



Children, Young People and Adults at Risk who are not brought to Health Care Appointments.

“Was Not Brought”



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The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

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Date written/revised:	May 2024
Approved by:	Strategic Safeguarding Committee
Date of approval:	August 2024
Date issued:	14 th August 2024
Next review date:	May 2027
Target audience:	All Clinical colleagues at DBTH

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 1	August 2024	This is a new policy. The policy has been reviewed and approved by Dr Lavleen Chadha (Named Doctor for Safeguarding Children) and Dr Bushra Ismaiel (Designated Doctor for Safeguarding Children). Adult Safeguarding flowchart and standardised letters written by Deborah Searson (Specialist Nurse for Safeguarding Adults).	K. Armistead

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1 INTRODUCTION

There are many reasons why people do not attend appointments. Missed appointments for some children/young people and adults at risk may be an indicator that they are at an increased risk of neglect and/or abuse. Further exploration and professional curiosity may be warranted from a safeguarding perspective.

Local learning has indicated that missed healthcare appointments is a theme that features in both adults and children’s statutory safeguarding reviews.

This policy refers to children/young people or an adult at risk missing a healthcare appointment as Was Not Brought (WNB) rather than Did Not Attend (DNA). This is to acknowledge that the reason they miss appointments is because they might be reliant on parents/carers to bring them to appointments.

Repeated cancellations, rescheduling of appointments and no access community visits, should be treated with the same degree of concern as repeated non-attendance. This could be seen as a feature of disguised compliance and potentially harmful to the person requiring health attention for an unmet health need.

Disguised compliance or apparent legitimate excuses for children/young people or adults at risk not being brought to appointments should not be accepted at face value. Professionals need to be prepared to be curious and explore reasons for non-attendance to establish risk factors and the impact of the missed appointment on the child/young person or adult at risk, in order to inform necessary next steps.

2 PURPOSE

This policy is intended for use by all colleagues employed by DBTH (Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust) and those undertaking duties on behalf of DBTH.

The purpose of this policy is to ensure that all colleagues employed by the Trust, have a point of reference and clear guidance in respect of their responsibilities to 'Was Not Brought'. It provides relevant information and processes for responding to risks associated with 'Was Not Brought' within DBTH.

This policy should be viewed in conjunction with;

- [PAT/PS 8 - Safeguarding Adults Policy](#)
- [PAT/PS 10 - Safeguarding Children Policy](#)
- [PAT/PA 19 - Mental Capacity Act Policy](#)
- [PAT/PA 1 - Hospital Access Policy](#)
- [Doncaster Safeguarding Children's Partnership policies and procedures.](#)
- [Doncaster Safeguarding Adults Board policies and procedures](#)
- [Nottinghamshire Safeguarding Children's Partnership policies and procedures.](#)
- [Nottinghamshire Safeguarding Adults Board policies and procedures.](#)

3 DUTIES AND RESPONSIBILITIES

Executive team

The Chief Nurse is the Executive lead for Safeguarding and is supported by the Deputy Chief Nurse to ensure that the importance of safeguarding throughout the organisation is championed and that systems and processes are in place.

Divisional leads

Ensure all people working on behalf of Trust Business in their areas comply with this policy, alongside other trust safeguarding policies and national and local guidance that have been referenced.

Ensure that the appropriate level of safeguarding training is undertaken by all employees within the divisions and in alignment to roles and responsibilities.

Should ensure the appropriate level of support is in place and signpost to the Trust Safeguarding team where additional support is identified.

Safeguarding Professionals within the organisation

The Head of Safeguarding, supported by Safeguarding professionals working within the Trust should ensure any updates required to this policy are undertaken timely in line with local and national guidance.

Provide support to Trust employees who may need additional guidance to understand and apply the principles of this policy.

All employees of the Trust

Have a duty to follow Trust policy and work in line with additional local and national procedures and guidance that has been outlined in Section 15.

Escalate to their line manager, other senior manager or member of the Trust safeguarding team any concerns they may have in relation to applying this policy to their practice.

Ensure that Safeguarding procedures and processes are followed and safeguarding escalations are undertaken in line with Trust Safeguarding Policies.

4 WAS NOT BROUGHT GUIDANCE

All children and adults at risk have a right to have their medical and health needs met and it is the responsibility of parents and carers to ensure that no child/adult at risk is deprived of their right of access to health care services. Failure to ensure that this happens may fall within the definition of neglect. Health professionals should therefore proactively be professionally curious around children/adults at risk of not being brought to appointments. It is important to consider the common reasons why parents/carers fail to bring their children/adults at risk to clinic appointments when there are concerns. Common reasons include:

Forgetfulness

Fear and anxiety

House moves (letters being sent to an old address)

Poor Communication

Multiple appointments at diverse locations on consecutive days

Inappropriate referrals

Problems deemed to be resolved

Financial Difficulties

Chaotic family dynamics

Parental health issues

Domestic Abuse – Coercive Control

Concerns regarding citizenship and the cost of NHS care in pregnancy (Appendix 13)

The above list is not exhaustive. Whilst common reasons are recognised, this policy supports a process of how to respond to 'was not brought', in a consistent way.

4.1 CHILDREN AT RISK

Parents have the right to make decisions in respect of their child's health. The concept of Parental Responsibility gives a legal definition to the rights and responsibilities of a person with parental responsibility. Parental responsibility allows a parent/carer to accept or decline a health service or treatment on behalf of their child. However, if by declining a health service or treatment this may be detrimental to the child or young person's health, growth or development, an assessment should be made of the risk this poses and impact it will have on the child or young person.

If pregnant women do not attend their antenatal appointments, they may be putting their unborn baby at risk. For information and guidance regarding pregnant women not attending health appointments, please refer to the [DBTH Management of women who Fail To Attend for an Antenatal Appointment or Ultrasound Scan Guidance](#).

4.2 ADULTS AT RISK

An adult may be unable to access services themselves due to their physical health, care and support needs or impairment in their mental capacity and may be reliant on others for appointment arrangements, transportation and attendance, or be homeless. For these individuals the reasons for missed appointments, needs to be explored to ensure a person centred approach is maintained and any resulting risks, potential harm and abuse is identified.

For the purpose of this policy, people who reside in prison should be considered as 'Adults at Risk'. People who reside in prison are reliant on the prison service to ensure that they attend their medical appointments.

4.3 KEY QUESTIONS TO EXPLORE WHEN A CHILD OR ADULT AT RISK IS NOT BROUGHT TO A HEALTH APPOINTMENT

Follow the DBTH 'Was Not Brought' Flowcharts. (See Appendix 1 and 2 for children. Appendix 9 for adults)

- Are there any risks and vulnerabilities for the child/young person or adult at risk and/or parent/carer that need to be considered?
- Are the demographic details up to date?
- Was the child/young person or adult at risk and or their parent/ carer informed of the appointment and was adequate notice given?
- Did the child/young person or adult at risk choose not to attend or was access denied and was this decision their own?
- Did the child/young person or adult at risk or their parent/carer cancel the appointment?

- If the child/young person or adult at risk or parent/carer made the choice to cancel the appointment, is there any evidence of coercion and control which may have influenced their decision?
- Did the child/young person or adult at risk and/or their parent/carer forget about the appointment, and could reminders be agreed to reduce the potential of this occurring again?
- Is there a rationale for not attending?
- Can professionals contact the child/young person or adult at risk and/or their parent/carer by telephone or letter and arrange a further appointment?
- Is the address correct that the appointment was sent to?
- Is the child/young person or adult at risk currently homeless and if so, what contact arrangements would support future appointment attendance and service engagement?
- Could the appointment be offered at an alternative venue or time?
- Are there any other instances and patterns where appointments have been missed?
- Are there any reasonable adjustments that could be made to support the child/young person or adult at risk to enable attendance e.g., transport arrangements, times of day, identified communication barriers or practical changes.
- Is the child/young person or adult at risk accessing care and support through other services and would any joint working support engagement with this service?
- Have the needs of either the child/young person or adult at risk and/or their parent/carer changed, consider if health appointment is still relevant and if a referral is required to the Local Authority to support further assessment?
- What are the potential health implications for the child/young person or adult at risk if an appointment has been missed? Do they understand these potential health implications?
- Could any other adults or children who reside at the same address be affected or at risk because of services not being accessed or care being missed?
- Does any action need to be taken to safeguarding the child/young person or adult at risk or others potentially at risk? i.e.: escalation, information sharing with other agencies and professionals.
- What other professionals may be involved in the care of the child/young person or adult at risk, and can they support attendance?

- Are there any repeating patterns of concern emerging regarding non-attendance that extends to other family members? Take a think family approach.
- Have you considered if a conversation with the DBTH safeguarding team may aid your decision making?

4.4 RECOMMENDATIONS FOR COLLEAGUES WORKING WITH CHILDREN AND YOUNG PEOPLE WHO HAVE NOT BEEN BROUGHT TO HEALTH APPOINTMENTS

- Have processes in place for identifying when children/young people are not brought to their appointments, as well as giving due consideration to missed appointments in other health settings.
- Agree who in your team is best to contact the parents/ carers of the child who has not been brought for appointments especially if there are multiple instances. There are standardised letter templates available when contacting parents/carers. (See Appendix 3, Appendix 4, Appendix 5, Appendix 6, Appendix 7, Appendix 8).
- Consideration must be given to parents/carers own needs including: their level of understanding e.g.: any learning disability, literacy/language/ communication difficulty, physical and mental health problems. Attempts should be made to communicate with parents/carers in a way that is appropriate to their needs and promotes partnership working. Cultural and religious beliefs must also be considered. Consider whether interpreter services are needed.
- Age of the child should be considered: it would rarely be appropriate for a child less than 13 years of age to consent to treatment without a parent's/carer's involvement.
- Explore whether there are any clinical consequences and impact on the child/young person because of the missed appointment and if any actions are required urgently or less so.
- Explore any wider safeguarding concerns especially when there are multiple episodes of not being brought to health appointments, and giving due consideration to missed appointments in other health settings.
- Discuss the child/young person with the Paediatric Liaison Nurse and explore any concerns held by 0-19 service professionals. The Paediatric Liaison Nurse for Doncaster can be contacted directly. Details are listed on the DBTH phone directory. For Bassetlaw Areas, 0-19 service information can be sought by contacting the Nottinghamshire Healthy Families advice line on 0300 123 5436.
- Explore whether there are wider safeguarding concerns held by other professionals.

- Consider whether the missed appointments are an indicator of neglect. This can be supported by the [Doncaster Safeguarding Children's Partnership Graded Care Profile 2](#) and [Nottinghamshire Safeguarding Children's Partnership Neglect Toolkit](#).
- If there are any safeguarding concerns, document these in clinical records.
- Take appropriate action if there are clinical or safeguarding concerns. Information on how to make a referral to children's social care can be found on the [DBTH safeguarding children's page on the hive](#). Please copy the DBTH safeguarding team into all children's social care referrals – dbh-tr.safeguarding@nhs.net
- Notify the referrer of any missed appointment by a child/young person, and document that this has been completed. This can be supported by the trust's standardised letter templates. (Appendix 3, Appendix 4, Appendix 5, Appendix 6, Appendix 7, Appendix 8).
- Ensure that there is clear documentation of the unmet health need, including risk assessment and any actions taken as a result.
- Consider any reasonable adjustments that may need to be made to support the appointment to be attended. (For example, scheduled text message, interpreter etc.)
- Is this a family that may benefit from Early support intervention and support (consent is needed for this). More information on early help can be found via the [Doncaster Safeguarding Children's Partnership](#) website and the [Nottinghamshire early help](#) service website.
- The Trust has flow charts in place to support the management of 'was not brought'. (Appendix 1)

4.5 RECOMMENDATIONS FOR COLLEAGUES WORKING WITH ADULTS AT RISK, WHO ARE NOT BROUGHT FOR HEALTH APPOINTMENTS

- The trust have a flow chart in place to support the management of adults at risk who are not brought to their appointments (Appendix 9). Standardised letter templates are also available (Appendix 10, Appendix 11, Appendix 12).
- Agree who in your team is best to contact the adult at risk or their identified carer, who has not been brought to their appointment if appropriate to do so, especially if there are multiple instances.
- Consideration must be given to the adult at risk/carers own needs including: their level of understanding e.g.: any learning disability, literacy/language/ communication difficulty, physical and mental health problems. Attempts should be made to communicate with them in a way that is appropriate to their needs and promotes partnership working. Cultural and religious beliefs must also be considered. Consider if interpreter services are needed.

- Explore whether the adult at risk requires reasonable adjustments to be brought to appointments.
- Explore whether the adult at risk has capacity and understands the consequences of their missed appointments.
- Explore whether there are any clinical consequences because of the missed appointment and if any actions are required urgently or less so.
- Explore any wider safeguarding concerns especially when there are multiple episodes of not being brought to health appointments in the trust and/or other health settings.
- If you have safeguarding concerns, discuss the adult at risk with other professionals and explore any concerns that they may hold.
- Consider whether not being brought to appointments is an indicator of neglect/abuse.
- Take appropriate action if there are clinical or safeguarding concerns.
- Notify the referrer of any 'was not brought' to appointments by the adult at risk, and document that this has been completed. This can be supported by the trust's standardised letter templates. (Appendix 10, Appendix 11, Appendix 12).
- Ensure that there is clear documentation of the unmet health need, including risk assessment and any actions taken as a result.
- If there are any safeguarding concerns, document these in the clinical notes. Refer on to safeguarding via datix. Details of how to complete a safeguarding adults referral can be found on the [DBTH Safeguarding Adults Hive page](#).

5 CANCELLED/RESCHEDULED APPOINTMENTS

Repeated cancellation and rescheduling of appointments should be treated with the same degree of concern and professional curiosity. This could be seen as a feature of disguised compliance and potentially harmful to the person requiring health attention for an unmet health need.

All points raised in sections 4.4/4.5 should be considered, as are equally relevant.

The process for cancelled appointments is set out in the DBTH 'cancelled appointments' flow chart. (See appendix 2 for children).

Only appointments cancelled by the Adult at risk/Child/Young Person/ Parent/ Guardian/ Carer should be included in the total of cancelled appointments for a person. Appointments that have been cancelled/re-scheduled by the trust, should not be included.

7 PROCEDURES

The trust 'Was Not Brought' flowcharts should be used when dealing with 'Was Not Brought' cases within the trust. See Appendix 1 and Appendix 2 for children. See Appendix 9 for adults at risk.

Individual clinical areas and departments may have their own standard operating procedures/guidelines, developed using the information and guidance within this policy.

7.1 NEW PATIENT APPOINTMENTS

If a child/ adult at risk is not brought to their first appointment within the trust. The responsibility of that child/adult at risk would remain with the referrer, until they have been seen by a DBTH clinician. The referring clinician should use their professional judgement to assess if there are any safeguarding concerns. The DBTH clinician should inform the referred that the child/adult at risk has not been brought to their appointment. If the 'was not brought' is a first appointment within the trust, and it is decided that a further appointment will not be offered, the new patient discharge letter can be sent. See Appendix 6.

9 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Compliance with Policy.	DBTH Safeguarding Team	Quarterly	Identify WNB themes within Social Care referrals as part of the quality assurance process. This will be reported into Strategic Safeguarding Group.

Audit of Paediatric Cancellations.	Paediatric Outpatients	Annual	This will be reported to Audit and Effectiveness forum / Effective Committee
Safeguarding Training	DBTH Safeguarding team and Divisions	Quarterly	Safeguarding compliance is monitored quarterly via the Strategic Safeguarding Group

10 DEFINITIONS

A child is any person under the age of 18 years.

An adult is any person over 18 years.

Domestic Abuse is an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence, in the majority of cases by a partner or ex-partner, but also by a family member or carer.

11 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 14)

12 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

CORP/EMP 59 – Equality Diversity and Inclusion

CORP/EMP 27 – Equality Analysis Policy

PAT PS 8 - Safeguarding Adults Policy

PAT PS 10 - Safeguarding Children Policy

PAT PA 19 - Mental Capacity Act 2005 Policy

PAT/PA 28 - Privacy and Dignity Policy

PAT/PA 1 – Hospital Access Policy

PAT/PS 12 – Domestic Abuse Policy

13 TRAINING/SUPPORT

General awareness will take place as part of publication of this policy. In addition, information about ‘was not brought’ and this policy is included in trust’s safeguarding training. Information is also available on the DBTH Safeguarding Team section of the Intranet.

14 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under ‘Current data protection legislation’ as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

15 REFERENCES

HM Government advice for information sharing (2018a)

Nottinghamshire Safeguarding Children’s Partnership ‘Pathway to Provision’ (2021)

The Care Act (2014)

The Domestic Abuse Act (2021)

The Mental Capacity Act (2005)

Working Together to Safeguard Children (2023)

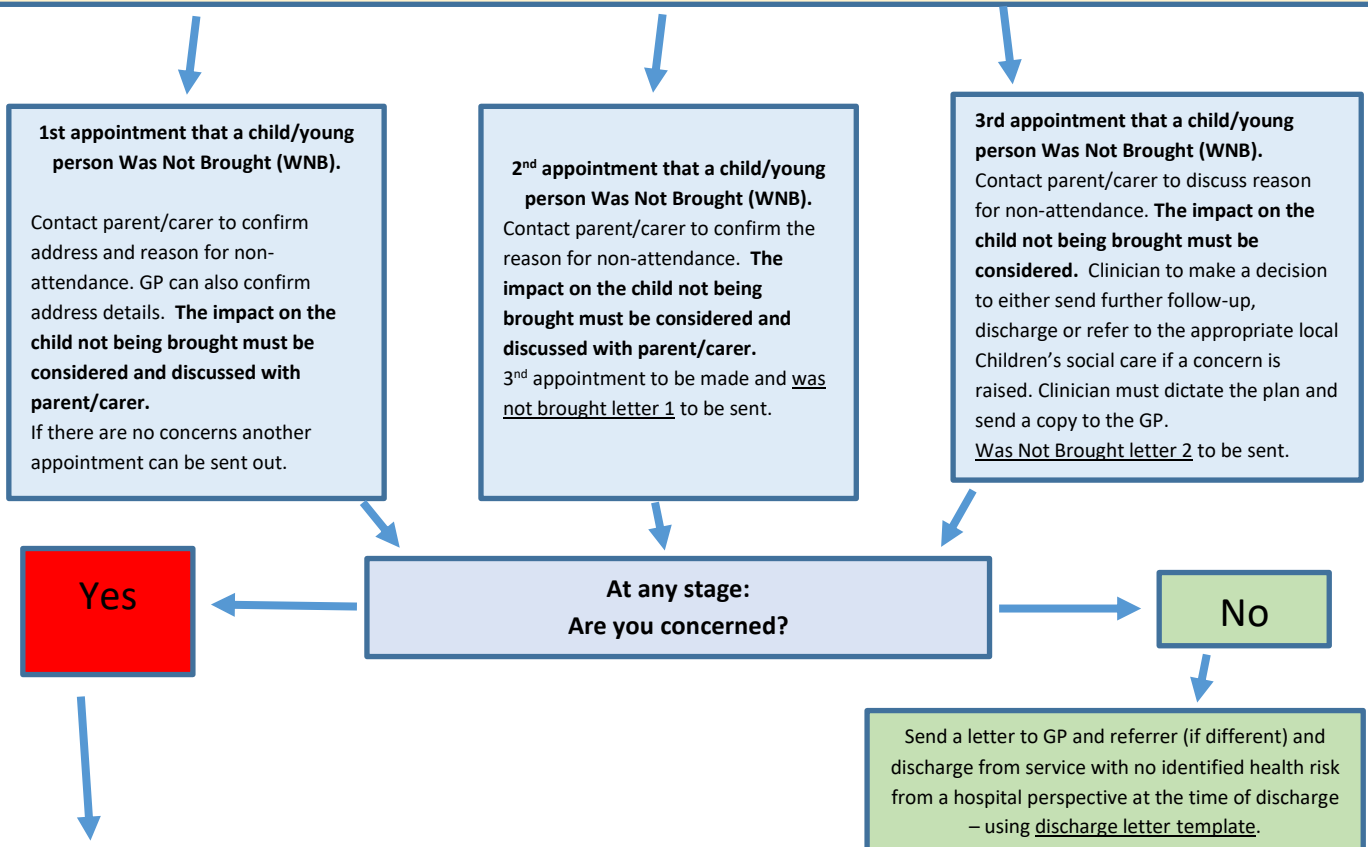
APPENDIX 1 – WAS NOT BROUGHT FLOW CHART FOR CHILDREN UNDER 18 YEARS



Was not brought flowchart – Children under 18 years

At each WNB it is the clinician's responsibility to assess the risk to the child's welfare of not being brought to the appointment. This can be achieved by considering the following:

- Check on Symphony, Clinical Portal, CAMIS or contact their GP for up to date contact details.
- Check SystemOne for Safeguarding alerts.
- Child protection concerns past and present from previous hospital history.
- Significant previous non-attendances.
- Potential and actual impact of non-attendance on child's/young person's health and well-being
- Any known concerns with regards to parent's or carer's which may impact on their ability to parent from your initial assessment/consultation
- Contact the Paediatric Liaison Practitioner on 01302 642664, 077899876554 or rdash.paediatric-liaison@nhs.net (Bassetlaw – 0300 123 45360) who can check if the child is attending school, and if there are any concerns relating to the 0-19 service.
- If further advice/support is required, please contact [DBTH Safeguarding Children's Team](mailto:DBTH.Safeguarding.Childrens.Team) on 01302 642437



If you have evidence that this child is at risk of significant harm make a referral to the relevant local authority and email to:
 Doncaster – Children's Social Care – childrenassessmentsservice@doncaster.gov.uk
 Bassetlaw – MASH – mash.safeguarding@northyorks.gov.uk
 Send a letter to GP and 0-19 practitioner and original referrer informing of actions taken, including any referral.
 If you require further advice/support, please contact [DBTH Safeguarding Children's Team](mailto:DBTH.Safeguarding.Childrens.Team) on 01302 642437

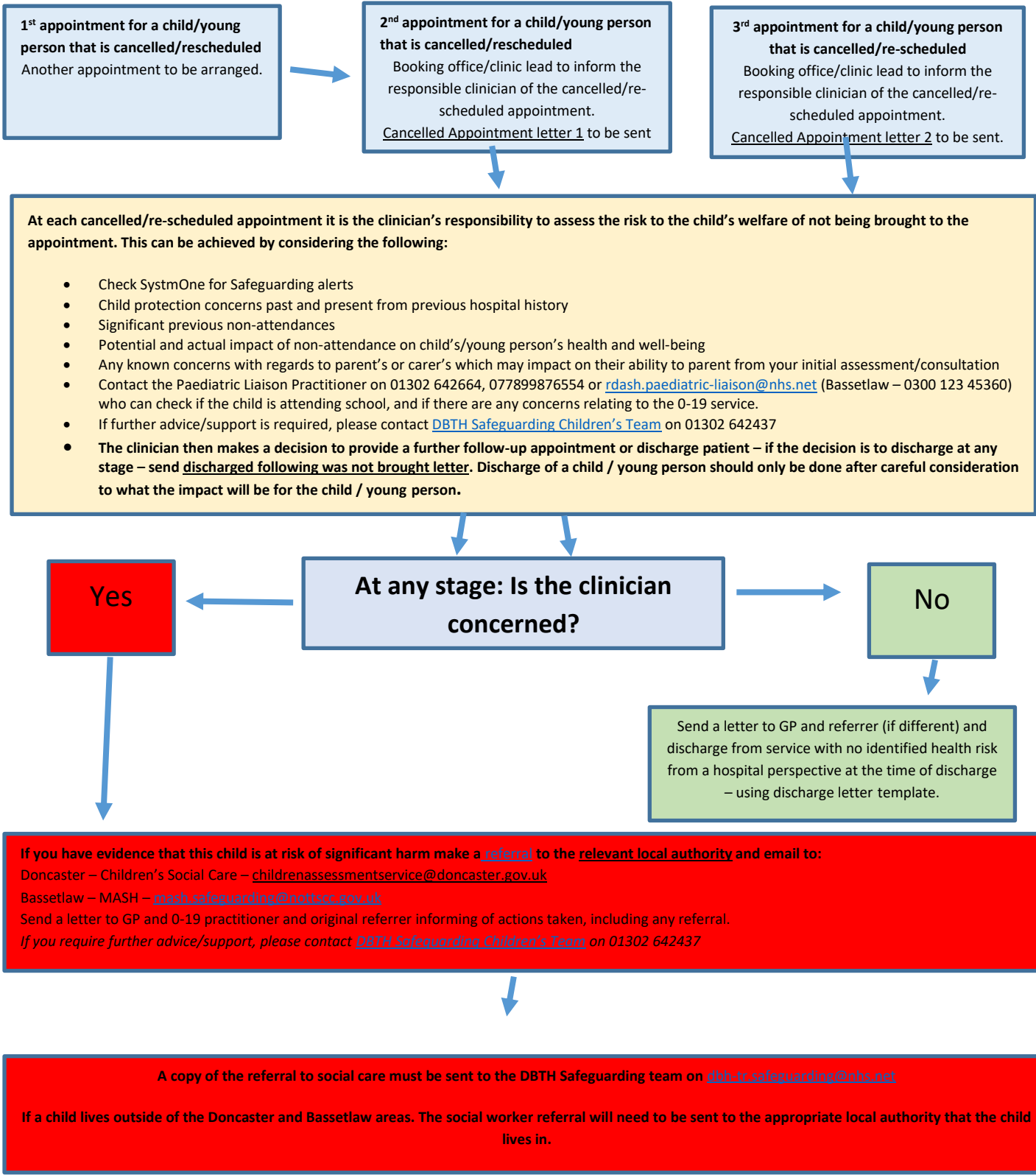
A copy of the referral to social care must be sent to the DBTH Safeguarding team on dbth-tr.safeguarding@nhs.net

If a child lives outside of the Doncaster and Bassetlaw areas. The social worker referral will need to be sent to the appropriate local authority that the child lives in.

**APPENDIX 2 – CANCELLED/RE-SCHEDULED APPOINTMENTS
FLOWCHART FOR CHILDREN UNDER 18**



Cancelled/Re-scheduled Appointments Flowchart – Children under 18 years



APPENDIX 3 – WAS NOT BROUGHT LETTER 1 (CHILDREN UNDER 18 YEARS)



Doncaster Royal Infirmary
Armthorpe Road,
Doncaster
South Yorkshire
DN2 5LT

DEPARTMENT

Email: _____
Tel: _____

Parent/Guardian of CHILD'S NAME
INSERT CHILDS ADDRESS

Dear Parent/Guardian,

We note that (INSERT NAME) was not brought to their appointments on (INSERT DATES). We would like to rebook the appointment but haven't been able to get hold of you by telephone/ We have spoken to you on the phone and re-booked your appointment. (Delete as appropriate)

We have booked another appointment on (INSERT DATE)

It is important that people attend their health appointments and when a child/ young person is not brought to an appointment, we, as a Trust, become concerned about their health and welfare.

If your child/young person is not brought to the next appointment, in accordance with our Trust Policy, we may have to escalate our concerns, and liaise with other professionals to understand further their health and welfare. In order to ensure that (INSERT NAME) has no unmet health needs.

We are keen to support attendance and if you can identify any reasonable adjustments which would support this, then please do let us know.

Many thanks
Yours sincerely
On behalf of Doncaster and Bassetlaw NHS Foundation Trust

Cc

GP

0-19 Service

APPENDIX 4 – WAS NOT BROUGHT LETTER 2 (CHILDREN UNDER 18 YEARS)



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Doncaster Royal Infirmary
Armthorpe Road,
Doncaster
South Yorkshire
DN2 5LT

DEPARTMENT

Email: _____
Tel: _____

Parent/Guardian of CHILD'S NAME
INSERT CHILDS ADDRESS

Dear Parent/Guardian,

We note that (INSERT NAME) was not brought to their appointment on (INSERT DATE), (INSERT DATE) and (INSERT DATE). This is the third occasion that (INSERT NAME) has not been brought to their appointment.

We also previously wrote to you on (INSERT DATE), regarding the importance of children attending their health appointments.

All relevant information has been taken into account, and the decision has been made to; (DELETE AS APPROPRIATE).

1. Offer a further appointment. On (INSERT DATE). It is important that your child is brought to this appointment.
2. Discharge your child from our service. If you feel that your child needs to be re-referred into our service, please contact your GP.
3. Refer to children's social care. We are concerned about the health of your child, and the impact of them not being brought to their appointment.

A copy of this letter will be sent on to your child's GP for their information.

Many thanks

Yours sincerely

On behalf of Doncaster and Bassetlaw NHS Foundation Trust

Cc

GP

0-19 Service

APPENDIX 5 – CANCELLED APPOINTMENT LETTER 1 (CHILDREN UNDER 18 YEARS)



Doncaster Royal Infirmary
Armthorpe Road,
Doncaster
South Yorkshire
DN2 5LT

DEPARTMENT

Email: _____
Tel: _____

Parent/Guardian of CHILD'S NAME
INSERT CHILDS ADDRESS

Dear Parent/Guardian,

We note that (INSERT NAME)'s (INSERT SPECIALITY) appointment has been cancelled on two occasions. We have spoken to you on the phone and re-booked your appointment.

We have booked another appointment on (INSERT DATE)

It is important that people attend their health appointments and when a child/ young person is not brought to an appointment, we, as a Trust, become concerned about their health and welfare.

If your child/young person is not brought to the next appointment, in accordance with our Trust Policy, we may have to escalate our concerns, and liaise with other professionals to understand further their health and welfare. In order to ensure that (INSERT NAME) has no unmet health needs.

We are keen to support attendance and if you can identify any reasonable adjustments which would support this, then please do let us know.

Many thanks
Yours sincerely
On behalf of Doncaster and Bassetlaw NHS Foundation Trust

Cc

GP

0-19 Service

APPENDIX 6 – CANCELLED APPOINTMENT LETTER 2 (CHILDREN UNDER 18 YEARS)



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Doncaster Royal Infirmary
Armthorpe Road,
Doncaster
South Yorkshire
DN2 5LT

DEPARTMENT

Email: _____
Tel: _____

Parent/Guardian of CHILD'S NAME
INSERT CHILDS ADDRESS

Dear Parent/Guardian,

We note that (INSERT NAME)'s appointments were cancelled on (INSERT DATE), (INSERT DATE) and (INSERT DATE). This is the third occasion that (INSERT NAME)'s appointment has been cancelled.

We also previously wrote to you on (INSERT DATE), regarding the importance of children attending their health appointments.

All relevant information has been taken into account, and the decision has been made to; (DELETE AS APPROPRIATE).

1. Offer a further appointment. On (INSERT DATE). It is important that your child is brought to this appointment.
2. Discharge your child from our service. If you feel that your child needs to be re-referred into our service, please contact your GP.
3. Refer to children's social care. We are concerned about the health of your child, and the impact of them not being brought to their appointment.

A copy of this letter will be sent on to your child's GP for their information.

Many thanks

Yours sincerely

On behalf of Doncaster and Bassetlaw NHS Foundation Trust

Cc

GP

0-19 Service

APPENDIX 7 – DISCHARGE LETTER FOR CHILDREN UNDER 18 YEARS



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Doncaster Royal Infirmary
Armthorpe Road,
Doncaster
South Yorkshire
DN2 5LT

DEPARTMENT

Email: _____

Tel: _____

INSERT GP ADDRESS

Dear (GP),

We are writing to inform you that;

(INSERT CHILDS FULL DETAILS)

Has not been brought to three (INSERT SPECIALITY) appointments/Has had three (INSERT SPECIALITY) appointments cancelled.

All relevant information has been taken into account, and the decision has been made to discharge (INSERT NAME) from our service. If you feel that this child needs to be re-referred into our service, then please do so.

Many thanks

Yours sincerely

On behalf of Doncaster and Bassetlaw NHS Foundation Trust

CC

0-19 SERVICE

APPENDIX 8 – DISCHARGE LETTER FOR NEW PATIENTS



Doncaster Royal Infirmary
Armthorpe Road,
Doncaster
South Yorkshire
DN2 5LT

DEPARTMENT

Email: _____
Tel: _____

INSERT GP/REFERRER ADDRESS

Dear (GP/REFERRER),

We are writing to inform you that;

(INSERT CHILDS FULL DETAILS)

Has not been brought to their appointment/Has had their appointment cancelled, for which you referred them into our services at DBTH.

All relevant information has been taken into account, and the decision has been made to discharge (INSERT NAME) from our service. As we have not seen this patient, we have not explored any barriers to attendance. If you feel that the child/young person needs to be re-referred into our service, then please do so.

Many thanks

Yours sincerely

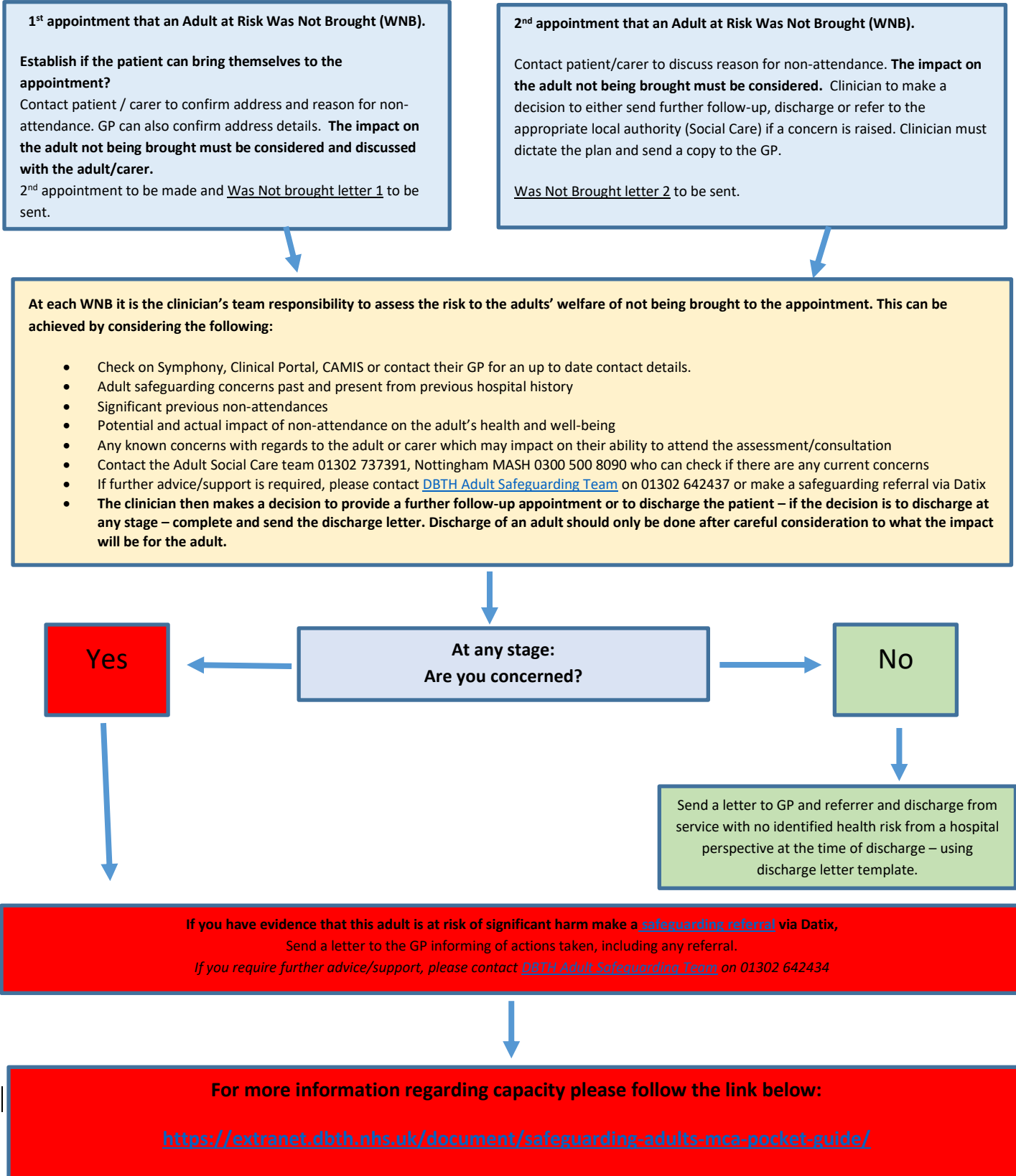
On behalf of Doncaster and Bassetlaw NHS Foundation Trust

CC

0-19 SERVICE

APPENDIX 9 - WAS NOT BROUGHT FLOW CHART FOR ADULTS AT RISK OVER 18 YEARS

Was not brought flowchart – Adults at risk over 18 years



APPENDIX 10 - WAS NOT BROUGHT LETTER 1 (ADULTS AT RISK)



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Doncaster Royal Infirmary
Armthorpe Road,
Doncaster
South Yorkshire
DN2 5LT

DEPARTMENT

Email: _____
Tel: _____

Patient / Carer of ADULTS NAME
INSERT ADULTS ADDRESS

Dear Patient / Carer,

We are sorry that (INSERT NAME) was not brought to their appointment on (INSERT DATE). We would like to rebook the appointment but haven't been able to get hold of you by telephone. We may have the wrong number for you.

We have booked an appointment for (INSERT NAME) on (INSERT DATE)

It is important that people attend their health appointments and when an adult at risk person is not brought to an appointment, we, as a Trust, become concerned about their health and welfare, and any wider safeguarding concerns potentially being experienced by that person.

If (INSERT NAME) is not brought to the next appointment, in accordance with our Trust Policy, we may have to take one or more of the following steps to understand further the health and welfare of (INSERT NAME), so that we can ensure that there are no unmet health needs.

- 1. Contact other professionals such as Specialist Nurses, District nurses to enquire about the health and welfare of the adult at risk.**
- 2. Contact other agencies such as Adult Social Care, regarding your welfare and the welfare of the adult at risk in your care.**

We are keen to support attendance and if you can identify any reasonable adjustments, we could make to the way we book appointments or remind you that one is coming up that may help you to support the person in your care to attend their appointments then please do let us know.

Many thanks
Yours sincerely
On behalf of Doncaster and Bassetlaw NHS Foundation Trust

Cc

GP

APPENDIX 11 - WAS NOT BROUGHT LETTER 2 (ADULTS AT RISK)



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Doncaster Royal Infirmary
Armthorpe Road,
Doncaster
South Yorkshire
DN2 5LT

DEPARTMENT

Email: _____
Tel: _____

Patient / Carer of ADULT NAME
INSERT ADULTS ADDRESS

Dear Patient / Carer,

We are sorry that (INSERT NAME) was not brought to their appointment on (INSERT DATE) and (INSERT DATE). This is the second occasion that (INSERT NAME) has not been brought to their appointment.

We also previously wrote to you on (INSERT DATE), regarding the importance of adults at risk attending their health appointments.

All relevant information has been taken into account, and the decision has been made to; (DELETE AS APPROPRIATE).

1. Offer a further appointment. On (INSERT DATE). It is important that (INSERT NAME) is brought to this appointment.
2. Discharge (INSERT NAME) from our service. If you feel (INSERT NAME) needs to be re-referred into our service, please contact your GP.
3. Refer to Adult social care. We are concerned about the health of (INSERT NAME), and the impact of them not being brought to their appointment.

A copy of this letter will be sent on to their GP for information.

Many thanks

Yours sincerely

On behalf of Doncaster and Bassetlaw NHS Foundation Trust

Cc

GP

APPENDIX 12 - DISCHARGE LETTER FOR ADULTS AT RISK



Doncaster Royal Infirmary
Armthorpe Road,
Doncaster
South Yorkshire
DN2 5LT

DEPARTMENT

Email: _____
Tel: _____

INSERT GP ADDRESS

Dear (GP),

We are writing to inform you that;

(INSERT ADULTS FULL DETAILS)

Has not been brought to two (INSERT SPECIALITY) appointments.

All relevant information has been taken into account, and the decision has been made to discharge (INSERT NAME) from our service. If you feel that (INSERT NAME) needs to be re-referred into our service, then please do so.

Many thanks

Yours sincerely

On behalf of Doncaster and Bassetlaw NHS Foundation Trust

CC

APPENDIX 13 – MATERNITY SERVICES PAYMENT FOR TREATMENT INFORMATION

Advice Enclosure – New-born babies

Status of parent	Regulations	Evidence Required
<p><u>Parent is British Citizen</u> If one of baby's parents is a British Citizen</p>	<p>If one parent has British Citizenship (or has Indefinite Leave to Remain prior to the child being born) then the baby is a British Citizen and therefore exempt if proven that parent residing in the UK. The person/s with parental responsibility and child must be ordinarily resident in the UK and be able to provide documentation to prove this.</p>	<p>The person/s with parental responsibility must provide documentation to prove that they are ordinarily resident in the UK-please see enclosure 2 and that there is an intention for the child to be ordinarily resident</p>
<p>Mum of baby has paid the Immigration Health Surcharge (IHS)</p>	<p>Baby is exempt for the first 3 months if the baby is not taken out of the UK during this time. <i>Paragraph 172 of the DHSC Overseas Visitors Charging Regulations 2023</i> https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1186860/nhs-cost-recovery-overseas-visitors_september2023.pdf <i>If a parent does not regularise their child's status in the UK, they must pay for any relevant services their child requires after the 3-month period, unless another exemption applies.</i> **The IHS doesn't become effective until the visa is granted</p>	<p>If the treatment given to baby is within the first 3 months of birth- IHS payment documentation for mum If treatment is after the first 3 months of birth- evidence of baby's status in the UK</p>
<p><u>EU Settled Status (EUSS)</u> Baby's parent has EUSS SS</p>	<p><u>EUSS SS</u> A baby born on or after 1 April 2021 to someone in the UK who has EUSS has the same rights as those with ILTR. https://www.gov.uk/check-british-citizenship/born-in-the-uk-from-1-july-2021-onwards</p>	<p>The person(s) with parental responsibility must provide documentation to prove that they are ordinarily resident in the UK-please see enclosure 2</p>
<p><u>EU Settlement Scheme-Pre-settled Status (EUSS PS)</u> Baby's parent has EUSS PS</p>	<p><u>EUPS</u> The parent has 3 months to apply for baby's status. During the first 3 months the baby is exempt from charge with temporary protection under the withdrawal agreement. You must have applied for your child's status within the first 3 months from birth. <i>Paragraph 290 of the DHSC Overseas Visitors Charging Regulations 2023</i> https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1186860/nhs-cost-recovery-overseas-visitors_september2023. <i>Children born in the UK on or after 1 April 2021 to parents with pre-settled status are also considered to be joining family members. Therefore, the child would be exempt from charge</i></p>	<p>If the treatment given to baby is within the first 3 months of birth- evidence of parents EUPS If treatment is after the first 3 months of birth- evidence of baby's status in the UK EUSS/EPUS documentation/ application</p>

	<i>for 3 months, in line with the temporary protection for joining family members under the Withdrawal Agreement.</i>	
<u>The parent or parents have Indefinite Leave to Remain (ILTR)</u>	If a parent or both parents have been granted ILTR prior to the child being born, then the baby is automatically a British Citizen and therefore exempt if proven that parent residing in the UK.	The person(s) with parental responsibility must provide documentation to prove that they are ordinarily resident in the UK-please see enclosure 2 and that there is an intention for the child to be ordinarily resident
<u>Undocumented migrants</u> Both parents of baby are subject to immigration control	If parents are subject to immigration control, baby also needs to have a visa/leave in their own right. Child is chargeable from birth.	Evidence of application to the Home Office to regularise baby in the UK from birth and that leave must have been granted
<u>Dependant of a parent's asylum claim</u> Baby is named as a dependant on a parent's asylum claim	If the baby is named as a dependant on a parent's asylum claim and this claim is being considered, then they are exempt from charge.	Evidence of asylum claim including documentation from the Home Office

APPENDIX 14 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Was Not Brought Policy	Safeguarding	Kim Armistead	New Policy	May 2024
1) Who is responsible for this policy? Name of Division/Directorate: DBTH Safeguarding Team				
2) Describe the purpose of the service / function / policy / project / strategy? To provide guidance for colleagues supporting patients that are not brought to health appointments throughout the trust. To safeguard vulnerable children and adults.				
3) Are there any associated objectives? Legislation, targets national expectation, standards: Working together to safeguard children (2018) The care act (2014)				
4) What factors contribute or detract from achieving intended outcomes? Adherence to policy.				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance No				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] 				
6) Is there any scope for new measures which would promote equality? [any actions to be taken] N/A				
7) Are any of the following groups adversely affected by the policy? No				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27.</i>				
Date for next review:		May 2027		
Checked by: Denise Phillip		Date: 8 th August 2024		