Directorate of Nursing and Therapies

Policy & Procedural Guidance:
Detained Patients Absent Without Leave
&
Missing Informal Patients

<table>
<thead>
<tr>
<th>Implementation Date:</th>
<th>November 2010</th>
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<tr>
<td>Review Date:</td>
<td>November 2012</td>
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<td>Policy Section Number:</td>
<td>1</td>
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| Title | Title of Policy: Policy and Procedural Guidance: Detained Patients Absent Without Leave and Missing Informal Patients  
Version: 3.0  
Renewal Date: November 2010 |
|---|---|
| SUPERSEDES | Supersedes: Existing Policy  
Expiry date: November 2010 |
| LEAD AUTHOR | Lead Author/s Name/s: Nick Blackledge  
Designation: Lead Manager – MHA/MCA/CPA |
**Policy and Procedural Guidance: Detained Patients Absent Without Leave and Missing Informal Patients**

**REVIEW AGREEMENT PROCESS**

List the stages of review, with dates, this policy has undergone eg consultation and Committee reviews prior to requesting Trust Management Board approval

Date: 2/9/10  Issued for consultation to all service managers and professional heads
Committee/group/consultation – distributed to all managers for comments

Date:  
Committee/group/consultation:

Date:  
Committee/group/consultation: ...............................................................

Have any financial implications been identified and adequately resourced?  
Yes

*If no, please explain how this will be addressed prior to approval*

______________________________

**EQUALITY IMPACT ASSESSED**

Equality Impact Assessed?  Yes
Please note this must be undertaken prior to seeking Approval

*If yes, has the recording impact tool been completed?  Yes*
Please note this must be undertaken prior to seeking Approval

Any Negative Impact identified?  No

*If yes, has an action plan been developed to address any negative impact?*

**COMMUNICATION PLAN**

Following approval Lead Author to communicate approved policy via:

(1) Trust Communications [ ] contact Communications Officer
• Monthly update to staff following Trust Management Board
• Team Brief
• Managers Meeting Point

(2) Intranet [ ] contact Web Developer

(3) Confirmation to Policy Assurance Group post approval processes have been completed [ ] contact Trust Board Secretary
| TRAINING PLAN |  
|----------------|----------------|
| Is staff training or briefings required for this policy? | Yes | **If yes, please complete the following:** |
| Elements of policy requiring training/briefing: | Please list |
| All qualified in-patient staff and community staff must be aware of the procedures to be followed in the event that a detained patient is absent without leave or an informal patient is found to be missing from hospital. |
| Training/Briefings required for which staff discipline/s | Please state |
| Qualified in-patient and community staff |
| If a training need has been identified, has the delivery been agreed? | Yes |
| With whom? | Incorporated in MHA mandatory training module |

| APPROVAL |  
|----------------|----------------|
| Approved by Trust Management Board: | Yes [ ] No [ ] | **Comment: if applicable** |
| Lead Author/s to be informed of approval status by the Trust Board Secretary in order for lead author/s to implement the communication and training plan. |
FLOWCHART: Procedure – Detained Patient Absent Without Leave (AWOL) and Missing Informal Patients

1. Has a detained patient absconded from the ward? Has a detained patient failed to return from agreed leave? Is an informal patient missing from the ward?

2. Notify Nurse in Charge immediately

3. If detained has S17 leave been given? If informal has leave been given per care plan?

4. Check patient records: casenotes/amigos contact RC/team doctor

5. If detained and no S17 in place or If informal no record in care plan relating to agreed leave from the ward/hospital

6. Conduct thorough search of unit and grounds

7. Has it been clearly established that the patient has left the hospital site?

8. Patient not found – commence formal risk assessment

9. Attempt patient and carer contact through: all known phone numbers/mobile no.

10. If contact made will patient agree to return?

11. Notify police if patient is: considered to be vulnerable/danger to self or others/subject to MoJ restrictions

12. Notify police if patient is: considered to be vulnerable/danger to self or others/subject to MoJ restrictions

13. Notify RC/duty dr/Senior nurse on call/nearest relative and/or carer/care co-ordinator that patient is AWOL

14. Notify AWOL incident using DATIX system

15. MHA Office notifies CQC of AWOL incident

16. If detained patient returned notify MHA Office. Ward team to review all incidents of AWOL and missing informal patients for inclusion in quarterly and annual report to Risk Committee.

17. If missing informal patient returns ward team to review incident

18. If no, a detained or community patient may be retaken using S18 MHA. If informal no power to retake – consider MHA assessment

19. MHA Office notifies CQC of AWOL incident

20. If detained patient returned notify MHA Office. Ward team to review all incidents of AWOL and missing informal patients for inclusion in quarterly and annual report to Risk Committee.
1.0. Introduction

1.1. The Code of Practice to the Mental Health Act\(^1\) requires that hospitals have a clear written policy about the action to be taken when a detained patient, or a patient subject to Supervised Community Treatment, goes missing. In addition, the National Health Service Litigation Authority (NHSLA) Risk Management Standards 2010/2011\(^2\) require that hospitals have an approved documented process for managing the risks associated with service users who are absent without leave (AWOL) that is implemented and monitored. The Health and Social Care Act 2008 Regulations\(^3\) and the Care Quality Commission Regulations\(^4\) require, from 1\(^{st}\) April 2010, the unauthorised absence of a detained patient, or a patient who is liable to be detained, to be notified to the CQC without delay. This Policy has also taken account of recommendations contained in Biennial Reports\(^5\) of the former Mental Health Act Commission concerning the steps which should be taken to manage the risks associated with detained patients absent without leave and to minimise incidents of absconding.

1.2. The policy recognises that there are a number of factors which contribute to the incidence of absconding; boredom through lack of therapeutic activity, ward environment, patient mix, potential for bullying or harassment, drug and alcohol misuse and lack of access to fresh air and a peaceful environment contribute to disengagement from care and absconding. All of these factors must be taken into account by ward teams in the planning and delivery of care.

2.0. Aim of this Policy

2.1. The aim of this policy is to ensure that there is an adequate and appropriate response by staff when a patient who is detained, or liable to be detained, absconds. The policy also aims to ensure that there is an equally adequate and appropriate response when an informal patient is found to be missing. The policy describes the procedure to be followed

\(^1\) Code of Practice to the Mental Health Act 1983 (TSO) (2008) (Chapter 22.10)
\(^2\) NHSLA Risk Management Handbook 2010 (NHSLA) (January 2010)
\(^3\) The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010
\(^4\) The Care Quality Commission (Registration) Regulations 2009
to ensure that incidents of absconding detained patients and missing informal patients are properly considered, reported, monitored and reviewed.

3. Duties and Responsibilities

3.1. Ward nurses, nurse managers, medical and community staff have duties and responsibilities when a detained patient is absent without leave and when an informal patient is missing from hospital. The duties and responsibilities are as follows:

- Ward Staff – have a general responsibility to ensure that the whereabouts of patients is known at all times and to follow this policy when a detained patient is absent without leave or an informal patient is missing from hospital;
- Named Nurse – has a particular responsibility for the safety and well-being of patients allocated to their care and to initiate the procedure described in this policy;
- Ward Manager – has responsibility for the safety and well-being of all patients in their care and to initiate the procedure described in this policy;
- Duty Senior Nurse – has responsibility to assist ward-based staff with adherence to this policy and to take charge of the procedures described in this policy outside normal hours;
- Responsible Clinician and Duty Responsible Clinician – has responsibility for advising and assisting ward-based staff with the procedures described in this policy;
- Care Co-ordinator – has responsibility for advising and assisting ward-based staff with the procedures described in this policy on those occasions when an absconding or missing patient is known to be in the community;
- Mental Health Act Office – has responsibility for advising all staff on the procedures to be followed when an absent detained patient returns to hospital and for notifying the Care Quality Commission of incidents of absconding detained patients; and
- Greater Manchester Police – have responsibility for assisting staff with the location and return of detained absconding patients and missing informal patients when there is a clear risk of harm to the patient or others.

4.0. Detained and Informal Patients and Absence from Hospital

4.1. The Code of Practice to the Mental Health Act and the recommendations of the Care Quality Commission require arrangements to be in place to address the issue of detained
patients who have absconded from hospital, drawing upon the specific statutory provisions set out in Section 18 of the Act and the power to retake and return detained patients set out in Sections 135, 137 and 138 of the Act. There is an equal duty of care to informal patients who are missing and, consequently, this Policy will also describe the action which must be taken in the case of a missing informal patient. It must be borne in mind that an informal patient has the right to leave hospital at any time, although they may be asked to inform staff when they are leaving the ward (Code of Practice, 21.36). In the view of the former Mental Health Act Commission, it is not appropriate to refer to ‘leave’ in the context of informal patients, as this can give the false impression that hospital staff have the right to prevent informal patients from leaving the ward. Following the amalgamation of the Mental Health Act Commission with the Care Quality Commission an updated guidance note on leave of absence has been published. The Trust has published a patient information leaflet which sets out the rights of informal patients, and which is routinely issued to informal patients on admission.

5.0. Risk Management and Care Planning

5.1. This Policy draws upon, and complements, the risk management strategy for the Trust, which sets out the overarching arrangements for the protection of service users, carers and staff; the need to identify risks that could cause harm and to establish a risk-management culture within the Trust (Risk Management Strategy – August 2010)

5.2. All patients – whether informal or detained - must have an up to date care plan and detailed risk assessment. The risk management component of the care plan for all patients allows staff to identify any risks which are connected to authorised and unauthorised absence. The electronic patient record (AMIGOS) allows staff to flag any risk issues associated with leave of absence or absconding risk. The patient's named nurse or the nurse in charge is responsible for ensuring that a physical description of the patient is available on admission. A physical description field has been included within AMIGOS for this purpose.

5.3. Patients who are detained under the Mental Health Act 1983 must have a completed Section 17 Leave Form before taking leave from hospital. Section 17 leave is only

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6 Care Quality Commission Guidance Note: ‘Leave of Absence and Transfer under the Mental Health Act 1983.'
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required for leave outside the hospital boundary and does not affect freedom of patient movement within the hospital or its grounds. (See: Policy and Procedural Guidance: Section 17 Leave of Absence).

6.0. Definition of Absence without Leave (AWOL) and Legal Framework for the Return of Absconding Detained Patients

6.1. Under Section 18 of the Act, patients are considered to be AWOL when they:

- Have left the hospital in which they are detained without their absence being agreed (under Section 17 of the Act) by the responsible clinician;
- Have failed to return to the hospital at the time required to do so by the conditions of leave under Section 17;
- Are absent without permission from a place where they are required to reside as a condition of leave under Section 17;
- Have failed to return to the hospital when their leave under Section 17 has been revoked;
- Are supervised community treatment (SCT) patients who have failed to attend hospital when recalled;
- Are SCT patients who have failed to comply with a notice of recall;
- Are conditionally discharged restricted patients whom the Secretary of State for Justice has recalled to hospital; or
- Are guardianship patients who are absent without permission from the place where they are required to live by their guardian.

6.2. Section 18 of the 1983 Act provides powers for retaking into custody patients who are absent without leave and returning them to hospital. A patient who is liable to be detained in hospital may be taken into custody and returned to hospital by:

- an Approved Mental Health Professional (AMHP);
- any member of the hospital staff;
- any police officer;
- any person authorised in writing by the Hospital Managers; or
- any officer on the staff of a hospital to which a patient has gone on leave.
6.3. A patient who is absent without leave whilst under Guardianship may be taken into custody by:

- any officer on the staff of the local Social Services Authority;
- a police officer; or
- any person authorised in writing by the guardian or local social services authority.

6.4. An AWOL patient may be taken into custody for up to six months after going absent or until the expiry date of the current period of detention, community treatment order or guardianship, whichever is the later. **Patients subject to Sections 2, 4, 5(2) or 5(4) may not be retaken once their period of detention has expired.** Sections 137 & 138 of the Act provide for patients who escape from custody, after an application for detention has been made, to be retaken and returned to hospital within 14 days of the date the patient was last examined for the purposes of providing a medical recommendation under the Act.

6.5. Patients who are AWOL may be taken into custody in England, Wales or Northern Ireland. Arrangements for the retaking of AWOL patients who have absconded to or from Scotland, the Isle of Man or the Channel Islands are set out in regulations made under the Act. Contact must be made with the Mental Health Act office in order to establish arrangements for return of a detained patient from Scotland, the Isle of Man or the Channel Islands.

6.6. Responsibility for the safe return of patients rests with the detaining hospital. If the absconding patient is initially taken to another hospital, that hospital may detain the patient whilst arrangements are made for their return, provided they have evidence that the patient is detained i.e. copy section papers.

6.7. For patients subject to Supervised Community Treatment (SCT), once a recall notice has been served, an SCT patient can, if necessary, be treated as absent without leave, and taken and conveyed to hospital. The time at which the notice is deemed to be served will vary according to the method of delivery. A notice handed to the patient is effective immediately. If the notice is delivered by hand to the patient’s usual or last known address, the notice is deemed to be served on the day after it is delivered. If the notice is served by first class post, the notice is deemed to have been served on the second
working day after posting. It will be important to allow sufficient time for the patient to receive the notice before any action is taken to ensure compliance.

SCT patients who are AWOL may be taken into custody and returned to the hospital to which they have been recalled by an AMHP, a police officer, a member of staff of the hospital to which they have been recalled, or anyone authorised in writing by the managers of that hospital or by the responsible clinician. In normal circumstances the arrangements for return will be co-ordinated by the patient's named care co-ordinator, with assistance, when necessary, from an AMHP.

6.8. If a detained patient is absent without leave, the mental health act administrator of the hospital site must be informed as soon as possible. The mental health act administrator must also be informed of the patient's return from absence without leave. This will ensure that the provisions of the Mental Health Act 1983 are correctly followed and that appropriate advice can be given to the patient's Responsible Clinician (RC). If the patient goes AWOL or returns from AWOL 'out of hours' or at weekends, it is the responsibility of the nurse in charge to ensure that a message is left for the mental health act administrator.

6.9. If a detained patient has been absent without leave and returns to hospital within 28 days of absconding, or is returned to hospital during a period when the period of detention under the Act is due to expire or returns after a period of more than 28 days, then special provisions apply in accordance with Section 21, 21A or 21B of the Act. The Mental Health Act Office must be contacted for advice in such cases.

7.0. Police Assistance with the Return of AWOL and Missing Informal Patients

7.1. The National Policing Improvement Agency (NPIA) have published guidance concerning persons with mental disorder missing from hospital and detained patients who are absent without leave.  

7.2. The NPIA guidance seeks the co-operation of mental health services to reduce unnecessary requests for police assistance. Each incident of an AWOL or missing informal patient must be subject to a careful evaluation of the circumstances and a risk

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7 Guidance on Responding to People with Mental Ill Health or Learning Disabilities – National Policing Improvement Agency (2010)
assessment by hospital staff before any decision is made to request police assistance. It is expected that all reasonable steps have been taken to discover the whereabouts of a patient before reporting them missing to the police.

7.3. Once it is established that a detained patient is AWOL, police should be contacted in cases when the patient is:

- considered to be vulnerable to abuse, exploitation or self-neglect if not returned to hospital at the earliest possible opportunity;
- considered to be at risk of harm to themselves or others if not returned to hospital at the earliest opportunity; or
- subject to Ministry of Justice restrictions i.e. subject to Section 37/41 or 48/49

7.4. Once a decision is made to request police assistance, the following information must be relayed to them:

- the circumstances of the absence
- details of their detention, ( unless the patient is a missing informal patient)
- description and any photograph
- details of any medication, effects of its withdrawal and the consequences of not taking medication
- social history e.g. family, friends, contacts
- any significant recent events which could be relevant, including the behaviour of the individual before going missing
- details of any risk assessment ( for example, any individual at risk as a result of the person’s absence or risk to the person themselves)
- whether MAPPA are involved with the individual
- enquiries which have taken place to establish the person’s whereabouts

7.5. Police involvement with the retaking and return of AWOL patients and missing informal patients should not be considered a matter of routine. The Code of Practice to the Mental Health Act states that the managers of the hospital are responsible for the transport arrangements for the return of absconding patients and that decisions about the type of transport to be used should be taken in the same way as for patients being detained in hospital for the first time. If the patient’s location is known, the role of the police should, wherever possible, be only to assist a suitably qualified and experienced
mental health professional to return the patient to hospital.\(^8\) (Staff should refer to the [Joint Policy for the Conveying of Patients from the Community to Hospital](#) for further details).

7.6. In the case of patients who do not respond to a recall notice issued under the provisions of Supervised Community Treatment, the NPIA guidance notes that responsibility for coordinating recall lies with the patient’s responsible clinician. In cases where the patient’s location is not known, the guidance acknowledges that it may be entirely appropriate for the police to be involved in the search and to take the patient into custody if found.

8.0 Reporting Indicators for Detained Patients absent Without Leave

8.1. Reporting indicators for detained patients, to be used as a checklist by nursing staff, to ensure that a detained patient meets the criteria for AWOL before taking further action are as follows:

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<th>AWOL : Reporting Indicators</th>
<th>Checklist</th>
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<tr>
<td>Has left the hospital in which they are detained without their absence being authorised under Section 17</td>
<td>• Has it been clearly established whether Section 17 leave has been authorised? – check case notes/MHA Office/ RC • Has it been clearly established that the patient has left the hospital site following a thorough search</td>
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<tr>
<td>Has failed to return to hospital at the time required to do so under the conditions of S17 leave</td>
<td>• Is the time of return clearly indicated on the S17 leave form • Is the time of return critical in this case, or negotiable • Has an attempt been made to contact the patient to agree a safe return to hospital • Has an attempt been made to contact a relative/carer/friend to establish the patient’s whereabouts • Has the failure to return been discussed with RC or senior team doctor or care coordinator</td>
</tr>
<tr>
<td>Absent from the place where the patient is required to reside as a condition of S17 Leave</td>
<td>• Does the S17 leave form make clear where the patient must reside • Is it clearly established that the</td>
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\(^8\) Code of Practice to the Mental Health Act 1983 (2008) Paras 11.27, 11.29, 22.13
| Failed to return to hospital after their leave has been revoked | Leave may only be revoked, in the case of a patient who refuses to comply with the conditions of leave, following written notice to the patient. Has a written notice been issued? |
| A CTO patient has failed to return to hospital following the issue of a recall notice | Has sufficient time been allowed for the patient to respond to the notice. Is it clear that the patient has refused to respond to the recall notice. Have attempts been made to contact the patient directly and/or by telephone. Have attempts been made to contact any relatives or carer(s) about the recall notice. |

9.0. Missing Informal Patients

9.1. As stated in paragraph 5.2 above, care plans, incorporating a risk assessment, must be available for both detained and informal patients. Following informal admission, care plans must indicate that, following discussion with the admitting nurse, the patient is clear about their informal status and has been issued with an information leaflet. Informal patients must be asked to notify a member of nursing staff if they wish to leave the ward area or hospital and to contact ward staff if there is any delay with their expected return. Nursing staff are responsible for monitoring and reporting any change in risk which might result in a temporary suspension of leave from the ward or hospital e.g. a sudden deterioration in mental state may indicate the need for a mental health act assessment and the use of holding powers under Section 5(4) and 5(2). In most respects the procedure for dealing with a missing informal patient should follow the procedure for missing detained patients, with the exception that there are no statutory powers to return the patient under Section 18 of the Act. Once a missing informal patient has been located, consideration will be given to the need for an assessment under the Act, in the event that...
they have refused to return and are likely to meet the criteria for detention. Risks associated with a missing informal patient are expected to be lower than those associated with a detained patient, although each case must be assessed individually and the search and notification procedure followed without delay.

10.0. Reporting of Absconding Detained Patients and Missing Informal Patients

10.1. Once an incident of absconding of a detained patient or a missing informal patient has been confirmed as an AWOL or Missing Informal Patient, the nurse in charge must ensure that details of the incident are recorded on the Trust’s incident reporting system (DATIX). Use of the DATIX system allows the collation and analysis of absconding and missing patient incidents and periodic review of these incidents by the Trust’s Risk Committee, including an annual report.

10.2. With effect from 1st April 2010, there is a requirement under Regulation 17 of the Care Quality Commission (Registration) Regulations 2009, to notify the Care Quality Commission, without delay, of the unauthorised absence, and outcome of the absence, for patients detained or liable to be detained under the Mental Health Act 1983. This task is undertaken by the mental health act team, using data from incidents reported through the DATIX system.

11.0. Monitoring

11.1. Through consistent reporting and analysis of AWOL and missing person incidents, factors which contribute to absconding can be identified and lessons learned to minimise absconding levels. Following the return of an absconding or missing patient, arrangements must be made to review the incident as part of the care planning process and to ensure that the reasons and circumstances of the incident are discussed with the service user. Reports and analysis of AWOL and Missing Persons will be submitted to the Trust’s Risk Committee on a quarterly basis, together with an annual report, detailing the number of AWOL and missing patient incidents, the reasons/factors which have been learned from each incident and the ways in which such incidents can be minimized.