Essex Partnership University
NHS Foundation Trust

LEAVE PROTOCOL FOR SECURE SERVICES

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The Director responsible for monitoring and reviewing this policy is:

The Director of Specialist Services

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

LEAVE PROTOCOL FOR SECURE SERVICES – SSOP 15

SCOPE

Services	Applicable	Comments
Secure Services Essex	✓	
Secure Services Bedfordshire & Luton	✓	

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

LEAVE PROTOCOL FOR SECURE SERVICES – SSOP 15

1.0 INTRODUCTION

1.0 The purpose of this Secure Service's Protocol is to assign responsibility and provide procedural guidelines for the leave activities of patients detained within the secure services, including section 17 leave. With regards to section 17 leave, these procedural guidelines supplement the Trust's Administration of the Mental Health Act 1983 Procedural Guidelines (MHAPG1A).

2.0 OBJECTIVES

2.0 Patients are granted periods of leave of absence to enhance their stay and recovery whilst detained in hospital. The leave should have purpose and this would include therapy, access to a rehabilitation programme, leave to see family members and attendance at hospital appointments etc. This list is not exhaustive.

3.0 REVIEW AND MONITORING

3.1 This protocol is applicable to all aspects of patient leave whilst in the care of the Secure Services.

3.2 This protocol will be reviewed by the Secure Services Policy Group and the Secure Services Management Group on a three yearly basis.

4.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

4.1 SSOP 27 Reception Office Protocol.

4.2 SSOP 41 Managing Security Levels Protocol

4.3 SSOP 26 Protocol for Off-ward Therapeutic Activity Areas.

4.4 SSOP 22 Searching a Patient, Patient Property, Visitors Area Protocol.

4.5 CLP8 Trust Therapeutic Engagement and Supportive Observation Procedure.

4.6 CLP 34/CLPG34 Missing Person Trust wide Policy and Procedure

4.7 CP3/ Adverse Incident Policy

4.8 SSOP 7 Use of Secure Services Vehicles Protocol.

4.9 SSOP 37 Protocol for the Management of Storage and Recording of Patients Property and Possessions.

4.10 SSOP 31 Protocol for the Use of Handcuffs in Escorting Patients

4.11 RM17 – Lone Worker Policy & Appendices

5.0 DEFINITIONS OF LEAVE AND ESCORTING

5.1 Ground leave (Brockfield House only)

'Ground Leave' is defined as a period of prescribed time a patient spends out of the ward, with or without a nurse/staff escort, but restricted to the internal hospital grounds. At **Brockfield House**, medium secure male patients will keep to the south boundary while female and low secure patients will keep to the north boundary (see Appendix 2 and SSOP41 - Managing Security Levels within the Secure Services). The only exception to this is when low secure and female patients are being escorted as a group to the sports hall and in exceptional cases of emergency.

5.2 Perimeter leave (Brockfield House only)

This is defined as a period of prescribed time a patient spends out of the ward and beyond the internal boundary, around the perimeters of the hospital, with or without a nurse/staff escort. This can be used as a preliminary leave before commencing leave outside the boundary of the hospital.

5.3 Area leave

Area Leave is a prescribed period of time a patient spends away from the ward and the boundaries of the hospital, with or without a nurse/staff escort. In the case of restricted patients, statutory Ministry of Justice requirements and conditions must be followed. As such leave is external to the unit, section 17 leave provisions will apply for all patients (see chapter 27, Code of Practice, 2015)

5.4 Liaison with Reception (Brockfield House only)

All perimeter and area leaves will be managed by liaison between individual wards and main reception. (Refer to reception office procedures, SSOP 27)

5.5 Escorts by Staff

In the first instance of leave being granted by the MDT, the leave will be escorted by staff. There may be restrictions applied to leave including the number and gender of escorting staff dependant on the risk assessment. All staff involved in escorting patients must have had appropriate training in security, TASI and the use of 2- way radio, including shadowing of another member of staff prior to undertaking any escort duties (See Appendix 1 for general guidance on escorting secure services' patients).

5.6 Restricted Patients

In the case of **Brockfield House**, where a court order (for patients detained under section 37/41 hospital orders) or a transfer direction from the Ministry of Justice (for section 47/49 or 48/49 patients) specifies that the patient is to be detained not simply in Brockfield House but in a particular part of this unit (e.g. low-secure unit, medium secure unit or, even, in a specific ward) then such patients will require leave of absence to go to any other part of the facility or to go outside the secure boundary on perimeter leave. In all such cases, Ministry of Justice agreement will need to be obtained for patients to have leave of absence (escorted or unescorted) from their designated place of detention, e.g. to have perimeter leave where the detention is to Brockfield House MSU or even to have courtyard (grounds) leave where the patient is detained on a specific ward.

6.0 PROCEDURE FOR GROUND LEAVE (BROCKFIELD HOUSE)

6.1 Patients must be assessed by the multi-disciplinary team regarding their suitability for ground leave, taking into account any risk involved. Ground Leave must be authorised by the Responsible Clinician (RC) during ward round or other multidisciplinary meetings. All decisions regarding ground leave will be documented in the leave section of the ward round minutes.

6.2 Individual patient ground leave status, and any changes to its conditions or frequency, must be written in the clinical record and in the security book. The number and, where necessary, gender of the escorting staff must also be documented.

6.3 The nurse in charge (NIC) may suspend a patient's ground leave if, in their professional judgement, it is felt that it has become inappropriate for the patient's leave to continue. The reason(s) for the suspension of leave must be documented in the patient's nursing notes. The leave status must be reviewed by the patient's RC as soon as possible following the suspension by the NIC.

6.4 Before allowing a patient out on ground leave, the security nurse must make a signed entry into the security book of the following:

1. Patient's name
2. Time of departure
3. Names of any escorting nurses, if applicable
4. Number of the leave (that day) and
5. Total daily leaves allowed

6.5 The security nurse must enter the time and sign the security book when the patient returns to the ward from ground leave.

6.6 To ensure accurate time keeping for all patients proceeding on ground leave, the security nurse will use the time indicated by the wall clock in the airlock for their time of departure from the ward. This wall clock must be checked, at least once during each security nurse shift by the security nurse, to ensure that it maintains accurate time.

6.7 Ground leave will be of a 15 minute, 30 minute or 1-hour duration for patients, depending on their individual risk assessment and care plan. No patient will be permitted to remain on ground leave for more than 1 hour without reporting back to their ward.

6.8 The security nurse must ensure that the patient is aware of any conditions attached to the leave and the correct time of return before allowing leave to proceed.

6.9 Patients on escorted ground leave must be escorted by appropriate numbers and gender of nursing staff at all times, as designated by the MDT. This must be determined by an assessment of the risk involved in the patient having ground leave, their mental state, and any other relevant risks determined by the team.

6.10 On those occasions when there is a shortage of nursing staff, patients may be escorted by clinical staff who have received security and radio training, TASI training and who possess a good knowledge of the patient.

6.11 Escorting nurses and all other clinical staff who escort patients must:

- Use the radio system at all times, as detailed in the radio procedure.
- Receive a briefing prior to leaving the ward with the patient, including their risks
- Inform the nurse in charge of the ward immediately if any problem or emergency arises during the leave and agree actions to ensure the safe and immediate return of the patient to the ward.

6.12 If an OT/vocational/therapy/gym group an escorted patient is due to attend only has one facilitator, the escorting nurse must remain with the patient at all times and return the patient to the ward after the group. (Refer to procedures for off-ward clinical areas, SSOP 26)

6.13 Patients will be expected to refrain from taking ground leave during therapy times.

6.14 Patients on ground (courtyard) leave must return to the ward for meals at designated times.

6.15 From time to time, for reasons of maintaining security (e.g. restricting supply and exchange between patients of banned items, including illicit drugs), patients from the acute wards (namely Alpine and Lagoon) and those from Forest and Aurora wards will be allowed out on ground leave at different times from one another. Any such restriction will be reviewed regularly by the Secure Services Senior Management Team upon the advice of the Referrals meeting.

7.0 PROCEDURE FOR PERIMETER LEAVE (BROCKFIELD HOUSE)

7.1 Leave in the perimeter grounds of Brockfield House (but within the outer hospital boundary) will be dependent upon agreement by the MDT and a leave form must be completed and signed before any such leave is taken in accordance with 12.2 below. Although not strictly section 17 leave, the same authorisation form (as is used for area leave) will be used for this purpose. All perimeter leaves must be documented in the leave section of the ward round minutes.

. In addition, prior to the perimeter leave, a Daily Leave risk assessment –Secure Services - will be completed by the nurse-in-charge of the shift (See Appendix 3)

7.2. Perimeter leave status will be of a 15 minute, 30 minute or 1-hour duration, depending on individual risk assessment and care plans.

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7.3 All patients returning to the secure unit from unescorted perimeter leave may be subject to being searched on return to the unit in accordance with their risk assessment, as outlined in the secure services search procedures SSOP22. Reception staff will liaise with the patient's ward staff for this purpose.

7.4 Unescorted perimeter leave will be procedurally treated identically to all other external leave and the leave forms must be signed by the RC.

7.5 Patients on perimeter leave will be expected to remain on the pathways which circumscribe the hospital building and not to walk down to the front gate or into the car parking areas.

8.0 ESCORTS OUTSIDE THE UNITS (SECTION 17 LEAVE OF ABSENCE)

8.1 As part of individual patients' care and treatment plan, patients may be escorted outside of the hospital for the purposes of area leave to assist their rehabilitation and recovery, for hospital and court visits, for inter-hospital transfers etc. It is vital that a careful risk assessment is conducted by the MDT before any escorted leave is planned. This is to ensure the safety of the patient, the escorting staff and the community is considered before any leave is agreed. A hospital mobile phone will be collected at reception, prior to leaving, and regular contact will be maintained with the ward.

8.2 The member of staff in charge of the escort must possess a good knowledge of the patient/s having leave outside the Unit and must evidence a pre-leave risk assessment has taken place by making an entry in the patients notes describing the mental state and details of the leave plan, prior to leaving the unit.

8.3 Lone Working Devices are available on request and can be taken/used by escorting staff if it felt appropriate following a risk assessment. All escorting staff must be trained in use of Lone Working Devices.

8.4 For the entire duration of the escorted leave all patients must be treated as being on at least level 3 observations (within eyesight and readily accessed) as specified in the Trust Therapeutic Engagement and Supportive Observation Policy (CLP8). In some cases, where there is a necessity for emergency leave (e.g. so the patient can attend another hospital for urgent medical assessment or treatment), the escorted patient must be treated as being on level 4 observations and remain within arm's length for the entire duration of the leave. This decision will be taken by the nurse in charge, after discussion with the Unit Co-ordinator and patient's RC (or On Call Consultant, out-of- hours).

8.5 Where there has been a decision by the MDT that escorted leave should take place using secure transport, the overall responsibility for the escort shall remain with the trust staff member during the escorted leave.

9.0 GENERAL PRINCIPLES

9.1 Before allowing a patient out of the secure perimeter of the unit to take leave (i.e. for perimeter and area leaves), the security nurse must make a signed entry into the security book of the following details of the patient:

1. Patient's name
2. Time of departure and return
3. Names of any escorting nurses, if applicable
4. Number of the leave (that day) and
5. Total daily leaves allowed
6. Description of patient's clothing (section 17 or perimeter leave only)

9.2 All planned leave from the ward will finish no later than 20.00 hours with the exception of perimeter leave which, outside British Summer Time only, must finish no later than 18.00 hours.

9.3 At Brockfield House and Edward House no area (community) s17 leave shall commence later than 17.00 hours. The exception to this is if a patient has to attend a therapeutic activity (evening class at college, for example) as per their care and treatment plan. At Robin Pinto Unit and Woodlea Clinic all leaves from the ward will commence no later than 19:00 (BST) and 17:00 outside BST. These restrictions on leave will not apply necessarily to patients on extended section 17 overnight leaves, with the agreement of the MDT.

9.4 In some circumstances, (e.g. special functions) with the agreement from the MDT and RC, patients may be allowed to return from s17 leave at later times than stated above.

9.5 Where a patient fails to return to the ward at a designated time, a search of the unit and review of CCTV cameras must commence. The 'missing patient' section of this policy, the Missing Trust wide Policy and Procedure, CLP34/CLPG34 and Adverse Incident Policy, CP3, must be adhered to without delay.

9.6 All patients may be subject to being searched upon return to the ward, in accordance with the search procedures, SSOP 22.

9.7 The nurse in charge of the ward at the time of the planned leave will assess the level of risk, if necessary in consultation with the RC and MDT, and where appropriate, decide on the number, gender and level of experience of the escort to ensure the safety of the patient, escorting staff and members of the public.

9.8 Given the requirement for the patient under escort to be kept within eyesight of the escorting nurse at all times (in accordance with paragraph 8.3 above), particular attention must be given to the choice of the gender of the escort when leaves of a longer duration are planned and it is likely that either the patient or the escort will need a comfort break during the leave. In such circumstances, and whenever possible, the gender of the escort should match that of the patient so that, at these times, surveillance can be maintained. This is especially important if the patient is on a restriction order/direction.

9.9 When decisions are being made about whether to grant a patient leave (particularly perimeter leave and area leave, and particularly if there is

any change in leave status – e.g. progressing from escorted to unescorted leave) the MDT and RC should make reference to a relevant risk assessment tool based on a structured professional judgement methodology (e.g. HCR-20).

9.10 All decisions about leaves need to be discussed as an MDT and recorded in the leave section of the MDT ward round minutes. This will then be reviewed at every ward round and updated as and when there are changes to the leave plan.

10.0 COURT ESCORTS

10.1 When notification of a court appearance is received, the MDT will assess the level of risk and decide on the number of escorts and means of transport needed.

10.2 The nurse in charge of the escort must be a Band 5 staff nurse or above (indicated by the level of patient need and risk), and have sufficient knowledge of the patient to advise the court if required.

10.3 The custody officer at the court must be notified the day prior to the patient's appearance of the need to reserve a court cell or other appropriate room within which the patient can be safely contained.

10.4 The patient's solicitor must be contacted the day before the appearance to confirm that the patient has to attend.

10.5 On the day of the court appearance, the escorts must ensure that sufficient time is allocated to transport the patient so as to arrive in time for the Hearing.

10.6 The escort will proceed directly to and from the court and will only stop for emergency situations. At all times, the patient will be accompanied by (at least) two nurse escorts, one of whom must be a qualified member of staff.

10.7 All patients will be driven into the custody area and the escort team will report to the court's security staff. If the patient is placed in a custody cell, a member of staff is expected to remain with the patient in the custody area, at all times.

10.8 If the patient is to be returned to the unit under a new or renewed section of the Mental Health Act (1983), or Court Order, the nurse in charge must ensure that all documentation is received and returned with the patient.

11.0 HEALTH - CARE APPOINTMENTS AND ADMISSIONS

11.1 Although it is important to ensure that all patients have access to health care, this must be balanced with the need to ensure the safety of the patient, staff and the community. Therefore, only health-care appointments or inpatient admissions to hospital that are considered by

the RC to be clinically necessary will be facilitated.

11.2 Except in emergencies, for those restricted patients who do not have Ministry of Justice permission for leave outside the hospital, an application to the patient's MoJ Caseworker Team for what is considered 'medical leave' must be made by the RC on the appropriate form, well in advance of the appointment. The application should include details of the date, location and purpose of the medical or dental (or other) health-care appointment together with the planned escorting arrangements. In the case of medical emergencies that necessitate urgent leave to another hospital authorised by a Consultant, the Ministry of Justice should be informed by the RC, in writing, as soon as possible afterwards, providing details of the emergency leave.

11.3 When notification of a hospital appointment or general hospital admission is received, the nurse in charge, in consultation where necessary with the RC and MDT, will assess the level of risk and decide on the number of escorts needed.

11.4 For a hospital **appointment**, depending on the risk assessment of the patient, at least one member of secure services staff will be with the patient at all times (the patient will not be left on his/her own at any time and will be treated under level 3 observations as per Trust policy CLP8. Section 17 form authorisations will be required. For emergency, unplanned leave to attend hospital for a medical assessment or treatment, level 4 observation status may be indicated.

11.5 For a hospital **admission**, at least one member of the secure service staff will be allocated to the patient on a 24-hour basis, but this may be increased according to the risk assessment of the patient. During this time the patient will be regarded as on Level 3 or Level 4 observation status, which will be decided by the MDT prior to the admission taking place. The nurse in charge of the escort may increase the level of observation if indicated by deterioration in the patient's mental state or behaviour.

11.6 If at any time there is concern by the staff about the safety of the patient, staff, or public, this must be discussed immediately with the nurse in charge of the ward and the RC, and a balanced view taken about the possible return of the patient to the unit.

12.0 AREA LEAVE / DAY LEAVE / SECTION 17 LEAVE / HOME LEAVE

12.1 Area leaves will be considered by the MDT at ward rounds for a determined period that must not exceed one month. They must be documented in the leave section of the ward round minutes. This will then be reviewed at every ward round and any changes updated. Patients will be advised that, in the case of unescorted leaves, they may be subject to a search on their return, which will include removal of outer clothing and a personal search, in accordance with the search policy and procedure SSOP 22.

12.2 The RC must authorise the escort and complete and sign a section 17 leave form for each period of area (or perimeter) leave. In the absence of the RC (for example during the latter's annual leave) another consultant who is covering his / her approved clinician duties must authorise and sign the form in their absence. Additionally, in the absence of the RC, a Senior Registrar (Speciality Trainee, year 4-6) who is working under the supervision of the Responsible Clinician can approve the leave and sign the authorisation form provided this doctor includes a statement on the form and has made an entry in the patient's clinical record that they have discussed the proposed leave with the RC / covering AC and that the latter has approved the leave.

12.3 In the case of patients requiring urgent section 17 leave to attend another hospital in a medical emergency, a leave form must still be completed by the nurse in charge and an attempt made to contact the patient's RC (or the Trust On Call Consultant out-of hours) to request verbal authorisation of the emergency leave of absence. This should be recorded on the leave form in lieu of the RC's signature. The Unit co-ordinator must also be contacted for them to give the authority for the patient to leave for any medical emergency. Out of hours, the On Call Consultant and senior manager on call need to be informed.

12.4 Where transport is to be used, it will be booked in advance. Unit transport will be used wherever possible. ("Use of Secure Vehicles Protocol" (SSOP07).

12.5 Where travel warrants are to be used, they must be collected the day before the agreed leave.

12.6 Where the risk assessment indicates the need for mechanical restraints such as handcuffs, their use will be in accordance with the secure services hand-cuffs policy, SSOP31 but alternative security measures must be considered such as using police assistance or private sector secure transport services.

12.7 All external leave must be considered on the basis of therapeutic and rehabilitation benefits to the patient and following an appropriate risk assessment.

12.8 For restricted patients all area leaves must comply with any conditions

applied to the leave of absence by the Ministry of Justice.

12.9 Escorted community leaves of patients in groups must be escorted by staff of appropriate experience and banding. For such group leaves, the ratio of escorting staff to patients must be no less than one staff member escort for every three patients. However, for leaves of a longer duration the numbers and gender of both the patients and escorting staff will need to be taken into consideration to ensure that the risk of patients absconding is minimised, particularly in the case of restricted patients' (see paragraph 9.8 above)

12.10 Unqualified nursing staff and occupational therapists, who have undertaken training on escorting, security, radios and TASI

may escort patients on area leave on a 1:1 basis but, in accordance with paragraph 9.7 above, the level of experience of the escorting clinician/s should be taken into consideration where there are deemed to be particular risks.

12.11 If at any time there is concern by the escorting staff about the safety of a patient, member of staff, or the general public, the leave is to be terminated immediately and the patient returned to the unit.

12.12 All patients will be regarded as being on Level 3 observations by the escorting staff, throughout the period of the escorted area leave. The staff escort staff must carry a hospital mobile phone to enable a rapid contact with the ward in the case of an emergency. A Lone Working Device must also be taken by the escorting staff.

12.13 Patients who are on a Restriction Order or Direction (Section 41 or 49 of the Mental Health Act, 1983) will not be granted area leave until Ministry of Justice approval is granted, except in the case of medical emergencies (see para. 11.2 above).

12.14 All area leave will be subject to the provisions of Section 17 (Leave of Absence) of the Mental Health Act, 1983. A section 17 leave form must be completed by a member of the nursing staff in triplicate and signed and dated by the patient's Responsible Clinician or, in their absence, the covering Approved Clinician (AC) or higher specialty trainee strictly in accordance with 12.2 above. The form must include the date, time of departure and return of the planned leave, the destination and purpose of the leave, appropriate details of the escorting staff and any other special conditions. One copy of the leave of absence form will be given to the patient, a copy will be retained by the ward and another kept in the patient's notes.

12.15 The nurse in charge (NIC) must ensure that a Section 17 Daily Leave Risk Assessment- Secure Services (See Appendix 3) – has been completed and the patient's name and their description has been entered in the Security book, the 24-hour report book and the continuation sheet has been documented accordingly giving the time and date of the patient's expected return from leave. The NIC is also responsible for ensuring that reception staff are informed that the patient is leaving the ward to report to main reception with their leave

form. If the patient has a mobile phone, they should be encouraged to take this on Section 17 leave to enable them to contact the unit and vice versa if any problems arise.

12.16 The NIC has the discretion to cancel or suspend, for clinical or security reasons, section 17 leave which has already been agreed and signed off by the RC (i.e. if any risks associated with the patient having leave have changed). The reasons for this decision must be recorded in the patient's clinical notes and the RC informed about this decision.

12.17 Each patient who is eligible for external leave of absence (area or perimeter) will be identified by a photographic leave pass, which will be retained by reception staff. This pass will contain the following information.

- A photograph of the patient
- The pass number
- The patient's name
- The originating ward

Reception staff will be responsible for checking the leave pass against the patient's leave form, recording that the patient is on leave and for documenting the time of return to the unit by the patient. .

12.18 Patients taking unescorted external leave must present themselves at the reception lobby. An entry system shall be operated by reception staff who shall, provided that a call has been received from the ward, allow the patient into the reception lobby. The patient will then transfer their S.17 leave form to reception staff via a sliding bank transfer point. .

12.19 Once the leave authorisation form has been checked against the patient's leave pass, it will be returned to the patient who will then be allowed to exit the airlock into the front reception lobby and leave the building. The patient should retain their copy of the leave form for the entire duration of the leave and, if necessary, show it to a police officer if requested to do so.

12.20 It will be the responsibility of ward staff to monitor timing and usage of all leave and to conduct searches of unescorted patients returning from leave in association with security staff (Refer to Search policy SSOP 22). By monitoring and control of the main gate it will be possible for reception staff to report the arrival of patients returning from area leave to their respective wards. This will allow ward staff to assemble in the rear reception lobby in good time to greet the returning patient and conduct searches with security staff.

12.21 Any prohibited and restricted items that are found on the person of the patient, during the search, will be dealt with under secure services policy and procedure for storage and recording of property, SSOP 37.

12.22 It is the responsibility of the nurse in charge of the ward to obtain an account of the leave from the patient (and, where applicable, escorting

staff/family/carers) upon the patient's return to the ward. The details must be entered in the patient's nursing record.

12.23 If a patient fails to return from area leave at the designated time, the ward are to contact reception to see if the patient has reported back to the unit, and, if not, then to commence the missing patient procedure. Immediately, the RC, Director of Secure Services and the relevant integrated clinical lead/ charge nurse/sister must be notified as per Trust policy CLP34 and Adverse Incident policy CP3. This will include a CQC AWOL notification form (see Appendix 4).

12.24 In the case of a restricted patient, the Ministry of Justice caseworker will be notified at the first available opportunity by phone and in writing. A detailed account of events and actions taken following the absconding must be recorded in the patient records and report book. All procedures for missing patients will be followed (see below).

12.25 In all cases where home leave has been planned for the patient, this will be discussed with the patient's relatives or carers prior to the leave being taken.

13.0 EMBEDDED UNESCORTED LEAVE

13.1 For some patients it will be appropriate to introduce unescorted area leave in a graded and incremental manner by initially 'embedding' short periods of unescorted leave within a period of escorted leave (e.g. highly anxious patients or patients with a history of absconding). During such periods the patient is not escorted and is not kept in eyesight but the escorting staff member will arrange with the patient when and where to meet up to resume the escorted leave. Such periods of unescorted embedded leave, beginning with as little as 15 minutes, can be built up steadily in duration and/or frequency within the escorted leave period until it considered by the RC and MDT that the patient should progress to a period of full unescorted leave.

13.2 The reasons for prescribing unescorted leave which is embedded must always be documented in the patient's clinical record (i.e. ward round minutes). Also, the embedded leave period must always be noted in the section 17 leave form.

13.3 Prior to the commencement of the embedded leave the escorting nurse must always conduct a risk assessment prior to leaving the patient alone (this will be in addition to the daily leave risk assessment – appendix 3 – which has already taken place before leaving the hospital). If there are any concerns the escorting nurse should not proceed with the embedded leave. At its conclusion, as soon as they meet up again, the escorting nurse should assess the patient and obtain an account of the embedded leave from him / her, enquiring about any problems / difficulties / incidents that befell the patient during the unescorted period.

13.4 The de-briefing account of the patient's embedded unescorted leave

period must be included in the leave report completed in the nursing record (see 12.22 above).

14.0 MISSING PATIENTS

14.1 In all cases the missing information form for the Police must be completed and sent to Police as soon as possible after notification of a missing patient.

14.2 In the event of patient failing to return from a period of ground (or perimeter) leave at the designated time, the security nurse will immediately inform the nurse in charge and a ward search will be carried out. A search of the unit and the grounds, together with a review of CCTV cameras and recordings, must commence in the first instance. In all such incidents the Missing Person Trust wide Policy and ProcedureCLP34/CLPG34 should be followed. Where such procedures lead to the conclusion that the patient is missing then a CQC AWOL notification form must be completed and sent by the Nurse in Charge (see Appendix 4).

14.3 All missing patients from Secure Services are treated as high risk.

14.4 Following each incident of a patient going missing, the situation will be fully reviewed by the MDT and senior staff of the unit at the earliest opportunity.

15.0 RESPONSIBILITIES

15.1 It is the responsibility of the Responsible Clinicians and Ward Staff to ensure that this protocol is followed.

15.2 No changes to this protocol shall be undertaken without the authorisation of the Secure Services Management Group.

16.0 IMPLEMENTATION

16.1 The Senior Managers of the Secure Services will ensure that these Procedural Guidelines are followed for all patients' leaves.

END