READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	**ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE**		
DATE:	**5 NOVEMBER 2015**	**AGENDA ITEM:**	**13**
TITLE:	**SCRUTINY REVIEW INTO THE INCREASE IN MENTALLY ILL ABSCONDERS FROM PSYCHIATRIC HOSPITALS**		
LEAD COUNCILLORS:	**COUNCILLOR HOSKIN, EDEN & STANFORD BEALE**	**PORTFOLIO:**	**ADULT SOCIAL CARE & HEALTH**
SERVICE:	**ADULT SOCIAL CARE**	**WARDS:**	**BOROUGHWIDE**
LEAD OFFICER:	**MELANIE O'ROURKE**	**TEL:**	**0118 937 4053**
JOB TITLE:	**HEAD OF ADULT SOCIAL CARE**	**E-MAIL:**	**melanie.o'rourke@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report introduces the output of scrutiny work undertaken by a task-and-finish group set up by this Committee at its meeting on 29 June 2015 (Minute 11 refers), to look at the increase in mentally ill absconders from psychiatric hospitals and in particular from Prospect Park Psychiatric Hospital in Reading.

1.2 The scrutiny group visited Prospect Park Hospital on 14 October 2015 where they visited wards and took part in a question and answer/feedback session with staff at the hospital.

1.3 The group's report is attached at Appendix 1.

2. RECOMMENDED ACTION

2.1 That the ACE committee note the findings of the scrutiny work undertaken by the task and finish group including the clarity of local performance.

3. POLICY CONTEXT

3.1 Articles in the press, notably in The Times on 15 May 2015 and The Reading Chronicle on 28 May 2015, highlighted the increase in the number of mentally ill patients absconding from care. It had been reported that more than 15,300 mentally ill patients had walked out of hospitals in the previous four years and that the Berkshire Healthcare NHS Foundation Trust had seen an increase of 572% in absconding, from 18 to 121, between 2011 and 2014. In fact a mental health patient absconded or left a Berkshire psychiatric ward without permission on average of once every 36 hours according to Foundation Trust data.

3.2 In addition to what had been reported in the press the Council has received correspondence from a resident of the Borough who had a keen and personal interest in the issue, which had been circulated to the Chair of the Committee

and the Lead Councillors for Adult Social Care and Health. Concern had also been raised by local Ward Councillors.

4. OUTLINE OF THE WORK UNDERTAKEN

4.1 The scrutiny task and finish group initially scoped out the remit of the review and devised a series of questions that were posed to Berkshire Healthcare Foundation Trust in advance of the visit to Prospect Park Hospital.

4.2 The visit included a question and answer session with Kenny Byrne (Inpatient Service Manager) & Reva Stewart (Reading Locality Manager for Mental Health Services) and a tour of two wards:

Daisy Ward – 23 Bed acute admission ward (Aligned to Reading locality)
Orchid Ward – 20 Bed older Adults admission ward (All Berkshire localities)

4.3 The full detail and conclusions of this report can be found in Appendix 1.

5. CONTRIBUTION TO STRATEGIC AIMS

5.1 Corporate Plan priority: safeguarding and protecting those that are most vulnerable.

6. COMMUNITY ENGAGEMENT AND INFORMATION

6.1 The findings of the review will be shared with health colleagues and will be available to all interested parties and the wider community.

7. EQUALITY IMPACT ASSESSMENT

7.1 An Equality Impact Assessment (EIA) is not relevant to this report.

8. LEGAL & FINANCIAL IMPLICATIONS

8.1 The Committee's terms of reference state that the Committee will undertake the health scrutiny functions of the local authority under Section 244 of the National Health Services Act 2006 as amended by Sections 190 and 191 of the Health & Social Care Act 2012.

9. FINANCIAL IMPLICATIONS

9.1 None arising from this report.

10. BACKGROUND PAPERS

10.1 Articles in The Times on 15 May 2015 and the Reading Chronicle on 28 May 2015.

Adult Social Care, Children's Services & Education (ACE) Committee

Scrutiny Review – Mentally Ill Absconders from Psychiatric Hospitals

Report by Task and Finish Group

Membership:

Councillor Hoskin (Chair)
Councillors Eden and Stanford-Beale

Our terms of reference:

To undertake an investigation into the issues behind the increase in the number of mentally ill patients absconding from psychiatric hospitals and in particular from Prospect Park Hospital (PPH) in Reading.

1. Introduction

We were commissioned as a councillor task-and-finish group to carry out this scrutiny review at a meeting of the ACE Committee on 29 June 2015 (Minute 11 refers) following articles in the press, notably in The Times on 15 May 2015 and The Reading Chronicle on 28 May 2015, highlighting the increase in the number of mentally ill patients absconding from care. It had been reported that more than 15,300 mentally ill patients had walked out of hospitals in the previous four years and that the Berkshire Healthcare NHS Foundation Trust (BHFT) had seen an increase of 572% in absconding, from 18 to 121, between 2011 and 2014. In fact a mental health patient absconded or left a Berkshire psychiatric ward without permission on average of once every 36 hours - according to Berkshire Healthcare NHS Foundation Trust (BHFT) data previously received.

In addition to what had been reported in the press the Council had received correspondence from a resident of the Borough who had a keen and personal interest in the issue, which has been circulated to the Chair of the Committee and the Lead Councillors for Adult Social Care and Health. Concern had also been raised by local Ward Councillors.

David Townsend, Chief Operating Officer, (BHFT), attended the Committee meeting on 29 June 2015 and provided the Committee with a verbal report about the issue. He informed the Committee that the figures that had been reported in the press had originated from incorrect information that had been provided by BHFT following receipt of a Freedom of Information (FOI) request. However, the Committee resolved to set up a task and finish group to investigate the issues behind the increase in the number of mentally ill patients absconding from psychiatric hospitals and in particular from Prospect Park Hospital in Reading.

To note, The ACE Committee is responsible for undertaking the health scrutiny functions of the local authority under Section 244 of the National Health Services Act 2006 as amended by Sections 190 and 191 of the Health & Social Care Act 2012. This piece of health scrutiny work was commissioned by the ACE Committee meeting on 29 June 2015.

Patients not prisoners

It must be noted that Prospect Park Hospital is a hospital and not a prison. For persons who pose significant risk to the public secondary to mental ill-health, or those who commit crimes whilst mentally unwell, the forensic services are used to nurse and treat these patients. Prospect Park, nor indeed Berkshire Healthcare Trust, hosts any forensic units. The forensic contract for the Thames Valley sits with Oxford Health Trust and mentally disordered offenders from Berkshire are referred to this service and treated there. The level of security in a forensic unit far outweighs that which can be found on an open admission ward. There are also significant restrictions in place on those patients detained under a forensic section of the Mental Health Act (MHA). An example would be that of the authorised use of leave, even when escorted. For those patients detained under a forensic section, leave arrangements must be authorised by the Ministry of Justice unlike those detained patients on an open admission ward where leave is authorised by the Consultant Psychiatrist. The highest risk mentally disordered offenders are treated in Broadmoor Hospital which has a nationwide catchment area.

Informal patients can leave a ward in Prospect Park when they choose to. They can also discharge themselves against medical advice. In cases when a patient who is informal and wishes to leave but concerns are noted by the clinical team in relation to their risk to self and/or others, there are safeguards in place that the Inpatients team can exercise. In these cases every registered nurse in the hospital has the ability to formally detain the patient to the ward pending full assessment by a mental health team. Equally, every doctor in the hospital also has the power to apply an emergency section pending full assessment.

For those patients who are formally detained to Prospect Park Hospital, the majority of these sections are under Section 2 of the MHA. Section 2 lasts for up to 28 days and is considered an assessment section. Patients on these sections may not have been previously known to the service or, if previously known, may be presenting with a disorder which has not previously been recorded (e.g. somebody previously admitted with depression and now experiencing a manic episode.) It is unusual for the section to run a full 28 days and assessments, and indeed treatment of all illness, are usually undertaken much more quickly. Often those admitted under Section 2 MHA will have their section discharged prior to the 28 day period as they are either now more aware of the need for treatment and consenting to such or no illness has been detected and they are discharged from hospital. The latter is more often seen with a person admitted with a drug induced psychosis where they may be initially acutely unwell but become asymptomatic relatively quickly. The average length of stay for all adult patients in the hospital acute mental health services is 29.5 days.

In order to understand the statistics it is important to define the difference between being Absent without leave (AWOL) and absconding.

Definitions:

Absent without leave :

Definitions used
Section 18 of Mental Health Act: Patients are considered absent without leave (AWOL) in various circumstances.

- Having left the hospital in which they are detained without their absence being agreed.
- Have failed to return to hospital at the time and date required by the conditions of their leave under Section 17.
- Are absent without permission from a place where they are required to reside as a condition of leave

(Mental Health Act 1983)

Absconding :

"…A person has absconded if she/he has let the inpatient unit of refuses to return from escorted leave without prior arrangement"

(BHFT)

2. Scope

We began the review with a scoping meeting on 14 September 2015 at which we agreed that the review would have the following aims/seek to find answers to the following questions:

1. Obtain the correct figures/statistics and analyse before the visit to the hospital;

2. What are the reasons for the apparent increase in the number of mentally ill patients absconding from care? Has smoking ban on the site had an impact?

3. Understand the reasons for absconding and what patients are absconding, is it patients who are awaiting discharge from hospital – obtain a breakdown so that a true picture is given;

4. Look at the reporting of national returns – has this changed recently;

5. Identify the risks both for the patient and for the public;

6. Ascertain what is happening to the patients – have there been changes to treatment/care;

7. Find out what the hospital's response is and decide if it is proportional based on the case and the circumstances;

8. How does the hospital 'step patients down';

9. What progress has been made since the issue appeared in the press and what measures have been put in place to address the issue, for example, is there an Action Plan.

3. Data Analysis

We received a Briefing Paper, produced by Andrew Burgess, Locality Director - Head of MH In-Patient Services, Prospect Park Hospital, prior to the visit. A copy of the Briefing Paper is attached to the report at Appendix 1.

4. Visit to Prospect Park Hospital

A visit to Prospect Park Hospital was arranged by Andrew Burgess, Head of MH In-Patient Services, on 14 October 2015 and was hosted by Kenny Byrne, In Patient Service Manager and Reva Stewart Interim Head of MH Community Services. The visit included the following:

- Initial question and answer session to clarification anything from the Briefing Paper previously provided by Andrew Burgess;

- Visit to Daisy Ward – 23 Bed Acute Admission Ward (aligned to Reading Locality) and a meeting with Albert Zvenyika, Ward Manger, and the team on duty;

- Visit to Orchid Ward – 20 Bed Older Adult Admission Ward (aligned to all Berkshire Localities) and a meeting with Nicky Holmes, Ward Manager, and the team on duty;

- Final question and feedback session with Kenny Byrne.

5. Findings

5.1) Obtain the correct figures/statistics and analyse before the visit to the hospital;

The briefing paper describe that the data used by The Observer on 28th May 2015 was inaccurate as they had only used data in 2010/11 covering 2 months and not the whole year

The data presented in the briefing demonstrates that there has been a reduction in the number of people who are recorded as going AWOL as reducing, and the number of people who have absconded as increasing. It should be noted that the data includes patient numbers for the whole of Berkshire and not just Reading data.

The reason for the high number of absconders was attributed to two main factors:
1. The high figure in 2010/11 is reflective of the environment in which people were detained under the Mental Health Act, which included ward 10 at Wexham Park hospital which was in a tower block, and meant having to leave the ward to get fresh air / have personal space, which is good for any person's wellbeing.

The increase was attributed to more vigilant recording, particularly of those in hospital in a voluntary capacity. The task and finish group were advised, that

more vigilant recording should not be discouraged as this allows the trust to understand the service they provide and how they can ensure that people's stay within an acute mental health setting is as appropriately cared for and safe as possible.

5.2) What are the reasons for the apparent increase in the number of mentally ill patients absconding from care? Has smoking ban on the site had an impact ?

As described above there are a number of reasons for patients absconding. The smoking ban on PPH only came into place from 01st October 2015. As the site visit was taken on 14th October 2015, it is too early to say whether this has had an impact.

As described above there are a number of reasons for patients absconding. The smoking ban only came into place from 01st October 2015. As the site visit was taken on 14th October 2015, it is too early to say whether this has had an impact.

5.3) Understand the reasons for absconding and what patients are absconding, is it patients who are awaiting discharge from hospital – obtain a breakdown so that a true picture is given;

The original report highlighted a number of reasons as to why a patient may leave the ward or fail to return without permission. Long delays in waiting for housing or placements may also be a contributory factor.

Patients who may have passed the acute phase of their illness may be left in situations where they are then waiting for some type of accommodation prior to being able to be discharged. This case increase levels of boredom or frustration and prompt the patient to exit the ward without permission of fail to return.

Often these AWOLs or absconding episodes are accompanied by the consumption of alcohol or illicit substances which can be challenging to manage on return from unauthorised leave periods. Often, the only options available to staff is to either further restrict liberties or discharge prior to discharge arrangements being fully completed. This may include discharging patients to no fixed abode if they are informal, have capacity to make an informed decision but the behaviour they are displaying, which may include violence and aggression toward staff when under the influence, cannot be tolerated on an open admission ward. These patients would not fit the criteria for PICU as would be informal and are in requirement of housing, not treatment of a mental disorder.

5.4) Look at the reporting of national returns – has this changed recently;

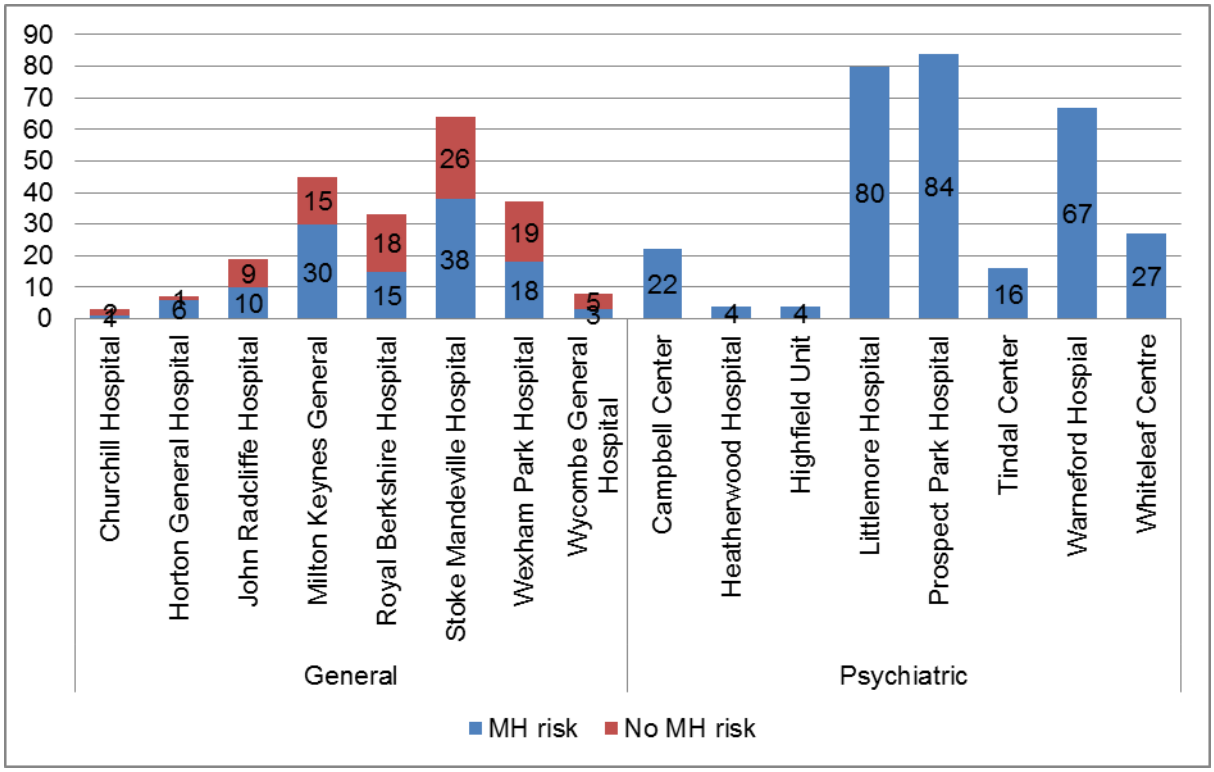
BHFT explained that data was only kept locally, and not part of a national return to NHS England; this meant that it has been extremely difficult to obtain benchmarking data to compare activity.

The only comparable information available to BHFT is that of Oxford Health Trust via the information supplied by Thames Valley Police in relation to missing persons

Thames Valley Police provided data in relation to AWOLS and those absconding from various hospitals in the Thames Valley over the 2014/2015 reporting period.

These patients are recorded as missing persons by the police. This detail is noted in the table 1 below:

Table 1 – TVP Missing Persons reported from hospitals within Thames Valley



PPH appears to be an outlier with regards number of patients being reported as missing from hospital in relation to other mental health hospitals. PPH hosts 94 acute admission beds and 14 **Psychiatric Intensive Care beds** (PICU) = **108 beds**.

The number of acute admission and PICU beds between Littlemore, Tindell Centre (which moved during the year to become Whiteleaf Centre) and Warneford hospitals is 95 acute admission beds and 13 PICU beds = **108 beds**.

It must be noted that all sites noted above have more services attached to them then just acute admission and PICU services. These include Older Peoples Mental Health, rehabilitation and forensic units. However the number of AWOLS expected from non-acute admissions or PICU services is negligible secondary to client caseload and security measures in place in these areas. Therefore, for the purpose or an educated comparison both the Oxford Health Services and Berkshire Healthcare Services, a conclusion would be that the vast majority of all AWOLs and patients absconding would be from one of the 108 acute admission or PICU beds. It is also safe to assume that both Trusts manage their bed occupancy at 100% at all times.

Using the number of missing persons reported from Berkshire acute mental health services and the total reported from the Oxford acute mental health services it would suggest that Prospect Park is not an outlier with reported missing persons as their 108 beds are on the same site whilst Oxford's services are spread over three sites.

The total number of Oxford Health patients being reported as missing is just **in excess of 125%** of the Berkshire total, with 190 patients being reported as missing to the police when compared to 84 reported from Prospect Park Hospital.

Even giving some flexibility in the numbers who may have been reported missing from forensic or rehabilitation services within the Oxford Health catchment area, it would still appear that Oxford Health have significantly more incidents of patients missing from their mental health wards than we see in Berkshire.

It is recognised the figures TVP have reported differ from those BHFT reported in relation to AWOLs/absconding. This would be in relation to the police not always being notified if a patient goes AWOL or absconds. An example would be if they were returned or returned independently prior to the report to the police being generated.

5.5) Identify the risks both for the patient and for the public;

The majority of patients at Prospect Park Hospital are there voluntarily, rather than under a Mental Health section, as they want to get better and receive the right care and support to do so. Two case studies below demonstrate the types of reasons that people leave the hospital:

Case studies

Below are some case studies which give an example of when a member of staff reports a patient either AWOL or reports that a person has absconded. The studies are true but have been anonymised to maintain confidentiality.

AWOL – patient detained under MHA section

Patient had agreed home overnight leave. He was due to return to the ward at 14:30. He failed to arrive and staff contacted him on the phone. He refused to return stating he was enjoying himself at home. Two members of staff went to the patient's home address to persuade him to return but he continued to refuse stating he would only return with his carer later. Staff discussed with the ward team and inpatient management. He was mentally stable; receiving no oral medication but due his deport injection (long acting medication) the next day so did need to return. Patient given benefit of doubt and staff withdrew. Patient returned to ward at 17:00 on same day with his carer as he had agreed to. Had he failed to do so an alternative plan was ready to be executed to ensure his return to the ward.

Absconding patient detained under MHA section

Patient noted not to have been on the ward during checks (level 3 – four times an hour). Believed to have jumped garden fence at approximately 10:15. AWOL procedure started following local search. At 15:00 call received from reception saying patient had presented asking to return to ward. The patient was collected by staff. Patient couldn't explain what led them to jumping the fence, only that they had felt overwhelmed but also then felt the need to return to the ward. Had self-harmed whilst absent and steri-strips applied.

Absconding patient detained under MHA section

Patient was admitted to ward. Acutely unwell and highly agitated. Very angry that he could no longer smoke as when last admitted could smoke in garden. Following initial assessment patient took self to garden and jumped fence. Considered 'high risk'. All relevant parties notified. Found by police. On returned to ward, assessed by and transferred to PICU as risk of absconding remained high.

Missing person – Informal

Patient noted missing from ward at 21:15. Chair noted in garden by fence and other patients reported seeing patient using it to exit ward. Procedure started and at 22:50 notified by Thames Valley Police they have located the patient. Behaviour is likely to be secondary to pending discharge date. Reviewed by team next day. Discharged as per plan. No requirement for on-going hospitalisation.

5.6) Ascertain what is happening to the patients – have there been changes to treatment/care;

There have been no changes to clinical care at PPH. Bed occupancy rates have remained high (95 – 100%). Additionally all wards available at PPH are not in use, increasing from 2 – 4. This impacts on the number of patients in the hospital at any one time.

5.7) Find out what the hospital's response is and decide if it is proportional based on the case and the circumstances;

The attached report describes the measures that have been put in place to reduce the number of patients who abscond or go AWOL.

5.8) How does the hospital 'step patients down';

This is done through weekly multi – disciplinary ward rounds.

5.9) What progress has been made since the issue appeared in the press and what measures have been put in place to address the issue, for example, is there an Action Plan.

The report notes a number of initiatives that have been put in place to manage this issue.

6. Conclusions

BHFT has put clear measures in place to manage this issue, which appear to have had a positive impact on performance.

Although out of scope, there were a number of observations from the Task and Finish group which were felt to be worthy of note.

Safe Wards initiative:

During our tour of Orchid Ward we were told that they were the first ward to adopt "safewards". This approach ensures that person centred care is delivered at

all times, and that staff work with patients in a way that reduces distress and optimising good quality care. This included prompts and statements such as:

- Reassurance
- Discharge messages on the tree
- Bad news mitigation
- Positive words
- Soft Words
- Calm down methods
- Mutual help meeting
- Know each other (this would be the hand prints with information on Name, Role, Country, likes
- Talk down methods
- Clear mutual expectations (drawn up by staff and patients)

More information can be found about this approach by visiting www.safewards.net

Bed management / delayed discharges:

The staff team described the continual demand on beds, and the fact that discharges from hospital are key to ensuring the beds are effectively used to support the greatest number of people who are acutely unwell.

Reading Borough Council have started to work with housing colleagues to address housing issues for individuals at the point of discharge.

Further work has been agreed to identify those people detained in hospital who have housing needs at the earliest possible moment to support timely discharge.

There is clearly learning from the way that health and social care support discharges from hospital at the Royal Berkshire hospital, which will be developed to ensure that the approach is relevant to a mental health setting.

Impact of all Berkshire Place of Safety beds at Prospect Park Hospital:

The Mental Health Act gives police powers to take people who appear to be suffering from a mental disorder to a 'Place of Safety' (POS) for assessment for up to 72 hours – in the interests of the health or safety of the person or the protection of the public. After assessment the person will either be taken to hospital if not already there and detained under another section of the Mental Health Act, admitted informally or released.

For the whole of Berkshire there are 3 health based place of safety rooms in which people can safely be detained. These are all situated at PPH.

When the first Place of Safety is required, there is a necessity for 3 members of staff to support the individual. This is due to the unpredictable nature of the patient who has been placed there.

When a second POS is in use a 4th member of staff will be required and if the last POS is opened a further 3 members of staff needed to nurse the individuals. The

use of POS can therefore require up to 7 members of staff at any one time to ensure the safety of the patients and others.

Although the hospital employs some staff specifically for the use of POS, some of the staff are redeployed from the acute wards to provide support which places an additional burden for the remaining ward staff.

The need for a health based place of safety is absolutely necessary, and the task and finish group acknowledged the pressures this puts on the ward staff.

7. Recommendations

7.1 Prior to making recommendations the task force asked BHFT managers what "Good looked like?"

Ideally no person would ever be AWOL or abscond from a mental health hospital. However to achieve this every patient would either:

a) Wish to be in hospital or

b) Be nursed in an environment resembling a high security prison

The nature of mental illness means a good cohort of our client group have no insight into their needs during an acute phase of illness or do not have the capacity to consent to their stay in hospital and the treatment required to support them. The MHA ensures that this vulnerable client group, which have significant restrictions already placed on them, have access to free legal aid and notable regulation to ensure safeguards and basic freedoms are adhered to by healthcare providers.

Nursing a person with a mental illness in a prison, or asylum as the case once was, is backward and only reinforces the fears associated with mental ill health. There is no link, other than public perception, that mental illness is associated with violent crime or indeed other types of crimes. Young men are more likely to commit crimes than those with mental illness but there is no suggestion that all males should be locked up on their 18th birthday and released at 25 years of age to lessen the fear of crime in our communities!

So what would good look like? The key is probably risk assessment. If a detained person goes AWOL was the risk assessment prior to the leave being granted robust enough? What would the risks now be? Was the AWOL something that could have been predicated and does it now further inform the assessment and treatment process. If a person is to go AWOL and the team involved are immediately aware of the risks then that could be considered good. It will inform the next step of the AWOL process; how to relay the information to the police, information as to where the patient might be and good family involvement who may able to assist in return. The same could be said for those who abscond.

The aspiration would be to have the front door open on all admission wards at all times. This is a practice that was in place until relatively recently in healthcare terms and reaching this goal would suggest patients using are services are finding them therapeutic to the point where they have no wish to leave the ward without permission or and wish to return to wards following a leave period.

The nature of mental illness, which is more often complicated with lacking insight, makes this aspiration all the more challenging. However, the gold star of success could be measured by an open door policy.

A realistic drive within the Service will be to see an annual reduction in the overall number of reported patients absconding from inpatient wards. This figure is currently set at 10% and work currently underway to help achieve this target.

7.2 Further recommendations agreed by the task and finish group were;

- For BHFT to continue to capture robust data and learn from themes
- For BHFT to continue to source comparator data to enable local performance to be scrutinised
- For BHFT to monitor the impact of the smoking ban and take necessary mitigation to support those who detain who are smokers
- Recommend that the council and BHFT look at ways of working together to avoid delayed discharge

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

PROSPECT PARK HOSPITAL

PRE-VISIT BRIEFING PREPARED FOR THE RBC MENTALLY ILL ABSCONDERS TASK AND FINISH GROUP

Introduction to Prospect Park Hospital

Prospect Park Hospital opened in the summer of 2003, and replaced the Fairmile hospital near Wallingford, Oxfordshire, where previously patients from West Berkshire were admitted.

The Hospital is PFI funded, and there is a contract with a company called ISS to provide all the Hotel services (catering, cleaning, estates, receptionists etc).

There are currently nine wards open on the site;

- Four Adult Acute admission Wards:
  - Bluebell (Loose alignment to Newbury/ Wokingham area)
  - Daisy (Loose alignment to Reading area)
  - Snowdrop (Loose alignment to Bracknell & WAM area)
  - Rose (Loose alignment to Slough area)

- Two Older Adult Admission wards
  - Orchid- Functional Mental Health ward (All of Berkshire)
  - Rowan- Organic/ Dementia ward (All of Berkshire)

- Other;
  - Sorrel- Psychiatric Intensive Care unit (All of Berkshire)
  - Campion- Mental Health/ Learning Disability ward (All of Berkshire)
  - Oakwood- Community Health ward for the Reading area

The hospital also has the following services on site;

- Trust wide Pharmacy
- ECT Department
- Multi faith hall
- Crisis Resolution Home Treatment Team (CRHTT) for West Berkshire
- Staff library
- Hospital gym
- Hospital Restaurant (Open to all)
- Training rooms
- Administration offices
- Reading Community Mental Health Teams (CMHT)

RBC Task and Finish Group

Review Objectives

A briefing has been prepared for most of the key objectives set out in the scoping framework document.

1) Obtain the correct figures/statistics and analyse before the unit to the hospital;

In order to understand the statistics it would be helpful to explain the definition and terminology used;

1. *Definitions used*
   Section 18 of Mental Health Act: Patients are considered absent without leave (AWOL) in various circumstances.
   - *Having left the hospital in which they are detained without their absence being agreed.*
   - *Have failed to return to hospital at the time and date required by the conditions of their leave under Section 17.*
   - *Are absent without permission from a place where they are required to reside as a condition of leave*

   The police call handlers divide their reports in to two categories;
   - *Absent- A person not at a place where they are expected or required to be*
   - *Missing- Anyone whose whereabouts cannot be established and where circumstances are out of character or the content suggest the person may be the subject of crime or at risk of harm to themselves or others*

   Berkshire Healthcare Foundation Trust (The Trust) uses the following definitions in its policies and procedures;
   - *Absconded- A person has absconded if she/he has let the inpatient unit or refuses to return from escorted leave without prior arrangement*
   - *AWOL- A person is Absent With Out Leave if she/he fails to return from agreed leave at the time expected or is not at the agreed location*

Incorrect figures were released by the Trust to the Times on-line, this was picked up locally by the Reading Observer on 28th May 2015, and also by the Reading Chronicle on 7th July 2015.

The incorrect figures that were released lead to an interpretation that between 2010/11 and 2014, the number of absconsions had increased by 560%. The incorrect data for 2010/11 only covered two calendar months (37) and not the whole year, so the comparison was always going to be flawed because of this.

The correct figures for detained patient going AWOL or Absconding from the Mental Health wards in Berkshire are as follows;

YEAR	AWOL	ABSCONDINGS	TOTAL DETAINED ONLY
2010/11	102	71	173
2011/12	100 -2%	81 +14%	181 +5%
2012/13	63 -37%	49 -40%	112 -38%
2013/14	58 -8%	36 -27%	94 -16%
2014/15	54 -7%	76 +111%	130 +38%

It can be seen that if 2010/11 figures are compared to 2014/15, there has actually been a decrease of 25%. However, there was an increase of 38% when the 2014/15 total is compared to 2013/14.

The numbers during Q1 and Q2 for 2015/16 for detained patients are as follows

Quarter	AWOL	ABSCONDINGS	TOTAL ½ year
Q1	12	18	30
Q2	10	8	18

Both these sets of numbers are below the 2014/15 quarterly averages for both AWOLs and Abscondings.

2) What are the reasons for the apparent increase in the number of mentally ill patient absconding from care? Has the smoking ban on site had an effect?

The reasons for absconding are detailed in further points below.

The cessation of smoking on all wards at Prospect Park started on Thursday 1st October 2015, so this has not contributed to any previous figures.

3) Understanding the reason for absconding, why patients are absconding, is it patients who are awaiting discharge from hospital- obtain a breakdown so that a true picture is give.

Reasons for patient absconding or being reported AWOL can be identified as the following;

- Boredom
- Frightened of other patients
- Feeling trapped and confined
- Household responsibilities
- Miss relatives and friends
- Worried about security of their home and property
- To access drugs and alcohol
- Psychiatric symptoms/in-sightlessness [not recognising that they are unwell]
- As an angry 'response' (perhaps not being granted leave)
- A refusal to engage in treatment

At any one time approximately 40% of all Mental Health inpatients will be detained under the Mental Health Act, this can on occasion rise to 70-80% on a ward. The reason for a patient being detained are that they are a risk to themselves and/or a risk to others and/or at risk of self-neglect if not treated, and that the treatment needs to be given in an in-patient ward. The patient may refuse an informal admission, or due to their Mental Health condition be in-sightless and not recognise that they need treatment. By default this group of patients are most likely to attempt to abscond from a ward.

Most patients who are awaiting discharge will usually be well enough to have unescorted leave from the wards and not go AWOL or abscond.

How do patients abscond?

The most common routes of absconding are;

- Leaving when doors are opened by staff
- Forcing doors open
- Climbing over garden fences
- Barging past staff entering a ward
- Running off on an escorted walk.

4) Look at the reporting of national returns- has this changed recently?

We are not aware of any national report being produced with this information within it on a Trust by Trust basis; however the Trust would welcome the opportunity to review the information should a report be found.

The only comparable data we have is through comparing a neighbouring Trust with BHFT, which indicated our missing patient levels are lower.

5) Identify the risks for the patients and the public

The risks present when a patient is missing (either AWOL or absconded) can be very variable. They will include one or more of the following;

1. Risk of Self-harm (For example, buying over the counter medications or razor blades)
2. Risk of harm to others (Family members for example)
3. Risk of harm form others (safeguarding issues)
4. Risk of exacerbation of Mental health symptoms/acting on them (rare)
5. Risk of overdosing with drugs and alcohol which may also exacerbate their mental health
6. Risk of mental state detraining or not receiving prescribed medication

6) Ascertain what happens to the patients - have there been changes to treatment/care?

The In-patient treatment of mental health in-patients has not had any major changed which can be associated with more patients absconding or going AWOL

Indeed there has been an increase in, for example, therapeutic activities for patients both on and off the ward environments in the past few years, thus ensuring that each ward had a therapy programme;

- OT and OT Assistants on each ward
- Off ward therapy programme in the Therapy centre and the therapeutic gym
- Weekend therapeutic programmes

Other initiatives to decrease the level of absconding include;

- All wards now have the business cards that have been deigned to give information to help support patients to keep their leave time period and return on an agreed time. Additionally, it provides opportunity for those

patients who are on leave to contact their ward when they are in crisis or equally patients have the opportunity to inform the wards about a possible delayed return to the ward (the ward contact number is available on the business card)

- The Acute wards have addressed their methods of signing patients in and out of the wards
- Bluebell ward had a trial with opening the front door (this has stopped at the moment)
- Safe wards implementation has been successful and has strategies to reduce conflict (which is often related to containment)
- Policy adjustments to ensure more accurate reporting of patients going AWOL or absconding. The change in policy and incident reporting has led to better clarity if patients are AWOL or absconded where previously these have been confused.
- Computer screenshots promoting documentation of AWOL and identification of AWOL risks

7) Find out what the hospital response is and decide if it is proportional based on the case and the circumstances.

Prospect Park Hospital and the Trust take its responsibility regarding missing patient seriously. We aim to strike the balance between safety and maintaining autonomy and liberty and ensuring a therapeutic culture rather than a custodial environment.

Further initiatives to try to reduce absconding/AWOLS:

- Tightened the function and process for having dedicated member of staff out on the wards at all times (not just “out on the ward” but focus on caring, inquisitive and vigilant staff in particular help with this). Intermittent and general observations are undertaken by every member of nursing staff including the ward manager between 9-5.
- Extra vigilance of the outside garden/courtyard areas.
- Monitoring all patients for depression and hopelessness- especially where there has been the express of self-harm and in the context of drug induced states. Implement regular slots in staff meetings where staff can discuss and reflect on physical and relational security issues. This included as a minimum: discussion of boundaries, therapy patient mix, patient dynamic, patient personal world and, physical environment.
- Robust MDT risk assessment and management plans on admission to focus on reducing AWOL and absconsions.

- Implement anti-absconding interventions all staff to complete the workbook (Training sessions, Rule clarity, signing in and out book, identification of those that are at high risk of absconding (targeted nursing time for those at high risk), promoting contact with family and friends, promotion of controlled access to home, careful breaking of bad news, post incident debriefing, MDT review following absconds).
- Continue to implement and embedding of the safe wards: http://www.safewards.net/
- Embed into existing ward governance mechanisms
- Identification of ward absconding reduction lead to champion the interventions.
- Absconding reduction a standing agenda item at ward teams meetings and at supervision of ward manager.
- Monitoring of training/workbook completion. Including into ward induction for new staff.

The internal monitoring of missing patients is undertaken in a number of ways:

1. Every AWOL and absconsion is notified to the CQC at the time it is recorded on the Trust DATIX incident reporting system.
2. The improvement plans are monitored monthly at PPH and quarterly at Executive level.
3. Trust Quality Accounts are published each year and these report numbers recorded each year.
4. Benchmarking with similar Trusts and population has indicated our levels are 50% lower.

8) How does the Trust 'step down' patients?

Multi- disciplinary ward review meetings occur every week, where each patient is reviewed. The reviews will consider the following:

1. The patient mental state (improvement or not)
2. Current presentation and behaviour on the ward
3. Compliance/adherence to treatment
4. Level of risk to self or others
5. Reports from other clinicians
6. Feedback from relatives/carer
7. Outcome of specific clinical assessments undertaken

At some point during a patient's admission, considering the above issues, a balanced risk will be taken to allow a patient leave from the ward. This leave may be;

- A short escorted work off the ward
- A short period of unescorted leave from the ward
- Leave with a relative during the day
- Overnight leave with relatives
- Overnight leave on their own
- Longer period of leave over a weekend or during the week

Patients will be given specific information on support whilst they are on leave, which may be dependent on the reason for admission (such as don't consume alcohol, or use drugs) as well as what time to return to the ward. Detained patients will also have a formal form completed by their consultant (Section 17) stating the above information.

It is identified that this is a high risk time for patients, so there is careful clinical decision making undertaken, with the involvement of the full clinical team, and involving those who know the patient well (relatives), However it is in the patient's best interests that a decision is made. Not all patients will be granted leave, as they need to move into more secure in-patient environment, and this is a high risk group for absconding.

9) What progress has been made since the issues appeared in the press and what measures have been put in place to address the issue, for example, is there an Action plan?

As noted previously in this report there are a number of initiatives in place to reduce absconding on an on-going basis.

Councillors will be able to ask questions on the contents of this briefing during their visit to Prospect Park.

Prepared by
Andrew Burgess, Head of In-Patient Services
Prospect Park Hospital
October 2015