Mersey Care
NHS Foundation Trust

Community and Mental Health Services

TRUST-WIDE CLINICAL POLICY DOCUMENT

SERVICE USERS MISSING FROM AN INPATIENT AREA

Policy Number:	**SD05**
Scope of this Document:	**All Staff**
Recommending Committee:	**Patient Safety Committee**
Approving Committee:	**Executive Committee**
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Lead Executive Director:	**Medical Director**
Lead Author(s):	**Director of Patient Safety**

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2018 – Version 3

Striving for Perfect Care for the People We Serve

TRUST-WIDE CLINICAL POLICY DOCUMENT

SERVICE USERS MISSING FROM AN INPATIENT AREA

Further information about this document:

Document name	**SERVICE USERS MISSING FROM AN INPATIENT AREA SD05**
Document summary	**To ensure that service users who are missing from inpatient areas are located as soon as possible in order that their safety and on-going care can be assured**
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Published by Copies of this document are available from the Author(s) and via the trust's website	**Mersey Care NHS Foundation Trust** **V7 Building** **Kings Business Park** **Prescot** **Merseyside** **L34 1PJ** **Your Space Extranet: http://nww.portal.merseycare.nhs.uk** **Trust's Website www.merseycare.nhs.uk**
To be read in conjunction with	**MH01: MHA 1983 Overarching Policy**
This document can be made available in a range of alternative formats including various languages, large print and braille etc	

Version Control:

		Version History:
Version 1	Corporate Document Review Group	February 2014
Version 2	Policy Group	February 2017
Version 2	Executive Committee	March 2017
Version 3	Policy Group	March 2018

SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child /adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

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1. PURPOSE AND RATIONALE

1.1 The aim of this policy is to ensure that service user safety is maintained during an inpatient episode

1.2 In some cases service users may absent themselves/leave an inpatient area without the awareness or agreement of the clinical team

1.3 Service users may also fail to return on time from a period of leave of absence or abscond from escorted leave

1.4 In both these circumstances it is necessary to locate the whereabouts of the service user as quickly as possible so that assessed risk can be managed and the most appropriate care be provided

1.5 This Policy and Procedure therefore establishes a framework to ensure:

- The level of risk is assessed
- An initial search takes place
- A more detailed search with the input of carers/relatives/significant others and police takes place when necessary

1.6 Whilst this is a Trust Wide Policy, Services may have additional local guidelines in place to meet their individual needs.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 To ensure a consistent approach to reducing the risk of service users going missing from an inpatient area and to have a consistent and robust approach when service users are deemed as missing.

3. SCOPE

3.1 This Policy applies all working practitioners in Mersey Care NHS Trust, regardless of qualifications and experience, who are required to maintain and manage the safety of service users during inpatient episodes.

3.2 A service user is considered missing when they:

- Absent themselves/leave an inpatient area without the awareness or agreement of the Clinical Team
- Or fail to return on time from a period of leave of absence.
- Or abscond from escorted leave

3.3 Staff are directed to also read the MH01 MHA 1983 Overarching Policy.

3.4 This policy does not apply to service users who fail to attend community, day-hospital or out-patient appointments (see *Policy and Procedures for Managing Community Access Processes including Did Not Attend (DNA), Cancellation, Booking, Waiting Times and Choose and Book Procedures SD08)* Day hospital services may wish to adopt the principles within this policy to develop guidelines which apply to service users who go missing when in the care of a day hospital services may wish to adopt the principles within this policy to develop guidelines which apply to service users who go missing when in the care of a day hospital.

4. DEFINITIONS

Glossary of Terms	Definition
Assessment	The process of gathering information via personal interviews, psychological/medical testing, review of case records and contact with collateral informants for use in making decisions
Assessment levels	*Level one* and *level two risk assessments* are quick to administer but generate only limited amounts of information applicable over a relatively brief timeframe. *Level one and two risk assessments* may be completed and updated often and will serve to monitor risks assessed at length on admission and at major reviews. *Level Three risk assessments* are time consuming but generate a substantial amount of information. *Level Three risk assessments* are suitable for use at key points in the service user's care pathway, such as prior to a professionals meeting or an H-RAMM where complex risk management arrangements will be discussed.
CPA	Care Programme Approach is the basic level assessment used to highlight the needs of patients and to develop a plan of care from.
Risk	The nature, severity, imminence, frequency/duration and likelihood of harm to others or self
Risk formulation	A risk formulation is the outcome of a process whereby a single practitioner or care team working together examine all the risk and protective factors relevant to the service user being assessed *in order to* produce a coherent explanation in a narrative form of how and why the most relevant risk factors interact with one another over time to bring about changes in risk.
Risk management	A risk management plan will be linked directly to the risk and protective factors making up the key elements of the risk formulation and will include recommendations about *treatment*, *supervision*, *monitoring* and possibly also *victim safety planning*. It is expected that a risk management plan will bring about changes in critical risk and protective factors in order to make risk manageable and ensure the safety of all.

5. DUTIES

5.1 The **Chief Executive** has overall accountability for the management of service user safety and will delegate responsibility to ensure that adequate and appropriate resources are made available to ensure that the Trust meets its statutory obligations.

5.2 Duties and responsibilities for the implementation of this policy will be delegated down through Directors to Managers and staff, service users, and contractors.

5.3 The **Executive Director of Nursing** is responsible for Patient Safety and Quality across the organisation and for ensuring arrangements are in place for the safe and effective prevention and management of service users within inpatient services an will ensure that all managers are aware of the policy and are supported in meeting the requirements of this policy with all staff.

5.4 **The Executive Director of Finance** will ensure that:

5.4.1 When introducing new access and egress systems, cause and effect must be explored and recorded as part of a risk assessment.
5.4.2 Contractors and sub-contractors should be made aware of any risk assessments and systems in place to control access and egress into and from inpatient services.
5.4.3 Contractors and sub-contractors are monitored to ensure that they do not compromise systems in place to control access and egress into and from inpatient services.
5.4.4 An effective planned preventative maintenance programme is in place to ensure that systems that control access and egress to and from inpatient services operate effectively.

5.5 **Chief Operating Officers** are responsible for ensuring that a structure is in place to implement this Policy within their Division and for ensuring that funding is made available for addressing the identified risks.

5.6 **Managers, Modern Matrons and Ward Managers** will ensure that:

5.6.1 Risk assessments are carried out on individual services users within inpatient services and that appropriate actions are taken to reduce identified risks.
5.6.2 Identified tools are used to support the risk assessment process e.g. START or CPA Risk Assessment.
5.6.3 Incidents of missing persons are monitored and actions taken as detailed within the policy.
5.6.4 Incident reports are compiled and trends discussed in respective Divisional/ Service Adverse Incident sub-groups.
5.6.5 All Adverse Incident Reports are forwarded to the respective managers for consideration
5.6.6 All posts incident reviews to include lessons learnt and recommendations are fed back to the clinical team for consideration.
5.6.7 Actions identified in post incident reviews are monitored and progress is reported back to respective Adverse Incident Sub Groups.

5.7 **All Employees** will ensure that:

5.7.1 Are aware of the content of the policy and the action and responsibilities required within their role.
5.7.2 They are vigilant and report any risks to the clinical team and or their line manager.
5.7.3 Service users, volunteers, staff and contractors are orientated to the Ward and systems in place to control access and egress into and from inpatient services.

5.7.4 A Trust incident form is completed on Datix, Ulysses or PACIS as per Trust Procedure where appropriate.
5.7.5 They attend relevant training at agreed intervals and where relevant.
5.7.6 They take reasonable care of their health and safety and that of others who may be affected by their acts or omissions at work?

5.8 **The Patient Safety Committee and local governance meetings of Divisions** will review adverse incident data with a focus to ensure any trends and learning from service users going missing from inpatient services are identified and appropriate action taken.

5.9 **The Risk Department** will ensure regular incident reports are provided to the Health and Safety Committee highlighting areas of concern regarding service users going missing from inpatient services.

6. PROCESS

6.1 All service users should have a documented risk assessment undertaken upon admission to inpatient care to identify their risk of going missing.

6.2 This assessment should include any previous history and/or patterns of absconding or going missing and the service user's level of vulnerability. The risk assessment should be imbedded within and should draw upon any information contained within risk assessment tools used, for example Care Programme Approach (CPA) Risk Assessment or Short term Assessment of Risk and Treatability (START) Risk Assessment. The assessment must be subject to regular review and updating. The following information should be considered:

6.2.1 The likelihood of the service user going missing
6.2.2 What may act as a trigger to an incident
6.2.3 The service users view of their environment and/or care
6.2.4 The level of supervision and support that the service user may need
6.2.5 The risk of harm to the service user and their vulnerability if they go missing
6.2.6 If appropriate the view or carers, relatives or significant other
6.2.7 The risk of harm posed by the service user to individuals, specific groups or the wider public if they go missing
6.2.8 Consideration of any external influences that may assist the service user to go missing or harbor them when missing to include a potential abuser

6.3 All service users who are assessed as presenting with a risk of absconding or going missing should have within their care plan with clearly identified appropriate levels of observation, supervision and contingency

6.4 Prior to service users being approved by the care team to go on leave, their risk assessment should be reviewed and supportive arrangements put in place to ensure their safe return, for example supervision during their leave, liaison with family/carers/significant others, as well as clearly agreed return times.

6.5 When agreement is made for a service user to go on leave, a risk contingency plan should be developed in the event of a service user failing to return.

6.6 **When a service user absents themselves/leave an inpatient area without the awareness or agreement of the Clinical Team, then the nurse in charge should:**

6.6.1 Determine legal status of the service user and refer to additional guidance relating to detained service users if necessary *(MH01 MHA 1983 Overarching Policy).*
6.6.2 Check where and when the missing service user was last seen and by whom.

6.6.3 Where appropriate, contact reception to alert them and consider closing access/egress until a check of the ward/unit has taken place.

6.6.4 A search of the inpatient area and immediate grounds should be facilitated.

6.7 Discuss with other service users/staff as to the likely whereabouts of the missing service user. **When a service user on leave from hospital fails to return, the nurse in charge should:**

6.7.1 Check that no messages have been received from the service user indicating any change in their return arrangements

6.7.2 Determine legal status of the service user and refer to additional guidance relating to detained service users if necessary *(MH01 MHA 1983 Overarching Policy)*

6.7.3 Ensure that their risk assessment is reviewed to determine the perceived risks that the service user poses. They should also identify whether there is a contingency plan in place which determine actions to be taken in the event of the service user failing to return from leave on time.

6.7.4 The nurse in charge should then attempt to make contact with the service user and or their relative/significant other/carers to attempt to ascertain the reasons for the late return.

6.7.5 If the service user and or their relative/significant other/carer offers a clear rationale for the service users failure to return on time e.g. transport difficulties, then nurse in charge should consider whether the risk assessment supports an extension of the leave. If so then:-

6.7.6 If informal, the nurse in charge needs to contact the Modern Matron or if out of hours, Bronze on-call to explore extending leave.

6.7.7 If detained under the Mental Health Act then the nurse in charge needs to contact the responsible medical officer or on-call Psychiatrist out of hours.

6.7.8 Recording the same in the clinical records and feeding back the outcome of the discussion with the service user and or their relative/significant other/carers.

6.7.9 If the risk assessment or discussion with Modern Matron/responsible medical officer fails to support extending leave then the service user or their carer/relative/significant other needs to be informed of the same and the service user reported Absent without Leave immediately informing the Senior manager or on-call manager.

6.7.10 The nurse in charge must also:

6.7.10.1 Complete an adverse incident form)DATIX)

6.7.10.2 Record events and actions in the service users clinical records

6.7.10.3 If the service user is located, make arrangements for their timely return

6.7.10.4 If a service users contingency plan states that leave can be extended if they fail to return from leave. The extension of leave can only take place to a maximum of 24 hours before reporting the service user as missing to the police.

6.7.10.5 The contingency plan's guidance on extending leave also needs to be received in light of any new information.

6.8 **When the nurse in charge is satisfied that the service user is missing they must inform the following:**

6.8.1 The Responsible Clinician/Acute Care Team (ACT) Consultant or On-Call Doctor.

6.8.2 Senior Manager or On-Call Manager

6.8.3 Consult with family/carers/significant others

6.8.4 The Police – informing them of the level of risk of the service user in relation to self injury and harm to others.

6.8.5 For service users under the age of 18 consider contacting Careline.

6.8.6 The Care Co-ordinator

6.8.7 Anybody identified as being at risk

6.8.8 The Ministry of Justice where a service user is subject to restriction orders within the meaning of MHA 1983 i.e. 37/41; 47/49; 48/49, 45A (where the limitation direction remains)

6.8.9 **Care Quality Commission** Appendix 1 is designed to notify the Care Quality Commission (CQC) of any absence without leave of a person detained or liable to be detained under the Mental Health Act 1983 (eg on S17 leave of absence from hospital or held under short-term powers of S5, S135 or 136).

Services should use the form (Appendix1) to notify CQC of any absence without leave (AWOL) of a person who is detained or liable to be detained under the Mental Health Act 1983 in a hospital designated as low, medium or high security.

Staff should complete this form as soon as possible after the incident is noted but not to the detriment of taking necessary actions to deal with the incident on a practical level.

6.8.10 The nurse in charge must also:

6.8.11 Complete an Adverse Incident Form (DATIX, ULYSSES, PACIS)

6.8.12 Record events and actions in the service users clinical records

6.8.13 If a service user is informal as a result of a condition of bail, treatment or residence, a report must be made to the police

6.8.14 The police have responsibility for considering whether to inform the media about missing service users to assist in locating that individual and to warn the public should that individual pose a significant threat. However, decisions to publicise will always be made in consultation with the Communications Department (Gold on-call out of hours), who will ensure that the family, carers or significant others are consulted with.

6.8.15 If the service user has the potential to attract press interest then Gold on-call should be informed by Silver on-call

6.8.16 If a service user remains missing then the implemented action plan should be regularly reviewed by the clinical team.

6.8.17 If a service user is not located within 7 days or if there are particular high risk factors 48 hours, the ward manager should ensure that an urgent multi-agency meeting is facilitated at the earliest opportunity to discuss the following, this would include attendance by the police.

6.8.18 Review the action taken up to that point.

6.8.19 Ensure that all possible steps are taken to locate the service user

6.8.20 Develop a strategy to locate the service user, and agree a combined response.

6.9 **When a service user is located**

6.9.1 The nurse in charge will need to make a decision about who should return them to the ward based on their perceived risk and or legal status.

6.9.2 Where an informal service user refuses to return, a medial assessment should be facilitated to assess their future care needs.

6.9.3 If the service user is informal and refuses to return then consideration should be given to request a visit from community resources such as Crisis Resolution/Home Treatment Team (CRHT) or the care co-ordinator.

6.9.4 If the service users has been located out of area and presented themselves for care by another Trust, the locality ward will liaise with the other organisation or agency and make arrangements for the safe return of the service user.

6.9.5 If a service user goes missing repeatedly or causes specific concern due to risk factors, a meeting should be held to discuss preventative action and the appropriate combined response to future incidents.

6.9.6 This will include

6.9.7 Agreeing a pre-leave risk assessment
6.9.8 Agreeing a reporting strategy
6.9.9 Recommending the minimum enquiries to be conducted by the trust and by the police should the service user go missing again?
6.9.10 Agree an appropriate return strategy.

6.9.11 When a service user is returned to a ward

6.9.12 The service users comfort and well being should be immediately attended to, this may include the provision of any prescribed medication, a meal or drink etc.
6.9.13 The service user will be given a full physical/mental state examination as deemed appropriate by the Clinical Team.
6.9.14 The nurse in charge will be responsible for informing those who have been notified of the missing service user as indicated in section 2.6 of this policy.
6.9.15 A full review of the service users risk assessment and care plan should be undertaken to include consideration of their observation level and legal status. The service user should be debriefed to identify reasons for them going missing and actions to reduce the possibility of further incidences.
6.9.16 If a service user goes missing from an inpatient ward more than once then a full multidisciplinary review should take place and a care plan implemented, involving the service users and carers./family/significant others.
6.9.17 Ensure that all actions taken are recorded in the service users records.
6.9.18 In some cases where a service user is missing from an inpatient unit, there is a need for the police to access their belongings, for example when they have been believed to be involved in an adverse incident whilst missing. In such cases, the police will contact the nurse in charge of the ward from which the individual is missing to identify suitable material for collection. It is the responsibility for the nurse in charge of the ward to supply any material required by the police, making a record of its supply in the service users clinical notes.
6.9.19 It may also be necessary to search a service users belongings and personal area for any indicators as to why they have not returned or absented themselves, again it is the responsibility of the nurse in charge to avail access to service users belongings and personal area to the police.
6.9.20 It is therefore imperative that a service users belongings are kept safe during the time they are missing from the ward, either in their secured room/locker or stored in a secure place.
6.9.21 The flow chart below illustrates the coporate procedure for service users who have absented themselves/leave an in-patient area without the awareness or agreement of the Clinical Team.

When a service user on leave from hospital fails to return

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Nurse in charge

1. Check that no messages have been received from the service users indicating any change to their return arrangements.
2. Refer to service users risk assessment and contingency plan drawn up to identify actions to be taken if the service user fails to return from leave.

↓

Service user still failed to return

↓

Nurse in charge

1. Discuss with other service users / staff as to the likely whereabouts of missing service users
2. Determine legal status of the service user and refer to additional relevant guidelines (MH17)
3. Inform carers / relatives / significant others
4. Inform police, clinical team and others where appropriate e.g. Ministry of Justice, Care Quality Commission
5. If under 18 consider contacting Care Line
7. Inform anybody identified as being at risk
8. Complete an Adverse Incident Form (Datix), record events and actions in service user's records

↓

Service user located

↓

Nurse in Charge

1. Attend to service user's comfort and well-being
2. Consider whether he service user should be given a full physical/mental state examination to include assessment for the consumption of substances
3. Arrange assessment by Clinical Team
4. Inform those notified of the service user's absence of their return
5. Review service users risk assessment and care plan
6. Discuss reasons for failing to return and identify any actions to reduce the possibility of further incidents.
7. Consider full multi-disciplinary review

7. CONSULTATION

7.1 This policy was originally developed in 2014 by the Director of Patient Safety in consultation with Claims & Legal Manager and Secure Services Administrator (Claims Manager) in consultation with the Clinical Directors, Risk management Leads and Clinicians across the Trust. It was ratified in February 2014.

7.2 The Risk Leads from each Division will review the policy via the Patient Safety Committee.

8. TRAINING AND SUPPORT

8.1 Training will be provided to wards and teams as required to ensure that this policy is implemented appropriately. Risk Leads will facilitate this process for their divisions and depending on what particular aspects are required will include other facilitators e.g. health and safety team.

9. MONITORING

9.1 Reporting a service user missing and the actions taken should be reported and monitored within the Datix system

9.2 Modern Matrons are responsible for monitoring incidents of missing persons and the actions taken.

9.3 Incident reports are compiled and trends discussed in respective Divisional/ Service Adverse Incident sub-groups

9.4 All posts incident reviews to include lessons learnt and recommendations are fed back to the clinical team for consideration.

9.5 The implementation of actions identified in post incident reviews are monitored in Divisional/ Service Adverse Incident Sub-Groups.

9.6 AWOL incidents are reported on a quarterly basis as part of the Serious and Untoward Incident Board report. Trends are highlighted and remedial actions identified.

9.7 The Local Security Management Specialist will work with Divisions to implement the remedial action and report developments within the quarterly report. The Health and Safety Committee receive a bi monthly report on all Serious and Untoward Incidents which will include AWOL incidents.

9.8 Actions undertaken to reduce the figures are reported to and monitored by the Health and Safety Committee.

9.9 AWOL monitoring is also part of the Performance Management Framework for each Division and as such is reported to the Board at every meeting. Executive Directors responsible for each area are expected to provide explanatory information on how the Trust is moving towards reducing figures or meeting performance targets

9.10 The Trust reports detained service users who are absent with out leave to the Care Quality Commission and the National Patient Safety Agency via their reporting mechanisms.

9.11 Compliance with the implementation of this policy and level of reporting of AWOL incidents will be monitored by via the presentation of an annual audit to the Health & Safety Committee.

10 Equality and Human Rights Analysis

Title: Policy and procedure for service users missing from an inpatient area
Area covered: Clinical Services

What are the intended outcomes of this work? *Include outline of objectives and function aims* The aim of this policy is to ensure that service user safety is maintained during an inpatient episode
Who will be affected? *e.g. staff, patients, service users etc* Staff, service users

Evidence
What evidence have you considered? Policy only
Disability (including learning disability) See cross cutting
Sex See cross cutting
Race *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.* See cross cutting
Age *Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.* See cross cutting
Gender reassignment (including transgender) *Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.* See cross cutting
Sexual orientation *Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.* See cross cutting

Religion or belief *Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.* See cross cutting
Pregnancy and maternity *Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.* See cross cutting
Carers *Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.* See cross cutting
Other identified groups *Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.* See cross cutting
Cross Cutting *implications to more than 1 protected characteristic* Monitoring process needs to include equality

Human Rights	**Is there an impact?** **How this right could be protected?**
Right to life (Article 2)	Supportive of human rights based approach. The leave processes in place recognise the need for the Trust to enable people in hospital to take 'leave' whilst recognising the Trusts responsibility to protect life by ensuring safe guards re suicidal risk has been addressed.
Right of freedom from inhuman and degrading treatment (Article 3)	Supportive of human rights based approach.
Right to liberty (Article 5)	Supportive of human rights based approach.
Right to a fair trial (Article 6)	Does not engage
Right to private and family life (Article 8)	Supportive of human rights based approach.
Right of freedom of religion or belief (Article 9)	Does not engage

Right to freedom of expression **Note: this does not include insulting language such as racism (Article 10)**	Does not engage
Right freedom from discrimination (Article 14)	Does not engage

Engagement and Involvement *detail any engagement and involvement that was completed inputting this together.*
Internal Consultation only

Summary of Analysis *This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010*
Eliminate discrimination, harassment and victimisation With the inclusion of the requirement to analyse the incident recording of AWOLs by protected characteristic will seek to ensure any indirect discrimination is highlighted and addressed.
Advance equality of opportunity With the inclusion of the requirement to analyse the incident recording of AWOLs by protected characteristic will seek to ensure there is an equality of opportunity within the in patient area
Promote good relations between groups With the inclusion of the requirement to analyse the incident recording of AWOLs by protected characteristic will seek to ensure there is an equality of opportunity within the in patient area

What is the overall impact?

Addressing the impact on equalities *There needs to be greater consideration re health inequalities and the impact of* each individual development /change in relation to the protected characteristics and vulnerable groups This policy seeks to ensure that people who are using our inpatient facilities are supported to have leave from the ward area and to set systems in place to enable analysis if AWOLs occur.

The process will enable the Trust to address any Human Rights issues re leave from ward area not being met and to ensure the possibility of indirect discrimination is examined and positive action being taken when required.

Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*

- *Plans already under way or in development to address the **challenges** and **priorities** identified.*
- *Arrangements for continued engagement of stakeholders.*
- *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*
- *Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies*
- *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*
- *Arrangements for making information accessible to staff, patients, service users and the public*
- *Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.*

For the record **Name of persons who carried out this assessment:** Steve Morgan Emma Howell
Date assessment completed: March 2018
Name of responsible Director: Executive Director of Nursing
Date assessment was signed: March 2018

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring	To include the requirement to analyse the incidents AWOLS as prescribed by protected characteristic using DATIX incident monitoring. At least once every 6 months Identify and prescribe positive action from monitoring process as necessary To place on relevant divisional equality actions plans for monitoring	On-going On-going On-going	Director of Patient Safety
Engagement			
Increasing accessibility			

Appendix 1

AWOL Notification reference:

Statutory notification about the unauthorised absence of a person detained or liable to be detained under the Mental Health Act 1983

Care Quality Commission (Registration) Regulations 2009 Regulation 17, as amended by the Care Quality Commission (Registration) and (Additional Functions) and Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012

Completing this form

Please use this form to notify CQC of any absence without leave (AWOL) of a person who is detained, or liable to be detained[1], under the Mental Health Act 1983 in a hospital designated as low, medium or high security.

You should complete this form as soon as possible after the incident is noted, but not to the detriment of taking necessary actions to deal with the incident on a practical level.

How to fill in the form

The notification form is a 'protected' Word document. When filing in on a computer, you can move from section to section by pressing your 'return', 'tab' or arrow keys, or by using your mouse. You can put crosses in check boxes by pressing your spacebar when they're selected or by clicking the box with your mouse.

You must provide information in the mandatory sections (marked*****). Please also provide all other requested information.

It is acceptable to return part 2 of the form separately from part 1.

Please type all entries where possible and enter dates in the format dd/mm/yyyy.

You can email the form **VIA NHS.NET ONLY** by arrangement with the Mental Health Operations Team by calling **03000 616161** (press option 1 when prompted).

Or you can send by secure fax on: **03000 200238**

[1] Including patients failing to return from s.17 leave of absence from hospital, or absenting from escorted leave or detention under short-term powers of s.5, 135 or 136.

Please forward to CQC by fax or secure email. This form can be emailed **VIA NHS.NET ONLY** by arrangement with the Mental Health Operations Team by calling number below. Any failure to ensure that its transmission meets current standards for secure delivery of confidential patient identifiable material will be the responsibility of the sender. It is the responsibility of the detaining/responsible authority to ensure this form is completed and sent.

Tel: 03000 616161 (please press option 1 when prompted) **Fax: 03000 200238**

PART 1

*A. Detaining or responsible authority**

Name of provider organisation:		
Address		
Name of ward:		
Security level (tick **ONE** appropriate box)	Low Secure	☐
	Medium Secure	☐
	High Security Hospital (i.e. Ashworth, Broadmoor or Rampton Hospital)	☐

B. Details of absent patient

Name:	
Date of birth:	
Gender:	
Date of admission:	
Section of the Mental Health Act*	
Date of section:	

C. Details of absence without leave*

Date absence began:		
Time absence began:		
(tick **ONE** appropriate box)	Failed to return from authorised leave	☐
	Absented him or herself from hospital	☐
	Absented him or herself during escorted leave	☐

Does the patient have a history of going absent without authorised leave?	Yes ☐	No ☐

D. Contact information

Please provide the name and professional status of the person who can be contacted about the content of this form if required.	
Name:	
Professional status:	
Contact telephone number:	
Date:	

PART 2
E. Details of return from absence without authorised leave

Name of patient		
Date absence ended:		
Time absence ended:		
How did the patient return to the ward? (tick **ONE** appropriate box)	Returned voluntarily	☐
	Returned by family members	☐
	Returned by police	☐
	Returned by hospital or other staff	☐
	Other	☐ (please specify below)

F. Contact information

Please provide the name and professional status of the person who can be contacted about the content of this form if different from Part 1.	
Name:	
Professional status:	
Contact telephone number:	
Date:	