POLICY NAME:	**Safeguarding Policy relating to Was Not Brought (WNB), No Access Visits (NAV) or Failure to Attend (FTA)**
POLICY ID NUMBER:	**TW22-067**
VERSION NUMBER:	**1**
APPROVING COMMITTEE:	**Safeguarding Effectiveness Group**
DATE THIS VERSION APPROVED:	**August 2022**
RATIFYING COMMITTEE	**PARG (Policy Approval and Ratification Group)**
DATE THIS VERSION RATIFIED:	**December 2022**
AUTHOR (S) (JOB TITLE)	**Assistant Director of Safeguarding, Named Safeguarding Professionals, Specialist Nurse Safeguarding Children**
DIVISION/DIRECTORATE:	**Corporate/Safeguarding**
LINKS TO ANY OTHER POLICIES/PROCEDURES:	**Safeguarding/Child Protection Children and Young Peoples Policy TW110-031 Safeguarding Adult at Risk Policy TW21-034 Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) TW13-039 Clinical Record Keeping Policy TW10-048 Consent to examination or treatment TW10-019 Interpreting and Translation Service TW11-023 SOP 1**
CONSULTED WITH:	**Think Family Safeguarding Service, 0-19 Health Visiting and School Nursing Service, Interim Clinical Manager – Community Children's Specialist Team, Named Doctor for Safeguarding Children, Named Doctor for Safeguarding Adults, All Age Clinical Lead**

DATES PREVIOUS VERSION(s) APPROVED	Version	Date
NEXT REVIEW DATE:	**December 2025**	
MANAGER RESPONSIBLE FOR REVIEW (Must be Authors Line Manager)	**Associate Director of Safeguarding**	

The WWL Way

Version Control

Version	Date	Amendment

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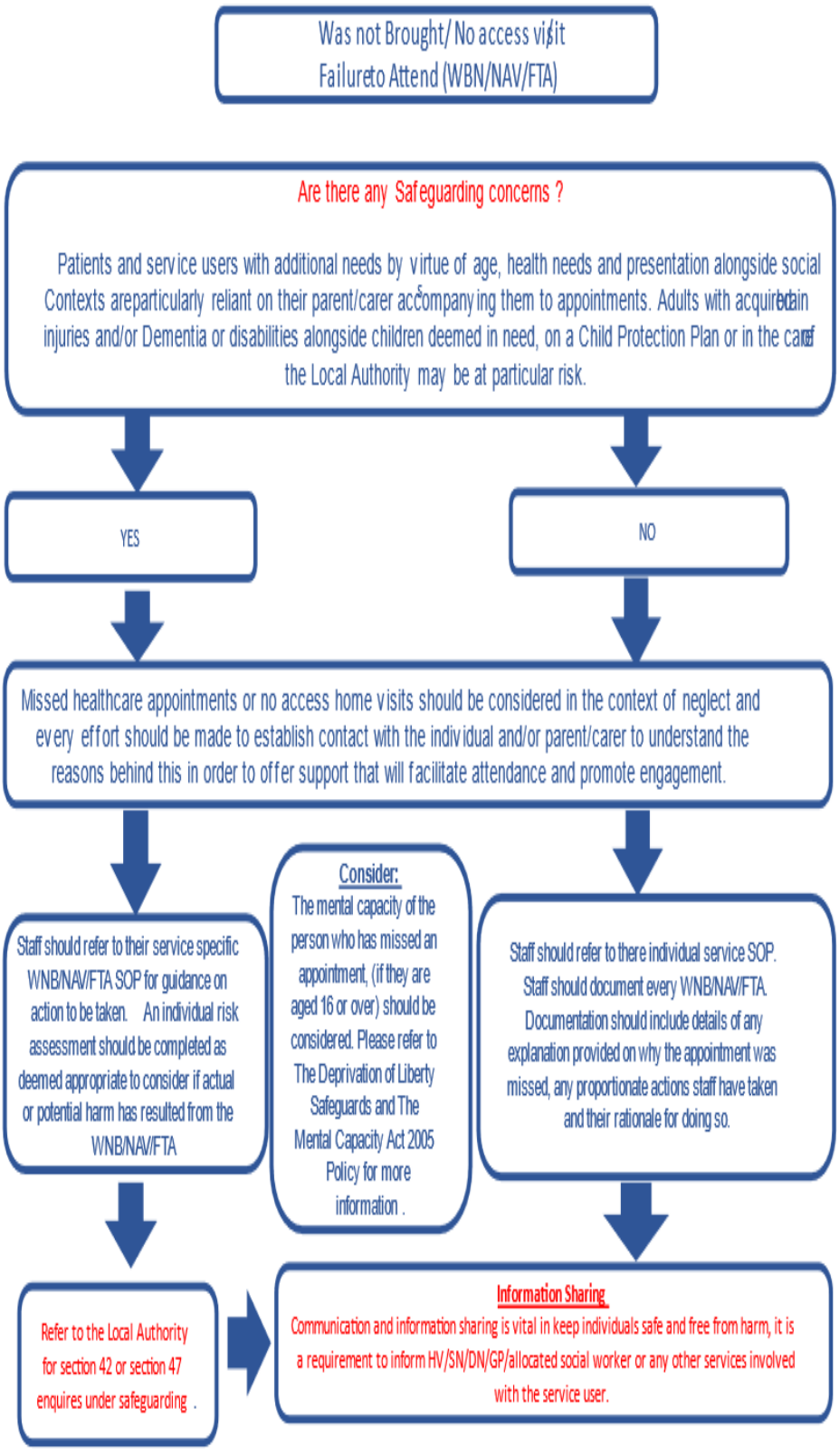
Was not Brought/ No access visit
Failure to Attend (WBN/NAV/FTA)
Are there any Safeguarding concerns ?
Patients and service users with additional needs by virtue of age, health needs and presentation alongside social Contexts are particularly reliant on their parent/carer accompanying them to appointments. Adults with acquired brain injuries and/or Dementia or disabilities alongside children deemed in need, on a Child Protection Plan or in the care of the Local Authority may be at particular risk.
YES
NO
Missed healthcare appointments or no access home visits should be considered in the context of neglect and every effort should be made to establish contact with the individual and/or parent/carer to understand the reasons behind this in order to offer support that will facilitate attendance and promote engagement.
Staff should refer to their service specific WNB/NAV/FTA SOP for guidance on action to be taken. An individual risk assessment should be completed as deemed appropriate to consider if actual or potential harm has resulted from the WNB/NAV/FTA
Consider:
The mental capacity of the person who has missed an appointment, (if they are aged 16 or over) should be considered. Please refer to The Deprivation of Liberty Safeguards and The Mental Capacity Act 2005 Policy for more information .
Staff should refer to there individual service SOP. Staff should document every WNB/NAV/FTA. Documentation should include details of any explanation provided on why the appointment was missed, any proportionate actions staff have taken and their rationale for doing so.
Refer to the Local Authority for section 42 or section 47 enquires under safeguarding .
Information Sharing
Communication and information sharing is vital in keep individuals safe and free from harm, it is a requirement to inform HV/SN/DN/GP/allocated social worker or any other services involved with the service user.

AT ALL TIMES, STAFF MUST TREAT PATIENTS WITH RESPECT AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY.

1 INTRODUCTION

1.1 The purpose of this Policy is to outline the responsibilities of Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust (here on referred to as the Trust) practitioners when children & young people, adults at risk and their parents and/or carers are not brought or fail to attend health appointments leading to no access visits or disengagement from health services.

1.2 When children, young people and adults at risk are not brought to health appointments or access to a home is not gained there are a number of issues that present a challenge to the practitioner, and which have the potential to result in unaddressed need and unassessed risk. Missed healthcare appointments or no access home visits should be considered in the context of neglect and every effort should be made to establish contact with the individual and/or parent/carer to understand the reasons behind this in order to offer support that will facilitate attendance and promote engagement. Professional curiosity and the ability to have difficult conversations are also an essential part of safeguarding and are required when working with people who struggle to engage with support.

1.3 Children & young people, adults at risk and their parents and/or carers who are in contact with our services may have multiple factors, such as communication issues, language and/or learning disabilities, issues regarding their mobility or be experiencing any level of poverty, discrimination, and social exclusion that can impact their ability to access or engage with health services. Professionals should be ready to ‘think the unthinkable’ and respond to it using respectful uncertainty rather than professional optimism.

1.4 Many Child Safeguarding Practice Reviews (CSPR), Safeguarding Adult Reviews (SAR), Mental Homicide Reviews (MHR) and Domestic Homicide Reviews (DHR), both nationally and regionally have featured failure to access health appointments or no access visits (NAV) as a precursor to serious child or adult neglect, abuse, and death.

1.5 The Human Rights Act 1998 clearly identifies that everyone has right to life; agencies therefore have a responsibility to meet the care needs of children, young people, and adults to ensure that they are safeguarded.

2 POLICY STATEMENT

2.1 A vital element in the work of the NHS is keeping children, young people, and adults at risk safe and protected from potential harm; practitioners, and their managers have a key role in this. Staff groups should fully understand their responsibilities and duties as set out in primary legislation and associated policies and guidance.

2.2 It is essential that early identification of patients not brought or failing to attend health appointments leading to no access visits or disengagement with services is considered by practitioners as a potential safeguarding concern requiring appropriate safeguarding referral, safety planning and/or escalation. Some instances of non-engagement would have previously been considered as 'disguised compliance' however this term does not take into consideration personal histories of trauma and trauma responses, nor does it come from a strengths-based approach.

2.3 Patients and service users with additional needs by virtue of age, health needs and presentation alongside social contexts are particularly reliant on their parent/carer accompanying them to appointments. Adults with acquired brain injuries and/or Dementia or disabilities alongside children deemed in need, on a Child Protection Plan or in the care of the Local Authority may be at particular risk. Professionals should consider the impact on the whole family that a failed contact or missed appointment could have; 'Think Family' principles are paramount.

2.4 Modelling of health services which are accessible, relevant, user friendly, engaging, and respectful is of utmost importance. When arranging appointments and home visits Trust services are expected to consider the necessary steps to prevent or reduce the potential for Was Not Brought, Failure to Attend or No Access Visits. This includes offering choice, appointment reminders and flexibility in relation to appointment times and location. The offering of clear, unambiguous, user-friendly information in an accessible format and translated into languages appropriate to local communities, employing the use of interpreters, as per Trust Policy is required.

3 KEY PRINCIPLES

3.1 When a child, young person or adult is not brought, fails to attend or there is a no access visit the sharing of information with other agencies can be vital in identification of, or ensuring the acting upon, safeguarding concerns in a timely manner.

3.2 All staff have a duty to safeguard by recognising neglect and abuse and referring onwards to relevant agencies as defined within **Children Act (1989, 2004), Working Together (2018, 2020) and The Care Act (2014).**

3.3 Fundamentally, it remains the responsibility of every NHS funded organisation, and each individual healthcare professional working in the NHS, to ensure that the principles and duties of safeguarding children and adults are holistically, consistently, and conscientiously applied; the wellbeing of those children and adults is at the heart of what we do *(Safeguarding children, young people and adults at risk in the NHS Safeguarding accountability and assurance framework, Version 3, 21 July 2022).*

3.4 Practitioners must approach any response to a child, young person or adult at risk not brought or facilitated to access clinical care on a case-by-case basis and according to the perceived risk to the patient. The latter can be determined by answering the question **'What is the impact of the missed appointment on the patient/service user?'.**

3.5 Health professionals should determine follow-up requirements on an individual patient basis. Professionals should also consider if concerns and information should be shared with other professionals and/or agencies.

3.6 Services will develop their own Standard Operating Procedure, (SOP), to govern the actions that are required, taking into consideration the unique characteristics of their client group. Service line SOPs should detail how many missed appointments will trigger escalation of concerns, warrant communication with partner agencies and/or trigger a safeguarding referral. Appointments that are cancelled by the parents/carers should be considered in the same light as WNB/FTA/NAV.

4 RESPONSIBILITIES

4.1 The Chief Executive:

- Must provide strategic leadership, promote a culture of supporting good practice regarding safeguarding within the Trust and encourage learning, professional curiosity, and collaborative working with other agencies

- Takes overall responsibility for Safeguarding Strategy and Policy with additional leadership being provided at by the Trust Board and the Executive Director with the lead for Safeguarding

4.2 The Chief Nurse is responsible, as the executive lead, for Safeguarding, for:

- ensuring that appropriate safeguarding structures, policies and procedures are in place and available to staff

4.3 Directors, Clinical Directors, Division Directors of Operational and Divisional Directors of Nursing & AHPs are responsible for:

- Ensuring that their division and/or Directorate has management and accountability structures that deliver safe and effective services in accordance with statutory, national and local guidance and safeguarding principles for safeguarding children, young people and adults.

4.4 Heads of Nursing, Matrons, Managers and Service Leads are responsible for:

- Ensuring that their division and/or Service has management and accountability structures and process in place to guide staff on actions to be taken when a child or adult at risk Was Not Brought, Fails to Attend or there is a No Access Visit

4.5 The Assistant Director of Safeguarding, Named Professionals for Safeguarding Children, Children in Care, Adults & Maternity, and the Think Family Safeguarding Service 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 Was Not Brought, Failure to Attend or No Access Visit

- Developing overarching policy to inform service line policies or standard operating procedures on Was Not Brought, Failure to Attend or No Access Visit

4.6 Staff should document every Was Not Brought, Failure to Attend or No Access Visit. Documentation should include details of any explanation provided on why the contact was missed; any proportionate and appropriate actions staff have taken and their rationale for doing so.

4.7 Staff should refer to their service specific Was Not Brought, Failure to Attend or No Access Visit Standard Operating Procedure for guidance on action to be taken. An individual risk assessment should be completed as deemed appropriate to consider if actual and/or

potential harm has resulted from WNB/FTA/NAV and raise a safeguarding referral to social care if thresholds are met.

4.8 The mental capacity of the person who has missed an appointment, (if they are aged 16 or over) should be considered. Please refer to The Deprivation of Liberty Safeguards and The Mental Capacity Act 2005 Policy for more information.

4.9 Seek support and guidance from the Trust Think Family Safeguarding Service in a timely manner when they are unclear or unsure of the appropriate action in relation to safeguarding concerns.

5 HUMAN RIGHTS ACT

Implications of the Human Rights Act have been considered in the formulation of this document and they have, where appropriate, been fully reflected in its wording.

6 INCLUSION AND DIVERSITY

The document has been assessed against the Equality Impact Assessment Form from the Trust's Equality Impact Assessment Guidance and, as far as we are aware, there is no impact on any protected characteristics.

7 MONITORING AND REVIEW

This document will be reviewed every 3 years or as and when changes or legislation which affects the document are introduced.

8 ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats e.g., large print, Braille, and audio CD.
For more details, please contact the HR Department on 01942 77 3766 or email equalityanddiversity@wwl.nhs.uk

Appendix 1

REFERENCES

The Human Rights Act (1998)

The Children Act (1989, 2004)

Working Together to Safeguard Children (2018, 2020)

The Care Act (2014)

Deprivation of Liberty Safeguards/LPS and The Mental Capacity Act (2005)

Information sharing Guidance for Practitioners & Managers (2018)
https://www.gov.uk/government/publications/safeguarding-practitioners- information-sharing-advice

Appendix 2

GLOSSARY OF TERMS

Appointment	An arrangement made in writing, by telephone, or by patient/service user contact to services, where an agreement is made to see the patient at a certain time, date, and place. This can include the utilisation of technology to schedule/hold virtual meetings
Was Not Brought (WNB)	Defined as any scheduled appointment to see a child, or adult with care and support needs (as defined in the Care Act 2014) who, without notifying the service, was not brought, or presented for their appointment, by a parent and/or carer
Failure to Attend (FTA)	This refers to any prearranged contact with an adult/child, whether it is at their home, community clinic, at a community team building, within a hospital setting, or any other type of contact arranged relating to the provision of this service. Where the situation relates to a child, young person or an adult with care and support needs please ensure that the terminology 'was not brought' is used.
No Access Visits (NAV)	Where an appointment made in advance for the health care professional attends child/adult's place of residence, or another setting within the community, at the pre-arranged time but patient/service user is not available, and no contact is made. This can also be used should 'opportunistic' visits to patient's homes/residence/community setting is utilised by the service as a means of promoting contact with health service but is not completed due to contact not being made.
Non-Engagement (Previously referred to as Disengagement or Disguised Compliance)	When people struggle with accepting or engaging with support. In the context of 'disguised compliance' their behaviour may involve giving the appearance of co-operating with professionals, this may be to avoid confrontation or please the professional and allay concerns.

Equality Impact Assessment Form

STAGE 1 - INITIAL ASSESSMENT

For each of the protected characteristics listed answer the questions below using **Y** to indicate Yes and **N** to indicate No	**Sex** (male / female / transgender)	**Age** (18 years+)	**Race / Ethnicity**	**Disability** (hearing / visual / physical / learning disability / mental health)	**Religion / Belief**	**Sexual Orientation** (Gay/Lesbian/	**Gender Re-Assignment**	**Marriage / Civil Partnership**	**Pregnancy & Maternity**	**Carers**	**Other Group**	**List Negative / Positive Impacts Below**
Does the policy have the potential to affect individuals or communities differently in a negative way?	n	n	n	n	n	n	n	n	n	n	n	
Is there potential for the policy to promote equality of opportunity for all / promote good relations with different groups – Have a positive impact on individuals and communities.	y	y	y	y	y	y	y	y	y	y	y	
In relation to each protected characteristic, are there any areas where you are unsure about the impact and more information is needed?	n	n	n	n	n	n	n	n	n	n	n	**If Yes**: Please state how you are going to gather this information.

Job Title	**PLEASE COMPLETE**			**Date**	PLEASE COMPLETE

IF 'YES a NEGATIVE IMPACT' IS IDENTIFIED - A Full Equality Impact Assessment STAGE 2 Form must be completed.
This can be accessed via http://intranet/Departments/Equality_Diversity/Equality_Impact_Assessment_Guidance.asp
Please note: As a member of Trust staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete an Equality Impact Assessment. By stating that you have NOT identified a negative impact, you are agreeing that the organisation has NOT discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in Equality Legislation.

Appendix 4

POLICY MONITORING AND REVIEW ARRANGEMENTS

Para	Audit / Monitoring requirement	Method of Audit / Monitoring	Responsible person	Frequency of Audit	Monitoring committee	Type of Evidence	Location where evidence is held
	Rolling monthly review of compliance of in date documents	Project Officer to advise author 6 months in advance of review date and advise CQEC of overall Trust compliance	Project Officer	Monthly rolling programme	CQEC	Monthly compliance report	Team Drive: Director of Nursing/Corporate QEC