

## **Equality Impact Assessment Tool: Policy, Strategy and Plans** **(Please follow the EQIA guidance in completing this form)**

### **1. Name of Strategy, Policy or Plan**

Missing Patient Protocol

**This is a : Current;#Current Policy**

### **2. Brief Description - Purpose of the policy, Changes and outcomes, services or activities affected**

Hospital patients, whether in-patients or out-patients, can often be classed as vulnerable and, in some cases, this can lead to irrational and challenging behaviour which can cause difficulties for staff caring for them. Whilst the majority of patients are happy to remain within clinical areas for treatment, a number of patients may be absent from the clinical area without informing staff, they may wander off, abscond, become lost or leave without the appropriate support in place. When a patient has left an area, cannot be located and is assessed as missing that a standardised approach is adopted across the organisation that is consistent with our values and responsibilities. There is a need and ensure that the information gathered and the subsequent decisions about the reporting of the missing patient to Police Scotland (PS) is clear, concise, relevant and appropriate.

### **3. Lead Reviewer**

Ann-Francis Fisher

**4. Please list all participants in carrying out this EQIA:**

Ann-Francis Fisher (Associate Chief Nurse)

**5. Impact Assessment**

**A. Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality**

The Missing Persons Protocol sits beneath an overarching organisation commitment to meet public sector duties in relation to the Equality Act 2010. In line with this, the policy will not create a detrimental impact on any protected characteristics as defined by the Act or cause detriment resulting from a patient's experience of socio-economic disadvantage.

**B. What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?**

		Source
All	General: The protocol sets out the actions that need to be taken in the event of a missing patient being reported. The	

	<p>protocol highlights the requirement to be mindful of additional vulnerabilities of patients and the escalation of risk this can have. Where a protected characteristic has direct relevance to this it will be factored in to all resulting actions.</p>	
<b>Sex</b>	<p>Sex: There may be associated additional vulnerabilities on the grounds of sex that could impact on the likelihood of a patient being reported as missing. For instance women in coercive relationships may be under pressure to remove themselves from care - either as a means of protecting themselves from further risk from a third party, or in response to threats to do so.</p>	
<b>Gender Reassignment</b>	<p>Gender Reassignment: There is no relationship between gender reassignment and risk of being recorded as missing from hospital care.</p>	
<b>Race</b>	<p>Race: There is no direct relationship between race and risk of being recorded as missing from hospital care. There may be associated considerations (communication support barriers etc) that will need to be considered when liaising with regard to safe return of a patient.</p>	
<b>Disability</b>	<p>Disability: People with mental health conditions may more likely to be reported as missing from hospital care.</p>	
<b>Sexual Orientation</b>	<p>Sexual Orientation: There is no direct relationship between sexual orientation and risk of being recorded as missing from hospital care.</p>	

<b>Religion and Belief</b>	Religion and Belief: There is no relationship between religion and belief and risk of being recorded as missing from hospital care.	
<b>Age</b>	Age: There may be an increased risk of an older person being reported as missing from hospital care - typically due to an associative mental health condition.	
<b>Pregnancy and Maternity</b>	Pregnancy and maternity: There is no direct relationship between pregnancy and maternity and risk of being recorded as missing from hospital care, though pregnancy is a time when women may be at increased risk of gender based violence and so removal from hospital - either as a means of protection from a third party or on response to coercive behaviour by a partner may be a consideration.	
<b>Marriage and Civil Partnership</b>	Marriage and Civil Partnership: There is no direct relationship between marriage and civil partnership and risk of being recorded as missing from hospital care	
<b>Social and Economic Status</b>	Socio-economic status: There is no direct relationship between socio-economic status and risk of being recorded as missing from hospital care	
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>	Other marginalised groups:	

**C. Do you expect the policy to have any positive impact on people with protected characteristics?**

	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>General</b>	<p>Protocol will provide a positive impact only. The protocol guides staff to use a risk assessment process to identify at risk patients and initiate preventative measures By following the protocol staff are able to respond effectively when a high risk patient becomes a missing patient and instigate a timely response with the aim of returning patient quickly to a place of safety and care.</p>		
<b>Sex</b>			<p>Protocol will provide a positive impact only. The protocol guides staff to use a risk assessment process to identify at risk patients and initiate preventative measures By following the protocol staff are able to respond effectively when a high risk patient becomes a missing patient and instigate a timely response with</p>

			the aim of returning patient quickly to a place of safety and care.
<b>Gender Reassignment</b>			Protocol will provide a positive impact only. The protocol guides staff to use a risk assessment process to identify at risk patients and initiate preventative measures By following the protocol staff are able to respond effectively when a high risk patient becomes a missing patient and instigate a timely response with the aim of returning patient quickly to a place of safety and care.
<b>Race</b>			Protocol will provide a positive impact only. The protocol guides staff to use a risk assessment process to identify at risk patients and initiate preventative measures By following the protocol staff are able to respond effectively when a high risk patient becomes a missing patient and instigate a timely response with the aim of returning patient

			quickly to a place of safety and care.
<b>Disability</b>			Protocol will provide a positive impact only. The protocol guides staff to use a risk assessment process to identify at risk patients and initiate preventative measures By following the protocol staff are able to respond effectively when a high risk patient becomes a missing patient and instigate a timely response with the aim of returning patient quickly to a place of safety and care.
<b>Sexual Orientation</b>			Protocol will provide a positive impact only. The protocol guides staff to use a risk assessment process to identify at risk patients and initiate preventative measures By following the protocol staff are able to respond effectively when a high risk patient becomes a missing patient and instigate a timely response with the aim of returning patient quickly to a place of safety and

			care.
<b>Religion and Belief</b>			Protocol will provide a positive impact only. The protocol guides staff to use a risk assessment process to identify at risk patients and initiate preventative measures By following the protocol staff are able to respond effectively when a high risk patient becomes a missing patient and instigate a timely response with the aim of returning patient quickly to a place of safety and care.
<b>Age</b>			Protocol will provide a positive impact only. The protocol guides staff to use a risk assessment process to identify at risk patients and initiate preventative measures By following the protocol staff are able to respond effectively when a high risk patient becomes a missing patient and instigate a timely response with the aim of returning patient quickly to a place of safety and care.



<b>Marriage and Civil Partnership</b>			Protocol will provide a positive impact only. The protocol guides staff to use a risk assessment process to identify at risk patients and initiate preventative measures By following the protocol staff are able to respond effectively when a high risk patient becomes a missing patient and instigate a timely response with the aim of returning patient quickly to a place of safety and care.
<b>Pregnancy and Maternity</b>			Protocol will provide a positive impact only. The protocol guides staff to use a risk assessment process to identify at risk patients and initiate preventative measures By following the protocol staff are able to respond effectively when a high risk patient becomes a missing patient and instigate a timely response with the aim of returning patient quickly to a place of safety and care.

<b>Social and Economic Status</b>			
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>			Protocol will provide a positive impact only. The protocol guides staff to use a risk assessment process to identify at risk patients and initiate preventative measures. By following the protocol staff are able to respond effectively when a high risk patient becomes a missing patient and instigate a timely response with the aim of returning patient quickly to a place of safety and care.
<b>D. Do you expect the policy to have any negative impact on people with protected characteristics?</b>			
	<b>Highly Likely</b>	<b>Probable</b>	<b>Possible</b>
<b>General</b>	There is no anticipated negative impact to people with protected characteristics through the introduction of this protocol		
<b>Sex</b>			There is no anticipated negative impact to people with

			protected characteristics through the introduction of this protocol
<b>Gender Reassignment</b>			
<b>Race</b>			There is no anticipated negative impact to people with protected characteristics through the introduction of this protocol
<b>Disability</b>			There is no anticipated negative impact to people with protected characteristics through the introduction of this protocol
<b>Sexual Orientation</b>			There is no anticipated negative impact to people with protected characteristics through the introduction of this protocol
<b>Religion and Belief</b>			There is no anticipated negative impact to people with protected characteristics through the introduction of this protocol

<b>Age</b>			There is no anticipated negative impact to people with protected characteristics through the introduction of this protocol
<b>Marriage and Civil Partnership</b>			There is no anticipated negative impact to people with protected characteristics through the introduction of this protocol
<b>Pregnancy and Maternity</b>			There is no anticipated negative impact to people with protected characteristics through the introduction of this protocol
<b>Social and Economic Status</b>			There is no anticipated negative impact to people with protected characteristics through the introduction of this protocol
<b>Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders)</b>			