

Was Not Brought (Did Not Attend) Policy for Children and Young People under the age of 18 years

– including appointments, planned surgery, investigations and late cancellations

Issue Date	Review Date	Version
December 2020	December 2023	7

Purpose

When considering action if a child is not brought for a planned hospital appointment, the health, safety and welfare of the child must be paramount. Action must be taken to ensure a child is not disadvantaged by non-attendance and staff must be aware that non-attendance may point to wider concerns about the child's welfare including possible 'neglect'.

Trust Policy must never be cited a reason to discharge children from secondary care

Who should read this document?

Clinician with responsibility for planning children and young people's clinical care

All staff groups

Key Messages

- Children have a fundamental right to access the healthcare they need in order to achieve maximum health and wellbeing outcomes.
- Safeguarding children is everyone's responsibility, the child's lead clinician must expedite attendance when there may be risk to health through non-attendance at appointments.
- A failure to ensure healthcare access (e.g. for an outpatient review, routine screening or health promotion) can be an indicator of a family's vulnerability and can be linked to poor outcomes. It is often seen in the history of children who have been subject to significant abuse or death. This reinforces the importance of an individualised approach to each appointment that a child is not brought for.
- Neglect is defined as the persistent failure to meet a child's basic physical and/or psychological needs which is likely to result in the serious impairment of a child's health or development. One aspect of this is when a parent or carer fails to ensure the child has access to appropriate medical care or treatment.
- Children cannot bring themselves to hospital appointments or procedures, it is therefore more appropriate to term non-attendance by a child or young person as 'Was Not Brought' (WNB) rather than Did Not Attend (DNA).
- When a child is not brought for an appointment it could :
 - In isolation constitute neglect, if the child missing treatment risks a serious impairment of their health.
 - Be part of a wider picture of neglect for that child and other children in the family.
- The lead clinician can elect that an alert is placed on the child's record to highlight an issue with attendance when it is felt there is a significant risk to the child's health.
- Consideration should be given to whether multi-agency input, including social care involvement is indicated to facilitate meeting the child's medical needs.

Core accountabilities		
Owner	Sam Broad Named Doctor Safeguarding Children Louise Cork, Named Nurse Safeguarding Children	
Review	Safeguarding Steering Group	
Ratification	Lenny Byrne Chief Nurse (Executive lead for Safeguarding)	
Dissemination (Raising Awareness)	Safeguarding Steering Group	
Compliance	Safeguarding Steering Committee	
Links to other policies and procedures		
UHPNT Child Protection Policy & Information Sharing Policy		
Version History		
1.1	November 2011	PHNT Child Protection Committee
1.2	January 2012	PHNT Child Protection Committee
2	September 2012	PHNT Child Protection Committee, needs amendments
2.1	October 2012	PHNT Child Protection Committee
3	July 2014	PHNT Child Protection Committee
4	August 2016	PHNT Child Protection Committee
5	May 2018	PHNT Safeguarding Steering Committee
6	November 2018	UHPNT Safeguarding Steering Committee
7	December 2020	Updated and reviewed

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

**An electronic version of this document is available on Trust Documents.
Larger text, Braille and Audio versions can be made available upon request.**

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1 Introduction

Children cannot assume responsibility for themselves and are usually dependant on their parents or guardians to bring them to hospital appointments. Families that are struggling to manage are the least likely to respond to a request to contact the department to arrange appointments

The National Service Framework for Children 2004¹ states that children and young people failing to attend clinic appointments "...may trigger concern, given that they are reliant on their parent or carer to take them to the appointment. Failure to attend may be an indicator of families' vulnerability, potentially placing the child's welfare in jeopardy."

Whilst there may be policies for adults not to be sent repeat appointments, this will rarely be appropriate practice for children.

It is essential that children's care and treatment is not delayed by repeated re-appointments or continued non-attendance.

Thinking of missed appointments as Was Not Brought (WNB) rather than Did Not Attend (DNA) promotes child centred practice, reminding practitioners to think about the child's vulnerability and their daily lived experiences.

The issue of WNB requires a shift in thinking, which necessitates a move to positive action in practice.

A child should only be discharged from a service after non-attendance if it is considered that they no longer require the service or, if a more acceptable service can be provided elsewhere.

When it is not possible to engage the family with the service it is important to consider if non-attendance constitutes a medical risk to the child.

2 Purpose

This policy sets out guidance for clinicians on what action should be taken when children and young people, up to the age of 18 years, are not brought or do not attend a University Plymouth Hospitals NHS Trust (UHPNT) appointment.

The policy applies to all settings within the Trust which are accessed by children and young people up to their 18th birthday.

This policy provides staff with clear guidance to ensure that children's medical needs are addressed and consideration is given to enabling them to meet their potential outcomes.

3 Definitions

- **Safeguarding:** the process of protecting children from abuse, preventing impairment of their health and development, and ensuring that they are growing up in circumstances consistent with the provision of safe and effective care, enabling optimum life chances.
- **Children:** refers to all children and young people up to the age of 18 years.
- **Parent:** a person with parental responsibility for a child.
- **Non-compliant behaviour;** involves proactively sabotaging efforts to bring about change or alternatively passively disengaging;
- **Disguised compliance:** involves clients not admitting to their lack of commitment to change but working subversively to undermine the process.
- **WNB:** Was not brought to an appointment, parents/carers are responsible for bringing children to appointments and ensuring their medical needs are met. WNB is a term used to remind clinicians that children should not be penalised for their parent's inability to meet their needs

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- **DNA:** Did not attend is a term used when adults chose not to attend their own appointments

4 Duties

4.1 Trust Board

- Ensure compliance with care quality committee 2009 (Registration) regulations.
- Ensure compliance with the NSF for Children, Young People and Maternity Services; Standard 5.
- Ensure systems are in place to meet the requirements of; the Children Acts (1989 and 2004)^{5, 6} and Working Together to Safeguard Children (2018).

4.2 Chief Executive

- Gain assurance that systems are in place to introduce and monitor systems to ensure that no child is discharged following non-attendance at an appointment without the approval of the consultant or lead clinician for the child's care.
- Gain assurance that systems are in place to introduce and monitor process to ensure that where there are child protection concerns about a child who has not been brought for an appointment or where attendance prompts such concerns that action is taken according to statutory safeguarding guidance.

4.3 Managers

- Disseminate this policy to all staff with responsibility for caring for children.
- Establish systems to implement and monitor the policy.
- Identify and address issues affecting a safe and effective response when children are not brought for a hospital appointment.
- Facilitate staff training.

4.4 All Health Professionals

All health professionals must:

- Be familiar with UPHNT and national policy and guidelines.
- Work in partnership with children and families.
- Take into account individual needs of the child and family.
- Work in partnership with other agencies to plan the ongoing care of children.
- Liaise with the relevant Social Care agency if there are any Child Protection concerns.
- Share information appropriately in accordance with PNHT and National Guidance.
- Participate in Child Protection and Early Help meetings for the child.
- Follow information governance policies. Maintain clear, concise documentation of any concerns, discussions (including telephone conversations), action plans, risk assessments and decision-making processes in the child's health record.

4.5 Consultants/lead clinicians

- Provide expert leadership in managing appointments for children.

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- Consider the medical risk to the child not being seen or receiving treatment.
- Seek supervision and consultation when uncertain as to the action to be taken in the event of a child not being brought for an appointment.

4.6 Clerical staff

- Check contact details for family are correct if a child is not brought for an outpatient appointment with other health agencies e.g. GP, Health Visitor, School Nurse, mental health services or other multi-agency partners e.g. Social Care or education.
- Follow instructions from a senior clinician to re-appoint or discharge a child after non-attendance.
- Take into account special family circumstances when re-arranging appointments.
- Ensure no child is discharged without the approval of a senior clinician.
- Ensure lead clinician informed if parent/carer reschedules appointment on 2 or more occasions, noting re-schedule date and forward the medical record to lead clinician for review.

4.7 Safeguarding Team

When the clinician informs the safeguarding team they have concerns that a child not being brought to an appointment will significantly affect the child's health; UHPNT Safeguarding team will:

- Check if the family have involvement with Social care
- Place an alert on the ED IT system (EDIS) and the main hospital electronic system (iPM) following a SALUS referral.
- Ensure that the child is registered on the RAPA system to alert Safeguarding and thus the responsible clinician following an attendance.

Whilst all staff will endeavour to reach a satisfactory outcome, and all reasonable efforts will be made to ensure this happens, it must be recognised that the parent/guardian has ultimate responsibility to attend or to inform UHNT re. Address changes.

5 Main Body of Policy

The issue of WNB requires a shift in thinking, which necessitates a move to positive action in practice. Following non-attendance at an appointment the clinician and/or administrator will need to investigate why the child was not brought for an appointment and facilitate attendance at the next appointment or refer back to referrer to manage the medical problem. The contact details of the child should be verified with other involved health agencies or/and other multi-agency partners or the referrer.

A child should only be discharged from a service after non-attendance if it is considered that they no longer require the service or, if a more acceptable service can be provided elsewhere.

If it is likely that the child's health may be compromised by non-attendance or/and if non-attendance may be a pointer to wider concerns about the child's welfare, including possible neglect, the clinician must be proactive in arranging another appointment and helping to facilitate attendance. Dependent on the level of concern this may mean referring into the child's social care.

It is essential that the delay in accessing treatment is addressed. This may mean that communication with community partners and/or a referral to social care (if involved) is made to ensure that the family are given support and opportunity to access treatment.

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Consider whether the appointment offered is difficult for parents/carers or the child/young person to access or is not needed as there is a more effective way to provide the medical input the child currently needs.

When it is not possible to engage the family with the service it is important to consider if non-attendance constitutes a medical risk to the child. Action needed may be dependent on the significance of the lack of attendance on the child's health and development. If lack of attendance has significant consequence to the child consideration should be given to referral to social care. If the referral meets the threshold for a child protection referral for non-attendance it is good practice to inform the parents/carers that a referral is being made. If it is considered that the family may need support to attend but non-attendance does not constitute significant harm, referral to social care for support may be made with the consent of the parent/carer.

Paediatric patients with safeguarding concerns raised about them for repeated "was not brought" incidences must have alerts placed on the ED (EDIS) and other IT systems following a referral to University Plymouth Hospitals NHS Trust (UHPNT) Safeguarding Children's Team.

Paediatric patients with safeguarding concerns raised about them for repeated "was not brought" incidences can be registered on the RAPA system to alert UHPNT Safeguarding team and the responsible clinician following an attendance, if this is considered necessary by the clinician.

Following "Trust Policy" must never be cited as a reason for discharging children from medical care.

This policy sets out guidance for clinicians on what action should be taken when children and young people, up to the age of 18 years, are not brought or do not attend a University Plymouth Hospitals NHS Trust (UHPNT) appointment.

The policy applies to all settings within the Trust which are accessed by children and young people up to their 18th birthday.

There are 5 underlying principles which emerge from the policy

1. In the event of a missed appointment, timely contact will be attempted with child's family/carers
2. Early action when a child is not brought for their appointment must ensure a child receives the medical input required in an acceptable time frame. (**Appendix 2** –example of letter to encourage parents to engage with the service).
3. A checklist must be completed and filed in the child's notes to evidence that the responsible clinician has considered the medical risk to the child from being seen or treated and possible impact on the outcomes for the child (**Appendix 5**).
4. Multi-agency involvement to facilitate attendance, will be explicitly considered prior to the discharge of any child, parents can be informed via telephone or in writing as appropriate. **Appendix 3** – example of letter informing parents if they do not attend a referral will be made to social care. **Appendix 4** - gives details of how to contact and refer to social care.
5. Late cancellations (within 3 working days of appointment) are considered the same as WNB and this can indicate disguised compliance with treatment.

All staff are responsible for ensuring that the principles of this policy is followed.

Consideration can be given to referring the child back to the original referrer if this child has not been seen by the receiving clinician. If this is considered the best course of action the rationale for doing so including risk assessment and evidence of communication must be recorded in the child's record.

6 Overall Responsibility for the Document

Lenny Byrne Chief Nurse (Executive lead for Safeguarding)
Louise Cork Named Nurse Safeguarding Children
Sam Broad Named Doctor Safeguarding Children

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of three years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Safeguarding Steering Committee and ratified by the Lenny Byrne Chief Nurse.

Non-significant amendments to this document may be made, under delegated authority from the Lenny Byrne Chief Nurse, by the nominated owner.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Lenny Byrne Chief Nurse and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

An audit will be undertaken six months after implementation of the policy and annually there after, to ensure compliance.

All children who fail to attend 3 consecutive appointments will be referred to the Safeguarding Team for review of records

10 | References and Associated Documentation

- 1 Department of Health and Department for Education and Skills (2004) National Service Framework for Children, Young People and Maternity Services. DH. London.
- 2 Pearson, GA (Ed) Why Children Die: A Pilot Study 2006; England (South West, North East and West Midlands), Wales and Northern Ireland. London: CEMACH. 2008
- 3 Care Quality Committee (Registration) Regulations 2009
- 4 Care Quality Commission Guidance about Compliance with Essential Standards of Quality and Safety, 2010.
- 5 Department of Health. Children Act 1989. The Stationary Office.
- 6 Department of Health. Children Act 2004. The Stationary Office.
- 7 HM Government 2018 Working together to Safeguard Children: Department for Education and Skills. The Stationary Office.
- 8 GMC Confidentiality Guidance for Doctors 2009.
- 9 HM Government 2008. Information Sharing; Guidance for Practitioners and Managers. Department for Children, Schools and Families. The Stationary Office.

First occurrence:

CLINICIAN to document and re-appoint as urgent or routine

It is essential that children's care and treatment is not delayed by repeated re-appointments or continued non-attendance.

CLERICAL STAFF

Check child's details are correct by verifying with other health agencies (e.g. Health Visitor, School Nurse or GP) or multi-agency partners (e.g. Social Care or education) or with the referrer

- URGENT - Telephone call to re-appoint and send letter
- ROUTINE - Send letter

If child protection concerns:

CLINICIAN:

If there are immediate concerns about the child's health or welfare:

- Follow Child Protection policy and procedures
- Refer to Social Care (informing parents of referral if it is safe to do so)
- Clinician to complete checklist
- Clinician to inform:
 - GP
 - Health Visiting or School Nursing (dependent on age of child)
 - Safeguarding Children Team via electronic SALUS

If no immediate child protection concerns:

CLINICIAN:

Clinician to review notes and complete checklist

To decide on whether to offer a second appointment or removal from waiting list, documenting reasoning.

Must write to GP with explanation and copy in parents and other relevant parties.

Second consecutive occurrence:

CLINICIAN:

Consider whether a potential significant impact on health of child has occurred

Seek advice from safeguarding team

- Consider Social care referral
- SALUS/alert hospital systems (EDIS iPM)/RAPA

Request further appointment with letter to parent and GP and Health visitor (depending on age of child) and/or any other agencies already involved

Review notes and file check list in notes

The child should only be discharged from your service after non-attendance if it is considered that they no longer require the service or, if a more acceptable service can be provided elsewhere. Reasoning should be documented and communicated/agreed with the GP

[XX](#)

[Derriford Hospital](#)

[PLYMOUTH](#)

[PL6 8DH](#)

[Tel: 01752 xxxxxx Direct Line: 01752 xxxxxx](#)

[Fax: 01752 xxxxxx](#)

[e-mail: xxxxxxxxxxxxxxxx@nhs.net](#)

Our Ref: xx/xxxx/

Date Typed: xxxxxxxxxxxxxx

PRIVATE AND CONFIDENTIAL

ADDRESS

Re: NAME DOB: xxxx New NHS Number: xxxxxxxxxxx

I am sorry that you were unable to bring your child for his/her recent outpatient appointment today. I am unable to find any record of you advising our team that you were unable to attend. I do hope that you received the appointment details.

I will request a further appointment to be sent out but would be would be grateful if you could let us know as soon as possible if you are unable to bring xxxxx to this appointment.

Yours sincerely

Copy: GP

- Medical Records
- Referrer
- Health Visitor or School Nurse

XX

Derriford Hospital

PLYMOUTH

PL6 8DH

Tel: 0845 155 8155 Direct Line: 01752 xxxxx

Fax: 01752 xxxxx

e-mail: xxxxxxxxxxxxxxxx@nhs.net

Our Ref: xx/xxxx/

Date Typed: xxxxxxxxxxxxxx

PRIVATE AND CONFIDENTIAL

ADDRESS

Re: NAME DOB: xxxx New NHS Number: xxxxxxxxxxx

We are sorry that you were unable to bring them for his/her last 2 outpatient appointments. The hospital doctor responsible for their care has now reviewed his/her records and considers that it is important that they have another appointment to be seen in clinic.

It is very important that you bring your child to this appointment so that he/she can receive the appropriate medical care required. If you would like to reschedule this appointment please call to rearrange between the hours of 9am - 5pm 01752439819 or 01752439821

If you are not able to attend and do not contact us Trust policy requires us to ensure that your child's medical needs are met. To ensure you receive any help needed in meeting your child's needs a referral to Children's Social Care and your community health worker (Health Visitor or School Nurse) would be made as part of this process.

Yours sincerely

Copy: GP

- Medical Records
- Referrer
- Health Visitor or School Nurse
- UHP NHS Trust Safeguarding team

1. Referrals to Social care

All referrals to social care must be copied to the safeguarding team plh-tr.safeguarding@nhs.net

All information re referral to the Local Authority is on the Safeguarding page of the intranet including on-line referral forms.

CHILDREN:

- **Plymouth** for urgent referrals
During office hours phone: Plymouth 308600 Out of hours contact: 01752 346984

All referrals must be followed up in writing within 48 hours and copied to UHPNT safeguarding team plh-tr.safeguarding@nhs.net
- **Cornwall** for urgent referrals
During office hours phone: Cornwall 03001231116 Out of hours contact: 01208 251300

All referrals must be followed up in writing within 48 hours and copied to UHPNT safeguarding team plh-tr.safeguarding@nhs.net
- **Devon** for urgent referrals
During office hours phone: Devon 0345 155 1071 Out of Hours: 01392 384050
- Copies of referral documents can be found on staff net safeguarding referral page:

All referrals must be followed up in writing within 48 hours and copied to UHPNT safeguarding team plh-tr.safeguarding@nhs.net

<http://staffnet.plymouth.nhs.uk/Departments/Safeguarding/SafeguardingReferrals.aspx>

2. Referrals to the children's safeguarding team including midwifery safeguarding.

Please refer any safeguarding out of hours concerns to UHPNT safeguarding team using SALUS. See attached for referral process. For further details or support with referral contact the safeguarding team via- plh-tr.safeguarding@nhs.net

This is an internal referral system and not to replace a children's social care referral.

**Was Not Brought / Late Cancellation / Request to be removed from waiting list
Checklist**

(Age range of child 0 -18th birthday)

Subject	WNB <input type="checkbox"/> Late Cancellation (<3 days) <input type="checkbox"/> Request to be removed from waiting list <input type="checkbox"/>		
Responsible consultant			
Date of appointment			
Notes reviewed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Clinical comments			
Previous WNB or late cancellation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Are there child protection concerns?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Details:		
Action	Offer further appointment <input type="checkbox"/>		
	Remove from waiting list <input type="checkbox"/>		
	Social care referral <input type="checkbox"/>		
Signature		Date	

Notes:

- Clerical staff to confirm patient details are current and correct
- Late cancellation referrers to cancellation within 3 working days of planned appointment
- This includes child not being brought for organised investigations
- When offering another appointment or removing from waiting list, confirm in writing to the GP, copy in parents and HV/School nurse where appropriate
- If there are immediate concerns about the child's health or welfare – follow Child Protection Policy and Procedures
 - Complete SALUS and/or copy letter to safeguarding team
- If referring to social care then a letter sent to parents informing them of your plan would be considered consent being sought for referral

Dissemination Plan			
Document Title	WNB (DNA) Policy for Children and Young People who are not brought for a hospital appointment		
Date Finalised	December 2020		
Previous Documents			
Action to retrieve old copies	Withdrawn from Intranet and local policy files		
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff	Feb 2021	IG Staff Net Page	Information Governance Team
Paediatricians	Feb 2021	Via email	Sam Broad Named Doctor
Review Checklist			
Title	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y	
	Does the style & format comply?	Y	
Rationale	Are reasons for development of the document stated?	Y	
Development Process	Is the method described in brief?	Y	
	Are people involved in the development identified?	Y	
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
Content	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
Evidence Base	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited and in full?	Y	
	Are supporting documents referenced?	Y	
Approval	Does the document identify which committee/group will review it?	Y	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N	
	Does the document identify which Executive Director will ratify it?	Y	
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Y	
	Does the plan include the necessary training/support to ensure compliance?	N	
Document Control	Does the document identify where it will be held?	N	
	Have archiving arrangements for superseded documents been addressed?	NA	
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y	
	Is there a plan to review or audit compliance with the document?	Y	
Review Date	Is the review date identified?	Y	
	Is the frequency of review identified? If so is it acceptable?	Y	
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y	

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Core Information	
Date	December 2020
Title	Was Not Brought (Did Not Attend) Policy for Children and Young People – including appointments/ planned surgery/ investigations/late cancellations
What are the aims, objectives & projected outcomes?	When considering action if a child is not brought for a planned hospital appointment, the health, safety and welfare of the child must be paramount. Action must be taken to ensure a child is not disadvantaged by non-attendance and staff must be aware that non-attendance may point to wider concerns about the child’s welfare including possible ‘neglect’. Trust Policy must never be cited a reason to discharge children from secondary care
Scope of the assessment	
Collecting data	
Race	Reasons for this category having an impact are: - Language, interpreter and translation services should be provided as required and information given in an appropriate format - Understanding of NHS (UK health system) and implications of children not attending appointment - Transient population (for some), ensuring up to date records of address and contact details Cultural issues that may arise are identified at an early stage and are fully documented in the child’s records.
Religion	Religious issues that may arise are identified at an early stage and are fully documented in the child’s records Individual needs that may arise as a result of religion are taken into account when planning appointments and care
Disability	Individual needs of the child and family arising from any disability are identified at an early stage, documented and taken into account when planning appointments and care.
Sex	There is no evidence to suggest an impact relating to sex however this will be monitored through the audit process and incident reporting system.
Gender Identity	Currently data is not collected to monitor impact on this group however this will be monitored via feedback from patients and staff.
Sexual Orientation	There is no evidence to suggest an impact relating to sexual orientation however this will be monitored through the audit process and incident reporting system.
Age	The policy is specifically targeted at children and young people under the age of 18.
Socio-Economic	In the 2006 pilot study; ‘A Confidential Enquiry into Maternal and Child’s Health; Why Children Die’ ² , there were several cases reviewed where failure to follow up children who did not attend their appointments was associated with later death. Families that are struggling are the least likely to respond to a request to contact the department to arrange another appointment. Following “Trust Policy” should never be cited as a reason for discharging children from medical care. If it is not possible to engage a family, and by non-attendance the family are not meeting the needs of the child, safeguarding procedures should be instigated

Human Rights	No adverse impact on human rights has been identified. We will continue to monitor this.
What are the overall trends/patterns in the above data?	Families that are struggling are the least likely to respond to a request to contact the department to arrange another appointment Families with a number of vulnerability factors are more like to fail to attend appointments There is scope to adapt this policy based on future trends

Involving and consulting stakeholders				
Internal involvement and consultation	There has been engagement internally around the "Management of WNB" and this includes <ul style="list-style-type: none"> ➤ Child protection Committee ➤ Safeguarding Steering Group ➤ Staff Engagement 			
External involvement and consultation	Consultations with the following <ul style="list-style-type: none"> ➤ NHS Plymouth 0-19 service 			
Impact Assessment				
Overall assessment and analysis of the evidence	The policy recognises the need to consider the specific needs of the child and family when planning appointments and care			
Action Plan				
Action	Owner	Risks	Completion Date	Progress update
The planned regular audit, and data from Datix will be used to monitor any possible impacts on the protected group	Louise Cork		June 2021	
Specific issues and data gaps that may need to be addressed through consultation or further research	Compliance to new flowchart and process will require monitoring by audit			