



Did Not Attend (DNA) and Cancellation

Target Audience				
Who Should Read This Policy	 Mental Health	 Learning Disabilities	 Children, Young People & Families	 Corporate
All Trust Staff	✓	✓	✓	✓



Honesty and
Transparency

Integrity

Empowerment

Compassion &
Kindness

Dignity &
Respect

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Explanation of terms used in this policy

Patient - A person (adult or child) who is in receipt of mental health care services from the Trust

Did Not Attend (DNA) - The term "DNA" include all non-contacts with patients when no advance notice is given of intention not to attend. I.e. The patient does not attend or was not brought to an appointment; this may be an assessment, initial appointment, outpatient clinic or an appointment that is part of ongoing care

The patient (or family) is not at home when visited at a pre-arranged time by a practitioner. The practitioner does not gain access to the patient's place of residence for a pre-arranged appointment

Was Not Brought – This term refers to Children's appointments where a carer/parent/family member or Guardian did not bring the child.

Patient cancellation - Cancellation refers to situations when notice is given by the patient of their intention not to attend for a planned appointment. I.e. any pre-arranged appointment (outpatient or home visit) that is cancelled by the patient or a representative acting on their behalf even if an alternative appointment is arranged

Trust cancellation - Any pre-arranged appointment (outpatient or home visit) that is cancelled by any Trust staff even if an alternative appointment is arranged

Missing Patient - A community patient whose whereabouts are unknown and there is cause for concern

Discharge - The discharge of a patient/service user out of the Trust's services and back to the referring agency

Due Regard - Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

Procedural Documents - the collective term for policies, procedures or guidelines

Policy - sets out the aims and principles under which services, divisions, or units will operate. A policy outlines roles and responsibilities, defines the scope of the subject covered, and provides a high level description of the controls that must be in place to ensure compliance

1.0 Introduction

Non-attendances (DNAs) and cancellations are a very costly waste of resource within the NHS and so it is important for providers to have a focused plan of action to proactively manage them.

As a very minimum, organisations should be monitoring data around DNAs such as DNA rates by specialty per month and making a local decision on what is an acceptable DNA rate for the organisation or specialty to meet.

The Trust recognises that people may choose not to attend appointments, or discontinue contact with the services we provide for them. There will be occasions where a person's non-attendance is an indicator that they may be at risk to themselves or others through deterioration in their mental health, or other issues preventing them from attending. Therefore, any failure of planned contact should be regarded as a potentially serious matter and should lead to an assessment of potential risk.

Evidence from serious case reviews for both adults and children suggest that failure to keep appointments can be early indicators of safeguarding concerns. Early intervention is the key to safeguarding adults, young people and children.

2.0 Purpose

This purpose of this overarching Trust policy is to ensure that all relevant staff (including administrative) employed by Black Country Partnership Foundation NHS Trust apply a clear and consistent approach to dealing with patients that DNA, cancel their appointment or Trust cancellation. This policy gives all staff across services pragmatic guidance relating to the management of DNA or cancelled contacts both from a clinical and safeguarding risk perspective.

This policy is disseminated to patient groups that are in co-production with the Trust to ensure that there is maximum awareness of the implications of the policy.

Services across Black Country Partnership Foundation NHS Trust work with different patient groups and operate with different levels of risk management. Divisional services will therefore provide and operate with additional local Standard Operating Procedures (SOPs) to reflect this and to best manage local circumstances. All of these SOPs are aligned to this overarching Trust policy.

3.0 Objectives

- To ensure the safety and wellbeing of people who do not attend an appointment visit, or discontinue contact with services, is safeguarded
- To ensure that the processes in place ensure early intervention and prevention when disengagement is a feature as this is the key to safeguarding
- To provide a standardised response by health care professionals to missed appointments and no access visits
- To ensure timely sharing of information between staff and other agencies to promote the wellbeing and safeguarding of people not accessing health services
- To promote effective communication and information sharing with both interagency and multi-agency professionals and services when people of any age do not attend, particularly where high risk is identified, or where there are known safeguarding concerns

- To ensure the recording and collection of timely information to enable analysis of incidents and identification of investigations
- To reduce the number of unnecessary home visits or appointments offered by health staff where access is denied or there is disengagement

4.0 Process

4.1 Prevention

- DNA appointments in general are time consuming, resource intensive and can be an indicator that a patient is at risk
- Confirmation of booking appointments should take into account the patient's skills and capacity
- Whoever is responsible for the initial booking should ascertain whether the patient has any difficulties which would impair their understanding and ensure that the appointment is confirmed in a way that the patient will understand, e.g. symbols or preferred language
- Consideration should be given to the timing of appointments, e.g. does the patient have child care or other commitments?
- Where possible a courtesy reminder telephone call should be made or text message sent 24 hours prior to the appointment
- Wherever it is feasible consideration of the needs of patient's both in the appointment set up and attendance can prevent wasted appointments e.g. appointment time, location and user friendly information in accessible formats

4.2 DNA First Appointment

- The action taken when a patient DNA'd a first appointment will depend on the level of risk to the individual or others and will be based on an assessment of that risk and professional judgement. As the patient is not known to the service at this time the assessment and action will be based on information within the referral. If the referral information indicates potentially high risk issues then there should be liaison with the referrer as soon as possible to establish the best plan to engage and minimise the risk to the patient or others
- Action taken, which relates to the risk assessment stated above, could be wide ranging but will always include a letter to the referrer to inform them that their patient/client did not attend
- Further actions, based on risk assessment, could include:
 - Checking (or finding evidence that) if the patient was aware of the appointment, and how they were informed e.g. was it in a format they could read and understand, do we have the correct details
 - Ring patient to discuss
 - Ring the referrer to get further information and discuss
 - Where appropriate make contact with the patient's family or carer based on consent, risk assessment, and liaison with referrer beforehand?
 - Discuss with other professionals involved in patient's care
 - Arrange an urgent home visit; this may include a welfare visit by the police or a joint home assessment with the GP
 - Arrange Mental Health Act assessment
 - Send patient a further appointment
 - Inform the General Practitioner /referrer of non-attendance by letter, asking what further action is required or suggested
 - Dependent upon individual roles some of the above actions may need to be discussed for the referrer to agree and arrange

- Other considerations:
 - Is the appointment time a factor affecting the likelihood of attendance?
 - Are any other statutory or voluntary agencies involved?
 - Who is most likely to engage with the patient?
 - All decisions regarding management of defaulted appointments should be recorded

Where the decision is taken to discharge a patient back to the referrer or Primary Care, the patient referral should be discharged on all relevant patient clinical IT systems to show that the patient has been discharged back to Primary Care or the referrer.

4.2.1 Action to be taken when Assessment Indicates Safeguarding Concerns

Where an assessment of referral information, or information contained within health or social care records, indicates potentially high risk issues and the service is unable to make contact with the adult, or their carer, contact must be made with the referrer and/or GP as soon as possible, advising them of the situation and requesting advice on the immediate action to be taken **within that working day**.

Further action to be taken could include:

- The lead professional will continue to make attempts to establish contact throughout the day
- Consider the need for a multi-agency strategy meeting to be convened
- Inform Adult Safeguarding team by raising a DATIX safeguarding concern and a local authority safeguarding alert as appropriate
- Inform Children's Safeguarding if the person is known to have care of children
- All actions are to be recorded on the appropriate electronic care system

4.3. Follow-up DNA Appointments

Follow-up DNA appointments are for patient's currently receiving our services:

- When a patient fails to attend an appointment, the clinician should consider the options, based on risk assessment as identified above, and take the most appropriate action included in the above list. In addition to these options, the clinician may consider informing the Care Coordinator to arrange an unscheduled Care Programme Approach review
- Where assessment identifies that DNA'd appointments indicate ambivalence about their treatment or intervention and there is no identified other risk factors discharge to Primary Care may be indicated and/or signposting to an appropriate alternative service
 - **Where discharge back to Primary Care is appropriate**, the patient referral should be discharged / closed on all relevant patient clinical IT systems with the relevant outcome and a letter sent to Primary Care (or the referrer) to notify them the patient has been discharged back to their care due to DNA
 - **Where signposting to another team or service is appropriate**, the referral should be discharged / closed. A new internal referral should be made into the new team the patient is signposted to along with the full clinical history in respect of the referral so the new team can pick this patient up as a new referral
- Patient's with a history of significant risk factors should not be discharged back to primary care without an explicit care plan in place that has been agreed with

primary care, which includes a risk assessment, crisis plan and specific guidance on treatment options, symptoms and signs to look for in terms of early relapse as well as the appropriateness (or not) of a re-referral to the service in the future

4.4 No Access Visit (NAV)

No Access Visit is an appointment made with an adult or their carer and when the health care professional or member of staff 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. The action to be taken when this occurs will similarly depend on the level of risk to that individual or others. This will be based on information known within health or social care records and professional judgement. The Lead Professional may consider informing the Care Team to arrange an unscheduled review.

4.5 Patient Cancellation

- Cancelled appointments should not be recorded as DNAs. They should, however, be recorded on the patient's notes and all relevant patient clinical IT systems used by Trust employees, detailing who made the cancellation and why, and who recorded it
- If a patient cancels an appointment and indicates that they do not wish to receive further appointments, the referrer should be advised of this within 5 working days and when appropriate, copied to the GP and Consultant Psychiatrist, Responsible Clinician or Care Co-ordinator – In situations where significant risk is known clinical agreement must be sought within MDT and Team Manager where possible.
- If a patient cancels an appointment and makes a further booking, a letter to this effect should be sent to the referrer, the GP and the Consultant Psychiatrist or Responsible Clinician (if appropriate) or Care Co-ordinator
- When a patient cancels where no advance notice is given e.g. an hour before the planned appointment this is still recorded as a cancellation as per national data definitions
- Following discharge from a service, if a patient contacts the service directly to request treatment then a new referral will be required – either from the original referrer or from one of the Trust's assessment services
- All contacts regarding cancellations must be documented in patient files and/or electronic clinical notes

4.6 Recording of DNA and Cancellation Appointments

- The decision making process in relation to DNA appointments along with any resultant action plan should be fully recorded in the patient records
- Cancelled appointments should not be recorded as 'DNA' but should be recorded as cancelled with the details of who cancelled the appointment and the reasons that were given and actions taken by the service
- When a patient cancels where no advance notice is given e.g. an hour before the planned appointment this is still recorded as a cancellation as per national data definitions

4.7 Trust Cancellations

- Staff have a duty to ensure that patients are seen at the times and venues agreed with the patient. However there are rare occasions where appointments may be either cancelled or not carried out within agreed timescales

- All attempts must be made to rectify the reasons for the failure of the appointment; an apology be made to the patient and any risk, due to the lack of service, addressed and alternative arrangements made

4.8 DNA/Was Not Brought - Appointments by Children and Young People up to the age of 18

- Under the Children Act (HMSO 1989) children are considered as such up until their 18th birthday. Some of the services offered from the Trust do involve children and young people
- The above principles apply when managing DNA/Was Not Brought appointments. However there may need to be liaison with the parents or carers regarding the reasons for DNA/Was Not Brought appointments with a view to offering further support to attend. This is particularly the case where children DNA/Was Not Brought appointments who are not of an age or ability to be able to manage their own appointments
- For young people where an assessment of competence to consent for treatment has deemed to have resulted in agreement that parents or carers do not need to be informed regarding treatment and confidentiality has been agreed, it is essential the principles laid out in this policy related to adults are followed. However careful consideration will need to be given to assessment of any safeguarding concerns related to the non-attendance of appointments of children and young people in accordance with the Trust Safeguarding Children and Young People Policy and the local Safeguarding Children Board's Inter Agency Procedures for Safeguarding Children
- Neglecting health needs (by not being brought to appointments) can become a safeguarding issue
- Confidentiality parameter issues should be discussed at the beginning of any therapeutic intervention related to the nature of disclosures that are necessary when there are concerns related to significant harm to a child or young person. This will ensure that the nature of the confidentiality is understood and that our duty as laid out in the Children Act is fulfilled maintaining the principles that the 'welfare of the child or young person is paramount'
- Liaison with other professionals that may be involved will be an important factor in assessing the risk associated with the defaulted appointment. This may include the GP, Health Visitor or school nurse etc.
- If the child or young person is known to Children's Social Care Services; is a looked after child or is subject to a child protection plan; the practitioner will inform the social worker or residential unit involved. If there is no allocated social worker and/or the health professional considers the child or young person to be vulnerable or at risk of harm, a referral should be made as per the Trust Safeguarding Children and Young People Policy

4.9 Discharging Following Non-Attendance

- If a new outpatient referral DNAs, then the decision to either discharge to the GP or offer another appointment will be at the discretion of the doctor, depending on their assessment of the history and risks identified in the initial referral
- If a known follow-up patient DNAs, then again based on the doctors assessment of the history, it will be at their discretion as to whether they offer another appointment or discharge to the GP
- If a follow-up patient has more complex needs, e.g. having Clozapine depots through the CHTT/CCS, then before offering another appointment – the doctor will write to the CHTT/CSS asking them to contact the patient. Once this is done,

the care-coordinator needs to liaise with medical secretaries to arrange a clinic appointment to which they can accompany the patient. There is no purpose to continuously sending out further appointments without the previous step as it is likely to become a recurrent pattern

NB - We always need to remember that although we are discharging patients from the clinic, their medical responsibility continues through the GP.

4.10 Disengagement

Disengagement is when an adult and those close to them do not respond to requests from health professionals. Behaviours of disengagement are usually cumulative and may include:

- Disregarding health appointments
- Not completing health questionnaires or registration details
- Not being registered with a GP
- Not being at home for pre-arranged professional visits
- Agreeing to take action but never carrying it out
- Hostile behaviours towards professionals
- Manipulative behaviour resulting in no health care
- Avoidance of contact with health professionals

4.10.1 Managing Disengagement

In order to safeguard and protect the welfare of adults with mental health or learning disabilities, practitioners should be aware of the risks and damaging impact disengagement from health care services can pose.

Disengagement is a strong feature in domestic abuse and in serious neglect and the physical abuse of children. Practitioners should routinely “Think Family” and ask adults with mental health or learning disabilities when they are being seen in any health setting, whether there are children or young people in the home and they must consider the impact of adult disengagement on them.

Practitioners must analyse/risk assess situations where disengagement is a feature. Cases of disengagement where there are concerns for an adult’s welfare must be discussed with Named Safeguarding Professionals, which may include convening a professionals meeting to share information and agree a way forward in the form of a clear action plan.

4.11 Raising Concerns in Respect of Safeguarding (Whistleblowing)

All staff share responsibility for safeguarding the welfare of adults, young people and children. In the first instance, staff should raise any concerns with their line manager or lead clinician/service lead. This may be done verbally or in writing. If an employee feels unable to raise the matter with their line manager or lead clinician/service lead he/she may write to an Executive Director. If an employee feels unable to raise the matter with an Executive Director he/she may write to the Chairman or a Non-Executive Director.

If an employee is unsure about raising a safeguarding concern or requires independent advice or support, they may contact:

- ◆ Their Trade Union representative
- ◆ The relevant professional body
- ◆ The NHS Whistleblowing Helpline - 08000 724 725

5.0 Procedures connected to this Policy

- Due to services working with varying complexities and risks service specific SOPs are created to support the management of DNA's. This may be also needed through demand and capacity
- All SOP's will be aligned to this DNA Policy
- This DNA Policy will over-arch all Divisions to consolidate and support the management of DNA's

6.0 Links to Relevant Legislation

Safeguarding Vulnerable Groups Act 2006

The Safeguarding Vulnerable Groups Act is an important part of a bigger programme of work, extending out across government departments and is designed to solve the failures identified by the 2004 Bichard Inquiry, arising from the Soham murders.

The Act provides the legislative framework for the new Vetting and Barring Scheme designed to protect children and vulnerable adults from individuals who may pose a threat to their wellbeing or safety.

The Independent Safeguarding Authority (ISA) is a non-departmental public body based in Darlington. Its main aim is to prevent unsuitable people from "working" with children and vulnerable adults. It will do so by placing these people on one of two ISA Barred Lists. The ISA will make decisions about who should be on these lists as part of the new Vetting and Barring Scheme (VBS).

Mental Health Act 1983 (amended 2007)

The Mental Health Act (2007) amended the Mental Health Act (MHA) of 1983. The main purpose of the legislation is to ensure that 'people with serious mental disorders, which threaten their health or safety or the safety of other people can be treated irrespective of their consent where it is necessary to prevent them from harming themselves or others'. The amended act introduced:

- A new broad definition of 'mental disorder' to encompass 'any disorder or disability of the mind'
- An 'appropriate treatment test', preventing patients from being compulsorily detained unless appropriate medical treatment is available
- Community Treatment Orders to supervise the treatment of certain patients in the community
- New safeguards including a provision for Independent Mental Health Advisors to provide information and help people understand and exercise their rights
- New roles to replace the roles of approved social worker and responsible medical officer
- Provision for powers to reduce the time limits for the automatic referral of some patients to the Mental Health Review Tribunal

Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework to empower and protect vulnerable people who are unable to make their own decisions. It aims to ensure that people are given the opportunity to participate in decisions about their care and treatment to the best of their capacity. It covers all aspects of health and social care. The Act creates a new statutory service, the Independent Mental Capacity Advocate (IMCA) Service. Its purpose is to help vulnerable people who lack mental capacity

who are facing important decisions about serious medical treatment and changes of residence.

The Act also created a new criminal offence of ill treatment or neglect of a vulnerable adult.

1 April 2009 saw the implementation of the Deprivation of Liberty Safeguards under the Mental Capacity Act. These safeguards were created to create legal protection for adults who lack capacity to consent to care or treatment in a hospital or care home and that care or treatment constitutes a deprivation of their liberty. These safeguards are not an alternative to the Mental Health Act but instead provide a legal framework for people who cannot legally be made subject to the Mental Health Act (i.e. they are not eligible for some reason).

Health and Social Care Act 2008

The Care Act represents the most significant reform of social care in more than 60 years, putting service users and stakeholders in control of their care and support. The primary focus of the Health and Social Care Act 2008 was to create a new regulator whose purpose was to provide registration and inspection of health and adult social care services together for the first time, with the aim of ensuring safety and quality of care for service users. Thus the Care Quality Commission (CQC) was established, with enhanced powers to regulate primary care services, including hospitals, GP practices, Dental practices and Care Homes.

Care Act 2014

Care Act 2014 sets out a clear legal framework for how local authorities and other statutory agencies should protect adults with care and support needs at risk of abuse or neglect. New duties include the Local Authority's duty to make enquiries or cause them to be made, to establish a Safeguarding Adults Board; statutory members are the local authority, Clinical Commissioning Groups and the police. Safeguarding Adults Board must arrange Safeguarding Adult Reviews (SARs) as per defined criteria; publish an annual report and strategic plan. All these initiatives are designed to ensure greater multi-agency collaboration as a means of transforming adult social care.

Data Protection Act 1998

The Data Protection Act 1998 became law in March 2000. It sets standards that must be satisfied when obtaining, recording, holding, using or disposing of personal data. The law applies to data held on computers or any sort of storage system, including paper records.

There are 8 enforceable principles of good practice. Data should be:

- Fairly and lawfully processed
- Processed for limited purposes
- Adequate, relevant and not excessive
- Accurate
- Not kept longer than necessary
- Processed in accordance with the data subject's rights
- Secure

Not transferred to countries outside the European Economic Area (EEA), without adequate protection.

Freedom of Information Act 2000

The Freedom of Information (FOI) Act gives a general right of access to all types of recorded information held by public authorities, including NHS Trusts. The Act also sets out exemptions to that right and places certain obligations on public authorities.

In addition to providing information when asked to do so, FOI also requires public authorities to be proactive in the release of information.

Every public authority is required to adopt and maintain a publication scheme setting out how it intends to publish the different classes of information it holds, and whether there is to be a charge for the information disclosed. The Trust's FOI publication scheme is regularly updated and has been approved by the Information Commissioner

Children and Young Persons Act 2008

The purpose of the Act is to reform the statutory framework for the care system in England and Wales by implementing the proposals in the White Paper; Care Matters: Time for Change. This set out the Government's plans to improve outcomes for looked after children and care leavers. This forms part of the Government's programme to ensure children and young people receive high quality care and support.

The Act also includes provisions in relation to well-being of children and young people, private fostering, child death notification to Local Safeguarding Children Boards and appropriate national authorities, the powers of the Secretary of State to conduct research and applications for the discharge of Emergency Protection Orders.

Equality Act 2010

Equality Act came into force on 1 October 2010 and brought together over 116 separate pieces of legislation into one single Act to provide a legal framework to protect the rights of individuals and advance equality of opportunity for all. The Act simplifies, strengthens and harmonizes the current legislation to provide a new discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

Children Act 1989

Children Act 1989 legislates for children in England and Wales. The intention of the legislation is that children's welfare and developmental needs are met, including the need to be protected from harm. The fundamental premise is that decisions are taken on the welfare principle i.e. that the court/adult's determination of best interests shall lie with the well-being of the child.

Children Act 2004

Children Act 2004 provides the legal basis for dealing with issues relating to children. These guidelines have been put in place so that all individuals who are involved in looking after children are aware of how they should be looked after in the eyes of the law.

This act was brought into being in order for the government in conjunction with social and health service bodies to help work towards these common goals:

- To allow children to be healthy

- Allow children to remain safe in their environments
- Help children to enjoy life
- Assist children in their quest to succeed
- Help make a positive contribution to the lives of children
- Help achieve economic stability for our children's futures

6.1 Links to Relevant National Standards

CQC Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment

The intention of this regulation is to safeguard people who use services from suffering any form of abuse or improper treatment while receiving care and treatment. Improper treatment includes discrimination or unlawful restraint, which includes inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005.

To meet the requirements of this regulation, providers must have a zero tolerance approach to abuse, unlawful discrimination and restraint. This includes:

- neglect
- subjecting people to degrading treatment
- unnecessary or disproportionate restraint
- deprivation of liberty

Providers must have robust procedures and processes to prevent people using the service from being abused by staff or other people they may have contact with when using the service, including visitors. Abuse and improper treatment includes care or treatment that is degrading for people and care or treatment that significantly disregards their needs or that involves inappropriate recourse to restraint. For these purposes, 'restraint' includes the use or threat of force, and physical, chemical or mechanical methods of restricting liberty to overcome a person's resistance to the treatment in question.

Where any form of abuse is suspected, occurs, is discovered, or reported by a third party, the provider must take appropriate action without delay. The action they must take includes investigation and/or referral to the appropriate body. This applies whether the third party reporting an occurrence is internal or external to the provider.

NHS Outcomes Framework Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

6.2 Links to other Key Policies

Discharge and Transfer of Care Policy

The purpose of this policy is to ensure that discharge or transfer from services managed by the Black Country Partnership NHS Foundation Trust is effective, consistent and organised around the needs of individual service users and carers.

Incident Reporting Policy

The purpose of this policy is to make clear the system used for reporting incidents involving patients, staff and others undertaking activities on behalf of the Trust.

Health Record Management Policy

The purpose of this policy is to provide a comprehensive guide to all staff involved in the handling of health records and the associated documentation providing a framework for consistent and effective record management enabling the Trust to ensure that there is a systematic and planned approach to the management of health records, from the moment the record is created until their ultimate disposal.

Risk Management Policy

The purpose of the Risk Management Policy is to provide an effective framework through which the Trust can safely and effectively manage risks.

Investigation of Incidents, Complaints and Claims Policy

This policy outlines the systems used for the investigation of incidents, complaints and claims and applies equally to clinical and non-clinical incidents, complaints and claims.

Safeguarding Children Policy

The purpose of this Policy is to set out the Trusts standards and expectations in respect of safeguarding children. This is to ensure that the interests and safety of children within the Trust are recognised by all staff and that as a result, these children are protected at all times.

Safeguarding Adults at Risk Policy

The Purpose of this policy is to provide guidance for staff to assist them in identifying adults at risk and recognising abuse. The Policy applies to all staff employed by the Trust including students and volunteers and will provide information regarding their duties and responsibilities in relation to responding to any concerns.

Freedom to Speak up Raising Concerns (Whistleblowing) Policy

The purpose of this policy is to provide staff with clear guidance on the Trust's commitment to ensure that fair and non-discriminatory systems are in place for staff to raise concerns under this policy.

Being Open and Duty of Candour Policy

The purpose of this policy is to explain the meaning of Being Open and Duty of Candour in practice by providing clear information to staff to enable them to have the confidence to communicate and act appropriately with patients, their families and carers when things go wrong.

Concerns, Compliments and Complaints Policy

The purpose of this policy is ensure the Trust has in place arrangements that manages complaints effectively in an open and transparent way and in accordance with regulatory requirements (Local Authority Social Services and National Health Service Complaints Regulations 2009), mandatory guidance included in the NHS Constitution and best practice guidance as described in Listening, responding and improving: a guide to better customer care (Department of Health, 2009).

Also see Operational Policies for individual services and units

6.3 References

Please list only the references that were key to the development of this policy, which would signpost the reader to a greater understanding of this subject, or area of practice.

7.0 Roles and Responsibilities for this Policy

Title	Role	Key Responsibilities
All Staff	Adherence	<ul style="list-style-type: none"> - Ensure they are aware that everyone shares responsibility for safeguarding and promoting the welfare of adults, irrespective of individual roles
Clinical Staff	Adherence	<ul style="list-style-type: none"> - Ensure they are familiar with the policy - Adhere to the procedures referred to within the policy - Ensure any deviation or errors arising from the management of safeguarding adults at risk are dealt with in the correct manner, according to the Incident Reporting Policy of the Trust
Service Managers, Matrons, Ward Managers and Heads of Nursing	Operational	<ul style="list-style-type: none"> - Ensure they are familiar with this policy - Adhere to the procedures referred to - Ensure staff attend training applicable to their role and for implementing the guidance across their areas of responsibility - Ensure staff work to the standards set out in this policy - Ensure all incidents in relation to the management of safeguarding adults, young people and children are reported via DATIX, the trust's incident reporting procedure
Group Directors and General Managers	Implementation	<ul style="list-style-type: none"> - Ensure that all managers are aware of the policy and promote good practice - Provide support and guidance regarding resources to enable this policy to be implemented - Ensure staff implement safe systems of work in accordance with the procedures referred to in the policy
Clinical Directors	Divisional Lead	<ul style="list-style-type: none"> - Identify and manage any risks in relation to standards for the management of safeguarding adults, young people and children within their division - Ensure that Consultant colleagues and their teams are aware of this policy - Lead discussions on the management of safeguarding adults young people and children at Divisional Quality & Safety Group meetings - Oversee the completion of audits in respect of the management of safeguarding adults, young people and children at risk - Monitor the implementation of subsequent action plans to improve the quality of the management of safeguarding adults, young people and children as required - Provide updates on the management of safeguarding adults, young people and children within their division to the Trust Quality & Safety Steering Group
Named Nurses for Safeguarding Adults, Young People and Children at Risk	Specialist Practitioners	<ul style="list-style-type: none"> - Provide specialist advice and support to managers and clinicians for all day to day issues arising in respect of safeguarding adults, young people and children
Heads of Safeguarding Adults, Young People and Children at Risk	Trust Leads	<ul style="list-style-type: none"> - Lead responsibility for the day to day co-ordination and organisation of safeguarding adults, young people and children - Provide specialist advice and support to senior managers and clinicians - Accountable to the Director of Nursing

Title	Role	Key Responsibilities
Divisional Quality and Safety Groups	Monitoring	<ul style="list-style-type: none"> - Monitor the management of safeguarding adults, young people and children including any risks identified within their division. Membership is representative of the division as a whole multi-disciplinary in nature, with a mix of representatives from each of the service areas, professional leads, practice development professionals and representatives from clinical sub-groups - Ensure all incidents in relation to the management of safeguarding adults, young people and children are reported via DATIX, the trust's incident reporting procedure - Ensure a report of all incidents is discussed at monthly meetings of each Quality & Safety Group - Receive the results and recommendations of all completed clinical audits and be responsible for monitoring action plans to implement changes to current practice until completion
Quality and Safety Steering Group	Scrutiny and Performance	<ul style="list-style-type: none"> - Oversee the implementation of a systematic and consistent approach to the management of safeguarding adults. The Group is chaired by the Medical Director - Provide exception and progress reports to the Executive Committee (Quality and Safety Committee)
Children and Adults Safeguarding Steering Group	Responsible	<ul style="list-style-type: none"> - A high-level committee that provides trust-wide specialist co-ordination, organisation and direction for all matters relating to safeguarding adults, young people and children
Executive Committee (Quality and Safety Committee)	Accountable	<ul style="list-style-type: none"> - A sub-committee of the Trust Board has delegated responsibility for ensuring that the management of safeguarding adults is efficient and effective in accordance with the Board's Assurance Framework and strategic priorities
Director of Nursing	Executive Lead	<p>Responsibility for this policy has been delegated by the Chief Executive to the Director of Nursing:</p> <ul style="list-style-type: none"> - Ensure the Trust's management of safeguarding adults is discharged appropriately and has lead responsibility for the implementation of this policy - Ensure a systematic and consistent approach to the management of safeguarding adults - Identify and implement strategies for any risks in relation to the standards for safeguarding adults - Ensure any serious concerns regarding the implementation of this policy are brought to the attention of the Board of Directors
Trust Board	Strategic	<ul style="list-style-type: none"> - Have a strategic overview and final responsibility for safe and high quality care within service areas across the Trust in accordance with its Assurance Framework and strategic priorities
Chief Executive	Assurance	<ul style="list-style-type: none"> - Ensure that this policy is implemented within the Trust. Operational responsibility has been delegated

8.0 Training

What aspect(s) of this policy will require staff training?	Which staff groups require this training?	Is this training covered in the Trust's Mandatory and Risk Management Training Needs Analysis document?	If no, how will the training be delivered?	Who will deliver the training?	How often will staff require training	Who will ensure and monitor that staff have this training?
Adult Safeguarding Level 2	Non-clinical and clinical staff who have some degree of contact with Adults and their families/carers for e.g. Non-clinical: Front line administrative staff	No, staff will receive specific training in relation to this policy where it is identified in their individual training needs analysis as part of their development for their particular role and responsibilities	Internally – face to face	Strategic Lead for Safeguarding Children and Adults	Every three years	Service Managers/ Team Managers
Adult Safeguarding Level 3	All qualified Clinical staff - Pathway to Level 3 training is dependent on completion of level 2 training for qualified clinical staff	No, staff will receive specific training in relation to this policy where it is identified in their individual training needs analysis as part of their development for their particular role and responsibilities	Internally – face to face	Strategic Lead for Safeguarding Children and Adults	Every three years	Service Managers/ Team Managers

9.0 Equality Impact Assessment

Black Country Partnership NHS Foundation Trust is committed to ensuring that the way we provide services and the way we recruit and treat staff reflects individual needs, promotes equality and does not discriminate unfairly against any particular individual or group. The Equality Impact Assessment for this policy has been completed and is readily available on the Intranet. If you require this in a different format e.g. larger print, Braille, different languages or audio tape, please contact the Equality & Diversity Team on Ext. 8067 or email bcpft.equalityimpactassessment@nhs.net

10.0 Data Protection and Freedom of Information

Data Protection Act provides controls for the way information is handled and to gives legal rights to individuals in relation to the use of their data. It sets out strict rules for people who use or store data about individuals and gives rights to those people whose data has been collected. The law applies to all personal data held including electronic and manual records. The Information Commissioner's Office has powers to enforce the Data Protection Act and can do this through the use of compulsory audits, warrants, notices and monetary penalties which can be up to €20million or 4%

of the Trusts annual turnover for serious breaches of the Data Protection Act. In addition to this the Information Commissioner can limit or stop data processing activities where there has been a serious breach of the Act and there remains a risk to the data.

The Freedom of Information Act provides public access to information held by public authorities. The main principle behind freedom of information legislation is that people have a right to know about the activities of public authorities, unless there is a good reason for them not to. The Freedom of Information Act applies to corporate data and personal data generally cannot be released under this Act.

All staffs have a responsibility to ensure that they do not disclose information about the Trust's activities; this includes information about service users in its care, staff members and corporate documentation to unauthorised individuals. This responsibility applies whether you are currently employed or after your employment ends and in certain aspects of your personal life e.g. use of social networking sites etc. The Trust seeks to ensure a high level of transparency in all its business activities but reserves the right not to disclose information where relevant legislation applies. The Information Governance Team provides a central point for release of information under Data Protection and Freedom of Information following formal requests for information; any queries about the disclosure of information can be forwarded to the Information Governance Team.

11.0 Monitoring this Policy is Working in Practice

What key elements will be monitored? (measurable policy objectives)	Where described in policy?	How will they be monitored? (method + sample size)	Who will undertake this monitoring?	How Frequently?	Group/Committee that will receive and review results	Group/Committee to ensure actions are completed	Evidence this has happened
Head of Adult Safeguarding, Clinical Directors, Divisional Quality & Safety Groups, Named Safeguarding Nurses, nursing and medical staff are discharging their responsibilities for safeguarding adults	7.0	Monitoring of all incidents	Governance Assurance Unit	Monthly	Quality and Safety Committee and to Trust Board	Quality and Safety Committee and to Trust Board	Minutes of meetings and monitoring templates will evidence this is taking place
		Governance Assurance Reports	Governance Assurance Unit	Monthly			

What key elements will be monitored? (measurable policy objectives)	Where described in policy?	How will they be monitored? (method + sample size)	Who will undertake this monitoring?	How Frequently?	Group/Committee that will receive and review results	Group/Committee to ensure actions are completed	Evidence this has happened
		critical incidents and root cause analysis	Governance Assurance Unit	As required			
		Divisional Annual Audit Programmes and the implementation of action plans to completion	Named Safeguarding Nurses	Annually			
When assessments of referral information, or information contained within health or social care records, indicates potentially high risk issues services undertake the necessary action to safeguard adults	4.0	Monitoring of all incidents	Governance Assurance Unit	Monthly	Children and Adult Safeguarding Steering Group	Quality and Safety Committee	Minutes of meetings and monitoring templates will evidence this is taking place
		Governance Assurance Reports	Governance Assurance Unit	Monthly			
		critical incidents and root cause analysis	Governance Assurance Unit	As required			
		Divisional Annual Audit Programmes and the implementation of action plans to completion	Named Safeguarding Nurses	Annually			

What key elements will be monitored? (measurable policy objectives)	Where described in policy?	How will they be monitored? (method + sample size)	Who will undertake this monitoring?	How Frequently?	Group/Committee that will receive and review results	Group/Committee to ensure actions are completed	Evidence this has happened
Services and their practitioners take appropriate action to safeguard and protect the welfare of adults practitioners when they become aware of the risks and damaging impact disengagement from health care services can pose	4.0	Monitoring of all incidents	Governance Assurance Unit	Monthly	Children and Adult Safeguarding Steering Group	Quality and Safety Committee	Minutes of meetings and monitoring templates will evidence this is taking place
		Governance Assurance Reports	Governance Assurance Unit	Monthly			
		critical incidents and root cause analysis	Governance Assurance Unit	As required			
		Divisional Annual Audit Programmes and the implementation of action plans to completion	Named Safeguarding Nurses	Annually			

What key elements will be monitored? (measurable policy objectives)	Where described in policy?	How will they be monitored? (method + sample size)	Who will undertake this monitoring?	How Frequently?	Group/Committee that will receive and review results	Group/Committee to ensure actions are completed	Evidence this has happened
How the organisation monitors compliance with all of the above		Monitoring of action plans and annual audit programmes i.e. <ol style="list-style-type: none"> 1. Audit undertaken as per annual audit programme schedule 2. Action plans drawn up as necessary to implement any recommended improvements 3. Appropriate person(s) assigned to implement action plans 4. Implementation progress monitored to completion by QSSG 5. Action plan signed off by QSSG when completed 6. Re-audit scheduled into Safeguarding Annual Audit Programme 7. Re-audit undertaken to confirm improvements embedded into current practice 	Quality & Safety Steering Group	Monthly	Quality & Safety Steering Group	Quality & Safety Steering Group	Evidenced in the minutes of monthly meetings

Policy Details

Title of Policy	Did Not Attend (DNA) and Cancellation Policy
Unique Identifier for this policy	BCPFT-SAFE-POL-10
State if policy is New or Revised	New
Previous Policy Title where applicable	Did Not Attend/ No Access Visit – Adults & Did Not Attend/ No Access Visit – CYPF (previously separate, now combined)
Policy Category Clinical, HR, H&S, Infection Control etc.	Safeguarding
Executive Director whose portfolio this policy comes under	Executive Director of Nursing, AHPs, Quality and Psychology
Policy Lead/Author Job titles only	Service Manager for Healthy Minds and Physical Health Psychology
Committee/Group responsible for the approval of this policy	Quality and Safety Steering Group
Month/year consultation process completed *	April 2018
Month/year policy approved	June 2018
Month/year policy ratified and issued	June 2018
Next review date	June 2021
Implementation Plan completed *	Yes
Equality Impact Assessment completed *	Yes
Previous version(s) archived *	Yes
Disclosure status	'B' can be disclosed to patients and the public

* For more information on the consultation process, implementation plan, equality impact assessment, or archiving arrangements, please contact Corporate Governance

Review and Amendment History

Version	Date	Details of Change
1.0	June 2018	New Merge policy for Adult and Children previously separate