



**Patient Escape
Amber Lodge/Forensic Service
Procedure

(Forensic Service Manual)**

DOCUMENT CONTROL:	
Version:	2
Ratified by:	Clinical Policies Review and Approval Group
Date approved:	02 November 2021
Name of originator/ Author:	Forensic Outreach Liaison Team Manager
Name of responsible individual:	Executive Director of Nursing and AHPs
Unique Reference Number:	531
Date issued:	05 January 2022
Review date:	January 2025
Target Audience	All staff working in the Forensic Service
Description of change	Minor Amendments

1. AIM

The aim of this document is to provide service specific guidance for staff who work in the Forensic Service when dealing with an Escape situation to ensure effective management and reporting of the incident.

2. SCOPE

This document applies specifically to the Forensic Service and provides procedural guidance for use of staff working in this service including agency, bank and students.

3. LINK TO OVERARCHING POLICY

This procedure will run in conjunction with the Trust policy for Patients who are Missing or Absent without Leave (AWOL).

4. PROCEDURE/GUIDANCE

4.1 Definition of Escape

A detained patient escapes from a unit/hospital if he or she unlawfully gains liberty by breaching the secure perimeter that is the outside wall, fence, reception or declared boundary of that unit.

4.2 Action to be taken if a patient goes AWOL whilst an inpatient in the Forensic Service

- **Staff must immediately notify the nurse in charge**
- Staff are to inspect and review all safety and security checks ensuring these are completed fully.
- Staff are to notify Switchboard as they may receive calls with regard to the missing person.
- If any damage is discovered ensure the environment is made safe immediately: i.e. remove debris, lock off the area.
- Staff should remain in the area that is damaged at all times until fully fixed to ensure no further incidents of escape can occur.
- Ensure no other patients are able to access the site of escape.
- If possible take photographs of the area of egress including any damage caused.
- Report damage to Estates for inspection and repair as a matter of urgency.
- As the patient has exited the external perimeter they are now officially absent without leave so the Nurse in Charge of the shift at the time of the escape is to take responsibility for implementing the Trust Policy for Patients who are Missing or Absent without Leave (AWOL).

4.3 Action to be initiated:

- Notify the Police immediately and complete a missing person police form, making clear the patient's legal status, the Multi-agency Public Protection Agency (MAPPA) status and all identified risks and potential whereabouts if known.
- Notify the patient's Responsible Clinician who in the case of restricted patients will notify the Ministry of Justice during normal working hours. Out of hours contact the On Call Consultant.
- Notify immediate management and Modern Matron within working hours and the on-call manager for escalation out of hours.
- If applicable notify the patient's next of kin as the patient may contact them
- Record all actions completed in the patient's electronic record, SystmOne. This must be contemporaneous and reflect the timeline of actions as documented on the report for the NHS England Commissioners.
- Report the incident on the electronic Trust Incident Reporting System (IR1).
- In the event that the patient does not return to the ward by midnight on the first day of absence complete and email the AWOL Notification Form to the CQC. Then send the original to the Service Manager/Matron/MHA Office.

4.4 Action to be taken if there is an identified risk to another person or persons in the event of a patient escaping:

Staff are to refer to the Patient Profile, which can be found at the front of the patient's file as per Business Continuity planning. Information will be included in this patient profile detailing person/persons who may be at risk in the event of a patient escaping and being Absent Without Leave. Staff are to use this information to:

- Notify identified people at risk from the individual as detailed in the risk assessment and management plan that the patient has left the unit unsupervised.
- Identify any victim issues that need to be taken into account and liaise with police and the Victim Liaison Officer, informing them as appropriate.
- If subject to MAPPA notify the agency of the situation.
- Notify the Public Protection Unit (PPU) and assigned officer if applicable
- If there are identified child or adult safeguarding issues notify the appropriate Social Service or outside of normal working hours the Duty Social Worker.
- Notify Switchboard who may receive calls with regard to the missing person.
- Include this information when completing accurately the Trust incident reporting system.

4.5 Action for ward staff to take if the patient has not returned to the unit by midnight on the first day of absence:

- In the event that the patient does not return to the ward by midnight on the first day of absence complete and email the AWOL Notification Form to

the CQC. Then send the original to the Service Manager/Matron/MHA Office.

- All pertinent information can be found on the patient profile document stored at the front of the patient file which is required for business continuity purposes.
- Report to the Responsible Clinician if they have not yet been made aware.

4.6 Action to be taken when the patient returns:

- Facilitate assessment of the patient and consider a rub down search, drug and alcohol testing if clinically indicated or required as part of the patient's risk management plans.
- Suspend any further Section 17 Leave until a full MDT review has been undertaken with the Responsible Clinician
- Modern Matron to inform NHS England and initiate a Serious Incident Review.
- When a detained patient who absconds has been reported to the Care Quality Commission and returns, part two of the AWOL notification form is to be completed and emailed to the CQC and a copy to MHA Office to them (see Appendix 1).

4.7 Action to be taken as soon as possible or during the next working day:

- Undertake a full comprehensive inspection of the environment inclusive of the area used as means of escape with the Trust's Local Security Management Specialist, Patient Safety Lead and Estates Lead.
- Escalate internally to the Head of Specialist Service, Care Group Director and Chief Executive.
- Ensure any identified works that that are needed are or have been reported to the Estates Department
- Review and update as appropriate all risk management plans for patients ensuring high risk patients are prioritised. Liaise with commissioner for "red flag" patients as appropriate.
- The MDT are to continue to review the patient who has escaped considering care pathways, discussing with the case manager if medium secure is to be considered.
- Request a Critical Friend review from another Secure Care Provider and action any recommendations from this.
- Complete a Serious Incident Investigation as per Trust Policy if not already completed.
- Arrange urgent Forensic Service Incident Control Group Meeting consisting of Trust Leads and senior management team.
- Twice weekly meetings are to be undertaken to ensure all urgent actions are completed and signed off by all stakeholders.
- Inform NHS England and complete required documentation as appropriate.

Unauthorised absence of a person detained or liable to be detained under the Mental Health Act 1983

RESTRICTED information



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 detained¹, or liable to be detained, 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 to 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: **0148 477 2179**.

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

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

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

Fax: 0148 477 2179

PART 1

A. Detaining or responsible authority*

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

B. Details of absent patient

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

C. Details of absence without leave*

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

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

PART 2	
E. Details of return from absence without authorised leave	
Name of Patient	
Date absence ended	
Time absence ended	
How did the patient returned to the ward (tick ONE appropriate box)	<input type="checkbox"/> 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 (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:	