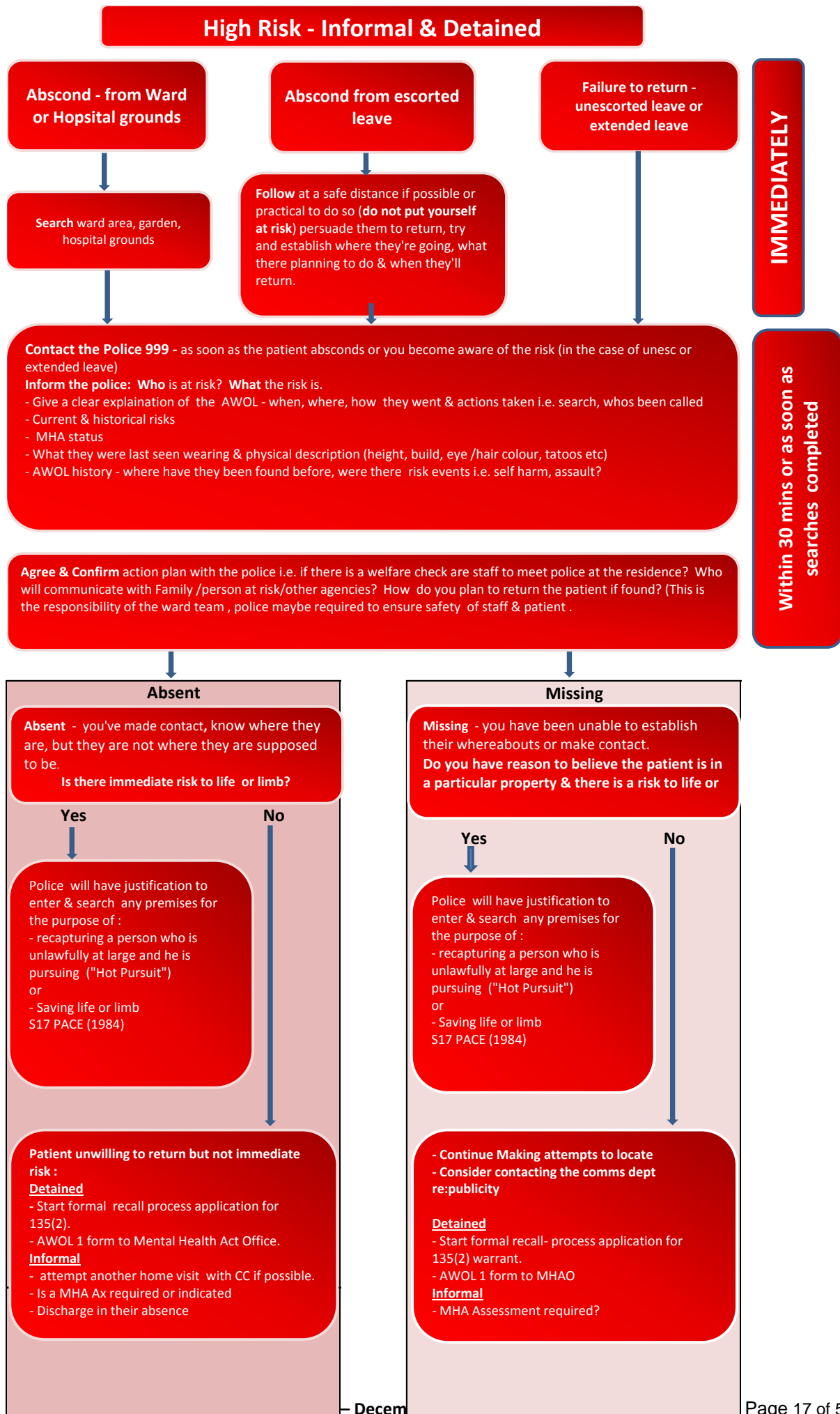
**Table One – all sections except s3 or s37 without restrictions**

Sec	Powers to retake
2	Before the s2 expires – *If patient returns to hospital with seven days or less of s2 to run s2 can be extended for up to 7 days (depending on point of return) to enable the s2 assessment to be completed
4	Before the 72 hours runs out
5(4)	Before the 6 hours run out
5(2)	Before the 72 hours runs out
136	Before the 72 hours runs out
135(1)	Before the 72 hours runs out *Note if the admission was to a hospital ward this section would be most likely followed by s2/s3 detention or the patient remaining informally following assessment
35	If person absconds can be arrested without a warrant by any police officer and brought before the court which remanded them
36	If person absconds can be arrested without a warrant by any police officer and brought before the court which remanded them
38	If person absconds can be arrested without a warrant by any police officer and brought before the court which remanded them
37/41	If a restricted patient is AWOL both the local police and the MOJ should be informed immediately. If returned both police and MOJ should be informed
45A	Both the local police and the MOJ should be informed immediately. If returned both police and MOJ should be informed
47	Both the local police and the MOJ should be informed immediately. If returned both police and MOJ should be informed
48	Both the local police and the MOJ should be informed immediately. If returned both police and MJ should be informed

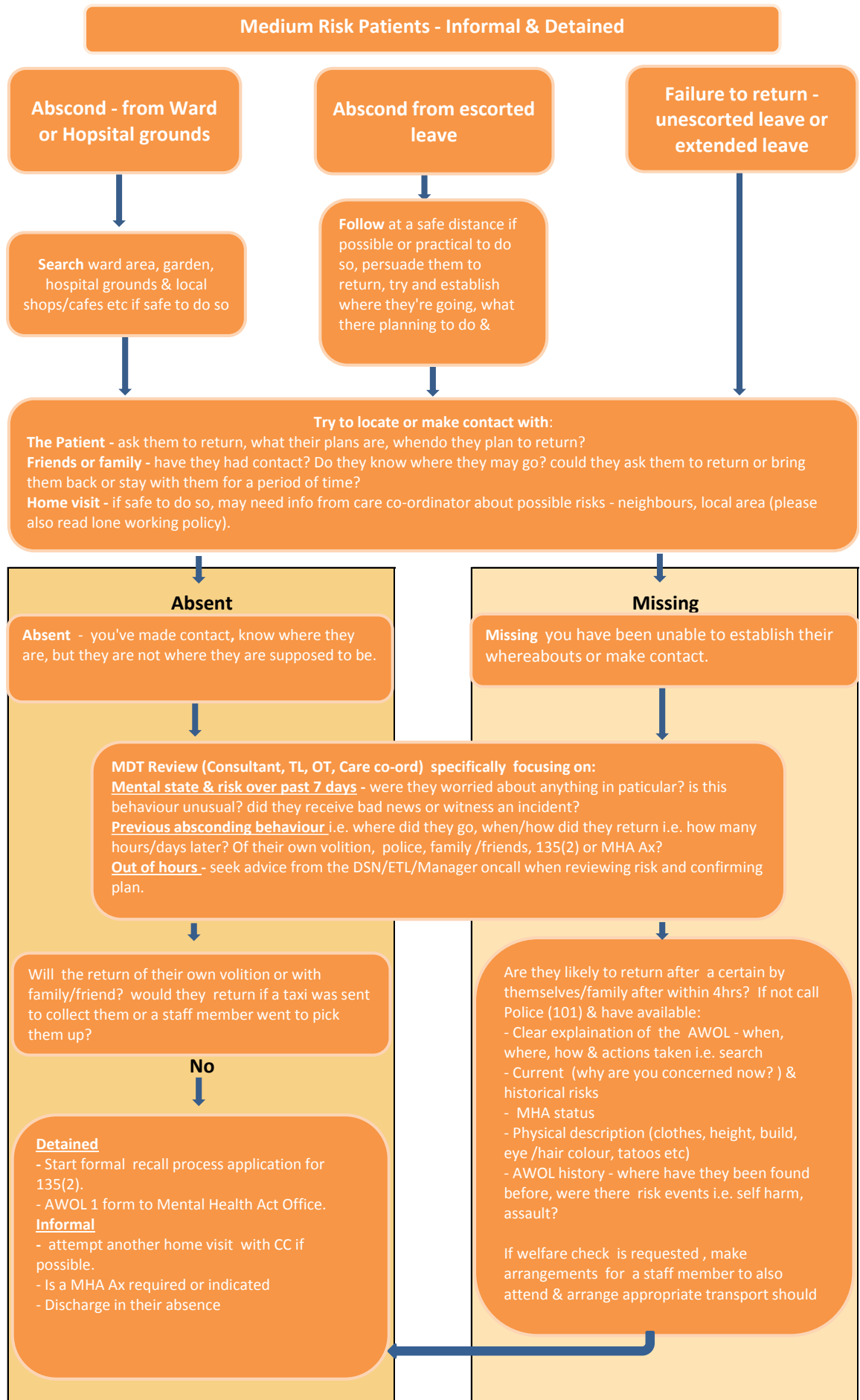
**Appendix 1 - Flow Chart - s3 and s37 without restrictions only**



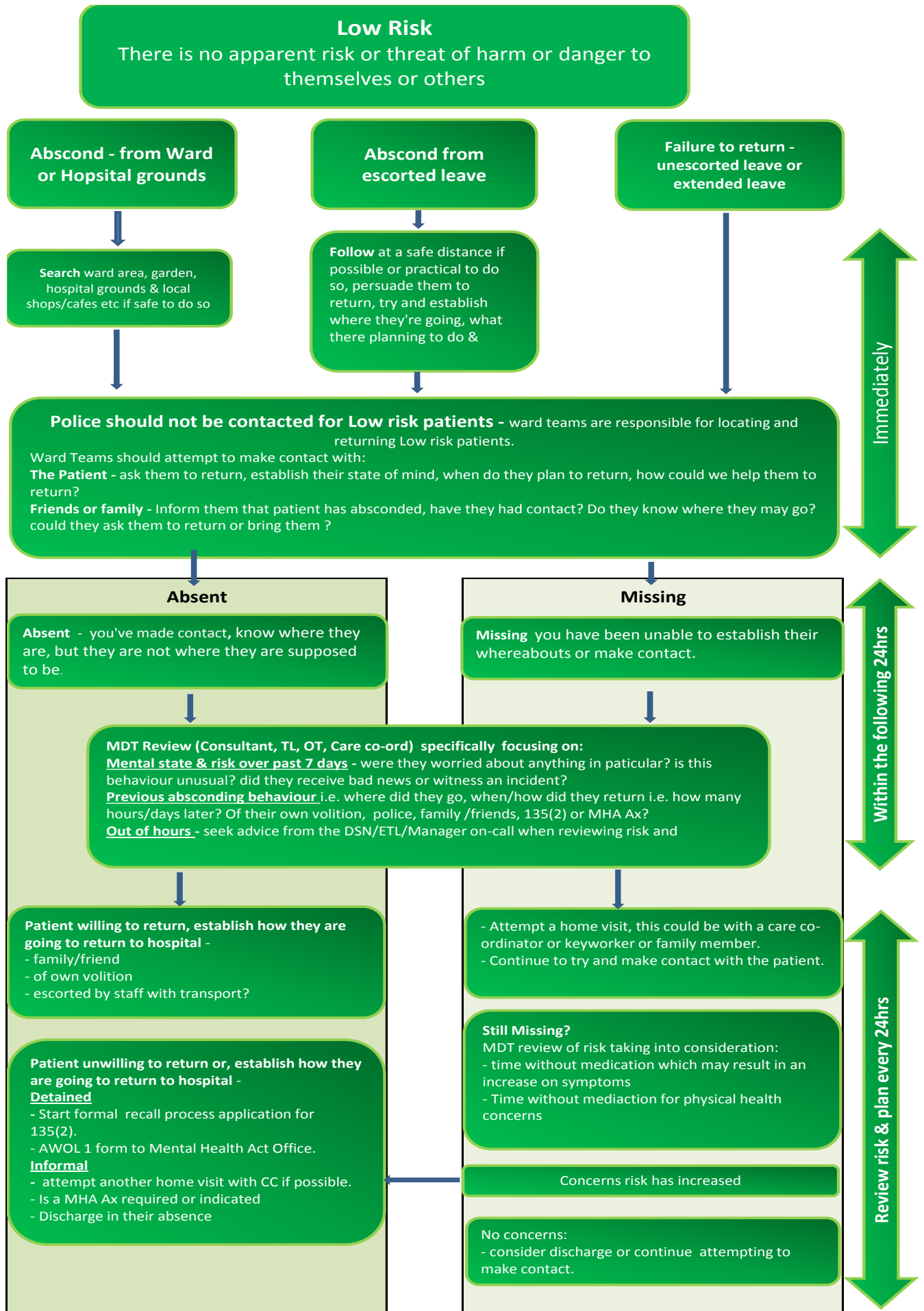




## Appendix 3 - Flowchart for Medium Risk Patients



**Appendix 4 - Flowchart for Low Risk Patients**



## **Appendix 5 - Escalation Protocol In the Event of an Incident Involving Patient Wearing a Buddi Tracker – Extract from protocol for dealing with a patient at large.**

- For all instances when a patient has breached leave conditions and is therefore absent without leave it is primarily the responsibility of the Medium Secure Services to arrange for this patient's transport back to the unit
- Bromley Police have agreed to respond as a matter of course in all instances where a Removal alert has been received or when a patient has absconded from escorts.
- The Unit Coordinator or Duty Senior Nurse will coordinate nursing resources to put together a retrieval team.
- The Retrieval Team will follow the following 3 stage process:
  - Stage 1 – Prior to leaving, nursing staff must carry out a preliminary risk assessment to determine whether it is safe to approach the patient without police support and then whether 2, 3, or 4 staff are required (wherever possible these staff should have a good rapport with the patient). This risk assessment must take into account potential mental state, potential motives for absconding, recent nursing observations, risk histories and any other relevant information.
  - Stage 2 - The retrieval team, in liaison with Reliance, will attend the patient's general location. At this point another risk assessment must be carried out, taking into account environmental factors (e.g. is the patient in a pub, a private residence, on an estate, is the area well lit, well known for street crime etc.) to determine whether it is safe to be in the general locale and whether it is safe to approach the patient.
  - Stage 3 – The team will approach the patient, if safe to do so, to request compliance in returning to the unit. During this stage one member of the team must stay on an open phone line to the Reliance operator giving real time updates. Should police assistance become necessary Reliance will make the 999 call and coordinate information with the police? At no point should staff put themselves at risk and should withdraw to a safe distance at any point should the patient pose a risk to the team – police assistance must then be sought.
- Risk assessments and decisions made must be documented for each stage of this process and reported to the Deputy Director and Senior Manager on Call.

### Appendix 6 - Datix grading - Absent patients

	Low Risk	Medium risk	High risk
Failure to return from unesc/extended leave	<b>E</b>	<b>D</b>	<b>B</b>
Escorted Leave	<b>E</b>	<b>C</b>	<b>B</b>
From Ward area or gardens	<b>D</b>	<b>C</b>	<b>B</b>
Low/medium secure or PICU	<b>NA</b>	<b>C</b>	<b>B</b>

### Datix grading - Missing patient

	Low Risk	Medium risk	High risk
Failure to return from unescorted/extended leave	<b>D</b>	<b>C</b>	<b>B</b>
Escorted Leave	<b>D</b>	<b>C</b>	<b>B</b>
From Ward area or gardens	<b>C</b>	<b>C</b>	<b>B</b>
Low/medium secure or PICU	<b>NA</b>	<b>C</b>	<b>B</b>

## Appendix 7 - SLaM Electronic Patient Alert

### **Date:**

**Communications Dept. Electronic Patient Alert – Please Fill Out the Form to the Best of Your Ability**

The individual named below has been receiving care and treatment from **South London and Maudsley NHS Foundation Trust**. We would be grateful if you could

- (1) Circulate the attached information to appropriate clinical staff within your organisation
- (2) Notify the contact point provided if he comes into contact with your services. We have taken the step of releasing this information to other NHS organisations because we believe that our duty of confidentiality is outweighed in this instance by the public interest

<b><u>Missing Person's Details</u></b>	
<b>Name</b>	
<b>Known Aliases</b>	
<b>Date of Birth</b>	
<b>Home Address</b> (do not include house/flat No. Use post code only)	
<b>Hospital Unit Number:</b>	

<b><u>Physical Description</u></b>
------------------------------------

**Details of Current Circumstances**

[Empty area for details of current circumstances]

<b>Height</b>		<b>Facial Hair</b> (Beard/Moustache)	
<b>Frame</b>		<b>Glasses</b>	<b>No glasses</b>
<b>Hair</b>		<b>Distinguishing Marks</b> (Scars/body piercing)	
<b>Eyes</b>		<b>Clothing</b> (At the time of going missing).	
<b>Complexion</b>		<b>Additional Information</b>	

<b>Date Last Seen:</b>	
<b>Location Last Seen at:</b>	
<b>Date and Time Reported Missing:</b>	
<b>Diagnosis - Information needed to be known by person(s) seeking the patient.</b>  (Examples of information needed – imminent danger to himself or others or if medication is needed urgently).	
<b>Level of Risk to Self or others or from others:</b>	
<b>Have the Police been informed?</b>	
<b>If yes, to which Police Station</b>  If available contact number and police CAD no.	
<b>Have Next of Kin been notified?</b>	
<b>Community Patient?</b>	
<b>In-patient Status</b>	
<b>Details of detention under the Mental Health Act:</b>	
<b>Level of Care Co-ordination (CPA)?</b>	
<b>Additional Arrangements:</b>	



<b>Who to Contact with any information:</b>		
<b>Latest Information:</b>		
<b>24 Hours A day</b>		
<b>Office Hours</b>		

The information contained here is intended exclusively for distribution to NHS organisations. It should not be passed to any other individuals or agencies, nor used for public dissemination or display. The decision to release the information has been made by the clinical team responsible for the individual's care, with approval from the **South London and Maudsley NHS Foundation Trust** Caldicott Guardian, following a detailed risk assessment.

**Suggested action on receiving an electronic patient alert**

Acute trusts on receipt should forward to all areas within their trust that accept self-referrals. This includes:

- Accident and emergency departments
- Walk-in centres
- Primary care units within acute bases
- Outpatient areas such as early pregnancy units and GUM

Primary care trusts should endeavour to inform their GP practices and other services where vulnerable patients are likely to make contact for example, refugee and homeless teams or any service where patients have direct access to clinical staff i.e. community family planning or sexual health centres.

It is very important when forwarding patient identifiable information that it is clear to everyone that it is NOT for display or for public dissemination. And in this protocol, the originating trust has a duty to rescind the alert via the same channels when the patient has been found.

## **Appendix 8 - Procedures for the Application and Execution of Warrants issued under Section 135 (2)**

### **1. Police Powers of Entry onto Private Premises**

- 1.1 Forced entry to private premises can be effected if authorised by either Statute or Common Law.
- 1.2 The police, in appropriate circumstances may forcibly enter a property without a warrant to arrest. For example:
  - A person suspected of an offence (Section 17 (1)(b) PACE 1984 )
  - For the purpose of saving a life or limb or preventing serious damage to property (PACE: S17 (1)(e) )
  - For the purpose of recapturing a person who is unlawfully at large and whom the officer is pursuing (PACE: S17(1)(d) )
  - NB: The House of Lords in D'Souza v Director of Public Prosecutions (1992) held that the pursuit must be almost contemporaneous with the entry of the premises. It is not enough for the police, having formed the intention to arrest, to attend the premises.
  - To prevent a breach of the peace occurring, if the officer reasonably believes that a real and imminent breach is likely. There is no requirement that the breach be serious (McLeod v Commissioner of Police of the Metropolis (1994).
- 1.3 The use of criminal law provisions to affect a forced entry to private premises should not be considered unless there is an immediate need to prevent serious harm.

### **2. Basis for an Application**

- 2.1 Section 135(2) provides for a Police constable and / or any other person authorised by the Mental Health Act to make an application to a Magistrate for the issue of a warrant in respect of a person who is currently liable to be detained i.e. still subject to Section 2, 3, 37 or Supervised Community Treatment (s.17E) and who is Absent without Leave from a hospital or registered nursing home (S18 Mental Health Act 1983) or their community placement.
- 2.2. The Justice of Peace needs to be satisfied on information laid on oath by any constable or other authorised person:
  - i) That there is reasonable cause to believe that the patient is to be found on premises within the jurisdiction of the justice; and
  - ii) That admission to the premises has been refused or that a refusal of such admission is apprehended.
- 2.3 The Justice may then issue a warrant authorising a Police Constable and /or authorised persons to enter the premises, if need by force and to remove the patient.(S135(2)(b).

### **3. Applying for a Warrant**

- 3.1 NB: Warrants issued under S135 (1) are subject to the general warrant requirements set out in subsections 16 – 16 of the Police and Criminal Evidence Act.

- 3.2 It has been queried whether in view of the Human Rights Act 1998, formal notice should be given to a client of the intention to make an ex-parte application for a warrant under S135(1) or (2) in order not to contravene their right to a fair trial. Concerns have been expressed that any notice of intention to apply for a warrant might be counter-productive, as the individual may abscond, demonstrate more disturbed behaviour, or put themselves or other at further risk.
- 3.3 Legal advice suggest that the S135 powers can be categorised as emergency powers in relation to which the European Court sets a somewhat lower standard in enforcing Convention requirements.
- 3.4 However the Local Authority/ Trust needs to explicitly consider in each case whether any interference with the person's rights is justified and subsequently whether to give notice.
- 3.5 If a court can be satisfied that in the particular circumstances, the applicant has thought through and balanced the various factors and decided that notice should not be given and can explain that decision, then it is unlikely that the court would override that decision.
- 3.6 Any decision to interfere with a convention right needs to be carefully documented.
- 3.7 An application for a warrant may be made by:
- A Police Constable
  - Any other person who is authorised under this Act to retake patients: i.e.:
  - Any other officer on the staff of the hospital
  - Any Approved Mental Health Professional
  - Any person authorised by the Hospital Managers
- Or
- In the case of a patient subject to Guardianship, any officer on the staff of a local social services authority
- 3.8 The Police Service will not be expected to make warrant applications. This responsibility lies with the ward where the patient is liable to be detained except for patient on Supervised Community Treatment (SCT) in which case the responsibility lies with the community team.
- 3.9 The application for the warrant may be made ex-parte and the information to support it must be in writing (Section 15(3) PACE).
- 3.10 The person applying for the warrant will be asked by the magistrate to provide proof of their professional identity, answer questions and / provide supplementary information, either on oath or consequent on affirmation.
- 3.11 In order to protect individual confidentiality the person applying for the warrant may ask the Clerk to the Justices to temporarily clear the court whilst the application takes place.
- 3.12 The warrant should identify, as far as is practicable the person to be sought (S15 (6) PACE). However the procedure may still be invoked even if the name of the mentally disordered person is not known (S135 (5)). In these circumstances the phrase '1 female / 1male: name currently unknown' should be used. Although the warrant need not name the individual it must clearly specify the premises to which it relates.

3.13 The warrant should specify the name of the person who applies for the warrant, the date of which it is issued and the fact that it was issued under the Mental Health Act 1983 (Section 15(6) PACE).

#### **4. Procedure for seeking police assistance in executing the warrant**

4.1 Requests for police assistance will fall into two categories. In either case the AMHP service is to give the inpatient ward details of the local risk assessment document they used for requesting policy support.

i) **Pre-planned Request** – where police assistance is required with more than 24 hours' notice and

ii) **Urgent Request** – where police assistance is required with less than 24 hours noted.

NB: Weekends and Public Holidays should be excluded when calculating the 24 hours' notice.

#### **5. Executing the Warrant**

5.1 In executing the warrant, a Police Constable may be accompanied by a registered medical practitioner or any other person such as a Hospital Officer or AMHP who is authorised to take or retake the patient. Any Police Officer can assist in the execution.

5.2 When forced entry is required the means of entry and method of ensuring safety will be at the discretion of the police, following consultation with the person applying for the warrant.

5.3 The warrant will authorise an entry on one occasion only unless it specifies multiple entries (Section 15(5)).

5.4 Entry and search under the warrant must be within three calendar months from the date of its issues (S16 (3) PACE). It must also take place at a reasonable hour unless it appears to the Constable executing the warrant that the purpose of the search may be frustrated on an entry at a reasonable hour (S16 (4) PACE).

5.5 The occupier of the premises is present at the time, when the constable seeks to execute the warrant the Constable should:

- Identify him / herself,
- Produce the warrant,
- Supply occupier with a copy of the warrant.

5.6 If the occupier is not present but some other person who appears to the Constable to be in charge of the premises is present, the above procedure should be followed in respect of that person S16 (6) PACE).

5.7 If there is no person present who appears to be in charge of the premises, the Police Constable should leave a copy of the warrant in a prominent position.

5.8 Any search that takes place may only be to the extent required for the purpose of the warrant (S16 (8) PACE).

5.9 The role of the Police Constable is to gain entry to the premises, by force if necessary and to assist the persons authorised to retake the person under S18 of the MHA to exercise this power and remove the patient to the place where he / she is required to reside, under the terms of his / her detention. Recall arrangements for supervised community treatment are still under negotiation with the police. However patients

recalled under Supervised Treatment Orders will need to be taken to hospital / CMHT and local arrangements to apply depending upon their level of risk.

- 5.10 The Police Constable executing the warrant must endorse it stating whether the person sought was found (S16 (9) PACE).

## **6. Transport**

- 6.1 Transport to hospital will normally be by ambulance which may require a police escort if the person has a history of violent behaviour.
- 6.2 Police transport will normally only be used to convey persons who:
- are violent or potentially violent;
  - may be a danger to the public; or
  - are likely to be an immediate danger to themselves.
- 6.3 Police transport will not be used to convey people who have been sedated as they will require constant clinical supervision from a medical practitioner or a nurse.
- 6.4 Police transport will not be used to convey people between hospitals or within such complexes.

## **7. De-briefing**

- 7.1 Following conclusion of the incident a short debriefing should take place between the AMHP and the police attending the address to discuss any problems or suggestions for improvements to the protocol. Details of the incident including the risk assessment and any action should be recorded on the Police CRIMUINT system, even in cases where no violence has occurred. The fact that police attended means that there was a perceived risk of harm to self or others and has potential implications for future safety.

## **8. Return of Warrants**

- 8.1 The person applying for the warrant Hospital Officer will be responsible for the return to the Clerk of the Justices (for the petty sessions area in which the issuing Justice of the Peace acts) of any warrant which has been executed, or which has not been executed within the time authorised for its execution.
- 8.2 The returned warrants will be retained for a period of 12 months during which time the occupier of the premises to which the warrant relates will be allowed to inspect it.
- 8.3 The member of staff who applies for the warrant should place a copy of the warrant on the patient's medical file and a copy should be retained by the Mental Health Act co-ordinator.
- 8.4 The Police Constable responsible for executing the warrant will complete an entry in MPS Book 101.

## Appendix 9 – SLAM AWOL Form 1

### Patients absent without leave under the Mental Health Act 1983

<b>Patients name:</b>	<b>Section/SCT:</b>
<b>RC:</b>	<b>Ward:</b>
<b>Risk Assessment completed before leave:</b> Yes/No (please circle)	<b>Datix Incident No:</b>

Please note that the above named patient, who is detained under the Mental Health Act 1983, absconded:

Date \_\_\_\_\_

Time \_\_\_\_\_

Reason patient became AWOL (please tick):

1. Failed to return from authorised leave (unescorted or extended leave)
2. Absconded from hospital ward/grounds
3. Absconded during escorted leave

The following action has been taken (i.e. search of area, who you've contacted, risk level established, police called?)

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*Please ensure*

- a Datix form has been completed with as much detail as possible about circumstances in which they absconded, risk level (if low risk should not be reported to the police).
- An AWOL2 form is completed and sent to the MHAO when the patient returns.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Appendix 10 - SLaM AWOL Form 2**

**Patients returned from AWOL under 1983**

<b>Patients name:</b>	<b>Ward</b>
<b>RC:</b>	<b>Section/SCT</b>

Date/time patient absconded:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Patient **returned** to the ward:-

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Total number of day's patient absent/missing: \_\_\_\_\_

\*NOTE: if AWOL for more than 28 days, S21B **MUST** be completed within seven days.

Details of how the patient returned to the ward (please tick):

1. Returned of own volition
2. Returned by family members
3. Returned by police
4. Returned by hospital or other staff
5. Other (please specify) \_\_\_\_\_

Where did they return from (i.e. home, community, mothers' house)?

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<b>Has the Responsible Clinician reviewed the patient?</b> *If 'No' please contact the RC and inform the MHA office when the assessment will be completed.	YES / NO
<b>Is there a MDT plan in place to reduce risk of further absconding?</b> *If 'No' please ensure a plan is documented on epjs as soon as possible.	YES/NO
<b>Has Section 21 criteria been applied:</b>	YES / NO

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please ensure AWOL 2 is completed & sent to MHAO as soon as patient returns.

**Appendix 11 – Grab Pack for Police**

**Grab Pack for Police**

**Patient name/Alias:**..... **DOB:** .....

Ward:..... Phone No:..... Consultant email:.....

Ward Managers email:.....

PERSONAL DETAILS

Mobile phone no: ..... Gender: Male / Female (delete as required)

Home address:.....

.....Post code:..... Contact no:.....

Next of kin:.....Relationship to patient:.....

Informal/detained (delete as required) Section no:..... If detained, section expiry date:...../...../.....

Conditions or Restrictions.....

Physical description

- Height:..... Weight/Build :.....
- Ethnicity:..... Accent:.....
- Facial features (glasses, beard etc):.....
- Hair colour and style: .....
- Distinguishing features e.g. tattoos, mannerisms:.....

INDICATIVE RISK OF ABSCONSION, OR RISK OF HARM

**Low Risk**       **Medium/High Risk**       **High Profile**

<input type="checkbox"/> Risk to self	<input type="checkbox"/> Risk to others	<input type="checkbox"/> Known to MAPPA
<input type="checkbox"/> Restrictions (s37/41)?	<input type="checkbox"/> Potential media interest	<input type="checkbox"/> Other vulnerabilities

Summary of risks:

- Violence to others:.....
- Self-harm:.....
- Suicide:.....
- Risks from others:.....
- Risks of drug misuse:.....



- Risks of alcohol misuse:.....
- Risks of not taking psychiatric medication:.....
  - 12hrs..... 48hrs..... 72hrs and over.....
- Risks of not taking physical health medication:.....
  - 12hrs..... 48hrs..... 72hrs and over.....
- Other risks:.....(incidents within past 48 hours, dementia, learning difficulties, sexual exploitation, weather, etc.)  
.....

**TO BE COMPLETED IF PATIENT IS REPORTED MISSING:**

Date and time last seen: ...../...../..... at .....hours

- Description of appearance and clothing:.....  
.....

Circumstances of missing/AWOL incident and action taken e.g. searches, family contacted:  
.....  
.....  
.....  
.....

Your Name and Title:.....

Remember: Trust policy states that low risk patients should not be routinely reported to the police. Medium/High risk patients who have absconded are to be reported to Police immediately, via telephone 101

If previously AWOL, where were they found?: .....

Possible location: other address 1:.....  
.....Post code: ..... Contact no:.....

Who lives at this address and relationship to patient:.....

Possible location: other address 2:.....  
.....Post code: ..... Contact no:.....

Who lives at this address and relationship to patient:.....

***Please note: this is a controlled document and whilst information from it may be passed to Police for to assist with their enquiries, this document must not leave the ward***

## Appendix 12 - METROPOLITAN POLICE GUIDANCE FOR POLICE OFFICERS



### Persons Missing From a Psychiatric Setting

#### 1. Introduction

1.1 There are three key interlocking principles for Metropolitan Police Service staff to be aware of when dealing with persons missing from a psychiatric setting:

- Safety of the public
- Safety of the subject
- Safety of mental health service users
- Safety of police and staff or other agencies

#### 2. Hospital in-patient services provided for those with a mental health need

2.1 The average psychiatric ward is a temporary home to a mixture of patients; informal and those detained compulsorily under the act.

2.2 It is considered inappropriate to lock up patients who are on the ward of their own volition, and part of the treatment of both voluntary and compulsory patients is to encourage the individual to take personal responsibility for their recovery. Therefore, the majority of patients are kept on unlocked wards.

2.3 Some formal patients are, because of the risk they pose, kept in secure, locked accommodation.

2.4 Leave of absence can be an important part of a patient's care plan. The decision on whether to allow a compulsory patient out of the hospital on leave is that of the doctor in charge of that patient's treatment - the 'responsible clinician' (RC). In certain cases the RC requires the authority of the Home Secretary. Sometimes the patient does not return from leave, sometimes they leave the hospital without permission, and they are reported as missing to police. In addition, the hospital may report a voluntary patient who has left the hospital as a missing person.

#### 3. BOCU Commanders Responsibilities

3.1 BOCU Commanders are to ensure that a local joint mental health protocol, based on the **London Development Centre / MPS Pan-London Guidance**, is in place on their BOCU. All operational OCU staff should be aware of the contents of the local protocol and be able to access it 24 hours a day.

#### **4. Types of reports made to Police - Summary**

4.1 Police are liable to receive reports of people missing, in three types of situation:

- A voluntary patient missing from hospital
- A compulsory patient absent without leave from hospital
- A person subject to a Guardianship Order absent without leave from a place at which they are required by their guardian to reside.

#### **5. Operational Response by Police**

5.1 Initial Investigation by Police

In addition to the generic missing person investigative procedure, the Initial Investigating Officer should:

- Identify and establish communication with person in charge of the ward or the guardian (whichever is applicable)
- Ascertain from that person:
  - A. Legal status of patient. If formal patient, under what section and when does the period for re-taking end?
  - B. Risk assessment factors identified by hospital or guardian and result of hospital risk assessment.
  - C. Action taken by hospital or guardian and results:
    - i. Has a search of hospital and grounds been conducted? To what extent? With what result?
    - ii. What enquiries have been made by the hospital or other agencies such as Social Services on their behalf, e.g. visits to addresses, phone enquiries?
    - iii. Ensure that the next of kin is informed of the absence. Although it is the responsibility of the hospital to do this, if they have not done so, police will inform the next of kin.

#### **6. Informal (voluntary) patients**

6.1 It is stressed that an informal patient is perfectly entitled to freedom of movement and can leave the ward at any time. If they do so against the advice, or without the knowledge, of the clinical staff it does not mean that they are absent without leave. Only formal patients can be considered absent without leave. However, Health Trust staff may report missing informal patients to police. It is important that each case is carefully considered on its merits.

6.2 Officers are reminded that the ACPO definition of a missing person is "anyone whose whereabouts is unknown whatever the circumstances of disappearance. They will be considered missing until located and their well-being or otherwise established".

## **7. Clarify responsibilities**

7.1 The appointed investigating officer shall establish with the single point of contact (SPOC) within the reporting Health Trust or the person's guardian (whichever is applicable) precisely what action is to be taken, and by whom, to:

- Locate the missing patient
- Retake the patient (if a formal patient) once located
- Return the patient to the establishment from which missing

This information should be entered onto the MERLIN report.

## **8. Police Powers**

### **8.1 Section 18 Mental Health Act (MHA) 1983**

The following sections outline police powers where it is necessary to re-take a patient absent from treatment.

Where a detained patient absents him / herself from hospital without the leave of the responsible clinician 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.

They may be taken into custody and returned to the place from which missing by a constable, an approved social worker (ASW), any officer on the staff of the hospital or any person authorised in writing by the managers of the hospital.

**However, Section 18 does not provide a power of entry to premises.**

### **8.2 Home Secretary Recall Order**

#### **8.2.1 Section 42 MHA**

Where a patient is subject to a restriction order, the Home Secretary may decide to discharge the patient from hospital either absolutely or conditionally.

If a patient is conditionally discharged, the Home Secretary may, by the issuance of a warrant, recall the patient to the hospital named in the warrant.

Under Section 42(4)(b) MHA 1983, if such a warrant is issued by the Home Secretary, the patient shall be deemed to be absent without leave from the hospital specified in the warrant, and can be retaken under Section 18.

Where such a warrant is issued, the Mental Health Unit of the Home Office will in the first instance notify the hospital. The hospital may then make a request of police to assist in returning the patient to hospital.

In determining whether there exists a power under the Mental Health Act to re-take a formal patient or a person subject to a Guardianship Order who is absent without leave, it is essential to know precisely the time limit for using such a power.

### 8.2.2 Section 37 MHA

Any person required or authorised by virtue of this Act to be conveyed to any place or to be kept in custody or detained in a place of safety shall, while being so conveyed, detained or kept, as the case may be, be deemed to be in legal custody.

### 8.2.3 Section 17 PACE 1984

A constable may enter and search any premises for the purpose of:

- Recapturing a person who is unlawfully at large and who he is pursuing (must be a "hot pursuit")
- Saving life or limb.

## 9. Planned re-taking of an AWOL patient

9.1 It is necessary to distinguish between a visit to an address to check if the patient is there and a planned operation to retake a patient absent without leave.

9.2 If an officer visits an address to check if the patient is there, and they become aware that the patient is inside the premises, they should immediately inform a supervisor. A risk assessment is then to be conducted before any further action can take place.

9.3 A planned operation to re-take a missing formal patient should not take place unless the following steps have taken place:

- Risk Assessment
- Risk Management Planning
- Briefing

## 10. Risk Assessment

10.1 Whilst a risk assessment (using the ACPO model) will already have been carried out in relation to the patient going missing, it is essential that a documented risk assessment for the operation to re-take is also carried out by police. Form 435 has been introduced to assist risk assessment and planning for mental health assessments on private premises. These are two distinct processes.

### 10.2 Risk Assessment Plan

Having identified the risks involved in conducting such an operation, it will be necessary to devise a risk management plan in accordance with the MPS process and including:

- Where the patient is to be taken
- Method of transport to place of safety

10.3 The following provide a guide to the range of tactics the police should consider using.

### Skills

- Involvement of clinical staff from the place from which missing
- Involvement of other professionals with a knowledge of, and ability to communicate with, the missing patient

- Presence of the LAS
- Officers from the core shift (patrol officers) who are assigned the call (pre-booked)
- Other patrol officers from the borough
- Officers with experience of APP (Assessments on Private Premises) and mental disorder
- Officers with public order experience/training (level 2 but not deployed as a section)
- Officers from the Territorial Support Group (TSG); specialist in dealing with public order / rapid entry

### **Tactics**

- Discreet parking of police vehicles to reduce stigma and community impact
- Use of officers in plain clothes to reduce stigma, fear by the person, and community impact
- Negotiated entry
- Wearing public order protective equipment
- Forced and rapid entry
- Use of video recording to record operation

## **10.4 Determining method of entry to premises**

10.4.1 There are two methods of entering and remaining on private premises for the purpose of re-taking a patient absent without leave; by consent or by a warrant issued under Section 135(2) Mental Health Act 1983.

10.4.2 Where the risk assessment indicates that entry will be refused, a Section 135(2) warrant should be applied for.

10.4.3 The warrant can be applied for by a constable or any other person authorised under Section 18 to re-take a patient (see above). The local protocol will provide guidance as to:

- Which agency will apply for the warrant
- How out-of-hours applications will be carried out

10.4.4 If the AMHP or member of the hospital trust is unsure how to apply for the warrant, or the information needed for the application, police should provide guidance and assistance.

## **11 Effect of a Section 135(2) Warrant**

11.1 The warrant is addressed to a constable. It authorises a constable to enter, if need be by force, and remove the patient named on the warrant.

11.2 The constable **may** be accompanied onto the premises by a registered medical practitioner and any person authorised to re-take under Section 18 (including an AMHP or member of staff from the hospital where the patient went missing).

11.3 If the patient is removed to a place of safety other than that from which missing, they can be detained there for a period not exceeding 72 hours.

## **12 Briefing**

- 12.1 The senior police officer involved in the operation is responsible for ensuring that all staff, police and others, involved are briefed so that they each understand the plan for carrying out the retaking of the AWOL patient. This is to include dealing with contingencies and the role to be taken by each agency.

## **13 Restraint used by police**

- 13.1 The [MPS Mental Health Standard Operating Procedures](#) directs that if a subject suffering mental illness has had to be forcibly restrained due to their violent behaviour, they **must** be conveyed to the nearest Accident & Emergency department in order to be checked.

## **14 Making requests or responding to requests from, outside the BOCU**

- 14.1 Request direct from a hospital outside of the BOCU to take action to find and/or re-take the patient.
- 14.2 If a request is received direct from a hospital outside the BOCU to visit premises to find and/or re-take a missing patient, the request should be declined and the hospital advised that such a request will need to come from the BOCU with policing responsibility for their hospital.

## **15 Request to or from another BOCU to take action to find and/or re-take patient**

All such requests should:

- Be in writing, e.g. fax, CAD message, MSS, etc.
- Specify the exact action required of the receiving BOCU.
- Contain any and all information available, which is likely to assist the receiving BOCU carry out a risk assessment for the action requested.
- Specify what assistance is available from other agencies, e.g. the hospital from which the patient is missing, and whether this assistance has already been negotiated, and if so, by whom.
- Specify the arrangements in place for the transportation to the hospital from which the patient is missing, and the temporary re-housing of the patient in a local health facility should a delay be perceived. It is stressed that the receiving BOCU should not take any action until satisfied that such arrangements are in place, unless immediate action is required in the interests of public safety.
- Any arrangements in hand for obtaining a Section 135(2) warrant.

## Appendix 13 - EQUALITY IMPACT ASSESSMENT

### PART 1: Equality relevance checklist

The following questions can help you to determine whether the policy, function or service development is relevant to equality, discrimination or good relations:

- Does it affect service users, employees or the wider community? Note: relevance depends not just on the number of those affected but on the significance of the impact on them.
- Is it likely to affect people with any of the protected characteristics (see below) differently?
- Is it a major change significantly affecting how functions are delivered?
- Will it have a significant impact on how the organisation operates in terms of equality, discrimination or good relations?
- Does it relate to functions that are important to people with particular protected characteristics or to an area with known inequalities, discrimination or prejudice?
- Does it relate to any of the following 2013-16 equality objectives that SLaM has set?
  1. All SLaM service users have a say in the care they get
  2. SLaM staff treat all service users and carers well and help service users to achieve the goals they set for their recovery
  3. All service users feel safe in SLaM services
  4. Roll-out and embed the Trust's Five Commitments for all staff
  5. Show leadership on equality through our communication and behaviour
  - 6.

<b>Name of the policy or service development: Missing Persons Policy</b>								
Is the policy or service development relevant to equality, discrimination or good relations for people with protected characteristics below?								
Please select yes or no for each protected characteristic below								
Age	Disability	Gender re-assignment	Pregnancy & Maternity	Race	Religion and Belief	Sex	Sexual Orientation	Marriage & Civil Partnership  <i>(Only if considering employment issues)</i>
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	no
If yes to any, please complete Part 2: Equality Impact Assessment								
If not relevant to any please state why:								



Date completed: 2/12/2014

Name of person completing: Polly Ragoobar

CAG: Psychosis Service / Department:

Please send an electronic copy of the completed EIA relevance checklist to: [macius.kurowski@slam.nhs.uk](mailto:macius.kurowski@slam.nhs.uk)

CAG Equality Lead

## PART 2: Equality Impact Assessment

### 1. Name of policy or service development being assessed?

Missing Persons Policy

### 2. Name of lead person responsible for the policy or service development?

Polly Ragoobar

### 3. Describe the policy or service development

**What is its main aim?** To provide clear guidance to Inpatient Multi-disciplinary Teams on the procedures & process of the reporting and returning of patients who have absconded or failed to return from an agreed period of leave from an inpatient service (both S17 & informal negotiated leave)

#### What are its objectives and intended outcomes?

- 1) To provide guidance on locating & return of patients to our services to match the changes in police response to missing & absent patients.
- 2) To provide guidance on processes defined by their level of risk
- 3) To provide definitions of the new phraseology used to describe patients who aren't where they are supposed to be.
- 4) To provide guidance on responsibility of the MDT, in particular team Consultant Psychiatrists and Ward Manager working together to support the team in planning response & return of patients on the basis of jointly held clinical risk assessments so the 'if anything goes wrong safety net' is held by the senior Team for Low & some medium risk patients & jointly with Medium & High risk patients.

**What are the main changes being made?**

- 1) **Terminology** - has been reviewed and changed to Absent & Missing for all patients (detained or informal). This will lead to increased accuracy in incident reporting and a common language between the police and ward staff.
  
- 2) **Focus** – the current policy outlines clinical action in the event of a patient absconding primarily by whether the patient is detained or informal. In mapping the processes that staff would follow, it showed that the initial actions staff take are based on the patients risk rather than whether they are detained or informal. The process only differed in how patients are returned to the ward once they had been located. For example for a detained patient it would be a formal recall & 135(2) led by the inpatient Team and for informal patients, if the level of risk dictated, a MHA assessment led by the patients CMHT.

The policy has changed to reflect this, with guidance by risk – Low, Medium or high.

- 3) **Reporting of Missing or Absent patients** – Reporting of missing or absent patients to the police will now be determined by their level of risk.
  - **Low risk patients** (failure to return from extended or unescorted leave) should not be routinely reported to police; it will be expected that the MDT led by the Consultant and ward manager, assess the risk of that patient and document an action plan of how they will take steps to locate and return the patient, the risk of the patient and plan will be reviewed daily.
  - **Medium risk patients** can be given time to return before reporting as the risk is not immediate. Potentially the MDT can make plans to return patient without reporting to police if the patient's whereabouts is known and there is no immediate risk of harm through or they can involve police at point 135(2) is required or if it's believed that the risk may increase. For patients who cannot be located and are considered missing, they should be reported to the police after max 4hrs,
  - **High risk patients** should always be reported to the police, Ward Manager & consultant immediately.
  
- 4) **Returning of patients to the wards** - this reaffirms the role of the ward teams & joint working with the police if needed (for example executing a 135(2) warrant or returning a high risk patient).

5) **Responsibility** – this has been changed to include:

- The role of the patients **MDT led by Consultant and Ward Manager** in decision making with regards to the patients risk & formulating a plan on what action to take.
- The **ETL/DSN & on-call medical service** will have responsibility to support and provide guidance on risk assessment to the clinical team out of hours and be point of contact if required.

**What is the timetable for its development and implementation?**

Once the changes to policy have been approved,

**Jan 2015** – Policy will be circulated & training for policy lead will commence in mid-January. Compliance to the policy will be continuous monitored through Datix reports, fact finders, police feedback through audit & links with lead staff on wards

**4. What evidence have you considered to understand the impact of the policy or service development on people with different protected characteristics?**

*(Evidence can include demographic, ePJS or PEDIC data, clinical audits, national or local research or surveys, focus groups or consultation with service users, carers, staff or other relevant parties).*

*The impact has been assessed for the previous policies and still stands for this.*

**5. Have you explained, consulted or involved people who might be affected by the policy or service development?**

*(Please let us know who you have spoken to and what developments or action has come out of this)*

The policy changes have been discussed in CSL, Ward Managers, and in some clinical team meetings. Police have been consulted through local & Trustwide police liaison meetings, consultation with the MHA office, site leaders & head of service development through the AWOL steering committee.

**6. Does the evidence you have considered suggest that the policy or service development could have a potentially positive or negative impact on equality, discrimination or good relations for people with protected characteristics?**

*(Please select yes or no for each relevant protected characteristic below)*

<b>Age</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> No
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**Please summarise potential impacts: equality of service provision for all adults who are inpatients within adult mental health.**

The needs associated with age will be fully considered as part of the risk assessment which is led completed by the clinical team who are more aware of the impact the processes within the policy will have .

<b>Disability</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> no
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**Please summarise potential impacts:** The needs associated with disability will be fully considered as part of the risk assessment which is led completed by the clinical team who are more aware of the impact the processes within the policy will have and have more information to minimise negative impact & increase positive impact .

<b>Gender re-assignment</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> no
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**Please summarise potential impacts:** The needs associated with gender re-assignment will be fully considered as part of the risk assessment which is led completed by the clinical team who are more aware of the impact the processes within the policy will have and have more information to minimise negative impact & increase positive impact

<b>Race</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> no
<p><b>Please summarise potential impacts:</b></p> <p>The needs associated with race will be fully considered as part of the risk assessment which is led completed by the clinical team who are more aware of the impact the processes within the policy will have and have more information to minimise negative impact &amp; increase positive impact</p>		
<b>Pregnancy &amp; Maternity</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> No
<p><b>Please summarise potential impacts:</b></p>		
<b>Religion and Belief</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> no
<p><b>Please summarise potential impacts:</b> The needs associated with religion and belief will be fully considered as part of the risk assessment which is led completed by the clinical team who are more aware of the impact the processes within the policy will have and have more information to minimise negative impact &amp; increase positive impact</p>		
<b>Sex</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> No
<p><b>Please summarise potential impacts:</b> The needs associated with Sex will be fully considered as part of the risk assessment which is led completed by the clinical team who are more aware of the impact the processes within the policy will have and have more information to minimise negative impact &amp; increase positive impact</p>		
<b>Sexual Orientation</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> No
<p><b>Please summarise potential impacts:</b></p> <p>The needs associated with Sexual orientation will be fully considered as part of the risk assessment which is led completed by the clinical team who are more aware of the impact the processes within the policy will have and have more information to minimise negative impact &amp; increase positive impact</p>		



**Name of person completing: Polly Ragoobar**

**CAG: Psychosis**

**Service / Department: Service development**

**Please send an electronic copy of the completed EIA relevance checklist to:**

1. [macius.kurowski@slam.nhs.uk](mailto:macius.kurowski@slam.nhs.uk)

**PART 3: Equality Impact Assessment Action plan**

Potential impact	Proposed actions	Responsible / lead person	Timescale	Progress
Monitor the actual impact of the policy on patients who are: <ol style="list-style-type: none"> <li>1. Aged less than 35 years old</li> <li>2. Diagnosed with Schizophrenia</li> <li>3. Male</li> </ol>	Consider evidence on the number of AWOL incidents for these groups of patients within annual audits.	Deputy Director of Nursing (Governance)	3 months from date of ratification	Tbc

**Date completed: 2/12/2014**

**Name of person completing: Polly Ragoobar**

**CAG: Corporate**

**Service / Department: Nursing Directorate**

**Please send an electronic copy of your completed action plan to:**

1. [macius.kurowski@slam.nhs.uk](mailto:macius.kurowski@slam.nhs.uk)
2. Your CAG Equality Lead



## Appendix 14 – Human Rights Act Assessment

To be completed and attached to any procedural document when submitted to an appropriate committee for consideration and approval. If any potential infringements of Human Rights are identified, i.e. by answering Yes to any of the sections below, note them in the Comments box and then refer the documents to SLaM Legal Services for further review.

For advice in completing the Assessment please contact Anthony Konzon, Claims and Litigation Manager [anthony.konzon@slam.nhs.uk ]

HRA Act 1998 Impact Assessment	Yes/No	If Yes, add relevant comments
<b>The Human Rights Act allows for the following relevant rights listed below. Does the policy/guidance NEGATIVELY affect any of these rights?</b>	No	
Article 2 - Right to Life [Resuscitation /experimental treatments, care of at risk patients]	No	
Article 3 - Freedom from torture, inhumane or degrading treatment or punishment [physical & mental wellbeing - potentially this could apply to some forms of treatment or patient management]	No	
Article 5 – Right to Liberty and security of persons i.e. freedom from detention unless justified in law e.g. detained under the Mental Health Act [Safeguarding issues]	No	
Article 6 – Right to a Fair Trial, public hearing before an independent and impartial tribunal within a reasonable time [complaints/grievances]	No	
Article 8 – Respect for Private and Family Life, home and correspondence / all other communications [right to choose, right to bodily integrity i.e. consent to treatment, Restrictions on visitors, Disclosure issues]	No	
Article 9 - Freedom of thought, conscience and religion [Drugging patients, Religious and language issues]	No	
Article 10 - Freedom of expression and to receive and impart information and ideas without interference. [withholding information]	No	

HRA Act 1998 Impact Assessment	Yes/No	If Yes, add relevant comments
Article 11 - Freedom of assembly and association		
Article 14 - Freedom from all discrimination		

Name of person completing the Initial HRA Assessment:	Polly Ragoobar
Date:	2/12/2014
Person in Legal Services completing the further HRA Assessment (if required):	
Date:	

## Appendix 15 – Checklist for the Review and Approval of a Policy

This checklist must be used for self-assessment at the policy writing stage by policy leads and be completed prior to submission to an appropriate Executive Committee/Group for ratification.

	<b>Title of document being reviewed:</b>	<b>Yes/No/Unsure</b>	<b>Comments</b>
<b>1.</b>	<b>Style and Format</b>		
	Does the document follow The South London and Maudsley NHS Foundation Trust Style Guidelines? i.e.: <ul style="list-style-type: none"> <li>• The Trust logo is in the top left corner of the front page only and in a standard size and position as described on the Intranet</li> <li>• Front page footer contains the statement about Trust copyright in Arial 10pt</li> <li>• Document is written in Arial font, size 11pt (or 12pt)</li> <li>• Headings are all numbered</li> <li>• Headings for policy sections are in bold and not underlined</li> <li>• Pages are numbered in the format Page X of Y</li> </ul>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p> <p>Yes</p>	
<b>2.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Yes	
<b>3.</b>	<b>Document History</b>		
	Is the document history completed?	Yes	
<b>4.</b>	<b>Definitions</b>		
	Are all terms which could be unclear defined?	Yes	
<b>5.</b>	<b>Policy specific content</b>		
	Does the policy address, as a minimum, the NHSLA Risk management Standards at Level 1 where appropriate	Yes	
<b>6.</b>	<b>Consultation and Approval</b>		
	Has the document been consulted upon?	Yes	
	Where required has the joint Human Resources/staff side committee (or equivalent) approved the document?	Not required	
<b>7.</b>	<b>Dissemination</b>		

	<b>Title of document being reviewed:</b>	<b>Yes/No/Unsure</b>	<b>Comments</b>
	Does the document include a plan for dissemination of the policy?	Yes	
<b>8.</b>	<b>Process for Monitoring Compliance</b>		
	Is it explicit how compliance with the policy will be monitored?	Yes	
<b>9.</b>	<b>Review Date</b>		
	Is the review date identified on the cover of the document?	Yes	
<b>10.</b>	<b>References</b>		
	Are supporting references cited?	Yes	
<b>11.</b>	<b>Associated documents</b>		
	Are associated SLaM documents cited?	Yes	
<b>12.</b>	<b>Impact Assessments</b>		
	Is an Equality Impact Assessment included as the appendix of the document?	Yes	
	Is an HRA Assessment included as an appendix of the document?	Yes	