

**TRUST POLICY FOR THE MANAGEMENT OF CHILDREN, YOUNG PEOPLE
AND NEONATES WHO ARE NOT BROUGHT FOR THEIR APPOINTMENTS &
MISSING PREGNANT WOMEN, CHILDREN / FAMILIES**

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Version / Amendment History	Version	Date	Author	Reason
	V1	2011	Jane O'Daly	Original version
	V1.2	23.06.16	Jane O'Daly-Miller	Amendments following change in local service provision
	V2	16.05.17	Jane O'Daly-Miller	To update terminology reflecting the fact that it is not children who DNA but rather that they are not brought for appointments by parents / carers
	V3	21.12.18	Jane O'Daly-Miller	Following Trust merger
	V3	9.3.21	Jane O'Daly-Miller	3 yearly review – for next review in 2024
	V4	June 2024	Jane O'Daly-Miller	3 yearly review; amendment to Missing families guidance re audiology
Intended Recipients: All clinicians and managers of outpatient clinics of the Division of Women's and Childrens Staff				
Training and Dissemination: Addressed in safeguarding training. Policy available on intranet.				
Linked Policies: Trust Policy for Safeguarding Children				
EIRA stage One		Completed Yes		
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Contact for Review			Head of Safeguarding and Vulnerable People	
Lead Executive Director			Executive Chief Nurse	

Contents

Section		Page
1	Introduction	3
2	Purpose and Outcomes	3
3	Definitions Used	3-4
4	Key Responsibilities/ Duties	5-6
5	Implementing the Policy	6-8
6	Monitoring Compliance and Effectiveness	8
7	Reference	8
Appendices		
Appendix 1	Letter to GP Template – No Further Appointment	9
Appendix 2	Letter to Family Template – Further Appointment	10
Appendix 3	Letter to Family Template – 2nd Further Appointment	11
Appendix 4	Missing Pregnant Woman / Child/ Family Process	12-18
Appendix 5	Was Not Brought (WNB) guidelines for children who do not have a permanent childhood hearing impairment (PCHI)	20
Appendix 6	Was Not Brought (WNB) guidelines for children who do not have a permanent childhood hearing impairment (PCHI) flowchart	21

1. Introduction

It is recognised that hundreds of children miss appointments at hospital and clinic settings and are not available at prearranged visits at home to be seen by health staff. Whilst for many there are valid reasons for missed appointments, it must be remembered that parents/carers have a responsibility to ensure children receive health care and the reality is that children require an adult to bring them to the appointment.

Failure to bring their child to an appointment could significantly impair the child's future health and may be an indicator of neglect in its broadest sense or medical neglect specifically.

Many Serious Case Reviews both nationally and regionally have featured non-attendance at health appointments as a precursor to serious child abuse and child death.

Similarly, it is recognised that some families may leave an area without informing agencies with the intent of fracturing attempts of multi-agency teams to work together with them for protection of children.

2. Purpose and Outcomes

The need for a robust follow up system for children, young people and neonates who do not attend their appointments at hospital or in a clinic setting was highlighted in the Lord Laming recommendations (2009) and local serious case reviews.

The purpose of this policy is to ensure that there is a system in place to effectively manage the risks in relation to any child who is not accessing health appointments and when families are in flight from agencies.

3. Definitions Used

WNB (was not brought)	The term is used when the patient, in this case a child / young person or neonate, is not brought for their booked appointment and the parents/carer fail to contact the department in advance to cancel and reschedule the appointment.
NA (no access)	It is appropriate to use the term when a child or adult is not available at the home at a booked home appointment.
Safeguarding	The action we take to promote the welfare of children to

	<p>ensure we protect them from harm and is further defined for the purposes of this guidance as:</p> <ul style="list-style-type: none"> • protecting from maltreatment. • preventing impairment of health or development. • ensuring that vulnerable children and adults are living in circumstances consistent with the provision of safe and effective care; and • taking action to enable all to have the best outcomes.
<p>Child Protection Concerns</p>	<p>Suspicion that a child is at risk of, or has experienced, significant harm, neglect or abuse.</p> <p>Key to this policy is the category of neglect defined as:</p> <p>The persistent failure to meet a child’s basic physical and/or psychological needs, likely to result in the serious impairment of the child’s health and development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:</p> <ul style="list-style-type: none"> • provide adequate food, shelter and clothing (including exclusion from home or abandonment) • protect a child from physical and emotional harm or danger, • ensure adequate supervision (including the use of inadequate care givers) • ensure access to appropriate medical care or treatment. <p>It may also include neglect of, or unresponsiveness to, a child’s basic emotional needs.</p>
<p>Children and Young People</p>	<p>Defined in the Children Acts (1989 and 2004), a child or young person is anyone who has not yet reached their 18th Birthday or 21yrs if in Local Authority Care (LAC) or disabled. Issues of neglect as defined in Working Together 2010 can apply to the unborn baby.</p>
<p>Missing Child / children and Families</p>	<p>This is child/children within a family who has disappeared from a known address with no forward address and for whom there are child welfare concerns in respect of unmet need, vulnerability or abuse. This includes risks to unborn children.</p>

4. Key Responsibilities/Duties

<p>Safeguarding Adult / Children Boards or Partnerships</p>	<p>Safeguarding Adult and Children Boards or Partnerships are required to lead, monitor and coordinate safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies. The Trust is required, as a partner agency, to attend the Boards / Partnerships and their sub-groups, participate in the work of the Boards / Partnerships to achieve their aims and submit the findings of the Safeguarding Adult Assurance Framework (SAAF), Markers of Good Practice and s11 (Children Act 2004) audits to the relevant forum at the Board / Partnership</p>
<p>Integrated Care Board (ICB Derby and Derbyshire / ICB Staffordshire and Stoke on Trent)</p>	<p>The ICB monitors Trust performance in safeguarding in regular meetings with the Trust. The Designated Professionals employed by the ICB are the professional leads for the Trust Named Professional and Trust Safeguarding Lead.</p>
<p>Executive Chief Nurse</p>	<p>The Executive Lead is accountable to the Trust Board for ensuring compliance with this policy in all parts of the Trust. The Executive Lead, or their nominated deputy, is also a member of the SAB / SCB or partnership.</p>
<p>Trust Safeguarding & Vulnerable People Lead</p>	<p>The Trust Lead for Safeguarding & Vulnerable People is responsible for alerting the Trust Safeguarding Committee and Lead Executive Officer to any concerns or shortfalls in safeguarding practice within the Trust, advise regarding the impact of relevant policy, enquiries or legislation and for development or review of Safeguarding training, Trust Policy and Procedures for Safeguarding. The Trust Safeguarding Lead is also responsible for advice and support of staff and teams within the Trust and managing the Safeguarding team.</p>
<p>Trust Safeguarding Team</p>	<p>The Trust Safeguarding Team is responsible for providing advice to Trust staff, for facilitating liaison with the appropriate Local Authority Social Care Department, provision of training and for maintaining records of the number and nature of alerts raised and the quality of advice in such cases.</p>
<p>Trust Safeguarding Group and Trust Vulnerable People Group</p>	<p>Scrutinize and assure practice in safeguarding across the Trust, escalating issues considered to Quality Governance Steering Group and for assisting with compilation of evidence to necessary to ensure compliance for registration with the Care Quality Commission and national audits.</p>

Business Units, Ward Sisters/Charge Nurses, Nursing and medical staff, On-call Managers	Will ensure that they are compliant with the relevant policies and processes, ensure implementation of the same and ensure that staff attend / undertake their safeguarding training
All Trust Staff including volunteers	All staff / volunteers must raise concerns about the safety of any adult / child at risk of abuse and neglect with whom they are directly or indirectly involved with and to work within the safeguarding policy.

5. Implementation of Policy

- 5.1 When children are not brought to follow up appointments the clinician will review the notes and decide whether there is a medical need for a further follow up appointment to be sent, or whether their GP could ensure they receive the appropriate medical care.
- 5.2 Prior to sending second appointments or making referrals to other professionals or agencies, patient details **must** be checked to ensure correct addresses and contact details are being used. This can be done either Lorenzo, v6, use of the national spine system, or via the General Practitioner surgery.
- 5.3 In all cases at this stage whilst reviewing the notes the clinician must come to a view about whether there are any possible safeguarding concerns by considering.
- The general information and history in the records
 - The adult risk factors known in relation to the parents / carers.
 - The vulnerability factors relating to the child.
 - The impact upon the general health, well-being and development of the child or young person of not being brought to follow up appointments.

- 5.4 If there are **no safeguarding concerns** and follow up by the GP is considered suitable, the family could be contacted by telephone directly to clarify the reason for bringing the child to the appointment and a letter may be sent to the parent detailing intent to discharge and follow up by the GP. The Consultant will write to the GP in this event detailing the WNB issues and notifying of the decision to discharge from Consultant care. (See template Appendix 1)
- 5.5 If **safeguarding concerns are indicated** the clinician must write to the GP and the family explicitly highlighting the particular concern and the potential impact of not being brought to appointments upon the child's health, well-being and development. A further appointment should be offered (See suggested template Appendix 2)
- 5.6 If the child is not brought to the appointment as above, a further appointment should be offered and the parents informed that failure to attend may result in a social care referral (See suggested template letter at appendix 3) If this appointment is not attended then contact must be made by the clinician with the relevant children's social care department by telephone and followed up in writing using the Children's Social Care referral form.
- 5.7 In the case of the **Newborn Hearing Screening Programme (NHSP)**, and infants not being brought for their appointment please see appendix 5 & 6.
- 5.8 If an appointment is not kept in the **Children's Emergency Department (CED) review clinics** the clinician will attempt to contact the family by telephone. If this is not possible, they will review the notes and decide whether is a medical need for a further follow up appointment to be sent to them, or whether their GP could ensure they receive the appropriate medical care. If it would be appropriate for the GP to follow up the medical care, then a letter should be sent to both the GP and the parent recommending this course of action. The letter to the GP should include a statement referring to the fact that there were no safeguarding concerns in relation to that specific injury or attendance.
- 5.9 Regarding non-attendance of pregnant women in **the antenatal period**; in general, any known risk factors for both the unborn baby and the woman must be considered. An attempt should be made to contact via the GP and one home visit should be undertaken. If there is no access at the home visit, a letter should be left noting that if contact is not made by the woman within 10 days, a contact and possible referral to Children's Social Care will be made. This policy cannot be prescriptive for all circumstances regarding missed appointments in the antenatal period and it is recommended that where the midwife is concerned regarding a woman who does not attend appointments, they should contact the Named Midwife in the Safeguarding Team for advice. If at any point it appears that the family has moved and there is no forwarding address the process regarding missing families and children at appendix 4 should be followed.

5.10 The Missing Children and Families Alert Process: The purpose of the Missing Children and Family Alert (MCFA) process is to locate children (including unborn babies) who have disappeared from view following an undisclosed change of address and for whom there are concerns about child welfare in respect of unmet need, vulnerability or abuse. This includes risks to unborn children.

When staff have concerns that a family / child is missing they should follow the process identified in Appendix 1.

6. Monitoring Arrangements

Monitoring Requirement:	Yearly audit undertaken by the Paediatric Business Unit reported to Paediatric Risk Committee and Trust Safeguarding Committee
Monitoring Method:	Random case file audit of WNB cases
Reports Prepared by:	Trust Named Doctor
Report presented to:	Trust Safeguarding Committee
Frequency of Report	Yearly

7. Reference

Source of Data	Date of Publication/ Issue
Brandon, M. Understanding Serious Case Reviews and their impact	2009
Laming, C. The Victoria Climbié Inquiry,	2004
Laming, C. The Protection of Children in England	2009

NO FURTHER APPOINTMENT LETTER TO PARENTS/CARER

SUGGESTED TEMPLATE – PLEASE ADAPT IF NECESSARY



**University Hospitals of
Derby and Burton**
NHS Foundation Trust

Ref: /XXXXXX

<Date>

Royal Derby Hospital

Uttoxeter Road

DERBY

DE22 3NE

01332 340131

PRIVATE & CONFIDENTIAL

<Name>

<Address 1>

<Address 2>

<Address 3>

<Postcode>

Dear <Name>

I note that your child was not brought to his/her outpatient appointment at clinic on (date).

Having reviewed the notes, I do not feel a further appointment is necessary. If you disagree, or the child's condition has changed, please contact your GP to be referred back for a further appointment.

Yours sincerely

<Name>

<Job Title>

CC; GP

FURTHER APPOINTMENT LETTER TO PARENTS/CARER

SUGGESTED TEMPLATE – PLEASE ADAPT IF NECESSARY



**University Hospitals of
Derby and Burton**
NHS Foundation Trust

Ref: /XXXXXX

<Date>

Royal Derby Hospital
Uttoxeter Road
DERBY
DE22 3NE
01332 340131

PRIVATE & CONFIDENTIAL

<Name>

<Address 1>

<Address 2>

<Address 3>

<Postcode>

Dear <Name>

I note that your child was not brought to his/her outpatient appointment at clinic on (date).

Having reviewed the notes I think we still need to see your child to ensure that their health and well-being / development is at the level we would expect.

I enclose a further appointment.

It is important that you attend this appointment or if for any reason you are unable to attend please phone to rearrange the appointment.

Yours sincerely

<Name>

<Job Title>

CC; GP

Chair: Dr Kathy McLean OBE

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Chief Executive: Gavin Boyle

Please visit www.uhdb.nhs.uk for the latest advice on attending our hospitals during **COVID-19**.

**2nd FURTHER APPOINTMENT LETTER TO PARENT/CARER
SUGGESTED TEMPLATE – PLEASE ADAPT IF NECESSARY**



**University Hospitals of
Derby and Burton**
NHS Foundation Trust

Ref: /XXXXXX

<Date>

Royal Derby Hospital
Uttoxeter Road
DERBY
DE22 3NE
01332 340131

PRIVATE & CONFIDENTIAL

<Name>

<Address 1>

<Address 2>

<Address 3>

<Postcode>

Dear <Name>

I note that your child has now missed two outpatient appointments at
clinic.

We are always concerned when a child misses a hospital appointment and this concern is increased if the child misses repeated appointments. We know that there are many reasons why children are not brought to their appointments but for some children a failure to keep hospital appointments may indicate a child or their family to be in difficulty.

I enclose a final appointment for your child. You should be aware that it may be necessary to contact your GP and inform Children's Social Services of our concerns regarding repeat missed appointments.

It is important you attend this appointment or if for any reason you are unable to attend please phone.....to re arrange the appointment.

Yours sincerely

<Name>

<Job Title>

CC; GP



Final August 2023



Nottingham/Nottinghamshire and
Derby/ Derbyshire Integrated Care Boards
MISSING CHILDREN AND FAMILIES

MISSING ALERT GUIDANCE

This process includes unborn babies

Revised August 2023

Date of Review: October 2026

1. Introduction

- 1.1. It is clearly identified in Working Together to Safeguard Children (DCSF 2018) that all children should be safeguarded and have their welfare promoted.
- 1.2. The purpose of the Missing Children and Family Alert (MCFA) process is to locate pregnant women and children who have disappeared from view following an undisclosed change of address and for whom there may be concerns about child welfare in respect of unmet need, vulnerability or abuse.
- 1.3. Local Safeguarding Children Partnerships (LSCP) have procedures for responding to children at risk of abuse or neglect and practice guidance in relation to children who go missing. This guidance should be read in conjunction with this guidance. A health alert system should not preclude individual responsibilities to refer to the Police or Local Authority if thresholds of concern suggest that a child or children are at risk of harm.
- 1.4. If a Strategy meeting or an alternative Safeguarding meeting identified in the LSCP procedures that a missing alert is required, then the Local Authority and Police will be responsible for raising a national alert. The Designated Nurse can only share and alert with other Designated Nurses locally with the NHSE regional area. NHS England no longer disseminate national missing unborn baby, children or adult health alerts. Health professionals involved in safeguarding meetings should not agree to the Named professional or the Designated Nurse sending out a health alert without prior discussions with them. If the case is open to children social care, then discussions need to take place with the Police and Local Authority regarding Social Care and or the Police distributing the missing alert.
- 1.5. The Named Professional for each healthcare provider organisation will identify a responsible “keeper of their organisational record” (administrative officer) whose role will be to run a check on the NHS tracing system on a regular basis for 3 months following circulation of the Missing from Known Address form (MKA) **(Appendix 1)**
- 1.6. Designated Nurses for safeguarding children for each ICB area will be responsible for ensuring a local MCFA system is in place across the local health community. **(Appendix 2)**

2. Definition of Missing Children & Family

- 2.1. Child/children under the age of 18 or a pregnant woman within a family who have disappeared from a known address with no forwarding address and for whom there are child welfare concerns in respect of un-met need, vulnerability or abuse.
- 2.2. Local multi-agency threshold guidance must be followed to identify whether criteria are met for immediate referral to the Local Authority under LSCP procedures. Where thresholds are not met for multi-agency referral, records must evidence consideration of a risk assessment and rationale to issue a missing child health alert. Where children are subject to Local Authority involvement, alerts should usually be issued by Childrens Social Care under the Missing Children Procedures, such assessment

should be based on identified unmet needs or risks, for example: -

- Child has outstanding specialist health services appointments
- A history of domestic abuse
- A history of neglectful parenting
- A history of adult substance misuse or mental illness
- A history of concerns around parenting or childcare
- Concerns around child sexual exploitation
(NB this list is not exhaustive)

For Derby and Derbyshire health staff please read this document in conjunction with the Derby and Derbyshire Safeguarding children Partnership

[Children and young people Missing from Home and Care \(MFHC\) Protocol](#)

3 Concerns That a Child & Family May Be Missing

- 3.1 Health staff who have concerns that a family is missing should take reasonable steps to find out their whereabouts as per pathway **Appendix 1** and checklist on **Appendix 2**
- 3.2 If the family's whereabouts remains unknown the member of staff should speak to their line manager and share their concerns. If concerns remain they should contact their organisational Named Nurse/Midwife/ Professional for Safeguarding Children. All contacts and actions taken, and the reasons for doing this must be recorded promptly in the appropriate health records.
- 3.3 If a child and family remain missing the Named Nurse/Midwife/Professional within the Provider Healthcare Trust will agree the appropriateness of raising a Missing from Known Address (MKA) form with the staff member concerned and complete the MKA form (**Appendix 2**)

4 Raising a Missing Children & Family Alert (MKA)

- 4.1 Once a decision has been taken to raise a MKA form, a copy will be required to be added in the appropriate health records and copied to the GP. A copy should be retained by the appropriate Named Nurse/Named Midwife/ professional. The Named Nurse/Midwife/Professional will then raise the MKA (**appendix 2 section 1 and 2**).
- 4.2 The Named Nurse/Midwife/Professional will discuss any serious concerns with their Designated Nurse at any stage of the process and ensure that they receive relevant updates.
- 4.3 Following agreement, the alert will then be circulated by the Organisation raising the

alert “keeper of their organisational record” (administrative officer) whose role will be to run a check on the NHS tracing system on a regular basis for 3 months following circulation of the Missing from Known Address form (MKA). The Designated Nurse will decide depending on the circumstances whether other neighbouring Hospital or Community Trusts are informed of the missing alert.

44 The following checklist may be helpful:

- The Named Nurse/Midwife/Professional raising the MKA should ascertain the concerns and ensure the Missing Children and Family Alert (MKA) Form is completed.
- The MKA will be sent by secure nhs.net email/ secure generic email address to the Designated Nurse (or deputy) for information who will hold this information for three months.
- The Named Nurse /Named Midwife/ professional who has generated the missing child alert will be the named contact on the MKA form.
- The Named Nurse/Midwife/ Professional will ensure that a copy of the MKA is entered in the child’s patient/clinical record / maternal record (in the case of unborn) held by the professional identifying the concerns and an entry made on the safeguarding alert/chronology record. The information should also be shared with the GP to whom the child is registered.
- Depending on the individual circumstances it may be appropriate that the MKA will be circulated to other ICB areas in the neighbouring area through the Designated Nurse. This will be agreed after a discussion with the Designated Nurse.
- The Organisation’s Keeper of the Record to circulate the alert to local Acute Trusts, Community Trusts, EMAS and Out of Hours Care providers as appropriate. All health providers will be required to develop local arrangements for the “in house” circulation and monitoring of the process for example using agreed alert/ flagging systems on records that are regularly reviewed in order to ascertain if the missing alert can be closed down.

5 Family Located

- 5.1 It is the responsibility of the Named Nurse/ Midwife/ professional who raised the MKA to advise all those notified when the family have been located. This should be done by completing the appropriate section with the new details about the child’s address on the original MKA and re-circulating it with the request that the missing alert can be closed down and relevant records updated to reflect this update.

6 Family not Found

- 6.1 The Named Nurse/ Midwife/ professional who originally raised the alert is responsible for reviewing the outcome of the missing family alert. They are responsible for reviewing risks and communicating with the Police or Local Authority should

concerns escalate and the family remain missing.

Professional judgement should be used to consider any additional actions that can reasonably be undertaken including re-issue of a MKA, continuing IT searches, and on-going neighbourhood and multi-professional enquiries.

- 6.2 If the family have not been located at the end of a **3-month** period, the Named Nurse/ Midwife/ Professional in the organisation raising the MKA should review all of the circumstances relating to the child and family. This may be through a multi-disciplinary discussion or multi-agency meeting.
- 6.3 Referral to the Police Missing Persons Unit and Missing from Education Officer with the local Authority should also be considered.
- 6.4 If the family remain missing the decision to close the case must be made with the advice of the Named Nurse/ Midwife/ professional for the originating organisation in consultation with the Designated Nurse if necessary.

7 Child protection information sharing (cpis)

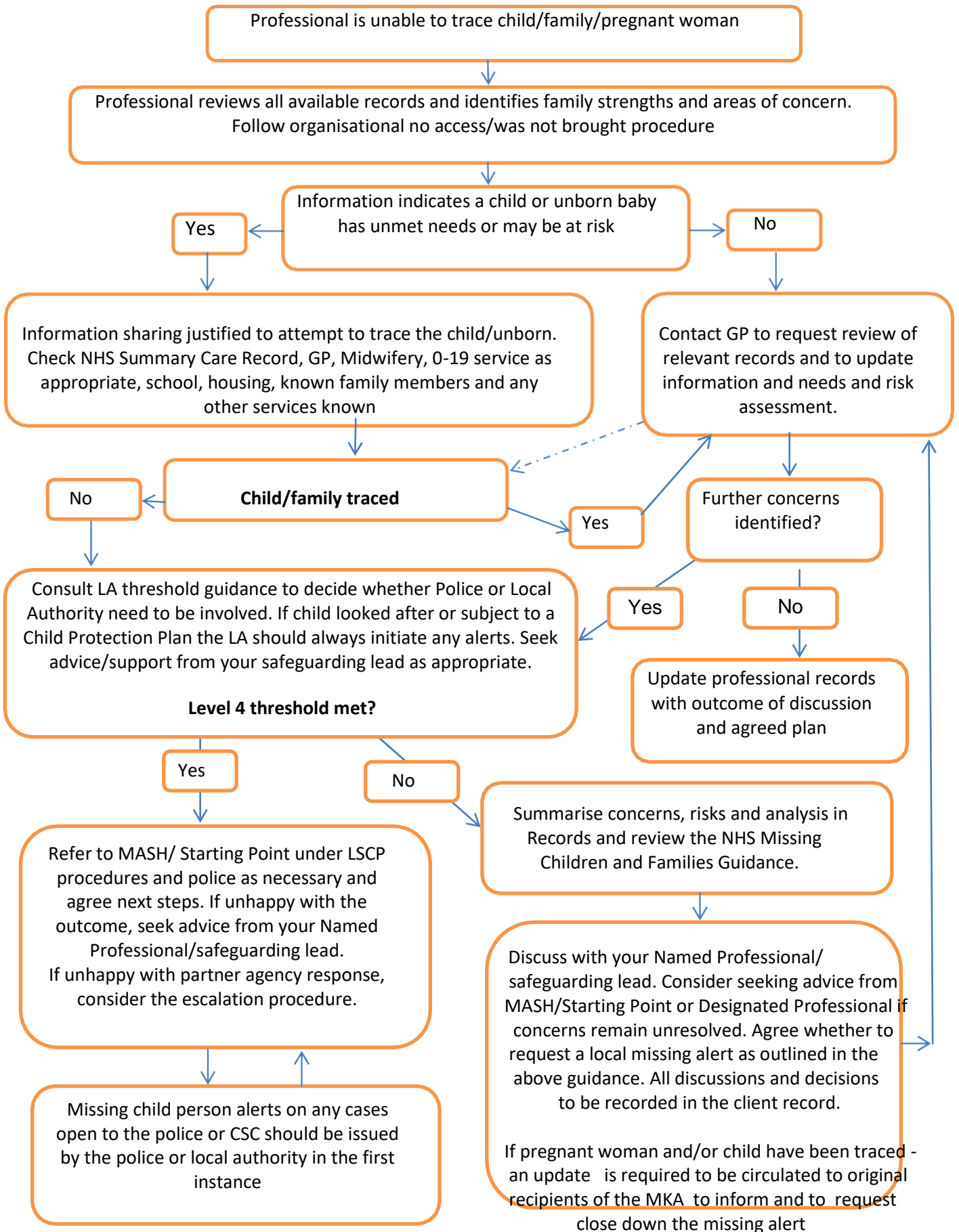
7.1 In the case of a child or unborn child subject to a protection plan or is a looked after child, the Named Nurse/ Midwife / professional should ensure with Social Care that the Child Protection-Information Sharing (CP-IS) system is updated and utilised to alert health partners to any risks or issues if they attend an unscheduled health setting.

8 Equality and Diversity

- 8.1 The ICB aims to design and implement documents that meet the diverse needs of the services, population, and workforce, ensuring that none are placed at a disadvantage over others. It considers current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all.
- 8.2 This document has been designed to ensure that no-one receives less favourable treatment due to their personal circumstances, i.e., the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy, and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.
- 8.3 In carrying out its functions, the ICB must have due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the organisation is responsible, including policy development, review and implementation.

Appendix 1

Pathway for Children and Young People or Pregnant Women who go Missing/No Trace



CHILDREN/PREGNANT WOMAN MISSING FROM KNOWN ADDRESS (MKA)

This form should be completed when a Family Health Practitioner/ Midwife or other caseload holder providing care to a child, becomes aware that a child/ren or pregnant woman is missing from a known address, and they have no forwarding information.

All reasonable and practical effort should be undertaken to locate the family. If at the end of local checks as below, you still have no forwarding, information please discuss the situation with the Named Nurse/Midwife/ professional within your organisation/area.

Concerns regarding unmet need, vulnerability or safeguarding may necessitate the completing section 2 of the Missing Children Family Alert Form (MKA)

Subject Child/ren						
First Name	Surname	Other name	Date of Birth	NHS Number		
Last known address						
Significant Adults						
Relationship to Subject Child/ren	First Name	Surname	Other Name	Date of Birth	NHS Number	EDD if appropriate
Date child last seen						
Families' ethnicity						
Language						
Any special needs/disabilities please specify						

CHECKS WITHIN LOCALITY – Please add dates checks are made	YES	NO
• Contact local Child Health Department to check IT systems (PAS, CHI, SIRS)		
• Contact Nursery /School/early year's provision attended.		
• Check HV/SN/MW/GP Practice with whom registered		
• Check with Housing as appropriate		
• Check with Children Social Care as appropriate		
• Check with local Children Centre		
• Check with family members/neighbours as appropriate		
• Contact local Acute Trusts		
• Check with Police		
Additional relevant information		

MKA section 2 - please complete section 2 when all relevant checks on section 1 of the MKA form have been undertaken.

<u>Risk Factors - List all known risks</u>	
Risks to staff (Detail any relevant factual information including any contact details for emergency support as appropriate and crime numbers if Police made aware)	
Referred to Police as missing person Yes No	Referred to Childrens Social Care: Yes No
Name of professional raising concerns	Designation
Contact Number	Secure e-mail address
Date discussed with Named Nurse/Midwife/Safeguarding Lead	Name of Named Nurse/Midwife/ professional / Safeguarding Lead
Date discussed and sent to Designated Nurse	Name of Designated Nurse
If a decision has been made to circulate to wider areas date circulated by Designated Nurse (completed by Named Nurse after discussions with Designated Nurse)	Wider area the missing alert form has been circulated to by Designated nurse
<u>Recipient of MKA to complete</u>	
1. Staff in receipt of this MKA should check organisational records for relevant contacts and updated information.	
2. If the family are located inform the Designated Nurse for their area and the Named Nurse contact on the MKA form	
3. File the MKA form in the appropriate health record and review after 3 months and update records accordingly if the family has been found	
Family Found: Yes <input type="checkbox"/> No <input type="checkbox"/> Date Found:	Found By (Please indicate)
New Address of family	<u>Details of Professional to contact if family is traced and arrange case and records transfer between professionals.</u>

*Please destroy this notification 3 months after distribution

WAS NOT BROUGHT (WNB) GUIDELINES FOR CHILDREN WHO DO NOT HAVE A PERMANENT CHILDHOOD HEARING IMPAIRMENT (PCHI)

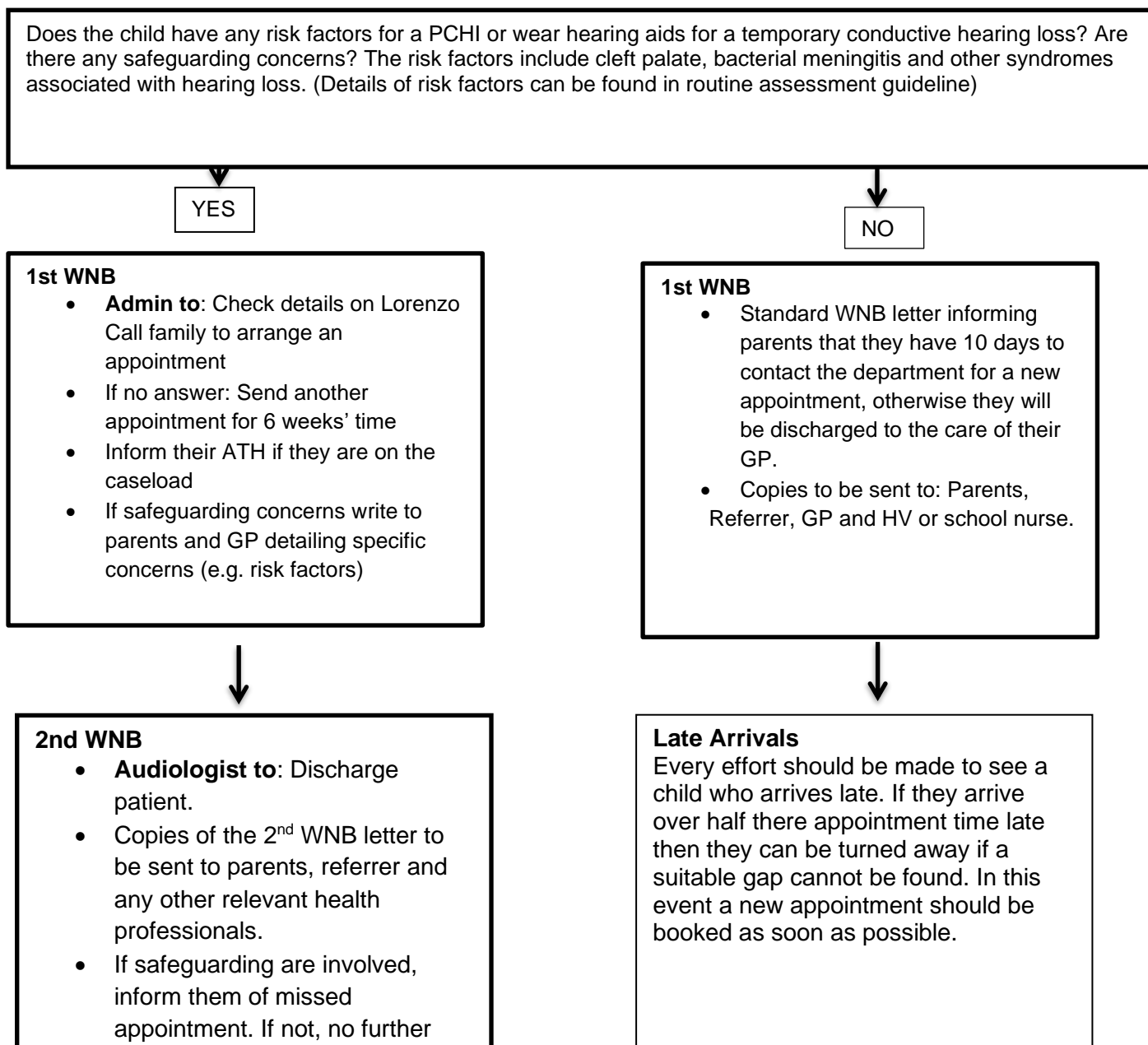
Author: Lisa Thompson, Eleanor Brown and Tendai Ngwerume

Department: Children’s Audiology Date: 09/05/2022

Introduction

The need for a robust follow up system for children, young people and neonates who do not attend their appointments at hospital or in a clinic setting was highlighted in the Lord Laming recommendations (2009) and local serious case reviews. The purpose of this flow chart is to ensure that there is a system in place to effectively manage the risks in relation to any child who is not accessing health care

This flow chart should be used in conjunction with *Trust policy for the management of children, young people and neonates who are not brought for their appointment.*



Children's Audiology Department

WAS NOT BROUGHT (WNB) GUIDELINES FOR CHILDREN WHO DO NOT HAVE A PERMANENT CHILDHOOD HEARING IMPAIRMENT (PCHI)

Author: Lisa Thompson and Tendai Ngwerume

Department: Children's Audiology

Date:

Review Date:

