Missing Patient Protocol

Acute Adult Inpatient Services

Lead Manager:	Chief Nurse (North Sector)
Responsible Director:	Director of Nursing
Approved by:	Acute Clinical Governance Forum
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Compliance:	Equality Impact Assessment: completed

This document has been produced by NHS Greater Glasgow & Clyde Acute Adult Inpatient Services in partnership with Police Scotland

Contents

1. Introduction

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.

It is therefore essential that 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.

A risk-assessment for each patient identified by clinical teams as missing must be done immediately by the most senior person in the clinical area to assess whether the risk associated with the patient leaving would require other partner organisations to be contacted. This risk-assessment should include, but is not exclusive to, their clinical, mental, and physical wellbeing, their capacity to function out-with clinical areas and whether they present a danger to themselves or others. The findings should then be used to assist with decision making as to whether to report the patient missing, and to inform the relevant departments and supporting organisations, or whether to treat their departure as an irregular discharge.

A missing person is someone whose whereabouts are unknown and whose absence from a clinical area, without prior agreement or notification, is a cause for concern **and:**

- Where the circumstances are out of character: or
- The person is at risk of harm to themselves or another: or
- The context suggests that the person may be subject to crime

2.Scope

This protocol applies to all staff employed by NHS Greater Glasgow and Clyde Acute Inpatient Adult Services who have a responsibility for the safety and wellbeing of patients in our care. This protocol provides guidance for a standardised and appropriate response to missing patients from our hospitals by ensuring an effective and coordinated approach to supporting our most vulnerable patients.

This is done by appropriately risk assessing, reporting, investigating and locating the missing patient in partnership with Police Scotland.

The Missing Patient Protocol sits beneath an overarching organisation commitment to meet public sector duties in relation to the Equality Act 2010. In line with this, the protocol 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.

3.Roles and Responsibilities

It is important for all persons, departments and agencies/authorities involved with a missing patient to be clear about their roles and responsibilities to ensure that they are working effectively together to minimise any risk and ensure the best possible outcome for both the patient and public.

3.1 Head of Departments

The head of departments need to ensure that staff know what is expected of them and that they act in a sensible and responsive way to protect patients and the public.

3.2 Clinical Nursing Team

All staff must be aware of this procedure and of their individual responsibilities to participate in effective measures to report, escalate and locate a missing patient and secure his/her safety as quickly as possible.

Staff are required to progress all existing avenues of enquiry and to use all available resources as appropriate, based on the missing patients level of risk and individual vulnerability, whilst ensuring their own personal safety.

A structured and coordinated search of all possible areas within the local vicinity needs to be conducted by a nominated individual who has good local knowledge under clear direction with supporting documentation.

Staff should make all reasonable efforts to liaise with the patient and/or their next of kin/relatives prior to escalating to senior for a decision to contact the police.

Where patients are reported missing, a single point of contact within the reporting clinical area or department should be identified who will be solely responsible for liaison with the police during the missing person investigation.

All information will be held and controlled by the person in charge of the ward or department from which the patient is missing. This will ensure continuity of information and hopefully the secure the safe return of the patient.

3.3 Medical Team

The medical team will be informed if a patient is found to be missing or is absconding. The medical team play a key role in the risk assessment of the patient around the individual medical treatment required.

They should consider the mental and physical risks associated with this individual in relation to both themselves and others and identify what they want the Police to do in finding this person. They may need to determine capacity and consider any further restrictive actions that may need to be applied to the missing person when found if appropriate.

3.4 Lead Nurse/Clinical Coordinator/Site Manager/Duty Manager (5-8pm)

During normal working hours (9am – 5pm Monday – Friday) the Lead Nurse should be alerted to the situation. Between 5pm and 8am (where no Lead Nurse available, the on call duty manager/ site manager should be contacted). Out-with these times, the Clinical Nurse Coordinator/Site Manager should be contacted. Where appropriate, the Clinical Nurse Coordinator/Site Manager may decide to alert the on-call duty manager. Dependent on the risk factors involved the on-call manager will assess the need to escalate within the on-call executive management structure.

3.5 Security Staff

On our larger hospital sites, there are dedicated security staff on shift at all times. These staff may be asked to assist in carrying out a search of the public areas and grounds and keep in regular contact with the department reporting the patient as missing. They can be asked to monitor CCTV and search any footage in order to locate a missing person. Security staff are the main contacts from Estates and Facilities for giving assistance to clinical teams.

3.6 Porters

On the larger hospital sites where we have security staff, the porters have no active role in missing persons. However, they work in all areas of the hospital and missing persons should be communicated to them in order to be aware and alert clinical staff of any sightings.

Where there are no security staff on site, the porters should be contacted to assist with search of public areas and grounds. They have access to any monitoring or CCTV locally.

3.7 Police Scotland

Police Scotland will treat every missing person investigation proportionately and with the appropriate levels of priority through an ongoing assessment of risk.

From the outset the police will retain ownership of any missing person investigation that has been reported to them.

Any information that can assist in progressing the investigation should be passed to them immediately. The police will ensure that any information passed to them is investigated fully.

The police will maintain contact with the family of the missing person to update them as to the progression of the investigation and to provide the appropriate support and guidance.

Updates can be obtained from the police as to the progression of the investigation at any time.

4. Risk Assessment

It is vital to assess the level of risk involved when someone goes missing and to be able to communicate that to others and there are currently different methods of risk assessment in use around Scotland. Therefore, to provide professionals working in different settings within NHSGGC with a consistent and safe definition of risk, we have adopted the "High risk" or "Low risk" approach across the organisation.

Crucially, through this risk management process, agencies are able to recognise that all reports of missing people who sit within a continuum of risk, ranging from relatively little risk through to high-risk cases which require immediate, concerted action from agencies. Reviewing risk levels emains important for all agencies involved to assess changing circumstances.

4.1 High Risk

Patients whose whereabouts are unknown and:

- Who require urgent medical treatment
- Who are at immediate and significant risk of suicide or serious self-harm; or
- Have a serious physical condition; or
- Are extremely vulnerable; or
- Pose a threat to public safety

4.2 Low Risk

Patients, whose whereabouts are unknown, and:

- Who are at no immediate risk; or
- Who pose no risk to either themselves or others
- Who pose no threat to the public; but
- Whose continuing absence would give little cause for concern

5. Considerations

There are a number of issues to consider when it is established that a patient is not where they are expected to be prior to reporting them as missing to police:

- What is the patient's current capacity for decision making?
- Are they a detained patient? If so, they should be reported immediately to police as missing. If not, there is no power for police to compel the patient to return to hospital. When reporting such a patient missing, staff will be expected to articulate what action will be required by police when the patient is traced. Such action must have a legislative basis.
- Can suitable follow up arrangements be made to safeguard the patient's wellbeing without a requirement to involve the police? For example, does the risk assessment suggest that a referral to NHS 24 / Community Psychiatric Nurses/ GP is more suitable and less invasive than involvement of the police?

Where a patient is not detained under legislation which allows for them to be compelled to return to hospital, and they have capacity for decision making, it is important to be clear on the reasons for considering that person 'missing'. In many cases, it is found that the patient's circumstances would be considered as an 'Irregular Discharge' as opposed to their being 'Missing'.

6. Missing Patient Form and Risk Assessment Framework

When a patient is discovered to be missing, a Missing Patient Form & Risk Assessment Framework (see Appendix A) must be printed off and used as a working document. This document will capture the description, circumstances and any other useful information concerning the missing patient.

Staff must determine a level of risk associated with the missing patient using the Risk Assessment Framework within the document to inform the decision making process. This will ensure that the missing patient is appropriately categorised and will support clear and appropriate communication with the Police in regard to level of concern.

Any missing person event must be recorded on DATIX

People attending out-patient/ambulatory/drop-in services, minor injuries services or the emergency department may decide after registering with the reception desk that they do not wish to wait for treatment, and choose to leave the department without notifying anyone. In this situation the nurse in charge, in consultation within the MDT as appropriate, must make an informed judgement to determine whether the patient is actually missing or have chosen to leave the department voluntarily prior to being assessed. In all situations, an attempt must be made to contact the patient to confirm that they have purposefully left the department and ensure they have the information available to represent/redirect their concern as appropriate.

Notes of the event must be recorded in the person's healthcare record, confirming the level of risk, action taken and outcome.

7. Escalation & Contacting the Police

The Police should **only** be contacted when there is real concern for the patient's welfare. Any decision to contact the police should be in conjunction with the Lead Nurse/Duty Manager/ Site Manager/Clinical Nurse Coordinator, based on the risk assessment and the level of risk associated with the missing individual. In undertaking the risk assessment, clinical staff should consider the clinical, mental and physical risks associated with this individual in relation to both himself and others. (The presence of an intravenous infusion device (e.g. cannula) is **not** a reason for contacting the police).

The decision on the stage of the search at which to contact the police should be based on the level of risk associated with the missing individual.

8. Procedures

8.1 Local Search for Missing Person: Clinical and Immediate area

The following procedures should be carried out by the nursing staff or the person that has responsibility for their area of work in relation to a patient who goes missing whilst using Hospital facilities. This search requires to be documented including if this procedure has been delegated.

All relevant departments within the facility should be made aware of the missing patient. A full description should be passed including clothing worn. If there is a security presence on the site, staff must contact security. Security will assist with the wider search of public areas and grounds and review security cameras

Staff should carry out a thorough physical search of:

- Patient's Room
- Toilets
- Beds
- Cupboards
- Additional Rooms
- Locked Rooms
- Stairwells up and down
- Local corridors
- DSR Rooms
- Adjacent wards/Clinical Areas
- Communal areas
- Entrances and exits including Fire Exits

The search has to be coordinated and should be carried out by members of staff who have a good knowledge of the Hospital and its grounds. **The search should be an open all doors search.**

8.2 Public Area and Grounds Search

Following a thorough local search of the clinical and surrounding area, the search should then extend to the public areas and local grounds. This should be co-ordinated and carried out or delegated by the nursing staff or the person that has responsibility for their area of work in relation to a patient who goes missing whilst using Hospital facilities. This search requires to be documented.

Where the search extends beyond the local area and into other buildings/hospital grounds, the most senior member of staff should discuss this with their line manager and agree who will undertake this search. As a general rule, staff should not be removed from the ward to undertake this external search. Lead Nurse, Clinical Nurse Coordinator, Site Manager, Porter, Security or other staff should be supported in undertaking searches beyond the immediate ward/ department environment.

Where available, CCTV should be used to search for the missing patient. It is not the role of porters/security staff to approach patients or try to persuade them to return to the ward – only to locate them and report back.

Where there is an identified risk of violence, staff should not undertake searches alone.

Staff should carry out a thorough physical search of:

- Various routes to exit the hospital
- Lift areas
- Stairwells up and down
- Open areas
- Communal areas
- Shops, tea bars, cafeterias etc
- Entrances and exits including Fire Exits
- Accesses to public transport routes or taxi ranks

The search has to be coordinated and should be carried out by members of staff who have a good knowledge of the Hospital and its grounds. **The search should be an open all doors and access all areas search.**

8.3 CCTV Retrieval

CCTV/Security recordings, where present, should be checked as soon as practicably possible to ascertain the last place in which the patient was seen and a direction of travel. Security staff can view CCTV footage on request and porters on the sites with no security presence.

There is an on-call Senior Manager for Estates and Facilities on the main hospital sites that can be contacted by the switchboard at any time should assistance be required for CCTV retrieval.

If the patient has been identified on CCTV, and they are seen leaving the site, it is important to get the last details of description of patient, time of leaving and direction of travel as this may be required when contacting the Police or undertaking further risk assessment

8.4 Return Discussion

After a missing person has been located, it is important to find out the reasons for the individual going missing. Through discussion, the clinical staff should try to find out:

- How the person is feeling
- The reasons for them going missing
- What happened, including where they went, and who with
- Whether any harm was experienced
- What the person feels could help prevent them going missing again

The patient may require additional support and staff should action plan to minimise the patient going missing again. Additional help or support that may be helpful:

- Assessment of vulnerability
- Care plan and assessment of ongoing needs
- Identification of risk factors

This return discussion should be documented in patient's notes.

9. Implementation

This protocol will be implemented through distribution through governance communication networks across North, South and Clyde Sectors and will be available on Staffnet

10. Monitoring

The Sector Security & Police Liaison Groups will monitor the implementation of this protocol

11. Review

This protocol will be formally reviewed 2 years after the first approval and implementation or earlier depending on the results of monitoring

Supporting Documents:

Duncan, M. (2015) *Patients who go missing from NHS care in Scotland – National Partner Agreement*, Version 3, Police Scotland Missing Person Unit

Equality Act (2010)

Scottish Government (2015) *National Missing Persons Framework for Scotland*

Appendix A

Insert Missing/Absconded Patient FormAppendix A

Missing Person/Absconded Patient Form

Acute Adult Inpatient Services, GGCHB

NHS Greater Glasgow and Clyde

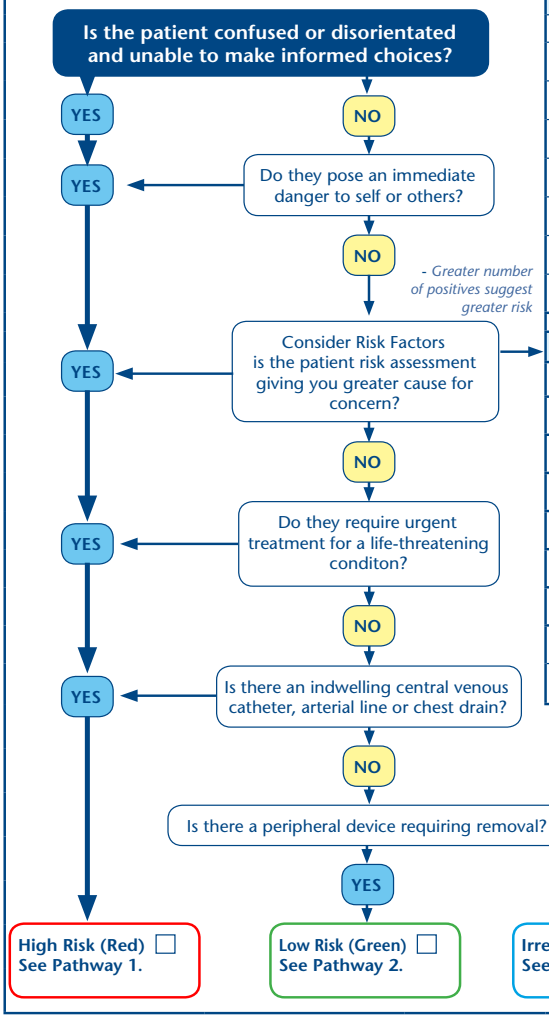
Consultant:	Surname:	Attach Patient label
	First Names:	Unit Number:
Date:	Address:	CHI:
Time Last Seen:		Sex:
Attending Doctor:		Date of Birth:
Grade:		
Form Completed by:	Postcode:	

Patient Contact Details

Mobile Phone Number:	Next of Kin:
Telephone Number:	Telephone Number:
Additional Information:	Address:
	Other Contact Details or Next of Kin:

Patient Risk Assessment

Restrictions Adults with Incapacity (AWI) ☐ Detained ☐ Type of Detention .....



Presentation, appearance and behaviour

Is the Patient:

Violent, aggressive or threatening	Y	N
Distressed, anxious or highly aroused	Y	N
Quiet and withdrawn	Y	N
Behaving inappropriately to their situation	Y	N
Posing an immediate risk to you, others or to themselves	Y	N
Presentation suggests delusions or hallucinations	Y	N
Wearing suitable clothing	Y	N

Risk Factors Assessment

Physical			Psychological			Social		
Clinical care needed	Y	N	Cognitively impaired	Y	N	Lives alone	Y	N
Has IV infusion device	Y	N	Psychiatric diagnosis	Y	N	Taken belongings	Y	N
Communication difficulties	Y	N	Risk of violence	Y	N	Lack of social support	Y	N
Mobility issues	Y	N	Potential danger to self	Y	N	Family concern	Y	N
Alcohol/substance misuse	Y	N	Suicide risk	Y	N	Disengaged from services	Y	N
Alcohol withdrawal	Y	N	Alcohol or drug misuse	Y	N	Adherence to treatment	Y	N
Frailty	Y	N	Evidence of psychosis	Y	N	Coercive relationship	Y	N
	Y	N	History of self harm	Y	N			

Action Plan Following Risk Assessment

Pathway 1. (High Risk)
Patient MUST Be Returned to Hospital for Further Treatment or Assessment - **Escalate Immediately to Lead Nurse/ Clinical Nurse Co-ordinator & Attending Doctor for decision about contacting the Police**

Patient Description	
Date Last Seen:	Age:
	Ethnic Background:
Time Last Seen:	Height:
	Build:
Person Last Seen By:	Hair Colour / Style:
	Facial Hair:
Direction of Travel:	Clothing:
Medical Condition or Presentation:	
Reason for Return: Medical ☐ Psychiatric ☐ Other ☐	Identifying Marks / Features:
	Medication Due and Effects on Patient if not taken:

Initial search of ward / department completed **Date:** **Time:**
Responsibility of most senior individual in area
Areas Searched:

↓

Phone Patient ☐
Phone N.O.K. ☐

Porters / Security advised of missing patient **Date:** **Time:**
Immediate grounds search ☐ **Areas searched:**

↓

Phone Patient ☐
Phone N.O.K. ☐

CCTV checked **Date:** **Time:**
Outcome

↓

Police informed **Date:** **Time:**

↓

Repeat calls to patient / N.O.K at 30min intervals

Patient found ☐ **Date:** **Time:**
Location of patient: **Police informed of return** ☐
Returned to ward ☐ **Relatives informed of return** ☐

Pathway 2. (Low Risk)
Patient is NOT required to return to ward / clinical area. Police should not be contacted

Inform Lead Nurse (in hours) / Clinical Nurse Co-ordinator (OOH) & attending doctor	☐	Inform NHS 24 / GP re Cannula Removal	☐
Inform patient's N.O.K.	☐		
Inform General Practitioner	☐	Any additional information / comments:	
Place this document in Patient's notes	☐		

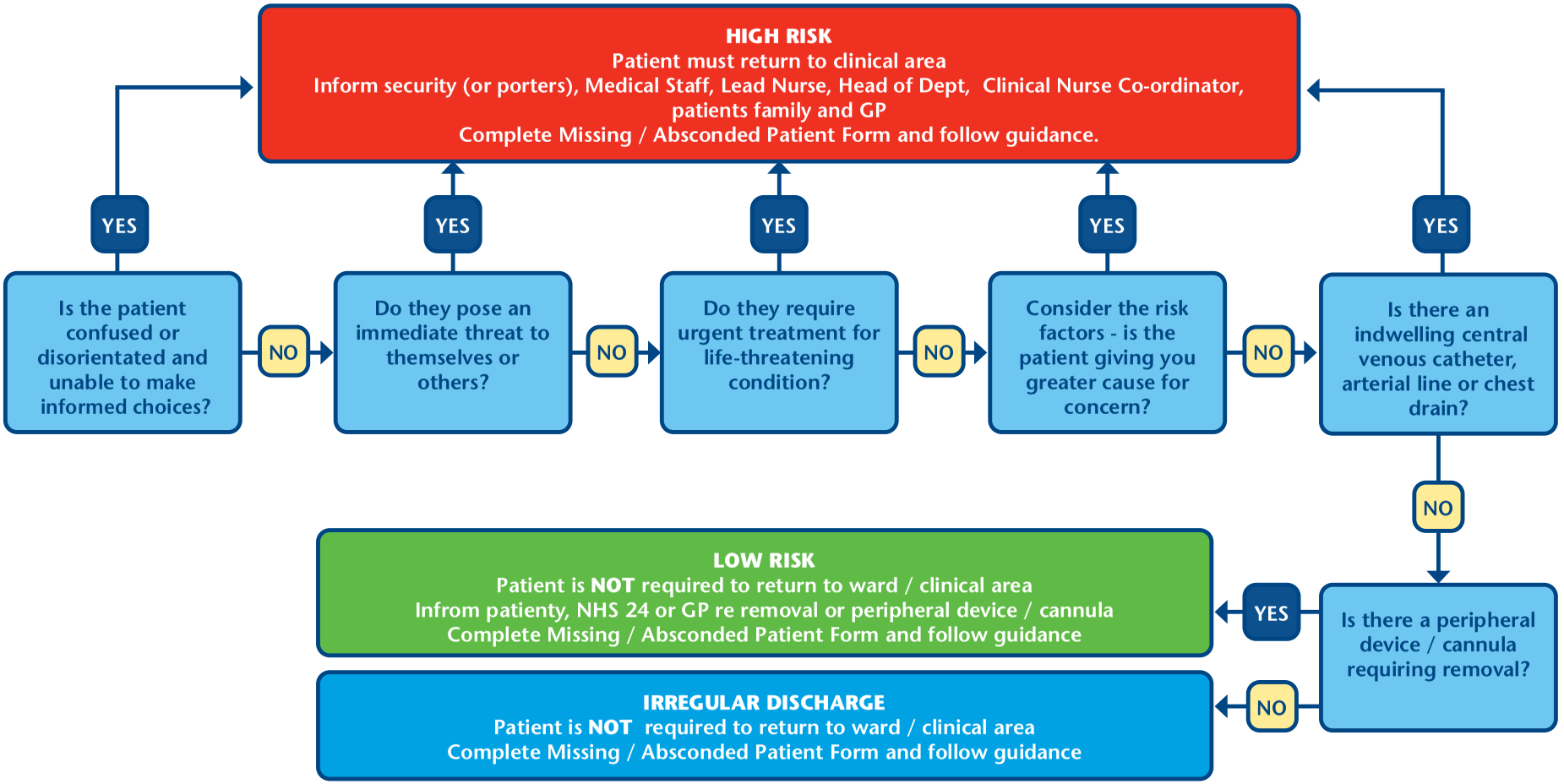
Pathway 3. (Irregular Discharge)
Patient is NOT required to return to ward / clinical area. Police should not be contacted

Inform Lead Nurse (in hours) / Clinical Nurse Co-ordinator (OOH)	☐	Notify General Practitioner by letter or phone Place this document in Patient's notes	☐

Missing Patient Decision Tree In Patient Areas

If a patient is missing or absconds from the ward, the clinical team must consider if it is appropriate to have the patient returned to the ward / clinical area.
Some guidance is given below in order to aid clinical decision making.
If the patient is still within the hospial grounds, inform the appropriate Lead to obtain support and help in trying to persuade the patient to return to the ward.
If the patient does not return to the ward or is missing / absconded, follow the chart below.

Medical Staff or Lead Nurse in Hours and Clinical Co-ordinator Out of Hours must be contacted for advice / assistance and decision about whether to contact Police.



Appendix C

Missing Patient Decision Tree ED

Missing ED Patient

NHS Greater Glasgow and Clyde

Patient identified as missing

↓

Attempt to phone patient to clarify situation, check Trakcare and demographics on clinical portal

↓

Vulnerable adult/detention under mental health act/adult with incapacity? YES →

↓

Immediate threat to self or others YES →

↓

Urgent medical treatment indicated (review outstanding investigations) YES →

↓

Historical markers/alerts YES →

↓

Indwelling central venous catheter/ arterial line/chest drain YES →

↓

Nurse in charge/Consultant in charge review

Consider contacting police to return patient.

Detention under mental health act may be necessary to return patient

The police may clarify further information with the nurse or consultant in charge
Documentation of final decision on ED card is essential.

Check outstanding investigation results

Appendix D

Equality Impact Assessment Form

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

1. Name of Strategy, Protocol or Plan

Missing Patient Protocol

This is a : Current Protocol

2. Brief Description - Purpose of the protocol, 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

Alison MacLeod

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

Ann Frances Fisher (Associate Chief Nurse)

5. Impact Assessment

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

The Missing Persons Protocol sits beneath an overarching organisation commitment to meet pubic sector duties in relation to the Equality Act 2010. In line with this, the protocol 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 protocol?

		Source
All	General: The protocol sets out the actions that need to be taken in the event of a missing patient being reported. The 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.	
Sex	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.	
Gender Reassignment	Gender Reassignment: There is no relationship between gender reassignment and risk of being recorded as missing from hospital care.	
Race	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.	
Disability	Disability: People with mental health conditions may more likely to be reported as missing from hospital care.	
Sexual Orientation	Sexual Orientation: There is no direct relationship between sexual orientation and risk of being recorded as missing from hospital care.	
Religion and Belief	Religion and Belief: There is no relationship between religion and belief and risk of being recorded as missing from hospital care.	
Age	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.	
Pregnancy and Maternity	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.	
Marriage and Civil Partnership	Marriage and Civil Partnership:There is no direct relationship between marriage and civil partnership and risk of being recorded as missing from hospital care	
Social and Economic Status	Socio-economic status: There is no direct relationship between socio-economic status and risk of being recorded as missing from hospital care	
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders	Other marginalised groups:	

C. Do you expect the protocol to have any positive impact on people with protected characteristics?			
	Highly Likely	**Probable**	**Possible**
General	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.		
Sex			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.
Gender Reassignment			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.
Race			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.
			Protocol will provide a positive impact only. The protocol guides staff to use a

Disability			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.
Sexual Orientation			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.
Religion and Belief			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.
Age			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.
Marriage and Civil Partnership			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.
Pregnancy and Maternity			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.
Social and Economic Status			
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders			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.
D. Do you expect the protocol to have any negative impact on people with protected characteristics?			
	Highly Likely	**Probable**	**Possible**
General	There is no anticipated negative impact to people with protected characteristics through the introduction of this protocol		
Sex			There is no anticipated negative impact to people with protected characteristics through the introduction of this protocol
Gender Reassignment			
Race			There is no anticipated negative impact to people with protected characteristics through the introduction of this protocol

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