

Emergency Admission of Young People Under 18 to Adult In-Patient Units (not deemed to be ‘Age Appropriate’) in Northamptonshire – CLP038

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Why we need this Policy

This policy is to address the needs of young people aged between 14 – 18 requiring emergency hospital admission and will effect clinicians and carers in the CAMHS (Child, Adolescent Mental Health Service) and Adult Mental Health services in Northamptonshire. It is intended to ensure that the mental health needs of young people are met in clinically appropriate and timely way when no adolescent bed is available.

The National Service Framework (NSF) for Mental Health (DH 1999) in setting standards four and five and the NSF for Children, Young People and Maternity Services standard nine states:

“If a bed in an Adolescent Unit cannot be located for a young person aged 14-18, but admission is essential for the safety and welfare of the service user or others, then care may be provided on an adult ward for a short time.

As a contingency measure, NHS Trusts should identify wards or settings that would be better suited to meet the needs of young people. A protocol must be agreed between Child and Adolescent Mental Health Services and Adult Services.

Protocols should set out procedures that safeguard the patients safety and dignity.”

The following protocol addresses the issues raised in the National Service Frameworks for Mental Health and aims at addressing the different points regarding admission of adolescents to Adult in-patient Units as an interim placement.

Adolescents can present as a psychiatric emergency and require admission to in- patient unit for their own safety and less commonly for the safety of others.

The legal framework governing the admission to hospital and treatment can be complex. It is the responsibility of all the professionals to ensure the necessary information (Mental Health Act 1983, MHA Code of Practice and the Children Act) is available to all those responsible for the care of children. Information on consent for treatment and admission under the Mental Health Act is given in Appendix 2 and 3.

Adolescents requiring in-patient treatment are normally admitted to the Sett and The Burrows. However, these adolescent units at times are full hence the need for a Protocol to manage emergencies.

The NSF for Children, Young People and Maternity Services acknowledges that Adult in-patient Units are not appropriate places for adolescents (Std 9.9) The important principle is that the immediate safety needs of the young person are paramount, and should over-ride other considerations.

Such an admission should be for the shortest possible time with the case being reviewed on a daily basis. For young people under 18, admission should only be **extended beyond 2 working days hours following a case discussion between senior representatives from both CAMHS and AMHS, the Consultant; Safeguarding Children & Adults, a representative from Northamptonshire's Local Authority (LA), Children, Schools & Families and a parent / carer with parental responsibility.**

This policy sets out the guidelines for the medical and nursing management, of **young people under 18 who are admitted to Adult Wards.** It should be used in conjunction with the NEPFT Safeguarding Children Policy and Safeguarding Children Folder.

The Trust is committed to treating people with dignity and respect in accordance with the Equality Act 2010 and Human Rights Act 1998. Throughout the production of this policy due regard has been given to the elimination of unlawful discrimination, harassment and victimisation (as cited in the Equality Act 2010).

What the Policy is trying to do

Admissions to Adult Inpatient Wards

Any intervention in the life of a young person considered necessary by reason of their mental disorder should be in their best interests, the least restrictive option possible and result in the least possible segregation from family, friends, community and school.

When emergency admission for children under the age of 14 is considered necessary the appropriate medic will need to negotiate with the paediatric ward staff at Kettering General Hospital & NGH.

General Principles

- When an adolescent is admitted to an adult ward, all efforts will be made to return the young person to their family or appropriate alternative care in the Sett or The Burrows. In the first instance the child may have to go out of county.
- The Mental Health Act overrides and takes precedence over The Children Act.
- Where an admission is required beyond two weeks, (all emergency admissions must have a CPA within 5 days) a multi-agency network meeting to include the CAMHS Approved Social Worker or Principal Social Worker from the referrals team must be convened and an action plan agreed including the transfer to an Adolescent Unit where appropriate.
- During an adolescent's admission to an Adult in Patient Unit, staff from CAMHS will work closely with the staff in the in-patient unit to provide advice, consultation and support.
- There will be an identified link CPA co-ordinator /case manager to contribute to the CPA care plan.

- Following the admission of a young person/adolescent to any in patient facility the Named Doctor and Named Nurse for Child Protection for the Trust and the NHS England CAMHS Commissioner must be notified within 24hours or the next working day.

Professional advice and Support Staff from CAMHS (in patient services) will arrange in house training, support and advice/consultation for staff working in AMI and involved with the care of adolescents during in-patient admissions to address issues of Care Planning regarding the Children's needs including the legal framework as appropriate.

Circumstances for Admission to Adult in Patient Wards will be sought only:

- When no specialist bed is immediately available
- When a young person is assessed to be mentally ill and is at significant and Immediate risk of harm to self and/or others; and
- the young person cannot be contained in the family situation due to mental ill health; and
- the young person cannot be managed with all available resources in the community.
- The assessment of a young person under the age of 16 should include the following factors:
 - Who has parental responsibility for the child / person and if the child is in care - Sec 20 is joint LA/parental care?
 - Who is the child living with?
 - What is the capacity of the child / young person?
 - Could the needs of the young person be met in a Social Care or educational placement?
 - NHFT needs to ensure the adoption of Quality Network for Inpatient
 - (Royal College of Psychiatrists) is considered in all AMHS units.

Which stakeholders have been involved in the creation of this Policy

- Deputy Medical Director Children's Services, Deputy Medical Director Adult Mental Health, CAMHS Service Manager Tier 3, CAMHS Service Manager Tier 4, CAMHS Consultant Tier 4, Head of Children's Specialist Services, Heads of Hospitals Berrywood & The Welland, CAMHS Crisis Team, Safeguarding Team
- Trust Policy Board

Any required definitions/explanations

- **CAMHS**
Child Adolescent Mental Health Services
- **NHFT**
Northamptonshire Healthcare NHS Foundation Trust

- **AMH**
Adult Mental Health

Key duties

- **See process**

Policy detail

Medical Responsibilities

- The decision to admit an adolescent to an Adult In-Patient Unit will be made by the Child and Adolescent Psychiatrist holding Consultant responsibilities in consultation with AMI Consultants.
- During the admission, the AMI Consultant will hold the responsibility as Consultant for the case in consultation with the Child and Adolescent Psychiatrist of the adolescent as per the shared care agreement.
- The Consultant in Child and Adolescent Psychiatry will closely liaise with the AMI Consultant and in-patient ward staff.
- If assessment indicates that the young person presents as vulnerable but needs to be in alternative social care provision, a referral must be made to NCC Children and Families Referral and Assessment team with a request for a network meeting to ensure multi-agency planning to move the young person out of hospital.
- If it is not possible to find a resolution the case should be referred to the Complex Needs Panel for resolution / additional services. The case will be presented jointly by CAMHS and NCC staff.
- In preparation for discharge or transfer a planning meeting must be held with the CAMHS consultant, patients care co-ordinator and all other relevant agencies involved where all aspects of care will be considered.
- On discharge or transfer from the adult ward, Consultant responsibility will be transferred to the Consultant in Child and Adolescent psychiatry.

Nursing Care

- The nursing care of a young person (under 18) (as with any service user) should reflect any identified risks including those presented by the environment (including the ward mix), and should be managed accordingly.
- Careful consideration must be given to the level of experience and training of allocated nursing staff. Particular attention should be paid when allocating agency nurses. It is recommended that this is avoided wherever possible unless the agency nurse is able to provide evidence of relevant CAMHS experience and references, or a Registered Children's Nurse

Observation

- During an admission any young person aged 16 - 18 will be placed on enhanced observation (CLP008/12/04). risk assessment will determine if this needs to be within eyesight /arms-length.
- A care plan/action plan will be agreed between Community and in patient services within 72 hours of admission.
- Further need for 1:1 support will be detailed within the Care plan.
- A letter or memorandum with anonymised personal data, transmitted using 'safe haven procedures' stating clinical reasons for continued admission/observation will be provided to the NHS England CAMHS Commissioner by the CAMHS Consultant/Service Manager.
- For young people requiring admission aged 16-18, the risk assessment will determine 'vulnerability' and level of observation required. Additional costs will be the responsibility of NHT as for all other admissions.

Management / Assessment:

- Assessment should follow Trust policy and procedure. Young People are subject to the Care Programme Approach and Care Base Procedures. We need to use the procedures we use for admission of children and adolescents. There are significant differences in the consent form etc.
- There should, wherever possible, be input from CAMHS staff to the assessment process. Advice can be sought within working hours from the relevant CAMHS Tier 4 Team.
- Assessment for admission should include consideration of whether the unit is able to provide:
 - Where possible, geographical proximity to family;
 - Minimisation of health & safety risks from:
 - Other service users;
 - Availability of drugs & alcohol

Risk Assessment:

- As for all service users, a risk assessment should be commenced prior to admission. Where possible, this should be commenced prior to admission in conjunction with clinicians from CAMHS. Where this is not possible prior to admission, CAMHS staff should be engaged at the earliest opportunity, and no later than the first working day following admission such concerns (documented on allegation forms) are shared with either the safeguarding lead and / or the Consultant for Safeguarding Children and Adults. It is recommended that this practice of sharing such information with senior staff is adopted in all units Friday, 09.00–17.00).
- Where a referrer is unable to include details of a young person's school within the referral, and this information is not provided within an initial assessment or it is established that a young person of school age is not attending school, the Child & Adolescent Mental Health Service will notify NCC LA Children, Schools & Families.
- The young person's Record must ensure that detailed information about the young person is recorded, including the Access to the Child's Protection Plan is available out-of-hours by telephoning 0300 126 1000 or out of hours: 01604 626938 (17.30 – 08.00). See Safeguarding on the HUB for contact details). young person's name, address, age, the name

of the young person's primary carer, the young person's GP and the name of the young person's school if the young person is of school age.

Admission Procedures:

- Normal admission procedures should be followed. In addition, it is important that where a young person is admitted :
 - All young people admitted must receive a physical examination within 24 hours of admission.
 - All young people admitted are the responsibility of an identified RESPONSIBLE CLINICIAN.
 - Consideration, under CPA, is given to offering, a carer's assessment (and documented in the service user's Health and Social Care Record).

- **As per "Every Child Matters" and the Victoria Climbié Inquiry**
Recommendations, on admission; where there are concerns about deliberate harm from others:
 - The nursing care plan will take full account of this diagnosis.
 - Inquiries about previous admissions to hospital will be made, and where a positive response is received, this information will be shared with both the Responsible Clinician, the Consultant Psychiatrist (as Named Doctor, Child Protection) who will jointly review this information before making decisions about the young person's future care and management. Where permission is required from the young person's carer for the investigation of possible deliberate harm from others or the treatment of a young person's injuries, this will be sought by the Responsible Clinician.
 - Where there are concerns following physical examination about deliberate harm from others, a referral will be made to the Consultant with responsibility for Child Protection.
 - The RESPONSIBLE CLINICIAN involved in the care will provide a written statement to Social Care of the nature and extent of their concerns. If any misunderstandings about medical diagnosis occur, these will be corrected at the earliest opportunity in writing and the respective RESPONSIBLE CLINICIAN will take steps to ensure that their concerns have been properly understood.
 - The RESPONSIBLE CLINICIAN will ensure that all available information is reviewed and taken account of before decisions on the future management of the young person's case are taken.
 - A record will be made in the young person's Record of all face-to-face discussions (including medical and nursing handover) and telephone conversations relating to the care of the young person.
 - A record will be made in the young person's This will include follow-up arrangements.
 - The agreement of the RESPONSIBLE CLINICIAN. This ensures that no young person about whom there are Child Protection (CP) concerns is discharged without the permission of the RESPONSIBLE CLINICIAN and liaison with the respective Social Care Department.
 - An identified GP. Responsibility for all discharges lies with the RESPONSIBLE CLINICIAN This Policy thus ensures compliance with the Victoria Climbié Inquiry and

Every Child Matters, that states “no young person should be discharged from hospital back into the community without an identified GP”.

- The Local Authority Social Care Services MUST be notified of the discharge or transfer of any young person and invited to attend any CPA Discharge Planning Meeting.
- Notification of both the Consultant for Safeguarding Children and lead and the Associate Director CAMHS

Training requirements associated with this Policy

- **Mandatory Training**

Training required to fulfil this policy will be provided in accordance with the Trust’s Training Needs Analysis. Management of training will be in accordance with the Trust’s Statutory and Mandatory Training Policy’

All staff should be familiar with, and follow, the NHFT Child Protection

Guidance and the NHFT Safeguarding Children Policy. Under the Children Act (1989) and Working Together (2006) all professionals working with young people under the age of 18 are required to share information with the Local Safeguarding Children’s Board and the police where they have any concerns that a young person may be at risk of significant harm. Such a referral does not require consent; but consent should be sought from the young person and, where appropriate, from an adult holding parental responsibility for a young person, unless to do so may place the young person at risk. Professionals who have concerns that a young person may be at risk of significant harm should seek consultation from the NHFT Lead for Safeguarding Children.

All professionals working with young people on adult wards should have received Safeguarding Children training and be familiar with the NHFT Safeguarding Children Policy and NHFT Child Protection Guidance.

All professionals working with young people under 18 must have been police checked and to have an enhanced DBS check. It is acknowledged that whilst all new employees of NEPFT are subject to such checks, not all employees have received checks. Any agency staff booked to work with young people should provide evidence of having both a police and enhanced Criminal Records Bureau (DBS) check.

Where a young person is admitted, they should be kept as fully informed as possible about their care and treatment. Their views and wishes should be ascertained, taken into account and documented, always having due regard to their age and understanding. The impact of the young person’s wishes on the parents or other person(s) with parental responsibility should be considered too.

It is recommended that all staff utilise the Multi agency safeguarding referral form, known as Ref by all agencies to Children, Families, and Education Directorate for Children in need of family support and/or in need of protection (May 2014 version). Available on the Hub under

Safeguarding and on the NSCB website under reporting concerns). To ensure that comprehensive and contemporaneous notes are made and signed by the clinician who hears the allegation or holds concerns.

Young people under the age of 18 are regarded as young people or minors.

- **Specific Training not covered by Mandatory Training**
See section 7.1.

How this Policy will be monitored for compliance and effectiveness

Compliance and effectiveness of this policy will be monitored by the Mental Health Act Scrutiny Committee. The Mental health act manager will report on the number of under 18's admitted to adult inpatient mental health wards to the committee bi monthly as part of her report pertaining to all matters related to mental health act code of practice compliance. This report is also presented by the Chief Operating Officer to the Trust Governance Committee therefore giving the trust board oversight and assurance

For further information

Please contact the Deputy Medical Director Children's Services, Deputy Medical Director Adult, Mental Health, CAMHS Service Manager Tier 3, CAMHS Service Manager Tier 4, CAMHS Consultant Tier 4, Head of Children's Specialist Services, Heads of Hospitals Berrywood & The Welland, CAMHS Crisis Team , Safeguarding Team.

The Trust's body of Policy can be found here:

http://nww.nhft.northants.nhs.uk/Content/Policies_and_Procedure/index.jsp

No further references, bibliography or weblinks are provided for this Policy.

Equality considerations

The Trust has a duty under the Equality Act and the Public Sector Equality Duty to assess the impact of Policy changes for different groups within the community. In particular, the Trust is required to assess the impact (both positive and negative) for a number of 'protected characteristics' including:

- Age;
- Disability;
- Gender reassignment;
- Marriage and civil partnership;
- Race;
- Religion or belief;

- Sexual orientation;
- Pregnancy and maternity; and
- Other excluded groups and/or those with multiple and social deprivation (for example carers, transient communities, ex-offenders, asylum seekers, sex-workers and homeless people).

The author has considered the impact on these groups of the adoption of this Policy and does not believe that there are any specific equality considerations that need to be taken into account.

Reference Guide

Children Act 1989

Every Child Matters

Family Law Reform Act (1969)

Mental Capacity Act (2005)

Mental Health Act 1983 as amended by the Mental Health Act 2007

Mental Health Act 1983 as amended by the Mental Health Act 2007

National Assistance Act 1948

National Health Service Act, 1977

QNIC Standards (Royal College of Psychiatrists)

Revised Code of Practice

Victoria Climbié Enquiry Recommendations

Working Together (2006)

Young Person Act (1989)

Document control details

Author:	Andres Patino
Approved by and date:	Trust Policy Board – November 2017
Responsible Committee:	Clinical Executive Committee – January 2018
Any other linked Policies:	CLP004 - Chaperone Policy CLP006 - Policy for Consent to Examination or Treatment CLP008 - The Safe and Supportive Observation of Patients Policy CLP010 - Care Programme Approach (CPA) Policy

Policy number: Version control:	CLP012 -Northamptonshire Countywide Procedure for the Application of Section 136 of the MHA 1983) CLP021 - Working with Risk Policy for the use of the clinical tool (working with risk) CLP023 - Mental Capacity Act Policy) CLP035 - Delayed discharge and transfer of care CLP042 - Policy for Maintaining Service User’s Privacy and Dignity when Accessing NHFT services CLP056 - Transfer and Discharge (MH & LD) CLP057 - Searching of Service Users, Visitors and Rooms CLP074 - Environmental Risk Assessment and Management for the Prevention of Suicide by Hanging and Asphyxiation CLPr015 - De-escalation Procedure CRM002 - Incident Reporting Policy and Procedures HR023 - Disclosure and Barring Service Policy (DBS) HRP012 - Procedure for dealing with Misuse of Drugs, Substances and Alcohol HSC029 - Management of Violence and Aggression ICP107 - Health Record Management and Keeping Standards Policy IGP104 - Confidentiality, Data Protection and Sharing Information Policy CLP046 - Policy for Children Visiting Inpatients or Residential Units) CLP047 - Policy for Safeguarding Children(child protection) CLPr013 - Transition Protocol for Older and Younger Adults within Mental Health Services
	CLP038
	Version 2: November 2017

Version No.	Date Ratified/ Amended	Date of Implementation	Next Review Date	Reason for Change (eg. full rewrite, amendment to reflect new legislation, updated flowchart, minor amendments, etc.)
1.0	19.03.2015	20.03.2015	19.03.2017	New governance of trust policies template.
2.0	21.11.2017	22.11.2017	21.11.2020	

Appendix 2 - Consent – Children under the age of 16

A “Frazer competent” child can give a valid consent to treatment. A child may be regarded as “Frazer competent” if the doctor concludes, that he or she has the capacity to make the decision to have the proposed treatment and is of sufficient understanding and intelligence to be capable of making up his/her own mind.

The refusal of a “Frazer competent” child to be medically treated can be overridden by the courts and by their parents.

The assistance of the court may be sought, in particular, in the following circumstances:

- In the case of a child who is not 16 or “Frazer competent” where treatment decisions need to be made and the person with parental responsibility cannot be identified or is incapacitated, for example in dealing with a child who is accommodated by a local authority.
- Where a person with parental responsibility may not be acting in the best interests of the child in making treatment decisions on behalf of the child.

A child’s refusal to be treated is a very important consideration in making clinical judgements and for parents and the court in deciding whether to give consent. Its importance increases with age and the maturity of the child.

16 & 17 years of age

Section 8(1) of the Family Law Reform Act 1969 provides that a child of 16 years or over may consent “to a surgical, medical or dental treatment” which, in the absence of consent, would constitute a trespass to his person (and the consent) shall be as effective as it would be if he were of full age; and where a minor has by virtue of this section given an effective consent to any treatment, it shall not be necessary to obtain any consent to it from his parents or guardians.

Where a 16 or 17 year old is regarded as incapable of consenting to treatment, the consent of the parents or other person with parental responsibility should be obtained. The refusal of a competent 16 or 17 year old to be medically treated can be overridden by their parents or other person who has parental responsibility for that 16 or 17 year old or by the court. Consideration should be given to whether the use of the Act, if applicable, would be appropriate

Appendix 3 - Admission Under the Mental Health Act 1983 as amended by the Mental Health Act 2007

The Mental Health Act 1983 as amended by the Mental Health Act 2007 Revised Code of Practice applies to all service users including children and young people under the age of 18. Under the Mental Health Act 1983 as amended by the Mental Health Act 2007, there is no minimum age for admission to hospital under the Act (but only a person who has attained the age of 16 can be subject to guardianship or after-care under supervision).

A young person aged 16 and above, must either have capacity to consent to an informal admission or must be detained under the Mental Health Act 1983 as amended by the Mental Health Act 2007. A person holding parental responsibility cannot consent to the admission or treatment of a mentally ill young person aged 16 and 17. A parent can however consent to the treatment of a physical illness in a young person aged 16 or 17.

Under Section 136, if a constable finds in a place to which the public have access a person who appears to him to be suffering from a mental disorder and to be in immediate need of care and control, the police officer may, if he thinks it is necessary to do so in the interests of that person or for the protection of other persons, remove that person to a place of safety² within the meaning of Section 135 of the Mental Health Act 1983 as amended by the Mental Health Act 2007.

The NEPFT Policy on Section 136 (Mental Health Act 1983 as amended by the Mental Health Act 2007) and local unit operational policies should be referred to as necessary.

Notifying others of admission:

The admission of a **young person age under 18** to an adult inpatient unit **MUST** be notified to the Deputy Medical Director for CAMHS. Where a young person aged 16 or under is placed on an adult ward,

- The Head of Hospital for the relevant area and
- The Deputy Medical Director CAMHS **must be immediately notified.**

In addition the NHFT Serious Untoward Incident (SUI) reporting mechanism must be immediately implemented.

Notification to the appropriate Operational managers and CAMHS managers should include how the young person will be moved to appropriate accommodation within 2 working days hours and in the intervening time, how the ward and staffing have been made appropriate to the young person's needs. The SI Reporting mechanism needs to be actioned and the NHS England informed within 2 working days hours of the young person's admission by the Contract's department.

Legal Issues: - Consent & Confidentiality:

The NHFT Consent and Confidentiality Policy should be followed.

In brief, in an emergency situation, under the Mental Health Act 1983 as under Section 86 of the Young Person Act (1989), the Local Authority MUST be informed where a young person is provided with accommodation in any residential care home, nursing home or mental nursing home –

(a) for a consecutive period of at least three months; or

(b) with the intention, on the part of that authority, of accommodating him for such a period, the person carrying on the home shall notify the local authority (Social Care) within whose area the home is carried on. Where the young person has been detained for a consecutive period of three months or more, the local authority must be notified where the young person ceases to be accommodated. Within NHFT the Local Authority are routinely notified of all.

The Care Quality Commission (CQC) needs to be informed of the admission of all young people (minors) to an Adult Ward; informal or detained under the Mental Health Act 1983. The CQC must be notified on the day of admission, by using the statutory form, located on the CQC website. <http://www.cqc.org.uk/content/mental-health-notifications> Mental Health Administration need to be informed of the admission and will submit the notification to the CQC. (Appendix 4)

Appendix 4 – mental health act notification, (absent without leave (AWOL))



AWOL Notification
reference:

Statutory notification about the unauthorised absence of a person detained or liable to be detained under the Mental Health Act 1983

Care Quality Commission (Registration) Regulations 2009 Regulation 17, as amended by the Care Quality Commission (Registration) and (Additional Functions) and Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012

Completing this form

Please use this form to notify CQC of any absence without leave (AWOL) of a person who is detained, or liable to be detained¹, under the Mental Health Act 1983 in a hospital designated as low, medium or high security.

You should complete this form as soon as possible after the incident is noted, but not to the detriment of taking necessary actions to deal with the incident on a practical level.

How to fill in the form

The notification form is a 'protected' Word document. When filing in on a computer, you can move from section to section by pressing your 'return', 'tab' or arrow keys, or by using your mouse. You can put crosses in check boxes by pressing your spacebar when they're selected or by clicking the box with your mouse.

You must provide information in the mandatory sections (marked*). Please also provide all other requested information.

It is acceptable to return part 2 of the form separately from part 1.

Please type all entries where possible and enter dates in the format dd/mm/yyyy.

You can email the form **VIA NHS.NET ONLY** by arrangement with the Mental Health Operations Team by calling **03000 616161** (press option 1 when prompted).

Or you can send by secure fax on: **03000 200238**

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: 03000 200238

PART 1

A. Detaining or responsible authority*

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

B. Details of absent patient

Name:	
Date of birth:	
Gender:	
Date of admission:	
Section of the Mental Health Act*	
Date of section:	

C. Details of absence without leave*

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

D. Contact information

Please provide the name and professional status of the person who can be contacted about the content of this form if required.

Name:	
Professional status:	
Contact telephone number:	
Date:	

PART 2

E. Details of return from absence without authorised leave

Name of patient		
Date absence ended:		
Time absence ended:		
How did the patient return to the ward? (tick ONE appropriate box)	Returned voluntarily	<input type="checkbox"/>
	Returned by family members	<input type="checkbox"/>
	Returned by police	<input type="checkbox"/>
	Returned by hospital or other staff	<input type="checkbox"/>
	Other	<input type="checkbox"/> (please specify below)

F. Contact information

Please provide the name and professional status of the person who can be contacted about the content of this form if different from Part 1.

Name:	
Professional status:	
Contact telephone number:	
Date:	