



**Western Health
and Social Care Trust**

Absent Without Leave Policy

March 2009

Title	Absent Without Leave Policy
Reference Number	AdultMHD09/001
Implementation Date	March 2009
Review Date	March 2009
Responsible Officer	Director of Adult Mental Health and Disability Services

Patient /client deemed "absent without leave"
as per policy definition.

**Nurse in Charge/Unit
Manager/Team Manager**
must consider the most recent
risk assessment

If risk is identified the Nurse in Charge/Unit
Manager/Team Manager must nominate a staff
member to take the role of Absent without Leave
Co-ordinator.

Absent without leave co-ordinator responsibilities include:

1. Search the ward and immediate vicinity
2. If patient/client is not found contact PSNI
3. If patient/client is seen encourage to return
4. If the direction that the patient/client has gone is known, follow with a view to return

Inform

- Senior Nurse on Duty
 - Duty Medical Officer
 - Next of Kin/Nearest Relative – Give advice
 - Senior Manager on Call
 - Relevant Community Mental Health/Learning Disability Team
5. Follow WHSCT Incident Reporting Policy and Procedures
 6. Complete Absent Without Leave Information Report Form (Appendix 1)

Further Action required if
patient/client does not return

Arrange a Multi- Disciplinary Meeting to:

- review action taken
- develop long term action plan
- ensure all efforts are made to locate patient/client
- Invite PSNI to attend
- maintain daily liaison with family/carers/PSNI

When a patient/client returns from "absent without leave"

Nurse in Charge/Unit Manager/Team Manager must ensure that:

- All key professionals are informed(as per policy)
- The patient/client absent without leave report Appendix 1 is completed
- The patient/client notes are completed
- The SHO reassesses mental and physical health of patient/client
- A joint risk assessment by SHO & Nurse In Charge/Team Manager/Unit Manager is completed

Consider involvement of Consultant Psychiatrist

Multi- Disciplinary team must review the care plan at the next scheduled ward round, following the return of the patient/client,to agree an action plan.

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This Policy and Procedures have been developed with reference to:

1. The Report of the Inquiry Panel (McCleery) to the Eastern Health and Social Services Board 2006.
2. South West Yorkshire Adult Mental Health NHS Trust 'Absence without Leave Policy' 2002.
3. South West Yorkshire Adult Mental Health NHS Trust 'Missing Service Users/Patients Policy and Procedure 2006.
4. Cambridge & Peterborough Adult Mental Health Partnership NHS Trust 'Absent without Leave Policy 2004.
5. Central and North West London Adult Mental Health NHS Trust 'Section 18 & 21-Patients Absent Without Leave Policy' 2006.
6. Adult Mental Health (Northern Ireland) Order 1986
7. Adult Mental Health (Northern Ireland) Order 1986 Code of Practice.
8. Accreditation for Acute Inpatient Adult Mental Health Services (AIMS "Standards for Acute Inpatient Wards" – Royal College of Psychiatrists 2006.

This Policy and Procedures should be read in conjunction with:

- Western Health & Social Care Trust Incident Reporting Policy and Procedures 2008.
- 2004 Discharge Guidelines – Discharge from Hospital/Residential, Nursing or Day Care Facility and the Continuing Care in the Community of People with a Mental Disorder who Represent a Risk of Serious Physical Harm to Themselves or Others.

Note

As the Western Health and Social Care Trust is still in the process of harmonising the former legacy Trust policies and procedures, this policy should be used in conjunction with the existing Western Health and Social Care Trust policies/procedures and the Western Health and Social Care Trust draft policies and procedures where applicable, until fully approved.

Audit Process

A comprehensive audit process will be applied to the implementation of this policy and the processes/responsibilities outlined. This process will include:

1. A yearly audit.
2. Local ward/unit audits on agreed sections of the policy at 3 monthly intervals.
3. All audit proposals will be forwarded to the clinical audit committee for approval.

Equality & Human Right's Statement

The Western Health & Social Care Trust's Equality and Human Right's statutory obligations have been considered during the development of this policy.

1.0 Introduction

This policy replaces all existing policies/procedures and applies to all Trust employees, who are delivering adult mental health & disability services.

The Western Health and Social Care Trust has a duty to ensure the safety and welfare of all patients/clients under its care. Appropriate observation and supervision is paramount to this care. However despite these arrangements patients/clients do sometimes go absent without leave.

The circumstances in which a patient/client may be missing from hospital, residential, nursing or day care facility without first discussing his/her absence with staff may be varied. A voluntary patient/client may lawfully leave a hospital /residential, nursing or day care facility anytime he/she wishes and whilst there is an expectation upon him/her to discuss this with staff, there is no obligation. Staff must therefore be constantly vigilant regarding the whereabouts of all patients/clients and appropriate systems and have processes in place to support this.

If a patient/client lacks mental capacity, is vulnerable, or there are concerns that a patient/client may pose a risk to himself/herself or others, because of a mental disorder, consideration must be given to using the Adult Mental Health Order (NI) 1986.

A patient/client detained under the Adult Mental Health Order (N.I) 1986 can only lawfully be outside a hospital, residential, nursing or day care facility with the authorisation of the Responsible Medical Officer (RMO), or his/her delegate. *(The RMO is the doctor, appointed for the purpose of Part II of the Order by the Adult Mental Health Commission, who is in charge of the assessment or treatment of the patient/client under the Adult Mental Health Order (Northern Ireland) 1986.)*

2.0 Aims

- This policy aims to identify action to be taken in all instances of a patient/client being absent without leave from any adult mental health/learning disability hospital, residential, nursing or day care facility.
- This policy aims to give clarity and support to those staff with specific responsibilities in the absent without leave process.

3.0 Scope

- This policy sets out the standards that all adult mental health and disability staff within the Western Health and Social Care Trust are required to comply with when a patient/client is deemed to be "absent without leave".
- It applies to all patients/clients who are deemed absent without leave from the Gransha, Tyrone and Fermanagh and Lakeview hospital and includes all residential, nursing or day care facilities serviced by Western Health & Social Care Trust staff.

- It provides staff with a structured framework for action.
- The development of local procedures and guidance must strictly adhere to the principles and standards set out herein.

4.0 Definition of “Absent Without Leave”

- Any patient/client who is noticed to be absent from the ward/facility without discussion with staff.
- Any patient/client who evades their escort (whilst being accompanied by staff) and can not be found.
- Where staff have concerns about an individual who has not returned from leave irrespective of the time that has elapsed.

5.0 Roles and Responsibilities & Action Required

5.1 Immediate Action

If a patient/client is deemed absent without leave, the nurse-in-charge/team manager/unit manager, in conjunction with the appropriate medical staff, should consider the most recent risk assessment and, care plan and if, as a result of this assessment, it is considered that the patient/client is at risk, must implement the immediate action process.

The nurse in charge/team manager/unit manager will identify a named individual as the (absent without leave co-ordinator). Absent without leave co-ordinator must ensure that they understand their responsibilities as outlined below.

Absent without Leave Co-ordinator responsibilities

- To search the ward and the immediate vicinity. If the patient/client is not found despite this search the PSNI must be contacted where risk has been identified.
- If a patient/client is seen leaving, staff should attempt to encourage him/her to return. Consideration should be given by the doctor to use Article 7 of The Adult Mental Health Order (Northern Ireland) 1986 (Form 5) or for the nurse as appropriate to use the nurse’s holding power under Article 7.3 of the Adult Mental Health Order (Northern Ireland) 1986 (Form 6).
- If staff are aware of the direction the patient/client has gone, or may have gone, they should follow with a view to encouraging the patient/client to return to the ward. Staff cannot forcibly return a patient/client by placing hands on the individual. If they are unable to encourage the patient/client to return they should maintain a safe distance from the patient/client ensuring everyone’s safety and contact or await assistance from other staff and/or PSNI.

- To notify the co-ordinating senior nurse on duty.
- To notify the duty medical officer who must alert the consultant psychiatrist.
- To inform the next of kin and/or nearest relative and advise them to contact the unit if they become aware of patient/client 's whereabouts and they should also be advised regarding their response should they locate the patient/client.
- To notify the Senior Manager on-call.
- Other agencies involved in the care of the patient/client, such as community teams, should also be made aware of the patient's/client's absence. These people should also be advised regarding their response should they locate the patient/client.
- If there is a concern regarding the patient's/client's vulnerability or risk status, this must be treated as a serious adverse incident (SAI) and contact must be made with the Clinical Governance Team in line with the Western Health & Social Care Trust Incident Reporting Policy and Procedures (2008).
- To follow Western Health & Social Care Trust Incident Reporting, Policy and Procedures (2008) and record in nursing and medical notes.
- If appropriate, to contact addresses where the patient/client might go (usually family or friends) by telephone to see whether the patient/client is there or to alert them to the possibility of the patient/client arriving. Staff must always consider issues of confidentiality but must also balance this with the need for the patient's/client's safety.
- To give the next of kin/carers advice about what they need to do if they locate the patient/client, and provide them with the relevant contact details for use in such circumstances, and for more general contact regarding the absent without leave situation.
- To complete the Patient/Client "Absent without leave" Information Report Form (Appendix 1).

5.2 Further Action (if risk assessment warrants)

If the patient/client does not return within a reasonable period of time and there are significant concerns, (based upon the responsible multi disciplinary care team's knowledge of the patient/client, and the known risk factors), the person in charge of the ward/unit will arrange for a multi-disciplinary meeting at the earliest opportunity to: -

- Review the action taken at that point.
- Develop longer terms actions proportionate to the assessed risk.
- Ensure that all possible steps are being taken to locate the patient/client.

- Agree an action plan for the ongoing management of the absence.

In Addition

- The PSNI should be invited to participate in the multi-disciplinary review where there are significant concerns arising from the patient's/client's continued absence.
- Arrangements should be made by the Nurse in Charge/Team Manager/Unit Manager to have daily liaison with family/carers/police.
- The multidisciplinary meeting, including PSNI involvement, should identify clear roles and responsibilities for all personnel involved.
- A daily update report should be given to the senior manager and RMO. See Appendix 1

6.0 Publicity

- In some circumstances it may be thought helpful to ask the media for assistance in identifying the whereabouts of a patient/client by publicising relevant details.
- The PSNI has responsibility for considering whether to inform the media about missing patients/clients to assist in locating that individual and to warn the public should that individual pose a threat.
- This should only be done after full consultation between ward staff, medical staff, Director of adult mental health & disability services and patients'/clients' relatives. Such a request must be channelled through the Trust's communication department whose staff will be responsible for dealing with any responses to such publicity.

7.0 Escorted Leave

7.1 Patient/client who absconds whilst on escorted leave

If a patient/client absconds whilst on escorted leave the escort must do the following:

As soon as possible, inform the ward of the details and circumstances surrounding the patient/client absconding.

The nurse in charge/team manager/unit manager will then initiate the absent without leave policy.

Maintaining contact and without endangering themselves or others, follow the patient/client at a safe distance whilst awaiting assistance.

7.2 Patient/client who refuses to return whilst on escorted leave

1. Attempts should be made to persuade the patient/client to return.
2. If this fails the escort should try to ascertain the patient's/client's state of mind and their intentions.
3. The escort report this situation to the nurse in charge/team manager/unit manager.
4. If appropriate, assistance should be requested from the PSNI.
5. Maintaining contact and without endangering themselves or others the escort may follow the patient/client at a safe distance whilst awaiting assistance.

8.0 The return of patient/client absent without leave to hospital /residential, nursing or day care facility

8.1 Voluntary Patients

- While every effort must be made by the hospital, residential, nursing or day care facility staff to return a missing person to the facility, there is no authority under the Mental Health (Northern Ireland) Order 1986 for a member of the staff to return a voluntary patient/client to the facility against his or her will.
- If the missing person is not returned within a reasonable period of time (based upon the responsible multi disciplinary care teams knowledge of the patient/client, and the known risk factors), it may be appropriate to seek assistance from other local agencies, including the GP, members of social services and the relevant community mental health team, learning disability team. Where possible help must be sought from people familiar with the patient/client. e.g. parents/carers'
- The PSNI should be asked to assist in returning a missing patient/client if the patient/client is considered vulnerable or a danger to themselves or others.
- If a patient/client refuses to return to a hospital, residential, nursing or day care facility and is considered to be a risk to self or others assessment under the Adult Mental Health Order (NI) Order 1986 must be considered.
- If the location of a missing patient/client is known to be in private premises, and entry is barred and there are concerns regarding his /her safety or that of others, a warrant to search for and remove the patient/client must be sought under Article 129 of the Adult Mental Health Order (see The Adult Mental Health (Northern Ireland) Order 1986 Article 129 pages 98-99).

“An Approved Social Worker can seek a warrant from a Lay Magistrate. This warrant allows police, accompanied by a medical practitioner, to enter the premises, if needed by force with the purpose of carrying out a mental health order assessment and remove the patient/client to a place of safety with a view to assessing the patient/client for admission for assessment under Part II of the Order, or to make other arrangements for his/her care or treatment.”

Mental Health (NI) Order 1986

8.2 Detained Patients.

Article 29 of the Adult Mental Health (NI) Order 1986 (Return and readmission of patients absent without leave) (see also Article 15) provides powers for the return of patients Detained under The Order who:

- Absents him or her self from the hospital /residential, nursing or day care facility without leave granted under Article 15; or
- Fails to return to the hospital /residential, nursing or day care facility on any occasion which, or at the expiration of any period for which, leave of absence was granted to him under that Article, or upon being recalled there under; or
- Absents himself without permission from any place where he is required to reside in accordance with conditions imposed on the grant of leave of absence under that Article; he may, subject to paragraph (3) and (4), be returned to the hospital / residential, nursing or day care facility or place of safety by any officer on the staff of the Hospital /residential, nursing or day care facility, by any constable or approved social worker or by any person authorised in writing by the responsible Trust.
- Where a patient/client who is for the time being subject to guardianship under this Part absents himself without the leave of his guardian from the place at which he is required by the guardian to reside, he may, subject to paragraph (3), be taken into custody and returned by any constable or approved social worker or by any person authorised in writing by the guardian or the responsible Trust.
- A patient/client who has been detained for treatment under Article 12 shall not be taken into custody under this Article after the expiration of the period of 28 days beginning with the first day of his absence without leave. After 28 days he/she is no longer subject to detention under Article 12 or the Guardianship Order.
- A patient/client shall not be taken into custody under this article if the period for which he is liable to be detained is that specified in Article 7 (2) or (3) or Article 9 (4), (7) or (8) and that period has expired. This relates to people detained for assessment purposes only which will expire after 7 days starting with the first day of detention.

9.0 Recording

Throughout the period that the patient/client is absent, staff must keep a full contemporaneous record of all circumstances, decisions, actions taken and messages received and given in the patient/client case files.

10.0 When a patient/client returns from absence without leave

- Inform all parties that the patient/client has returned from absence without leave.
- Complete patient/client Absent Without Leave Information Report (Appendix 1).
- Patient/client records/notes must be completed.
- The nurse-in-charge must contact the SHO/duty SHO to attend and reassess the mental and physical health of the patient/client and this must be recorded in the patient/client notes.
- The SHO and nurse in charge/team manager/unit manager should undertake a joint risk assessment review for that patient/client and agree an appropriate management plan. This plan must be agreed and jointly signed by both.
- Consideration should be given to involving the consultant psychiatrist.
- The multidisciplinary team must review the care plan at the next scheduled ward round.

APPENDIX 1

Patient /client Name _____ Date _____

**PATIENT /CLIENT ABSENT WITHOUT LEAVE
INFORMATION REPORT**

This form must be completed with immediate effect, by the nurse in charge, once a patient/client is known to be absent without Leave

Patient's /client's Name: _____ DOB: _____ Age: _____

Date of Admission: _____ Place of Admission _____

Unit Telephone No: _____

Patient's /client's Home Address: _____

Patient's /client's Telephone Number: _____ Mobile: _____

Next of Kin/Nearest Relative/Carer _____

Address: _____

Telephone Number: _____ Mobile: _____

Responsible Consultant: _____

Description of Patient/client

Complexion: _____ Colour of Hair: _____ Eyes: _____

Height: _____ Build: _____ Weight: _____

Any special physical characteristics: e.g. (wearing spectacles, short or long hair, noticeable marks or scars): _____

Description of Clothing: _____

Time last seen and by whom? _____

Is this the first time patient/client has absconded? Yes No
(If no check previous record for details)

Has the patient/client any other person in the locality to whom he/she may have gone:
Yes No

Name: _____ Relationship: _____

Home Address: _____

Telephone Number: _____ Mobile: _____

Mental Health Order (1986) Status:

Voluntary: _____ Detained: _____ Form: _____

Detention Date & Expiry Date: _____

Risk Factors

Medicine/Drugs: Any special side effects or after effects? Yes No

If yes, please specify: _____

Is this patient/client deemed to be at risk? Yes No

If yes, please detail: _____

Is he/she considered to be a danger to self or others? Yes No

If yes, please detail: _____

Epileptic: Yes No Date of last known seizure: _____

Confused: Yes No Diabetic: Yes No

Others, please specify: _____

Immediate Action Taken by Nurse in Charge/Team Manager/Unit Manager

Name of Relatives informed: _____

Date: _____ Time: _____

Name of On-Call Manager informed: _____ Date: _____ Time: _____

Name of Consultant informed: _____ Date: _____ Time: _____

Name of SHO/Doctor informed: _____ Date: _____ Time: _____

Name of Police Officer notified: _____ Date: _____ Time: _____

Time of immediate search of facilities: _____

Time of search of facility grounds: _____

Absent without Leave Co-ordinator Name: _____

Nurse in Charge/Team Manager/Unit Manager's Signature: _____

Date: _____

Further Action Taken (If Required)

Review /Summary of Action Taken to Date:

Multi-disciplinary meeting held: Yes No Date: _____
PSNI invited: Yes No

Attendees:

Roles and Responsibilities Identified:

_____ Actioned By: _____

_____ Actioned By: _____

_____ Actioned By:

Daily Liaison Maintained With:

Day 1	Date:	Family: <input type="checkbox"/> Medical: <input type="checkbox"/> Carers: <input type="checkbox"/> PSNI: <input type="checkbox"/> Others:
Day 2	Date:	Family: <input type="checkbox"/> Medical: <input type="checkbox"/> Carers: <input type="checkbox"/> PSNI: <input type="checkbox"/> Others:
Day 3	Date:	Family: <input type="checkbox"/> Medical: <input type="checkbox"/> Carers: <input type="checkbox"/> PSNI: <input type="checkbox"/> Others:
Day 4	Date:	Family: <input type="checkbox"/> Medical: <input type="checkbox"/> Carers: <input type="checkbox"/> PSNI: <input type="checkbox"/> Others:
Day 5	Date:	Family: <input type="checkbox"/> Medical: <input type="checkbox"/> Carers: <input type="checkbox"/> PSNI: <input type="checkbox"/> Others:

Daily update report given to Senior Manager and RMO: Yes No

Details of patient's/client's return /discovery

Date of return: _____ Time: _____

Area in which patient/client was found:

Returned by: _____

Signature: _____ Date: _____

Personnel informed of patient's /client 's return to ward:

- Relatives
- Medical Officer
- PSNI
- Senior Manager on duty
- Ward Staff

Patient/client reassessed by Medical Officer: Date: _____ Time: _____
Signature: _____

Joint Risk Assessment Review carried out: Date: _____ Time: _____
Signature of Medical Officer: _____
Signature of Nurse-in-Charge: _____

Copy of this completed form to be forwarded to the relevant Head of Service