

TRUSTWIDE MISSING PATIENT'S & ABSENT WITHOUT LEAVE (AWOL) POLICY

This policy sets the procedures to ensure the key agencies involved when **patients go missing from hospital**, particularly the Police and Leicestershire Partnership Trust, have an agreed co-ordinated response. The policy describes effective information, **reporting and finding missing/AWOL patients**, whilst also minimising unnecessary reporting and instances of patients repeatedly going missing.

Key words: Missing Person, Absent without leave, AWOL, absconsion.

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Policy On a Page

SUMMARY & AIM

What is this policy for?

This Policy is for clinical staff in Inpatient and Community settings who may have patients that go missing from their expected locations.

TARGET AUDIENCE:

Who is involved with this policy?

Clinical staff who may have Patients that go missing from their expected locations.

TRAINING

What training is there for this policy?

No additional training needs other than reading and understanding the Policy and its contents.

KEY REQUIREMENTS

What do I need to follow?

Principles of Right Care, Right Person, which means the Police are not always the default agency for finding and locating patients or completing safe and well checks.

Patients subject to the MHA remain the responsibility of the Trust in terms of locating and bringing back to inpatient areas.

All reasonable steps should be taken prior to contacting the police to report an AWOL or missing person, taking into account considerations before you call.

Staff should conduct local searches, contact relatives/ carers and attend to the patients known locations to exhaust opportunities to locate a patient BEFORE the Police are contacted.

Police may be contacted bypassing any steps only if there is an immediate threat to life or RAVE factors (Resistance, Aggression, Violence, Escape) which the police will assess on a case-by-case basis.

Patients subject to MHA and Guardianship orders may be returned to inpatient locations.

Informal patients can only be “missing” they cannot be AWOL.

1.0 Quick look summary

Please note that this is designed to act as a quick reference guide only and is not intended to replace the need to read the full policy.

1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
Version 1		
Version 2	March 2013	Amended Mental Health Act duties
Version 3	April 2013	Comments received
Version 4	April 2013	Final comments
Version 5	December 2015	Policy thoroughly reviewed and extensively amended
Version 5.1	November 2020	Review inclusion of checklist as part of the policy based on Police check points communication feedback.
Version 5.2	Feb – April 2021	Following feedback, notification of Risk held
Version 5.3	July 2021	Feedback from LPT Link Police Officer for Bradgate Mental Health and review of calls
Version 6	Nov - Dec 2021	Review of charts. Request for consideration of community patients on CTO. AWOL patients – section 8.6.3. Additional reporting quarterly to PSIG of AWOL/Missing patients by Directorates
Version 7	December 2023	Updated to reflect changes with Right Care, Right Person
Version 8	April 2024	Following feedback
Version 9	October 2024	Following feedback. Review of RCRP processes.
Version 10	November 2024	Following FYPC feedback and clarity re MHA code of practice regards escort responsibilities.
Version 11	April 2025	Following Compliance additional feedback and re-review.
Version 12	May 2025	Formatting and wording adjustments

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1.2 Key individuals involved in developing and consulting on the document

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1.3 Governance

- **Level 2 or 3 approving delivery group – Patient Safety Improvement Group**
- **Level 1 Committee to ratify policy – Safety Forum**

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population, and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy, and maternity.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

1.6 Definitions that apply to this policy.

Consent: a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to take the particular decision.
- have received sufficient information to take it and not be acting under duress.

Due Regard: Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

2.0 Purpose and Introduction/Why we need this policy

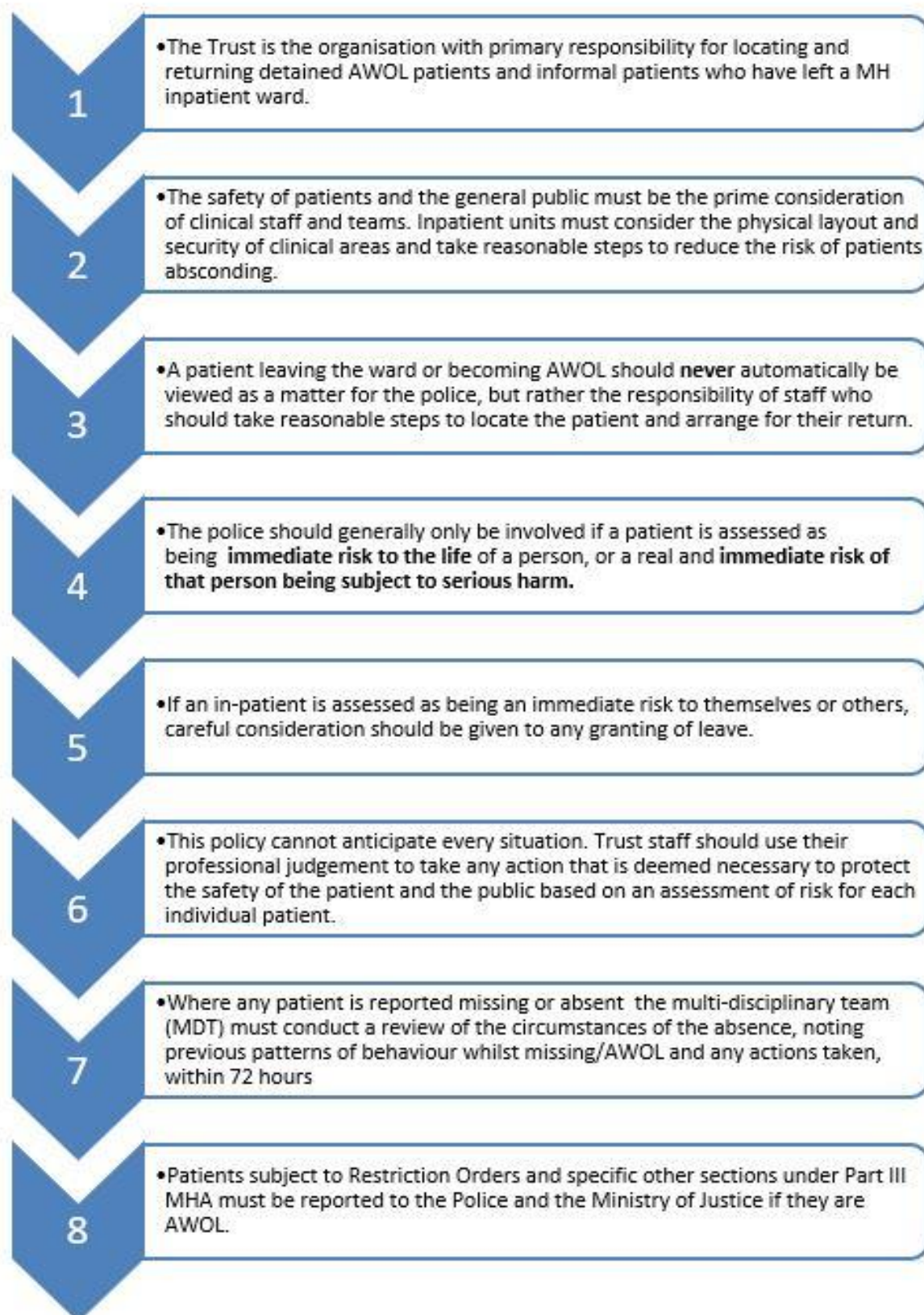
The objective of this policy and procedures is to ensure that the key agencies involved when patients go missing from hospital or home/ community placement, particularly the Police and Leicestershire Partnership Trust (LPT), have an agreed policy to provide a co-ordinated response. The need is to be effective in reporting and finding missing patients, whilst at the same time, minimising unnecessary reporting and instances of patients repeatedly going missing. The Police response is included at Appendix 6.

The policy is a source of information for the clinical front-line staff and also contains a newly developed pre-Police and escalation checklist to ensure that key information is held in one place for the patient as part of the AWOL/Missing Patient escalation and reporting process. (Appendix 7) This has been developed in conjunction with Leicestershire Police LPT Liaison officers and wider colleagues.

3.0 Policy Requirements

This policy describes the roles and responsibilities of LPT staff in the effective management of AWOL/ missing patients. The policy also describes the role of the Police working in partnership with LPT staff and amendments under national Right Care, Right Person protocols.

The principles of the policy apply to both Inpatient and Community settings.



4.0. Introduction

- 4.1 Leicestershire Partnership Trust (referred to thereafter in this document as 'the Trust' or LPT) 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 without Leave), 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 online for access to staff via key documents at <https://www.leicspart.nhs.uk/about/key-documents/>
- 4.2 Right Care, Right Person – this is a national approach designed to ensure “that people of all ages, who have health/ social care needs, are responded to by the right person, with the right skills”. This approach helps the Police to make decisions about when it is appropriate for them to respond to incidents including those with mental health needs.
- 4.3 The threshold for Police to respond to a mental health related incident is to investigate a crime that is occurring or has occurred; to protect people where there is a real and immediate risk to the life of a person or someone being subject to or a risk of serious harm.
- 4.4 Being missing from an expected location or AWOL is not enough in itself to justify police involvement.
- 4.5 Patients who are missing or AWOL are still under the care of LPT services and therefore we have a duty of care towards these individuals and cannot devolve all responsibility for their whereabouts to the Police.
- 4.6 **FYPC/ Children** – RCRP principles should ensure that the Police add additional weight to children concerns as they are inherently vulnerable. The Police must take this vulnerability into account when considering if they should attend. They will also consider the best interests of the child when responding to calls concerning children. Safeguarding principles still remain, and all parties should work collaboratively, however this may still mean it is not appropriate for the Police to respond to a concern.
- 4.7 Patients cared for as inpatients in LPT under the Mental Health Act are in the following areas where AWOL could occur:
- Bradgate Mental Health Unit – Adult Acute Mental Health Wards – Ashby, Aston, Beaumont, Bosworth, Heather, Thornton and Watermead
 - Psychiatric Intensive Care Units – Belvoir (male next to Bradgate Unit) and Griffin Ward (female located in the Herschel Prins Centre on the same site)
Place of Safety Assessment Unit (PSAU)
 - Child & Adolescent Mental Health Services - Beacon Unit – opposite Bradgate Unit
 - Mental Health Services Older Person (Kirby and Langley Wards in the Bennion Centre located on same site as Bradgate Unit & Coleman, Gwendolen and Wakerley Wards located at the Evington Centres on Leicester General Hospital site)
 - Adult Eating Disorders Service (Welford Ward in the Bennion Centre)
 - Learning Disability Assessment and Treatment Unit - Agnes Unit, located off Anstey Lane next to Gorse Hill Ambulance Station
 - Adult Mental Health Rehabilitation Services - The Willows (4 wards – Acacia, Cedar, Sycamore and Maple wards) and Stewart House (Skye and Aran wings) located in Narborough
 - Mill Lodge – Huntington's Disease Unit based next to Stewart House in Narborough

Community Patients who may be subject to a Supervised Community Treatment Order (CTO). If a patient who is on a CTO has been recalled to hospital by the Responsible Clinician, the patient is expected to present to hospital.

If the patient fails to attend the hospital following serving of recall papers or leave the hospital without permission, then they will be considered as 'AWOL' (in the same way that a detained patient is absent without leave from hospital), and the team may then take steps to ensure admission to hospital using powers under Section 18 of the Act (see act for further guidance):

Patients who are considered AWOL can be taken into custody under section 18 of the Mental Health Act by:

- A police Officer.
- Approved Mental Health Practitioner;
- Staff from the hospital;
- Any person authorised by the Hospital Managers

A section 135(2) warrant may need to be sought to enter the patient's premises if access to the patient is denied and timescales have passed.

4.8 There are a number of factors which contribute to incidents of absconding, such as acute mental health illness, boredom through lack of therapeutic activity; ward environment; patient mix; potential for bullying or harassment; drug and alcohol misuse.

4.9 Lack of regular access to fresh air and to a peaceful environment may also contribute to disengagement from care and absconding. Episodes of unexplained or unauthorised absence from care and treatment may disrupt recovery and the prevention of such episodes is considered an integral component of risk management plans for all patients.

4.10 The MHA Code of practice clearly sets out that:

Detained patients

28.4 Detained patients who are AWOL may be taken into custody and returned by an approved mental health professional (AMHP), **any member of the hospital staff**, any police officer, **or anyone authorised in writing by the hospital managers**.

28.5 A patient who has been required to reside in another hospital as a condition of leave of absence can also be taken into custody by any member of that hospital's staff or by any person authorised by that hospital's managers.

28.6 **Otherwise, responsibility for the safe return of patients rests with the detaining hospital.** If the absconding patient is initially taken to another hospital, that hospital may, with the written authorisation of the managers of the detaining hospital, detain the patient while arrangements are made for their return. In these (and similar) cases people may take a faxed or scanned copy of a written authorisation as evidence that they have the necessary authority without waiting for the original.

5.0 Flowchart/Process

The flowchart and process for reporting for the Missing patient & AWOL Policy will follow in the next page.

Trust Missing Patient & AWOL Policy – Flow Diagram

Patient is found to be missing or AWOL from hospital or the Community



Nurse in Charge / CPN to establish & re-affirm 'risk of harm to self or others' category (Low, Medium or High).



Whilst patient remains Missing/AWOL

The team must review patient status and nominated person keep in contact with relevant parties at least on a daily basis



Keep record of events in Patients records. Any reasons not to take any of the following actions must be recorded in the notes. The 'Ward Report'/'Community Report' where this forms part of the handover should also be completed.

MHA Office/Safeguarding team to be informed where appropriate.



Patient returns from Missing/AWOL

All risk categories: Inform all relevant parties. Review Risk Assessment, Care Plan and level of observation and any agreed leave arrangements (section 17), complete Missing/AWOL section on Ulysses and send a copy to the locality Mental Health Act Administrator.

Contact RC or Duty doctor to assess patient's mental and physical health.

A review of the patient risks and AWOL mitigation should be considered and clearly documented prior to any leave recommencing to ensure robust actions to limit likelihood of re-occurrence



- Carry out thorough search of ward (local area) and immediate area outside ward.
- Establish when last seen and what clothing worn/identifying features – check 'All About Me' if completed. Consider review of CCTV if available.
- Inform clinical duty manager
- Keep relevant parties briefed on progress
- Check if patient is contactable by mobile phone or at known location; assess actions required
- Contact next of kin, any other known contacts
- Clinical staff to arrange visit to known address to ascertain whereabouts – risk assessment and staff safety considerations exhausting all reasonable enquiries to locate/ consider S135 warrant
- Record details of search and progress in patient records
- Inform patient's consultant or duty consultant (may have previously been informed as part of risk confirmation)
- For all patients an incident report (e-IRF) must be generated using the 'missing/AWOL' section on Ulysses Incident Reporting
- Contact Police with clear information using Appendix 7 as a guide

5.1 PROCESS FOR REPORTING a Person who is AWOL/MISSING

Definition

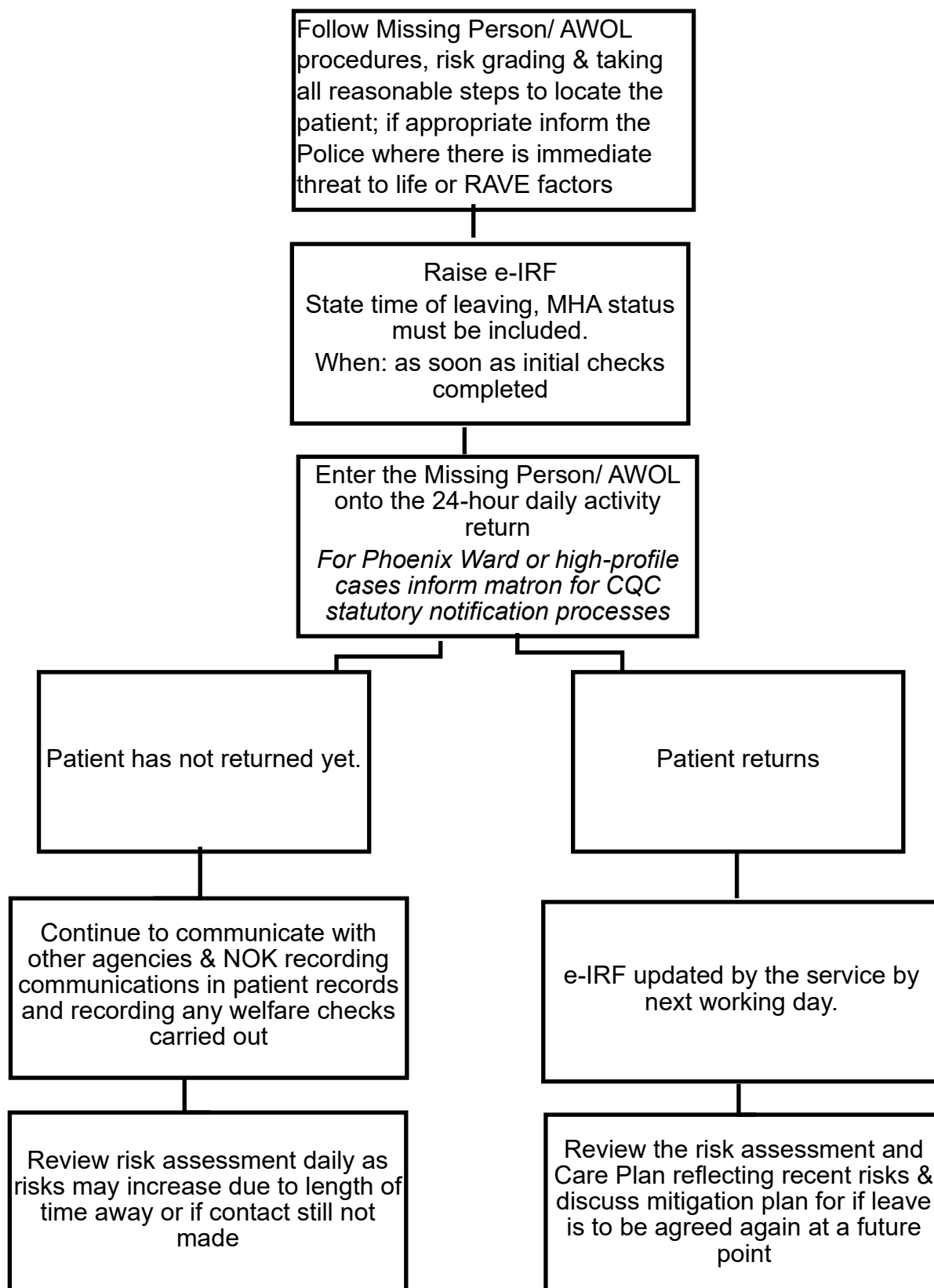
Missing person – Any Informal or community patient whose whereabouts are not known (including not returning from leave on time) and are considered to be vulnerable or identified as posing a significant risk to themselves or others.

An informal patient, with capacity and not posing an immediate risk to themselves or others and their whereabouts is known are not missing. Staff should arrange a Multi-Disciplinary Team (MDT) review to agree if discharge is appropriate.

For an informal patient whose whereabouts is known but the patient lacks capacity an urgent best interest meeting should be convened to consider suitable care and safety requirements. This could be a decision to discharge or consider convening a MHA in the community.

AWOL – Any person, subject to MHA leaving the ward without permission, or not returning from leave at the agreed time or are Supervised Community Treatment (SCT) patients that have been recalled to hospital and abscond or do not return to hospital when recalled.

The process for reporting for the Missing patient & AWOL Policy



6.0 Information

Before leave is granted

6.1.1 At the point leave is being considered, the MDT should ensure a risk assessment is in place that covers the risk of absconsion/ AWOL/ going missing and that steps are clearly recorded to mitigate this risk. Leave should also be part of the care plan before leave is granted.

6.1.2 Where there may be risk factors associated with granting leave, but there is felt to be therapeutic gain from allowing planned leave, there should be evidence of steps being taken to minimise the risk and also consideration of partnership working with the Partnership Police Officer to discuss the risks with the Police and provide any mitigation and alert services of the risk before leave occurs. A Safety Plan should also have been considered prior to the granting of leave and a rationale recorded on the Care Plan where a safety plan is not in place.

6.1.3 Leave should be care planned, along with how to manage distress whilst on leave as this could become a contributory factor towards a patient going AWOL/ Missing.

6.1.4 Staff should continue to consider with patient consent the use of photographs as per the Patient Identification policy as part of general discussions.

6.1.5 The MDT should gain Family/ Carers views in regard to the Patient's readiness for leave unless the Patient has withdrawn consent.

6.2 Nurse in Charge - Using Professional Judgment

It is the responsibility of the professional concerned with/identifying the missing or AWOL patient to use their professional judgment when considering the most appropriate action, taking into account any risks attached. The decision-making process may include consultation with other key

Professionals / carers / relatives. The process and the decision must be clearly documented in the healthcare records.

The Nurse in Charge should, ensure that all reasonable steps be exhausted, and proportionate enquiries made before contacting the Police, such as a local search, phoning the patient, visiting their known address to establish if they are there and contacting carers/ family members where available. The Police will risk assess on a case-by-case basis taking into consideration the risk of an immediate threat to life, criminal offence & RAVE Factors (Resistance, Aggression, Violence, Escape).

The Trust will still have a duty of care towards the patient and the responsibility for returning the patient ultimately relies on LPT staff to coordinate as a priority.

Consideration of appropriate Transport should be cross referenced with the Transporting Patients policy.

6.3 Absent Without Leave (AWOL) Section 18 MHA 1983

A patient, who is detained, or liable to be detained, is considered to be AWOL when they:

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

Further guidance on section 17 is contained within the Trust's Mental Health Act Section 17

Procedural document: Leave of Absence from Hospital can be found on the trust Website.

6.4 Informal (Voluntary) Patients who wish to leave an inpatient setting

6.4.1 Informal, or voluntary, patients are patients who are receiving treatment in a hospital setting for a mental disorder but are not subject to the provisions of the Mental Health Act.

6.4.2 As informal patients are not detained their movements are not subject to the provisions of the law. However, the Trust continues to have a duty of care to informal patients and any requests to leave the ward should still be considered in terms of their mental health state and risk to self or others.

6.4.3 Where staff do have concerns, they should explain to the patient the rationale for staying on the ward, if the level of risk escalates i.e. the patient insists on leaving, consideration should be given to their mental health state and capacity to make informed decisions and the need for an assessment under the Mental Health Act, although it is important to remember this course of action should never be used as a threat to the patient. This is to ensure we are keeping the patient and others safe with the least restrictive practice including the application of the MHA 1983. If community services referral would have been anticipated as part of the discharge planning process this should be actioned as part of transferring care safely of a patient who wishes to leave against staff advice, a discharge summary to date should also be sent to the GP.

6.5 Absent Patients

6.5.1 Patients are considered absent when they are not in the place that they are expected or required to be, but their location is known.

6.5.2 The Trust has the responsibility to attempt to repatriate the patient by encouraging them to return and exhausting all proportionate enquiries including visiting their address to carry out a welfare check and applying for any warrants.

6.5.3 The responsible clinician will be asked to review the level of risk if the patient persists in refusing to return. The multidisciplinary clinical team will discuss the risk and make a clinical judgement based on this discussion. The discussion and decision will be documented in the patient record.

6.6 Missing Patients

Patients are 'missing' when their whereabouts are not known whether they are missing from an inpatient setting where they are receiving treatment specifically for a mental disorder, are Informal (as described above) or are missing from a community setting, i.e., a community hospital or their usual residence. This includes patients subject to DOLs and MCA.

Trust staff have a duty of care to exhaust all proportionate enquiries including visiting their address to carry out a welfare check.

7.0 Risk Assessment

7.1 Identifying Risk for the Purposes of Reporting

For AWOL/missing persons the Trust uses the same three categories of clinical risk status as Leicestershire Constabulary, Low, Medium and High. This helps ensure that there is clarity of roles and expectation between the two organisations. Police must be informed of all indicators that apply and level of risk for each applicable indicator.

INDICATORS	Risk Level		
	HIGH	MEDIUM	LOW
Extremely vulnerable	X		
Violent towards others	X		
Immediate Suicidal risk	X		
In possession of a weapon	X		
Danger to themselves/others	X		
Often goes missing from the Ward and does not return		X	
Often goes missing from the Ward and does return			x

7.1.1 Determining the category should be based on risk assessment, and the professional identifying the patient is missing/AWOL should make use of all relevant information and seek advice and guidance from key members of the patient's care team including senior staff (). Relevant information can include past history, current physical and mental state and known risks, the views and information of friends or carers etc., physical characteristics and most recent appearance. Information describing the patient who could be classed as extremely vulnerable due to previous history of risky behaviours e.g., arranging to meet unknown men for sex, physical health conditions requiring regular prescribed medication – anti epileptic. / diabetes/ heart etc.

7.1.2 The risk category must be subject to continued review until an outcome is achieved.

7.1.3 Police will review on a case-by-case basis their involvement, however, may only likely have a role if there is an immediate threat to life, criminal offence or RAVE factors (Resistance, Aggression, Violence, Escape). The Police have no private duty of care under common law and no power to return voluntary patients.

7.1.4 If there is doubt as to whether the police should be involved, it is recommended they are contacted, and they will review on a case-by-case basis whether there is a role for them. If situations change, they may be contacted on a similar basis to escalate new concerns.

7.2 Low Risk Category

7.2.1 The patient may or may not be detained. The patient may be well known to the team and there are no significant risks on assessment, may have had authorised leave, and a known history of going missing/AWOL but returning without incident.

7.2.2 Low risk category patients will not be reported to the Police, but inpatient service staff will contact relatives, attempt to contact the individual, and contact place of residence, etc. The management of the process will be entirely within the Trust, the Police will not be informed as this will initiate their missing patient process. The category should continue to be reviewed at reasonable intervals. Trust staff will make reasonable attempts to locate and return the patient to the service or consider escalation to a higher risk category as required. The incident must be recorded on the Trust incident reporting system.

7.3 Medium Risk Category

7.3.1 The patient may or may not be detained. There may be sufficient concerns identified that necessitates the need to know where the patient is, that they are safe and well, and that they may need to be returned to hospital by Trust staff or by police depending on the circumstances.

7.3.2 Patients assessed as medium risk may need to be reported to the Police. The Police will require as much detail as possible to be made available to them - details of friends, contacts and other relevant information available (e.g., bank account details, photo identification). They will expect a comprehensive ward /hospital search to have been done and also for all reasonable enquiries in the community to have been exhausted, such as contacting NOK and LPT staff conducting a welfare check at the known address of the patient. The Police may need to repeat the ward search as this is part of their core process. The incident must be recorded on the Trust incident reporting system.

7.3.3 The Police will determine which category applies to the patient under their process for categorisation. The patient will either be deemed as **'Missing'** or **'Absent'**:

Missing - 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.

Absent - A person not at a place where they are expected or required to be. The Police will then determine any course of action to be taken.

Responsibility for returning the patient remains with LPT. Police may or may not assist.

7.4 High Risk Category

7.4.1 The patient may or may not be detained. High risk patients are considered to be in danger of significant harm to self or others and there is an immediate need to establish their whereabouts and return to the ward. Patients assessed as high risk will always be reported to the Police though the Police will risk assess their response and may not always intervene. All reasonable enquiries should have been explored before contacting the Police. Responsibility for returning the patient remains with LPT.

7.4.2 Details of medication and particularly any potential impact of lack of regular medication will be required. The On Call Manager and Responsible Clinician/Duty Consultant will be informed of all medium and high-risk instances. Director or Director on call should be notified along with a plan for steps being taken. The incident must be recorded on the Trust incident reporting system.

8.0 Procedure for all Missing/AWOL/Absent patients

8.1 The following actions should be taken as soon as the patient is noted to be missing:

- ☐ Carry out a thorough search of the ward and immediate areas outside of the ward/unit/hospital. Establish when and where the person was last seen and record a physical description of the person, identifying features, clothes etc.
- ☐ Inform the Clinical Duty Manager (Bradgate Unit), Service co-ordinator, Teamleader, line manager or local on call manager. The Manager on call can also be contacted at the discretion of the co-ordinator or local Teamleader. The on-call Manager has discretion to also inform the on-call Director/on-call consultant, such as in high profile cases.
- ☐ Try and establish whereabouts by contacting the following addresses/telephone numbers:
 - ☐ Carers at home address OR the hostel/care home from where the patient was admitted.
 - ☐ The next-of-kin/nearest relative as defined by the Mental Health Act/Next of Kin Details as documented in the patient records.
 - ☐ Any other known address/telephone numbers.
- ☐ Steps should be taken by LPT Staff to carry out a welfare check at the patient's known address to ascertain if they are at that location. If they are, then a S135 Warrant should be considered for detained patients.
- ☐ Inform the Police and provide a detailed account of patient risk, whereabouts if known, physical description (provide photograph if available as per patient identity policy). Complete checklist pre contact with Police to ensure as much information available **see Appendix 3**
- ☐ Record the date and time of all events and search processes/ locations searched in the patient's record.
- ☐ Complete an incident report form (EIRF).
- ☐ Inform the Care Team if known e.g., CPN, SW, Community support

GP Communication - The GP should be notified as soon possible by email/phone-call the following morning if a patient remains 'AWOL/Missing patient' overnight. At weekend the GP should be notified first thing Monday morning.

CQC requires services with a specific security designation of low, medium or high security to tell them about an unauthorised absence of a person detained (or liable to be detained) under the Mental Health Act 1983, and when someone returns from an unauthorised absence. LPT has low secure services in Phoenix Ward. These become notifiable when the person is still absent after

midnight on the day their absence began. The Matron is responsible for ensuring CQC notifications are completed and sent via LPT Compliance (email: lep-tr.compliance@nhs.net) as soon as practicable. Notifications should always be sent via the Compliance Team and not to the CQC directly. Additionally, IMPACT and the Ministry of Justice should be informed accordingly.

In addition to reporting absence from Phoenix Ward, AWOLs of a very serious nature (including death) and those which may be high profile for any reason should also be alerted to the Quality and Compliance team. If there is any doubt about whether an AWOL should be notified or not, the Quality & Compliance team should be contacted for discussion.

□

The most up to date notification form can be found on the CQC website at <https://www.cqc.org.uk/guidance-providers/registration-notifications/mental-health-notifications> The clinical bed can be released for use if patient not returned after 24 hours for inpatient areas after discussion with the clinical team considering likely timescales for return.

8.2 Escorting Patients

8.2.1 Where a patient is being escorted and either attempts to leave or does leave the escort the action taken will depend on the outcome of an immediate risk assessment, consideration should be given to the patient's MHA status. The patient should be encouraged to return to the escort. Where this fails the above procedures for missing/AWOL patients should be implemented.

8.2.2 It is important to remember that the 'escort' should be made fully aware of any risks and known patterns of behaviour previously identified prior to commencing the escort duty. They should also be made aware of the action to be taken if the patient leaves. The escort policy should be read in conjunction with this policy.

8.2.3 It may be necessary for escorts to utilise safety intervention techniques to prevent AWOL or patient from going missing dependent on risk factors and/ or legal status.

8.2.4 For detained patients, if safe to do so, escorts may utilise the principles of safety interventions to prevent an AWOL. For informal patients' safety interventions may only be used to prevent immediate and imminent risk to life under common law.

8.2.5 The MHA code of practice is clear that a detained patient may be taken into the custody of and returned to the detaining hospital by hospital staff or those authorised by the hospital managers. The safe return is also the responsibility of the detaining hospital.

8.2.6 All escorts should be familiar with and adhere to the Escorting Patients Policy.

8.3 Returning the patient

8.3.1 If the location of the patient is known, and the patient is willing to return, the Trust is responsible for arranging their safe return. This will be based on assessment of risk to

consider method and mode of transport e.g., secure transport/ Taxi as per the Transporting Patients Policy.

8.3.2 The role of the Police should wherever possible only be to assist a suitably skilled and experienced mental health professional in returning the patient to hospital. The Police will not be expected to routinely support with returning a Patient to the ward and other means of transport need to be explored as the Police should not be involved solely for the purpose of conveyance.

8.3.3 If a warrant/ court order is required see appendix 1 section 135

8.4 Following the return of the patient

8.4.1 All persons informed of the missing/AWOL patients must be informed of their return.

8.4.2 The patient record should be updated as soon as the patient returns and include the time of return.

8.4.3 The patient should be searched on return to the ward in accordance with the Searching of Inpatients and their Property policy.

8.4.4 The Duty Doctor or consultant/responsible clinician should be asked to attend and assess the mental and physical health of the patient. Together the Duty Doctor and nurse in charge of the ward should undertake a risk assessment review for that patient and take and record any appropriate action(s) (including MHA, DOLs and MCA), amending the care plan as necessary and reviewing the level of Mental Health Observations

8.4.5 All instances of AWOL or missing patients should be discussed with the MDT at the next opportunity and at the ward round where appropriate both to inform clinical decision making in regard to the individual patient and to inform general practice on the ward.

8.4.6 A return CQC notification should be completed where applicable for Phoenix ward and high-profile cases.

8.4.7 For forensic Inpatient wards Commissioners should be notified of the return. Restricted Patients should inform the Ministry of Justice and MAPA as appropriate.

8.4.8 Prior to any further leave being granted there should be a robust risk assessment and care plan in place to minimise AWOL/ missing patient risks from re-occurring along with considering the involvement of the Partnership Police Officer to discuss risks, contingency planning and alerting services in advance of any leaves that might reasonably lead to an AWOL occurrence but are required as part of the treatment & care

plan process. Additional leave should not be considered without these factors being considered and documented.

8.5 Miscellany

Access to patients' homes - where there are concerns about the well-being and safety of a community mental health patient and it is considered necessary to gain access to a patient's home, the care co-ordinator should liaise with the Approved Mental Health Professional (AMHP), the Responsible Clinician and the Police – ref. Section 135 Policy.

8.6 Patients subject to the Mental Health Act (MHA) 1983

8.6.1 The Mental Health Act Office should be informed of any patients who are AWOL.

8.6.2 Care Quality Commission AWOL notification for detained patients in secure services for patients AWOL from Phoenix ward and high-profile cases.

8.6.3 The Matron is responsible for completing the CQC Notification form and forwarding the completed form to the CQC via LPT Compliance on lep-tr.compliance@nhs.net

8.6.4 Powers under Mental Capacity Act to Return Patient

Section 4 and 5 of the Mental Capacity Act provides powers to the police as well as staff to make a Best Interests Decision to return the patient to the ward. Section 6 authorises restraint provided that; the officer or member of staff "reasonably believes that it is necessary to do the act in order to prevent harm to Patient." and that restraint "is a proportionate response to: — (a) The likelihood of Patient's suffering harm (b) The seriousness of that harm." However, the Police powers under section 4 and 5 of the Mental Capacity Act can not be used to obtain a Mental Health Act assessment as there is provision within the Mental Health Act 1983(Amended 2007) for when these situations arise.

8.7 Patients who leave the country whilst AWOL

8.7.1 Detained patients who are AWOL and are found in Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man can be retaken, held in custody and returned to this Trust by virtue of Section 88 and Section 138 of the Mental Health Act 1983.

8.7.2 The issue of arranging transport for the patient's safe return, and bearing the cost, should be negotiated with the authority responsible for the detention. In the case of a NHS hospital, it is usually the returning hospital that has the responsibility for arranging and funding transport.

8.7.3 In the case of hospitals and other bodies overseas, it is reasonable to expect them to act as Trust staff would; that is escort the patient to an airport where the patient can be met, and a handover take place to Trust staff. However, this is very much subject to individual negotiation and there are no protocols binding on overseas countries.

8.7.4 Patients who identified as AWOL (are detained or liable to be detained) and leave the UK cease to be subject to English Law and are not therefore detained under the MHA whilst abroad. It follows that there is no power to return them under the MHA. It may be that such patients will be detained under Mental Health legislation in another country, in which case arrangements may be made for their return if the provisions of that legislation allow.

8.7.5 When AWOL patients go abroad; the Police should be notified in order that they can update their records and so that they can consider the need to advise the local foreign Police force if the risk is considered high.

9.0 Duties within the Organisation

The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

Trust Board Sub-committees have the responsibility for ratifying policies and protocols.

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.

Director of Nursing and Allied Health Professionals

As nominated Executive Lead, they must ensure that appropriate and robust systems, processes and procedures are in place for missing and/or AWOL patients.

Directorate/Service Managers

The Service 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.

Team Managers/Ward Managers/Clinical Duty Managers

All team/Ward managers have delegated responsibilities for the correct and consistent implementation and monitoring of this policy and the correct completion of documentation. To ensure that where possible 'All About Me' is completed on Adult Mental Health Wards.

Medical Team/ Responsible Clinician

The medical team 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 and agreeing and recording any section 17 leave for patients detained under the MHA.

Clinical Staff

All Trust staff who provide clinical care to patients are responsible for following the procedures in this policy and for ensuring that where possible the 'All About Me' Document is completed and kept up to date.

Local Governance Teams

Incidents of missing inpatients and inpatients that are absent without leave should be reviewed at local directorate quality and safety groups and reported quarterly to Patient Safety Improvement Group (PSIG).

10.0 Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision
- Remember that information
- Use the information to make the decision
- Communicate the decision

11.0 Monitoring Compliance and Effectiveness

11.1.1 Compliance with this policy will be monitored through directorate quality and safety groups. The outcome of the monitoring will be reported to the part of the quarterly Patient Safety Report with exception reports to PSIG.

Page/Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). Frequency of monitoring
	AWOL and missing person incidents are captured on the	through directorate quality and safety groups. The outcome of the monitoring will be		The outcome of the monitoring will be reported to the part of the quarterly

Page/Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). Frequency of monitoring
	Ulysses incident reporting system	reported to the part of the quarterly Patient Safety Report with exception reports to PSIG.		Patient Safety Report with exception reports to PSIG
	Lessons learnt from instances should be shared through team meetings and /or trust wide learning events	through directorate quality and safety groups. The outcome of the monitoring will be reported to the part of the quarterly Patient Safety Report with exception reports to PSIG.		The outcome of the monitoring will be reported to the part of the quarterly Patient Safety Report with exception reports to PSIG.

12.0 References and Bibliography

This original policy & thereafter was drafted with reference to the following:

- Mental Health Act Code of Practice (2015)
- ☐ Mental Health Act 1983 (revised 2007)
- ☐ National Partnership Agreement: Right Care, Right Person (RCRP) - GOV.UK (www.gov.uk) (2023)

12.1 Links to other documents

- Supportive Observation and Engagement of Inpatients Policy (2023)
- Incident Reporting and Management Policy (2022)
- Searching of Inpatients and their Property Policy (2023)
- Clinical Risk Assessment & Management Policy (2023)
- The Management of Non-Attendance/ Did Not Attend (DNA) Policy (2023)
- Escorting Patients Policy (2024)
- Mental Health Act Overarching Policy (2020)
- Mental Health Act Section 132 Procedural Document (2023)
- Patient Identity Policy (2017)
- Deprivation of Liberty Safeguards Policy (2021)
- Safeguarding & Public Protection Policy and Procedures (2023)
- Transporting Patient Policy (2024)
- Right Care Right Person (2024) <https://www.gov.uk/government/publications/evaluating-the-implementation-of-right-care-right-person/right-care-right-person>
- Advice to Police Forces on the Interpretation of the Multi-Agency Response for Adults Missing from Health and Care Settings Framework
<https://www.npcc.police.uk/SysSiteAssets/media/downloads/publications/publications-log/national-crime-coordination-committee/2023/npcc-advice-on-the-appg-missing-adults-framework.pdf>

13.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendix 1

Police Involvement & Section 135(2) Mental Health Act

1.1 Police Involvement

- 1.2 Police assistance may be required in the return of missing patients not subject to section 18 and this would be dependent on the type of risk identified. Where this is the case, it should be remembered that the Trust has no legal basis to detain the patient at that time if they are not already detained and any subsequent detention prior to a mental health act assessment would be done so under common law.
- 1.3 This would also apply to the Police unless they took the decision to formally detain the patient through separate legislation.
- 1.4 The return of the missing/AWOL patient should be done so in the least restrictive manner possible and with the support of appropriate professionals.
- 1.5 Staff in communication with the Police must provide information pertinent to the patient's known risk and welfare using an SBARD format (Situation, Background, Assessment, Recommendation, Decision)
- 1.6 The role of the Police is to support staff in the execution of a Warrant where LPT staff have applied for and been granted a Warrant.

Section 135(2) of the Mental Health Act 1983 & Mental Health Act 2007 states:

"If it appears to a justice of the peace, on information on oath laid by any constable or other person who is authorised by or under this act to take a patient to anyplace, or to take into custody or retake a patient who is liable under the act to be so taken or retaken –

- a) that there is reasonable cause to believe that the patient is to be found on premises within the jurisdiction of the Justice; and
- b) that permission to the premises has been refused or that a refusal of such admission is apprehended.

The Justice may issue a warrant authorising any constable to enter the premises, if need be, by force, and remove the patient".

The warrant enables the patient to be taken to any place or to be returned to hospital if already liable to be detained under the MHA. This will include patients who are liable to be detained but for whom conveyance to hospital has not been possible due to refusal of entry to the premises where they are at present. It also applies to a patient under guardianship who has absconded from a place where they are required to reside.

The constable for the purposes of AWOL should be accompanied by a registered medical practitioner or by any person authorised by or under the MHA to take or retake the patient to ensure the right person is with the patient at the right time.

Any patient detained under section 5(4), 5(2), 2, 4 may not be returned to the hospital

after the expiration of the section. The only exception to this would be if the Section 2 has been extended by virtue of Section 29 (application to the County Court to displace the nearest relative). Patients detained under Section 3/ 37 can be returned up to 6 months after going AWOL or until the expiry date of the section they are detained on.

The later date of the above two will be the relevant date. If at the time the patient goes AWOL, the new period of renewal under Section 20 has not commenced, the renewal is ignored, and the 6-month rule applies. For a patient who is returned within 28 days or less – the section continues to run until the expiration of section (unless the patient returns during the last week of the order and the section has less than 7 days to run or if the section has expired)

There may be occasions when section 135(2) warrant is required for patients on supervised community treatment who fail to return to hospital upon being recalled or abscond from the hospital following recall. The Police officer should be accompanied by a person with authority from the managers of the relevant hospital (or local authority, if applicable) to detain the patient and to take or return them to where they ought to be. It is good practice for this person to be a member of the multidisciplinary team responsible for the patient's care, e.g., a community mental health team. The patient should be told why they are being detained, taken or retaken, before this happens.

When taking or retaking the person to a place under section 135 (2) warrant, the hospital managers or the local authority (as appropriate) should ensure that an ambulance or other transport is available to take the person to the place where they ought to be, in accordance with a locally agreed policy on the transport of patients under the act. The Police should not normally be needed to transport the person or to escort them for a section 135 warrant.

Standards for Practice

Warrants will only be executed by the constable if, in the event, entry to the premises can only be achieved by the use of the warrant. To that extent the level of Police intervention and force must be proportionate to the assessed level of risk.

When entering the person's property, the duly authorised health professional (or Approved Mental Health Practitioner if applicable) will ensure the minimum number of professionals necessary to execute the provisions of s. 135(2) MHA in line with good practice.

Operational Procedures during working hours: Section 135 MHA

Having established that the grounds for an application are met, and that an application is justified in terms of the Human Rights Act, the duly authorised health professional (or AMHP) will contact Leicester Police to forewarn about the process and to discuss any actions needed. On receiving the request, Leicester Police will create a Serial Log, generating a unique reference number. Leicester Police and the duly authorised health professional/ AMHP will jointly risk assess the execution of the warrant, exploring all sources of risk knowledge available.

All agencies involved will enquire into the background of the patient (as known to his/her agency) and exchange relevant information, for example:

- ☐ The time and place of the proposed assessment;
- ☐ The identity of the person to be assessed;
- ☐ The premises to be entered;
- ☐ The type of any equipment required to affect an entry;
- ☐ The identity of the professional involved;
- ☐ The location of the place where they are being taken to; and
- ☐ The name and telephone contact number of the professional responsible for organising the assessment and the subsequent conveyance of the patient.

The duly authorised Health Care Professional/ AMHP will telephone the local Magistrates Court (during working hours) in order that the Clerk to the Justices/Court Services legal adviser can arrange for the application to be heard by the Magistrate, and a warrant issued.

The duly authorised Health Care Professional/ AMHP will ensure that any intervention under section 135 (2) MHA can be justified with 'relevant and sufficient' evidence in order to be compatible with the Human Rights Act 1988 and the European Convention on Human Rights (ECHR). The justice of the Peace will consider any application within the context of Article 5 of the Human Rights Act. Entry to a person's home must therefore, in all the circumstances of the situation, be a proportionate measure within the context of this legislation.

The decision to grant a warrant to a constable or to a duly authorised Health Care Professional/ AMHP by a court is usually in a process that is 'ex parte' – without giving notice to the person affected. The court will therefore need to be assured that, in accordance with Articles 5 and 6 of the ECHR, it is absolutely necessary that such an urgent and serious procedure is required in order to achieve the safety or protection of the person concerned. Wherever possible applications for a warrant should only be applied for within normal court hours. Applications out of hours should only be made if the application is urgent and it is intended to execute the warrant out of normal court hours.

The warrant issued will specify the name of the person sought (if known), the date of issue, and the address of the premises.

Three copies of the warrant will be made, with copies clearly marked as such:

- ☐ **A** (coloured pink) will be left with the occupier of the premises searched or in his/ her absence, left with the person in charge of the premises, or if no such person is present, left in a prominent place on the premises.
- ☐ **B** (coloured green) will be given to the Police executing the warrant
- ☐ **C** (coloured yellow) will be retained by person in charge of place to which person is removed.

Entry to the place must take place within one calendar month of the date of issue of the warrant, the warrant can however only be serviced on one occasion

The original warrant (white front sheet) must be returned to the Clerk of the Justices by the duly authorised person/ AMHP as soon as possible after the month in which it expires, whether used or not.

Arrangements when executing a warrant under Section 135(2) MHA

Police officers will only apply for and obtain these particular warrants in very exceptional circumstances. Normally, a constable will be accompanied by an appropriately qualified mental health professional. The latter would include: a suitably qualified member of nursing staff from the ward, a doctor, or a suitably qualified member of the local community mental health service. Any such staff would need to be authorised to take or re-take the patient.

In line with good practice, the Care Co-ordinator or suitably qualified named nurse should be involved, wherever possible, in obtaining and executing any warrant in relation to section 135 (2) MHA.

There is an expectation that ward staff will normally be responsible for the return of patients who are absent without leave from the hospital and staff who know the patient will be responsible when a Community Treatment Order is recalled. An AMHP will be involved if an application has been signed and the person is liable to detention but has not arrived at hospital.

There should not be delay because there is a dispute between professionals over who is the appropriate authorised person to attend the Magistrates Court to seek a warrant. Should this happen advice will be sought from a General Manager, or On Call Manager if out of hours, to make a decision and avoid any delay which may increase risk to the patient.

Where a warrant has been served under section 135 (2) MHA, the person shall be removed to a place where he/she is required to reside under the terms of his/her detention or guardianship.

When taking or retaking the person under section 135(2) warrant, hospital managers or the local authority (as appropriate) should ensure that an ambulance or other transport is available to take the person to the place where they ought to be, in accordance with a locally agreed policy on the transport of patients under the act. The Police should not normally be needed to transport the person or to escort them for a section 135 (2) warrant.

Operational Procedures outside working hours: Section 135(2) MHA

The granting of warrants outside normal Court working hours is considered to be an exceptional activity and should therefore be avoided. Having established that this is not the case, it will be necessary to contact one of the Court Services legal advisers before approaching a duty magistrate. All applications for out of hour's warrants must be screened first by a Court Services legal adviser. Leicester Police will advise of the contact telephone number for the duty adviser. This number can only be obtained from the Custody Sergeant.

The Court Services legal advisor will require the following:

- ☐ The name, address and telephone number of the person seeking the warrant;
- ☐ The nature of the application including the statutory provision and brief facts;
- ☐ The time when the application is sought to be made;
- ☐ The name(s) of the person(s) who will be attending to make the application; and
- ☐ The time is intended to execute the warrant.

The Court Services legal advisor will advise of the location of the duty magistrate and confirm what actions are necessary. Staff will need to be prepared to show their official identity card to the duty magistrate.

Appendix 2 Missing Person/AWOL Guidance

Missing Person/ AWOL Quick Guidance Applicable to Inpatient & Community Services

Definition

Missing person – Any Informal or community patient whose whereabouts are not known (including not returning from leave on time) and are considered to be vulnerable or identified as posing a significant risk to themselves or others.

An informal patient, with capacity and not posing an immediate risk to themselves or others and their whereabouts is known are not missing. Staff should arrange a Multi-Disciplinary Team (MDT) review to agree if discharge is appropriate.

For an informal patient whose whereabouts is known but the patient lacks capacity an urgent best interest meeting should be convened to agree if discharge is appropriate.

AWOL – Any person, subject to MHA leaving the ward without permission, or not returning from leave at the agreed time or are Supervised Community Treatment (SCT) patients that have been recalled to hospital and abscond or do not return to hospital when recalled.

- For a Patient considered to be Missing or AWOL staff should conduct a local search, contact NOK/ family/ carers.
- Staff should assess the risk of patient being AWOL/ missing.
- If there are concerns of significant risk of harm to patient or others that is likely to be an immediate risk to life or danger, then the Police should be contacted in line with the risk assessment. If staff are unsure, they should contact the Police, however the expectation is that a welfare check has been conducted by LPT staff unless there are RAVE factors (Resistance, Aggression, Violence, Escape)
- Staff should conduct a welfare check of Patient's known address to establish if there or not.
- Staff may need to liaise with CDM's or Manager's to determine the right approach in terms of staffing to facilitate a welfare check.
- An EIRF should be completed
- Even when the Police are contacted, the return of the Patient remains LPT's responsibility, especially for detained patients.
- Informal patients not deemed high risk should have an MDT discussion to determine whether discharge is the most appropriate course of action.
- If the Patient's location is known, it is the responsibility of LPT staff to arrange any relevant legal documentation (e.g., S135 warrants) & conveyance.

Appendix 3 AWOL/ Patient Checklist

AWOL / Missing Patient Checklist Pre – Police Notification developed in conjunction with Leicestershire Police

Basic Generic Information: Reporting Ward				Patient under MHA? If yes – what section?	
OVERALL RISK ASSESSMENT: High, Medium, Low					
Given Name	Surname	'Nickname'	DOB	Last Known Address/Postcode	
				Next of Kin/meaningful contact made: Yes/No: Steps taken by NHS staff to confirm location/ search: Tel nos. – address if known	

Do they have access to car	Have they been missing before	Date & Time Last Seen	Where & by who?	Brief information of circumstances of going missing/what were they were doing	
Yes/No	Yes/No	Date: Time (24hr clock)		Is there an immediate threat to life, criminal offence, RAVE factors (Resistance, Aggression, Violence, Escape)? Diagnosis: What does this mean for them? Known to be verbally & physically challenging? Yes/No Any links to Hate Crime/PREVENT?	

Has ward been checked/	Patient's bed area checked	Taken personal belongings & evidence of planning	Access to cash/bank cards	Do you have an idea where they could be/places they would go?	
Yes/No	Yes/No	Yes/No:	Yes/No	Do they have access to mobile phone if yes have you called it? Number Do they have access to social media? Yes/no	

Immediate building/outside space checked Yes/NO	Is this out of character? Yes/No – describe?	What was their mood like in predisposing hours?	Any threats to harm self or others? Yes/No	Description of patient – photo available from About Me?	
				Race/ skin Colour	
				Sex	
				Age	
				Height (Specify whether ft/in or cm)	
				Build	
				Hairstyle / Colour	
				Complexion/Make up	
				Distinguishing features e.g. tattoos, marks, scars etc.	
				Clothing (including shoes / hats / jewellery)	
				Carrying anything that could be used as weapon	

What is the specific concern in this instance (if any)? (e.g., vulnerable due to age, Infirmary, mental health or physical illness) risk of falls				
Previous self-harm/suicide attempts Yes/No	Physical Health concerns Yes/No (If yes please describe)	Illicit drug or alcohol problems Yes/No (If yes please describe)	Are they likely to become a victim of abuse/Crime? Yes/No (If yes please describe)	Are they currently at risk of sexual exploitation or on the Child protection register? Yes/No (If yes please describe)
Medication:	Last Given /Next Due:	Consequences of not taking meds?	Any other information	Reporter Name & Role:

Appendix 4 Consideration before you call document

Leicestershire Police: Considerations before you call document



Considerations before you call document

As part of the Tactical working group for RCRP/MAA held on 25/09/2023 it was agreed by all partners for agencies to complete proportionate lines of enquiry (based on the circumstances/timeframes involved for the incident) prior to contacting the police when appropriate. There will be incidents when it is appropriate to contact the police whilst you are completing these enquiries because there are other factors at play which indicate a joint approach/role. This is the same consideration for all 5 areas of MAA - Concern for welfare, Walkout from Healthcare facilities, AWOL from Mental Health establishments, Police use of mental health act powers and transportation.

A request was made of the police to provide a general overview on the types of questions likely to be asked by police contact handlers to maximise the information exchange and bring the matter to a safe and timely conclusion. The below is not an exhaustive list, it is examples of enquiries which would likely be discussed when contacting the police to discuss ownership of the incident in order to bring it to a safe resolution. Each incident will be assessed on an individual case-by-case basis. It is not possible to adopt a one size fits all approach to certain incident types as the individual circumstances will always be different.

Please consider, **do you believe there is a role for police, which agency is best equipped to provide the right care in these circumstances and bring this matter to a safe and timely conclusion.**

If your professional judgment on review of the circumstances indicates there is a real and immediate threat to life, and you believe there is a role for the police do not delay contact with the police. Your enquires can be completed in tandem.

The police will always provide relevant support to partner agencies when required. If there is any information to suggest that there is an immediate threat to life, you believe that someone is at risk of being subjected to criminal offences such as Child Sexual/Criminal Exploitation or if they pose a significant risk to themselves or others due to the fact that they are Resistant, Aggressive or Violent.

We will have a professional discussion to determine which agency will take primacy

and what joint approach is required.

Enquiries to have considered.

- To have thoroughly searched the location and the surrounding area.
- To have attempted to contact the individual concerned, utilising any contact numbers held for them.
- To have attempted to contact any next of kin known for the individual, including family members, known associates and document any response.
- To attend the home address of the individual to ascertain whether they are there or have been back to their home address (if your service is commissioned to do this).
- To attend the last known address for the individual if it is different from their home address (if your service is commissioned to do this).
- Define a single or multi-agency plan of action once the person is located.
- To define the current risks to the person (including history) and the rationale for contacting the police.

If you have completed proportionate enquiries and you are **still** concerned about the individual, then contact Leicestershire police. When contacting Leicestershire police, you will be asked the following information.

- The full name, date of birth and description of the person, including the clothing they were wearing when last seen.
- Any contact numbers that you have for the individual.
- Any next of kin details and any contact numbers that you have for them.
- The home address of the individual and any other locations that they are known to reside at.
- What enquiries you have completed to locate and check on them.
- Does the person have any dependents?
- What are the specific concerns about the individual (these must be based on clinical risk assessment).
- Where were they last seen, what time were they last seen and by whom and how did they present (were any concerns or risks identified)?
- What other agencies are involved in the person's care?
- Is the person currently receiving any treatment from Community Mental Health services such as a Community Mental Health Team, Child and Adolescent Mental Health Services, Crisis Team, Memory Clinic or Older Person's Mental Health Services?
- Does the person have any conditions which require active monitoring or treatment such as insulin dependent diabetes.
- Is the person detained under the Mental Health Act(MHA) or currently being treated in a mental health in-patient unit or under the Deprivation of Liberty Safeguards.
- Is the person an adult at risk? If yes provide more details in line with LLR Safeguarding Adult's procedures.

- What is your agency plan to assist in locating the person? Calling the police does not always fully transfer ownership / risk. There remains a requirement for ongoing engagement to safely bring the incident to conclusion.
- If we are unable to come to a joint decision about progression of an incident, then there is an escalation process available by involving relevant agency supervisors to successfully resolve the situation.
- Once located what is the single / multi-agency plan?

If your professional judgment on review of the circumstances indicates there is a real and immediate threat to life, and you believe there is a role for the police do not delay contact with the police. Your enquires can be completed in tandem.

Appendix 5 Training Needs Analysis

Training topic:	Delete answers that are not applicable *	
Type of training: (See study leave policy)	Not Required^	
Directorate to which the training is applicable:		
Staff groups who require the training:		
Regularity of Update requirement:		
Who is responsible for delivery of this training?		
Have resources been identified?		
Has a training plan been agreed?		
Where will completion of this training be recorded?		
How is this training going to be monitored?		
Signed by Learning and Development Approval name and date	N/A	Date:

Appendix 6 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers Answer yes

Respond to different needs of different sectors of the population yes

Work continuously to improve quality services and to minimise errors yes

Support and value its staff yes

Work together with others to ensure a seamless service for patients yes

Help keep people healthy and work to reduce health inequalities yes

Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance yes

Appendix 7 Due Regard Screening Template

Section 1	
Name of activity/proposal	Missing Patients and AWOL Policy
Date Screening commenced	August 2025
Directorate / Service carrying out the assessment	DMH
Name and role of person undertaking this Due Regard (Equality Analysis)	Jon Paul Vivers
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: This policy describes the procedures to ensure the key agencies involved when patients go missing from hospital, particularly the Police and Leicestershire Partnership Trust, have an agreed co-ordinated response.	
OBJECTIVES: The policy describes effective information, reporting and finding missing/AWOL patients, whilst also minimising unnecessary reporting and instances of patients repeatedly going missing.	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact, please give brief details
Age	
Disability	
Gender reassignment	
Marriage & Civil Partnership	
Pregnancy & Maternity	
Race	
Religion and Belief	
Sex	
Sexual Orientation	
Other equality groups?	
Section 3	

Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	
Section 4			
If this proposal is low risk, please give evidence or justification for how you reached this decision:			
Equality monitoring has been incorporated in the overall policy compliance process which aims to provide assurance that any potential adverse impact on any protected group during the implementation of the policy and associated procedures are identified and removed at the earliest opportunity.			
Signed by reviewer/assessor	Jon Paul Vivers	Date	August 2025
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	Saskya Falope	Date	August 2025

Appendix 8 Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy. The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.		
Name of Document:	MISSING INPATIENT'S & ABSENT WITHOUT LEAVE (AWOL- acronym used for patients detained under Mental Health Section) Policy	
Completed by:	Jon Paul Vivers	
Job title		Date August 2025
Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the	Yes	Information could be shared with individuals within LPT for the purpose of understanding themes but no patient identification details

information as part of the process described in this document?		
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	Yes	Any email correspondence is secure and anonymised.
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	Yes	Patient information will shared in a secure database to record incidents
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
If the answer to any of these questions is 'Yes', please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.		
Data Privacy approval name:	Sarah Ratcliffe	
Date of approval	1st September 2025	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust