

Policy Under Review but please continue to use this Policy

**MENTAL HEALTH ACT 1983
AWOL AND MISSING PATIENTS STANDARD OPERATING PROCEDURES**

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Responsible committee:	Quality, Safety & Governance Committee
Ratified by:	Quality, Safety & Governance Committee
Consultation & approval: (Committee/Groups which signed off the policy, including date)	Mental Health Law Policy & Practice Group Quality & Compliance Executive
This document replaces:	All previously existing AWOL/Missing people Policies and guidance.
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Purpose of the policy:	Procedures for the management of unauthorised leave of detained and informal inpatients, as well as CPFT community patients who are missing.
If developed in partnership with another agency, ratification details of the relevant agency:	Cambridgeshire Police British Transport Police MH Law Multi Agency Group.
Policy in-line with national guidelines:	Mental Health Act 1983 and CoP Mental Capacity Act 2005 and CoP CQC Guidelines

Signed on behalf of the Trust:

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Version Control Page

Version	Date	Author	Comments
V1.1	October 2017	Orna Clark Mental Health Law Manager Denise Hone Directorate Head of Nursing, Adult & Specialist MH	<p>Original review of the Joint AWOL/missing people policy took place in 2016 with representation from all directorates ward manager. There was a need to agree a one risk matrix, which will be used by all agencies who takes part in the AWOL/Missing patients process.</p> <p>The Joint policy was replaced by a ‘Management of Mental Health Crisis Interagency Agreement’ which included the cross-agency agreement for Management of AWOL and Missing Patients. This policy was Ratified by the Trust and signed by all partners in November 2017.</p> <p>In addition to the above policy, all agencies have developed standard operation procedures to support staff in the internal management of AWOL/Missing Patients. The SOPs included learning points from SI incidents, Complaints, discussion with a patient’s family, as well as Coroner’s hearing.</p>
V1.2	November 2017	Orna Clark Mental Health Law Manager Denise Hone Directorate Head of Nursing, Adult & Specialist MH	<p>The policy was discussed with members of the MH Law Policy & Practice and it was agreed to removed section which deals with photographing consenting patient at the point of admission. It was that requesting patients photographs for the AWOL/missing people process was intrusive. This will be looked at separately as part of a “Patient Passport” proposal.</p> <p>A few minor amendments were suggested by the Directorate Head of Nursing relating to notifying RC out of hours process.</p>
V1.3	December 2017	Orna Clark Mental Health Law Manager	<p>Following a discussion with the members of the Cambridge Liaison Meeting with the Police – a few changes were made to Appendix 4 (Clarification re titles) and Appendix 2 (AWOL/Missing Patients Form)</p>

V1.4	January 2018	Mental Health Law Policy & Practice Group	Final approval of the policy given by the Chair (Medical Director) and members of the Group. Request to change the definition of AOL/Missing People/Police Grab Pack to – AOL/Missing People/Police Information Form, in order to avoid confusion.
V1.4.1	May 2021	Orna Clark Head of MH Law	Correct identified <u>error</u> in appendix 4 (flow chart should apply to both AWOL AND Missing patients, as outlined in the body of the policy
V1.4.2	May 2021	Orna Clark Head of MH Law	<p>Clarification is added with regards to the status of the ‘Network Rail / Fulbourn and Ida Darwin Hospital Missing Service User Document Guidance’.</p> <p>Missing Service User Document <u>In addition</u> to following the CPFT AWOL and Missing Patients SOP, Fulbourn & Ida Darwin Wards’ nurses in charge are required to inform Network Rail Signal Managers, of AWOL and missing patients and their category of risk - as outlined in the agreement that can be found on the Trust’s intranet Patient Safety page. This addition to the SOP is referenced in the Assurance Statement and in item 6.4 – ‘link to other relevant policies’.</p>

Policy Circulation Information

Notification of policy release: All recipients; Staff Notice Board; Intranet	On call Director, On call Managers, On call Consultants, Directorates Management Teams, All Teams within all Directorates, Mental Health Law Office, Patient Safety Team, PALS, Mental Health Law Multi-Agency Group members.
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CQC Standards	Safe Key line of enquiry - S1, S2, S3, S5, S6
Other Quality Standards	

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PROCEDURE FOR PATIENTS WHO ARE MISSING OR PATIENTS WHO ARE ABSENT WITHOUT LEAVE

ASSURANCE STATEMENT

This Standard Operating Procedure (SOP) should be read in conjunction with the multi-agency **‘Management of Mental Health Crisis Interagency Agreement’** (2017, Chapter 9, page 39), **and for wards on the Fulbourn & Ida Darwin sites** in conjunction with the **‘Network Rail / Fulbourn and Ida Darwin Hospital Missing Service User Document Guidance’**. (Accessible via the Trust DtGP policy page. Select Mental Health Act Category).

Missing Service User Document (which can be found on the Trust’s intranet, under in the patient safety page).

The objective of this operational procedure is to further support the cross organisational agreement and to ensure that staff within Cambridgeshire and Peterborough NHS Foundation Trust, as well as Service Users and their relatives understand the processes that are to be followed in the event of a detained patient is Absent With Out Leave, or an informal, or community patient goes missing. This SOP applies to both mental health and physical health patients, as well as community services. The SOP aims to ensure that there are effective processes for reporting and finding missing patients, whilst at the same time, minimising unnecessary reporting and instances of patients repeatedly going missing.

PART ONE

1. Introduction

Cambridgeshire & Peterborough NHS Foundation Trust (referred to thereafter in this document as ‘the Trust’, or CPFT) recognises that appropriate observation and supervision of patients is paramount to their care. However, despite these arrangements patients do sometimes go missing, or AWOL (Absent Fwithout Leave under the Mental Health Act 1983), and it is important that there is no delay in implementing the following procedure to minimise any risks to the patient and others. A copy of this policy is to be readily available to all teams and followed by the relevant members of staff.

This policy provides guidance and procedures to be followed when patients absent themselves or fail to return from a period of leave of absence.

1.1 This policy is divided into **four parts**.

- **Part one** should be read by all staff working within CPFT.
- **Part two** applies to services being delivered in the community and is applicable to community health and community mental health teams.

- **Part three** applies to all bedded services and is applicable to in-patients who are not subject to the Mental Health Act (MHA), or Deprivation of Liberty Safeguards (DoLS).
- **Part four** of the policy applies to those patients who are subject to either the MHA or DoLS.

1.2 The term patient(s) is used throughout this policy. It is recognised that some people prefer the term client or service user, the use of the term patient reflects the wording of the Mental Health Act 1983 and its Code of Practice.

2. Aims

2.1 The Trust has a duty of care for the safety of its patients. At the same time, there is a duty to respect the rights of individuals to leave the hospital of their own volition, unless they are liable to detention under the Mental Health Act 1983 (MHA), or fall within the remit of the safeguards provided by the Mental Capacity Act 2005.

2.2 This policy will enable staff to:

- Identify when action needs to be taken in respect of a patient who has, or is attempting to abscond, or who is notified as missing.
- Take the appropriate action in an effective and timely manner
- Reduce the possibility of any harmful outcomes to the patient and others
- Ensure that relatives of any missing, or AWOL patient are informed, as soon as possible
- Ensure that relatives are notified of all developments
- Establish the principles for the recognition and search for missing patients
- Involve external agencies as appropriate
- Learn the lessons from missing/AWOL patients' incidents across the organisation.

2.3 This policy cannot anticipate every situation. Trust staff should use their professional judgement to take any action that is deemed necessary to protect the safety of the patient and the public based on an assessment of risk for each individual patient.

3. Definitions

3.1 For the purpose of this policy, a person is considered a **patient** from the moment of their assessment within CPFT services commences.

3.2 **An informal in-patient** is a person who has been admitted to a CPFT bed based service (in either a psychiatric, or a physical health) and is not detained under the MHA, or subject to a DoLS authorisation. A person will be considered an informal in-patient from the moment admission is offered by the trust and accepted by the patient.

- 3.3 **A missing patient** is anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be subject of crime, or at risk of harm to themselves or another. This will include people who;
- Have left an assessment prior to its conclusion
 - Have left the ward without prior arrangement with the Multi-Disciplinary Team (MDT)
 - Have failed to return to the ward at the agreed time with the MDT
 - Have disengaged with community services and there are concerns regarding the risk they pose to themselves or to others.
- 3.4 **An absent patient** is a detained patient not at a place where they are expected, or required to be, this will include those patients subject to the MHA or DoLS who:
- Are absent without permission from a place where they are required to reside as a condition of leave granted under Section 17 MHA
 - Have failed to return to the ward when their leave under S17 has been revoked by the Responsible Clinician (RC)
 - Are Community Treatment Order (CTO) patients who have failed to attend hospital when recalled
 - Are conditionally discharged restricted patients, who have been recalled to hospital and have not returned
 - Are guardianship patients who are absent without permission from the place where they are required to live by their guardian
 - Are absent from the place where their Deprivation of Liberty has been authorised.

4. **Roles and responsibilities**

It is the responsibility of CPFT staff to assess all patients for immediate and potential risks of going missing, suicide, self-harm and possible harm to others.¹

- 4.1 **Chief Executive** - As the accountable officer, the Chief Executive must ensure that responsibility for the management of missing or AWOL patients is delegated to an appropriate executive lead.
- 4.2 **Executive Lead** - As nominated executive lead, the Director of Nursing & Quality, working with the Director of Operations, must ensure that appropriate and robust systems, processes and procedures are in place for missing and/or AWOL patients.

¹ Department of Health *Code of Practice Mental Health Act 1983* (London TSO 2008) Chapter 15.3

- 4.3 **General Managers** - The Trust's Adult Services General Managers are the Trust leads for the development, implementation and monitoring of this policy and for providing advice on measures in place for managing missing and/or AWOL patients.
- 4.4 **Team/Ward Managers** - All team/ward managers have delegated responsibilities for the correct and consistent implementation and monitoring of this policy. They are also responsible to ensure that AWOL and Missing Patients episodes are recorded on Datix, that Investigating Managers Reports are completed for all AWOL patients and that post AWOL/Missing incidents debriefs take place with the multidisciplinary team (MDT), the patient and their carers/relatives.
- 4.5 **Medical Team** - The medical team includes the Consultant Psychiatrists and Responsible Clinicians, and are responsible for undertaking the necessary assessments of the mental and physical health of the patients and formulating the appropriate treatment plan in consultation with the wider multidisciplinary teams.
- 4.6 **Clinical Staff** - All Trust staff that provide clinical care to patients are responsible for following the procedures in this policy. Particularly, the Nurse/Practitioner in Charge of the ward, or a Community Team Manager, who have specific responsibilities set out throughout this policy.
- 4.7 **Mental Health Act Administrators and Patient Safety Team** - MHA Administrators will maintain the Trust's AWOL database and provide the Trust's MH Law Manager with the AWOL activity required for quarterly and annual reports. The Patient Safety Team will notify the Care Quality Commission (CQC) of the relevant AWOL incidents involving patient detained (or liable to be detained) under the Mental Health Act and will maintain the list of missing patients.
- 4.8 **Mental Health Law Manager** - To compile and submit reports on AWOL episodes to the the Directorate Team Meetings, the Trust's Mental Health Law & Policy Group, as well as the MH Law Multi-Agency Liaison Group and Patient Safety & Governance Committee.
- 4.9 **CPFT Clinical Governance & Patient Safety Sub Committee** and the **Mental Health Law Policy & Practice Group** are responsible for monitoring the levels of AWOL/Missing Patients Incidents, as well as compliance with this policy. Quarterly reports of compliance will be submitted from both Groups to the Quality, safety & Governance Committee and the Trust Board.
- 4.10 Specific issues of concern and feedback on specific AWOL and Missing People incidents will be raised by partners and discussed in the localities '**Police Liaison Meetings**'. The minutes of the meetings and 'Issue Log' items, which require escalation, as well as partners compliance with the policy, will be reported to the '**MH Law Multi- Agency Group**' for discussion and / agreement, as well as to the CPFT's Clinical Governance & Patient Safety Sub Committee.
- 4.11 Any issue of concern experienced by any of the partners will be recorded on the '**Mental Health Quality Issue Reporting Form**' (Appendix 7) and submitted to the MH Law Hub for processing. The issue will be recorded on a central register and submitted to the 'MH Law Multi- Agency Group' for discussion and agreement on the action required/escalation process (See 'Management of Mental Health Crisis Interagency Agreement' for the reporting process)

5 Risk Categories

- 5.1 **General** - If the Trust staff are aware of the location of a patient who is missing (whether informal or detained) they should make the arrangements for his/her safe return.
- 5.2 The police should be asked to assist in returning a patient to hospital only if necessary. If the patient's location is known, the role of the police should wherever possible, be only to assist a suitably qualified and experienced mental health professional in returning the patient to hospital.
- 5.3 Police and partners are using the '**RAVE**' (**Resistance, Aggression, Violence or Escape**) assessment tool in conjunction with the below framework to assess and agree the risk category; Low risk, Medium risk and High risk. This helps ensure that there is clarity of roles and expectation between the two organisations. It relates to mental health patients within NHS hospitals, private hospitals, community supported accommodation and those patients in the community on a Community Treatment Order, Guardianship Order, s17 leave of absence or are conditionally discharged restricted persons by the Ministry of Justice. The procedure for each is the same. (See appendix 1 RAVE Risk Assessment Tool chart)
- 5.4 Determining the category should be based on risk assessment, and the Nurse in Charge should make use of relevant information, and seek advice and guidance from senior staff including the responsible clinical consultant on call. Relevant information can include past history, current mental state and known risks, the views and information friends, or carers etc. The category can be revised by the nurse in charge.

5.5 **High Risk**

The risk posed is immediate and there are substantial grounds for believing that the subject is in danger through their own vulnerability, or may have been the victim of a serious crime; or the risk posed is immediate and there are substantial grounds for believing that the public are in danger. This category requires the immediate deployment of Police resources and the Force Duty Manager (FDM) must be involved in the examination of initial enquiry lines and approval of appropriate staffing levels. Where available, the Integrated Mental Health Team (IMHT), or Older People & Adult Community (OPAC) Teams will be requested to assist with the provision of information to assist with finding the patient.

Details of medication and particularly any potential impact of lack of regular medication will be required. **Expectation within the Trust is that the patient's RC/Duty Consultant will be informed within 15 minutes of absence/AWOL (during out of hours, inform the nominated Duty Doctor) and that the Duty Manager will be informed within 30 minutes of all high category absences. The incident should be recorded on the Datix incident reporting system and the Ward Manager/Team Manager must complete an IM report and submit to the Patient Safety Team.**

5.6 **Medium Risk**

The risk posed is likely to place the patient in danger, or they are a threat to themselves or others. This category requires an active and measured response by Police and other

agencies, in order to trace the missing patient and support the person reporting. This will include utilising the IMHT where available. **Expectation within the Trust is that the patient's RC/Duty Consultant will be informed within 15 minutes of absence/AWOL (during out of hours, inform the nominated Duty Doctor) and that the Duty Manager will be informed within 30 minutes of all high category absences. The incident should be recorded on the Datix incident reporting system and the Ward Manager/Team Manager must complete an IM report and submit to the Patient Safety Team.**

5.7 **Low Risk**

There is no apparent threat of danger to either the patient or the public. In addition to recording the information on the Police National Computer, the Police will advise the person reporting the disappearance that following basic enquiries and unless circumstances change, further active enquiries will not be carried out by Police. Low risk missing patients however, must be kept under review, as risk can increase with the passage of time. **Expectation within the Trust is that the patient's RC/Duty Consultant will be informed within 15 minutes of absence/AWOL (during out of hours, inform the nominated Duty Doctor) and that the Duty Manager will be informed within 30 minutes of all high category absences. The incident should be recorded on the Datix incident reporting system and the Ward Manager/Team Manager must complete an IM report and submit to the Patient Safety Team.**

5.8 **Absent** - There is no risk or harm to or by the patient, or there is no identified risk. The whereabouts of the patient may be known. In such situations Cambridgeshire Constabulary do not anticipate receiving a report about the absent patient and will not deploy staff to investigate. If circumstances change, staff will require to upgrade the risk and inform the police that additional support is required.

5.9 **Escalation Process** - If there are any disagreement between partners with regards to the risk level and action required, the Nurse in charge/Ward Manager must escalate this to the Duty Manager (who will liaise with the police and decide if further escalation to the Duty Director is required)

6. **Monitoring arrangements**

6.1 Compliance with this policy will be monitored through quarterly team-based monitoring, as part of the monitoring arrangements for Observations and Intensive Supervision of Inpatients Guidelines. The outcome of the team-based monitoring will be reported to the Directorate Management Team meetings with exception reports provided to the Clinical Governance & Patient Safety Sub Committee, as part of the quarterly Patient Safety and Risk Management Report

6.2 In addition, AWOL and Missing patients' incidents are captured on the DATIX web incident reporting system, and reported to Clinical Governance & Patient Safety Sub Committee monthly.

6.3 An annual audit of AWOL and Missing Patients incidents will be undertaken, to monitor staff compliance with the duties identified in this policy and identify learning. The findings of this

audit and any recommendations and required actions will be presented to the Directorate Management Team and the Clinical Governance & Patient Safety Sub Committee.

- 6.4 Mental Health Law Manager will submit to the Trust's Mental Health Law Policy & Practice Group a quarterly report of AWOL incidents/outcome of patients detained (or liable to be detained) under the Mental Health Act.

Link to other relevant policies

- 'Management of Mental Health Crisis Interagency Agreement'
- **'Network Rail / Fulbourn and Ida Darwin Hospital Missing Service User Document Guidance' (Accessible via the Trust's DtGP/policy page on the intranet. (Select Mental Health Act category to access this guidance))**
- Guidelines for the Observation and Intensive Supervision of Inpatients
- Incident & Near Miss Reporting Policy and Serious Untoward Incident Procedure
- Care Programme Approach Policy
- Clinical Risk Assessment Policy
- Section 17 Policy (Leave of Absence from Hospital)
- Section 135(1) and s135(2) Policy
- Section 136 Policy
- MCA/DoLS Policy
- S132 – Reading of Rights

PART TWO

COMMUNITY HEALTH AND COMMUNITY MENTAL HEALTH

7. Patients in the community

- 7.1 Competent adult patients are entitled to refuse treatment, even where it would clearly benefit their health. When a person who uses services refuses treatment, their capacity to understand information about the benefits and risk of the proposed treatment and any alternatives must be assessed and clearly documented in the clinical notes (RiO/SytemOne Capacity Assessment Form).
- 7.2 Where staff undertake home visits and find the patient is missing (see 3.3 above), or are contacted by relatives to report a patient as missing, this should be noted in their record and discussed as soon as is practicable within the team.
- 7.3 The team will discuss the individual circumstances of the patient and agree the RAVE risk level (see section 5 of the SOP and Appendix 1)

In order to determine the level of risk the following questions will need to be considered

- 1. What is the specific concern in this instance?
 - 2. What has been done so far to trace this individual?
 - 3. Is this significantly out of character?
 - 4. Are there any specific medical needs?
 - 5. Are they likely to be subjected to crime?
 - 6. Are they likely to be the victim of abuse?
 - 7. Are they currently at risk of Sexual Exploitation?
 - 8. Are they likely to attempt suicide?
 - 9. Do they pose a danger to other people?
 - 10. Is there any other information relevant to their absence?
- 7.4 Where the patient is deemed to be at low risk, an entry should be recorded in the relevant electronic care record. Further attempts at home visits should be made. However, if contact cannot be established, the team may wish to discuss the appropriateness of the referral and consider discharge from the service.
 - 7.5 For medium and high-risk patients, the team should decide follow-up actions to be taken. These may include:

- Exploring the possibility of involving another staff member, who has a better rapport with the person seeking contact
- Interview/phone call/ discussion with the relatives/carers or advocates to seek their views on action
- Discussion with the GP
- Phone call, or visit to friends and neighbours
- Further contact with the Housing department
- Identifying and involving other professionals involved with the family, especially the Children's Service in the local authority
- Circulating details of the patient as a missing person to all relevant statutory and non-statutory services in the area and other NHS Trusts in the region
- Informing the police that the patient is missing

7.6 For those patients deemed high risk, the lead health care professional will report the patient as missing to the Police.

7.7 Staff member must ensure that the patient's Consultant, Team Manager and Service Manager are informed of **all medium and high risk missing patients within 24 hours**. This should be recorded in the patient's electronic health records.

8 Patients in the community - documentation and record keeping

8.1 All missing patients should be noted as such within the relevant patient information system (RiO/SystemOne)

8.2 The lead health care professional, or other appropriate person, should make an entry in the patient notes of the date the patient was last seen and, where possible and known, the circumstances of the patient becoming missing. A record of contact with the Police/Missing Patients Unit and any other applicable events/incidents should be noted.

8.3 Throughout the period where the patient is missing, staff must keep in regular contact with the family and any other significant parties. These discussions will be recorded in the patient's progress notes.

8.4 All missing patient episodes must be reported as an incident on Datix (see trust incident management policy).

9 Police Actions to deal with Missing Patients

- 9.1 Ordinarily the Police will only assist with high-risk missing patients and will treat calls as a high priority. **When the Police are informed about a missing patient**, they must be given the relevant information on the Trust's AWOL/**Missing Patient Form** (Appendix 2). A copy of the form should be kept in the patient's records.
If information is initially given to the police over the phone, staff must phonetically spell the name of the patient using the guide in Appendix 9).
- 9.2 The Police will activate their Missing Persons Procedure, make enquiries, liaise with relatives and issue alerts as necessary. They will also carry out their own risk assessment relating to that individual patient and decide on the action they will take to assist in the location of the missing patient.
- 9.3 The Police and Criminal Evidence Act (Section 17) (PACE) describes the common law power of the police to enter private premises without a warrant to prevent a breach of the peace occurring. S17(1)(e) provides the police with the power to enter and search any premises if such action is required to save '*life and limb*' or to prevent '*serious damage to property*'. **It does not provide the Police with authority to remove any person from the premises.**
- 9.4 The incidence and operation of missing patient incidents and any related matters will be discussed at the locality Police Liaison Groups and issues of concern should be escalated to the Mental Health Law Multi-Agency Group Meetings, as well as to CPFT 'Clinical Governance & Patient Safety Committee'.

10 Action to be taken once the missing patient is located

- 10.1 As soon as the patient is located, the following people must be informed:
- Patient's Consultant/Responsible Clinician (or nominated deputy)
 - Nearest Relative / Carer
 - The Police (If a missing person report has been made)
 - Service Manager or Service Manager on Call (Out of hours for all community patients, but only high risk mental health patients)
- 10.2 The patient must be assessed by a member of the team as soon as practicable. For mental health patients, a mental state examination should be completed and recorded on RiO and for all patients any appropriate changes to the care plan and risk assessment should be made and recorded in their clinical records.

PART THREE

INFORMAL PATIENTS MISSING FROM BED BASED SERVICES

11 Procedure to be followed when an informal in-patient is missing

- 11.1 This procedure applies to all bed based services across the trust, including physical health wards and mental health wards when a patient is admitted informally and **not under any legal status (such as the MHA, MCA Court of Protection, DoLs)**.
- 11.2 A complete and up to date risk assessment will assist ward staff in undertaking the correct actions, when a patient is to be treated as missing.
- 11.3 Where a member of staff believes a patient is missing, this should be reported to the nurse in charge of the shift immediately. The patient's RC/Consultant should be informed **within 15 minutes**. During out of hours, the on-call duty doctor should be informed within 15 minutes. (The duty Doctor will decide, depending on risk level, as to whether the on-call Consultant should also be informed).
The nurse in charge of the shift (during out of hours) should also inform the patient's RC/Consultant by email and a follow up conversation should take place at the earliest opportunity. (See Appendix 4 - Reporting Timeline Flowchart and Appendix 5 - AWOL/Missing Patients Checklist)
- 11.4 Ward staff must establish when the patient was last seen, what they were wearing and any other identifiable characteristics. This should be recorded on the **AWOL/Missing Patient form** (Appendix 2)
- 11.5 The nurse in charge will arrange for all rooms within the ward and immediate area to be searched without delay. A local/site search will be undertaken using the structured search plan for the location.
- 11.6 The nurse in charge will assess the level of risk posed to the patient and others - taking into account the most recent risk assessment and the circumstances leading up to the absence. Wherever possible, this assessment should be made in conjunction with the patient's Lead Clinician or nominated deputy.
- 11.7 The level of risk posed will be assessed using the RAVE risk rating (see section 5 for Risk Rating Guidance and Appendix 1)
- 11.8 In order to determine the level of risk, the following questions will need to be considered
 - 1. What is the specific concern in this instance?
 - 2. What has been done so far to trace this individual?
 - 3. Is this significantly out of character?
 - 4. Are there any specific medical needs?

5. Are they likely to be subjected to crime?
 6. Are they likely to be the victim of abuse?
 7. Are they currently at risk of Sexual Exploitation?
 8. Are they likely to attempt suicide?
 9. Do they pose a danger to other people?
 10. Is there any other information relevant to their absence?
 11. Previous Missing person/AWOL incidents?
- 11.9 If the patient is in possession of a mobile phone, ward staff should immediately attempt to contact them to ascertain the facts surrounding their going missing and to try to persuade the patient to return or to provide their location.
- 11.10 For patients who are located, the team should make plans to enable them to return to the ward. This may be using family members, or friends, or arranging for transport to bring them back.
- 11.11 If the contact with the patient has failed and **within 15** minutes of identifying the patient as missing, the nurse in charge must inform the **patients relatives/carer** that the patient has gone missing. (See Appendix 4 Reporting Timeline Flowchart and Appendix 5 AWOL/Missing Patient Checklist)
- NB - Where the patient has stated that they do not wish information to be shared with relatives, you can share relevant information **if you consider that the level of risk to self, or others warrants a breach of confidentiality, this must be fully recorded in the progress notes and on the Trust's Breaching Consent Tool** (Appendix 10)
- 11.12 Within 30 minutes of the patient going missing, the nurse in charge of the shift should also inform the Duty Nursing Officer/Duty Practitioner of the incident. The Duty Nursing Officer/Duty Practitioner will decide, based on the risk level, if it is necessary to inform the on-call Manager). See Reporting Timeline Flowchart and Appendix 5 - AWOL/Missing Patients Checklist)
- 11.13 Where it has been identified, as part of the risk assessment process, that the patient may pose an immediate and significant risk to another identified person, this person must be informed that the patient is missing. Where ward staff are not able to contact this person directly assistance should be sought from the police.
- 11.14 Where a patient is known to a local MAPPA panel, any period of unauthorised leave must be reported to the panel as soon as is practicably possible.
- 11.15 For those patients deemed high risk (or medium risk if merits police intervention) the nurse in charge of the shift will report the patient as missing to the Police. When reporting a missing person to the police by phone, the nurse in charge must use phonetic alphabet to spell the patient's name and avoid any miscommunications (Appendix 9).

- 11.16 Where a decision is made to contact the police, staff must ensure that steps outline in section 11.3 – 11.13 are followed and complete the **AWOL/Missing Patient Form**. (Appendix 2).
- 11.17 If a low risk patient remains missing after 12 hours, the multi-disciplinary team will need to review the risk level and decide whether to report the person as missing to the police.
- 11.18 One copy of the '**AWOL/Missing Patient Form**' should be given to the police
One copy should be emailed to the Mental Health Law Office
One copy should be kept in the patient's clinical records.
- 11.19 All missing in-patients should be noted as such on RiO/SystmOne. The nurse in charge, or other appropriate person, should make an entry in the patient notes of the date the patient was last seen and, where possible and known, the circumstances of the patient becoming missing.
- 11.20 All details of the missing person's episode should be **chronologically** recorded on the "**AWOL/Missing Patient Recording Form**" (Appendix 6). Entries should be signed by the individual staff member who is making them and checked by the nurse in charge at the end and the beginning of their shift.
- 11.21 Throughout the period where the patient is missing, staff must keep in regular contact with the family and any other significant parties. All the discussions must be recorded on the "**AWOL/Missing Patient Recording Form**"
- 11.22 All missing patient episodes must be reported as an incident on DATIX (see trust incident management policy).
- 12. Procedure to be followed when a patient is attempting to leave a mental health ward, or mental health assessment.**
- 12.1 Where an in-patient is attempting to abscond and it is believed that they present a risk to themselves, or another person, then trust staff will request that they remain on the ward/unit, explaining the perceived risks to the patient.
- 12.2 Should the in-patient insist on leaving the ward/unit, then staff should consider the use powers available under the MHA 1983 (section 5(4) or section 5(2)) or the Mental Capacity Act 2005 (MCA) if appropriate.
- 12.3 If a patient has left the CPFT ward/building, staff should, if it is in the interests of the patient or the public and safe to do so; follow the patient in order to provide the ward/unit with information about the patient's whereabouts and to facilitate the transfer back to the ward/unit.

During this, staff should continue attempts to engage with the patient to obtain agreement to return to the inpatient unit. Staff should also consider the risk to other patients/staff of leaving the ward. On no account should staff attempt to physically restrain a patient outside a CPFT ward/unit, unless it can be clearly justified on the grounds of immediate necessity to protect life and limb.

- 12.4 Where a patient who presents wishes to leave prior to the conclusion of the assessment, then the assessing staff must decide whether, in their clinical opinion, the patient presents a risk to self or others. If it is believed that a significant level of risk is present, then staff must restrain the patient in order to complete the assessment to prevent the risk of harm to the patient² or to the public (to include patient's friends and family). The assessment must be completed as soon as practicable. If an assessment needs to be postponed because of a patient's challenging behaviour, then consideration must be given to whether that behaviour is a product of a mental disorder and that should be recorded.
- 12.5 Where a patient who is not an inpatient wishes to leave prior to the commencement of an assessment then staff must decide whether, in their clinical opinion, the patient presents a risk to self or others. If it is believed a significant level of risk is present then staff must restrain the patient in order to allow the assessment process to be completed in order to prevent the risk of harm to the patient³ or to the public (to include patient's friends and family). The assessment must be completed as soon as practicable and in any event consideration should be given to:
- Contacting the police to enable the use of powers under s136
 - Contacting the appropriate team in order to conduct an emergency admission under s4

13 Police Actions to deal with missing informal in-patients

- 13.1 Ordinarily, the Police will only assist with High Risk missing patients, where their support is vital and will treat calls as a high priority. In case of a Medium Risk missing patient, police support may be required depending on the circumstances. When the Police are informed about a missing patient, they must be given the relevant information on an 'AWOL/Missing Patient Form' (Appendix 2)
- 13.2 Where Police attend the ward to gather information about a high, or medium risk missing patients, it is important that nursing staff are fully aware of the circumstances of the patient becoming missing and their current risk factors; this is especially important where shifts may have changed and the nursing staff were not on duty at the time the report was made.

Staff should be prepared to be asked the following questions by the police:

- Recent photograph of the patient (if available to staff)
- Does the patient use social media? (If known)
- Patient's mobile number (If applicable) and their relatives.

² If the patient is not already subject to the MHA under a CTO or a recently lapsed s5(2) then using the MCA to restrain in their own best interests is permissible, notwithstanding *Sessay. R (Sessay) v South London and Maudsley NHS Foundation Trust (2011) EWHC 2617 (QB)*.

³ As above

- The most recent multidisciplinary clinical risk assessment;
- Essential medication, or treatment required in order to preserve life (as opposed to improving the quality of life) & the predicted or anticipated effect of not having it?
- Any other disability which may need to be taken in to consideration or increase vulnerability.
- Are they likely to self-harm or attempt suicide?
- Do they have any physical illness or disability which is a current cause of concern?
- Suspected to be subject of crime in progress, e.g. abduction?
- Is the person under 16 or, if aged between 16 and 18, vulnerable due to other factors, or an elderly or infirm person?
- Any weather conditions that would seriously increase risk to health especially where is child or elderly person?
- Involved in violent, homophobic and/or racist incident or confrontation immediately prior to disappearance e.g. bullying?
- While previously missing, suffered or was exposed to harm?
- Behaviour out of character and likely to be an indicator of their being exposed to harm?

- 13.3 The Police will activate their Missing Persons Procedure, make enquiries, liaise with relatives and issue alerts as necessary. They will also carry out their own risk assessment relating to that individual patient and decide on the action they will take to assist in the location of the missing patient.
- 13.4 The Police and Criminal Evidence Act (Section 17) (PACE) describes the common law power of the police to enter private premises without a warrant to prevent a breach of the peace occurring. S17(1)(e) of Act provides the police with the power to enter and search any premises if such action is required to save '*life and limb*' or to prevent '*serious damage to property*'. It does not provide the Police with authority to remove any person from the premises.
- 13.5 Any issues of concern relating to Missing Patients incidents will be recorded by the police on the Multi-Agency '**Mental Health Quality Issue Reporting Form**' and emailed to the MH Law Office at - cpm-tr.mhlawteam@nhs.net **within 24 hours**. (Appendix 7)
Missing Patients incidents and quality issues raised will be discussed at the Locality Police Liaison Groups. Issues of concern will be reported by the group to the relevant groups/committees, as outlined in sections 4.9 – 4.9.2 of this document)

14. Return of a missing patient

- 14.1 Many missing patients will return to hospital of their own volition. However, where a patient is unable to return to the ward/unit, CPFT staff are responsible for coordinating their safe return.
- 14.2 For those patients who are willing, but unable to return consideration should be given to ward staff using unit transport or arranging a taxi for this purpose. The current risk assessment will dictate whether the patient should be accompanied by a member of staff.

14.3 Where an informal mental health patient is unwilling to return to hospital, the MDT will need to consider whether a referral for a Mental Health Act Assessment ought to be made.

14.4 Transport arrangements for the return of all missing patients are the responsibility of the care team. Consideration will need to be given to ensuring that the most appropriate form of transport is used.

15. Action to be taken once the missing patient has returned to the ward

15.1 As soon as the patient has returned, the following people must be immediately be informed:

- Responsible Clinician/Consultant (or nominated deputy)
- Nearest Relative / Carer
- The Police (If a missing person report has been made)
- Modern Matron, or Duty Manager

(See Appendix 4 Reporting Timeline Flowchart and Appendix 5 AWOL/Missing Patient Checklist)

15.2 The patient must be assessed by a member of the team as soon as practicable. For mental health patients, a mental state examination should be completed and for all patients any appropriate changes to the care plan and risk assessment should be made.

15.3 When a Missing Patient returns to the ward, the nurse in charge must complete an 'AWOL/Missing Patient Return Form' (Appendix 3)

One copy should be uploaded onto the patient's records

One copy should be sent to the Police (if police was involved)

One copy should be emailed to the MH Law Office within 24 hours of patient's return/conclusion.

15.4 **Debriefing and Learning Lessons & MDT Review** - Following the patient's return to hospital an MDT debriefing should take place. The debriefing should involve the patient and their carer/relatives. This meeting will assist the team to:

- Understand as far as possible the patient's rationale for absconding, establish the whereabouts of the patient whilst absent & what contact they may have had with carer/family/friends. This will be helpful information for any future episodes
- to review practices within the clinical area in analysing how this event could have been avoided & from the information gathered from the patient is there anything that the team can do to address reasons why they absconded?
- to review interagency working procedures between services involved e.g. trust staff, police,
- Facilitate a "safe return" check that may be undertaken by Police. These checks are an important part of the missing patient investigation and will involve speaking with the

patient and members of staff. The information will be used to determine if the patient has come to any harm, or if any criminal offences have been committed. It may also be useful in any future missing episodes.

- to identify lessons learnt in order to minimise or prevent similar events reoccurring and to adjust practice and procedures accordingly.

PART FOUR

DETAINED PATIENTS ABSENT FROM MENTAL HEALTH SERVICES

16. Procedure to be followed when a detained patient is 'Absent Without Leave' (AWOL)

- 16.1 This procedure applies to all mental health bed based services across the trust.
- 16.2 The Forensic Ward & Prison Service have additional guidelines, which are to be read in conjunction with this SOP.
- 16.3 A complete and up to date risk assessment will assist ward staff in undertaking the correct actions when a patient absents without leave.
- 16.4 Where a member of staff believes a patient is missing, this should be reported to the nurse in charge of the shift immediately. The patient's RC/Consultant should be informed **within 15 minutes**. During out of hours, the on-call duty doctor should be informed within 15 minutes. (The duty Doctor will decide, depending on the risk level, as to whether the on-call Consultant should also be informed).
The nurse in charge of the shift (during out of hours) should also inform the patient's RC/Consultant by email and a follow up conversation should take place at the earliest opportunity. (See Appendix 4 - Reporting Timeline Flowchart and Appendix 5 - AWOL/Missing Patients Checklist)
- 16.5 Ward staff must establish when the patient was last seen, what they were wearing and any other identifiable characteristics. This should be recorded on the **AWOL/Missing Patient** form (Appendix 2)
- 16.6 The nurse in charge will arrange for all rooms within the ward and immediate area to be searched without delay. A local/site search will be undertaken using the structured search plan for the location.
- 16.7 The nurse in charge will assess the level of risk posed to the patient and others, taking into account previous AWOL/absence incidents, the most recent risk assessment and the circumstances leading up to the absence. Wherever possible, this assessment should be made in conjunction with the patient's Lead Clinician or nominated deputy.
- 16.8 The level of risk posed will be assessed using the RAVE risk rating (see section 5 for Risk Rating Guidance and Appendix 1)
- 16.9 In order to determine the level of risk, the following questions will need to be considered
 1. What is the specific concern in this instance?
 2. What has been done so far to trace this individual?
 3. Is this significantly out of character?

4. Are there any specific medical needs?
 5. Are they likely to be subjected to crime?
 6. Are they likely to be the victim of abuse?
 7. Are they currently at risk of Sexual Exploitation?
 8. Are they likely to attempt suicide?
 9. Do they pose a danger to other people?
 10. Is there any other information relevant to their absence?
 11. Previous Missing person/AWOL incidents?
- 16.10 If the patient is in possession of a mobile phone, ward staff should attempt to contact them to ascertain the facts surrounding their absence and to try to persuade the patient to return or to provide their location.
- 16.11** For patients who are located, the team should make plans to enable them to return to the ward. This may be using family members, or friends or arranging for transport to bring them back. **For patients refusing to return see paragraphs 18 – 18.9 below for actions to be followed.**
- 16.12 If the contact with the patient has failed and **within 15** minutes of identifying the patient as AWOL, the nurse in charge must inform the patients relatives/carer of the patient's absence. (See Appendix 4 - Reporting Timeline Flowchart and Appendix 5 - AWOL/Missing Patients Checklist).
- NB - Where the patient has stated that they do not wish information to be shared with relatives, you can share relevant information **if you consider that the level of risk to self, or others warrants a breach of confidentiality, this must be fully recorded in the progress notes and on the Trust's Breaching Consent Tool** (Appendix 10)
- 16.13 Within 30 minutes of the patient going missing, the nurse in charge of the shift should also inform the Duty Nursing Officer/Duty Practitioner of the incident. The Duty Nursing Officer/Duty Practitioner will decide, based on the risk level, if it is necessary to inform the on-call Manager). (See Appendix 4 - Reporting Timeline Flowchart and Appendix 5 - AWOL/Missing Patients Checklist).
- 16.14 Where it has been identified, as part of the risk assessment process, that the patient may pose an immediate and significant risk to another identified person, this person must be informed that the patient is missing. Where ward staff are not able to contact this person directly, assistance should be sought from the police.
- 16.15 Where a patient is known to a local MAPPA panel, any period of unauthorised leave must be reported to the panel as soon as is practicably possible.
- 16.16 For those patients deemed high risk (or medium risk if merits police intervention), the nurse in charge of the shift will report the patient as AWOL to the Police. When reporting an AWOL

patient to the police by phone, the nurse in charge must use phonetic alphabet to spell the patient's name and avoid any miscommunications (Appendix 9).

- 16.17 Where a decision is made to contact the police, staff must ensure that steps 16.3 – 15.14 above have been completed prior to contact being made. In addition, staff must complete the **'AWOL/Missing Patient Form'** (Appendix 2).
- 16.18 If a low risk AWOL patient remains missing after 12 hours, the multi-disciplinary team will need to review the risk level and decide whether to inform the police that additional support is required.
- 17. Detained patients absent from a bed based service - documentation and record keeping.**
- 17.1 All AWOL episodes of detained patients must be recorded on the patient's RiO records.
- 17.2 All details of the AWOL episode should be **chronologically recorded on the "Missing Person/AWOL Recording Form"** (Appendix 6). Entries should be signed by the individual staff member who is making them and checked by the nurse in charge at the end and the beginning of their shift. A copy of the form should be uploaded onto RiO, so actions and the outcome of the AWOL incident is accessible to all relevant staff. A reference to the AWOL Recording Form should be made in the patient's RiO clinical notes.
- 17.3 Nurse in charge must complete the **'AWOL/Missing Patient Form'** (Appendix 2)
- One copy of the 'Missing Person/AWOL form' should be given to the police
 - One copy should be emailed to the Mental Health Law Office.
 - One copy should be kept in the patient's clinical records.
- 17.4 All missing patient episodes must be reported as an DATIX incident. The patient's legal status under the MHA must be included in the report and it should be clear that the absconding patient is AWOL. (see trust Incident Management Policy)
- 17.5 The Ward Manager should complete **an Investigation Manager Report (IMR)** and send a copy to the Patient Safety Team. Based on the risk level, frequency of absences from the ward and the outcome, a decision will be made as to whether the incident meets the threshold of a Clinical Review, or a Serious Investigation.
- 17.6 For detained patients within low, or medium secure services, the trust is required to report to the Care Quality Commission every episode of AWOL from secure services. In practice, this means that all patients who are absent from George MacKenzie House, or Poplar Ward (PICU) must be reported to the CQC as soon as practicable. The Ward Manager Must complete the form and email it to the Mental Health Law Office. The MHA Adminsitrator will validate the details and forward to the Patient Safety Team, so an official notification can be sent to the CQC. (Appendix 8).

- 17.7 Where a person subject to a Deprivation of Liberty Safeguard authorisation (DoLS) absconds from the place where they are detained, the Supervisory Body who granted the authorisation must be informed as soon as possible. The nurse in charge is responsible for ensuring this happens and must inform the Mental Health Law Office within 24 hours of an authorised absence.

18. Police Actions to deal with detained patients who are absent

- 18.1 Ordinarily, the Police will only assist with High Risk missing patients, where their support is vital and will treat calls as a high priority. In case of a Medium Risk missing patient, police support may be required depending on the circumstances. When the Police are informed about a missing patient they must be given the relevant information on an '**AWOL/Missing Patients Form**' (Appendix 2).
- 18.2 Where Police attend the ward to gather information about a high, or medium risk missing patients, it is important that nursing staff are fully aware of the circumstances of the patient becoming AWOL and their current risk factors; this is especially important where shifts may have changed and the nursing staff were not on duty at the time the report was made.

Staff should be prepared to be asked the following questions by the police:

- Recent photograph of the patient (if available to staff)
 - Does the patient use social media? (If known)
 - Patient's mobile number (If applicable) and their relatives.
 - The most recent multidisciplinary clinical risk assessment;
 - Essential medication, or treatment required in order to preserve life (as opposed to improving the quality of life) & the predicted or anticipated effect of not having it?
 - Any other disability which may need to be taken in to consideration or increase vulnerability.
 - Are they likely to self-harm or attempt suicide?
 - Do they have any physical illness or disability which is a current cause of concern?
 - Suspected to be subject of crime in progress, e.g. abduction?
 - Is the person under 16 or, if aged between 16 and 18, vulnerable due to other factors, or an elderly or infirm person?
 - Any weather conditions that would seriously increase risk to health especially where is child or elderly person?
 - Involved in violent, homophobic and/or racist incident or confrontation immediately prior to disappearance e.g. bullying?
 - While previously AWOL/missing, suffered or was exposed to harm?
 - Behaviour out of character and likely to be an indicator of their being exposed to harm?
- 18.3 The Police will activate their 'Missing Persons Procedure', make enquiries, liaise with relatives and issue alerts as necessary. They will also carry out their own risk assessment relating to that individual patient and decide on the action they will take to assist in the location of the AWOL patient.

- 18.4 Any issues of concern relating to AWOL incidents will be recorded by the police on the Multi-Agency '**Mental Health Quality Issue Reporting Form**' and emailed to the MH Law Office at - cpm-tr.mhlawteam@nhs.net **within 24 hours** (Appendix 7).
AWOL incidents and quality issues raised will be discussed at the Locality Police Liaison Groups. Issues of concern will be reported by the group to the relevant groups/committees, as outlined in sections 4.9 – 4.9.2 of this document)
- 18.5 The Police and Criminal Evidence Act (Section 17) (PACE) describes the common law power of the police to enter private premises without a warrant to prevent a breach of the peace occurring. S17(1)(e) of Act provides the police with the power to enter and search any premises if such action is required to save '**life and limb**' or to prevent '*serious damage to property*'. It does not provide the Police with authority to remove any person from the premises.
- 18.6 It is an offence for a person to induce or knowingly assist a detained patient to absent themselves without leave s128⁴.
- 18.7 There is no legal provision for the police to return missing patients, who are subject to DoLS. However, they will treat patients absent in these circumstances as a high risk missing person.

19. Return of an absent patient detained under the MHA

- 19.1 The responsibility for all formally detained patients who are absent without leave (AWOL) rests with the Trust as the detaining authority. In practice, Ward Manager/Deputy are responsible for the arrangements for the return of a patient who is AWOL.
- 19.2 There are certain duties for the patient's Care Team, which include the Responsible Clinician, Named Nurse, Care Co-ordinator and others. They are responsible for supporting the arrangements for the return of the patient. This includes holding periodic reviews to discuss matters and consider progress, or what other steps need to be considered including the involvement of other agencies.
- 19.3 Many absent patients will return to hospital of their own volition. However, where an AWOL patient is unable, or refuses to return to the ward, CPFT staff members are responsible for coordinating their safe return.

⁴ **S128. Assisting Patients to absent themselves without leave, etc.**

S128 (1) it is an offence where any person induces or knowingly assists another person who is liable to be detained in hospital under Part II of Act or is subject to guardianship to absent themselves. S128(3) It is an offence where any person knowingly harbours a patient who is absent without leave, or gives the patient any assistance with intent to prevent, hinder or interfere with the patient being taken into custody or returned to hospital.

- 19.4 For those AWOL patients who are willing, but unable to return, consideration should be given to ward staff using unit transport or arranging a taxi for this purpose. The current risk assessment will dictate whether the patient should be accompanied by a member of staff.
- 19.5 Where an AWOL patient is unwilling to return to hospital, the nurse in charge must make attempts to reinforce their current status under the Act, the proposed plan for their care and treatment and to invite them to work with those responsible for their safety and wellbeing.
- 19.6 An AWOL patient who continues to refuse to return to hospital may be brought back using a **warrant issued under s135(2) MHA 1983**.
- 19.7 Before seeking a warrant, the named nurse or care co-ordinator - in consultation with the Responsible Clinician and the patient's carers and nearest relative - should consider the needs of the patient and the risks related to them not being in hospital, or the address specified in the Guardianship Order.
- 19.8 A warrant under s135(2) gives a police officer and a social worker the right to enter any premises specified in the warrant, by force if necessary and remove the patient. A police officer executing a warrant will always be accompanied by a member of the care team (**See Section 135 (1) and Section 135 (2) - Removal of a Patient From Private / Locked Residence to a Place of Safety Policy, for additional information on s135(2) recall warrant**)
- 19.9 Transport arrangements for the return of all missing and AWOL patients are the responsibility of the care team. Consideration will need to be given to ensuring that the most appropriate form of transport is used. A police vehicle should only be used in exceptional circumstances, for instance, where the patient is presenting violence towards others, it is advised that an ambulance be requested by the police in such circumstances.

20. Action to be taken following the return of an absent patient

- 20.1 As soon as the AWOL patient returns to hospital, the following people must immediately be informed:

- Responsible Clinician (or nominated deputy)
- Nearest Relative / Carer
- The Police (If a missing person report has been made)
- Modern Matron and Duty Manager

(See Appendix 4 Reporting Timeline Flowchart and Appendix 5 AWOL/Missing Patient Checklist)

- 20.1.1 When an AWOL patient returns to the ward, the nurse in charge must complete an 'AWOL Return/Outcome Form' (Appendix 3)
One copy should be uploaded onto the patient's records
One copy should be sent to the Police (if police involved)

One copy should be emailed to the MH Law Office within 24 hours of return/AWOL conclusion.

- 20.2 The patient must be assessed by the nurse in charge and the ward, or duty doctor on return from any period of absence without leave. A mental state examination should be completed and any appropriate changes to the care plan and risk assessment should be made.
- 20.3 **Debriefing and Learning Lessons & MDT Review** - Following the patient's return to hospital an MDT debriefing should take place. The debriefing should involve the patient and their carer/relatives. This meeting will assist the team to:
- Understand, as far as possible, the patient's rationale for absconding, establish the whereabouts of the patient whilst absent & what contact they may have had with carer/family/friends. This will be helpful information for any future episodes
 - To review practices within the clinical area in analysing how this event could have been avoided & from the information gathered from the patient is there anything that the team can do to address reasons why they absconded?
 - To review interagency working procedures between services involved e.g. trust staff, police,
 - Facilitate a "safe return" check that may be undertaken by Police. These checks are an important part of the AWOL patient investigation and will involve speaking with the patient and members of staff. The information will be used to determine if the patient has come to any harm, or if any criminal offences have been committed. It may also be useful in any future missing episodes.
 - To identify lessons learnt in order to minimise or prevent similar events reoccurring and to adjust practice and procedures accordingly.

21. Patients Absent Without Leave for 28 days or less (S21A)

- 22.1 If the patient returns, or is brought back before the last week of their period of detention the authority for detention simply continues until the expiry of the section.
- 21.2 If the patient is on Section 2, 3, 7, 37, or subject to CTO and returns during the last week of their period of detention or guardianship, or if the authority has expired - then Section 21 extends it by up to seven days beginning with the day of their return to hospital. The RC may examine the patient and if they are on Section 3 or 7, or subject to CTO, if appropriate, furnish a renewal report (**S20 Form H5 / S20A Form CT07**).

If a report is furnished and dated after the expiry of the section, the report is retrospective in that it is treated as if it had been furnished on the final day of section. If the patient is on Section 2 the RC may use the seven-day period to complete their assessment under Section 2 and, if appropriate, make a recommendation for detention under Section 3.

21.3 These time limits do not apply to patients who are subject to restrictions under Section 41 or 49 of the Act, who continue to be liable to be returned at any time. They do not apply to patients who are released from prison, whilst still liable to detention under the Act. In the event of a restricted patient absconding from hospital, the Police and Ministry of Justice must be informed immediately.

21.4 With short term orders (i.e. S4, S5(2), S.5(4)), a patient remains liable to be detained until the date the order of detention would naturally expire. Similarly, a patient detained under Section 2 of the MHA **cannot be taken into custody after the expiration of the section**. In this case, an urgent MHA Assessment for S3 should be arranged in the community, if appropriate and if the whereabouts of the patients are known. S136 may also be used by the police to bring the patient to a place of safety, if there are found in a public place after the expiry of their section.

22. Patients Absent Without Leave for more than 28 days (S21B)

22.1 A patient absent for more than 28 days is liable to be returned for up to six months beginning from the first day of AWOL. This means that a patient can be taken into custody and brought back to hospital even after the section expires so long as it is within the six month permitted period. Once the patient has returned to hospital, if the section has expired or has less than seven days to run, it is then extended by up to seven days (S21).

22.2 Once returned, the patient remains liable to detention, or guardianship for 7 days beginning on the first day of their return. During this period, the RC **must** examine the patient.

22.3 During the 7 days of the patient's return from AWOL the RC **must**:

- Examine the patient and determine whether the relevant conditions for continuing/ renewing detention or guardianship are met.
- If the RC decides that detention should be continued, then a report must be completed (**S21B Form H6 or Form G10** if patient subject to Guardianship) For CTO patients **CT08** must be completed
- Before making a report, the RC must consult with one other person professionally concerned with the patient's medical treatment and also an AMHP (this does not apply to patients subject to Guardianship)

22.4 In the absence of a report, the patient ceases to be liable to be detained or subject to guardianship at the end of 7 days.

22.5 In the case of a community patient, if during the 7 days, the CTO is revoked under Section 17F then the order ceases and the provisions in pursuance of an application for admission for treatment shall apply to the patient as they did before the CTO was made.

These time limits do not apply to patients who are subject to restrictions under Section 41 or 49 of the Act who **continue to be liable to be returned at any time**. They do not apply to patients who are released from prison whilst still liable to detention under the Act. In the event

of a restricted patient absconding from hospital, the Police and Ministry of Justice must be informed immediately.

- 22.6 With short term orders (i.e. S4, S5(2), S.5(4)), a patient remains liable to be detained until the date the order of detention would naturally expire. Similarly, a patient detained under Section 2 of the MHA cannot be taken into custody after the expiration of the section unless extended under Section 29 (application to County Court to displace nearest relative).

23. The RC's report

- 23.1 The legal effect of a report depends upon when it is completed and there are three instances when this may occur.

A. Before the final two months of detention or guardianship

- If a report Form H6, G10 or CTO8 is completed the period of detention or guardianship continues until the final two months when a further report is required and needs to be completed if renewal is necessary.

B. Within the final two months of the renewal period of detention or Guardianship

- If a report Form H6, G10 or CTO8 is completed the authority for detention/guardianship is restored and, if appropriate, this may also specify that it shall also take effect as a renewal report.

C. After the period of detention or guardianship has expired (but within the permitted time limit

- If a report Form H6, G10 or CTO8 is completed it will automatically be treated as a renewal report and the effect will retrospectively renew detention/guardianship

24. Right of Appeal to the Mental Health Tribunal

- 24.1 A patient who has had the authority for detention or guardianship renewed, may apply to a Mental Health Review Tribunal. However, there is no new right of appeal if a report is furnished restoring authority and the patient has already made an application during the defined period.

25. Care Programme Approach

- 25.1 If the patient continues to be missing, then the RC should arrange periodic CPA Reviews to update colleagues including determining progress in locating the patient. The Manager of the relevant ward/team should be kept informed of decisions made.
- 25.2 If the patient is at high risk, consideration should be given to a request to the Communications Office to issue a Missing Person Alert to all General and Mental Health Hospital Trusts in relevant/all regions notifying them of a patient's situation. If this action is necessary arrangements can be made via the Communications Manager.

26. Learning from AWOL incidents and monitoring arrangements

- 26.1 The Trust's Patient Safety and Governance Sub Committee will review and monitor all AWOL and Missing Patients reported incident and their progression to a Clinical Review or Serious Incidents investigations.
- 26.2 Patient Safety Manager will report on all AWOL/Missing Patients incidents and their outcome to the Patient Governance and Safety Sub-Committee, where issues of concern and risks will be discussed to ensure that actions are taken that prevent re-occurrence and that learning is shared across the Trust. A report will also be submitted to the Quality, Safety and Governance Committee, who will report to the board.
- 26.2 The MH Law Manager will submit a quarterly AWOL activity report to the Mental Health Law Policy & Practice Group, who will ensure that the legal requirement for the management and reporting of AWOL incidents is in line with Trust policy and the required legislative framework.
- 26.3 Discussions will take place between CPFT staff and the police as part of the local Police Liaison Groups. Issues of concern and risks will be escalated to CPFT Patient Safety & Governance Sub-Committee and the Multi-Agency MH Law Liaison Group.

RAVE (Resistance, Aggression, Violence or Escape) Risk Assessment Tool, to be used across agencies to help agree on a common risk level

RISK ASSESSMENT MATRIX		
LOW RISK	MEDIUM RISK	HIGH RISK
Current / recent indicators of risk	Current / recent indicators of risk	Current / recent indicators of risk
<p>No currently present behavioural indicators (other than very mild substance use)</p> <p>AND</p> <p>no recent criminal / medical indicators that the individual is violent OR poses and escape risk OR is a threat to their own or anyone else's safety</p> <p>OR</p>	<p>Some currently presented behavioural indicators (including substance use)</p> <p>AND / OR</p> <p>some recent criminal / medical indicators that the individual may be violent OR poses an escape risk OR is a threat to their own or anyone else's safety</p> <p>BUT</p>	<p>Currently presented behavioural indicators (including significant substance intoxication)</p> <p>OR</p> <p>significant recent criminal or medical indicators that an individual is violent AND poses an escape risk OR is an imminent threat to their own or anyone else's safety OR</p>
Previous indicators	Previous indicators	Previous indicators
<p>Which are few in number AND historic OR irrelevant;</p> <p>BUT</p> <p>Excluding violence graver than ABH and not involving weapons, sexual violence or violence towards NHS staff or vulnerable people</p>	<p>Limited in number OR historic OR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people</p> <p>OR</p> <p>LOW RISK patients who have disengaged from treatment and where there are MEDIUM RISKS threats when disengaged.</p>	<p>Neither limited NOR historic NOR irrelevant; including violence graver than ABH or involving weapons, sexual violence, violence towards NHS staff or vulnerable people</p> <p>OR</p> <p>LOW or MEDIUM RISK patients who have disengaged from treatment and where there are MEDIUM RISKS threats when disengaged.</p>
Police support is NOT required	Police support MAY be required	Police support is VITAL
<ul style="list-style-type: none"> Where there is dispute within this framework, CPFT staff will have the right to insist upon police support where they believe they require it – police supervisors will have the right to insist on what that support should be. Each agency will accommodate the other, through this compromise. Where the police feel that CPFT have insisted upon support inappropriately or where CPFT feel the police have provided too much or too little support, this should be referred to the MHA Law Liaison Group for resolution and feedback should be provided by managers to ALL professionals involved. 		

AWOL/Missing Patient Form / Police Notification Form

Patient's Name		Address		
Identifying No				
DoB		Gender		
Ethnicity		Approx. Height		
Hair colour/style		Marks/Scars		
Clothing		Language spoken		
Any unusual characteristics:		Social Media (If known)		
Relatives/Carers Name/Relation Contact Number		Patient's Contact Number		
Detain under MHA (Y/N)		If so, section and expiry date		
Date and time absence began		Ward/Team & Contact number		
Describe circumstances of absence (e.g. how and where it occurred, actions taken, staff involved)				
RAVE Risk classification: (please circle one) Details are in the RAVE Matrix	Low	Medium	High	
Describe most recent mental state				
Describe medical condition/Life preserving medication				
Describe any specific risks to patient (e.g. are they likely to be a victim of crime, abuse or exploitation? Is the absence out of character? Is there a risk of suicide?)				
Describe any specific risks to others:				
Nurse completing form (Name/role/signature)		Date/Time		
Police contacted? (Y/N)		Form given to Police (Y/N)		

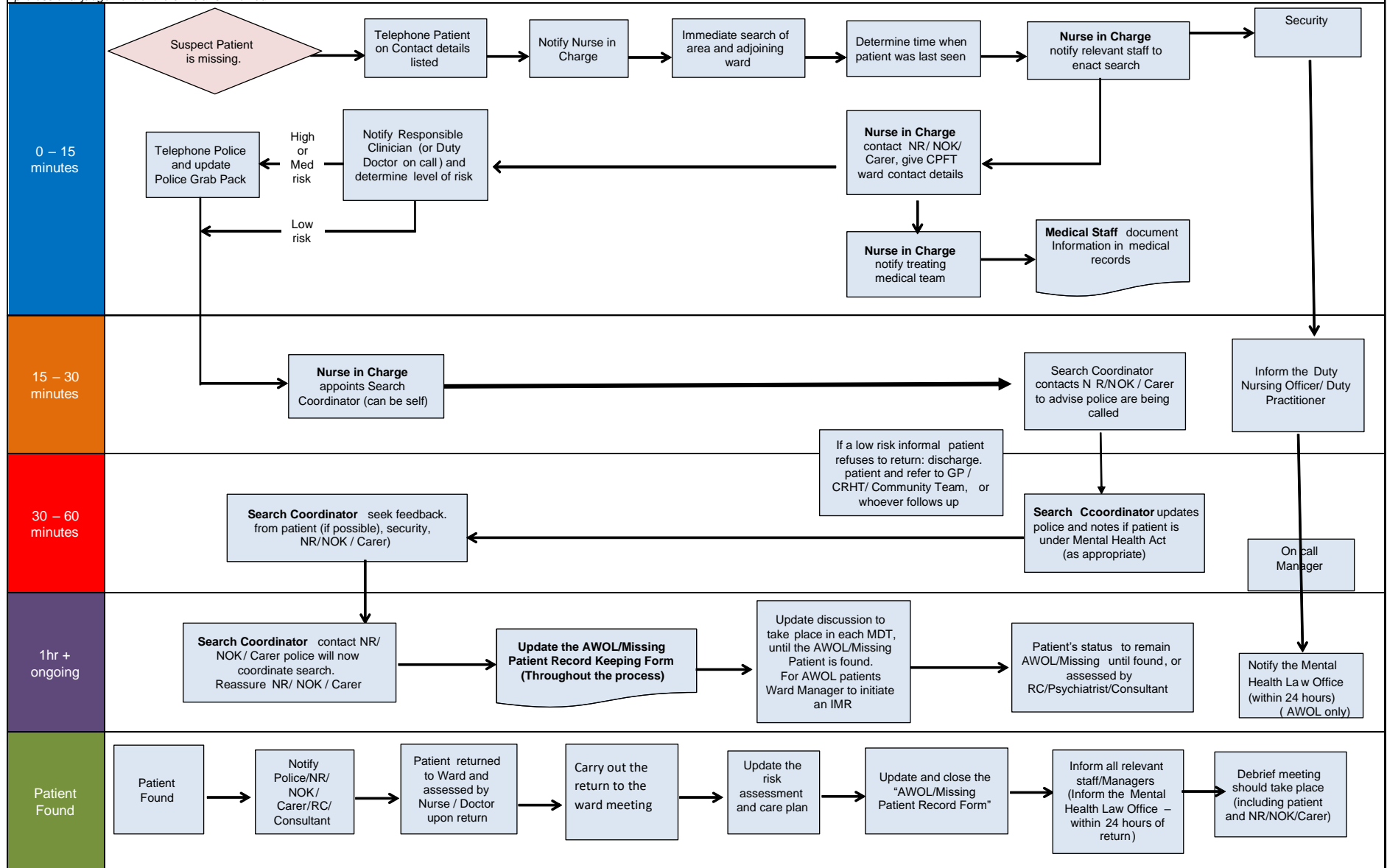
RETURN FROM AWOL/MISSING PATIENTS FORM

(To be completed within 24 of patient's return)

Patient's Name				Hospital No			
Date Found:		Time Found:		Location found:			
Circumstances Found:							
Police Notified: (include date, time and name of officer advised to ensure Police do not continue searches)							
Relative/Carer Notified (Date and time)							
Outcome updated on Datix (Date)							
Completed by (Name):			Profession:			Signature:	
Date:			Ward:			Tel number:	

**ATTACH A COPY OF THIS FORM TO THE PATIENT'S RECORDS AND
EMAIL/GIVE/FAX THIS ORIGINAL FORM TO THE POLICE AND YOUR LOCALITY
MENTAL HEALTH LAW OFFICE**

Appendix 4 Inpatient AWOL and Missing Patient– Time frames flow chartV3. (The time frames in the flow chart are a guide. They are **maximum tolerance times**. This process can be escalated as per the professional judgement of the clinicians involved.



AWOL/MISSING INPATIENT CHECK-LIST & MONITORING TOOL

This checklist is to be used as guidance for the management of AWOL and Missing Patient Process. It does not replace the need to comply with all relevant stages of the SOP. The check-list can also be used as the basis for monitoring process compliance.

When patient is missing from ward or AWOL	Tick/Comments
Search of the ward and local site (Inform security if applicable)	
Try contacting the patient if they have a mobile phone/at home	
Inform the RC, or out of hours - Doctor on call within 15 minutes of patients absconding.	
Inform patient's NR/Relatives/Carers that the patient is missing/absconded within 15 minutes of patients absconding.	
Complete the RAVE risk Assessment	
Inform the police and complete AWOL/Missing Patient Form/Police Notification Form (Appendix 2) If Police is informed initially by phone, phonetically spell the patient's name, take the officer's name and ensure that the above form is handed over to the officer attending the ward.	
Inform Duty Nursing Officer/Duty Practitioner within 30 minutes of incident	
Raise a DATIX incident form. (If Detained patient AWOL – this is clearly mentioned in the DATIX report, including section patient is under)	
Ward Manager to initiate an Investigation Management Report (IMR)	
Make an entry in the patient's records and chronologically record all actions relating to the incident on the AWOL/Missing Patient Recording Form (Appendix 6)	
Inform the locality Mental Health Act Administrator of Missing/AWOL episode within 24 hours (email/fax AWOL/Missing Patient Form) Appendix 2.	
Complete CQC form (if applicable – PICU and GMH) Appendix 8.	

During Missing/AWOL episode	Tick/Comments
Ensure that AWOL/Missing Patient - Recording Form (Appendix 6) is chronologically updated and is part of the shift handover process/discussion.	
Update patient's RC and relevant colleagues as part of the MDT Reviews	
Update Patient's NR Relatives/Carers of any news changes	
Review the RAVE assessment if necessary and update Police of any changes.	

When the patient returns to the ward/or absconding episode is close	Tick/Comments
Inform the patient's RC/out of hours on call Doctor.	
Inform the patient's NR/Relatives/Carers	
Inform the Police	
Assess the patient on their return to the ward (update patient's risk assessment and care plan)	
Inform the Modern Matron/Duty Manager	
Update and close the AWOL/Missing Patient Recording Form (Upload/file in patient's records)	
Complete the Return of AWOL/Missing Patient Form (Appendix 3). Send a copy to the Police, if police involved and to the locality MHA Admin)	
Update DATIX/IMR	
Carry out a debriefing and learning the lessons as part of MDT Review and record the outcome/update relevant documentations. (The debrief should include the patient and their NR/Relatives/Carer)	
Report to CQC of the patient's return (if applicable, i.e. PICU/GMH)	

AWOL/MISSING PATIENTS – CHRONOLOGICAL RECORD OF EVENTS

(This form is to be included as part of the shift handover as long as the patient is missing)

[illegible]

Patient returned to ward on _____ From closed by (name signature) _____

Multi Agency Management Of Mental Health Crisis Protocol Quality Issues Reporting Form

Date of this report			
Your name & contact details			
Name		Department	
Job Title		Address	
Email			
Telephone		Fax Number	

Incident Information		
Date and time		Reference number:
Location where incident occurred		
Name, date of birth and address of patient		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
		Is patient under 18? <input type="checkbox"/> Yes / No <input type="checkbox"/>
Patient Consent	Patient has provided consent to share this information <input type="checkbox"/> Yes / No Not been consulted <input type="checkbox"/>	

<p>Summary of issues requiring investigation and the outcome / impact if known</p>	
<p>Please provide details of any professionals involved in this incident</p> <p>(where possible please include names, organisation, job title and contact information)</p>	

Please complete and email this form to: cpm-tr.mhlawteam@nhs.net within 24 hours of the conclusion of the incident. Where immediate advice is required contact a supervisor.

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 detained⁵, 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**

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

⁵ 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.

PART 1**A. Detaining or responsible authority***

Name of provider organisation:			
Address			
Name of ward:			
Security level (tick ONE appropriate box)	Low Secure	<input type="checkbox"/>	
	Medium Secure	<input type="checkbox"/>	
	High Security Hospital (i.e. Ashworth, Broadmoor or Rampton Hospital)	<input type="checkbox"/>	

5 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	<input type="checkbox"/>	
	Absented him or herself from hospital	<input type="checkbox"/>	
	Absented him or herself during escorted leave	<input type="checkbox"/>	
Does the patient have a history of going absent without authorised leave?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

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	<input type="checkbox"/>
	Returned by family members	<input type="checkbox"/>
	Returned by police	<input type="checkbox"/>
	Returned by hospital or other staff	<input type="checkbox"/>
	Other	<input type="checkbox"/> (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:	



Phonetic Code

A

alpha

B

bravo

C

charlie

D

delta

E

echo

F

foxtrot

G

golf

H

hotel

I

india

J

juliet

K

kilo

L

lima

M

mike

N

november

O

oscar

P

papa

Q

quebec

R

romeo

S

sierra

T

tango

U

uniform

V

victor

W

whisky

X

x-ray

Y

yankee

Z

zulu

The NATO phonetic alphabet, more formally the international radiotelephony spelling alphabet

Assessment to Breach Patient Confidentiality

Quick Reference Guide and Risk Balancing Sheet. (V9)

This form should be completed every time that a CPFT staff member considers a possible need to breach a service user's confidentiality. Ideally, the form should be completed and signed before confidentiality is breached. However, there may be circumstances that confidentiality needs to be breached without notice, in which case this form must be completed as soon as possible retrospectively. Once completed, this form must be uploaded onto the patient's RiO clinical records and a copy must be emailed to the Trust Information Governance Manager: kay.taylor@cpft.nhs.uk who will record the confidentiality breach on the Trust database and report to the Trust's Caldecott Guardian.

Service User:	
Date of Birth:	
Address:	
RiO number:	
Information the professional wishes to disclose:	
To whom does the professional wish for the disclosure to be made to, and will they disclose it to others?	
The purpose/aim of the disclosure	
Has the Service user been treated fairly? (What information has the Service User been given about how their information is to be used?)	
Date this was discussed with the Service User.	
If not discussed with the Service User, the reason why	
Reasons why the Service User does not consent to the disclosure	
The urgency of the need for a decision	

Risk Balancing Exercise

There are some decisions that can be automatically disclosed and do not need the balancing exercise. You must disclose information to satisfy a specific statutory requirement, such as notification of a known or suspected case of certain infectious diseases, terrorism or when a child is being subject to significant harm. You must also disclose information if ordered to do so by a judge or presiding officer of a court. However, you should object to the judge or the presiding officer if attempts are made to compel you to disclose what appears to you to be irrelevant information. For all other decisions about disclosing without consent, please complete the balancing exercise below by adding qualitative information into the relevant boxes in the table.

Disclose:	Don't disclose:
The risk is real.	The reality of the risk is in question.
The risk is immediate.	The risk is not immediate.
The risk is serious.	The risk is less serious.
The risk is likely to be reduced by disclosure.	The risk will not be necessarily be reduced by disclosure.
There is a risk that a crime has or is about to be committed.	There is no risk that a crime has or is about to be committed.
There is a risk to others.	The risk is to the individual only.

The disclosure is no greater than what is reasonably necessary to minimise the risk.	The disclosure is greater than what is reasonably necessary to minimise the risk.
The need to minimise the risk in the public interest outweighs the damage to the patient / public in breaching confidentiality.	The need to protect the patient's confidentiality outweighs the risk to the patient or others.

To disclose sensitive personal data, at least one criterion from Schedule 2 AND one criteria from Schedule 3 MUST be present. Tick all that apply.

NB

Personal data is anything that will identify the person

Sensitive personal data is anything concerning their care and treatment

Schedule 2: personal data. The Disclosure is: With consent	
<p>A Legal obligation. For example (tick the relevant law):</p> <ul style="list-style-type: none"> • In accordance with a court order (please specify). • Prevention and detection of crime (Crime and Disorder Act 1998 s115). • Prevention / detection or crime and / or apprehension or prosecution of offenders (DPA, sch 29). • Right to be free from torture, of inhuman or degrading treatment (Human Rights Act, Art. 2 & 3) • Child protection (Children's Act 1989; cooperation with Local Safeguarding Children's Board Children's Act 2004). 	

<ul style="list-style-type: none"> • Obligation to cooperate with MAPPA arrangements (Criminal Justice Act 2003 s.235) • Duty to consult a Nearest Relative (Mental Health Act 1983 s. 11). • Road Traffic Act 1988. • Terrorism Prevention and Investigation Measures Act 2011 • Public Health (Control of Disease) Act 1984 • Other (please specify) 	
To protect the vital interests of the person (data subject).	
For the exercise of any other functions of a public nature exercised in the public interest.	
Schedule 3: sensitive personal data. The Disclosure is:	
With explicit consent	
To protect the vital interests of the person (data subject) or another person, where consent cannot be given or the data controller cannot reasonably be expected to obtain the consent of the data subject.	
To protect the vital interests of another person where consent is unreasonably withheld.	
The processing is necessary for medical purposes and is undertaken by a health professional, or a person with an equivalent duty of confidentiality.	
If there is an immediate risk to life of the person or others, disclosure will be in the public interest, even in the absence of consent.	

Outcome:

Outcome of decision to disclose or not disclose	
Service user notified on (date)	
Service user not notified because:	
Date the information was shared	

Agency and named person informed	
Method of contact	
Legal authority for each agency	

Persons involved and signatures:

Name of practitioner making assessment	
Signature	
Date	
Managers name	
Date discussed & agreed by line manager	
Signature:	
Date:	

Information sharing quick reference guide

Who	Consent	Information which can be shared	Legal basis for sharing information
Service user with capacity	Service user gives consent	Any information can be disclosed for which consent is given.	1) Service user consent 2) Data Protection Act Schedule 3.1
Service user lacks relevant capacity	Service user unable to give informed consent	Can share relevant information in line with Mental Capacity Act– requires capacity assessment and best interest’s decision.	1)Mental Capacity Act; Data Protection Act (DPA), s.29 & Human Rights Act 1998 (HRA) 1998 Art. 2 & 3. 2) Data Protection Act Schedule. 3.3ai.& 3.3 aii
Service user with capacity	Consent not obtained but not refused (e.g. physically unable to contact ex-service user or inability to seek consent due to time constraints).	Necessary, proportionate and relevant information shared, in an emergency situation only where it is not reasonable to obtain consent.	1) Data Protection Act Schedule 29. Perhaps Human Rights Act 1998 Art. 2 & 3. 2) Data Protection Act Schedule 3a 3b
Service User with capacity	Service user refuses consent. Risk to service user only and harm is not serious.	No information can be shared.	None
Service User with capacity	Service user refuses consent. Risk to service user only and harm is serious (e.g. risk of murder, rape,	Necessary proportionate and relevant information.	1) Data Protection Act. Schedule 29 & 1 Perhaps Human Rights Act 1998 Art. 2 & 3. 2) Data Protection Act Schedule 3a.

	manslaughter).		Public interest. In safeguarding outweighs duty of confidentiality
Service User with capacity	Service User refuses consent. Risk to other adults or significant harm to children.	Necessary proportionate and relevant information.	1) Data Protection Act Schedule 29 Perhaps Human Rights Act 1998 Art. 2 & 3. Children's Act 1989. 2) Data Protection Act Schedule 3a, 3b.
Service User who is alleged to have committed abuse	Consent not sought (due to risk to others).	Necessary proportionate and relevant information about risk to others.	1) Data Protection Act Schedule 29 Perhaps Human Rights Act 1998 Art. 2 & 3. Criminal Justice Act 2003 Schedule 2 35. 2) Data Protection Act Schedule 3a ii.
Service User who is alleged to have committed significant harm against children	Consent either not sought or withheld.	Necessary, proportionate and relevant information on significant harm to children, unless this would be unreasonable in all the circumstances of the case.	1) Data Protection Act schedule. 29 Children's Act 1989. Possibly Human Rights Act 1998 Art. 2. Criminal Justice Act 2003 s. 235 2) Data Protection Act Schedule 3a & 3b.
Former Service User	Unable to obtain consent within timescale.	Limited information – was the person known to Cambridge & Peterborough Foundation Trust	Data Protection Act schedule. 29 Possibly Human Rights Act 1998 Art. 2. Criminal Justice Act 2003 s. 235 2) Data Protection Act Schedule 3a & 3b.

Service User at risk of exploitation by terrorists	Consent either not sought or withheld.	Necessary, proportionate and relevant information on risk of harm to patient and others	1) S38b Prevention of Terrorism (temporary provisions) 2000.
A dead service user	Consent not possible	<p>when disclosure is required by law</p> <p>when a person has a right of access to records under the Access to Health Records Act 1990 (Executor of the will/Proof of Claim) and the service user had not stated that it should not be shared.</p> <p>All requests for sharing information must be passed to the Trust's Patient Services Department for processing.</p>	<p>Data protection act Section 35</p> <p>Access to Records Act 1998 section (3)(1)(f)</p>