

## NO RESPONSE POLICY

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Relevant Staff Groups:	Trust wide staff working in community settings.

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## DOCUMENT CONTROL

<b>Reference Number</b> NRP/Jul/12/AS	<b>Version</b> V2	<b>Status</b> Final	<b>Author</b> Named Nurse Safeguarding Children
<b>Amendments</b>	Revised document following acquisition of Somerset Community Health.		
<b>Document Objectives:</b> This policy sets out the Trust's response when a patient/client is not at home when visited for a planned appointment or does not attend for a planned appointment, to ensure the safety and well-being of the patient/client.			
<b>Intended Recipients:</b> All Trust members of staff, patient/clients, carers and other agencies.			
<b>Committee/Group Consulted:</b> Trust Safeguarding Team, Clinical Policy Review Group			
<b>Monitoring Arrangements and Indicators:</b> The effectiveness of this policy will be monitored by the Trust Safeguarding Team through review of DATIX incidents and referral of adult and child safeguarding incidents. The Clinical Governance Group will be responsible for requesting evidence of overall compliance with the policy.			
<b>Training/Resource Implications:</b> The main points of this policy in terms of staff responsibilities will be referenced in both Safeguarding Adults at Risk and Safeguarding Children mandatory training			
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## CONTENTS

Section	Summary of Section	Page
Doc	Document Control	2
Cont	Contents	3
1	Introduction	4
2	Purpose and Scope of Policy	4
3	Duties and Responsibilities	4
4	Explanations of Terms Used	5
5	General Principles	7
6	<i>No Response</i> from a Patient/Client on a Planned Visit	7
7	If you are Unable to Locate the Patient/Client	8
8	Action Taken on Receipt of a <i>No Response Alert</i>	8
9.	Action to be taken by Children and Young People's Service Staff	9
10	Situations where there are a Number of Child Health and Welfare Concerns	10
11	Follow Up	10
12	Action To Be Taken On Resolution of the Incident	11
13	Patient/clients unable to be Contacted for initial Appointment/Assessment	11
14	Training Requirements	12
15	Equality Impact Assessment	13
16	Monitoring Compliance and Effectiveness	13
17	Counter Fraud	14
18	Relevant Care Quality Commission (CQC) Registration Standards	14
19	References, Acknowledgements and Associated documents	14
20	Appendices	15
Appendix A	<i>No Response</i> Flowchart	16
Appendix B	Calling Card	17

## 1. INTRODUCTION

- 1.1 This policy has been developed following an incident in which an older person died in their own home and remained undiscovered for some time. The subsequent investigation recommended a policy which clarified the actions; responsibilities and time frames required by involved parties to ensure the risk of this recurring was minimal and any potential safeguarding concerns are considered.
- 1.2 Local and National Serious Case Reviews and Internal Health Reviews illustrated that where professionals were unable to access an adult and/or a child, no adequate risk assessment could take place, potentially putting the adult and/or child at greater risk of significant harm. This policy gives clear guidelines for the management of this increased risk including the advice and support to be sought from the safeguarding team.
- 1.3 This guidance provides specific advice for members of staff from Somerset Partnership NHS Foundation Trust who may find themselves unable to access a vulnerable person, adult or child and should be read in conjunction with the Somerset County Council Policy (June 2007).

## 2. PURPOSE & SCOPE

- 2.1 The purpose of this policy is to ensure no patient/client, or person referred to the Trust, is assumed to be safe and well when they do not respond to an expected visit. This policy is also to be used by Trust staff who are concerned about a child/young person's welfare but are unable to make a thorough risk assessment due to an inability to gain access to the child and / or family. Trust actions will be prompt, proportionate and intended to promote people's health, safety and well-being.
- 2.2 This policy aims to:
- Give clear guidance on what to do if there is a 'No response' situation from an expected visit or no response to offer of initial meeting/assessment;
  - Ensure the safety of, and to minimise the risk of harm to, patient/clients who do not answer or respond when visited by a member of Trust staff;
  - Ensure all children requiring Trust services are assessed in a timely way by Trust staff and where concerns exist but staff are unable to access the child a clear process of escalation is in place.
- 2.3 It is the responsibility of the visiting member of staff to follow this policy and respond as directed.

## 3. DUTIES AND RESPONSIBILITIES

- 3.1 The **Trust Chief Executive** has overall accountability for the effective and safe operation of the Trust, ensuring the safety and well-being of patient/clients and others are taken fully into account at all times.
- 3.2 **The Trust Heads of Divisions** are accountable for the operational use of this

policy to ensure the policy is used at all times when appropriate and is reviewed at regular intervals.

- 3.3 **Trust Managers** are responsible for ensuring their staff are fully aware of this policy and for making sure they follow it at all times when a patient/client is unexpectedly not at home for a planned visit. Team managers are responsible for ensuring that systems exist to receive and manage referrals including those cases where initial contact with the patient/client cannot be made
- 3.4 The **Safeguarding Children Team** will give advice and support to any member of staff who is concerned about a child's welfare and may not be able to access the child to complete further assessment
- 3.5 The **Safeguarding Adults at Risk Team** will give advice and support to any member of staff who is concerned about a vulnerable adult's welfare and may not be able to access the person to complete further assessment, (see contact list on Trust Intranet)
- 3.6 The **Care Coordinator** will have the responsibility for ensuring patient/client details are up to date and for co-ordinating regular Care Programme Approach (CPA) reviews. Each agency will inform the others of any changes that are reported.
- 3.7 **All Members of Trust Staff** must be fully aware of this policy, its contents and their responsibilities under it.
- 3.8 **Joint Working:** where there is joint working between Somerset Partnership, the Local Authority and other statutory and voluntary agencies it should be agreed (as early as possible in the working relationship) who should be responsible for taking the lead in a 'no response' or 'no access' situation. This should be recorded clearly on both agencies' electronic recording systems (PROTOCOL, SWIFT and RiO). This should not, however, cause a delay in responding to an alert, and the first member of staff responding to an alert should ensure that it is dealt with in accordance with this policy.

#### 4. EXPLANATIONS OF TERMS USED

- 4.1 **Proportionate response:** A response which is measured and at an appropriate level in reaction to the situation or assessed risk identified
- 4.2 **Appropriate:** Suitable for a particular person or place or situation
- 4.3 **No Response:** Where an expected meeting or contact with an adult patient/client, who had previously been made aware of the contact, did not take place.
- 4.4 **No Response Alert:** The process whereby staff identifying a No Response situation, (predominantly Adult Services staff), alert a variety of agencies and individuals including the police if appropriate.
- 4.5 **No access:** Where staff, (predominately Children and Young People's Services staff), are unable to access a child, whether due to missed health outpatient / clinic appointments, unsuccessful home visits or unreturned telephone calls.

4.6 **Significant incident:** a significant incident is one which is sufficiently important to be worthy of attention. In the context of this policy these would be incidents where the reviewing manager deems the incident to require escalation for the purposes of informing and educating staff, updating clinical practice, and/or reviewing clinical policy but do not meet the thresholds for investigation as serious incidents, (as defined at point 4.7 below).

4.7 **Serious incident:** the following incident types should be managed in accordance with the Trust *Serious Incidents Requiring Investigation Policy and Procedure*:

- unexpected death or serious injury (including violent assault) physical/non-physical including falls resulting in fractures;
- suicide or serious suicide attempt;
- serious drug errors – life threatening or significant side effects;
- HCAI Outbreaks of infection/disease, causing beds to be closed;
- fire, explosion, major damage to Trust property;
- hostage taking;
- serious traffic accident involving Trust vehicle/patients/staff on Trust business;
- missing persons detained under the Mental Health Act – who are at serious risk of harming themselves or others;
- serious financial/fraud/security SIRIs;
  
- serious loss of data/personal information breaching confidentiality;
- grade 3 and grade 4 pressure ulcer development;
- abuse of vulnerable adults - death or significant harm to vulnerable adult as a result of abuse;
- child abuse- death or significant harm to a child as a result of abuse;
- media SIRIs – where a SIRI is likely to attract interest from local, regional or national newspaper, TV or radio;
- serious harm involving medical equipment faults or failures;
- serious incident involving blood transfusion;
- serious acts of aggression towards patients and staff;
- terrorism and chemical, biological, radiological or nuclear (CBRN) incidents;
- 'Never Events';
- major incident;
- incidents relating to NHS screening programmes;
- near miss of any of the above.

4.8 **Care Programme Approach (CPA):** This is a particular way of assessing, planning and reviewing someone's mental health care needs.

## 5. GENERAL PRINCIPLES

- 5.1 Article 8 of The Human Rights Act 1998 states everyone has the *right to respect for private and family life*. This policy takes this recommendation into consideration and the actions it recommends are intended to be a proportionate response to any 'no response' situation.
- 5.2 Members of staff involved in a No Response or No Access situation must consider what level of response is appropriate and proportionate to that situation. For example, they should consider if it is an emergency situation, if the person is a frequent 'non-responder' where the assessed risk is low or if there are specific vulnerability or child protection issues. Staff must also consider previous behaviour and review the existing risk assessment. There may be an existing care plan or an alert on the patient's clinical record detailing what to do in this situation.

## 6. ACTION TO BE TAKEN BY ADULTS SERVICES STAFF FOLLOWING A NO RESPONSE FROM A PATIENT/CLIENT ON PLANNED VISIT

- 6.1 Members of staff should consider the following actions when there is "no response" from the patient/client when visited at home (see Appendix A):
- Ensure you are at the correct address (Some street names or door numbers can be misleading);
  - Check you are visiting on the agreed day and the approximate time;
  - Check for signs of activity by looking through and/or listening at the letter box and looking through windows;
  - If possible and safe to do so go around the outside of the house; there may be better access through a back door that may be unlocked or views into other ground floor rooms;
  - If there is a garden, check as there may be some response from there;
  - When patient/clients have key safes fitted they often inform their GP surgery or carers of the number;
  - Where it is appropriate, approach a neighbour who may have a key or have some idea of the patient/client's activities;
  - Contact family members if their number is known;
  - Telephone other networks; Care Agency – Piper Life Line; there may be information available on activity.
- 6.2 Telephone GP surgery, HUB or Primary Link; they may hold information on this person's activities.
- 6.3 If you can hear the patient/client from inside the house and they are in obvious distress, they may have fallen or be injured in some way.
- DO NOT BREAK IN – CONTACT THE EMERGENCY SERVICES – BE AWARE OF YOUR OWN SAFETY AT ALL TIMES.**
- 6.4 Please be sure that all checks have been undertaken prior to breaking in, as this action may result in costs being incurred by the Trust, Local Authority or individual. Please also ensure that the decision to break in has been agreed with the emergency services.

## 7. IF YOU ARE STILL UNABLE TO LOCATE THE PATIENT/CLIENT

7.1 Based on the member of staff's knowledge of the patient/client and their risk assessment, the following actions should be considered:

- Leave a calling card (see Appendix B, which *must be on green card*) with **your** details asking them to contact you as soon as possible;
- Contact your immediate line manager and together discuss, reassess the risk to the patient/client and decide who should be contacted as a consequence.
- Issue a "No Response Alert" by contacting all relevant agencies and individuals, including the police where appropriate.

## 8. ACTION TO BE TAKEN ON RECEIPT OF A **NO RESPONSE ALERT**

8.1 It is not appropriate for members of Trust administrative staff to be left with this responsibility.

8.2 Action should be taken **urgently** and the situation should be resolved **on the same day** (although see details of contacting the emergency duty team below).

8.3 The Team Manager should be informed a No Response Alert has been raised.

8.4 **When the member of staff issuing the No Response Alert is at the patient/client's house, check the member of staff has, where possible or appropriate:**

- Knocked loudly;
- Looked through doors, letterbox, windows;
- Checked for signs the patient/client is up and about, curtains drawn, milk outside etc;
- Walked around the property if able to gain access. (Maintaining awareness of personal safety at all times);
- Telephoned a few times and allowed the phone to ring- an answer phone is a 'no response';
- Contacted the Life Line;
- Contacted a neighbour;
- Contacted a relative, friend, carer or emergency contact key holder;
- Called appropriate relatives, carers or friends;
- Called GP;
- Called Hospitals;
- Checked phone line: BT Faults: 0800 800 151;
- Called Police local office, and discussed with them the potential need to gain access.

8.5 **What to do if the member of staff issuing the No Response Alert is not at the house:**

- Try calling the patient/client yourself, and again consider an answer phone as a 'no response';

- Check RiO for involvement/ next of kin/ emergency contact/ lives alone/ alerts/ care plan for regular activities e.g. day care;
- If the patient/client has a regular call from a carer, check with the last carer who visited to see how the patient/client was, i.e. that they took their medication etc;

## **9. ACTION TO BE TAKEN BY CHILDREN AND YOUNG PEOPLE'S SERVICE STAFF IN RELATION TO NO ACCESS SITUATIONS**

9.1 This policy should be used by Children and Young People's staff when concerns have already been raised about a family. For example:

- Through an Accident and Emergency/Minor Injury Unit, (MIU), attendance notification/Paediatric/Midwifery/GP referral;
- Through a Domestic Abuse notification,
- From a previous Children's Social Care referral;
- When an initial "Removal In" assessment visit identified concerns;
- A health appointment has been missed, (e.g. hospital paediatric outpatients' appointment, Audiology, Orthoptist, Speech and Language Therapy).

### **AND**

9.2 The usual means of contact with the family, for example planned and unplanned home visits, invitations to Child Health Clinics, further health outpatient appointments or telephone calls have been **unsuccessful**.

### **Step 1**

9.3 The Trust health professional should check with other professionals who may be involved with the family regarding any concerns, possible non-compliance and/or missed outpatients/health appointments, (e.g. Paediatric and other hospital outpatient appointments, Speech Therapy, Orthoptist, Dentist, and CAMHS). Any liaison, (telephone or face to face), with other professionals must be recorded in the practitioner's professional records.

### **Step 2**

9.4 The Trust health professional should discuss the family with the appropriate Named or Locality Safeguarding Children Nurse, including details of any liaison with other professionals. A risk assessment should be carried out and referral to Children's Social Care should be considered if it is assessed that the risk of harm to the child is increased if there is no health professional access and/or the missed outpatients/health appointments will have a detrimental effect on the child's welfare either in the short or long term. Significant Event records must be completed if part of the child's health record. Children's Social Care referrals must be followed up as per the Trust's Child Protection Policy and the Named Nurse or Locality Safeguarding Children Nurse informed of the referral.

### **Step 3**

9.5 Should a decision be reached that the perceived risk to the child does not meet the thresholds for referral to Children's Social Care, the Trust health professional should inform the child's GP of their lack of access and/or the

outstanding outpatients/health appointments, monitor A&E, and MIU attendances and Domestic Abuse notifications, (if they are routinely received by the professional), liaise with other service providers regarding on-going missed health appointments and, for Public Health Nursing Staff attempt contact as per the universal Healthy Child Programme contacts and usual health visiting/school nursing objectives (e.g. immunisations, developmental assessment, liaison with child protection lead in school). The health professional should also write a brief letter to the family detailing her availability, location and her contact details.

#### **Step 4**

- 9.6 Should further concerns come to light about a child, the health professional should follow usual Trust child protection protocols and repeat the above process if access or missed appointments remain an issue.

#### **NB**

- 9.7 Any Trust health professional making a home visit and finding young children left "home alone" without a responsible adult in residence must contact the Police via the 999 service.

### **10. SITUATIONS WHERE THERE ARE A NUMBER OF CHILD HEALTH AND WELFARE CONCERNS**

- 10.1 In cases where there are a number of child health and welfare concerns and where each individual concern is at a low level such as a missed appointment, but the overall number of concerns provides an increased level of concern AND access to the family is problematic, Trust staff must not rely on telephone calls to assess children without achieving regular face to face contacts with both the child(ren) and their parent(s).

- 10.2 **Consideration must be given to the possibility that the family may deliberately use telephone calls to prevent or delay a home visit by a professional. Such cases must always be discussed with the appropriate Named Nurse or Locality Safeguarding Children Nurse.**

- 10.3 For these reasons, where there are a number of child health and welfare concerns, such children must always be seen face to face, ideally in their own home with their main carers present. Telephone contact should be reserved for booking and re-arranging appointments and not in place of detailed observational assessment of the child(ren) and parent(s).

- 10.4 **Where threats have been made to the well-being of professionals, staff safety must be assessed as a priority prior to visiting and the Trust Security Manager and staff member's line manager informed.**

### **11. FOLLOW UP**

- 11.1 This must take place within twenty four hours:

- If a morning visit, contact in the afternoon;
- If an afternoon visit – arrange for an Out of Hours Team to contact;

- If an Out of Hours visit, arrange for a morning contact;

11.2 Trust staff should never leave a period longer than twenty-four hours without trying to make contact with the patient/client:

- Check with other health professional if there is known service provision;
- Check with Adult Social Care (there may be a care provision in place);
- Contact the patient/client's next of kin;
- Telephone Somerset Direct (there may be some information available);
- Inform the GP of continued "No response";
- Notify senior line management;
- Complete a DATIX incident form within 24 hours of the failed visit or earlier dependant on the level of risk identified.

## **12. ACTION TO BE TAKEN ON RESOLUTION OF THE INCIDENT**

12.1 If the patient/client is safe, explain to them our concerns, ensure we have relevant contact details, and discuss with them what to do in the future should a similar circumstance arise.

12.2 Inform your line manager of the outcome.

12.3 Record the details in the progress notes, and ensure any decisions/plans are recorded either in the care plan, or in the risk assessment. Consider whether or not it is appropriate to create an alert.

12.4 Ensure all other agencies involved with the patient/client are informed of any new information which is relevant to them. This information must also be checked on any further assessment and at reviews. All involved parties should be notified of changes.

12.5 Information should include:

- Next of kin details;
- Emergency contact details;
- Key holder information;
- Risks associated with the patient/client, e.g. risk of neglect or social isolation, variable health conditions, hazards from others;
- If the patient/client has a sensory impairment;
- If the patient/client has a community alarm.

## **13. PATIENT/CLIENTS UNABLE TO BE CONTACTED FOR INITIAL APPOINTMENT/ASSESSMENT**

13.1 Depending on the urgency of the referral (see below) patient/clients may be contacted by letter, telephone or other means. Most patient/clients then agree the appointment. However, occasionally there is no response to the offer of appointment. It may be that patient/client contact information from the referrer is incorrect. In these circumstances, re-contact the referrer to double-check contact details for the patient/client. Where it is not possible to make initial contact with the patient/client the following action will be taken:

- **Emergency Referrals**  
**Immediately** re-contact the referrer **in person**, and agree an appropriate plan of action.
- **Urgent Referrals**  
If it is clear that there is no response from the patient/client, staff should contact the referrer in person by the end of the same working day. If it is not possible to speak to the referrer or their deputy in person, a message must be left (or a fax sent) requesting an urgent response from the referrer in order to agree an appropriate course of action.
- **Routine Referrals**  
If it has not been possible to make contact with the patient/client within 3 weeks, contact must be made with the referrer to agree an appropriate course of action.”

13.2 **MENTAL HEALTH PATIENTS ONLY** When a patient/client does not attend a follow up appointment, the following action will be taken:

- **Patient/clients on RCPA Level 1**  
Patient/clients who do not attend an appointment without explanation will normally be contacted by letter or telephone, requesting them to contact their Care Co-ordinator within seven days.
- Patient/clients who do not attend will normally be discharged. This is however open to the discretion of the Care Co-ordinator in consultation with their Team Manager and the patient/clients GP.
- The decision as to whether to pursue contact should be done jointly with and with the agreement of the patients GP and any other professionals involved.

- **Patient/clients on RCPA Level 2**

Patient/clients who do not attend an appointment without explanation will be contacted immediately by their Care Co-ordinator, unless other contact arrangements have been made as part of a risk management plan.

If the outcome is not satisfactory, the Care Co-ordinator will consult with the patient/clients GP and other involved professionals and carers as soon as possible in order to agree on a decision regarding further action.

For some patient/clients immediate action will be required. The degree of response will depend on the client’s current level of assessed risk

## 14. TRAINING REQUIREMENTS

14.1 The Trust will work towards all staff being appropriately trained in line with the organisation’s Staff Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

14.2 Trust line managers need to practice in accordance with this policy.

14.3 There is no specific training requirement for this policy. However the policy will be referenced in mandatory safeguarding children and adults at risk training.

## **15. EQUALITY IMPACT ASSESSMENT**

15.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

## **16. MONITORING COMPLIANCE AND EFFECTIVENESS**

### **16.1 Monitoring arrangements for compliance and effectiveness**

16.1.1 The effectiveness of this policy is subject to scrutiny and review by the Trust Clinical Governance Group.

16.1.2 Significant No Response/No Access incidents will be escalated to the agenda of the Trust Safeguarding Children Best Practice Group or Trust Safeguarding Adults Steering Group for children and adults respectively. The purpose of this will be to identify any lessons to be learned from the incident, plan how learning will be disseminated to staff and update any policy or guidance documents to reflect the learning.

16.1.3 Serious No Response incidents will be escalated to the Serious Incidents Requiring Investigation Group as per the Terms of Reference for this group

16.1.4 Decisions regarding which incidents should be escalated as at point 16.1.2 and 16.1.3 above will be made by those managers identified to review the initial DATIX incident report. Where confusion remains regarding escalation the incident should be discussed with the Head of Safeguarding and/or Named Nurse for Safeguarding Children

16.1.5 The Trust Named Nurse and Safeguarding Adults at Risk Team are responsible for ensuring any recommended changes are implemented.

16.1.6 All Trust staff should be aware of this policy. It will be referred to in every child protection and safeguarding adults at risk mandatory training session at all levels.

16.1.7 Where there is evidence that a staff member has not followed the correct child protection procedure properly, the named professionals will follow this up accordingly and where appropriate use the DATIX reporting system. This will be reported to the Trust Clinical Governance Group where appropriate actions will be recommended and monitored. Any high scoring risks will be placed on the appropriate Risk Register and monitored until the risk is reduced.

### **16.2 Responsibilities for conducting the monitoring**

- The Head of Safeguarding will lead internal monitoring processes to ensure compliance with this policy and related guidance
- Monitoring of this policy at clinical practitioner level will be conducted by Trust Line Managers

### 16.3 Methodology to be used for monitoring

- Incident reporting and monitoring
- Raising of safeguarding issues at key Trust committees as detailed at 16.1.2

## 17. COUNTER FRAUD

17.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

## 18. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

The standards and outcomes, which inform this procedural document, are as follows:

Section	Outcome
Personalised care, treatment and support	4 Care and welfare of people who use services
Safeguarding and safety	7 Safeguarding people who use services from abuse
Quality and management	16 Assessing and monitoring the quality of service
	19 Notification of death or unauthorised absence of a person who is detained or liable to be detained under the MHA 1983
	<u>20 Notification of other incidents</u>

## 19. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

19.1 The Policy must be read in conjunction with the following Trust Policies:

- AWOL - Detained Patients Absent Without Leave (AWOL) Policy (including Missing Persons Guidance)
- Health and Safety Policy
- Lone Working Policy
- Record Keeping and Records Management Policy
- Records Management Strategy
- Recovery Care Programme Approach (RCPA) Policy
- Risk Management Policy and Procedure
- Risk Management Strategy

- Safeguarding Child Protection Policy
- Safeguarding Vulnerable Adults Policy and Process
- Serious Incidents Requiring Investigation Policy and Procedure
- Untoward Events Reporting Policy

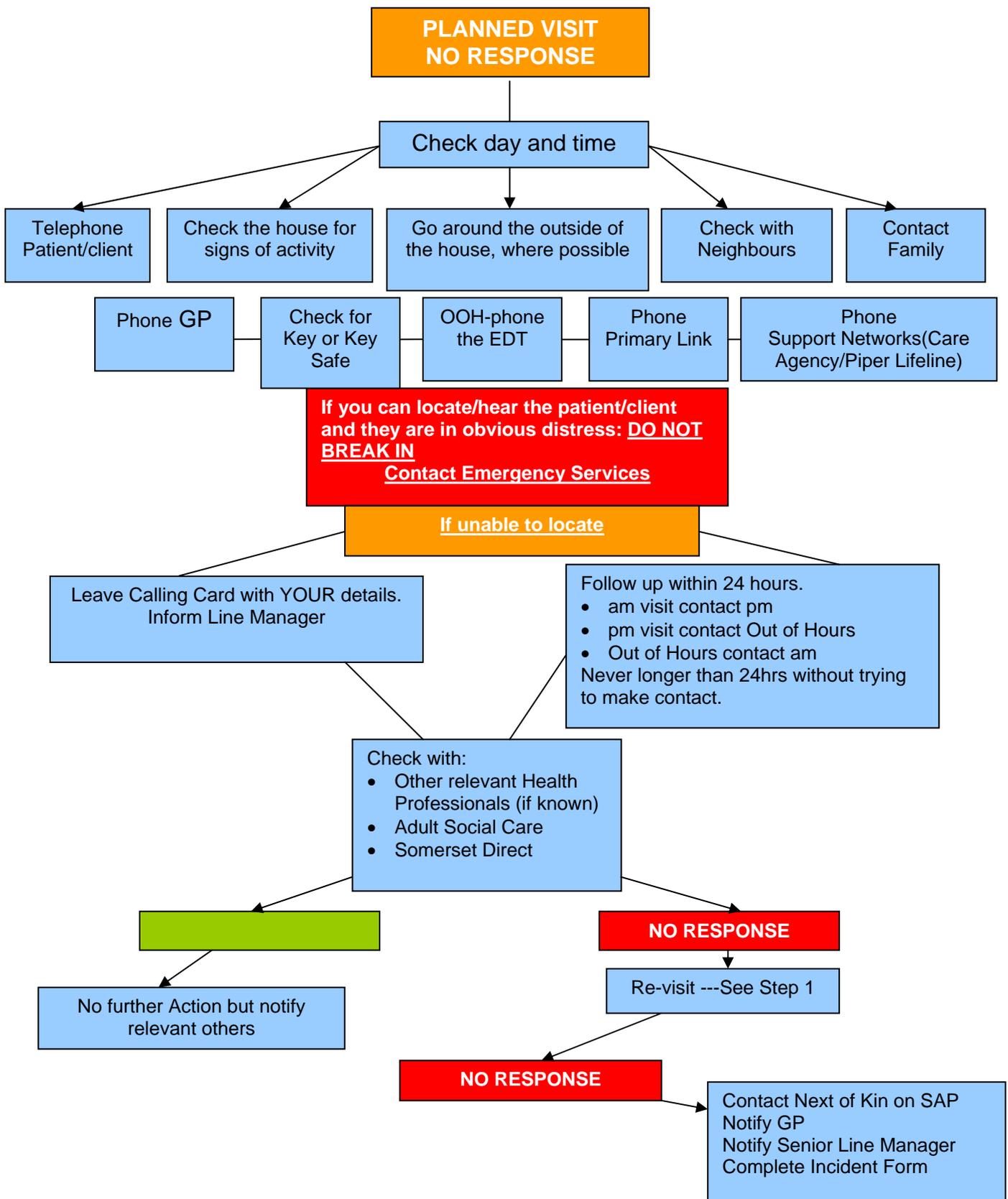
All current policies and procedures are accessible to all staff on the Trust intranet (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet (on the home page, click on Information, then Local Guidance).

## **20. APPENDICES**

20.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix A: No Response Flowchart  
Appendix B: Calling Card

NO RESPONSE FLOWCHART



## CALLING CARD

**Please Note: This communication must be printed on green card to aid visibility and to include the Translation/Interpretation advice on the reverse.**



Dear (Name)

A member of the (name) Team tried to visit you today (date) at (time) as planned but could not get any response from you.

We are worried about you as we could not get a reply when we came to your home to visit your today

We would like to know you are safe and well.

When you read this, please can you phone us on (phone number) or please ask a friend, relative or carer to phone us on your behalf.