

PART 1 – PUBLIC

Decision Maker: **Public Protection and Safety Policy, Scrutiny and Development Committee and Adult and Community Policy Development and Scrutiny Committee**

Date: **17th March 2010**

Decision Type: Non-Urgent Executive Non-Key

TITLE: SLAM - Learning from Absconding

Contact Officer: Report Author: Jill Locket – Director – Forensic Services, South London and Maudsley NHS Foundation Trust.

Chief Officer: Terry Rich, Director of Adult and Community Services

Ward: Borough wide

1. **Reason for report**

1.1 The attached report has been received from South London and Maudsley NHS Foundation Trust, following recent Serious Untoward Incidents.

1.2 The object of the report is to advise and re-assure the PDS and residents of Bromley of SLaM's awareness of the risk of patients on leave becoming absconders and the actions that have been put into place to address these risks.

2. **Background**

2.1 On 30th November 2009, Prof, Hilary McCallion – Dir. Nursing and Education, Patrick Gillespie, Service Director and Prof. Tom Fahy – Clinical Director of the Service from SLaM attended a joint meeting of the PP+S and A+C PDS to respond to the concerns following the absconding of a patient over the weekend of 13th November 2009.

2.2 The Joint PDS were advised that a) an investigation was underway around the circumstances of the incident and b) that a review of patient leave from the Medium Secure Unit was also underway.

2.3 Representatives of the SLaM Trust agreed to return to the PDS on 17th March 2010 to report on progress with that Review.

2.4 Members stressed on that occasion (30.11.09) that they would welcome the attendance of the Chief Executive and Chairman of the SLaM Trust at the next meeting (17.3.10).

- 2.5 In the meantime, it was noted that the Director of Adult and Community Services would be invited by SLaM Trust to review the outcome of the investigation of the incident on a confidential basis.

RECOMMENDATION

- 3.1 That PDS Members note the content of the attached report at Appendix 1 as provided by colleagues at South London and Maudsley NHS Trust.

**Bromley Scrutiny Committee
17 March 2010**

Learning from Absconding - January 2009 to end February 2010

1. Introduction

This report provides an overview of serious untoward incidents within the last two years involving cases where patients have left the care of River House medium secure unit (MSU) staff while on leave. The report covers the period February 2008 to 28 February 2010. It also examines the risk management protocols and assessment process in place to support decisions regarding patient leave and the learning from the recent absconding of a female patient..

Granting leave for restricted patients being cared for within medium secure services is an integral part of the process of supporting their rehabilitation and recovery from mental illness and the effects of institutional care.

The ultimate aim of the care and treatment programmes in the South London and Maudsley NHS Foundation Trust (SLaM) medium and low secure services is to minimise or eliminate risk behaviour on discharge to the community. However, there are more immediate benefits to the patient prior to discharge, such as reintegration to the community, access to external vocational and educational resources and building individual confidence and self esteem for independent living in the future.

2. Themes and Learning from Recent Absconding

The report should be seen in the context of public concerns following the absconding of a female patient (PG) on 13th November 2009 from her nurse while on escorted community leave to West Wickham town centre. The patient was arrested and returned to River House on Sunday, 15th November.

The service has continually reviewed relevant policies and protocols from recommendations into untoward incidents. The investigation into the incident this incident highlighted 10 areas of action:

- A review of the procedure for implementing escorted leave for medium and low secure services should be conducted to ensure that procedures are robust. **Update on Action:** Procedures reviewed in December 2009, leading to a new grab pack form. A 'grab pack' is a detailed set of information about every patient being cared for within River House, including an up to date photograph, which can be provided to the police quickly in the event that he / she absconds. The Trust would like to thank Bromley Police (Superintendent Smart and Inspector Smith) for their very helpful involvement in developing the new grab pack.
- Periodic audits on the adherence to leave protocols are carried out to assure the Trust that these are consistently applied throughout services. **Update on Action:** A snapshot

audit on 1st March 2010 indicates full compliance by staff. The complete 1st Quarterly audit on leave protocols is due on Tuesday 16th March 2010.

- That the conduct of the two nurses involved in the allocation and approval of the leave be subject to further investigation in accordance with the Trust Disciplinary policy and procedures. **Update on Action:** Management case completed for a disciplinary hearing in March 2010.
- The current induction and initial training programme for newly registered mental health nurses and health care assistants be reviewed to include training on escorting procedure and intervention skills. **Update on Action:** Medium secure induction programme recently reviewed. First induction programme following the review scheduled for 23rd March 2010. Staff recruited from November 2009 to date exempted from carrying out escort duties until they have received the training.
- An escort competency check list is provided with a view to reducing the risk of error and each member of staff must be assessed on these competencies. **Update on Action:** Checklist approved and currently in use.
- Ward based induction for temporary staff should also be reviewed to ensure that all temporary staff fully understand their responsibilities when undertaking escort duties. **Update on Action:** Temporary staff expected to receive same induction training as permanent staff. This staff group currently exempted from escorting until training is completed.
- Measures designed to assist the police to track and monitor the movement of any absconder from medium and low secure services should be implemented ASAP. They include the use of the 'Buddi' tracker devices and a database of patient's 'Oyster Cards' and 'Freedom Passes'. **Update on Action:** Buddi tracking device in use from 1st March 2010. Database of patients with Oyster Cards and Freedom Pass now held by Head of Security.
- The Trust and the Forensic Service to give appropriate support to the police in their investigation of the conduct of escorting HCA in this case. **Update on Action:** All relevant information including copy of SLAM investigation report shared with the Bromley Police.
- The Trust to advise the NHS Professionals (the provider of approved temporary staff to the NHS) of agency staff misconduct. **Update on Action:** NHSP SLAM coordinator advised in November 2009.
- It is recommended that the escalation protocol is circulated to the secure estate by the Deputy Director and ensure that reporting procedures to Senior Executives of the Trust are adhered to in all future cases. **Update on Action:** Completed on 31st November 2009.

3. Definitions

In October 2009, the Department of Health produced clear definitions for escape and abscond (as these terms were often misused). The new definitions are summarised follows:

Escape - A detained patient escapes from a unit/hospital if he or she
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unlawfully gains liberty by breaching the secure perimeter that is the outside wall, fence, reception or declared boundary of that unit.

Attempted Escape - A failed or prevented attempt by a patient to breach the secure perimeter that in the nature of the incident demonstrated intent to escape

Abscond - A patient unlawfully gains liberty during escorted leave of absence outside of the perimeter of the originating unit/hospital by getting away from the supervision of staff.

Failure to Return – A patient fails to return from authorised unescorted leave.

4. Prevalence

Below is a breakdown of secure perimeter and leave breaches between February 2008 (when River House opened) to present:

Escape - 0

Attempted Escape - 2 (River House roof top access incident and an attempt to breach a bedroom window by the same patient in early 2008)

Absconds

- 5 in 2008
- 8 in 2009
- 2 to date 2010

Failure to Return

- 1 in 2008
- 6 in 2009
- 3 to date 2010 (of these 2 returned of their own accord after 90 mins and 2 hours respectively and are counted as they were circulated prior to their late return)

River House, since opening has had a total of 25 leave related incidents (6) in 2008, 14 in 2009 and 5 thus far in 2010 (see Table 1).

Table 1 : Summary of Perimeter and Leave Breaches in SLaM Secure services

Year	Escape	Attempted Escape	Abscond	Failure to Return
2008	0	2	5	1
2009	0	0	8	6
2010 to date	0	0	2	3

As indicated above the discrepancy in absconds and failure to return between 2008 and 2009 should not be read as an increase (in 2009) as there was a clear period of lower capacity and greatly diminished leave from February 2008 through to the September 2008 following the opening of River House.

Prior to this circulation by the Department of Health, the Ministry of Justice (MoJ) had also issued in September 2007, definitions of the various levels of leave that could be granted to a restricted patient under the Mental Health Act:

- Ground leave - where the patient is permitted to leave the ward but confined to the perimeter fence of the unit.
- Community leave - where the patient is granted access to any location or area outside the perimeter fencing of the unit.

River House medium secure unit opened February 18,2008, with the addition of 89 beds to SLaM's forensic estate.

From January 2009 to end February 2010, there were 9,551 episodes of escorted and unescorted leave in River House medium secure unit (MSU). The percentage of escorted leave was 51% while unescorted leave was 49%.

The total number of incidents of clients absconding from escorted leave or failing to return from unescorted leave during the period 1 January 2009 to 28 February 2010 was 19. This is 0.002% of total leave activity for the period and overall, this represents an incident ratio of 1 in 502 leave episodes.

There is at present no comparative data among our network of medium and low secure services (East London, West London, Oxleas and South West London and St George's NHS Trusts) to benchmark our performance against. However, as the Sainsbury's Centre for Mental Health is about to embark on a research project on "*Pathways to unlocking forensic mental health services* " we will be making representation to them to review occurrences of untoward incidents against overall leave episodes in secure settings.

5. HCR 20 Risk Assessments

SLaM forensic services has a tiered system of risk assessment starting with the brief risk screen to a full risk assessment and the comprehensive HCR-20 tool.

A detailed HCR-20 risk assessment - which can take up to 12 weeks to complete - is undertaken on all patients who are detained within SLaM's medium and low secure services. No patient can be granted leave of absence from the secure environment (other than in an emergency situation) until this risk assessment has been completed. This goes beyond current practice elsewhere. Random audits are undertaken to ensure that the policy is implemented.

Although the HCR-20 risk assessment is required to inform decisions for the eligibility of leave, each patient undergoes another brief assessment to assure staff of the appropriateness to commence leave before leave is agreed.

With regard to repeat offenders, the absconding may be an expression of the client's desire to avoid potential discharge and to control their care pathway. The clinical teams consider the circumstances around the event and inform the Ministry of Justice as necessary. In some cases they may

recommend not to rescind leave allowance but to continue with leave plans. Where leave is rescinded, leave will be reintroduced after further therapeutic work around the event and also evidence of responsible behaviour on the ward.

6. Introducing the “Buddi” tracking system

The Trust took delivery of the first set of Buddi devices on 1st March 2010 and is now being used for patients with moderate to medium risk granted leave outside the perimeter fence. The device is also being used on patients of high risk who have restricted leave to attend court or specialist medical appointments. The Trust successfully piloted the use and development of the technology between September and November 2009 and is assured that the device will compliment the current arrangements for leave management.

The ‘Buddi’ is a state of the art tracking device for use with mental health patients. These tracker devices have a much broader range of capabilities than even the current “tagging” technology used in the Criminal Justice system.

The “Buddi” tracker device enables the location identity and tracking of anyone wearing them to within 50 metres. Monitoring is available 24/7 and all year round. High risk patients may be monitored in real time. The system records and time logs movements so it is possible to track someone’s journey and timescale, at any point in their leave. The devices are tamper proof and alert the monitoring system of any attempt at removal. Exclusion zones and time limits are able to be set through the device monitoring system.

7. Conclusion

The granting of leave is an essential part of the recovery journey for any patient. The Trust uses effective risk assessment tools and has a tiered model for gradually increasing leave over time. For all restricted patients approval of leave has to be given by the Ministry of Justice

Patients detained in hospital are not granted leave unless the doctors and nurses responsible for their care have assessed that they are responding well to treatment. Leave is also granted on a staged basis. The first stage involves leave within the unit with a staff escort. Patients only reach the point of leaving hospital on leave after a thorough assessment process. This includes an assessment of the risk of them absconding and, more fundamentally, of their state of well-being.

The Trust accepts that teams cannot eliminate all risk but is confident that our protocols and tools are reducing risk to the very minimum, with only 0.002% resulting in a breach of approved leave arrangements.

The service considers every incident of abscond or failure to return very seriously and will continue to review its pre-leave assessment protocols with a view to eliminating any leave-associated incidents.

We recognise public concern in relation to safety regarding leave arrangements and continue to welcome visitors to River House to better understand the work we do and our environment of care. Recently Howard Clark, Director General and Executive Chair of the Bromley Community Engagement Forum and Terry Rich, Director of Bromley Adult and Community Services visited our services on separate occasions and reported positively on their experience. Councillors Ellis and Stevens are visiting River House on Monday 8 March 2010 and we have been invited to talk with West Wickham Residents Association about our care management arrangements at the Bethlem Royal hospital.

SLaM Medium Secure Services

4 March 2010