Was Not Brought, Cancellation and Refusal of Appointments Policy for Children and Young People up to the Age of 18 Years (up to the age of 25 years for people with a Learning Disability)

1. Aim/Purpose of this Guideline

This policy has been developed to identify children and young people who are not brought to an outpatient appointment or whose appointments are cancelled by their parent/carers and to ensure that each case is individually assessed and managed to safeguard the child/young person.

2. The Guidance

2.1. It is essential that promoting and safeguarding the welfare of children and young people is integral to all NHS Trust policies and procedures.

2.2. The National Service Framework for Children (Core Standards 2004) states that:

- ‘Children and Young People who are not brought to 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. Not being brought to an appointment can be an indicator of family’s vulnerability, potentially placing the child’s welfare in jeopardy’.
- ‘A local system is in place to identify children and young people who are not brought to an appointment following a referral for specialist care, so that the referrer is aware they have not been brought and can take any follow up action considered appropriate to ensure the child’s needs are being met’.

2.3. The CQC review “Safeguarding Children. A review of arrangements in the NHS for Safeguarding Children”, July 2009 identified that there should be a process in place for following up children who are not being brought for appointments.

2.4. This version supersedes any previous versions of this document

Purpose of this Policy/Procedure

This policy has been developed to identify children and young people who are not being brought for an outpatient appointment or whose appointments are cancelled by their parent/carers and to ensure that each case is individually assessed and managed to safeguard the child/young person, including people up to 25 years with a learning disability diagnosis.
Scope

This policy applies to all areas within the Royal Cornwall Hospitals Trust for which children and young people under the age of 18 years receive appointments and to any instances when a child/young person is not brought OR whose appointment is cancelled/refused by their parent/carers, including people up to 25 years with a learning disability diagnosis.

Definitions / Glossary

CQC = Care Quality Commission
PAS = Patient Administration System
Child protection Alert = Alert on PAS showing that a child is subject to a current Child Protection Plan
Child in Care alert = Alert on PAS showing when a child is known to be in care and known to the Child in care team
Learning Disability – reduced intellectual ability, reduced ability to cope independently, and the impairment must of started before adult hood, with a lasting effect on development.

Ownership and Responsibilities

This is the procedure to be followed when a child/young person is not brought, an appointment is cancelled or refused.

Role of the Managers

Line managers are responsible for:
- To ensure that all staff, particularly newly appointed staff, are aware of the policy and its application
- To remind staff when updates are published
- To oversee audits of compliance within their area.

Role of the Safeguarding Children Operational Group

The Safeguarding Children Operational Group (SCOG) is responsible for:

- Ensuring that this policy is maintained and updated whenever necessary to reflect current best practice and National Guidance, and that updated policy is uploaded to the document library

Overseeing audits of staff compliance with the policy (see appendix)

Role of Individual Staff

All staff members are responsible for:

- Understanding and applying the policy in their everyday practice
- Updating their knowledge when the policy is updated
For Was Not Brought, Cancelled or Refused Appointments in diagnostic departments, therapies etc where the prime clinical leadership responsibility is with another clinician, then after carrying out the checks in 6.10 – 6.15 below, the information should be passed on to the responsible referring clinician for action.

Standards and Practice

Principles

To ensure that the welfare of all children and young people who are not brought or whose appointments are cancelled/refused by a parent/carer, is not compromised if they fail to attend for hospital appointments;

To ensure that ALL was not brought and cancellations/refusals by a parent/carer are reviewed by a suitably qualified member of staff and, that further appointments are arranged where deemed necessary.

To ensure that for ALL cases of was not brought, cancellations / refusals by a parent / carer then the family AND appropriate health professionals are contacted with details of any recommended actions.

Policy

This section of this document, along with appendix 2 (the management flow chart), forms the main body of the policy. To ensure staff awareness, appendix 2 should be printed separately, laminated and displayed in all clinical areas where children and young people attend.

The policy applies to all clinical areas and includes amongst others, Child Health (acute & community), Radiology, Surgery & Orthopaedics, Emergency Department planned attendances, ENT & Audiology, Ophthalmology and Orthoptics, Medicine and specialties, Therapies.

Throughout the policy the term “Primary Care Team” refers to the GP, Health Visitor, School Nurse and any other Healthcare professionals involved with children and young people and who are based primarily in the community setting.

Following the first Was Not Brought, Cancellation or Refusal of an Appointment

In the case of a cancellation/refusals then the member of staff receiving the communication must record the following information:

- name of person making the request
- their relationship to the child ,
- reason for cancellation/refusal (if known),
- whether another appointment is required and if so whether there are any specific requests relating to such an appointment.
This information should be recorded on PAS and be available to the Clinical Lead/Consultant responsible for the patient episode to inform their decision about further appointments.

For all Was Not Brought and Cancellations/Refusals outpatient/inpatient administrative staff should check patient details to ensure the contact details on any appointment letters sent are correct.

The name, address, date of birth and contact phone numbers will be verified by administrative staff against the existing computer (PAS) data and hospital records.

They should also confirm that there are no Child Protection/Child in Care alerts on PAS.

Due consideration should always be given to possible issues around communication and language which could lead to problems with taking up of offered appointments particularly where it is either known or could be inferred from details known about a patient.

The Clinical Lead/Consultant responsible for the patient episode will review the patients’ health records and make a risk assessment of the medical and social issues apparent, and then one of the following three actions will be taken.

If possible Child Protection/Child in Care issues are identified, then the South West Child Protection procedures should be followed. These are available either via the Trust intranet or via http://www.swcpp.org.uk/ The Named Professionals for Safeguarding Children for the Trust can be consulted for advice and should be informed when there are confirmed safeguarding children concerns.

If it is felt that the child or young person requires further appointments by a specialist then the Clinical Lead/Consultant will contact the parent/carer by letter offering a further convenient appointment. This letter should be copied to the Primary Care Team and to the referrer if different.

The Clinical Lead/Consultant will be informed of the details of the appointment to be offered so that its timeliness/urgency can be confirmed as appropriate. In addition, in their copy letter, the Primary Care Team/referrer will be requested to check their patient records to confirm that the details held by the hospital are still correct (Full name, date of birth, address and contact telephone numbers).

If there are no apparent Child Protection/Child in Care concerns or health risks, then no further hospital follow up/appointment is required. Ongoing review will be by the Primary Care Team. The Clinical Lead/Consultant will write to the family and Primary Care Team informing them of the Was Not Brought/Cancellation, and stating that no further appointment will be sent unless a specific request is received from a Healthcare professional.

In all cases the responsible clinician must follow up their notification of a Was Not Brought/Cancellation to the referrer/GP to ensure that action has been taken. Similarly for any referrals made to Children’s Social Care.

If the patient has a learning disability the responsible clinician will need to inform the learning disability team who will action accordingly.
Following a second Was Not Brought / Cancellation OR if an offered appointment is refused

There will be confirmation by the outpatient/inpatient administrative staff that the patient details held are correct and that there are no Child Protection/Child in Care alerts on PAS (see 6.10 – 6.15 above).

If it is deemed that there are/may be safeguarding/social concerns the Clinical Lead/Consultant should reassess the need to refer to Children’s Social Care for an assessment and the South West Child Protection procedures should followed. These are available either via the Trust intranet or via http://www.swcpp.org.uk/ . The Named Professionals for Safeguarding Children for the Trust can be consulted for advice and should be informed when there are confirmed safeguarding children concerns. Unless there are specific reasons otherwise the parents/carers should be informed if a referral is made.

If there are medical and/or social concerns, constituting a health risk, the Clinical lead/Consultant will write to the patient/family, with a copy to the Primary Care Team and to the referrer if different, stating:

'We are concerned about the health of your child because add appropriate patient related text here
Although we would advise a further appointment, one has not yet been offered.

Please contact your GP for re-referral'

In addition the Clinical Lead/Consultant will also write to the Primary Care Team requesting that they check patient details are correct; as well as requesting the GP to contact the family to discuss future management/appointments. This can be achieved by copying the parents'/patient’s letter to the GP with this additional request included either in the text or as a postscript.

In all cases the responsible clinician must follow up their notification of a Was Not Brought/Cancellation to the referrer/GP to ensure that action has been taken.

If it is felt that there are no apparent Child Protection/Child in Need concerns or health risks, then no further hospital follow up/appointment is required. Ongoing review will be by the Primary Care Team. The Clinical Lead/Consultant will write to the family and the Primary Care Team informing them of the Was Not Brought / Cancellation, and stating that no further appointment will be sent unless a specific request is received from a Healthcare professional.

In all cases the responsible clinician must follow up their notification of Was Not Brought /Cancellation to the referrer/GP to ensure that action has been taken. Similarly for any referrals made to Children’s Social Care.

Young People with Capacity to Consent to Medical Treatment

When a Cancellation/Was Not Brought concerns are about a young person who is likely to have capacity to consent to medical treatment (Fraser competent), the reasons for non-attendance or cancellation may be different. Depending on the circumstances, the Clinical Lead/Consultant may decide to address the letter, which is normally sent to the
parent/carer, directly to the young person, with a copy to the Primary Care Team/referrer and also a copy to the parents. As this procedure applies to young people up to the age of 18 years, there may be circumstances in which the parents and others should not be contacted and so each case should be considered on its merits. Any decisions and the reasons for making them should be fully documented. The other processes described in the paragraphs above should be followed as appropriate.

In some situations eg Sexual Health, Obstetrics & Gynaecology, care must be taken to maintain a young persons’ confidentiality so far as possible (see also Appendix 3)

**Consultation Process**

The consultation process will take place within Royal Cornwall Hospitals Trust and will include Paediatric Lead Clinicians, Head of Performance Improvement, Safeguarding Children Steering Group, Children’s Champion, Director of Nursing and Divisional Managers, Trust Risk Management Forum and Lead Allied Health Professionals.

**Ratification Process**

This policy has implications wherever children and young people are treated in by any RCHT employee. This policy should be ratified by the Director of Nursing and the Medical Director.

**Dissemination and Implementation**

**Training**

The policy will be disseminated across the whole of RCHT through mandatory Safeguarding Children training and also be directed towards all staff having roles and responsibilities relating to outpatient/Inpatient attendances.

**Publication and Distribution**

This policy, once approved, will appear on the RCHT Intranet Documents Library.

**Communication**

The policy will be communicated via the RCHT New Policy Document alert to all users

**Access**

To reduce the risk of out of date policies being in circulation this policy will only appear on the RCHT Intranet Documents Library.

**Storage Media**

The Policy will be posted on the RCHT Intranet Documents Library.
3. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Prospective audit of staff knowledge of Was Not Brought/Cancellation procedure 2. Adherence to policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Lead - Named Doctor for Safeguarding Children</td>
</tr>
<tr>
<td>Tool</td>
<td>Audit / Monitoring questions: What would you do if a child/young person cancelled or was not brought to your clinic? Review of randomly selected health records (see attached proforma template)</td>
</tr>
<tr>
<td>Frequency</td>
<td>Annual</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>Audit / Monitoring reports distributed to Lead Clinicians and Heads of Department</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>Approved &amp; monitored by departments overseen by SCOG.</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Required changes to practice will be identified and actioned within 6 months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders</td>
</tr>
</tbody>
</table>

4. Equality and Diversity

This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement.

Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.
# Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Was Not Brought, Cancellation and Refusal of Appointments Policy for Children and Young People up to the Age of 18 Years (up to the age of 25 years for people with a Learning Disability).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>31&lt;sup&gt;st&lt;/sup&gt; October 2015</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>31&lt;sup&gt;st&lt;/sup&gt; October 2015</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>31&lt;sup&gt;st&lt;/sup&gt; October 2018</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Dr Simon Bedwani (Named Doctor for Safeguarding Children) Wendy Perkin (Named Nurse For Safeguarding Children)</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 254551</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>Guidance for clinicians of the procedure to follow when a child/young person is not brought for an offered appointment or if a parent/carer cancels an offered appointment.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Was Not Brought</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>David Smith</td>
</tr>
<tr>
<td>Date revised:</td>
<td>June 2017</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Was Not Brought, Cancellation and Refusal of Appointments Policy for Children and Young People up to the Age of 18 Years</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Safeguarding Children Operational Group. WCSH Audit and Guidelines Group</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Helen Ross McGill</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Not Required</td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet</td>
</tr>
</tbody>
</table>
## Was Not Brought Cancellation and Refusal of Appointments Policy for Children and Young People up to the Age of 18 Years (up to age of 25 for people with a Learning Disability)

### Links to key external standards
- South West Child Protection procedures (SWCPP)

### Related Documents/References
- RCHT Safeguarding Children Policy (Cornwall and IOS Safeguarding Policy).
- Working Together to Safeguard Children 2015.

### Training Need Identified?
- No

## Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
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</thead>
<tbody>
<tr>
<td>29 Oct 2009</td>
<td>1</td>
<td>To safeguard children and young people who do not attend hospital appointments or whose appointments are cancelled</td>
<td>Graham Taylor (Named Doctor for Child protection)</td>
</tr>
<tr>
<td>3 Sept 11</td>
<td>2</td>
<td>Additions to clarify which departments the policy applies to and actions by those in “diagnostic departments” who do not have prime responsibility for a child’s appointments</td>
<td>Graham Taylor (Named Doctor for Child protection)</td>
</tr>
<tr>
<td>12 Dec</td>
<td>3</td>
<td>Addition of Appendix with audit preforma</td>
<td>Graham Taylor (Named Doctor for Child protection)</td>
</tr>
<tr>
<td>29 Jun 12</td>
<td>4</td>
<td>Updates to names and document location, clarification of when to notify named professionals and addition of Appendix for</td>
<td>Graham Taylor (Named Doctor for Child protection)</td>
</tr>
<tr>
<td>01 Jul 13</td>
<td>5</td>
<td>Reformatted to current Trust policy format with text clarifications and addition of refusal of appointments</td>
<td>Dr Chris Williams (Named Doctor for Child Protection)</td>
</tr>
<tr>
<td>18 Nov 15</td>
<td>6</td>
<td>Update existing Policy</td>
<td>Dr Chris Williams (Named Doctor for Child Protection)</td>
</tr>
<tr>
<td>29 March 2017</td>
<td>7</td>
<td>Update existing policy in line with recognised safeguarding terminology – Was Not Brought</td>
<td>Wendy Perkin (Named Nurse for Safeguarding Children)</td>
</tr>
<tr>
<td>27 June 2017</td>
<td>8</td>
<td>Additions to include patients with a learning disability up to the age of 25 years</td>
<td>Jane Rees Acute Liaison Learning Disability Nurse</td>
</tr>
</tbody>
</table>

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**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**

Was Not Brought Cancellation and Refusal of Appointments Policy for Children and Young People up to the Age of 18 Years (up to age of 25 for people with a Learning Disability)
### Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed</th>
<th>Was Not Brought, Cancellation and Refusal of Appointments Policy for Children and Young People up to the Age of 18 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate and service area:</td>
<td>Existing</td>
</tr>
<tr>
<td>Name of individual completing assessment:</td>
<td>Telephone: 01872 252596</td>
</tr>
</tbody>
</table>

1. **Policy Aim***
   - Who is the strategy / policy / proposal / service function aimed at?
   - Guidance for clinicians of the procedure to follow when a child/young person is not brought to an offered appointment or if a parent/carer cancels an offered appointment.

2. **Policy Objectives***
   - That RCHT meets its statutory requirements under Sec 85 Child Act 1989

3. **Policy – intended Outcomes***
   - As above

4. **How will you measure the outcome?***
   - Annual Audit

5. **Who is intended to benefit from the policy?***
   - Children who are not brought to their appointments.
6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?
   
   b) If yes, have these "groups been consulted?
   
   C). Please list any groups who have been consulted about this procedure.

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<table>
<thead>
<tr>
<th>7. The Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please complete the following table.</td>
</tr>
<tr>
<td>Are there concerns that the policy <strong>could</strong> have differential impact on:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>x</td>
<td></td>
<td>This policy indicates that there is not a negative impact in relation to age</td>
</tr>
<tr>
<td>Sex (male, female, trans-gender / gender reassignment)</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability - learning disability, physical disability, sensory impairment and mental health problems</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

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8. Please indicate if a full equality analysis is recommended. Yes No X
9. If you are not recommending a Full Impact assessment please explain why.

N/A

<table>
<thead>
<tr>
<th>Signature of policy developer / lead manager / director</th>
<th>Date of completion and submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Williams</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Names and signatures of members carrying out the Screening Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
</tbody>
</table>

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD
A summary of the results will be published on the Trust’s web site.
Signed: Chris Williams

Date 19/11/2015
Was Not Brought Cancellation and Refusal of Appointments Policy for Children and Young People up to the Age of 18 Years (up to age of 25 for people with a Learning Disability)

Page 13 of 13
Appendix 2. Was Not Brought or Cancellation of Appointment for young people aged 18 or under attending sexual health (GU / contraception) services.

1. Details of cancellation to be collected and recorded by reception/admin/nursing staff (whoever takes the call).

2. For Was Not Brought – reception/admin staff to check patient details to ensure correct

3. Clinician responsible for that attendance to review any previous records and make assessment of medical and social issues.


   Then carry out action A, B or C as detailed below:-

A. If possible child protection concerns – follow SW child protection procedures. If possible discuss first with senior consultant, departmental child protection lead or member of staff from Trust child protection team.

B. If no child protection concerns but Child/Young Person needs sexual health consultation, and is believed to be Frazer competent then check contact restrictions and contact the Young Person in the safest/preferred way to offer another appointment. This can be done by a nurse/health adviser or member of the admin team.

C. If no follow-up required and considered safe to do so, await next patient contact. Make note to this effect in EPR.

Letters/phone calls to primary care team will usually be written only if the appointment was made as a result of a referral, or if there are ongoing health concerns and we are unable to contact the patient directly.

Parents/guardians will only be contacted in rare cases where permission has been given by the young person, or when there are concerns about competence or safety. This will be with due consideration for confidentiality and after seeking advice from senior consultant.