## 

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

**RESTRICTED information**

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|  | AWOL Notification reference: |  |
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| **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[[1]](#footnote-1), 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.**

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| 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) |  | Low Secure | | | | |
|  | Medium Secure | | | | |
|  | 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) |  | failed to return from authorised leave | | | | |
|  | absented him or herself from hospital | | | | |
|  | 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: | | |  | | | |

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| **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) |  | Returned voluntarily | | |
|  | Returned by family members | | |
|  | Returned by police | | |
|  | Returned by hospital or other staff | | |
|  | 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: | | |  | |

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. [↑](#footnote-ref-1)