

Policy for the Management of Service Users Missing or Absent Without Official Leave (AWOL)

Document Summary

To provide clear guidance on the action to identify when an inpatient should be classified as missing from an inpatient unit in the Trust and the action to be taken when this occurs.

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Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as “uncontrolled” and, as such, may not necessarily contain the latest updates and amendments.

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1 SCOPE

This policy provides a clear framework of action for all staff working on mental health and learning disability inpatient wards who encounter incidents of service users missing or absent without official leave.

2 INTRODUCTION

Nationally, service users regularly abscond or are considered missing from mental health wards and this occurs for a variety of reasons (Bowers et al 1999). A large proportion (96%) of these incidents occurs without any harm resulting to the service user or others (Bowers et al, 1999). However, for the small proportion where harm does occur this can include suicide and serious harm to others. Approximately one quarter of inpatient suicides occur in service users who have absconded (Bowers et al, 1998). Additional risks associated with absconding from an inpatient unit include the use of alcohol and/or drugs and missed treatment.

Reasons for absconding vary and therefore it is essential that inpatient staff explore these reasons with service users. Reasons are usually multi-factorial and may include boredom, dissatisfaction with treatment, desire to socialise and visit friends and family. Many service users are admitted to mental health wards under detention of the Mental Health Act because they do not want to be in hospital in the first place.

Although the proportion of absconds/missing service users who come to harm or cause harm to others is small it is essential that staff have clear guidance on the action to take in event of a service user being classed as missing from a ward. This is to ensure the risks to the service user and others is minimised. Inpatient facilities in Cumbria Partnership NHS Foundation Trust are not secure units and therefore the physical environment alone will not prevent a service user from absconding. Effective clinical engagement between staff and service users including meaningful activity and service user involvement in their own care are key components of strategies to reduce the risk of absconding.

Bowers (2000) carried out research into reasons why patients abscond. The research identified the patient group most likely to abscond may have all or some of the following characters or behaviours.

- Abscond during a previous admission (9 times more likely to abscond)
- Refusal of medication 48 hours prior (3 times more likely to abscond)
- 35 year or younger (3 times more likely to abscond)
- Male (2 times more likely to abscond)
- Diagnosis of schizophrenia (2 times more likely to abscond)

3 STATEMENT OF INTENT

Cumbria Partnership NHS Foundation Trust is committed to ensuring the safety of service users, staff and the public at all times.

This policy provides a clear framework to all mental health and learning disability in-patient staff on the management of service users who are considered missing from an inpatient unit in the Trust. The safety of service users and others (staff and members of the public) should be the overriding concern at all times.

DEFINITIONS

Service users can be defined as **missing** in any of the following circumstances

- They cannot be located in the hospital/unit and their whereabouts are not known and cannot be established
- They have absconded whilst being escorted by Trust Staff
- The service user has failed to return from an agreed period of leave
- Service user cannot be accounted for within a duty shift

The term missing can be applied to service users detained under the Mental Health Act, under a Deprivation of Liberty Order and to informal service users.

Throughout the remainder of this policy the term Missing will be used to describe all scenarios in which a service user cannot be accounted for.

The policy should be read in conjunction with all relevant sections of the MHA 1983 and takes into consideration both safeguarding child/adult procedures and the Human Rights Act. The policy should be used in conjunction with other trust policies.

- Leave
- Discharge & Transfer policy
- Risk Assessment
- Clinical record keeping
- CPA
- Trust incident reporting
- Observations and engagement
- Lone working

4 DUTIES

4.1 Chief Executive

The Chief Executive has ultimate accountability and responsibility for the safety of service users and staff. This is delegated through organisational structures and accountability frameworks to ensure staff providing direct clinical care are provided with the appropriate tools and training to manage and minimise incidents involving missing service users .

4.2 Nominated Director

The Director of Operations and Executive Nurse is the accountable Director for this Policy and will be responsible for providing assurance reports to the Governance Quality and Risk Committee and the Trust Board.

4.3 Trust Board

The Trust Board will ensure there are appropriate structures in place for the management of risk across the Trust. The Trust Board will require assurance from the Networks/Localities that appropriate risk management structures are in place and that staff are provided with appropriate training and resources to minimise the risk of missing service users.

4.4 Trust Wide Clinical Governance Committee

The Trust wide Clinical Governance Group Committee Governance is a sub group to the Trust Management Board. Care group clinical governance meetings and other committees link to the TWCG and escalate issues unable to be resolved at care group level for wider sharing to this committee.

Management Department on incident data and action plans related to missing service user reports. The Quality and Safety Committee will receive assurance reports from the Network/Locality Risk Management groups and Care group governance in relation to incidents of missing service users and policy implementation.

4.5 Risk Management Department

The risk management department will receive and input all incident reports of missing service users into the Trust Incident database. The Department will report on Incident Data including missing service users to each Network/Locality and Annual reports

4.6 Senior Managers

Senior Managers include service managers and on-call managers out of hours. They will receive reports of incidents of missing service users from ward staff and will provide immediate direction/assistance as needed. Senior managers are responsible for ensuring the policy is implemented and adhered to within their networks/Localities. They will also cascade information up the organisational structures in relation to missing service users and where there is a serious and untoward incident. They will ensure that lessons from incidents are learned in line with the Organisational Learning Policy.

4.7 Ward Managers/Ward Sisters/Charge Nurses

Ward managers are responsible for ensuring this policy is implemented within their wards. They will be notified of missing service users on their ward during core working hours and will provide immediate direction/assistance to clinical staff as necessary and ensure senior managers are notified of missing service users if appropriate. Ward Managers will be required to sign all missing person reports and therefore take any action necessary related to individual incidents e.g. ensure service user review is held, estates maintenance issues, ensure satisfactory standards of documentation and to ensure the policy is adhered to.

5.9 Mental Health Legislation Unit (MHLU)

The Mental Health Legislation Unit will be notified by the nurse in charge if a service user who is detained under the mental health act or a deprivation of liberty order is missing. They will provide guidance to clinical staff of action necessary to ensure compliance with appropriate legislation in relation to missing service users. The Mental Health Act Manager provides training to clinical staff in accordance with the Trust Learning and Development Policy (POL/001/051).

The MHLU will notify the CQC of missing service users detained under the Mental Health Act (see Appendix 3).

5.10 All Staff

All inpatient staff are responsible for ensuring that they:

- Are familiar with this policy and any associated procedural documents;
- Know where to locate them, i.e. Intranet;
- Keep up to date when any changes are made;
- Attend training or learning events necessary for the implementation of practice associated with this policy;
- Comply with the practices and reporting arrangements identified within this policy, ensuring they seek assistance where appropriate.

5 PROCEDURE TO BE FOLLOWED WHEN A SERVICE USER IS SUSPECTED OF BEING MISSING

As part of routine care, all inpatients will have an inpatient risk management plan which is informed by the risk assessment (POL/001/017 POL/001/007). This assessment and risk management plan should include action to be taken in the event of that service user being suspected of being missing. This will include an assessment of the individual's capacity to make an informed decision about leaving the unit if they are not subject to detention under the Mental Health Act or a Deprivation of Liberty Order. Check the risk management policy.

There is a requirement for staff to ensure the return of service users who are subject to detention under the Mental Health Act or a Deprivation of Liberty Order. The timeline for action to enforce this should be informed by the circumstances and safety of the service user and others.

This policy covers the following service user groups:-

- 1) Informal Service users
- 2) Service users subject to a Deprivation of Liberty Order
- 3) Service users Detained Under the Mental Health Act(1083)

Responsibility lies with the nurse in charge of the shift to take appropriate action at that time when a service user is considered missing based on the circumstances and risks to the service user and others.

All instances of missing service users or where service users cannot be accounted for must be recorded on the Missing Persons Form found in Appendix 1. Further information regarding documentation is provided in section 6.9.

5.1 Procedure when a Service User is Found to be Missing or Absent

- The whereabouts and wellbeing of ALL inpatient is checked and recorded at a minimum of one hourly intervals (General Observations). Service users may also be nursed on higher levels of observations dependent on the risk assessment and risk management plan in place (see POL/001/007).
- If a service user cannot be located the nurse in charge must be informed by the person carrying out the observations or intended interventions.
- The nurse in charge will ensure a local search of the ward, adjacent wards/offices, gardens and outside areas is conducted. If the service user is located they should be encouraged to return to the ward. However staff should not put themselves at risk and if necessary may need to seek assistance from colleagues or the police to ensure the safe return of the service user.
- If the service user is not located the nurse in charge should endeavour to contact them for example ringing their mobile telephone/home phone number, or their relative or carer. If they establish contact they should establish the service user's whereabouts and encourage them to return to the ward. If the service user refuses, the nurse may wish to request police assistance to return the service user or arrange a review with the community team and crisis team to put alternative arrangements in place.
- Unless there are clear documented reasons for not doing so the nurse in charge should contact the service user's relatives, carers or others who may need to be aware that they are not on the unit for safety reasons and to try and establish the service user's whereabouts.
- If the service user cannot be contacted through these routes then the nurse in charge may decide to notify the police if there are concerns regarding the service user's safety or the safety of others. The rationale for decisions should be documented clearly in the patient's records. The manager/on-call manager and consultant should be notified.
- If the service user is informal it may be necessary for a Mental Health Act assessment to be organised depending on their mental health status, risk to self and others and their mental capacity.

Service users subject to a Deprivation Liberty Order

- Service users who are subject to a Deprivation of Liberty order and abscond can be returned to the ward under the same powers of authority as service users detained under the Mental Health Act.
- The nurse in charge must notify the Trust Mental Health Legislation Unit (MHLU) of missing service users who are detained under a Deprivation of Liberty Order.

Detained Service users

- The nurse in charge must notify the Trust Mental Health Legislation Unit (MHLU) of missing service users who are detained under the Mental Health Act.
- The MHLU will provide advice to staff and notify the CQC of missing service users who are detained (see Appendix 3).
- If a service user is in hospital under a court order the police should be notified immediately.
- If a service user is missing from the PICU and the service user cannot be located within the Unit or are known to have left the unit the police, consultant and service manager should be notified immediately.

5.2 Procedure when a Service User Absconds while Being Escorted by a Member of Staff

- Staff who escort service users on leave should have access to a mobile telephone to enable them to summon assistance and contact the ward.
- If a service user absconds whilst on leave the staff member should undertake a search of the local area if it is safe to do so prior to returning to the ward. If the service user is located they should be encouraged to return to the ward.
- The escorting staff member should notify the ward immediately if a service user absconds whilst on leave. If there are immediate concerns for the safety of the service user or others the escorting staff member should notify the police.
- The escorting staff member or nurse in charge staff should try to contact the service user on their mobile telephone/home phone and encourage the service user to return if they make contact.
- Unless there are clear documented reasons for not doing so, the nurse in charge should contact the service user's relatives, carers or others to try and establish the service user's whereabouts.
- If the service user cannot be contacted through these routes then the nurse in charge may decide to notify the police if there are concerns regarding the service user's safety or the safety of others. The ward manager/service manager and inpatient consultant should be notified.

5.3 Procedure for reporting during Out of Hours

- If a service user is missing out of hours, cannot be located or will not return and there are concerns about the safety of the service user or others the bronze on-call manager and on-call consultant should be notified by the nurse in charge. On call managers and Consultants can be contacted via Carleton Clinic Switchboard on 01228602000.

5.4 Procedure when a Service user does not return from Leave

Service users will have agreed periods of leave from the ward. For detained service users this is a formal process requiring Section 17 leave which can only be granted by the Responsible Clinician. Informal service users may also have leave for agreed periods but this is not governed by a legal process.

Detained Service users on Section 17 Leave

- If a detained service user fails to return from leave before midnight on the day they should have returned from leave the CQC must be notified. The Nurse in charge must notify the MHLU who will ensure the CQC is informed and that the reporting form is completed by the Responsible Clinician or Nurse in Charge (appendix 2)
- Section 17 approved leave for service users detained under the Mental Health Act should provide clear instructions on the duration of leave and the intended place of leave. It is good practice for the inpatient team to consider the risks of service users not returning from Section 17 leave and therefore stipulate what action should be taken on the Leave form and in the service user's clinical records and risk management plan.
- Where it is provided the MDT plan on dealing with breaches of Section 17 leave should be followed unless there is new information available which suggests the risks to the service user or others has changed for example changes in the service users behaviour, concern expressed by others.
- The nurse in charge should attempt to contact the service user via telephone to establish the reasons for non-return. Often service users forget or lose track of time whilst on leave or may agree to return on the advice of ward staff.
- If the service user cannot be contacted unless there is clear documented reasons for not doing so, the nurse in charge should contact the service user's relatives, carers or others to try and establish the service user's whereabouts.
- If the service user cannot be contacted/located or refuses to return this should be discussed with the responsible clinician and an agreed documented plan put in place. This may include arranging for a home visit by the care coordinator or crisis team or enforced return to the ward by the police.

- The nurse in charge should notify the ward/service manager of detained service users who fail to return from leave and the agreed plan implemented to manage the failed return.
- The nurse in charge must inform the MHLU at the earliest opportunity that a detained service user is missing.

NB The police, Approved Mental Health Practitioner (AMP) or any designated officer from the hospital can be asked to assist in returning the service user to the ward/unit and in doing so are acting under delegated authority from the Hospital Managers (For further guidance see MH Act Code of Practice paragraph 70-71 of Memo of Good Practice)

Informal Service users

- If an informal service user fails to return from leave within 30 minutes of the agreed time the nurse in charge should attempt to make contact via telephone to establish their whereabouts and encourage them to return to the ward.
- If the service user refuses to return to the ward and they are not considered to be at risk to themselves or others it may be appropriate to arrange for ALIS/HTT to provide a home visit/home treatment, or community mental health team/learning disability community tea, whichever is deemed more appropriate .
- The nurse in charge of the ward can ask the police to conduct a welfare check at the service user's home or other known address.
- If the service user is informal it may be necessary for a Mental Health Act assessment to be organised depending on their mental health, risk and mental capacity.

5.5 When a Service user does not return from Leave reporting procedure Out of Hours

If a service user fails to return from leave out of hours, will not return and there are concerns about the safety of the service user or others the nurse in charge must inform the bronze on-call manager and on-call consultant.

5.6 Information Sharing with the Police

When the Police are contacted they may bring the CID2 form (service user's details) which they will complete with the person in charge of the ward.

Part of the CID2 form lists areas of consent. The nurse in charge must determine with the ward/service Manager or Bronze Manager On-call, which areas of consent should be given.

If the person concerned is considered a risk to their or other children and goes

missing, children's social care and the public protection unit of police should also be notified.

5.7 Procedure to be undertaken when a service user returns to the ward

- The nurse in charge should inform all those staff who had been informed that the service user was missing that they have now returned, including the police if they had been informed the service user was missing.
- Unless there are documented reasons for not doing so, the service user's next of kin should be notified.
- A qualified nurse must spend 1-1 time with the service user following their return to explore:
 - The reasons for the service user going missing/failing to return.
 - What had occurred and where they were whilst they were absent from the ward.
 - The service user's willingness to remain on the ward and likelihood of further incidents of absconding.
 - Assess the service user's current mental state, review current risk levels, assess for evidence of alcohol or substance misuse and assess physical health.
 - The service users risk assessment and risk management plan must be updated including likelihood of further incidents of missing and measures necessary to prevent such.
- Following this review if there are concerns regarding the service users mental and physical health requiring medical attention this should be arranged.
- If possible the nurse in charge should make contact with any persons the service user was with whilst they were missing to obtain further information about where they were, why they were missing and what happened during that time.

5.8 Documentation and Reporting

- The nurse in charge must ensure a full account of the incident of a service user going missing, absconding or failing to return is maintained in the service user's clinical records.
- The risk assessment and risk management plan and level of observations must be reviewed following any such incidents by the service users named nurse or another qualified nurse in their absence.

- A MISSING PERSONS FORM has been devised on which to make a report of a missing service user. This must be completed by the nurse in charge in all cases of a service user found to be missing, absconding or failing to return from leave. See appendix 1. This missing person's report must be scrutinised and signed by the ward manager. Once completed a copy must be attached to the incident form and the original filed in the service user's records.
- If a service user is detained under the Mental Health Act and fails to return from an agreed period of leave before midnight the CQC must be notified using reporting form in Appendix 2.
- If a service user is missing from the Psychiatric Intensive Care Unit the nurse in charge must notify the MHLU who are responsible for notifying the CQC. The CQC reporting form is included in Appendix 2.
- Following all incidents, an incident report form must be completed by the nurse in charge and a copy of the missing person's report attached. These should be sent to the Risk Management Department as soon as they have been scrutinised and signed by the ward manager.

5.9 Serious and Untoward Incidents

In exceptional circumstances where a service user is found on Trust premises unconscious or if death is suspected:

- Obtain medical assistance immediately and provide immediate life support
- Do not move the body and preserve the scene for the police (as long as it is safe to do so).
- Advise the person in charge of ward, line manager or on-call Manager.
- Implement the Untoward Incident and Near Miss Reporting Policy.
- Inform the police
- If a service user is found off Trust premises and death is suspected the Untoward Incident and Near Miss Reporting Policy must be followed.

Press Enquiries

ALL media enquiries should go through the Communications Manager. See POL/002/011 Media Relations Policy for further information.

5.10 Learning Lessons

- Missing person reports and incident reports must be signed off by the ward manager prior to forwarding to the risk management department. The ward

Manager must review and investigate all incidents and identify any immediate action necessary in respect of the individual client or ward issues. Any action taken is documented on the incident form. The ward manager will organise de-brief sessions for clinical staff where indicated and share any lessons learnt through the network/locality risk management group.

- The risk management department will provide 6 monthly reports of incidents to each Network/Locality which will be reviewed by the risk management and Governance Quality and Risk Committees, which will include figures and where appropriate, analysis of AWOL incidents. These committees will determine the need for additional action needed within that network/locality and provide assurance reports to the Network/Locality Governance Quality and Risk Committees.
- The Trust Clinical Governance Group will review annual reports on incidents of missing service users from across the organisation and will determine the need for additional trust wide action.
- Any incidents of a missing service user that result in a Serious and Untoward Incident will be investigated, reported on and actions implemented in accordance with the Trust's Policy.

6 TRAINING

Training in the use of this policy will be delivered in accordance with the Trusts training needs analysis. Attendance at training is managed in accordance with the Trust's Learning and Development Policy

7 MONITORING COMPLIANCE WITH THIS POLICY

The table below outlines the Trusts' monitoring arrangements for this policy/document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
<p>The management of AWOL is in accordance with this policy in relation to:</p> <ul style="list-style-type: none"> • duties • procedure used when a service user absents themselves from an inpatient setting • procedure used when a service user fails to return from a period of leave of absence • process for learning the factors that arise from AWOL incidents 	<p>Audit of 5 clinical records of a service user who detained and is absent per ward per year</p>	<p>Network Manager for Acute Care (Mental Health)</p>	<p>Annual</p>	<p>Acute Network Clinical Governance</p>	<p>Mental Health Clinical Governance Committee</p>

8 REFERENCES/ BIBLIOGRAPHY

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9 RELATED TRUST POLICY/PROCEDURES

POL/002/006/001 Incident and Serious Untoward Incident and Near Miss Reporting Policy

POL/001/017 Integrated Clinical Risk

POL/001/005/006 Policy on Section 17 Leave of Absence

POL/001/007 Policy on Supportive Observation on Inpatient Unit

POL/001/051 Learning and Development Policy

APPENDIX 1 - MISSING SERVICE USERS RECORD

WARD	Service user ID Label or RNN number: NHS number: Surname: Forename/s: NHS Number: Date of Birth:
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COMPLETE AND RETAIN IN CASE NOTES. ATTACH COPY TO INCIDENT REPORT (LILAC FORM)

SERVICE USER DETAILS			
Service users Full Name		Date of Birth	
Legal Status <i>Please specify</i>		Consultant	
Home Address			
Next of Kin and Relationship		NOK address	
Date missing from		Time missing from	
Place last seen		Any witnesses	
Circumstances surrounding occurrence			
DESCRIPTION OF SERVICE USER			
Height		Weight	
Build		Hair Colour/style	
Eye Colour		Complexion	
Distinguishing features e.g. glasses, birth marks, tattoos		Additional Information e.g. clothing	

SUMMARY RISK PROFILE: *Include risks associated with enforced return to the ward*

Risk to self			
Risk to others			
Vulnerability			
Physical Health			
Previous incidents of missing/AWOL	Date	Where located	Action taken

REPORTING: *State name of person contacted and time*

	Name	Time		Name	Time
Manager			Next of Kin		
Medical Officer			Family/ friends		
Police			GP		
Care Coordinator			CRHT		

DETAILS OF SERVICE USER RETURN

State the circumstances of the service users return:

Action taken to prevent further AWOL:

Risk Assessment and Management Plan Updated? YES / NO

Signature of person completing the form.....Date.....

Signature of Ward ManagerDate.....

APPENDIX 2 - CQC REPORTING FORM



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

Guidance on completion of this form

This form is designed to notify CQC of any absence without leave of a person detained or liable to be detained under the Mental Health Act 1983 (e.g. on s.17 leave of absence from hospital, or held under short-term powers of s.5, 135 or 136).

The form requires you to state the security level of your service (at Part A below):

- Services that are designated as low, medium or high security, or Psychiatric Intensive Care Units (PICUs), should use the form to notify CQC of **all incidences of absence without leave (AWOL)**. Services 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.
- Services designated as „general“ security level (i.e. all services other than those listed above) should use the form to notify CQC of **any incidence of AWOL when that absence occurs over midnight on any day**. It is acceptable to submit forms reporting AWOL incidents relating to general security services on a weekly basis, if this is administratively more convenient than notifying CQC of each incident as it happens. You should complete a separate form for each AWOL episode, but only one form is required to report an AWOL incident that extends over more than one day.

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.

Further guidance on the completion of this form is available at www.cqc.org.uk

Under “AWOL_Notification”

To be forwarded to the Commission 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 service user 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: 0115 873 6250

Fax: 0148 477 2179

PART 1

A. Detaining or responsible authority*

Name/Address of provider organisation	
Name of ward	
Security level (tick ONE appropriate box)	General
	Psychiatric Intensive Care Unit (PICU)
	Low Secure
	Medium Secure
	High Security Hospital (i.e. Ashworth, Broadmoor or Rampton Hospital)

B. Details of absent service user

Name	Date of Birth
Gender	Date of Admission
Section of the Mental Health Act*	Date of Section

C. Details of absence without leave*

Date and Time absence began		
(tick ONE appropriate box)	<input type="checkbox"/>	failed to return from authorised leave
	<input type="checkbox"/>	absented him or herself from hospital
	<input type="checkbox"/>	absented him or herself during escorted leave
Has the service user a history of going absent without authorised leave?		Yes
		No

D. Contact information

Contact Details (Please provide the name and professional status of the person who can be contacted about the content of this form if required):

Contact Telephone Number:

Date:

PART 2

E. Details of return from absence without authorised leave

Name of Service user

Date and time absence ended

How the service user returned to the ward

(tick ONE appropriate box)

Returned of own volition

Returned by family members

Returned by police

Returned by hospital or other staff

Other (please specify below)

F. Contact information

Contact Details (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):

Contact Telephone Number:

Date:

APPENDIX 3 - NOTIFICATION TO THE CQC OF UNAUTHORISED ABSENCE OF A DETAINED PERSON

