



Missing Patient Policy

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Ratifying committee or executive director	Clinical Governance Committee	
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Executive director	Executive Director of Quality & Safety (Chief Nurse)	
Policy lead	Deputy Director of Nursing	
Policy author (if different from above)	Head of Nursing Acute and Urgent Care	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

Policy context

This document lists the actions to be taken when a patient is missing from a community or inpatient setting, or absent without leave (AWOL). This policy applies to all patients open to Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT).

Policy requirement (see Section 2)

This policy replaces all previous Trust and Locality policies and procedures relating to patients who are Missing / Absent Without Leave (AWOL).

The policy describes the actions to be taken when a patient is missing or AWOL

The actions required are described as they relate to Informal inpatients, Detained patients who are AWOL and patients in the community

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1: Introduction consisting of:

Rationale

Birmingham & Solihull Mental Health NHS Foundation Trust (the Trust) has a duty to provide safe and effective services for those who are receiving a service from the Trust. This document lists the actions to be taken when a patient is missing from a community or inpatient setting, or absent without leave (AWOL)

Scope

This policy applies to all patients open to Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT). Patients open to the Trust who detained under the mental health act, or liable to be detained under the act, when missing are to be treated as being absent without leave (AWOL)

All employees of BSMHFT and those working with the Trust as students or other training roles, secondments or under contract, including agency workers.

Principles

- The safety of BSMHFT patients is of paramount concern
- The Trust recognises the need to make clear the difference between AWOL and Missing Patients and the differences in approaches to be taken between the two groups.
- The Trust has a legal obligation to correctly apply the MHA when a patient is AWOL.
- When a patient is missing or AWOL it is likely BSMHFT will need to involve our partners. We will only ask for assistance from partners when it is necessary to do so.

2: The policy

2.1 This policy replaces all previous Trust and Locality policies and procedures relating to patients who are Missing / Absent Without Leave (AWOL).

2.2 The policy describes the actions to be taken when a patient is missing or AWOL

2.3 The actions required are described as they relate to Informal inpatients, Detained patients who are AWOL and patients in the community

3: The procedure

3.1 Inpatients who are missing

3.1.1 Stage 1 – Detained or Informal Patient Missing or Unaccounted For

3.1.1 Any member of staff, who becomes aware that a patient has gone absent without leave or is otherwise unaccounted for, should immediately inform the nurse-in-charge of the patient's ward.

3.1.2 The nurse-in-charge will ensure that the following procedures are undertaken whilst completion of the first part of the Trust's 'Missing Patient Form 1 is completed (*Appendix A*).

3.1.3 If it is certain that the missing patient is NOT on the ward, for example they have left the hospital grounds or have not returned from leave, the nurse-in-charge will go directly to Stage 3 of this procedure. Otherwise the nurse in-charge must implement Stage 2.

- 3.1.4 The nurse-in-charge should inform the patient's RC immediately if they are on duty or at the earliest opportunity when the RC returns to duty.
- 3.1.5 MHL office doesn't need Missing Patient Form as they get the eclipse of AWOLS.
- 3.1.6 Patients who are detained in a Low, Medium or High secure hospital, must have their absence reported to the Care Quality Commission (CQC)
- 3.1.7 Restricted patients must have their absence reported to the Ministry of Justice. When they return from absence that too must be reported to MoJ. Reporting form are in appendix G.
- 3.1.8 There is no automatic requirement to notify the victim when a restricted patient (see section 8 for definition of restricted patient) absconds, but the risk to any identified victim should be considered and care planned in a section 17 leave process and via the MAPPA process. In all events of a restricted patient being absence there should be an immediate consideration of any victims. A discussion with the Responsible Medical Officer or on-call Consultant must inform part of that discussion.

3.2 Stage 2 – Initial Search

- 3.2.1 The objective of an initial search of the ward is to confirm that the patient is not within the confines of the building in which the ward or unit is situated.
- 3.2.2 The nurse-in-charge must organise a thorough search of the ward and other areas within the building, including any adjacent rooms, corridors, cupboards, pathways or roadways.
- 3.2.3 If the patient is not located, the nurse-in-charge must then contact any other wards, departments or services on the same campus or site and request that a similar, thorough search is undertaken within those buildings.
- 3.2.4 If the patient is located outside of the ward and in the hospital grounds, staff should attempt to persuade the patient to return.
- 3.2.5 In the case of a detained patient, if all attempts at persuasion fail to achieve a detained patient's return and there is enough staff present to safely affect a forced return, then force may be used providing that it is 'reasonable'. In these circumstances, 'reasonable' means the minimum force to achieve the required outcome.
- 3.2.6 Where an informal patient leaves the ward and is located within the hospital grounds, or in close proximity to the hospital the patient, if willing, should be persuaded to return.
- 3.2.7 Where an informal patient leaves the ward and is located within the hospital grounds, or in close proximity to the hospital the patient, if willing, should be persuaded to return.
- 3.2.8 If a voluntary patient has left the ward, and is found in the hospital grounds, but is unwilling to return to the ward, then a nurse of the prescribed class (RMN / LD Nurse) should consider whether there are grounds for the implementation of the nurse's holding power under section 5(4) of the Act. Section 5 (4) can only be used by a qualified mental health or learning disability nurse, who cannot be instructed to use the power but must make a personal decision. It can only be used when the patient is still on the Trust premises. The nurse using the power must be satisfied that the patient is suffering from a mental disorder to a degree that it is necessary for their

health or safety, or the protection of others, that they not be allowed to leave the hospital.

3.2.9 If an informal patient is located outside of the hospital grounds and refuses to return, the return of an informal patient to hospital against their will would require the police to use a Section 136 and take them to a place of safety for a Mental Health Act. Police may only use this power while a patient is outside of a domestic residence.

3.2.10 If the patient is not located after Stage 2 is completed, then the nurse-in-charge will proceed to Stage 3 below.

3.3 Stage 3 – Determining the Category of Risk

3.3.1 For the purpose of determining whether to notify the police service within these procedures the current Trust approved Risk Assessment document should be completed and documented within the patient's clinical record. The Rating Tool in Appendix C should also be completed. The following definitions may aid decision making:

- **High Risk:**

The missing patient presents a risk to themselves or others. The patient may be subject to a detention order under the Act, or they may be informal or voluntary. Other factors that need to be considered include any potential victims or child protection issues. Such a decision must be made jointly involving the nursing team on duty and the Clinical Service/Nurse Manager (CS/NM) or Lead Nurse (or on-call manager if out of hours) and a member of the RC's medical team or the on-call junior doctor, who may wish to consult the consultant on-call. The patient must be located and returned directly to hospital or taken to a place of safety from where s/he can be returned to hospital as soon as possible. The police may, at their discretion, undertake a full search of the hospital grounds on larger hospital sites when patients who are assessed as 'High Risk' are reported as missing.

*Any patient subject to a restriction order (section 41 or 49) under Part III of the Act is automatically in the **HIGH RISK** category if they are absent without leave and the Ministry of Justice must be informed.*

- **Medium Risk:**

The patient is detained or liable to be detained under the Act but is considered not to present any danger to themselves or others. The decision must be made jointly between the ward nursing team, the CS/NM (or on-call manager if out of hours) and a member of the RC's medical team or the on-call junior doctor who may seek advice from the consultant on-call. This category will apply to detained patients who have received a full assessment **and** whose mental state, behaviour and symptoms have improved since admission or are considered to present little or no risk.

- **Low Risk:**

The missing patient is not subject to a detention order and does not present any danger to themselves or others. This decision must be made jointly between the nursing team on duty and / or the on-call junior doctor or RC (if available).

If there are any doubts or disagreements over which category the patient should be allocated, then the higher risk category should be used.

3.4 Stage 4 – Notification

- 3.4.1 If, at the completion of stage 2, the patient is not located, the nurse-in charge will notify the following people and agencies:
- 3.4.2 The patient's **nearest relative** (if *detained or liable to be detained*) must be informed immediately that the patient is known to be absent without leave. A telephone call may be the most appropriate method of contact, but alternatives should be recorded if preferred by the nearest relative. There may be times when it is impractical to notify the nearest relative immediately, but all efforts **must** be made to inform them within one hour after the patient's absence is known, and documented.
- 3.4.3 Sharing information with the nearest relative should only happen where we have a record that the AWOL patient have consented to them being kept informed of any care changes etc. The exception to this is where there is a risk to the nearest relative. See code of practice 4.31 to 4.36 CoP
- 3.4.4 For *informal patients*, the **next of kin** and / or a friend / carer / relative previously identified by the patient should be notified immediately unless there are sound reasons for not doing so. An example where it may not be appropriate to notify the next of kin or others is where a voluntary patient has expressly stated that they do not want their relatives to know their whereabouts and there are no assessed risks.
- 3.4.5 If there are child protection / victim protection issues, then the appropriate agencies need to be informed
- 3.4.6 Other persons or agencies that may need to be informed of the patient's absence are detailed in Table 1 below:
- 3.4.7 **Remember that a missing patient's Risk Category can alter whilst the patient is absent without leave or missing and that all agencies must be informed of any decision to alter their Risk Category.**

3.5 Detained Patient Absconding from Escorted Leave

- 3.5.1 If a detained patient absconds while on escorted leave, the nurse in charge of the ward must be immediately informed. Subject to the risk assessment in section 3.3.1, West Midlands police must also be informed.
- 3.5.2 The patients S17 leave must be immediately revoked in writing. This will give police powers to detain the patient under section 18 MHA.
- 3.5.3 Staff should make every effort to maintain observations and track the patient's location. There is every expectation by WMP that this is done to prevent the patient becoming a missing person.
- 3.5.4 It should be decided before leave commences if police will be notified in the event of the patient absconding.
- 3.5.5 In order to contact the nurse in charge, the escort must take with them a means of mobile communication.

TABLE 1: WHEN TO INFORM AGENCIES / INDIVIDUALS

AGENCY	For ALL categories of risk, the following people should be informed within the given timescale
SDM	Immediately
POLICE	Immediately, if there is a need to inform police
MHA ADMINISTRATOR	Immediately
Medical Staff	Office Hours: RC or Consultant ASAP Out of Hours: On-call Junior Doctor Immediately
Switchboard Operator	Immediately (0121 301 0000)
Out of Hours: CNMs/CSMs (via Senior Duty Nurse)	CNMs/CSMs discretion as to when on-call Duty Manager is informed
Nearest Relative / Next of Kin	Within 1 Hour of patient missing, if permission exist to inform them
Local Authority	If involved, inform by 0900hrs the following day working day
Care Co-ordinator	Within 24 hours
Care Quality Commission	As soon as a detained patient is AWOL from a Low, Medium or High Secure hospital.
Ministry of Justice	When restricted patients go AWOL and when they return

3.6 Returning an AWOL Patient

- 3.6.1 Section 18 of the Mental Health Act provides powers for the return of patients who are absent without leave and liable to be detained in hospital. The patient may be taken into custody and returned to hospital by an Approved Mental Health Professional (AMHP); any officer on the staff of the hospital; any police officer; or any person authorised in writing by the hospital managers. More than one agency may be involved in returning the patient, so cooperation between agencies is vital.
- 3.6.2 If the police locate an AWOL patient, they may either return the patient to hospital or inform the appropriate Trust manager of the patient's whereabouts. Section 6 of this policy details the procedures for returning missing patients when they are located.
- 3.6.3 West Midlands Police protocol for Missing/AWOL patients, can be found in appendix D below.
- 3.6.4 When a patient who is liable to be detained, is located outside of the West Midlands, the CNM or on-call manager if out of hours, is delegated to act on behalf of the Hospital Managers to authorise the detention of the patient at a local hospital in writing. Such authority can be provided by fax. The manager should also ensure that the relevant clinical details are provided to the host hospital.

3.7 Return of AWOL Patients

- 3.7.1 The detaining hospital has primary responsibility for returning AWOL patients to their place of detention.
- 3.7.2 Where healthcare staff seek police support in their attendance to return an AWOL patient, this can be offered by police where a patient is likely to be 'violent or dangerous' in order that officers can prevent a breach of the peace. Agreeing to joint attendance against this threshold is perfectly permissible and often necessary to prevent serious risks to healthcare staff.
- 3.7.3 When the missing patient is located, the CNM or on-call manager, as appropriate, is responsible for taking the decisions as to what staff and resources are to be utilised in organising the return of the patient. See Box 2 below.

Box 2; Example

A missing patient is located after normal hours and a member of the ward nursing team has a positive relationship with the patient. The only community team available to assist may be the Home Treatment Team. It would be appropriate in these circumstances for the manager to deploy a member of the HTT to the ward to cover the duties of the ward based nurse to

- 3.7.4 The manager responsible may request police assistance only if they think this is necessary.
- 3.7.5 The manager responsible for organising the return of the patient will make a decision as to the mode of transport used as well as the number and skill mix of staff required to ensure the patients safe return. In circumstance where police assist, it will be highly unlikely that they would return a patient in a police vehicle.
- 3.7.6 Where a detained patient is taken to another hospital, the CS/NM may make arrangements for the return of the patient or delegate responsibility for organising the patient's return to the nurse in charge of the ward. The person organising the return should ensure that the appropriate transport and escorts are organised to collect the patient, usually within 36 hours of receiving notification of their whereabouts.
- 3.7.7 Where a patient who is liable to be detained is believed to be on premises to which access has been refused, then an officer of the hospital can be authorised by the CNM to apply to a magistrate for a warrant under section 135(2). The warrant will authorise any police constable to enter the premises, if need be by force, and remove the patient. West Midlands Police will expect NHS staff who can take ownership of the detainee's care to be present when executing a warrant under s135(2)
- 3.7.8 The Clerk to the Magistrates Court has agreed a "fast-track" procedure for the application of a warrant under section 135(2), and this is attached as Appendix E of this policy.
- 3.7.9 Where a patient who is AWOL is taken into custody or returns after 28 days, within the first week, the RC must examine the patient and if the relevant conditions are satisfied complete; Form H6, renewal of authority to detain or; CTO8 for CTO patients or; form G10 for guardianship patients. If this authority to detain isn't completed within one week, the detention / guardianship will lapse and the patient will automatically become informal

3.7.10 If the patient remains AWOL past midnight on the first day of AWOL and is detained / or liable to be detained, the Nurse in Charge must inform the Care Quality Commission using the reporting form found on the Trust Intranet on the MHA page. This practice ensures the most up to date version of the form is being used.

3.7 Time Limits

3.7.1 Patients who are absent without leave and on Section 3, 7, 37 (both hospital order and guardianship order) 47 or a recalled community treatment order can be returned:

➤ Up to six months after going absent without leave

Or

➤ Until the expiry date of the section they are under

3.7.2 Patients on restricted Sections 37/41, 47/49 and 48/49 are not subject to time limits and can be retaken for as long as their section is in force.

3.7.3 Should a patient remain absent for a prolonged period, regular clinical reviews of the patient's absence and risk must be completed and documented.

3.7.3 For patients identified as High Risk, a daily appraisal of the information and circumstances must be undertaken.

3.7.4 For those patients who are assessed as a Medium Risk, reviews should be arranged twice each week for the period of the patient's absence.

3.7.5 For Low Risk patients, such reviews should occur as agreed by the team involved, but should be undertaken at least every two weeks.

3.7.6 The reviews indicated above should involve, as a minimum:

- The RC for the patient
- The nurse in charge of the ward or community team responsible for the patient's care whilst on leave;
- A CS/NM;
- A representative from the police should be invited if there is sufficient concern over the patient's absence.

3.7.7 These reviews will be to consider the current risk status of the patient, review all actions taken to locate the patient and to agree any further actions that may be appropriate. This may include press involvement for which detailed guidance is found in the Serious Untoward Incidents policy. In general, however, all press contact should be channelled through the Trust's Director of Communication on 0121 301 1296 or in their absence the Media & Communications Manager or member of the Communications team on 0121 301 1298, who will be responsible for liaison with the media and communication with the Chief Executive Office. No member of staff should speak to the press unless the above channels of communication have been followed.

3.8 Missing Community Patients

3.8.1 When a member of a Community MDT becomes aware that a patient is missing from their normal residence the following actions should be considered and documented accordingly on RIO

- 3.8.2 An MDT meeting or discussion should be held as soon as reasonably possible and include the Team Manager and Consultant or their deputies
- 3.8.3 The risks to the patient or others should be assessed by thorough review of RIO documentation including clinic letters, progress notes, care plans, advance statements and risk assessments with particular attention paid to any recent communication from the missing patient.
- 3.8.4 Assessment of this risk should take into consideration any recent adverse events, significant anniversaries, community disruption (such as neighbour disputes, gang activity etc.)
- 3.8.5 For patients considered to be at high risk the police should be contacted. This needs to be reviewed on an ongoing basis as the risk may increase in line with the duration of being missing
- 3.8.6 Where there is a registered carer or a next of kin recorded on RIO contact should be made with them to assist with locating the individual. Where the MDT feel this may lead to a breach of confidence the decision to do so must be subject to MDT discussion and documented accordingly.
- 3.8.7 In similar fashion the MDT must consider contacting known friends, associates, ex-partners and wider family members after due consideration of confidentiality issues.
- 3.8.8 Repeated efforts should be made to visit the patient's normal residence and "calling cards" with a polite and clear message asking the individual to contact his community team should be left on each occasion
- 3.8.9 The individual should be telephoned (or video called, or texted, or e-mailed or any combination thereof) asking them to contact the community team. A more formal letter may also be posted or left at the residence.
- 3.8.10 Contact should be made with other agencies involved in the individual's care – this may include the GP, social care, employment support agencies, advocates etc. When contacting any of these the last known contact should be elicited together with a view (if possible) on the individual's mental state or general demeanour. Last known collection of prescriptions from GPs and dispensation from relevant chemist should be determined.
- 3.8.11 Discreet enquiries may be made with neighbours without disclosing the nature of the team's involvement.
- 3.8.12 The community team should consider asking the HT team to visit on an out of hours basis
- 3.8.13 In the event of successfully locating the individual then consideration should be made to amending care plans, contact details, risk assessments and alerts on RIO to reflect the possibility of repeated events in future and to guide the MDT response.

3.9 Recording

- 3.9.1 Every step of the procedure must be fully documented and relevant documents completed within the patient's care record and copies of all forms kept for the records.
- 3.9.2 All incidents of AWOL must be recorded on ECLIPSE (the Trust electronic Incident Reporting System)

4: Responsibilities

This should summarise defined responsibilities relevant to the policy.

Post(s)	Responsibilities	Ref
All Staff	<p>All staff will ensure Chapter 28 of the MHL Code of Practice (2015) is adhered to in relation to AWOL patients.</p> <p>The Nurse in Charge / Ward Manager will ensure that the Care Quality Commission (CQC) is notified of any detained patient AWOL from a secure environment)</p> <p>The Nurse in Charge / Ward Manager will manage the AWOL situation using the checklist in Appendices</p> <p>The Nurse Manager (CNM) or On-Call Manager (out of Hours) will provide support and assistance where appropriate</p> <p>All AWOL incidents will be recorded on ECLIPSE (the Trust Incident Recording System)</p>	
Nurse in Charge	<p>4 Responsibilities</p> <p>The nurse in charge of the ward is responsible for ensuring that all required agencies and persons are informed within the relevant time scales.</p> <p>This is to be recorded on the AWOL checklist (Appendix G)</p>	
Clinical Service Manager	<p>For High Risk category patients, the CSM's responsibility is to co-ordinate the attempts to locate the patient immediately. It is the manager's responsibility to notify and determine the level of involvement of the Home Treatment Team. Any delegation of responsibility should occur after the following information has been considered:</p> <ul style="list-style-type: none"> i) The circumstances under which the absence has occurred. ii) If the patient has failed to return, or is recalled from s.17 leave; the length of the authorised leave and any progress reports received during the leave. iii) The care plan agreed for the leave, and any conditions attached to the leave granted. iv) If the patient is on CTO, what conditions are attached? v) Risk posed by the patient. vi) Is there an appointed care co-ordinator that knows the patient? vii) Is there a member of staff with whom the patient has a positive therapeutic relationship? viii) Any previous episodes of periods of absence without leave? 	

	ix) Any addresses, places or areas where the patient may have been located or has attended previously. x) What staff are available, including ward and community based staff.	
Policy Lead	Monitor compliance with the police as set out in section 9 Review the policy as and when required, but at least every 3 years and when issues relating to missing persons arise in lessons learnt, change of regulations or national policy. Act as a subject matter expert in relation to missing persons.	
Executive Director	Ensure the policy is ratified in accordance with trust Procedures Ensure the Policy is reviewed at appropriate intervals	
Others...		

5: Development and Consultation process consisting of:

Consultation summary		
Date policy issued for consultation	1 st August 2021	
Number of versions produced for consultation	2	
Committees / meetings where policy formally discussed	Date(s)	
Where received	Summary of feedback	Actions / Response
West Midlands Police	Several comments were received regarding clarity of police actions	Comments were incorporated into the policy. The latest police procedures on missing persons has been added to the policy as appendix D.

6: Reference documents

- Mental Health Act
- Mental Health Act Code of Practice.
- West Midlands Police Missing Persons Procedures.
- Mental Capacity Act
- Confidentiality Policy

7: Bibliography:

[Care Records Policy](#)
[Clinical Risk Assessment Policy](#)
[Transporting Patients Policy](#)

8: Glossary

Absence With Out Leave (AWOL)

Patients **detained under Part 2** of the Act and **Sections 37, 47 or 48** are absent without leave if they:

Are absent from the ward without authority granted under section 17; or

- Fail to return from leave at the specified date and time; or
- Are absent without permission from the address where they are required to live by the conditions of their leave.

Patients **detained under Part 3** of the Act (excluding s47 & 48) are absent without leave if they:

- Are absent from the ward without authority granted by the remanding court - sections 35 & 36

It should be noted Patients absent under S38 can only be arrested by police and returned to the court which made the order/remand

- Fail to return from leave in accordance with Ministry of Justice directions - Sections 37 / 41; 47 / 49; and 48 / 49
- Are absent without permission of the Ministry of Justice, from the address where they are specifically required to live as part of their Conditional Discharge – section 41

CTO patients are absent without leave if they:

- Fail to attend hospital when they are recalled;
- Abscond from hospital after being recalled there;

Guardianship patients are absent without leave if they:

- Are absent without permission from the place where they are required to live by their guardian
-

Detained Patients

Detained patients are those who are subject to lawful detention under the Mental Health Act, 1983.

Patients who are liable to be detained

People under this category are those who are subject to detention by virtue of an application made under Part II of the Act, or by order or direction under Part III and Hospital Managers have yet to receive the detention papers.

Restricted Patients

An offender can become a restricted patient by a number of routes and may be diverted from the criminal justice system to hospital for treatment by a court under the Mental Health Act 1983. The routes:

1. The court issues a Hospital Order (s37) with restrictions added under s41 (including those found unfit to plead and not guilty by reason of insanity).
2. An offender can be subsequently transferred to hospital from prison by the Secretary of State (s47) convicted prisoners with restrictions added under s49.
3. An offender can be subsequently transferred to hospital from prison by the Secretary of State (s48): remand and unsentenced prisoners, Immigration Detainees and Civil Prisoners transferred to hospital with restrictions added under s49.
4. Hospital directions (s45A/45B): patients with a parallel prison sentence who will be sent to prison if treatment in hospital is successful.

9: Audit and assurance consisting of

MONITORING TOOL – MISSING PATIENT POLICY

Elements to be monitored	Lead	Tool	Frequency	Reporting	Acting on Recommendations and Lead(S)	Change in Practice and Lessons to be shared
1A Has an incident form been completed on ECLIPSE for every patient who has been AWOL? (3.9.2)	Matron	Missing Patient Audit	Quarterly	CGC	Recommendations to be prescribed by nominated members of and received by CGC	As determined by the CGC
1B Missing patient form B (appendix B) is completed when a patient absents themselves from an inpatient setting (3.9.1)	Matron	Missing Patient Audit	Annual	CGC	Recommendations to be prescribed by nominated members of and received by CGC	As determined by the CGC

10. Appendices consisting of:

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Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect

<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Proposal		Missing Patient Policy		
Person Completing this proposal		Hugh McCreedy	Role or title Urgent Care Nurse	
Division		Acute	Service Area Urgent Care	
Date Started		1 st February 2022	Date completed 1 st February 2022	
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.				
<p>To meet the Trust's duty to provide safe and effective services for those who are receiving a service from the Trust. This document lists the actions to be taken when a patient is missing from a community or inpatient setting, or absent without leave (AWOL). This ensures staff are aware of their legal requirements in relation to missing patients and provides a framework for their return to a safe environment.</p>				
Who will benefit from the proposal?				
Patients, the public and the Trust				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this proposal promote equality of opportunity?</i> <i>Eliminate discrimination?</i> <i>Eliminate harassment?</i> <i>Eliminate victimisation?</i>		<i>Promote good community relations?</i> <i>Promote positive attitudes towards disabled people?</i> <i>Consider more favourable treatment of disabled people?</i> <i>Promote involvement and consultation?</i> <i>Protect and promote human rights?</i>		
Please click in the relevant impact box or leave blank if you feel there is no particular impact.				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age	X			Actions required are same regardless of age
Including children and people over 65				

Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability			X	It is likely all patients impacted by this policy would meet the legal definition of disability. The policy will set out safeguards in relation to legal rights and provides a framework for returning patients to a safe environment
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	X			The policy does not differentiate on gender.
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	X			The impact of the policy is the same regardless of marriage or partnership status
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	X			The impact of the policy is the same regardless of maternity status
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	X			The impact of the policy is the same regardless of an individual's race or ethnicity
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief				The impact of the policy is the same regardless of beliefs
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area?				

When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	X			The impact of the policy is the same regardless of sexual orientation
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	X			The impact of the policy is the same regardless of Transgender or Gender Reassignment
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights			X	The policy sets out processes and procedures for the protection of patients safety and legal rights.
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding.				

If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead**.

Action Planning:

How could you minimise or remove any negative impact identified even if this is of low significance?

How will any impact or planned actions be monitored and reviewed?

How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at bsmhft.hr@nhs.net . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

Full Equality Analysis Form

Title of Proposal			
Person Completing this proposal		Role or title	
Division/Department		Service Area	
Date Started		Date completed	
Looking back at the screening tool, in what areas are there concerns that the proposal treats groups differently, unfairly or disproportionately as a result of their personal protected characteristics?			
Summarise the likely negative impacts		Summarise the likely positive impact	

What previous or planned consultation or research on this proposal has taken place with groups from different sections of the community?			
		Please provide list of groups consulted.	Summary of consultation / research carried out or planned. If already carried out, what does it tell you about the negative impact?
Group(s) (Community, service user, stakeholders or carers)			
Staff Group(s)			
What up-to-date information or data is available about the different groups the proposal may have a negative impact on?			
Are there any gaps in your previous or planned consultations, research or information? If so are there any other experts, groups that could be contacted to get further views or evidence?			
Yes		No	
If yes please list below			
As a result of this Full Equality Analysis and consultation, what changes need to be made to the proposal? (You may wish to put this information into an action plan and attach to the proposal)			
Will any negative impact now be:			
Low:		Legal:	
		Justifiable:	

Will the changes made ensure that any negative impact is lawful or justifiable?
Have you established a monitoring system and review process to assess the successful implementation of the proposal? Please explain how this will be done below.
Action Planning: How could you minimise or remove any negative impact identified even if this is of low significance?
How will any impact or planned actions be monitored and reviewed?
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic?

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at bsmhft.hr@nhs.net . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

Appendix A

PART 1: PATIENT REPORTED MISSING

NAME Age

WARD / UNIT MHA Section

..... Date Missing

PATIENT ID NO..... Time Missing

..... Time of Arrest

RISK CATEGORY: HIGH MEDIUM LOW

NOTIFICATION OF PERSON MISSING BY

NAME Band

SIGNED Time / Date

PART 2: PATIENT FOUND AND RETURNED

CIRCUMSTANCES OF RETURN FOUND BY

.....
.....
.....
.....
.....
.....

NAME Band

SIGNED Time / Date

*Please ensure a copy of this form is sent to the MHA Administrator once Part 1 is complete

MISSING PATIENT FORM 2

<i>NOTIFIED MISSING</i>	<i>DATE / TIME</i>	<i>BY WHOM</i>	<i>NOTIFIED RETURNED</i>	<i>DATE / TIME</i>	<i>BY WHOM</i>
POLICE <i>(Name, Rank & ID)</i>			POLICE <i>(Name, Rank & ID)</i>		
RC			RC		
CSN/M			CSN/M		
Switchboard Operator			Switchboard Operator		
Relative / Carer			Relative / Carer		
AMHP			AMHP		
GP			GP		
Care Co-ordinator			Care Co-ordinator		
MHA Administrator			MHA Administrator		
CQC <i>(If AWOL from a secure environment)</i>			CQC <i>(If AWOL from a secure environment)</i>		

- ONE COPY TO SDM AND ONE COPY TO MHA ADMINISTRATOR:
WHEN COMPLETED

- SECOND COPY TO SDM AND ONE COPY TO MHA ADMINISTRATOR:
WHEN COMPLETED AND PATIENT RETURNED

APPENDIX C

RISK RATING informed by Trust Approved Risk Assessment Tool <i>(circle appropriate answer)</i> To be completed by Nurse In Charge when police are notified of missing patient. A copy to be handed to Police Officer attending; a copy to patient's records and to the MHA Administrator			
Risk Factor	<u>High Risk</u>	<u>Medium Risk</u>	<u>Low Risk</u>
Detention under the Mental Health Act 1983	An application has been, or is being, completed. Patient is presenting a risk to themselves or others.	An application has been, or is being, completed. Patient is NOT considered to present a risk to themselves or others.	
Voluntary or Informal Admission	Patient IS presenting a risk to themselves or others.		The patient is not presenting a risk to themselves or others.
Substance misuse?	Dependant on illicit drugs or substances	Known history	No known history
Alcohol misuse?	Alcohol dependent	Known History	No known history
Suspected risk of suicide or self harm?	Yes		No
Involved in a violent and / or racial incident immediately prior to assessment?	Yes - serious incident	Yes - minor incident	None known
Out of character; e.g. <i>unusual behaviour prior to assessment; disappeared with no prior indication etc.</i>	Yes		No
Family / relationship problems or recent history of family conflict or abuse	Yes	Maybe	No
Recent or ongoing victim of bullying or harassment; e.g. <i>racial, sexual etc.</i>	Yes	Maybe	No

Appendix D



Patients who are Absent Without Leave (MHA)

Strategic Intention:

- Ensure the safety, the dignity and the rights of the public are placed at forefront of all WMP decisions on policing and mental health.
- Ensure collaborative partnerships operate effectively.
- Ensure deployments to support MHA Assessments are timely, proportionate, necessary and lawful.
- Ensure WMP fulfils its responsibilities under the Mental Health Act 1983 and it's Code of Practice.
- Ensure WMP is not operating beyond its legal authority.
- Ensure WMP officers are not operating beyond professional competence.

WMP has a well-established role in locating patients whose location is not known or acting in an emergency to mitigate threats to life involving missing or absent without leave patients. However, a number of other agencies and organisations also owe a duty of care to patients who are missing or AWOL. As such it will be often be the case that they have the lead in such matters and will continue to owe a duty of care when safeguarding patients.

WMP Actions on being notified of AWOL –

- **Officers will be deployed *immediately* if there is an **urgent threat to life** in respect of anyone, regardless of whether or not the patient's location has been established.**
- **A missing person investigation can commence for someone whose location is not known, but WMP will request the reporting organisation will support their officers by undertaking enquiries which they are better placed to complete.**
- **The Code of Practice MHA (para 28.14) states that where reports relate to a patient whose location is already known, the police should be asked to return patients “where necessary” – this should relate to situations of urgency and / or serious risk. The fact that it has not been possible to identify responsibility within the relevant healthcare organisation in order to give effect to this provision is not sufficient justification to request police support and transport.**

The inquest after the death of Sasha Forster (2019) saw criticism of an NHS trust which could not provide staff to undertake the return of a patient who was known to be highly distressed by any involvement of police officers in their care – a Preventing Future Deaths report was issued.

WMP may support the return of AWOL patients in non-urgent circumstances where the risk of a Breach of the Peace is evident.

- **Para 28.17 Codes of Practice MHA** – reports that detained patients are AWOL should include the time scales which will apply to re-detention under the MHA. This is especially necessary where less-common provisions of the Act apply (e.g., s4, s5, or s7 MHA.)
- **Section 17 MHA leave / Community Treatment Order (CTO) recalls** – WMP has no power to return s17 leave or CTO patients unless their leave has been revoked or they have been recalled from their CTO, *in writing*. These are comparatively rare events for officers and if a police presence is required during service of revocation or recall notices because a Breach of the Peace is anticipated, this should be specified. As failure to return from leave or a recalled CTO renders the patient AWOL, health services should seek assistance to “return an AWOL patient”.

BREACH OF THE PEACE

A breach of the peace occurs where “*Harm is done or likely to be done to a person or, in their presence, to their property; or puts that person in fear of such harm being done through an assault, affray, a riot, unlawful assembly or other disturbance.*”

Any request for police intervention should make express reference to the threat and risk assessment generated by information supplied to WMP in 999 calls, or any other communications.

WMP has a well-established, but limited, role to play in the response to patients who go missing or are ‘Absent Without Leave’ (AWOL) under the MHA 1983. It is important to distinguish between someone who is AWOL and someone who is missing (as defined by the Force policy). Not all AWOL patients are ‘missing’ and the duty of care owed when patients are AWOL will usually sit with hospitals

or mental health trusts. Upon receipt of a contact, the following questions will be essentially to identifying the appropriate police

- **Is there an urgent threat to life emergency?** – the police have a duty to protect life and where the location of an AWOL patient is known, the need to act swiftly may justify police attending on their own to making use of their powers. Where such urgency does not exist, other agencies or a slower multi-agency response should be relied upon rather than WMP
- **Is the patient's location known** – if not, the force missing policy must be followed, regardless of questions arising about the person's MHA or AWOL status. *If the patient's location is already known, then additional questions will be necessary:*
- **What is the patient's legal status?** – they may be a voluntary patient or detained under one of the many 'sections' of the MHA which allow for compulsory treatment. Most usually reports will relate to a s2 or s3 patient, but they could relate to a number of other provisions – ask for precise clarification in order to establish what the requirement is for WMP to attend / support.

Response

FOUR OPTIONS

1. **Threat to life emergency = deploy officers in accordance with normal deployment principles as such a situation is potentially life-changing or life-threatening.**
2. **Location not known** = refer to WMP missing person policy.
3. **Location known, voluntary patient, no emergency** = Police officers would have no legal powers to respond and act and will also not be best placed to assess safety or wellbeing of patients. << [See the Offer on welfare checks.](#)
4. **Location known, detained MHA patient, no emergency** = Paragraph 28.14 of the Code of Practice MHA stipulates it is for hospitals to arrange return of their patient. Police support can be provided, where justified (see below).

POLICE SUPPORT

Where healthcare staff seek police support in their attendance to return an AWOL patient, this can be offered where a patient is likely to be 'violent or dangerous' in order that officers can prevent a breach of the peace. Agreeing to joint attendance against this threshold is perfectly permissible and often necessary to prevent serious risks to healthcare staff.

West Midlands Police will not agree to meet another police force 'half way' if they have decided to return an AWOL patient to expedite their return.

WMP officers will be deployed to incidents of missing or AWOL patients in some circumstances

- **Urgent threat to life** – where an AWOL patient is at immediate risk of serious harm, an emergency response will be justified and officers have powers by which to mitigate the risk.
- **Missing persons** – where a patient's location is not known and they are reported missing, force policy will apply, regardless of their AWOL status or specific MHA considerations.

- **Paragraph 28.14 Code of Practice MHA** – where the location of an AWOL patient is already known, it is the hospital’s responsibility to return the patient. Police may support healthcare staff where the patient is ‘violent or dangerous’ and a Breach of the Peace may be anticipated.

AWOL / SECTION 17 LEAVE / COMMUNITY TREATMENT ORDERS

The definition of AWOL status is that a patient has been detained in hospital and has a) absconded without permission; b) had authorised (s17 MHA) leave ‘revoked’; c) been ‘recalled from a Community Treatment Order; or d) failed to return from authorised (s17) leave. In each situation: the patient is AWOL. Should there be any confusion arising from the way in which these matters are reported or during discussion with MH professionals, the *key question* to be considered is –

“Is this patient AWOL under the MHA **now**?”

- If not – the only legal power available under the MHA will be s136 MHA, where officers have encountered the patient outside a domestic dwelling. Otherwise, there is no legal power to act.
- If they are AWOL now – one further question is required: “When does the s18 MHA authority expire?” If a patient is AWOL, there *may* be a limited timescale for continued / further detention and detail should be sought from the reporting professionals – they have an obligation to specify this timeframe to you. (*Para 28.17 of the MHA CoP*).

AWOL POWERS

- Section 18 MHA – officers can re-detain an AWOL patient under s18, however there is no power of entry available, unless s17(1)(e) of PACE applies to protect life or limb.
- Section 135(2) MHA – where PACE does not apply, a warrant must be secured under s135(2) MHA to gain entry to the premises. Police can apply for this warrant, if necessary, but in the first instance it should be done by the staff from the patient’s hospital.

ABSCONDING FROM MHA

AWOL status does not apply to anyone who *absconds* from s135 or s136 MHA or *absconds* after being ‘sectioned’ but before they arrive at hospital – such patients may be re-detained under s138 MHA and taken (back) to the Place of Safety or hospital as long as they are re-detained within relevant timescales – see the next page, for detail of timescales which apply.

[See WMP ‘Offer’ on Conveyance regarding return to hospital once an AWOL patient is re-detained.](#)

It is the legal responsibility of the detaining hospital to arrange for the return of their patient. Inquiries and inquests have examined critical incidents involving mental health patients being moved long distances in police vehicles and the Code of Practice MHA states conveyance by police vehicle should be *exceptional* and only where justified by risk. Even where a patient is ‘violent or dangerous’, long journeys will require clinical supervision and may be better managed by specialist clinical transport which can be arranged by the hospital.

Where WMP officers have re-detained an AWOL patient, their legal duty is to return that patient to the hospital from which they are missing, or to which they have been recalled. << [See the Offer on Conveyance](#) regarding the four ‘NEVER EVENTS’ which should be applied to consideration of the journey to return the patient to hospital.

If it will take time for a hospital to make the necessary arrangements to return their patient, consideration needs to be given to that person’s immediate care. Nothing prevents a local NHS trust being asked to accommodate the AWOL patient in a Place of Safety until arrangements are complete. Whilst they are not obliged to assist, nothing prevents them from doing so if their facility is not in use and this should be attempted wherever possible.

If it is unavoidable, nothing prevents an AWOL patient re-detained by the police under s18 or s135(2) MHA from being temporarily held at a police station. The law prohibiting the use of police stations as a Place of Safety apply only to those detained under s135(1) or s136 MHA and whilst it is preferable to avoid police stations, it is not prohibited if there are no other practical options.

- Where a patient from the West Midlands is re-detained elsewhere, no obligation is created for WMP to be involved – the patient’s return is a matter for the hospital and the other force

West Midlands Police will not meet another police force ‘half way’ if they decided to return an AWOL patient by police vehicle in order to expedite the patient’s return.

TIMESCALES – REDETENTION OF AWOL / ABSCONDED

PATIENTS

AWOL or absconded, *an AMHP, a constable or anyone authorised by the hospital may act.*

- s2 – up until 28 days after their original admission to hospital
- s3 – up to six months after the date on which they become AWOL
- s4 – up to 72hrs after their original admission to hospital
- s5(2) – up to 72hrs after their original detention under 5(2).
- s5(4) – up to 6hrs after their original detention under 5(4).
- s7 – up to six months after the date on which they become AWOL
- s17A – up to six months after the date on which they were recalled.
- s37 – up to six months after the date on which they become AWOL
- s37/41 – any time after they become AWOL.

Unusual Circumstances – *only the police may re-detain*

- s35, 36 and 38 patients may all be retaken in to custody under powers specific to those sections (see s35(10), s36(9), s38(7) MHA) at any time after they abscond: BUT! –

NB: all s35, 36 or 38 patients must then be taken to **back to court**, not to hospital!

OBTAINING A WARRANT UNDER s135 MENTAL HEALTH ACT 1983

Mental Health Act, 1983**Instructions for Obtaining a Warrant under section 135(2)****1. When a warrant is required**

- 1.1.1 *Section 135(2) provides for the issue of a warrant by a magistrate authorising entry by police to remove a patient who is liable to be returned to hospital or into custody under the Act. Such a warrant may be used to return a patient who has absconded, if access to the premises where they are staying has been refused or is likely to be refused.*
- 1.1.2 *When a warrant issued under section 135(2) is being used, it is good practice for the police officer to be accompanied by a person with authority from the managers of the relevant hospital, usually the AMHP.*

2. Application Process

2.1 *Where a patient subject to detention under the Act is absent without leave from hospital and located, or there is reasonable cause to believe the patient is at, the premises to which access has been or may be refused, the staff member involved in the search should contact the appropriate service manager for the Division.*

2.2 *The manager must make contact with the police station serving the area where the patient is believed to be to alert the police of the intention to apply for a warrant and to make the arrangements for the police to execute the warrant dial 101 and the log will be put through to Mission Support for Allocation*

It is imperative that the police receive as much information about the patient and the circumstances as are available in order that they can undertake their own risk assessment and allocate suitable resources to the execution of the warrant.

(Please see, Information Governance Policy)

2.3 *The manager is then responsible for producing a written application for the warrant that should include the following;*

- *The name of the person making the application (i.e. the Trust manager)*
- *The name of the patient sought*
- *That the patient is liable to be detained under the Act, and the relevant section*
- *The address of the premises where the patient is believed to be*
- *The name and address of the hospital where the patient is required to reside under the terms of his/ her detention*

2.4 *During the hours in which the court sits, the manager will instruct a member of staff to take the application to the appropriate magistrate's court. Where the patient is located in*

Birmingham, the application is made to the Birmingham Magistrates' Court at Victoria Law Courts, Corporation Street, Birmingham, B4 6QA.

2.5 Where an application is to be made during court hours, the manager will telephone the respective Court Office at either the Birmingham (0121 212 6600), or Sutton Coldfield Magistrates' Courts (Listings Officer, Jane Carter, 0121 362 1302) and inform them that the application is in transit. For the Birmingham Magistrates Court, the manager may also contact the probation office at the court to inform them that an application is being made. The probation service will lend assistance to the member of staff when they arrive at that court.

2.6 On arrival at the court, the member of staff should present the application to a court official. At Birmingham Magistrates Court the probation office will provide assistance if requested.

2.7 Out of court hours, for all areas within the West Midlands, the manager should telephone the West Midlands Communication Force at Bourneville Lane (0121 626 4040) who will alert the on-call magistrate and advise on the arrangements for making the application. The manager should have the following information available when contacting the police communication centre;

- That an application is being made for a warrant under section 135(2) of the Mental Health Act to return to hospital a patient who is liable to be detained under the Act;*
- The patient's name;*
- The address where the patient is believed to be;*
- The name and contact number of the manager making the application*

2.8 Once the warrant is obtained, the police should be advised and the arrangements confirmed to execute the warrant, including the name and profession of the member(s) of staff attending and the arrangements for delivering the warrant to the officers to execute.

2.9 The arrangements for transporting the patient back to hospital should also be agreed before the warrant is executed. Responsibility for the safe return of patients rests with the detaining hospital. Transportation by Trust staff is the preferred method, but the police may assist or provide transport if deemed necessary so to do (refer to the joint policy on 'Conveying Patients').

AWOL CHECKLIST FOR NURSE IN CHARGE OF THE PATIENT'S WARD

HAVE ALL STAGES OF THE TRSUST MISSING PATIENT POLICY BEEN FOLLOWED?		TICK
STAGE 1 Patient Missing or Unaccounted For	• Inform Nurse in Charge of patient's ward	
	• Inform the patient's RC immediately (or as soon as possible if the AWOL was out of hours)	
	• Inform CS/NM (Or Senior on call Manager)	
	• Inform MHA Administrator (MHAA)	
	• Complete Part 1 of the Missing Patient Form 1 and send to MHAA	
STAGE 2 Initial Search	• Confirm that the patient is not within the confines of the building	
	• Organise a thorough search of the ward and other areas within the building	
	• If the patient is not located, other wards, departments or services on the same campus or site must be informed and request that a similar, thorough search is undertaken within those buildings.	
	• If the patient is located outside of the ward and in the hospital grounds, staff should attempt to persuade the patient to return.	
	• If the patient was on hospital grounds and refused to return, was a nurses' holding power used under s5 (4) of the MHA?	
If the patient is not located after Stage 2 is completed, proceed to Stage 3 below		
STAGE 3 Determining the Category of Risk	• Consult entries relating to the patient's current risk status in the patient's care record (RiO)	
	• When determining whether to notify the police service, complete and document an initial risk assessment and the risk rating in Appendix C of the policy	
If the patient is not located after Stage 3 is completed, proceed to Stage 4 below		
STAGE 4 Notification	• Contact the following people where appropriate:	
	• Nearest Relative (detained patients) within 1hr	
	• Next of Kin (Informal/Voluntary patients) within 1hr	
	• Agencies involved in child or victim protection issues	
	• Contact police immediately if high risk, medium risk and low risk	
	• Care Quality Commission (CQC) for detained patients AWOL from secure environments (including PICUs)	
STAGE 5	• Complete an ECLIPSE Incident report	
STAGE 6 Notification of Patient's Return	• All agencies informed of patient's return	

Name of Person completing the checklist.....

Signed.....

Date.....



Ministry
of Justice



HM Prison &
Probation Service

**NOTIFICATION OF ESCAPE OR ABSCOND OF A RESTRICTED
PATIENT**

Patient's Name:
MHCS Reference No:
DOB:
Detaining Hospital:
Level of Security:

Ward name:
Ward Telephone No:
Contact Name:
Name of RC:
RC's Email:

Date of Escape/Abscond:
Have the Police been Notified: YES/NO
(if YES, please provide the police reference no.)

Circumstances of Escape/Abscond:

Please provide a brief summary of Patient's mental state at time of Escape/Abscond (when completed, please email to MHCSMailbox@justice.gov.uk)



Ministry
of Justice



HM Prison &
Probation Service

**NOTIFICATION OF THE RETURN OF A RESTRICTED PATIENT
FROM ESCAPE OR ABSCOND**

Patient's Name:
MHCS Reference No:
DOB:

Date of Escape/Abscond:
Date of return from Escape/Abscond:

Abscond Report

(This section should provide an update on the Patient's mental state, his reasons for absconding, any incidents of concern, the patient's whereabouts and what the patient did while absent. When completed, please email to **MHCSMailbox@justice.gov.uk**)