University Hospitals of Morecambe Bay
NHS Foundation Trust

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Document Title: **Was Not Brought and Did Not Attend Guidance for Children, Young People, and Adults with Care and Support Needs**	**Version Number:** 2
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Scope: Any child, young person or adult with care and support needs, who was not brought or did not attend any virtual or face-to-face health contacts at UHMBT.	**Classification:** Organisational
Author / Title: Liz Thompson/Deputy Head of Safeguarding, Sharon Hilton/Named nurse for Children and Young People Sarah Wright/Named Nurse for Adults, CNS/Emily McCoombe, CNS/Sarah Whitaker	**Responsibility:** Safeguarding
Replaces: Version 1.5, Did Not Attend (DNA) Policy (for children), Corp/Pol/118	**Head of Department:** Mark Lippett, Head of Safeguarding and Professional Lead
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- Does this document meet the requirements under the Equality Act 2010 in relation to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation? **Yes**
- Does this document meet our additional commitment as a Trust to extend our public sector duty to carers, veterans, people from a low socioeconomic background, and people with diverse gender identities? **Yes**

Document for Public Display: Yes

Reference Check Completed by Kerry Booth **Date: 06.08.21 (2021-2022/275)**

To be completed by Library and Knowledge Services Staff

CONTENTS

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'

1. SUMMARY

The right to health is identified as a fundamental human right. This is enshrined in the 1946 Constitution of the World Health Organisation (WHO) and has been reflected in human rights treaties since the Constitution's inception. All UHMB colleagues have a responsibility to actively support equal access to health care. A fundamental aspect of this responsibility is the assessment of any missed health contact. It is also important to try and identify barriers to accessing health care and to ensure that all steps possible to encourage engagement are taken.

This guideline has been developed to describe the action that all University Hospitals of Morecambe Bay NHS Foundation Trust (UHMB) colleagues should take and what they should consider when children, young people or adult are not brought to or do not engage with pre-arranged health contacts. A health contact is defined as any pre-arranged contact that takes place with a health professional either face to face or virtually.

Whilst a missed health appointment may be of no concern, it may also be very significant which is why the assessment of a missed appointment is vitally important. Retrospective analysis of Serious Case Reviews (Department for Education, 2012) identifies non-attendance at health contacts as a strong feature in cases of child neglect and domestic abuse. Furthermore, failure of a parent, guardian or carer to ensure access to appropriate medical care or treatment can be defined as an act of neglect and must be responded to accordingly. (Department for Education, 2018). It is crucial that when a health contact is missed, health professionals are aware of the necessary steps to take so that informed analysis and decision making can take place.

The responsibilities that health providers have towards children and adults are detailed for children in The Children Act (2004) and for adults in The Care Act (2014). Section 11 of The Children Act 2004 makes clear that health organisations and their staff have a statutory duty not only to safeguard, but also to promote the welfare of children and young people. The Care Act (2014) places a statutory responsibility on organisations to safeguard adults who have care and support needs (whether or not the local authority is meeting any of those needs) who are experiencing, or are at risk of, abuse or neglect, and as a result of those care and support needs are unable to protect themselves from either the risk of, or the experience of abuse or neglect.

In order to safeguard and protect the welfare of children and adults, health professionals should be aware of the risks and damaging impact disengagement from health care services can pose. Disengagement is when a person or their parent/guardian/carer repeatedly fails to respond to requests from health professionals to engage with health contacts. Acts of disengagement are a strong feature in cases of domestic abuse and patterns of disengagement are frequently seen in cases of physical abuse and neglect.

Behaviours of disengagement are usually cumulative and include but are not exclusive to:

- Not registering with a General Practitioner;
- Multiple missed health contacts;
- A patient reliant on a parent, guardian or carer to bring them to an appointment is not brought to this appointment;

- Failing to respond to contact from the health service;
- Repeatedly reporting the child, young person or adult with care and support needs to be unavailable during arranged health contacts, for example reporting them to be asleep or unwell;
- Agreeing to take action but never doing it (disguised compliance);
- Displaying hostile behaviour towards professionals;
- Actively avoiding contact with health professionals;
- Cancelling appointments on a regular basis, within 24 hours of the appointment time;
- Not being at home for arranged visits;
- Not allowing professionals into the home;
- Not engaging with their care plan;
- Pattern of attendance at the Emergency Department or Urgent Treatment Centre and leaving without being seen.

2. PURPOSE

It is imperative that any early signs of disengagement with health services are identified so that this can be assessed. This guidance describes the action that should be taken and what should be considered when an adult or child is not available for a pre-arranged health contact.

This guideline stipulates the safeguarding processes for UHMB colleagues to follow when children or adults are not brought or do not engage with health contacts. The importance of effective interagency information sharing and robust assessment is highlighted to ensure that both clinical and safeguarding needs are addressed.

3. SCOPE

Safeguarding is everybody's business and all colleagues have a statutory and corporate duty to promote and safeguard the welfare of children and adults. This guideline applies to all UHMB colleagues who have contact with child and adults. It must be followed by all staff, students and volunteers, including those on temporary or honorary contracts, secondments and agency staff. This guideline applies to any child or adult who was not brought/did not attend with a health contact be that at clinic, school, home or virtually. Please note that maternity specific guidance exists and that colleagues working within maternity services should refer to this guidance when managing missed health contacts.

The term 'Was Not Brought' accurately reflects the fact that children and some adults rely on someone else to bring them to appointments. Therefore, all staff should be using these terms rather than 'Did Not Attend' if referring to appointments in these circumstances. The term 'Did Not Attend' should be used for adults not reliant on others to access health care, who do not attend or engage with a prearranged health contact without cancellation.

4. GUIDELINE

When assessing a failed health contact, health professionals should always consider the individual in terms of their family and wider social context and the potential for underlying issues such as alcohol/ drug misuse, mental ill health or learning disabilities to impact on their ability to engage with health contacts. It is imperative during any successful health contact to establish whether there are children in the home or whether someone has other caring responsibilities. This professional curiosity enables the health professional to be able to consider the impact of failed health contacts upon the individual themselves and the potential impact for the wider family. Health professionals are encouraged to 'Think family' when fulfilling their safeguarding responsibilities (TMS training module, Level 3).

UHMB recognise the importance of providing services which are user friendly and accessible. Patients who need to access our services may have multiple pressures and demands which prevent engagement with health contacts. Patients may have language or communication needs or other barriers which impact on their ability to access health care. Providing prompt access to interpreting services as necessary and liaising with other agencies to promote attendance where applicable can help to reduce these barriers. It is an expectation that when a health contact is arranged, consideration is given to making services as accessible as possible. This will include offering choice and flexibility in relation to appointment times and location (where possible).

4.1 Quick guide to safeguarding alerts/acronyms used on UHMBT Electronic records

The health professional responsible for the health contact should make the decision as to whether another appointment/health contact is required based on clinical needs. Discuss with a senior colleague as appropriate.

The points below are a guide to help assess a failed health contact for children and adults:

- Is the young person (under 18 years old) pregnant? In this instance you MUST seek advice from the safeguarding team.
- Has the parent/guardian/patient/carer previously agreed to the health contact?
- Is the patient a prison inmate Check address for patient to determine if HMP address. Liaise with prison health staff if applicable as the patient is dependent on them to enable access to the health contact.
- Does the patient reside in a residential or nursing home?
- Is there a pattern of non-engagement? Check the electronic record. If using Lorenzo review the summary tab.
- Have there been previous missed appointments? If so, how many and is this significant?
- Review electronic record to see if there any previous safeguarding concerns/referrals

to Children's Social Care or Adult Social Care. If using Lorenzo check CP-IS.

Consider:

- Check alerts on patients electronic record. **Please see Section 4.2 for further information.**
- Is the child looked after? Review electronic records. It is recognised that 'Children Looked After' often experience difficulties accessing health services. They may frequently move address and it is essential that services are readily available and easily accessible to ensure an inequality in health provision does not occur.
- Does the child/adult have a disability that may prevent them from accessing health care? Review electronic records. Is there a Learning Disability Hospital Passport?
- Does the child/adult have a chronic illness that may be impacting on their ability to attend?
- Is the child on a Child Protection Plan (CPP) or a Child in Need (CIN) plan? Is there a Common Assessment Framework (CAF) in place?
- Are there any concerns that not attending will have a detrimental effect on the child/ adults' health? Have such concerns been previously discussed with patient and/or parent/carer?
- Have these patterns of non-attendance been seen in other children/family members in the family. Consider any evidence of disguised compliance? Are appointments cancelled at the last minute? Is access gained to the family home but there is recurrent failure to see the child/adult?

Are there any known external factors which affect attendance at appointment?
For example:
Needs of other family members;
Financial constraints;
Language barrier – Consider if there has there been an assessment to identify any specific language needs or language barriers such as hearing or visual impairment or need for the Interpreter Service?

Non-attendance at appointments where there is an identified medical concern can have significant implications if conditions are left untreated or unmonitored. This can ultimately constitute neglect. There can be serious implications when a child or adult is discharged from specialist services without appropriate monitoring or treatment.

If there are documented pre-existing safeguarding concerns then details regarding the missed health contact must be shared with the other professionals working with the individual/family. Any new safeguarding concerns must be acted upon in accordance with the Trust policy on safeguarding children/adults.

Any new safeguarding concerns must be acted upon in accordance with the Trust policies entitled Safeguarding Children and Adults at Risk (See Section 6 for links). These must be discussed with your line manager. The safeguarding team are available for advice and support on 01524 512425 (Mon-Fri 9am-5pm (excluding Bank Holidays).

4.2 Quick guide to safeguarding alerts/acronyms used on UHMBT Electronic records

For all missed health contacts, it is advised that the electronic record is checked for safeguarding/vulnerability alerts. These appear as Starbursts on Lorenzo and as Warning alerts on EMIS.

Starburst Alerts (Lorenzo) Warning alerts (EMIS) for Safeguarding concerns	**Description**
CP / CPP	Child is on a child protection plan.
CIN	Child is on a child in need plan.
Subject to Section 47 enquiries	The child is open to Children's social care assessment to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm.
CLA	A child in the care of the local authority for more than 24 hours.
CE	A child at risk of criminal or sexual exploitation.
Vulnerable baby	A baby has been identified as vulnerable; the reasons for this will be detailed in the electronic record. This alert stays on record for 12 months.
MARAC	Patient has been discussed in a Multi-agency Risk Assessment Conference as either a victim, a witness to or a perpetrator of Domestic Violence. Details will be specified in the alert.
Hospital alert symbols **Butterfly symbol**	Patient has dementia or memory loss and may need extra care and support.
Hospital alert symbols **Heart Symbol**	Patient has a learning disability.

4.3 Adults - Guidance to follow when an adult is not available for a pre-arranged health contact in the community

Adults may not engage with services or attend appointments for a variety of reasons. The Mental Capacity Act (2005) makes clear that people have the right to make what others may consider as an unwise decision and that this must not be confused with a person lacking capacity. None engagement with health may impact on the effectiveness of a person's care and ultimately cause them harm, so it is very important to consider whether a person has the capacity to make an informed decision in relation non-engagement with an aspect of their health care. Where possible, the reasons behind non-engagement should be explored and options to encourage engagement offered. If the adult lacks capacity, then the best interests process should be followed, to include discussion with any relevant parties/Independent Mental Capacity Advocate as applicable, a referral to Adult's Social Care may also be required. Some adults (with or without capacity) may to need the support of another person to engage with a health contact, therefore if they are not supported to attend an appointment the safeguarding implications of this should be considered.

4.3.1 Adult with capacity to make decisions regarding accessing health contacts
See also quick reference guide Appendix 1

For community specific guidance, please see also Did Not Attend (DNA) or Refusal to Attend (RFA) Appointments - Integrated Community Care Group Standard Operating Procedure and Management of Patient Care Choices – Integrated Community Care Group Standard Operating Procedure for community specific guidance (see Section 6 for links).

If an adult has capacity but depends on another to facilitate engagement with the health contact then contact the adult and/or carer with consent to discuss. If unable to make contact check contact details with referrer, GP or other professional working with family as applicable and ensure they are aware of missed health contact.

If contact is made, offer a new appointment if indicated and explain benefits of attending and the health implications of non-engagement with the health contact.

If unable to make contact or carer declines a new appointment but this is indicated then liaise with known professionals working with the family and clearly document any decisions made. Advice must be sought from the safeguarding team. A safeguarding alert should be raised with adult social care should be given if neglect is evident or suspected for an adult who has care and support needs (Care Act, 2014).
Submit a PSI to alert the safeguarding team.

4.3.2 Adult who lacks capacity to make decisions regarding accessing health contacts
See also quick reference guide Appendix 2

If an adult does not have capacity and relies on another person to facilitate the health contact then attempt to contact this person to explore the reasons behind the none

engagement. Document the outcome of any discussions and share and concerns with key professionals working with the family and complete a PSI to alert the safeguarding team.

If an adult does not have capacity is not engaging with a health appointment, then discussion with the wider multi-disciplinary team supporting them is required, to include any next of kin/Independent Mental Capacity Advocate. A safeguarding alert may need to be raised with Adult Social Care.

Advice should be sought from your line manager and/or the safeguarding team on 01524 512425. A PSI to alert the safeguarding team should be submitted.

4.4 Children

4.4.1 Guidance to follow when a child is not brought to a prearranged health contact in the hospital setting

See also quick reference guide in Appendix 3

The health professional responsible for the health contact should review the patients electronic record if there is a missed health contact or they do not wait to be seen.

The health professional should attempt to contact parent/guardian via telephone to discuss reasons for no access health and arrange another health contact if indicated. Ensure that the patient/carer is aware of the reason for the appointment and the potential consequences to the patient if this appointment is missed.

If at any stage there are concerns that a child is at risk of significant harm due to missed health contact in the hospital setting then a referral to Children's Social Care should be made. Please contact the safeguarding team if further advice/support is needed.

If a further appointment is clinically indicated but declined, explore the reason behind the decision so that support can be offered. Document the outcome of any discussions on electronic record.

A PSI should be submitted for the second or any subsequent missed pre-arranged health contacts in the hospital setting. Consider writing to parent/guardian/carer after second missed appointment to outline concerns and health impact of none attendance.
If there are more than two missed appointments then consideration for early help referral should be made. Parental consent is required for this and this should be offered when contact is made to discuss the missed heath contact.

If there are concerns that a child is at risk of significant harm due to missed health contact then a referral to Children's Social Care should be made. Please contact the safeguarding team if further advice/support is needed.

4.4.2 Guidance to follow when there is no access to a pre-arranged health contact for a child in the community

See also quick reference guide in Appendix 4

Children rely on their parent, guardian, carer or corporate parent to facilitate their access to health care. Consideration should be given as to whether or not the person responsible for supporting attendance with the health contact is aware of the reason for the health contact and the potential consequences of this health contact being missed. Support should be provided to promote their understanding and access to services, wherever possible. If no access is for a home visit, then leave a card advising of attempt to visit with a contact number so that contact can be made by parent/guardian or carer.

Attempt to telephone parent/guardian/carer via telephone to discuss reasons for the missed health contact and arrange another health contact if indicated. Where possible explore the reason behind the decision so that support can be offered. Liaise with other professionals working with the family to discuss concerns/identify what action can be taken to encourage engagement, Document the outcome of any discussions on electronic record, actions taken and decisions made on patients record. Submit a PSI for the third or any subsequent no access to a pre-arranged health contact for a child in the community.

4.5 Roles and Responsibilities

4.5.1 Managers and Service Leads

Managers and service leads are responsible for:

- Ensuring that their directorate has management and accountability structures and processes in place to guide staff on actions to be taken when a child WNB or an adult DNA an appointment.

4.5.2 Head of Safeguarding and the Safeguarding Team

The Head of Safeguarding and the Safeguarding Team are responsible for:

- Providing effective support, advice and training to Trust staff to enable them to fulfil their safeguarding roles and responsibilities in relation to WNB and DNA.
- Developing overarching policy to inform service line policies or standard operating procedures on WNB and DNA.
- Providing oversight of the strategic direction for the Trust in relation to WNB and DNA.

4.5.3 All health professionals

All health professionals are responsible for:

- Managing all episodes of WNB/DNA and maintaining contemporaneous records of all episodes of WNB and DNA and taking appropriate and proportionate actions in response to these.
- Considering if harm is caused when a child or adult dependent on another to attend a health contact is not brought to the health contact and to make a safeguarding referral to social care if thresholds are met.

4.6 Training

All staff at all levels of the organisation should undertake relevant safeguarding training, which includes WNB and DNA in accordance with the Safeguarding Children and Young People: Roles and Competencies for HealthCare Workers, and Safeguarding Adults at Risk: Roles and Competencies for HealthCare Workers, intercollegiate Documents.

Audit
Team Managers within care group to monitor DNA / WNB rates within their teams / services and escalate any concerns through their locality governance structure.

Safeguarding team to monitor patient experience and provide advice to practitioners in respect of safeguarding and accessing services.

Safeguarding audit to be considered. Suggest a yearly snap shot one month a year comparing and contrasting data from care groups in relation to PSI generated regarding management of was not brought /DNA episodes.

5. ATTACHMENTS	
Number	**Title**
1	Adult patient (aged 18 years old and above) who has capacity to make decisions relating to accessing health care is not available for pre-arranged health contact.
2	Adult patient (aged 18 years and above) who lacks capacity to make decisions relating to accessing health care is not available for pre-arranged health contact.
3	Child (person under 18 years of age) is not brought to/not available for pre-arranged health contact in the hospital setting
4	Child (person under 18 years of age) is not available for pre-arranged health contact in the community
5	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS The latest version of the documents listed below can all be found via the Trust Procedural Document Library intranet homepage.	
Unique Identifier	**Title and web links from the document library**
ICCG/SOP/003	Did Not Attend (DNA) or Refusal to Attend (RFA) Appointments - Integrated Community Care Group
ICCG/SOP/006	Management of Patient Care Choices - Integrated Community Care Group
Corp/Pol/021	Safeguarding Children
Corp/Pol/035	Adults at Risk
Corp/Pol/004	Joint Access Policy

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS

References in full

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2	Department for Education (2018) 'Working Together to Safeguard Children, July 2018,' [Online] Available at: http://www.workingtogetheronline.co.uk/index.html (accessed 06.08.21)
3	NICE (2009 – updated 2017) 'Child Maltreatment: when to suspect maltreatment in under 18s,' [Online] Available at: http://www.nice.org.uk/nicemedia/pdf/CG89NICEGuideline.pdf (accessed 06.08.21)
4	Aria, L. et al. (2015) 'The unseen child and safeguarding: 'was not brought' guidelines in the NHS,' *Archives of Disease in Childhood,* [Online] Available at: http://adc.bmj.com/content/early/2015/03/16/archdischild-2014-307294.full (accessed 06.08.21)
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9	Mental Capacity Act (2005) c.9; [Online] Available at: https://www.legislation.gov.uk/ukpga/2005/9/contents (accessed 06.08.21)
10	Children Act (2004) c.31; [Online] Available at: https://www.legislation.gov.uk/ukpga/2004/31/contents (accessed 06.08.21)
11	World Health Organization (WHO) (1946) 'Constitution of the World Health Organisation,' [Online] Available at: https://www.who.int/about/governance/constitution (accessed 06.08.21)

Bibliography

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	**Definition**
CHILDREN & YOUNG PEOPLE	
Health Contact	An arrangement made in writing, by telephone, or by people contacting services, where an arrangement is made to see a patient at a certain time, date and place either face to face or virtually.
Cancellation	Refers to appointments where a service receives prior notification that a patient will not be attending.
Cancellation made by the Trust	refers to an appointment cancelled by a service due to extenuating circumstances and the individual, family member or carer has been informed of this in advance of the appointment.
Carer	A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, mental health or addiction and cannot cope without their support. Many carers are unpaid. Others are paid carers who may be employed privately or via an agency.
Child	A child is defined as anyone who has not reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is on further education, is a member of the armed forces, is in hospital or is in custody in the secure estate for children and young people does not change his or her status or entitlement to services or protection under the children's act 1989. - *Working Together to Safeguard Children 2010/ 2018* and *Children's Act 1989/2004.*
Child Protection Plan (CPP)	The highest level of concern for a child's safety and well-being. It indicates that a multi-agency decision has been made that the child is at risk of significant harm and a protective, supportive plan has been implanted. There is a statutory obligation for agencies to cooperate with the plan. A child with a plan will always have a social worker with responsibility for overseeing the plan.
Child Looked After (CLA)	A child in the care of the local authority for more than 24 hours.
Child In Need (CIN)	A child who is unlikely to reach or maintain satisfactory level of health or development, or their development will be significantly impaired, without the provision of services, or the child is disabled. – *Children Act 1989.*
Common Assessment Framework (CAF)	An assessment undertaken when a child has additional needs that cannot be met by one agency alone. This work is overseen by a lead practitioner who may or may not be a social worker.
Corporate parent	A ***corporate parent*** is the name given to an organisation or person who has special responsibilities to care experienced children and young people. This may include: • those in residential care, • those in foster care, • those in kinship care, who live with a family member other than a parent, and • those who are looked after at home. In simple terms, a corporate parent is intended to carry out many of the

	roles a loving parent should. While they may not be able to provide everything a parent can, but they should still be able to provide the children and young people they're responsible for with the best possible support and care.
Children's Social Care (CSC)	Children's Social Care.
Cumbria Safeguarding Children Partnership and Lancashire Children's Safeguarding Assurance Partnership	The local authority department responsible for any issues related to the safety and wellbeing of children. The local safeguarding children partnership boards have taken over from the local safeguarding children's board (LSCB). This site can be accessed for guidance via the trust intranet.
Did Not Attend (DNA)	Did not attend appointment without cancellation. Now to be referred to as Was Not Brought (WNB) if the patient is dependent on another to support attendance.
Disguised Compliance	Involves a parent or carer giving the appearance of engagement, they may cancel appointments frequently at the last minute, or after a period of non-engagement may attend appointments to reduce professionals' concerns. Patterns of this behaviour should be discussed with your line manager and/or the safeguarding team.
Early Help	This is working with parental consent with parents when a family has been identified to have additional needs and more than one agency is involved to work in partnership with the family.
First appointment	This is an appointment made to see a child/adult, who is not previously known to the service.
Follow up appointment	An appointment given to a known child/adult, who is receiving on-going support and treatment. Language and learning disabilities, as well as mobility issues, poverty, discrimination and social exclusion.
No access visit (NAV)	An appointment made in advance, and when the healthcare professional attends their place of residence, or another setting within the community, at the pre-arranged time and place, they are not available and no contact is made.
PSI	Patient Safety Incident. These are safeguarding incident reports submitted through the Ulysses Incident and Risk Reporting system
Safeguarding	Systems and practices in place to protect and prevent all those who access UMBHT services, but in particular those considered most at risk, from suffering abuse.
Was not brought (WNB)	The term 'Was Not Brought' accurately reflects the fact that children and some adults rely on someone else to bring them to appointments. Therefore, all staff should be using these terms rather than 'Did Not Attend' if referring to appointments in these circumstances. The term 'Did Not Attend' should be used for adults not reliant on others to access health care, who do not attend or engage with a prearranged health contact without cancellation.
YP	Young person.

ADULTS	
Adults at Risk	A person aged 18 or over who is in need of care and support regardless of whether they are receiving them and because of those needs are unable to protect themselves against abuse or neglect.
Adults Safeguarding	Means protecting a person's right to live in safety, free from abuse and neglect.
Advocacy	Means taking action to help people that experience substantial difficulty in contributing to the safeguarding process. The advocate will determine what the person wants, secure their rights, represent his/her interests and obtain the services the person needs.
Best Interest	The Mental Capacity Act, 2005 (MCA) states that if a person lacks mental capacity to make a specific decision at a specific time then whoever makes the decision takes action on the person's behalf must do so in the person's best interest. This is one of the five key principles of the MCA.
Carer	A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, mental health or addiction and cannot cope without their support. Many carers are unpaid. Others are paid carers who may be employed privately or via an agency.
Care Leaver	Any adult who spent time in care as a child (under the age of 18). This care would have been approved by the state through a court order or on a voluntary basis
Child Looked After	A child looked after is a child in the care of a local authority either: through a Care Order made by a court or voluntary agreement with their parent(s) to accommodate them. They may be looked after in a children's home, by foster carers or other family members.
Concern	Is the term used to describe when there is, or might be, an incident of abuse or neglect and it replaces the previously used term of 'alert.'
Enquiry	Establishes whether any action needs to be taken to stop or prevent abuse or neglect, and if so, what action and by whom the action is taken. This is known as a Section 42 enquiry.
Equality Act 2010	Legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it is unlawful to treat someone.
Independent Mental Capacity Advocate (IMCA)	Was established under the Mental Capacity Act, 2005. IMCA's are mainly instructed to represent someone where there is no-one independent of services, such as family or friends, who is able to represent the person. IMCA's are a legal safeguard for people who lack the mental capacity to make specific important decisions about where they live, serious medical treatment options, care review of adults safeguarding concerns.
Making Safeguarding Personal	Is about person centred and outcome focused practice. It is how professionals are assured by adults at risk that they have made a difference by taking action on what matters to people, is personal and

	meaningful to the person and listens to the voice of the adults.
MARAC	Multi Agency Risk Assessment Conference.
Person/ Organisation alleged to have caused harm	Is the person or organisation suspected of causing harm or presenting a risk to an adult at risk?
Position of Trust	Refers to a situation where one person holds a position of authority and uses that position to his or her advantage to commit a crime or intentionally abuse or neglect a person that is vulnerable and unable to protect him/her.
Person in a Position of Trust (PIPOT)	Is the person within an organisation that has responsibility for investigating allegations of harm caused by a staff member or the organisation? In Lancashire the PIPOT is located within Lancashire Social Services Multi-Agency Safeguarding Hub (MASH).

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
Sarah Wright	Named Nurse Safeguarding Adults	June 2020
Liz Thompson	Interim Deputy Safeguarding Lead	June 2020
Kirsty Byrne	Interim Designated Nurse for Safeguarding Children, Morecambe Bay CCG	June 2020
Ceri Heaton	Children's Outpatients	June 2020
Rebecca Roshanfekr	Paediatric Speech and Language Therapist	June 2020
Sharon Hilton	Named Nurse Safeguarding Children	June 2020
Anne-Marie Casement	Paediatric Speech and Language Therapist	June 2020
Karen Morris	Bladder & Bowel: Child Clinical Nurse Specialist	June 2020
Paula Lancashire	Paediatric Nurse Practitioner Audiology	June 2020
Renate Lockton	Special School Nurse, Loyne School	June 2020
Jo Halliwell	Quality & Service Improvement Matron	June 2020
Also consulted with Safeguarding Operational Performance Group, Integrated Community Care Group, Critical Care and Surgery, Core Clinical and Medicine Care Group		April 2021

10. DISTRIBUTION PLAN

Dissemination lead:	Safeguarding Team
Previous document already being used?	Yes, DNA Policy
If yes, in what format and where?	Trust Procedural Document Library
Proposed action to retrieve out-of-date copies of the document:	• Replace document on the Trust Intranet – Policy Library.

To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Friday Corporate Communications Roundup or 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

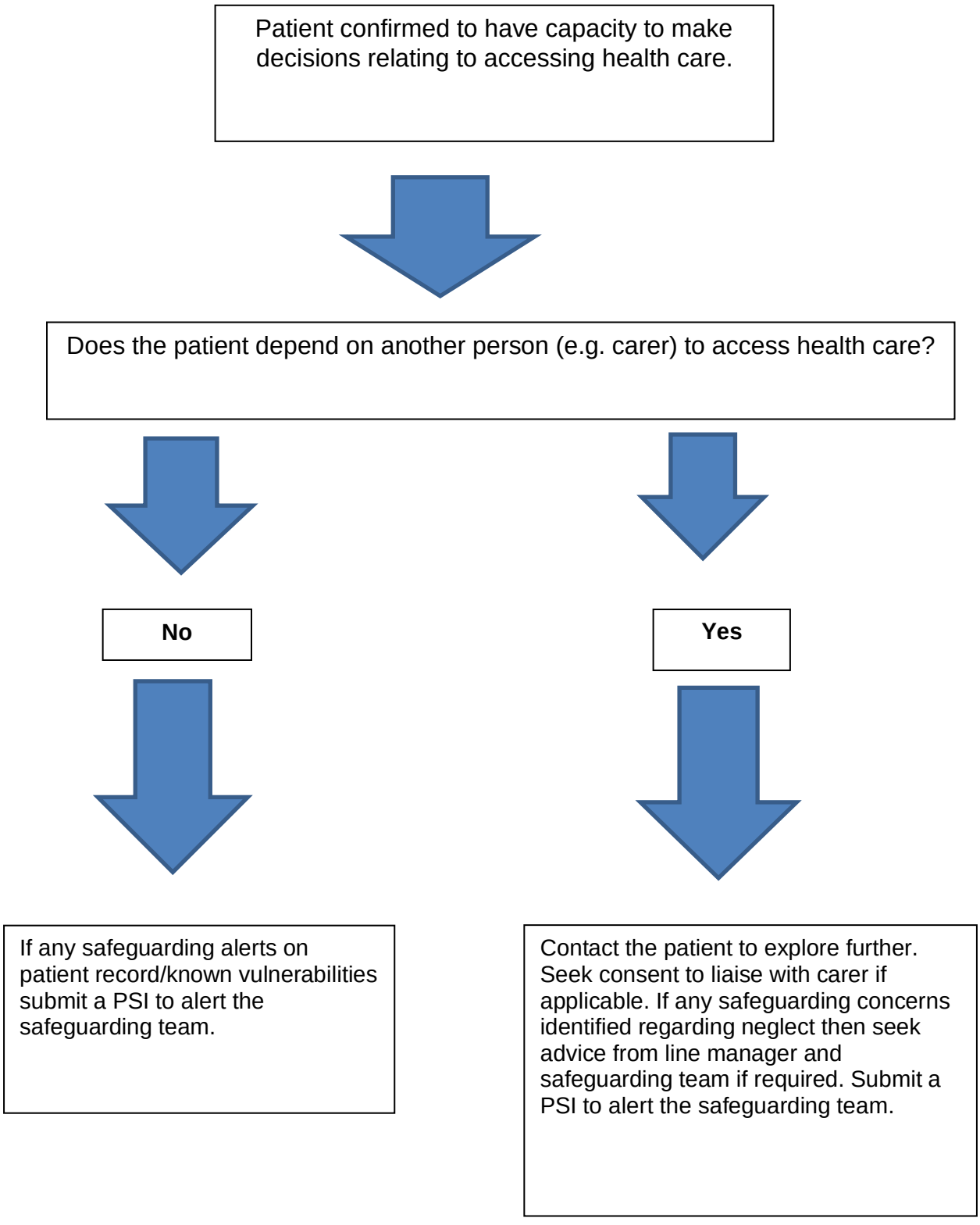
Action by	Action required	Implementation Date

12. AMENDMENT HISTORY

Version No.	Date of Issue	Section/Page Changed	Description of Change	Review Date
1.1	20/12/2018	Section 4.6, page 8	Sentence added regarding children with long term conditions	01/12/2019
1.2	09/05/2019	Throughout	The addition of Day Care to the areas to read Outpatient Clinic, Day Care and Emergency Departments	01/12/2019
1.3	04/02/2020	Page 1	Review Date extended – form 032/2020	01/08/2020
1.4	02/09/2020	Page 1	Review Date extended – extension ID #8	01/12/2020
1.5	18/11/2020	Page 1	Review Date extended – extension ID #85	01/06/2021
2	11/11/2021	Throughout	Review and update of all sections following comments. Amendments made to appendix and letters. Flow charts introduced	01/09/2024

Appendix 1: Adult patient (aged 18 years old and above) with capacity is not available for pre-arranged health contact

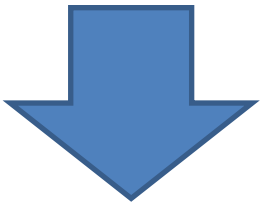
Printable version: Adult patient (aged 18 years old and above) with capacity is not available for pre-arranged health contact



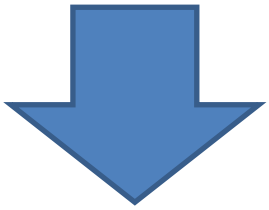
Appendix 2: Adult patient (aged 18 years and above) who lacks capacity to make decisions relating to accessing health care is not available for pre-arranged health contact

Printable version: Adult patient (aged 18 years and above) who lacks capacity to make decisions relating to accessing health care is not available for pre-arranged health contact

Patient confirmed to lack capacity to make decisions relating to accessing health care.



Consult family members, professionals working with family and identify what support is available to help patient access health care e.g. carers, attempt to identify reason for missed health contact and offer a further appointment if clinically indicated. Document all actions taken on electronic record.



If safeguarding concerns identified raise a safeguarding alert with adult social care and submit a PSI to alert UHMB safeguarding team.

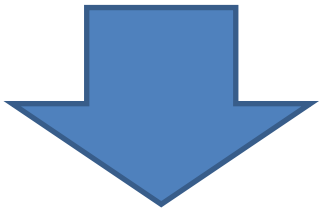
Please note that this is a quick reference guide which should be read alongside the full Was Not Brought Guidance and Adults at Risk Policy. Each missed health contact should be assessed and advice sought from line manager and safeguarding team as required

Appendix 3: Child (person under 18 years of age) is not brought to/not available for pre-arranged health contact in the hospital setting

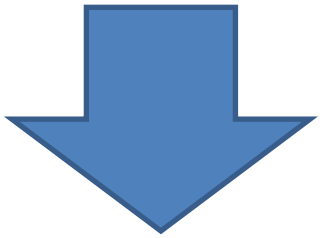
Printable version: Child (person under 18 years of age) is not brought or not available for pre-arranged health contact in the hospital setting

Child not brought to/or available for pre-arranged health contact.

Health professional responsible for the health contact confirms that it has not been cancelled by UHMBT and discusses with lead clinician. Risk of not being seen today assessed. Check patient status on CPIS or alerts if available.



If there are significant concerns regarding none attendance or the young person who has missed the appointment is pregnant you MUST seek advice from the safeguarding team on 01524 512425.



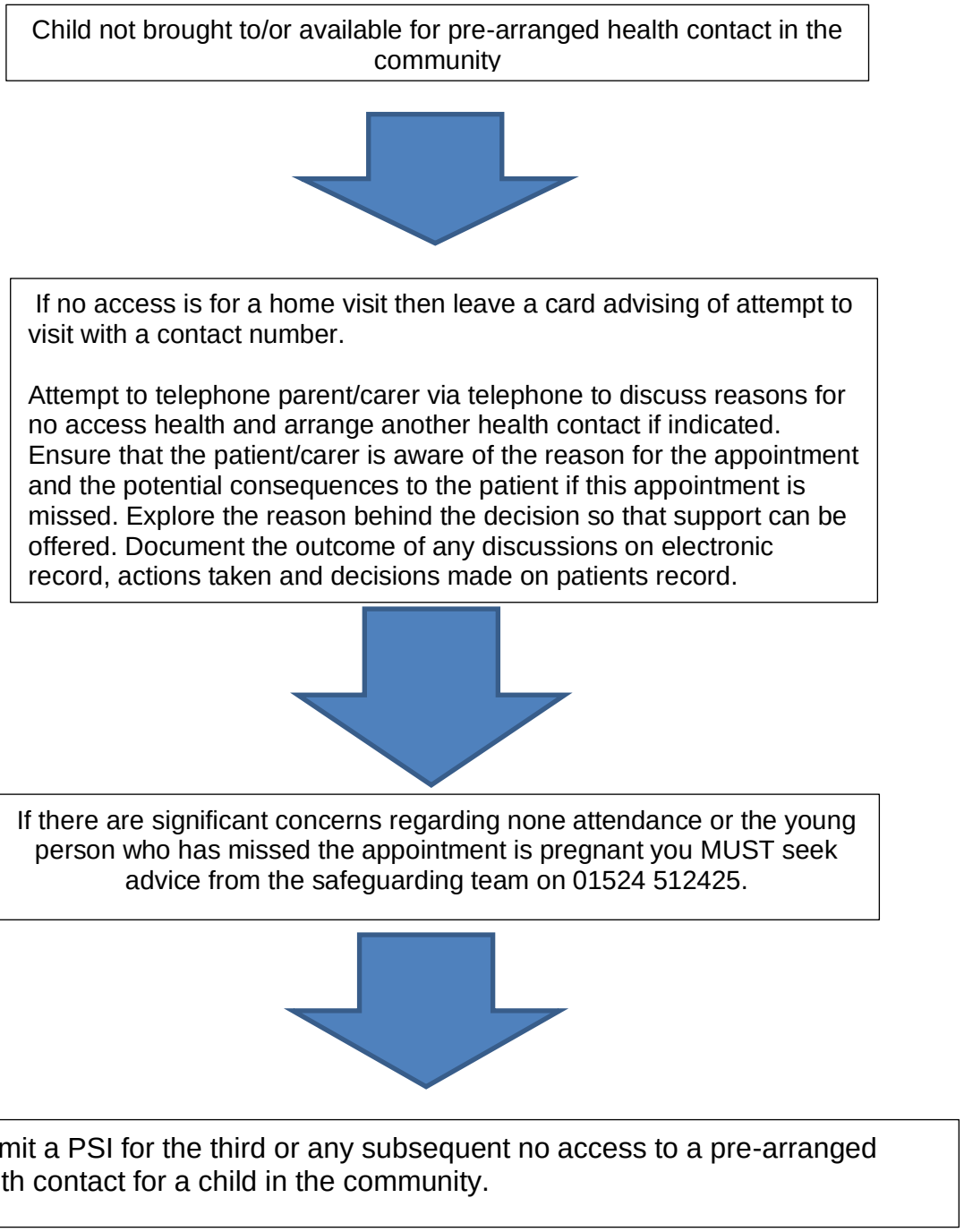
Contact parent/carer to confirm reason for why child not available/brought to health contact *. Ensure parent/carer is aware of the importance of the appointment and the potential health consequences for the child of non-engagement. Offer a further appointment if clinically indicated. Clearly document all actions taken including checking alerts, contacting parent/guardian/carer, liaising with other professionals

*If unable to make contact, contact GP to confirm contact details held are correct. Submit a PSI for second and any subsequent missed health contacts. Consider writing to parent/guardian/carer after second missed appointment to outline concerns and health impact of none attendance.

Please note that this is a quick reference guide which should be read alongside ‘Safeguarding Children’. Each missed health contact should be assessed and advice sought from line manager and safeguarding team as required.

Appendix 4: Child (person under 18 years of age) is not available for pre-arranged health contact in the community

Printable version: Child (person under 18 years of age) is not available for pre-arranged health contact in the community



Please note that this is a quick reference guide which should be read alongside 'Safeguarding Children'. Each missed health contact should be assessed and advice sought from line manager and safeguarding team as required.

Appendix 5: Equality & Diversity Impact Assessment Tool

University Hospitals of Morecambe Bay NHS Foundation Trust

Equality Impact Assessment Form

Department/Function	Corporate Safeguarding	
Lead Assessor	Liz Thompson	
What is being assessed?	Was Not Brought and Did Not Attend Guidance for Children, Young People, and Adults with Care and Support Needs	
Date of assessment	11/08/2021	
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Network for Inclusive Healthcare?	NO
	Staff Side Colleague?	NO
	Service Users?	NO
	Staff Inclusion Network(s)?	NO
	Personal Fair Diverse Champions?	NO
	Other (including external organisations):	

1) **What is the impact on the following equality groups?**

Positive:	**Negative:**	**Neutral:**
➢ Advance Equality of opportunity ➢ Foster good relations between different groups ➢ Address explicit needs of Equality target groups	➢ Unlawful discrimination / harassment / victimisation ➢ Failure to address explicit needs of Equality target groups	➢ 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** ➢ Provide brief description of the positive / negative impact identified benefits to the equality group. ➢ Is any impact identified intended or legal?
Race (All ethnic groups)	Neutral	
Disability (Including physical and mental impairments)	Positive	Specific policy for Children, Young People and Vulnerable adults whose vulnerability may be due to disability.
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Neutral	
Sexual orientation	Neutral	
Age	Positive	Specific policy for Children, Young People and Vulnerable adults whose vulnerability may be due to old age.
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	

Other (e.g. carers, veterans, people from a low socioeconomic background, people with diverse gender identities, human rights)	Neutral	

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	The safety and well-being of the general public is protected. It is recognised that some service users may pose a risk to themselves or others if they do not maintain contact with health services

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.**

- 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.

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.