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Document Title: Infant and Child Abduction Policy where there is a concern over a missing child/infant or reported abduction of a child/infant	Version Number: 3
	Status: Ratified
Scope: All UHMB premises	Classification: Organisational
Author / Title: Dan Willis, Local Security Management Specialist (LSMS)	Responsibility: Security
Replaces: Version 2.2, Infant and Child Abduction Policy, Corp/Pol/020	Head of Department: Anna Smith, Health and Safety Manager
Validated By: Safeguarding Operational Group Health & Safety Committee WACS Governance and Assurance Group	Date: 04/10/2018
	19/10/2017
Ratified By: Procedural Documents and Information Leaflet Group	Date: 25/09/2018
	10/10/2018
Review dates may alter if any significant changes are made	Review Date: 01/10/2021
Which Principles of the NHS Constitution Apply? Please list from principles 1-7 which apply 1,3,4,5,6,7	Which Staff Pledges of the NHS Constitution Apply? Please list from staff pledges 1-7 which apply 1,2,3,4,5,6,7
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes	
Document for Public Display: No	
Reference check N/A, Joanne Phizacklea., 10/10/2018 (2018/308)	
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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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Why we need This policy

This policy is designed to ensure that the safety and welfare of any baby, child or young person is maintained at all times and in the event of an incident arising which results in a known or suspected missing person, that appropriate steps are taken to resolve the situation

Infant and Child Abduction Policy on a Page:



What you need to know

This policy will help you understand what to do if there is a suspected infant or child abduction.

- Everyone should **ALWAYS** action and report any incident that involves a potential child abduction
- Staff should **ALWAYS** contact the police via 999 for support in any abduction situation
- Staff should escalate any report of infant or child abduction using the flow chart in Appendix 1 of the policy
- The policy will be tested on a 6 monthly basis at random throughout the whole Trust this will be done in conjunction with the emergency preparedness group and the relevant local constabulary
- Staff should be aware of the access control they have in their area and avoid allowing people to walk in behind staff who have the right be in those areas (piggyback) especially in secure areas with strict access control
- All staff working at the Trust will be supported to apply a 'challenge culture'; this should be particularly rigid within the maternity, neonatal and paediatric services



Parental discharge against medical advice

Should parents wish to remove their child against medical advice, which is deemed to not be in the best interests of the child in respect of clinical risk or harm caused by removal and inability to treat or care for the child, escalation should be made to the following -

- Nurse in charge of shift of the ward or department
- Clinical Lead
- Senior Matron
- Safeguarding Nurse / Midwife
- Senior Manager On call
- The senior manager on call / Clinical Lead / Senior Matron are to contact the Police to inform them of the abduction and to initiate a search for the missing child



Duty of Care

The Duty of Care covered by this policy extends only to babies, children & young people who are receiving direct care from UHMB clinicians, parental responsibility would apply to all others including siblings & visitors.

It must be noted that when visiting a hospital or clinic the responsibility for the safety and security of an infant/child remains that of the parent, family or carer. However the Trust has a responsibility to provide safe and secure environments



Contact

Still have questions?

Please read the Infant and child abduction policy
Contact your Local Security Management Specialist on **Ext on 45261**

ID: Corp/Pol/020
V1.0, Review Date: October 2021

1. SUMMARY

This policy is designed to ensure that the safety and welfare of any baby, child or young person is maintained at all times and in the event of an incident arising which results in a known or suspected missing person, that appropriate steps are taken to resolve the situation

The aim of this policy and outline the organisations strategic approach and operational response to security in all UHMB premises.

2. PURPOSE

This policy stipulates the mandatory arrangements for dealing with potential or known abduction and/or missing baby, child or young person Infant and child abductions are rare; however the trauma and publicity to the child and family surrounding such events highlights the importance of having a comprehensive response plan in place. We recognise that such incidents are also traumatic for all staff members who are involved.

The Duty of Care covered by this policy extends only to babies, children & young people who are receiving direct care from UHMB clinicians, parental responsibility would apply to all others including siblings & visitors. It must be noted that when visiting a hospital or clinic the responsibility for the safety and security of an infant/child remains that of the parent, family or carer. However the Trust has a responsibility to provide safe and secure environments and will take steps to ensure that every action to try and prevent an infant/child from being abducted from our premises and provide support to aid the swift return

The policy will assist the trust in meeting its legal responsibilities set out in Secretary of State Directions, commissioning contracts and relevant legislation.

3. SCOPE

This policy should apply to all areas in which NHS direct care is provided to babies, children & young people in all premises under the control of UHMB.

In the instance of any missing baby, child or young person is reported to a member of UHMB staff or volunteer, the process detailed in this policy will apply.

4. POLICY

4.1 Duties

4.1.1 Chief Executive

Shall have overall responsibility for the implementation of this policy and shall have overall accountability for the management of health, safety and security and will delegate responsibility to the Security Managing Director (Governance Director) to ensure that adequate and appropriate resources are made available to ensure that the Security Managing Director (SMD) duties are completed as per their role.

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4.1.2 Security Managing Director

The Security Management Director (SMD) will lead and communicate at Executive Board level on security management in the organisation, including specific arrangements for security in maternity, neonatal and paediatric services.

This will assist the board in meeting its responsibilities under Secretary of State Directions and standard NHS contracts, and allow full consideration of relevant guidance.

Final responsibility for security management matters remains with the SMD and the Chief Executive.

4.1.3 Local Security Management Specialists

The Local Security Management Specialist (LSMS) takes forward security management work locally in accordance with national standards, reporting directly to the SMD.

The LSMS will work with key colleagues to promote security and identify, assess and manage security risks in maternity, neonatal and paediatric services and in other areas where babies and young children may be vulnerable. The LSMS will also contribute to the effective response to security breaches in these services by ensuring that the relevant areas are given feedback and senior divisional staff are made aware of actions needed.

LSMS will be responsible for leading the quarterly Infant and Child Abduction testing programme.

4.1.4 Departmental Managers and Heads of Department

It is the role of Departmental Managers and Heads of Department in all areas in which babies, children and young people could foreseeably be, to ensure that the arrangements contained within this policy are known and understood by their staff. This will be achieved through local induction, staff training and awareness and exercises.

Their responsibilities should include ensuring that (the list is not exhaustive):

- staff having a strong awareness of security risks, and a good understanding of the policies and procedures in place to address, through local inductions, staff briefings, mandatory training, referencing the Local Security Policy & Local Lockdown Policy relevant to the areas in which they work
- staff are fully trained to discharge their safeguarding responsibilities through an online e-learning package, this will be recorded within the individual's TMS records
- expectant mothers, patients, parents, guardians and visitors are made aware of the local security arrangements, examples of which would be local security posters & ward information packs (Women & Childrens areas)

4.1.5 All staff

All staff working in any area under the control of UHMB will ensure that they are aware of the local security arrangements, the required escalation and actions to take in the event that a missing baby, child or young person is reported to them.

4.1.6 Workforce & Organisational Development

Workforce & OD staff are responsible for pre-employment checks and making sure that all employees, bank & agency staff and volunteers have appropriate DBS checks undertaken prior to commencing employment or voluntary work within the Trust (For VIP & Visitors refer to VIP & Celebrity Visits - <http://uhmb/cs/tpdl/Documents/CORP-PROC-053.docx>)

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Specific advice on individual cases can be obtained from the LSMS working in conjunction with the Director of Workforce & Organisational Development

4.2 Other Stakeholders

4.2.1 Local Police

There are national agreements with the NHS, the Association of Chief Police Officers and the Crown Prosecution Service (CPS) to facilitate communication, information sharing and joint working between the police and LSMSs operationally at the local level.

The LSMS and the police will work together locally to promote security in maternity, neonatal and paediatric services and respond effectively to any security incidents and breaches which may affect babies and young children in any area.

4.2.2 Local Safeguarding Children Board

The trust co-operates with the local authority in the establishment and operation of the Local Safeguarding Children Board (LSCB) and, as statutory partner, shares responsibility for the effective discharge of its functions in safeguarding and promoting the welfare of children.

4.2.3 In-house and Private Security Contractor Firms

In-house and contracted security staff will be adequately trained and be made aware of the relevant security practices and procedures relating to the Abduction Policy, The full suite of Security policies are provided for the security contractor to provide a local induction to all security officers that work on UHMBT sites.

Contracted Security Officers must have Security Industry Authority licence for Manned Guarding which would ensure that a DBS check has happened.

4.3 Risk Management Process

The following links will take you to the relevant documents which support the management of risk of babies, children & young people who may be identified as vulnerable to potential abduction situations:

Safeguarding - <http://uhmb/cs/tpdl/Documents/CORP-POL-021.docx>

Risk Management - <http://uhmb/cs/tpdl/Documents/CORP-STRAT-001.docx>

On a case by case basis specialist advice can be sought from the LSMS to ensure adequate arrangements are identified and implemented.

4.3.1 Security Review

The security arrangements on high risk areas (maternity; neonatal and paediatric services) will be reviewed, annually unless significant changes occur within those areas (e.g ward redesign). This would include a security risk assessment and an evaluation of existing physical security measures and of policies and procedures currently in place.

All other areas will follow the same process but on a 3 yearly cycle.

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These reviews will involve the Governance Business Partner , ACN & matrons and relevant Assistant Director of Operations supported by the LSMS Assurance will be provided by the appropriate Unit Manager to the Care Group Governance Assurance Group.

4.3.2 Measures to Manage, Control and Mitigate Security Risks: General

Once security risks are identified and assessed, the Trust will ensure that appropriate measures are in place to manage, control and mitigate these risks. This can be done by building on existing measures, by developing new ones, or both, depending on local circumstances. Available measures include policies and procedures as well as physical security measures.

The Trust will ensure that the measures in place to address security risks in maternity, neonatal and paediatric services are strongly integrated with relevant measures in place across the organisation and at department/ward level.

Each of the services should ensure that they have an effective Local Lockdown policy which has been physically practiced with staff members including bank staff. The development and review of the local Lockdown policies will be monitored through the Health, Safety and Security Management Group and Health & Safety Committee.

4.4 Staff Awareness

It is crucial that there is a high level of security awareness among all staff to minimising the risk of security incidents and breaches occurring. It is also a prerequisite for the effective functioning of other preventative measures.

All staff working at the Trust will be supported to apply a ‘challenge culture’; this should be particularly rigid within the maternity, neonatal and paediatric services. Where all unknown persons should be required to identify themselves. Staff will be aware of their right and responsibility to challenge, when it is safe to do so, anyone who appears to be trying to gain, or to have gained, unauthorised access to a ward/department.

Unauthorised access or egress is often achieved by “Tail-gating” – following a member of staff or other legitimate visitor through a normally locked door either to enter or exit. Staff should be alert to this at all times and should ensure this possibility is explained to parents and legitimate visitors.

All staff should be regularly reminded of their responsibility around security during 1:1 and PDP sessions and any internal training. (recorded on TMS in appraisal documentation)

Managers will facilitate as many staff as are able to take part in the testing of both the Local Lockdown Policy and the Infant and Child Abduction Policy staff which will be lead by the LSMS. Those staff who were unable to attend this training will receive feedback briefings following the test through Trust lessons learnt , Team Briefs, 3 minute briefs, Ward handovers and safety huddles.

4.4.1 Staff Involved in the Delivery of Maternity, Neonatal and Paediatric Services

Staff will take part in testing of this policy and should take an active role in providing

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constructive feedback on the processes and making sure that it is as effective as possible.

Staff Involved in these services should **always** report security concerns via the safeguarding system as they would with any incident report

4.5 Information for Expectant Mothers, Patients, Parents, Guardians and Visitors

Expectant mothers, parents, guardians and visitors have a critical role to play in preventing security breaches in maternity, neonatal and paediatric services and should be made aware of their responsibilities in respect to the Infant and Child Abduction Policy and Local Lockdown Policy.

Staff on the relevant ward/department will provide information to patients about security including tail-gating, and about their responsibilities in relation to it. This will be available in ward information packs and visible on security posters in all areas across the sites. Parents and guardians will also be made aware that they have the right to and should challenge any unusual behaviour that they see and alert a member of staff as soon as possible.

Information should be given to all children on admission and receiving care of the need to tell a responsible adult or member of staff about anything that they are worried about or they think looks unusual. This should be done by parents or guardians if possible; otherwise a member of staff should speak to the child adopting an appropriate style of communication.

4.6 Parental Discharge against Medical Advice

Should parents wish to remove their child against medical advice, which is deemed to not be in the best interests of the child in respect of clinical risk or harm caused by removal and inability to treat or care for the child, escalation should be made to the following:

- Nurse in charge of shift of the ward or department
- Clinical Lead
- Senior Matron
- Safeguarding Nurse / Midwife
- Senior Manager On call
- The senior manager on call / Clinical Lead / Senior Matron are to contact the Police and Ambulance Control to inform them of the abduction and to initiate a search for the missing child.

4.7 Physical Security Measures

In order to deter and prevent security incidents the Trust uses physical security measures such as locked doors with swipes cards and digital coded locks and access that can be controlled by staff. There are also CCTV cameras and security officers on the site to further increase security. However, physical security measures alone are not enough: they must be supported by effective policies and procedures which are adhered to by all staff working within a strong pro-security culture.

Any physical security measure that is damaged and/or rendered ineffective must be immediately reported to the Estates Department as per the fault reporting procedure. The

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risk this creates may require an immediate follow up phonecall to highlight the priority to Estates.

4.8 Access Control and Staff Identification

All staff working on or providing services regularly to wards and departments that provide maternity, neonatal and paediatric services will gain access and exit using the secure access control point with the appropriate door code and/or their individual access cards. All patients, visitors and staff who do not require regular access will gain access through the entry and exit system controlled by the ward or department internally.

Assurance is sought from Workforce and OD about pre-employment checks before a UHMBT ID cards are issued to staff as outlined in Point 4.1.6

Staff should outline visiting hours to patients and then ensure that these times are monitored closely as this is the most vulnerable time for wards and departments.

The Ward/Department Manager should work alongside the Trusts LSMS to put measures in place to control and regulate access when systems are broken or malfunctioning, and when emergency door release mechanisms are activated (whether because of a genuine emergency or inappropriately). These measures will be detailed within each areas Business continuity plans.

4.9 Testing of the Policy

Learning from other NHS Trust's and Social Care Organisations has shown that involving children and families in the testing of the abduction policy has been beneficial.

Testing will take two forms:

- Table-top exercises
- Practical operation of the policy

A minimum of 6 monthly testing will take place and may involving a combination of both of the above however where areas of concern are highlighted drills will be carried out more frequently.

These drills will be incorporated in to the skills drills programme for maternity, neonatal and Children's and Young People's services

The Trust is aware that there needs to be specific parameters around the testing of this policy. The Trust will never test this policy using patient's children. A doll will be used to represent a child. In addition to this the staff will be given notice that testing will take place in the near future.

All staff will be talked through what the physical test will involve and be spoken to regarding the test week and the expectation of them. Where possible the Local Police Constabulary will be invited to take part in the exercises and informed of the trust intentions to run this kind of exercise.

The trust feels that this is the most appropriate way to test without causing undue stress to staff and patients yet give an accurate understanding of how a 'real life' situation would

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arise and be escalated. This form of exercise would also test the resilience of the Trusts Lockdown Policy.

The testing of the abduction policy will be reported by the LSMS through a formal report to the Safeguarding Operational Performance Group and the Divisional Governance Assurance Group of the Division testing the policy.

5. ATTACHMENTS	
Number	Title
1	Action to be taken upon the Discovery of a Child Abduction
2	Equality and Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
Corp/Proc/053	VIP & Celebrity Visits http://uhmb/cs/tpdl/Documents/CORP-PROC-053.docx
Corp/Pol/021	Safeguarding Children http://uhmb/cs/tpdl/Documents/CORP-POL-021.docx
Corp/Strat/001	Risk Management Strategy http://uhmb/cs/tpdl/Documents/CORP-STRAT-001.docx
Corp/Pol/062	Secure Environment http://uhmb/cs/tpdl/Documents/CORP-POL-062.docx

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
1	
2	
3	
Bibliography	

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition
LSMS	Local Security Management Specialist
SMD	Security Managing Director
Child/ Young Person	A child is defined as anyone who has not yet reached their 18th birthday. - As defined in the Working Together To Safeguard Children, HMG Guidance March 2015

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9. CONSULTATION WITH STAFF AND PATIENTS		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
Name	Job Title	Date Consulted
Carol Carlile	Deputy Director of Midwifery, Gynaecology and Obstetrics	
Sharon Perkins	Maternity Risk Manager	03/08/2018
Chantal Knight	WACS Governance Business Partner	
Safeguarding Operational Group		04/10/2018

10. DISTRIBUTION PLAN	
Dissemination lead:	LSMS
Previous document already being used?	Yes
If yes, in what format and where?	Baby abduction policy on Procedural Documents Library
Proposed action to retrieve out-of-date copies of the document:	Replace on Procedural Documents library
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Weekly News – New documents uploaded to the Document Library

11. TRAINING		
Is training required to be given due to the introduction of this procedural document? Yes		
Action by	Action required	Implementation Date
Ward Managers	Ensure run through of policy so staff understand their responsibility	2018
LSMS/WACS management	To physically test the policy as per agreed time scales with Care Group managers and Emergency Planning and Resilience Committee schedule	ongoing
In-house and contractors' security staff	Familiarisation with procedure and physical tests	2018

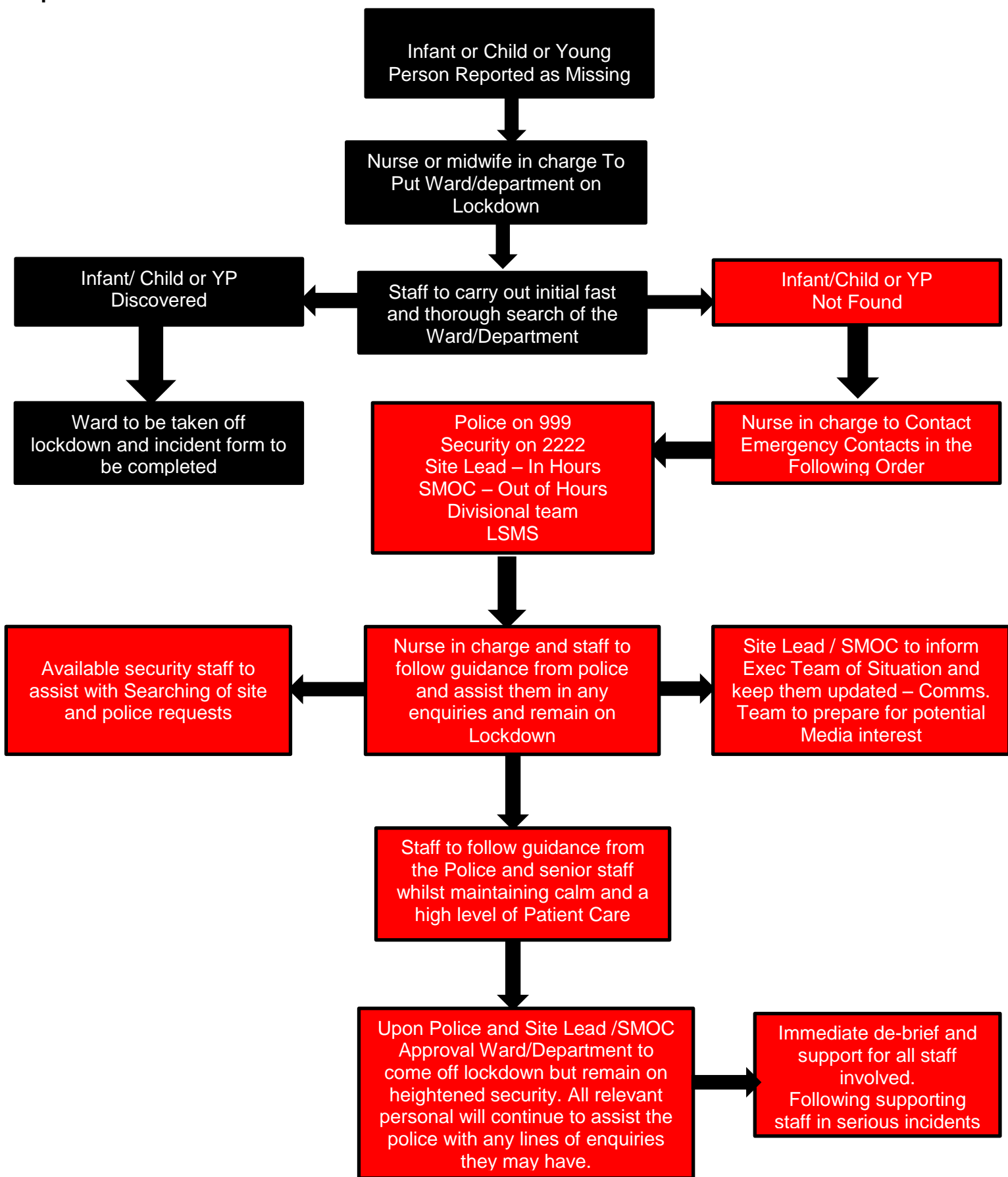
12. AMENDMENT HISTORY				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
2.1	04/10/2017	Page 3	BSF page added	01/12/2017
2.2	11/06/2018	Page 1	Review date extended – form 087/2018	01/09/2018
3	08/08/2018	Throughout	Reference to NHS Protect has been removed	
		Sect 3 P4 Sect 4.13 P5 Sect 4.2.1 P6	Additions to clarify the relevance to all Trust premises – not just WACS	01/09/2021
		4.13 P5	Responsibility added to	01/09/2021

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			LSMS role to lead Abduction testing programme	
		Sect 4.1.4 P5	Change of wording from “security” to “safeguarding” to identify available training	01/09/2021
		Sect 4.3.1 P7	Addition of need to report assurance of security review to Gov Assurance Group	01/09/2021
		Sect 4.4 P7 Sect 4.5 P8	Addition of “tail-gating” for staff and parent awareness	01/09/2021
		Sect 4.7 P8	Actions to be taken to address damaged physical security measures.	01/09/2021
		Sect 4.8 P9	Inclusion of use of door codes and/or swipe	01/09/2021
		Sect 4.9 P9	Frequency of testing specified at 6 monthly and table-top and physical testing options identified. Addition of skills drills as means of ensuring completion	01/09/2021
		Flowchart P12	Removal of reference to NHS Protect	N/A

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Appendix 1 - Action to be taken upon the Discovery of a infant/child or young person potential Abduction



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Equality Impact Assessment Form

Department/Function	Health and Safety			
Lead Assessor	Daniel Willis			
What is being assessed?	Infant and Child Abduction Policy			
Date of assessment	02/08/2018			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input type="checkbox"/>	Staff Side Colleagues	<input checked="" type="checkbox"/>
	Service Users	<input type="checkbox"/>	Staff Inclusion Network/s	<input type="checkbox"/>
	Personal Fair Diverse Champions	<input type="checkbox"/>	Other (Inc. external orgs)	<input type="checkbox"/>
	Please give details:			

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
Race (All ethnic groups)	Neutral	<ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal?
Disability (Including physical and mental impairments)	Neutral	
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Neutral	
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	
Other (e.g. caring, human rights)	Neutral	

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2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	N/A
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<p>3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.</p> <ul style="list-style-type: none"> ➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups ➤ This should be reviewed annually.
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Action Plan Summary		
Action	Lead	Timescale

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.

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