RESTRICTED information

AWOL Notification reference:

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

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

Completing this form

SAMPLE - DO NOT USE

Please use this form to notify CQC of any absence without leave (AWOL) of a person who is detained, or liable to be detained[1], 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 '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**

SAMPLE - DO NOT USE

PART 1

A. Detaining or responsible authority*

Name of provider organisation:		
Address		
Name of ward:		
Security level (tick **ONE** appropriate box)	Low Secure	☐
	Medium Secure	☐
	High Security Hospital (i.e. Ashworth, Broadmoor or Rampton Hospital)	☐

B. Details of absent patient

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

C. Details of absence without leave*

Date absence began:	
Time absence began:	

(tick **ONE** appropriate box)	Failed to return from authorised leave	☐
	Absented him or herself from hospital	☐
	Absented him or herself during escorted leave	☐

Does the patient have a history of going absent without authorised leave?	Yes ☐	No ☐

D. Contact information

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

Name:	
Professional status:	
Contact telephone number:	
Date:	

SAMPLE - DO NOT USE

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	☐
	Returned by family members	☐
	Returned by police	☐
	Returned by hospital or other staff	☐
	Other	☐ (please specify below)

F. Contact information

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

Name:	
Professional status:	
Contact telephone number:	
Date:	