Public Health Agency

Health and Social Care Board

Regional Guidelines for the Management of Patients Absent without Leave (AWOL) from Adult Mental Health/Learning Disability Inpatient Settings August 2015

Improving your health and wellbeing

CONTENTS

Page No.

1.0	**Introduction**	5
	1.1 Purpose of Guidelines	5
	1.2 The aim of the guidance	6
	1.3 Legal Context	6
	1.4 Definition	7
2.0	**Duties**	7
	2.1 Director of Mental Health/Learning Disability Responsibilities	7
	2.2 Mental Health/Learning Disability Services Manager Responsibilities	8
	2.3 Ward Sister/Charge Nurse Responsibilities	8
	2.4 Clinical Team Responsibilities	8
3.0	Risk Assessment	9
4.0	Management of Patients Absent without Leave	9
5.0	Documentation to be Completed	11
6.0	On-going review of the situation	11
7.0	The return of the patient absent without leave	12
	7.1 Voluntary Patients	12
	7.2 Detained Patients	12
	7.3 Detained Patients located outside of Trust area	12
	7.4 Detained Patients located outside of NI	12
8.0	Interventions Following the Return of a Patient Absent Without Leave	13
9.0	Records	14
10.0	Monitoring Compliance	14
11.0	Dissemination and Implementation of the Guidelines	15

12.0	Document control including archive arrangements	15
13.0	Appendix 1: AWOL: Procedure Flow Charts	16
	Appendix 2: PSNI Reporting Form - Patients Missing from Adult Mental Health/Learning Disability Inpatient Facilities	18
	Appendix 3: Patient Absent Without Leave Information Reports	21

This guidance has been developed in a collaborative manner through engagement and input from relevant stakeholders.

Contributors include:

- The five HSC Trust Mental Health Directorates;
- The Mental Health Service Users Groups within the five Trusts;
- The Bamford Monitoring Group (this group is made up of Service Users, Carers and Patient Client and Council staff);
- PSNI;
- The Department of Justice;
- RQIA and;
- RCN.

An Equality and Human Rights Screening Assessment has been completed and the document updated on the basis of feedback received.

Full consideration has been given regarding the requirements of the Human Rights Act 1998 and the potential for 'unjustifiable breaches'.

This document will be read in conjunction with the following Trust Policies as applicable to individual Trusts:

- Adverse Incident Policy;
- Promoting Quality Care Risk Assessment (PQC) (2010);
- Therapeutic Engagement and Observation Policy;
- Mental Health Order NI (1986);
- Adult Mental Health (Northern Ireland) Order 1986 Code of Practice
- Safeguarding Vulnerable Adult Policy;
- NMC code of professional conduct;
- Complaints policy;
- Restrictive Practices, DOLS Guidance;
- Conducting a Search of Patients and/or their Belongings; and;
- Safeguarding Children Policy.

(This list is not exhaustive)

All Trusts will review existing Policies in light of these guidelines and update them as appropriate.

1.0 Introduction

All HSC Trusts have a duty to ensure the safety and welfare of service users under their care. Appropriate assessment, therapeutic interventions, observation and supervision is paramount to this care. Despite these interventions, service users do sometimes go absent or abscond from inpatient settings without the agreement or knowledge of staff.

The majority of patients who abscond come to no harm; however, the National Confidential Inquiry into Suicide and Homicide by People with a Mental Illness in Northern Ireland (2011), found that between the years 2000 and 2008 twenty eight inpatient suicides in Northern Ireland occurred off the ward. In thirteen of these incidents the patient had left the facility without staff agreement or knowledge; that is they were 'absent without leave' (AWOL).

In addition to the risk of suicide, the use of alcohol and/or drugs which may occur during the incident, as well as missed treatment increase risk associated with absconding from an inpatient setting.

In light of this knowledge it is essential that staff have clear guidance on the action to take in the event of a patient going absent without leave (AWOL) to ensure the risks to the patient and/or others is minimised.

1.1 Purpose of Guidelines

The overarching purpose of these guidelines is to promote the safety and protection of service users and others in the event of a service user going missing or Absent Without Leave (AWOL).

The guidelines provide a framework for all staff when it is determined that a service user is absent without leave.

Whilst this document sets out guidelines to be followed once a patient is identified as AWOL, good practice begins from the first point of contact with the patient on admission.

On admission, risk assessments and safety management plans should always include consideration of the risk of AWOL and associated factors that could affect the health and safety of the patient and/or others in the event of the patient being absent without leave/missing. Trusts should use an evidence based intervention tool to identify risk and inform practice regarding effective therapeutic management of those patients who may be at risk of going absent without leave, for example the East London and City Mental Health NHS Trust 'Anti-Absconding Work Book'**.**

All patients/family/carers should be advised on admission of the policy in relation to leaving the ward and the need to inform staff if the patient does wish to leave.

1.2 The aim of this guidance is to:-

1. Support staff in identifying when a patient should be regarded as Absent Without Leave (AWOL);
2. Minimise the risks to patients and/or others including the risk of disruption to their treatment and care plan;
3. Support staff in identifying the need for Police (PSNI) involvement in a timely and appropriate fashion;
4. Establish a formal and robust reporting and monitoring procedure for AWOL's across the HSC; and;
5. Ensure lessons learnt are appropriately communicated to inform practice.

1.3 Legal Context

The circumstances by which a patient may be missing from hospital without first discussing their absence with staff may be varied.

A voluntary patient may lawfully leave hospital at any time he or she wishes and there is no legal duty upon him or her to discuss this with staff. However, the Trust has a responsibility to ensure the safety of **all** patients at **all** times and to be aware of their whereabouts regardless of their legal status.

A patient detained under the Mental Health (NI) Order (1986) can only be given leave outside a hospital premises with the authorisation of a Consultant Psychiatrist.

If a Part 3 restricted patient goes AWOL, the Department of Justice (NI) must be contacted.

The general principles within this guideline should be applied to any patient, detained or voluntary, who has been identified as being AWOL. In all such instances, a risk assessment should be carried out immediately to determine the level of risk which will in turn inform the action to be taken.

1.4 Definition

For the purpose of this guideline the definition of AWOL is as follows;

*'Inpatients either detained or voluntary will be defined as Absent Without Leave (AWOL), if they leave any of the Trusts Mental Health or Learning Disability facilities without the agreement or knowledge of staff **or** fail to return from escorted or unescorted leave'.*

2.0 Duties

2.1 Director/Co-Director of Mental Health/Learning Disability Responsibilities:-

To ensure provision and distribution of comprehensive, up-to-date policy based on Regional Guidelines.

2.2 Mental Health/Learning Disability Services/Operational Manager Responsibilities:-

To ensure the Trust Policy is consistently implemented across all inpatient units.

To ensure the Operational Policy includes the requirement to alert the Policy sponsor of any difficulties in implementing the policy.

To work with the ward sister/charge nurse in monitoring the frequency of the policy being put into action, identifying lessons learnt where appropriate and informing practice as necessary.

2.3 Ward Sister/Charge Nurse Responsibilities:

To ensure staff are conversant with and consistent in their application of the Trust Policy and clear about their individual responsibilities.

To inform the Mental Health/Learning Disability Line Manager on each occasion the policy is implemented and the outcome.

To ensure an Incident Report is completed when an absent without leave incident has occurred as per Trust policy.

To ensure all appropriate documentation is completed as per Trust Policy.

To work with the service manager in monitoring the frequency of the policy being put into action and identifying lessons learnt where appropriate and informing practice as necessary.

2.4 Clinical Team Member Responsibilities:

To ensure they are conversant with Trust Policy and any associated procedural documents;

To understand their individual role and responsibility in relation to implementation of the Trust Policy.

To work with the Ward Manager in monitoring the frequency of the policy being put into action and identifying lessons learnt where appropriate and informing practice as necessary.

3.0 RISK ASSESSMENT

Assessment for the risk of a patient going AWOL should form part of the patient care pathway on admission informing their treatment and safety management plan; it should be documented appropriately in the patient's records and reviewed and discussed with them on a regular basis, as should the access and egress policies for the ward.

This information should be clearly communicated with other members of the clinical team as necessary.

The patients risk assessment and safety plan must be updated and reviewed following any incidents of absconding, taking into consideration any pre-disposing factors which may have instigated the incident. The patients care plan/safety plan should be updated accordingly in partnership with the patient.

Where appropriate, family/carers/next of kin should be informed of/included in the above conversations with the patient; to note the patient should always advice who they want to identify as next of kin/ want involved in such discussions.

4.0 Management of Patients Absent Without Leave

4.1 The whereabouts of all patients' is checked and recorded as per Regional Guidelines on the Use of Observation and Therapeutic Engagement in Adult Psychiatric Inpatient Facilities in Northern Ireland (2011) or local Learning Disability Observation Policy as appropriate.

4.2 If a patient fails to return from an agreed period of leave, or is noted to be absent from the ward/inpatient environment, the nurse in charge

will activate the AWOL Policy as appropriate following the AWOL procedure (Appendix 1).

4.3 If the patient is deemed as High Risk, whether they are detained or voluntary the PSNI should always be contacted by the nurse in charge.

4.4 A voluntary patient must give their consent to be assisted to return to a ward**, however the level of risk the patient presents to themselves or to others should determine whether or not assistance from the PSNI is required.**

4.5 The PSNI should **always** be notified when a detained patient is absent without leave.

4.6 When contacting the PSNI, in addition to telephone communication the PSNI Reporting Form '**Patients Missing from Adult Mental Health/Learning Disability Inpatient Facilities'** will be completed (Appendix 2) and emailed to the PSNI via the dedicated email address provided by the PSNI (Appendix 2). A copy of this form will be retained in the patient's notes. If a photograph is available it should be attached. (see procedure for contacting PSNI Appendix 2)

4.7 If it is indicated in the patients Risk Assessment that the patient poses a risk to others, the decision how and who will inform the person(s) deemed to be at risk should be made in consultation with the PSNI.

4.8 Patient who Absconds whilst on Escorted Leave

If a patient endeavours to abscond during a period of escorted leave with staff, staff may attempt to prevent them using de-escalation techniques if it is safe to do so.

If the patient absconds, the accompanying member of staff should inform the nurse in charge of the ward immediately. Once notified the nurse in charge will review any risk and ensure the Trust AWOL Policy and Procedure are implemented and followed as appropriate.

5.0 Documentation to be Completed

5.1 The nurse in charge will ensure that all documentation including the Patient Notes, Incident Form, AWOL documentation and the PSNI Missing Person Form (where appropriate) is completed.

5.2 Communication

The nurse in charge will communicate with all appropriate personnel as per Trust policy.

6.0 On-going Review of the Situation

6.1 The nurse in charge will ensure reviews by the MDT and others take place in a timely manner as per Trust Policy and all actions/outcomes are documented.

6.2 Notification and communication with appropriate persons will be agreed and maintained throughout the duration of the patient being missing and until the situation is resolved, as per Trust Policy.

6.3 All reviews and outcomes and all other appropriate documentation including AWOL documentation will be recorded in the patient's records.

6.4 If after an appropriate period of time (determined by the clinical team) a voluntary patient who has gone AWOL has not been located, the clinical team may decide to discharge them pending the outcome of a clinical team discussion/risk assessment.

6.5 If a Part 2 detained patient remains AWOL after expiration of their detention depending on the circumstances and risk assessment the clinical team may decide to discharge them.

6.6 If a Part 3 detained patient remains AWOL, they are deemed unlawfully at large and staff should continue to maintain contact with the PSNI and the DOJ to ensure their safe return.

7.0 The Return of the Patient Absent Without Leave

7.1 Voluntary Patients

Whilst every effort must be made to return an AWOL patient to the facility, there is no authority under the Mental Health (Northern Ireland) Order 1986 for a member of staff to return a voluntary patient to the facility against the patient's will.

If a voluntary patient refuses to return, risk and clinical judgement by the professional team will determine what appropriate actions need to take place.

7.2 Detained Patients.

Article 29 of the Mental Health (NI) Order 1986 (Return and readmission of patients absent without leave) (see also Article 15) provides powers for the return of patients detained under the order. (PSNI Officers **or** HSC staff members may return the patient under Article 29).

7.3 Detained Patients Located Outside of Trust Area

If a detained patient is located outside the Trust area, arrangements will be made with the appropriate responsible Clinical Service Manager to have the patient returned as per the Trust Policy.

7.4 Detained Patients Located Outside of NI

If a detained patient is located outside of Northern Ireland they are subject to the legal requirements of the jurisdiction in which they are located. Where deemed necessary by the relevant jurisdiction that the person be further detained and returned to NI, appropriate steps should be put in place in keeping with the extant document '*Guidance on the transfer of mentally disordered patients detained under the Mental Health (NI) Order 1986 to and from Hospitals in Great Britain' August 2011***.** The Transfer Co-Ordinator for the Trust in question will

liaise with the DHSSPSNI to confirm arrangements. Where the patient is a Part 3 detained patient the Transfer Co-Ordinator will liaise with the DOJ to confirm arrangements.

8.0 Interventions Following the Return of a Patient Absent Without Leave

8.1 Inform all relevant parties as appropriate.

8.2 When the patient has returned to the ward, the Nurse in Charge and Medical Staff will carry out a full Physical and Mental State Assessment as per Trust Policy.

8.3 If the patient does not give consent to a physical examination being carried out, visual observations should be recorded only until the patient is willing to participate in a physical examination. If a Doctor has concerns about the physical health of a patient who has refused to participate in a physical examination the doctor should contact the Consultant for advice. This should be recorded in the patient's records.

8.4 If **out of hours** and a doctor is not present on the ward, a decision should be made by the nurse in charge whether the doctor is called immediately or the patient is referred to the medical team the following day; the nurse may contact the doctor to seek their advice.

8.5 A search of the patient's belongings may be necessary. The Trust policy on conducting a search should be followed.

8.6 If there is evidence to suggest that the patient has been the victim of a crime during the period they were missing, consideration should be given to informing the PSNI, subject to the wishes of the patient or next of kin.

8.7 The patient's risk assessment and safety plan will be reviewed.

8.8 The reason for the AWOL should be discussed with the patient emphasising that communicating and negotiating intentions to leave the ward is an essential part of the patient taking responsibility for their input into the treatment process.

8.9 Discussion with the patient in relation to implementation of strategies to prevent a re-occurrence should take place and be recorded. Relatives/next of kin/carers can be included in this discussion as appropriate. The patients care plan should be updated as appropriate.

8.10 A Multi-disciplinary team review should be convened following the incident.

8.11 In the event of a patient returning **out of hours,** it will be at the discretion of the Nurse in charge of the ward whether to inform the Senior Manager/ Manager on call immediately or the Duty Manager the next day as per Trust Policy.

9.0 Records

Records must be retained in accordance with the Trusts Data Protection Policies and Procedures.

10.0 Monitoring Compliance

10.1 Mental Health/Learning Disability Service Managers will have the responsibility to measure, monitor and evaluate compliance with the guidance and relevant local policy including taking an overview of the frequency of instigation of the policy.

10.2 Identification of trends will be part of the monitoring process; if differential patterns emerge this will be explored further and **Lessons Learnt** will be reflected in practice going forward with policies updated as appropriate.

11.0 Dissemination & Implementation of the Guidelines

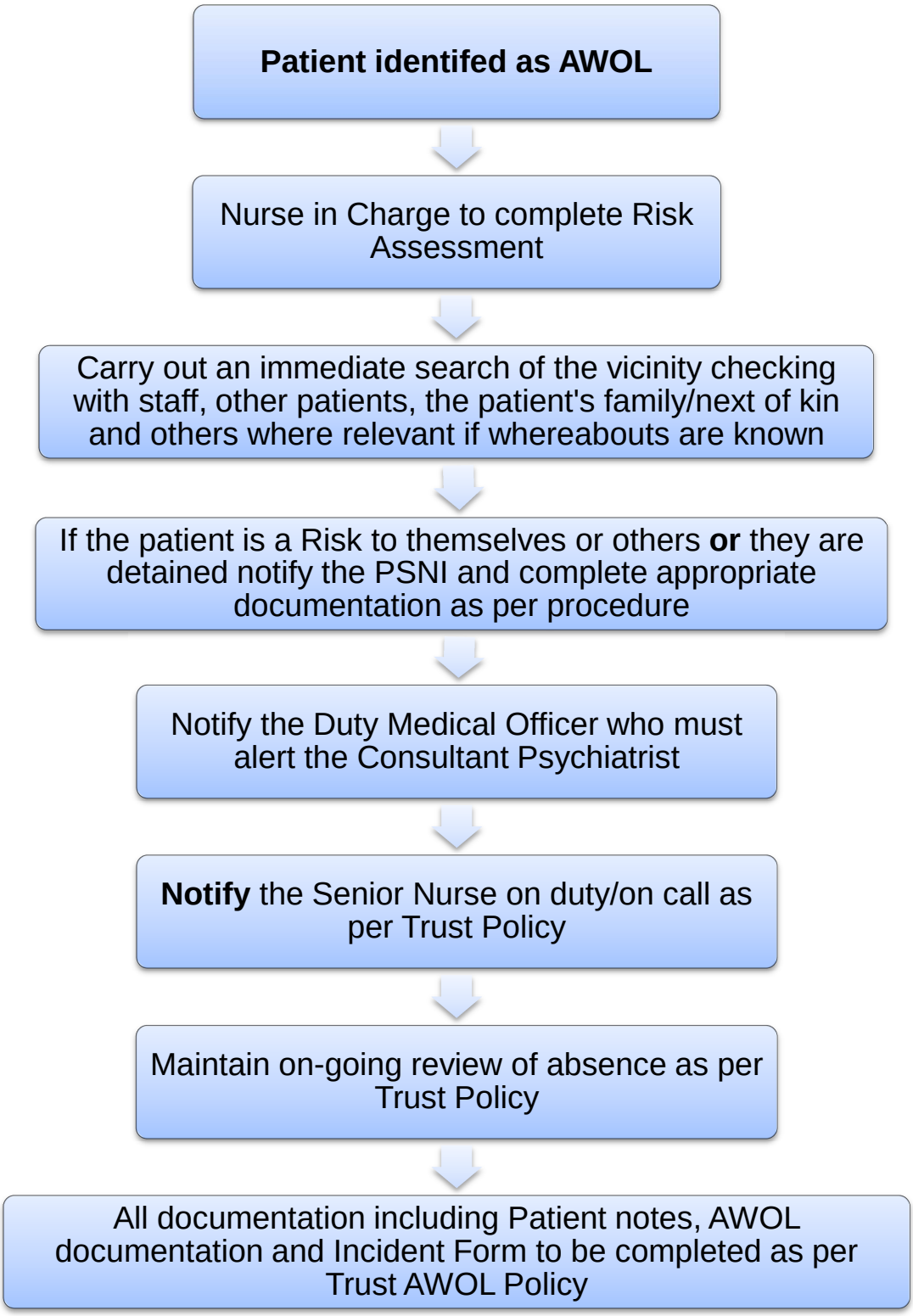
11.1 The guidelines will be circulated electronically to all Directors of Mental Health, Mental Health/Learning Disability Service Managers and will be discussed at the Mental Health/Learning Disability Service Manager's meeting. The document will be available on the intranet for all staff and services.

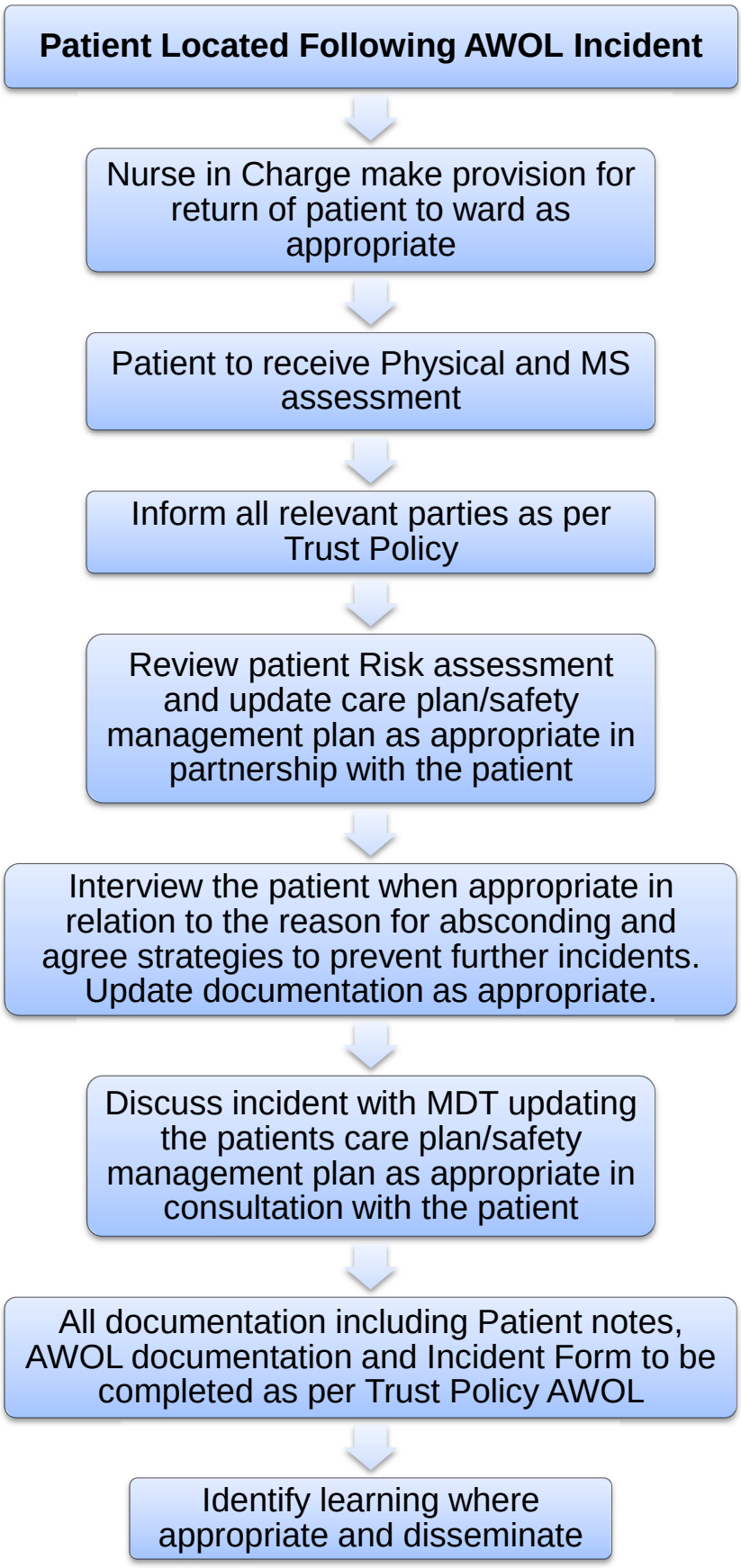
12.0 Document Control including archive arrangements

This document will be stored and archived in accordance with the Trust wide policy for the development and management of procedural documents.

Appendix 1:

AWOL: Procedure Flow Charts




Patient Located Following AWOL Incident
Nurse in Charge make provision for return of patient to ward as appropriate
Patient to receive Physical and MS assessment
Inform all relevant parties as per Trust Policy
Review patient Risk assessment and update care plan/safety management plan as appropriate in partnership with the patient
Interview the patient when appropriate in relation to the reason for absconding and agree strategies to prevent further incidents. Update documentation as appropriate.
Discuss incident with MDT updating the patients care plan/safety management plan as appropriate in consultation with the patient
All documentation including Patient notes, AWOL documentation and Incident Form to be completed as per Trust Policy AWOL
Identify learning where appropriate and disseminate

Appendix 2

Keeping People Safe

Patient photograph (if available)

PSNI Reporting Form; Patients Missing from Adult Mental Health/Learning Disability Inpatient Facilities

PSNI Incident reference Number. _____ **(provided by PSNI)**

PSNI Call Handler Name_____

Patient's Name: _____DOB: _____ Age: ____ Gender _____

Date of Admission: ___ /___/__ Place of Admission: _____

Unit Telephone No: _____

Patient's Home Address: _____

Patient's Home Telephone Number: _____ Mobile: _____

Next of Kin/Nearest Relative/Carer _____

Address: _____

Home Telephone Number: _____ Mobile: _____

Mental Health Order (1986) Status: Voluntary: ☐ Part 2 Detained: ☐ Part 3 Detained: (Restricted): ☐

Part 3 Detained (Un Restricted): ☐ Other: _____

Description of Patient

Complexion: _____ Colour of Hair: _____ Hair Style: _____Eyes: _____Height: _____

Build: _____

Any special physical characteristics/identifying factors: e.g. wearing spectacles, noticeable marks or scars, tattoos, jewellery, facial hair etc.:_____
_____

Description of Clothing: _____

Circumstances under which absconded

Time Last seen_____ Date____/____/___ Location_____

Name/Designation of person who last saw the patient _____

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

If Yes: Name: _____Relationship: _____

Home Address: _____

Home Telephone Number:_____ _____ Mobile: _____

Absconded; from ward ☐ while on escorted leave ☐ while on Unescorted ground leave ☐ failed to return from leave ☐ Other_____

Is this the first time the patient/client has absconded? Yes ☐ No ☐

If no provide detail: _____

_____

Has the surrounding area been searched? Yes ☐ No ☐

Comment_____

Identified Risks

(The factors highlighted are to assist staff in assessing the level of risk to the missing person/others; it is an aid and is not to be used as a replacement for professional judgement nor is it intended to dictate the lines of enquiry to be followed.)

Risk Factors	**Yes**	**No**
Does the date/time/circumstances of the disappearance raise concern?		
Has the patient/client any physical condition/medical issues that may cause concern e.g. Diabetic, Respiratory problems, Epilepsy		
Does the patient/client need urgent medication		
Signs of abnormal behaviour		
Involved in violent incident or confrontation immediately prior to disappearance		
Family/personal problems		
Likelihood of Self Harm		
Likely to be violent to others		
Is there anyone in particular the patient/client may wish to harm		
Drug/Alcohol dependency		
Previous disappearance(s): suffered or exposed to harm while missing		
Vulnerable Adult		
Other factors deemed significant		

What are the immediate concerns?

_____
_____
_____
_____
_____
_____
_____

Signed: _____ **Designation** _____**Date** ___**/**___**/**___**Time**_____

Regional Procedure: Communicating with the PSNI Re Patients Missing from Adult Mental Health/Learning Disability Inpatient Facilities:

1. Phone 101 and report the person as missing; at the time of phoning ensure that the PSNI Reporting Form;' **Patients Missing from Mental Health/Learning Disability Inpatient Facilities'** is complete and all actions that can be taken have been taken.

2. The Call Handler will request full details of the referrer including their name and position as well as a verbal transfer of key information in relation to the patient and the circumstances of the incident; this will enable the Call Handler to enter the correct detail into the Command and Control system to allow for the assessment of risk and deployment of resources.

3. The Call Handler will provide the referrer with their name and the incident reference number both of which will be recorded by the referrer at the top of the PSNI Reporting Form; '**Patients Missing from Mental Health/Learning Disability Inpatient Facilities'.**

4. Trust staff will then Email the '**Patients Missing from Mental Health/Learning Disability Inpatient Facilities'** form to the below dedicated unique Email address ensuring that the Incident reference number is included in the body of the Email.

5. CMSU staff will forward the Email to the appropriate Policing District.

Please Email the '**Patients Missing from Mental Health/Learning Disability Inpatient Facilities'** form to the following **dedicated unique** Email address **for the reporting of Missing Persons form Adult Mental Health/Learning Disability Inpatient Facilities only (no other enquiries etc are to be communicated via this email address);** no other body other than HSC Trusts should use this address: MentalHealthMisper@psni.pnn.police.uk

Appendix 3

PATIENT ABSENT WITHOUT LEAVE INFORMATION REPORT: PART 1

Patient's Name: _____DOB: _____ Health and Care No: _____

Date of Incident: ____ /____/___: Voluntary: ☐ Detained: ☐ Other: _____

AWOL Risk as Recorded on Admission: _____

Responsible Consultant: _____

Action Taken by Nurse in Charge

Action	Yes	No	Date/Time	Name of Contact as appropriate	Comment as appropriate
Ward searched					
Hospital buildings searched					
Grounds searched					
Security made aware (if applicable)					
Senior Nurse on duty informed					
Relatives/NOK informed					
Medical officer informed					
Consultant informed					
PSNI informed where Risk identified					
Incident form commenced					
GP contacted (if appropriate)					
Other members of MDT as appropriate					
Department of Justice informed as appropriate					
Emergency Department alerted					
Crisis Response Team alerted					
Other					

Nurse in Charge/Team Manager/Unit Manager: _____

Signature: _____

Date: _____

To note some of the above actions may take place simultaneously

PATIENT ABSENT WITHOUT LEAVE INFORMATION REPORT: PART 2

Further Action Taken (If Required)

Date ___/___/____ Time _____ Review /Summary of Action Taken to Date:

_____
_____
_____
_____

Multi-disciplinary meeting held: Yes ☐ No ☐ Date: ___/___/____

Attendees	Outcome/Roles and Responsibilities Identified

Date ___/___/____ Time _____ Review /Summary of Action Taken to Date:

_____
_____
_____
_____

Multi-disciplinary meeting held: Yes ☐ No ☐ Date: ___/___/____

Attendees	Outcome/Roles and Responsibilities Identified

Date ___/___/____ Time _____ Review /Summary of Action Taken to Date:

_____
_____
_____
_____

Multi-disciplinary meeting held: Yes ☐ No ☐ Date: ___/___/____

Attendees	Outcome/Roles and Responsibilities Identified

PATIENT ABSENT WITHOUT LEAVE INFORMATION REPORT: PART 3

Daily Record of Communication with relevant Parties as Appropriate (note all listed parties may not require daily communication)

Day 1	Date:	Family: ☐ Medical: ☐ Carers: ☐ PSNI ☐ Others:
Day 2	Date:	Family: ☐ Medical: ☐ Carers: ☐ PSNI: ☐ Others:
Day 3	Date:	Family: ☐ Medical: ☐ Carers: ☐ PSNI: ☐ Others:
Day 4	Date:	Family: ☐ Medical: ☐ Carers: ☐ PSNI: ☐ Others:
Day 5	Date:	Family: ☐ Medical: ☐ Carers: ☐ PSNI: ☐ Others:
Day 6	Date:	Family: ☐ Medical: ☐ Carers: ☐ PSNI: ☐ Others:
Day 7	Date:	Family: ☐ Medical: ☐ Carers: ☐ PSNI: ☐ Others:
Day 8	Date:	Family: ☐ Medical: ☐ Carers: ☐ PSNI: ☐ Others:

Daily update report given to Senior Manager and RMO (as appropriate): Yes ☐ No ☐

PATIENT ABSENT WITHOUT LEAVE INFORMATION REPORT: PART 4

Details of Patient's Return/Discovery and Post Incident Review

Patient Name: _____ Health and Care Number: _____

Location and circumstances under which the patient was discovered including their reason for absconding:
_____
_____
_____
_____
_____
_____

Date & Time Located; _____ By Whom (Name & Designation): _____

Agreed to return to Unit voluntarily: Yes ☐ No ☐ If no provide detail: _____

_____

Date & Time Returned to unit; _____ By Whom (Name & Designation); _____

Personnel informed of patient's return to ward (as appropriate)

Designation	Date	Time	Staff Signature

Patient searched: Yes ☐ No ☐ If yes specify any dangerous items or alcohol/drugs found

_____

Did the patient cause or come to any harm during AWOL Yes ☐ No ☐

If yes specify
_____
_____
_____

Is there evidence to suggest that the patient has been the victim of or a crime or involved in a crime during the period they were missing: Yes ☐ No ☐

If yes specify _____
_____

If 'yes', consideration should be given to informing the PSN subject to the wishes of the patient or next of kin.

Did the patient use or obtain drugs: Yes ☐ No ☐ if yes specify

_____

Did the patient use or obtain alcohol: Yes ☐ No ☐ if yes specify

_____

Patient examined by Medical Officer: Date: ___/___/____ Time: _____

Outcome of Assessment:

_____
_____
_____
_____

Joint Risk Assessment/Review carried out: Date: _____ Time: _____ Risk Status _____

Signature of MO: _____ Signature of Nurse-in-Charge: _____

Outcome of MDT discussion post incident:

_____
_____
_____
_____

Summary of patient Interview:

_____
_____
_____
_____
_____

Action agreed with patient to help prevent a recurrence of AWOL:_____

_____
_____
_____
_____
_____

Care Plan Updated: Yes ☐ No ☐ Comment

_____
_____
_____

Signed _____ Designation_____ Date___/____/_____

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