

## Form 1: Preparation

Part A must be completed at the beginning of a Policy/function/strategy development or review, and for every such occurrence. (Refer to the Step-by-Step Guide for additional information).

<b>Step 1 - Preparation</b>		
1.	<b>Title of Policy</b> - what are you equality impact assessing?	Missing Person Procedure – Mental Health Division Inpatient Facility or a Missing Community Patient
2.	<b>Policy Aims and Brief Description</b> - what are its aims? Give a brief description of the Policy (The What, Why and How?)	<p>This procedure is to be followed if an inpatient from a mental health ward is found to be missing. This procedure would also apply for those patients in the community who are ‘missing’ and deemed to be at high risk to either themselves or others.</p> <p>The documentation will also include guidance on Section 18 of the Mental Health Act 1983 (Absent without leave) and Section 21(a) (b) of the Mental Health (Patient’s in the Community) Act 1995.</p> <p>Police experiences shows that the vast majority of people who go missing are found safe and well within hours. However the police should be asked to assist in returning a patient to hospital only if necessary. If the patient’s location is known, the role of the police should, wherever possible, be only to assist a suitably qualified and experienced mental health professional in returning the patient to hospital.</p> <p>With missing patients with mental health needs, the police will have increased concerns due to their vulnerability or risk to self and others. When reporting a missing patient, staff <u>must</u> be able to give a clear and up to date description, risk assessment and other important information about the person to the police so that resources can be appropriately directed to find the person.</p> <p>This Procedure recognises the possibility for procedures relating to missing</p>

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**Step 1 - Preparation**

		patients to be unequally applied to different minority groups, particularly black ethnic minority groups. This could result in a lower level of concern for some patients than others. Ethnicity is also implicated in that disproportionate numbers of some ethnic groups are admitted to hospital, including on a section, than others. The intention is that all ethnic groups and other minorities will be treated equally.
3.	<b>Who Owns/Defines the Policy?</b> - who is responsible for the Policy/work?	Mental Health Division Cardiff and Vale University Health Board & South Wales Police Divisional Director Divisional Manager Divisional Nurse Lead Nurse
4.	<b>Who is Involved in undertaking this EqIA?</b> - who are the key contributors to the EqIA and what are their roles in the process?	Senior Nurse, General Adult Mental Health Service, Cardiff and Vale University Health Board Police Liaison and Diversion Scheme, Cardiff and Vale University Health Board South Wales Police Force Mental Health Advisor Inspector, Public Service Centre South Wales Police Missing Persons Coordinator South Wales Police Mental Health Act Manager, Cardiff and Vale University Health Board

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**Step 1 - Preparation**

5.	<b>Other Policies</b> - Describe where this Policy/work fits in a wider context. Is it related to any other policies/activities that could be included in this EqIA?	This procedure complements other Cardiff and Vale University Health Board policies and procedures currently being developed including: People Missing from Premises in which the University Health Board is Providing Healthcare Procedure Procedure in the Event of a Missing/Absconding Child or Young Person from Hospital Premises Child Abduction Policy All Equality, Diversity & Human Rights and other Legislative Policies and Procedures.
6.	<b>Stakeholders</b> - Who is involved with or affected by this Policy?	Mental Health, Health (NHS) & South Wales Police, all patients from mental health services and A & E, the staff that work with them, also will affect service users', families and carers.

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## Step 1 - Preparation

7. **What factors may contribute to the outcomes of the Policy? What factors may detract from the outcomes?** These could be internal or external factors.

There are both financial and HR issues for Cardiff and Vale University Health Board and South Wales Police when a vulnerable mental health patient goes missing. With the introduction of this procedure the aim is to direct appropriate resources in a more structured manner by allowing UHB staff to work with the police to identify where resources from both organisations need to be deployed most effectively. In order to achieve this, training will need to be provided across both organisations on implementing the policy.

By the nature of mental health service users' vulnerability, the police will see any missing patient as a high priority and direct resources accordingly.

There needs to be training on the implementation of this procedure in both the UHB and South Wales Police. In addition training in managing the mental health needs of those who come into contact with the police will also need to be addressed to minimise stigma.

## Form 2: Evidence Gathering

Equality Strand	Evidence Gathered	Does the evidence apply to the following with regard to this Policy/work? Tick as appropriate.									
<p><b>Race</b></p>	<p><u>Accessed 7.12.2011</u>  Worcestershire Mental Health Trust – Absent without Leave, Absent and Missing Persons Policy (December 2010)</p> <p>North East London NHS Foundation Trust - Procedure for Patients Missing from Hospital or Other Healthcare Settings (August 2009)</p> <p>Ashford and St Peters Hospital NHS Trust – Missing Patient Procedure, Policy and Checklist ) August 2004</p> <p>University Hospitals of Leicester NHS Trust – Missing Patient Policy (May 2005)</p> <p>Cambridgeshire and Peterborough NHS Foundation Trust &amp; Cambridgeshire Police Force – Protocol for Police Assistance where Patients from mental health Establishments are Absent Without Leave (January 2011)</p> <p style="padding-left: 40px;">Walsall Teaching PCT - Policy for Dealing with Missing and Absconding Patients/Residents (February 2004)</p> <p>Worcestershire Mental Health Trust – Absent without Leave, Absent and Missing Persons Policy (December 2010)-</p>	<b>Eliminating Discrimination and Eliminating Harassment</b>		<b>Promoting Equality of Opportunity</b>		<b>Promoting Good Relations and Positive Attitudes</b>		<b>Encouraging participation in Public Life</b>	✓	<b>Take account of difference even if it involves treating some individuals more favourably*</b>	

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<b>Disability</b>	<p>Worcestershire Mental Health Trust – Absent without Leave, Absent and Missing Persons Policy (December 2010)</p> <p>North East London NHS Foundation Trust - Procedure for Patients Missing from Hospital or Other Healthcare Settings (August 2009)</p> <p>Ashford and St Peters Hospital NHS Trust – Missing Patient Procedure, Policy and Checklist ) August 2004</p> <p>University Hospitals of Leicester NHS Trust – Missing Patient Policy (May 2005)</p> <p>Cambridgeshire and Peterborough NHS Foundation Trust &amp; Cambridgeshire Police Force – Protocol for Police Assistance where Patients from mental health Establishments are Absent Without Leave (January 2011)</p> <p>Walsall Teaching PCT - Policy for Dealing with Missing and Absconding Patients/Residents (February 2004)</p>		✓		✓		✓		✓		✓ <b>This always have to be ticked</b>
<b>Gender</b>	<p>Worcestershire Mental Health Trust – Absent without Leave, Absent and Missing Persons Policy (December 2010)</p> <p>North East London NHS Foundation Trust - Procedure for Patients Missing from Hospital or Other Healthcare Settings (August 2009)</p> <p>Ashford and St Peters Hospital NHS Trust – Missing Patient Procedure, Policy and Checklist ) August 2004</p> <p>University Hospitals of Leicester NHS Trust – Missing</p>		✓		✓		✓		✓		

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	<p>Patient Policy (May 2005)</p> <p>Cambridgeshire and Peterborough NHS Foundation Trust &amp; Cambridgeshire Police Force – Protocol for Police Assistance where Patients from mental health Establishments are Absent Without Leave (January 2011)</p> <p>Walsall Teaching PCT - Policy for Dealing with Missing and Absconding Patients/Residents (February 2004)</p>										
<p><b>Sexual Orientation</b></p>	<p>Worcestershire Mental Health Trust – Absent without Leave, Absent and Missing Persons Policy (December 2010)</p> <p>North East London NHS Foundation Trust - Procedure for Patients Missing from Hospital or Other Healthcare Settings (August 2009)</p> <p>Ashford and St Peters Hospital NHS Trust – Missing Patient Procedure, Policy and Checklist ) August 2004</p> <p>University Hospitals of Leicester NHS Trust – Missing Patient Policy (May 2005)</p> <p>Cambridgeshire and Peterborough NHS Foundation Trust &amp; Cambridgeshire Police Force – Protocol for Police Assistance where Patients from mental health Establishments are Absent Without Leave (January 2011)</p> <p>Walsall Teaching PCT - Policy for Dealing with</p>		√		√		√		√		

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	Missing and Absconding Patients/Residents (February 2004)									
<b>Age</b>	<p>Worcestershire Mental Health Trust – Absent without Leave, Absent and Missing Persons Policy (December 2010)</p> <p>North East London NHS Foundation Trust - Procedure for Patients Missing from Hospital or Other Healthcare Settings (August 2009)</p> <p>Ashford and St Peters Hospital NHS Trust – Missing Patient Procedure, Policy and Checklist ) August 2004</p> <p>University Hospitals of Leicester NHS Trust – Missing Patient Policy (May 2005)</p> <p>Cambridgeshire and Peterborough NHS Foundation Trust &amp; Cambridgeshire Police Force – Protocol for Police Assistance where Patients from mental health Establishments are Absent Without Leave (January 2011)</p> <p>Walsall Teaching PCT - Policy for Dealing with Missing and Absconding Patients/Residents (February 2004)</p>	√	√	√	√					
<b>Religion or Belief</b>	<p>Worcestershire Mental Health Trust – Absent without Leave, Absent and Missing Persons Policy (December 2010)</p> <p>North East London NHS Foundation Trust -</p>	√	√	√	√					

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	<p>Procedure for Patients Missing from Hospital or Other Healthcare Settings (August 2009)</p> <p>Ashford and St Peters Hospital NHS Trust – Missing Patient Procedure, Policy and Checklist ) August 2004</p> <p>University Hospitals of Leicester NHS Trust – Missing Patient Policy (May 2005)</p> <p>Cambridgeshire and Peterborough NHS Foundation Trust &amp; Cambridgeshire Police Force – Protocol for Police Assistance where Patients from mental health Establishments are Absent Without Leave (January 2011)</p> <p>Walsall Teaching PCT - Policy for Dealing with Missing and Absconding Patients/Residents (February 2004)</p>										
<p><b>Welsh Language</b></p>	<p>Worcestershire Mental Health Trust – Absent without Leave, Absent and Missing Persons Policy (December 2010)</p> <p>North East London NHS Foundation Trust - Procedure for Patients Missing from Hospital or Other Healthcare Settings (August 2009)</p> <p>Ashford and St Peters Hospital NHS Trust – Missing Patient Procedure, Policy and Checklist ) August 2004</p> <p>University Hospitals of Leicester NHS Trust – Missing Patient Policy (May 2005)</p>		√		√		√		√		

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	<p>Cambridgeshire and Peterborough NHS Foundation Trust &amp; Cambridgeshire Police Force – Protocol for Police Assistance where Patients from mental health Establishments are Absent Without Leave (January 2011)</p> <p>Walsall Teaching PCT - Policy for Dealing with Missing and Absconding Patients/Residents (February 2004)</p>													
<p><b>People have a human right to: life; not to be tortured or treated in a degrading way; to be free from slavery or forced labour; to liberty; to a fair trial; not to be punished without legal authority; to respect for private and family life, home and correspondence; to freedom of thought, conscience and religion; to freedom of expression and of assembly; to marry and found a family and to not be discriminated against in relation to any of the rights contained in the European Convention.</b></p>														
<p><b>Human Rights</b></p>	<p><b>This policy supports all the Human Rights but particularly the right to: life; not to be tortured or treated in a degrading way; to liberty; to respect for private and family life and to freedom of thought, conscience and religion.</b></p>													

**\* This column relates only to Disability due to the specific requirement in the Equality Act 2010 to treat disabled people more favourably to achieve equal outcomes. This is not applicable to the other equality strands.**

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### Form 3: Assessment of Relevance and Priority

Equality Strand	Evidence: Existing evidence to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C)
Race	1	0	0
Disability	1	0	0
Gender	1	0	0
Sexual Orientation	1	0	0
Age	1	0	0
Religion or Belief	1	0	0
Welsh Language	1	0	0
Human Rights	1	0	0

**Scoring Chart A: Evidence Available**

3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

**Scoring Chart B: Potential Impact**

-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive

**Scoring Chart C: Impact Decision**

-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

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+2	Medium positive
+3	High positive


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## FORM 4: (Part A) Outcome Report

<b>Policy Title:</b>	Missing Person Procedure – Mental Health Division Inpatient Facility or a Missing Community Patient
<b>Organisation:</b>	Mental Health Division Cardiff and Vale University Health Board & South Wales Police
<b>Name:</b> <b>Title:</b> <b>Department:</b>	Wendy Gilbert Mental Health Act Manager Divisional Manager's Department Cardiff and Vale University Health Board
<b>Summary of Assessment:</b>	<p>This assessment has reviewed and gathered evidence that there is no inequality in implementing the Procedure in the Event of a Missing Patient (Mental Health) as it applies equally to all persons regardless of their race, gender, religion, sexual orientation, married or civil partnership status, pregnant or on maternity, disability or age.</p> <p>When implementing this procedure Cardiff &amp; Vale UHB will continue to be mindful of any factors that might affect equality in terms of practice and implementation. This will also be monitored between both organisations on a regular basis.</p> <p>The evidence gathered will be kept and is available should it be needed.</p>

<b>Decision to Proceed to Part B Equality Impact Assessment:</b>	<p style="text-align: center;">No</p> <p>From the evidence gathered in this search it appears that as this procedure does not discriminate on any of the equality strands that there is no need to proceed to Part B Equality Impact Assessment.</p>
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## Action Plan

You are advised to use the template below to detail any actions that are planned following the completion of Part A or Part B of the EqIA Toolkit. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual adverse impact, as well as any arrangements to collect data or undertake further research.

	<b>Action(s) proposed or taken</b>	<b>Reasons for action(s)</b>	<b>Who will benefit?</b>	<b>Who is responsible for this action(s)?</b>	<b>Timescale</b>
1. What <b>changes</b> have been made as a result of the EqIA?	N/A	N/A	N/A	N/A	N/A
2. Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to <b>mitigate</b> these impacts?	N/A	N/A	N/A	N/A	N/A

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3. <b>Justification:</b> For when a policy may have adverse impact on certain groups, but there is good reason not to mitigate.	N/A	N/A	N/A	N/A	N/A
4. Describe any <b>mitigating actions</b> taken?	N/A	N/A	N/A	N/A	N/A
5. Provide details of any actions planned or taken to <b>promote equality</b> .	We have included an equality statement into the guideline that clearly states that the procedure is	Cardiff & Vale UHB want to be explicit about its commitment to the equality agenda/legislation.	Patients will be primary benefit which will impact positively on their families and/or patients as	Appropriate staff and Managers from the UHB and South Wales Police	Already completed within the document  There is no timescale as this

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	<p>applicable to all as appropriate to individual, service area and organisational circumstances</p> <p>We would provide copies of the document in alternative formats, including Welsh if required as via appropriate Single Equality and Welsh Language Schemes.</p>	<p>To ensure that are policies are accessible to all</p>	<p>applicable</p> <p>Any individual making the request as well as the organisations reputation.</p>		<p>will be responsive to individual need.</p>
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<b>Date:</b>	8 <sup>th</sup> December 2011
<b>Monitoring Arrangements:</b>	Document will be monitored via the: <ul style="list-style-type: none"><li>▪ Operational Policy Meetings in the UHB</li><li>▪ UHB &amp; South Wales Police Liaison Meetings.</li><li>▪ UHB and Directorate Patient Quality and Safety Forum</li></ul>
<b>Review Date:</b>	It is recommended that this procedure is reviewed inline with the current guidelines of the UHB which is three years, unless there is a change in relevant legislation in which case, the procedure should be reviewed within 6 months of new legislation and changes made accordingly.

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<p><b>Signature of all Parties:</b></p>	<p><i>Louise Flynn</i></p> <p><i>Jayne Tottle</i></p>
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