



**Public – To be published on the Trust external website**



**For Informal Patients only – use this policy**

For **Detained Patients** please use "[S17 Leave for Detained Patients Policy](#)"

# Time Away from the Ward for Informal Patients

**Ref: CLIN-0107-v1.3**

**Status: Ratified**

**Document type: Policy**

# Overview Guidance for Taking Time Away from the Ward



The information in this document is for **informal patients** only.

Please see [Section 17 Leave Policy](#) for **detained patients**.

<b>Before Leave</b>	Informal patient has requested leave
	Collaborative discussion of time away from ward and associated risk
	Has the patient been offered a copy of their safety plan which includes leave plan
	Aims of leave <ul style="list-style-type: none"><li>• Recovery focused time</li><li>• Contactable and keeping in touch agreement</li><li>• Lengths of time and purpose</li></ul>
	Agreement to return
	If concerns about time away from the ward are identified <ul style="list-style-type: none"><li>• Discuss with the patient about delaying the leave, or offer to accompany, with their consent.</li><li>• Consider Holding powers under the MHA if not consenting and concerned regarding leave and associated risks.</li></ul>
	Has the patient and/or anyone going with them been given names and contact numbers to maintain contact while on leave?
	Is the Nurse in Charge (NIC) aware of the leave and OK for it to go ahead?
	Is the description of the patient recorded and the leave monitoring form updated?



<b>During Time Away from the Ward</b>	Maintain any agreed support/contact while the informal patient is away from the ward
	If informal patient doesn't return refer to the Missing Patients Procedure



<b>After Time Away from the Ward</b>	Seek patient Feedback on return in relation to journey and recovery
	Seek feedback from family/carers/friends/others with consent of the patient
	Any change to risk will require a review of the safety summary and plan

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## 1 Introduction

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This Policy covers time away from the ward for informal patients. Informal patients have certain rights including the right to leave at any time, supported by protection under the Human Rights Act – Article 5 right to liberty and Article 2 right to life. These rights must be balanced against the Trust's duty of care to informal patients to protect those who may be vulnerable and at risk of harm to themselves or others.

This policy is critical to the delivery of Our Journey to Change (OJTC) and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. The use of time away from the ward as set out in this policy will be a key enabler to this.

In particular this policy supports the trust to co-create a great experience for all patients, carers and families by ensuring that patients have the right to use time away from the ward to support recovery goals, whilst maximising autonomy.

## 2 Why we need this policy

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### 2.1 Purpose

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**The information in this document is for informal patients only. See [Section 17 Leave Policy](#) for detained patients.**

- To offer guidance and support to staff when considering time away from the ward for informal patients
- Defining the roles and responsibilities of clinical staff, patients, and relevant others

### 2.2 Objectives

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This Policy is published to ensure that all staff and informal patients are aware of their responsibilities

- before planning time away from the ward,
- during periods of time away from the ward and
- on an informal patients return

## 3 Scope

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### 3.1 Who this policy applies to

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- This Policy applies to all staff involved in supporting informal patients with time away from the ward

### 3.2 Roles and responsibilities

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Role	Responsibility
Head of Mental Health Legislation	<ul style="list-style-type: none"><li>• Ensuring that this policy is available and follows best practice</li></ul>
MDT	<ul style="list-style-type: none"><li>• Completing assessment of risk and jointly agreed plan of care including time away from the ward</li></ul>
Trust Staff	<ul style="list-style-type: none"><li>• Ensuring that this policy and any associated procedures are adhered to</li></ul>

## 4 Policy

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### 4.1 Duty of Care

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Informal patients are those that are **not** detained under the Mental Health Act. Patients who are not detained have the right to make their own decisions about whether to remain in hospital. This includes decisions about day-to-day activities which may involve periods away from the ward. However, practitioners need to be aware of the Trusts duty of care as it applies to informal patients. There is a responsibility for ensuring that the current plan for each period of time away from the ward is known and that the patient's safety and the safety of others is maintained.

On admission the patient should be given the 'Informal patient's rights' [leaflet](#) which provides information about their admission and their rights and responsibilities in respect of treatment, time way from the ward, observations, sharing information and confidentiality, and who to contact should they have any concerns or complaints.

### 4.2 Process for agreeing time away from the ward

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For informal patients, the period of stay in hospital is negotiated, encouraged, and agreed with them (and, where appropriate and with their consent, relatives, and carers). There will be an assessment of risk and jointly agreed plan of care completed as soon as

possible after the patient's admission, which is subject to review and change. The assessment of risk and plan of care will include the outcome of the discussion regarding time away from the ward between the patient, the ward MDT, and other relevant parties.

The assessment of risk and plan of care should consider:

- The wishes and views of the patients, carer(s) and family involved in time away from the ward .
- The views of the MDT involved in the patients care.
- Risks and benefits to the patient and other people.
- Agreements attached to the leave to ensure the safety of the patient and others.
- Any additional support a patient may need while on time away from the ward .
- Any issues relating to child protection, safeguarding or victims.

The above will be documented in the electronic patient record (EPR). This should include whether the patient agrees with information sharing with family/carers.

The process for agreeing time away from the ward includes any kind of leave, discussed, and agreed with the patient.

Once agreed, informal time away from ward plans will be reviewed regularly with the patient. If there are any concerns about time away from the ward, then please refer to section 3.5 below.

#### **4.2.1 Preparing for time away from hospital**

The Nurse in Charge and/or another registered nurse will be accountable for all leaves and any patients time away from the ward that occur during the span of duty and will therefore be required to be informed of all leave. They may delegate the process to the contact nurse for completion of documents but must approve all periods of leave.

The contact nurse is responsible for a designated number of patients and will therefore have the responsibility of knowing the patient care and treatment, interventions, mental state and risk assessment. Therefore, the contact nurse will discuss their plans before they take any time away from the ward. The contact nurse will complete the relevant forms (see appendix 3), and inform the NIC.

This discussion will also provide an opportunity to explore with the patient their views of any identified clinical risk issues, what coping strategies they could use, who they could contact if they need any support /advice, and any plans made in advance for how to return to the ward if a crisis occurs. There should be an agreed method of how the ward will contact the patient if the need arises.

As part of preparation for leave the delegated responsible person (as above) will ask the patient how they feel about the planned time away from the ward. This discussion will also provide an opportunity to explore with the patient their views of any identified clinical risk

issues, what coping strategies they could use, who they could contact if they need any support /advice, and any plans made in advance for how to return to the ward if a crisis occurs.

There should be an agreed timescale by which the patient would be expected to return to the ward and how the ward will contact the patient if this time passes to ensure the patient is safe and well.

Prior to leaving the ward any accompanying family/carers will be asked (with the patient's consent) if they are happy with any arrangements made and will also be made aware of who to contact should any concerns arise during the period away from the ward.

### 4.3 Documentation

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All time away from the ward, will be recorded in the EPR in the My Leave Plan section of the safety plan and will include a focus on recovery and collaborative care.

Any change to risk will require a review and update of the safety summary and plan.

Any discussion with regards to time away from ward with accompanying family/carers (with the patient's consent) will be documented in the EPR.



Note any patient family / carer contacts should be checked regularly to ensure they are correct and up to date.

The returning time agreed of any leave is recorded on the reverse side of the CARE rounds. The person responsible for the hourly CARE round will check to see if any patient is due to return during their hourly allocated period. They will then monitor to ensure that the person has returned and escalate to the NIC if the patient had failed to return as expected. This is to ensure that there is no delay in reporting when leave is beyond expected time of return.

A leave/time away from the ward monitoring form will be completed prior to any time away from the ward (see example Appendix 3)

### 4.4 On return from time away from the ward

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The outcome of leave should be documented in the patient notes to help future decision making. Multiple periods of leave can be recorded as a summary at the end of a day. Patients, and accompanying people where applicable, should be encouraged to give their views on how leave went. Examples of things to include:

- Whether or not it went well
- Problems encountered

- Concerns raised
- Benefits achieved

This information will be used to inform the assessment of risk, safety documentation, and any subsequent MDT review of time away from the ward plans. Conversations with the patient on return from any time away from the ward are related to the personalised safety documentation.

If the patient refuses to return to the ward despite attempts by the nursing team to encourage them then staff must follow the Trust Missing Patients Procedure which describes the appropriate steps to follow.

## 4.5 Concerns about a patient having time away from the ward

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If the clinical team has concerns about the patient's decision to have time away from the ward as a result of the patient's mental state, ongoing risks, current social circumstances then change to the plan should, wherever possible, be negotiated with the patient such as delaying until the patient is more settled, offering escorted time away from the ward etc. The concerned staff member would have conversations with their colleagues.

If this is unsuccessful and the patient wishes to leave despite the advice of nursing staff, then consideration should be given to the provisions of the Mental health Act 1983. If an assessment for detention under sections 2 or 3 could not be facilitated in the first instance due to the urgency of the situation, then there will need to be consideration of the use of holding powers under Section 5 of the Mental Health Act 1983. Although use of Section 5 is legitimate it should not be used as a threat to deter a patient from trying to leave who is unlikely to meet its criteria.

If an informal patient refuses to accept the advice of the clinical team to delay time away from the ward or to be accompanied and there are no grounds for compulsory detention based on their mental state, then the support of the crisis / home treatment team and /or key worker should be offered. Support from the family/carers should also be considered. The advice given and arrangements made to support the patient should be documented in the EPR. If there has been agreement for communication between family and carers, then family or carers should be informed and made aware that if they have concerns, they can contact the ward or the crisis team.

## 5 Definitions

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Term	Definition
Electronic Patient Record (EPR)	Patient record within PARIS and/or CITO
Multi-Disciplinary Team (MDT)	This is the team who oversee the patient's care. An MDT must be made up of at least 3 people from at least 2 different professions.
Nurse in Charge (NIC)	Each shift there is one nurse who oversees the ward. The Nurse in Charge and/or another registered nurse will be accountable for all leave or time away from the ward that occur during the span of duty. There must be a system in place on each ward to enable the NIC to identify which patients are on leave or having time away from the ward.
Key worker	The qualified professional responsible for co-ordinating a patient's care on a day-to-day basis
Accompanying person	This is not a Trust member of staff. Usually a family member, carer or friend who is accompanying the patient whilst on time away from the ward
Contact Nurse	The contact nurse is responsible for a designated number of patients and will have the responsibility of knowing the patient care and treatment, interventions, mental state and risk assessment. The contact nurse will complete the relevant forms (see appendix 3), and confirm with the Nurse in Charge that time away from the ward can go ahead prior to patient leaving ward.

## 6 Related documents

'Informal patient's rights' leaflet

Missing Patients Procedure

Harm Minimisation (Clinical Risk Assessment and Management) Policy

[Leave for Detained Patients Policy](#)

Bed Management Policy

Admission, Transfer and Discharge Policy

Controlling Access to and Exit from Inpatient Areas

CPA and standard care policy framework

## 7 How this policy will be implemented

- This policy will be published on the Trust's intranet and external website
- Line managers will disseminate this policy to all Trust employees through a line management briefing.

### 7.1 Implementation action plan (do we need to update)

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
Trust webinars	Inform staff of changes to recording and guidance	Within 1 month after policy implementation	Group Medical Director DTVF	Minimum 3 webinars to be held
Standard templates for recording time away from the ward will be shared with all inpatient services.	To have a standard template for staff to follow.	Once approved	Associate Director of Nursing	Standard templates shared.
Policy distribution via weekly bulletin	Staff informed	Once policy approved	Policy Team	Included in bulletin

### 7.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Clinical staff	MHA eLearning	3 hours	Every 2 years

## 8 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Ensure key requirements of the policy are being followed	Audit through Clinical Audit and Effectiveness team every year	Results reviewed in each Care Group governance meeting and reported at Executive Quality Improvement Group
2	Various aspects of the time away from the ward and associated leave plan	QA tools to include time away from the ward monthly	Results reviewed in each Care Group governance meeting and reported at Executive Quality Improvement Group

## 9 References

Mental Health Act Code of Practice

## 10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	21 January 2025
Next review date	30 September 2026
This document replaces	Time Away from the Ward for Informal Patients CLIN-0107-v1.2
This document was approved by	Chief Nurse (v1.3 approved for immediate publication)
This document was approved	23 December 2024 (v1.3 approved for immediate publication)
This document was ratified by	Management Group
This document was ratified	21 January 2025 (retrospectively ratified)
An equality analysis was completed on this policy on	16 June 2023
Document type	Public
FOI Clause (Private documents only)	NA

### Change record

Version	Date	Amendment details	Status
1	23.05.23	Creation of new policy document	Draft
1	26.03.23	Amendments following review of draft	Draft
1	19 July 2023	New document created by splitting "Leave of absence under s17 MHA 1983 and time away from the hospital MHA-0003-001-v2.2" into <b>two</b> separate documents:  "MHA-0003-001-v3 <b>Leave for Detained Patients Policy</b> " and  "CLIN-0107-v1 <b>Time Away from the Ward for Informal Patients Policy</b> " (this document).	Withdrawn

1.1	01 Aug 2023	<p>Minor amendment to “Appendix 3 - Example leave/ time away from the ward monitoring form” to include “Time Due Back”.</p> <p>Approved for immediate publication by Chief Nurse to manage clinical risk – recording of when patient is due back on the ward from leave/time away from the ward. To go to MG for information and formal retrospective ratification 16 August 2023.</p>	Withdrawn
1.1	Jul 2024	Review date extended from 19/07/2026 to 30/09/2026	Withdrawn
v1.2	10 Sep 2024	<p>Changes to terminology.</p> <p>Update “Overview Guidance” - change of terminology on page 2 to reflect changes to roles.</p> <p>Section 4.2.1 - Updated to reflect the roles and responsibilities of the Nurse in Charge (NIC) and Contact Nurse.</p> <p>Section 4.3 - Updated to strengthen the role of the person responsible for the CARE round.</p> <p>Section 5 - changes made to the Nurse in Charge (NIC) role and added the role of the Contact Nurse.</p> <p>Section 7.1 - Changed the (webinars) action owner; and added action to standardise template for recording of time away from the ward.</p> <p>Appendix 3 – Example leave/time away from the ward monitoring form - updated</p>	Withdrawn

v1.3	23 Dec 2024	<p>Leave/ Time away from ward monitoring form updated to add an example on the form for staff reference and a column has been added for 'contact card provided' to prompt staff to action this at each leave/time away from the ward. All changes are to mistake proof and are already covered in the policy.</p> <p>(Approved for immediate publication by Chief Nurse 23 Dec 2024 – retrospectively ratified at MG 21 Jan 2025)</p>	Published
v1.3	21 Jan 2025	Retrospectively ratified at MG 21 Jan 2025 – document control and footer amended to reflect this. Note – no content change.	Ratified

## Appendix 1 - Equality Impact Assessment Screening Form

Please note: The Equality Impact Assessment Policy and Equality Impact Assessment Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Quality & Risk Nursing Directorate
Title	Time Away from the Ward for Informal Patients
Type	Policy
Geographical area covered	Trustwide
Aims and objectives	<p>To offer guidance and support to staff when considering time away from the ward for informal patients</p> <p>Defining the roles and responsibilities of clinical staff, patients, and relevant others</p> <p>Objectives</p> <p>To ensure that all staff and patients are aware of their responsibilities</p> <ul style="list-style-type: none"> <li>• before planning time away from the ward,</li> <li>• during periods of time away from the ward and</li> <li>• on a patients return</li> </ul>
Start date of Equality Analysis Screening	04 May 2023
End date of Equality Analysis Screening	16 June 2023

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	This policy benefits all informal inpatients who wish to take time off the ward. It will also provide a safe, quality framework for staff to support collaborative assessment and safety planning
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	<ul style="list-style-type: none"> <li>• <b>Race</b> (including Gypsy and Traveller) <b>NO</b></li> <li>• <b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities) <b>NO</b></li> <li>• <b>Sex</b> (Men and women) <b>NO</b></li> <li>• <b>Gender reassignment</b> (Transgender and gender identity) <b>NO</b></li> <li>• <b>Sexual Orientation</b> (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) <b>NO</b></li> <li>• <b>Age</b> (includes, young people, older people – people of all ages) <b>NO</b></li> <li>• <b>Religion or Belief</b> (includes faith groups, atheism and philosophical beliefs) <b>NO</b></li> <li>• <b>Pregnancy and Maternity</b> (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) <b>NO</b></li> <li>• <b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners) <b>NO</b></li> <li>• <b>Armed Forces</b> (includes serving armed forces personnel, reservists, veterans and their families) <b>NO</b></li> <li>• <b>Human Rights Implications</b> <b>NO</b> (<a href="#">Human Rights - easy read</a>)</li> </ul>
Describe any negative impacts / Human Rights Implications	Due to the complex nature of balancing the rights of informal patients with the Trust duty of care there is a potential for negative impact which this policy attempts to mitigate and account for.



Describe any positive impacts / Human Rights Implications	This policy aims to give assurance that informal patients receive protection of their article 5, right to liberty under the HRA but also the same protection of their article 2 right to life rights as detained patients, balanced with the Trust duty of care.
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Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Feedback from Care Quality Commission, investigation findings, OJTC, HRA
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	Peer support workers have been engaged with the co-creation of the policy and wider consultation with staff, service users.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	NA

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	No new training needs identified. Staff to continue with MHL elearning.
Describe any training needs for patients	NA

Describe any training needs for contractors or other outside agencies

NA

**Check the information you have provided and ensure additional evidence can be provided if asked.**

## Appendix 2 – Approval checklist

	Title of document being reviewed:	Yes / No / Not applicable	Comments
<b>1. Title</b>			
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
<b>2. Rationale</b>			
	Are reasons for development of the document stated?	Yes	
<b>3. Development Process</b>			
	Are people involved in the development identified?	Yes	Includes core staff, cross speciality, and peer workers
	Has relevant expertise has been sought/used?	Yes	MHL Team
	Is there evidence of consultation with stakeholders and users?	Yes	Staff groups across specialties, CITO sub group, peer workers
	Have any related documents or documents that are impacted by this change been identified and updated?		S17 Leave Policy, Missing Persons Policy, Admissions Policy, Harm Minimisation Policy
<b>4. Content</b>			
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
<b>5. Evidence Base</b>			
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
<b>6. Training</b>			
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
<b>7. Implementation and monitoring</b>			
	Does the document identify how it will be implemented and monitored?	Yes	

	Title of document being reviewed:	Yes / No / Not applicable	Comments
<b>8.</b>	<b>Equality analysis</b>		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
<b>9.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	yes	
<b>10.</b>	<b>Publication</b>		
	Has the policy been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	NA	

## Appendix 3 – Example leave/time away from the ward monitoring form

Leave/Time Away from Ward Monitoring Form											
Patient Name:											
Copy of Section 17 Leave present (As Applicable):											
Date	Where Going	Type (i.e. esc)	Name of Accompanying Person or Escorting Staff	Time left Ward	Expected Time of Return	Staff Signature	Accompanied Person Signature (To confirm they are aware of leave conditions)	Patient Description	Contact Card Provided? (Yes/No)	Time Returned	Staff Signature
28/11/2024	Local Area (Shops)	Acc	Mr Smith (Husband)	10:00	11:00	R Jones	s smith	Black Adidas Trainers, Blue Tracksuit, Black Cap	Yes	13.30	R Jones
28/11/2024	Local Area (Shops)	Esc	Rebecca Jones (HCA)	10:00	11:00	R Jones	N/A	Black Adidas Trainers, Blue Tracksuit, Black Cap	Yes	13.30	R Jones