## Not Brought In (NBI) Policy for Children, Young People and Adults at risk

(Reference No. CP42 1016)

<table>
<thead>
<tr>
<th>Version:</th>
<th>Version 1, December 2016</th>
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<tbody>
<tr>
<td>Version Superseded:</td>
<td>New Policy</td>
</tr>
<tr>
<td>Ratified/ Signed off by:</td>
<td>Patient Effectiveness Safety Group (PESG)</td>
</tr>
<tr>
<td>Date ratified/ Signed off:</td>
<td>16/12/2016</td>
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<tr>
<td>Name and designation of Lead Policy Author:</td>
<td>Sue Thompson, Named Nurse Safeguarding Children &amp; Jane Newcombe, Named Nurse Safeguarding Adults.</td>
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<tr>
<td>Name of responsible Committee / Individual:</td>
<td>Healthcare Governance Committee/ Clare Hawkins, Director of Quality &amp; Governance</td>
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<tr>
<td>Name of Executive Lead</td>
<td>Clare Hawkins, Director of Quality &amp; Governance</td>
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<tr>
<td>Next Review date:</td>
<td>2 years from date issued or earlier at discretion of the Executive Lead or Author</td>
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<td>Document applicable to, e.g. all staff, or all clinical, or all admin, etc:</td>
<td>All Hertfordshire Community Trust (HCT) Staff</td>
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</table>
Not Brought in (NBI) by Policy (Reference No.CP42 1016)

Version: 1

Lead Author: Sue Thompson

Exec Director: Clare Hawkins

Who is this document is applicable to: Services for Children and Young People (CYP) and those services seeing vulnerable adults that may be at risk.

Dare Issued: Tbc

Scope / Statement / Purpose: all staff working for, or on behalf of, HCT which includes all bank, agency and volunteer staff. To ensure the safety and welfare of all children and young people and vulnerable or adults at risk, who do not attend community appointments offered by HCT services or who are not at home when the clinician calls to make a prearranged visit.

Key Component / Main content of the Policy:

- Explanation of terms and definitions
- Referral procedure and communication with Service Users, Parents and Carer's
- Process for Not Brought In (NBI) for Initial Assessment
- Process for Not Brought In (NBI) for intervention/review appointment

General Procedure guidance:
All professionals employed by HCT are expected to follow this policy.

Specific procedure for individual groups:
Procedures detailed in the policy apply equally to Children’s and Adult services and teams.

Specific training info for staff:
Policy provides procedural information.

Specific info for equipment:
Not Applicable

Governance & Escalation: If you require any guidance about this policy - contact Named Nurse for Safeguarding Children or Adults depending on the age of the service user.

Other policies that this policy should be read in conjunction with:
- 18 week Patient Access Policy
- Safeguarding Children Policy 0-18yrs
- HCT Safeguarding Adult Policy
- SystmOne guidance

Who is this document is applicable to:
Services for Children and Young People (CYP) and those services seeing vulnerable adults that may be at risk.
1. Introduction

1.1 Children
Section 11 of the Children Act 2004 places a statutory duty on health organisations and their staff not only to safeguard but to promote the welfare of children and young people (CYP). Retrospective analysis of Serious Case Reviews both national and local has repeatedly identified parental non engagement or disengagement with professionals as a factor which places children at increased risk.

CYP have the right to good healthcare and to maximise their wellbeing. Working together to Safeguard Children (2015)\(^1\) highlights that: The safety and the health of a child are integral aspects of their wellbeing. The National Service Framework for Children\(^2\) (core standards 2004) states that:

“Children and young people failing to attend clinic appointments following referral from their general practitioner or other professional may trigger concern, given that they are reliant on their parent or carer to take them to the appointment. Failure to attend can be an indicator of a family’s vulnerability, potentially placing the child's welfare in jeopardy.”

This necessitates that:
“A local system is in place to identify children and young people who do not attend an appointment following a referral for specialist care so that the referrer is aware they have not attended and can take any follow up action considered appropriate to ensure the child’s needs are being met”

Adults
Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. The Care Act (2014)\(^3\)
This applies to adults who have care and support needs (whether or not the local authority is meeting any of those needs) and is experiencing, or at risk of, abuse or neglect and as a result of those care and support needs is unable to protect themselves from either the risk of or the experience of abuse or neglect.

This policy applies to all Hertfordshire Community NHS Trust (HCT) services for Children and Young People (CYP) and those services seeing adults at risk. HCT is committed to:
- Promoting a culture that assures the safety of all patients, staff and visitors
- Operating within statutory and regulatory requirements as prescribed by the Data Protection Act 1998

1.2 This policy should be read in conjunction with the following HCT policies, guidelines and documents / forms available via HCT intranet:
- 18 week Patient Access Policy
- Safeguarding Children Policy 0-18yrs
- Safeguarding Adults Policy
- SystmOne Guidance

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\(^1\) Working Together 2015
\(^2\) Nation Standards Framework 2004
2. Document Intention

2.1 **Policy Statement** – This policy provides all staff with guidance on how to manage non-attendance of appointments and ongoing care.

2.2 **Aims** – To ensure the safety and welfare of all children and young people and adults at risk, who do not attend community appointments offered by HCT services or who are not at home when the clinician calls to make a prearranged visit.

2.3 **Scope** – This policy is applicable to all staff working for, or on behalf of, HCT which includes all bank, agency and volunteer staff.

3. Explanation of Terms and Definitions

3.1 **Child** - A child is defined as anyone who has not reached their 18th birthday. The fact that a child has reached 16 years of age is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate for children and young people does not change his or her status or entitlement to services or protection under the Children Act 1989 (Working Together to Safeguard Children 2015, Children Act 2004).

3.2 **Service Users** - are defined as Children, Young people and adults at risk.

3.3 **Adult** - This applies to adults who have care and support needs (whether or not the local authority is meeting any of those needs) and is experiencing, or at risk of, abuse or neglect and as a result of those care and support needs is unable to protect themselves from either the risk of or the experience of abuse or neglect. (Care Act 2014).

3.4 **Not Brought In (NBI)** - NBI is defined as the situation when a service user (patient or client) fails to attend a pre-arranged appointment, including a home visit. It also encompasses situations where parents or carers fail to arrange appointments for them following a letter requesting them to do so.

   Young people and parents; adults at risk and carers or who give notice of more than 24 hours will not be defined as NBI whilst a cancellation received with less than 24 hours’ notice will be defined as NBI, except in exceptional circumstances (i.e. the patient or their carer/parent falling ill on the day of their appointment, death of a relative etc).

   Patients/parents/carers who consistently cancel appointments should be discussed with the referrer.

3.5 **Did Not Attend (DNA)** - is defined when an adult at risk does not attend a health appointment and fails to cancel or rearrange the appointment.

4. Ownership, Roles and Responsibilities

The generic statement of roles and responsibilities are in line with the HCT (Trust) GR1 1215 V.4. Roles and responsibilities specific to this particular policy are defined below. Everyone shares responsibility for safeguarding and promoting the welfare of children and young people, irrespective of individual roles (Working Together to
4.1 Designated Committee

4.1.1 Healthcare Governance Committee is the Designated Committee for this policy.

4.2 Lead Executive Director

4.2.1 The Director of Quality & Governance is the identified Lead Executive Director for this policy.

4.3 Lead Officer

4.3.1 General Manager (Children and Adult services).

4.4 Line/ Locality Managers/ Heads of Service

4.4.1 All service/Operational Managers must ensure that staff are made aware of this Policy and work within it to maintain the safety of service users referred to their services.

4.5 Specialist Groups/ Individuals

4.5.1 Referrer – It is the Referrers responsibility to alert the services to any safeguarding concern when making a referral for a patient by ensuring this is clearly articulated in the referral. If the referrer is a SystmOne user then this should also be documented on SystmOne with the correct icons in place. The responsibility for following up a patient who fails to attend an initial assessment appointment rests with the Referrer.

4.6 The service to which the child or adult at risk has been referred is responsible for risk assessing each case and alerting the referrer and other relevant professionals of the non-attendance. Failure to attend second or subsequent appointments will need to be risk assessed by the clinician in a collaborative discussion with the referrer.

5. Content of the Policy

5.1 Referral procedure and communication with Service Users, Parents and Carers

5.1.1 Referrals:

- Referrals are received from a variety of sources including health, social care and education professionals. Service users, parents, carers may also refer directly to some of the services.
- Referrals are received in a number of different formats including phone call, Fax, email, electronically via Electronic Patient Record, letter and service specific referral forms.
- On receipt each referral is triaged by the service according to the individual service criteria.
- Referrals that meet the service criteria will be accepted.
- If the referral does not meet the Service criteria the referral will be rejected and the referrer will be informed of this in writing and provided with the reason for this decision.
- It is the referrer’s responsibility to ensure that a referral has been received by the service they are referring to.

5.1.2 Initial Assessments:
• Upon accepting a referral, the service will contact the service user, parents or carers offering an appointment either by phone or letter. The choice of dates if needed will be offered by phone and where possible with a letter confirming the date sent within 3 working days. Alternatively a letter will be sent directing them to contact the service to book an appointment. This letter must clearly state the need to contact the service within a 2 week time frame. This is in line with the 18 week Patient Access Policy.
• Appendix 1 shows the flowchart of NBI relating to the initial assessment.

5.1.3 Follow Up Appointments:
• If clinically appropriate following initial assessment an intervention/review plan will be put in place. This may require attendance at subsequent appointments which can take place in a range of settings including the patient’s home/school/nursery or a local children’s centre or community health clinic/hospital.
• With parental/carers consent service users may be seen in different appropriate settings without a parent/carer present. The clinician must ensure that the parent/carer is notified of the date on which this appointment will be carried out.
• Service users may attend appointments in non-Educational settings without a parent/carer present if appropriate and where it has been assessed that the service user has the capacity to make this choice MCA Policy and Gillick competence and Fraser Guidelines (NSPCC).  
• Appendix 2 shows the flowchart of NBI relating to treatment/intervention subsequent to initial assessment.

5.1.4 Communication with parents/carers and CYP:
• All Services must ensure that appointments sent to parents/carers/service users are easy to understand, are not ambiguous and clearly state the consequences of non-attendance.
• Information regarding the implications of non-attendance must be clearly stated on the web pages of each service.
• All letters sent to parents/carers/service users must contain contact details for the service.
• Service users should always be invited to phone for clarification if required.
• All appointment letters to service users and their parents/carers must contain information about the nature of the service offered with translations appropriate to local communities.
• If it is clear from the referral that support for attendance may be required this should be taken into consideration when appointments are arranged.
• The appointment letter should include the following or similar wording addressed to the parent/carer: “If at any time you need to cancel this/these appointment(s) then please contact us on the above number. If you fail to attend this/these appointment(s) and we do not hear from you, your child/client will be discharged and the referrer will be notified.”
• The use of Text Reminder Systems should be put in place in all services. All referrals should include a mobile telephone number for the service user/parent/carer as well as a landline number, if available. A text message reminder should be sent to the service user/parent/carer 48 hours in advance of the appointment where this facility is in use in the service.

5.2 Process for Not Brought In (NBI) for Initial Assessment

5.2.1 If a service user does not attend/is not brought in to an initial assessment appointment without prior notification this must be noted in the clinical record.

5.2.2 The service user’s social worker (if appropriate) must be informed. This may include a Looked after Child/care leaver when they do not attend an appointment.

5.2.3 Following a “not brought in” appointment or failure to respond to requests to make an appointment, the administrative or clinical staff must check the service users details (name, date of birth, address and contact details) with the referrer and against existing SystmOne data.

The clinical lead/ responsible clinician will review the clinical records and undertake a risk assessment regarding the clinical importance of the service user’s attendance. It may be necessary to seek additional information from the original referrer to fully inform this process. There will also be a need to ensure that there are no communication issues that may have impeded attendance, e.g. language or literacy problems. This assessment must be documented in the clinical record.

5.2.4 If attendance is not assessed to be clinically important the service user will be removed from the waiting list and discharged.

5.2.5 The decision to discharge should only be arrived at having considered risk and complexity and after having written to the family and/or referrer allowing them two weeks to respond.

5.2.6 An explanatory letter will be sent to the service users/parents/carers, the GP and Referrer informing them of this outcome which will also be recorded in the clinical record.

5.2.7 Clinically appropriate
- If it is clinically appropriate to offer a further appointment then only one appointment will be offered.
- If the service user fails to attend the second appointment, the service user will be removed from the waiting list and discharged.
- Failure to attend the second clinically appropriate appointment may automatically trigger a safeguarding referral in some services. This should be discussed with the Practitioners Safeguarding Supervisor after discussion with the referrer.
- An explanatory letter will be sent to the service user/parents/carers, the GP and the Referrer informing them of this outcome which will also be recorded clinical record.

5.2.8 Safeguarding concerns
- In the event of safeguarding concerns then the relevant safeguarding policies must be followed.
- If there are safeguarding concerns and a social worker is involved then the referrer and the social worker must be informed of non-attendance.

5.2.9 For an initial appointment if the service user/parents/carers contact the service within 24 hours of the missed appointment requesting another appointment, one replacement appointment will be offered. If following this second offer of appointment the service user fails to attend, the NBI procedures as above will apply.
5.3 Process for Not Brought In (NBI) for intervention/review appointment

5.3.1 Following in a “not brought in” appointment or failure to respond to requests to make an appointment, the administrative or clinical staff must check the referees details (name, date of birth, address and contact details) with the referrer and against existing SystmOne data.

5.3.2 The service user’s social worker must be informed if a Looked after Child (LAC) does not attend an appointment and when the service user has an allocated social worker.

5.3.3 The clinical lead /responsible clinician will review the clinical records and undertake a risk assessment regarding the clinical importance of the service user’s attendance. It may be necessary to seek additional information from the original referrer or those professionals to whom the service user is known to fully inform this process.

There will also be a need to ensure that there are no communication issues e.g. sensory deficit, language or literacy problems, mental capacity considerations or physical dependency requiring transport or physical assistance that may impede attendance. This assessment must be documented in the clinical record.

If attendance is not judged to be clinically important the service user will be discharged. The decision to discharge should only be arrived at (having considered risk and complexity) and after having written to the family/client and referrer allowing them two weeks to respond.

An explanatory letter will be sent to the service user/parents/carers, the GP and Referrer informing them of this outcome which will also be recorded in the clinical record.

5.3.4 Cancellation by parents/carers

If two or more consecutive appointments are cancelled at any stage the service user may be discharged back to the GP where clinically appropriate to do so. In such cases an explanatory letter will be sent to the service user/parents/carers, referrer and GP informing them of this outcome. The explanatory letter will include details of the responsible clinician who reviewed the service user’s clinical record so that any queries or issues arising in the future from such a decision can have a clear audit trail.

The safeguarding policy should be referred to and advice sought from the appropriate safeguarding/lead/doctor/nurse. This should ensure that the clinical team are able to prompt action as appropriate and ensure that service users and their families who may need further encouragement or have a clinical need for an appointment are not missed.

The clinical lead/responsible clinician will review the service user’s records and undertake a risk assessment regarding the clinical importance of the attendance. It may be necessary to seek additional information from the original referrer or those professionals to whom the service user is known to fully inform this process. There will also be a need to ensure that there are no communication issues that may have impeded attendance e.g. language or literacy problems. This assessment must be documented in the clinical record.
5.3.5 Sample of letters that can be used when service users are not bought in to appointments in Appendix 3.

6. Implementation and Training

6.1 The policy will be made available for reference for all staff at all times and the Trust (HCT) will ensure all staff implementing this policy have access to appropriate implementation tools, advice and training.

6.2 Each Business unit/General Manager will ensure that all members of their staff are competent to fulfil their individual responsibilities as stated in this policy.

7. Monitoring Compliance and Effectiveness of Policy

7.1 The compliance and effectiveness of this policy will be determined through audit of Key Performance Indicators (KPI's) as shown in attached Appendix 4. This will be undertaken by the Lead Officer in accordance with the timescales identified.

8. Governance

8.1 The review, updating and archiving process for this policy shall be carried out in accordance with the Trust (HCT) GR1 Policy for Procedural Documents, V.4 by the identified Lead Policy Author.

8.2 Minor revisions and details of amendments are recorded as per Appendix 5.

8.3 The version control table as listed in Appendix 6 enables appropriate control of the policy with listed personnel responsible for its implementation as well as the date assigned/ approved/ circulated.

8.4 It is the responsibility of the Lead Policy Author to complete the EIA form (Appendix 7) before submitting the policy for ratification/ sign off.

8.5 The final reviewed and ratified policy will be published on the HCT website electronically and is available to print through the Trust website – ‘Intranet Policy section’.

9. References

- HCT 18 week Patient Access Policy
- HCT Safeguarding Children 0-18yrs
- HCT Safeguarding Adults Policy
- Building on the learning from Serious Case Reviews 2010
- Working Together 2015
- Nation Standards Framework 2004
- Hertfordshire Safeguarding Adults Board
10. Appendices

The following appendices are attached to support this policy:

Appendix 1 – Not Brought In (NBI) Process for Treatment Session
Appendix 2 – Not Brought IN (NBI) Process for Initial Assessment
Appendix 3 – Examples of letters used following a NBI
Appendix 4 – Monitoring Compliance for Policy
Appendix 5 – Policy Amendment(s) Template
Appendix 6 – Version Control Table
Appendix 7 – EIA form

APPENDICES
Appendix 1 Not Brought In (NBI) Process for Initial Assessment

NBI for Initial Assessment or fails to respond to request to make an appointment

- Note in clinical record

- Check details with referrer

Review of referral and clinical record by responsible clinician and risk assessment documented in the clinical record

- Not clinically important for service user to attend and / or there are no safeguarding concerns.
  
  - Letter sent to service user/family/carer requesting contact in two weeks. cc to referrer

  - Responds and books an appointment

  - Service user attends appointment

  - Service user is discharged and a letter sent to GP, referrer, service user/ parents / carers.

- Clinically important for service user to attend or there are safeguarding concerns

  - Service user offered one further appointment. Letter states consequence of non-attendance and copied to GP/referrer and relevant safeguarding professionals

  - Service user is NBI. Note in clinical record

  - No safeguarding concerns

  - Safeguarding practice guidelines referred to and implemented as appropriate using Safeguarding Children Policy or Safeguarding Adult Policy

  - Service user discharged and noted in clinical record. Letter sent to referrer, GP, service user/ parents / carers, and to social worker
Appendix 2 Not Brought In (NBI) Process for treatment/intervention subsequent to Initial Assessment

- **Service user NBI**
  - Note in clinical record
  - Check details with referrer
  - Review of clinical record by the responsible clinician and risk assessment documented in clinical record

  - Not clinically important for service user to attend and no safeguarding concerns.
    - Letter sent to family/client requesting contact in two weeks. cc to referrer.
      - Responds and books an appointment
        - Service user attends appointment
      - No Response
        - Service user is discharged and a letter sent to service users GP, referrer, parent / carer. Discharge noted in clinical record
  - Clinically important for service user to attend or there are safeguarding concerns
    - Letter sent to service user/ parents / carers confirming NBI and offering one further appointment. Letter states consequence of NBI will be discharge. Copy sent to GP, referrer and relevant safeguarding professionals
      - Service user NBI
      - No Safeguarding concerns
        - Letter sent to all relevant professionals and service user/parent / carer
        - Service user discharged and noted in clinical record.
      - Safeguarding concerns
        - Safeguarding practice guidelines referred to and implemented as appropriate
          - Safeguarding Children Policy
          - Safeguarding Adult Policy
        - Service user discharged and noted in clinical record. Letter sent to referrer, GP, service user/parents / carers and social worker.
Appendix 3.1 Sample Letter – No Access

Clinic contact Details/Telephone Number.

No Access

Date:

Name/Address of Parent/Carer/Young Person/Adult*:

Dear Parent/Carer of: Child/Young Person name/DOB or Adults name*

Health appointments and developmental reviews are important to ensure health and wellbeing are maintained or monitored. They also provide an opportunity to discuss any concerns around your child/your* health.

The following contacts were attempted on:

1. ..........................................................................................

2. ..........................................................................................

The health professional was not able to make contact on these occasions. Please telephone the above number before ..........Insert Date ..... to arrange a further appointment.

If you do not respond to this letter it may be necessary for information on your/child/family* to be discussed with other Professionals.

Kind Regards

Signed........................................

Name of Health Professional:

Designation:

*Delete as appropriate
Appendix 3.2       Sample Letter – Did Not Attend

Hertfordshire Community NHS Trust

Clinic contact Details/Telephone Number.

Date:

Name/Address of Parent/Carer/Young Person/Adult*:

Dear Parent /Carer of: Child /Young Person name/DOB or Adult's name*

Health appointments and developmental reviews are important to ensure health and wellbeing are maintained or monitored. They also provide an opportunity to discuss any concerns around your child/your* health.

The following appointments were made on:

1. ..................................................................................................................
2. ..................................................................................................................

Neither appointment was attended. You will not be offered any further appointments at this time. However, should you wish to discuss this further please do not hesitate to contact me on the number above,

Kind Regards

Signed.........................

Name of Health Professional:

Designation:

*Delete as appropriate
Date:

Name /Address (of Parent/Carer/Adult)

Dear: (Parent/Carer of: Child's name or Adults name*)

Name/DOB

We are sorry that you/your child* were unable to attend the appointment (or did not respond to the invite letter) we recently sent you. We would like to offer you a further appointment to ensure your child’s/your* health needs are met.

Date .............................................

........

Venue..........................................

....

However, if your child’s/your* health needs have changed and the appointment is no longer required would you please contact us so that we can update our records.

If we do not hear from you or you fail to attend the further appointment offered we will share this information with your GP/referrer and in order to access the service again a re-referral to the service will be required.

Signed.................................

Name of Health Professional:

Designation:

cc: 

*Delete as appropriate
Appendix 3.4 Sample Letter – Not Bought In/Did Not Attend

Date:

Name /Address (of Parent/Carer/Adult

Dear: (Parent/Carer of: Child’s name or Adults name*)

Name/DOB

Delete as appropriate

* We recently contacted you inviting you to make an appointment for <Forename>.

* You recently failed to attend an appointment for <Forename>.

As we have not heard from you, we assume you are no longer are concerned or want an appointment.

Please contact us on the above number if you would still like another appointment. If we do not hear from you before (date) <Forename>/you will be discharged.

Signed…………………………

Name of Health Professional:
Designation:

cc:
Appendix 4: Monitoring Compliance for Policy

This document will be used to ensure effective monitoring and to seek compliance assurance for the policy.

<table>
<thead>
<tr>
<th>Requirement to be monitored (WHAT)</th>
<th>Lead (WHO)</th>
<th>Tool (HOW)</th>
<th>Frequency of Monitoring (WHEN)</th>
<th>Reporting Arrangements (WHERE)</th>
<th>Development of Action Plan (WHAT and WHO)</th>
<th>Monitoring of Action Plan and Implementation (HOW and WHEN)</th>
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</thead>
<tbody>
<tr>
<td>Key performance indicators</td>
<td>Responsible Individual / Group / Committee for carrying out monitoring</td>
<td>Process to be used for monitoring compliance</td>
<td>Monthly / Quarterly / Annually – as required</td>
<td>Responsible designated committee for reviewing the results</td>
<td>In case of non-compliance, Action Plan to be generated</td>
<td>Lead(s) to act on recommendations and implementations</td>
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Lead Policy Author: Sue Thompson & Jane Newcombe

Policy Version: 1

Date of Ratification: tbc

Date of Next Review: tbc
Appendix 5: Policy/ Procedural Document Amendment(s) Template

To be completed and attached to any procedural document when submitted to the appropriate committee for ratification after doing Minor/ Technical revision(s).

Procedural Document Title: Not Brought In (NBI) Policy for Children, Young People, and Adults at risk.

Ref No: CP 42 1016

Version: V.1

Date of Next Revision: tbc

Summary of Amendments:

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<th>Description of Amendment(s)</th>
<th>Comments</th>
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<td>December 2016 New Policy</td>
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### Appendix 6: Version Control Table

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<th>Status (Draft / Approved)</th>
<th>Lead Policy Author</th>
<th>Date ratified (dd/mm/yyyy) and assigned Designated Committee</th>
<th>Comment (Key points of amendments)</th>
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<td>Draft policy</td>
<td>Sophie Pullinger</td>
<td>Dec 2015</td>
<td></td>
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<tr>
<td>V1</td>
<td>Draft policy</td>
<td>Sue Thompson</td>
<td>December 2016</td>
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### Historical Editions:

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Not Brought In (NBI) Policy for Children, Young People, and Adults at Risk, CP 42 1016. V.1
## Appendix 7: Equality Impact Analyses Form

To be undertaken, completed and attached to any procedural document when submitted to the appropriate committee for consideration and ratification.

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<th>Not Brought In (NBI) Policy for Children, Young People, and adults at risk</th>
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<td>Date of Equality Analysis</td>
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<tr>
<td>Those involved in this analysis</td>
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<table>
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<tr>
<th>Intended Outcomes</th>
<th>Human Rights Approach</th>
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<td>What are the Desired Outcomes?</td>
<td>What are the patient’s core rights as part of this service / function?</td>
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<tr>
<td>What are the benefits?</td>
<td>Are there any gaps identified?</td>
</tr>
<tr>
<td></td>
<td>What are the risks?</td>
</tr>
<tr>
<td></td>
<td>What action is needed to mitigate risk and / or close the gap?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evidence</th>
<th>What are the Risks?</th>
</tr>
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<tbody>
<tr>
<td>What evidence is being used to support and develop the service / function?</td>
<td>What are the risks in providing an equitable service?</td>
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<tr>
<td></td>
<td>How can these risks be reduced, managed or justified?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who will be Affected?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify issues in relation to each of the protected groups below:</td>
<td></td>
</tr>
<tr>
<td>Race: None</td>
<td>Gender Reassignment: None</td>
</tr>
<tr>
<td>Disability: None</td>
<td>Religion or Belief: None</td>
</tr>
<tr>
<td>Gender: None</td>
<td>Maternity &amp; Pregnancy: None</td>
</tr>
<tr>
<td>Age: None</td>
<td>Marriage &amp; Civil Partnership: None</td>
</tr>
<tr>
<td>Sexual Orientation: None</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What Workforce Issues, including job role and design, need to be considered?</th>
<th>Engagement and Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who has been involved in this analysis?</td>
<td></td>
</tr>
</tbody>
</table>

### Actions Identified:

None

<table>
<thead>
<tr>
<th>S. No.</th>
<th>What</th>
<th>Who</th>
<th>When</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>