

**Was Not Brought, Cancellation and Refusal of
Appointments 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) Policy**

V9.0

April 2019

Summary.

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.

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1. Introduction

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

1.2. 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 ... (should be) ... 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'.

1.3. The NICE guideline 'Child abuse and neglect' 2017 (NG76) states, 'Consider neglect if parents or carers repeatedly fail to bring their child to follow-up appointments that are essential for their child's health and wellbeing'.

1.4. 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.

1.5. This version supersedes any previous versions of this document.

1.6. **Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can't rely on Opt out, it must be Opt in.

The DPA18 covers how the Trust obtains, hold, record, use and store all personal and special category (e.g. Health) information in a secure and confidential manner. This Act covers all data and information whether held electronically or on paper and extends to databases, videos and other automated media about living individuals including but not limited to Human Resources and payroll records, medical records, other manual files, microfilm/fiche, pathology results, images and other sensitive data.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the 'information use framework policy', or contact the Information Governance Team rch-tr.infogov@nhs.net

2. 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.

3. 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

4. Definitions / Glossary

CQC = Care Quality Commission

PAS = Patient Administration System (Note that on PAS a 'was not brought' (WNB) still reads as 'Did Not Attend' (DNA))

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 adulthood, with a lasting effect on development.

5. Ownership and Responsibilities

5.1. Role of the Managers

Line managers are responsible for:

- Ensuring that all staff, particularly newly appointed staff, are aware of the policy and its application
- Reminding staff when updates are published
- Organising a response to any significant findings from audits of compliance within their area.
- To ensure staff awareness, appendix 3 should be printed separately, laminated and displayed in all clinical areas where children and young people attend.

5.2. Role of the Safeguarding Children Operational Group (SCOG)

The Safeguarding Children Operational Group 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)

5.3. 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

NB - For Was Not Brought or cancelled appointments in diagnostic departments, therapies etc where the prime clinical leadership responsibility is with another clinician, then after carrying out the checks detailed below, **the information should be passed on to the responsible referring Health Care Professional for action.**

6. Standards and Practice

Principles

To ensure that the welfare of all children and young people who are not brought or whose appointments are cancelled 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.

The Policy

This section of the document, along with appendix 3 (the management flow chart), forms the main body of the policy. **To ensure staff awareness, appendix 3 should be printed separately, laminated and displayed in all clinical areas where children and young people attend.**

The policy applies to all clinical areas where children and young people are seen

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.

6.1. For the first Cancellation of an Appointment

6.1.1. Actions for administrative staff

In the case of a first cancellation of an appointment then the member of staff receiving the communication (will usually, but not always, be a member of administrative staff) must record the following information:

- Name of person making the request
- Their relationship to the child
- Reason for cancellation
- Whether another appointment is requested by the parent / carer and if so whether there are any specific requests relating to such an appointment.
- This information should be recorded on PAS in comments field and be available to the Clinical Lead/Consultant responsible for the patient episode to inform their decision about further appointments.
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.
Confirm that there are no Child Protection/Child in Care alerts on PAS.
- Consider that there may be 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.
- Send the patient details via email (may need to be requested if a cancellation) to the responsible Health Care Professional

6.1.2. For all 'was not brought':

- 6.1.2.1. 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.
- 6.1.2.2. Confirm that there are no Child Protection/Child in Care alerts on PAS.
- 6.1.2.3. Consider that there may be 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.
- 6.1.2.4. Ensure patient notes for that episode (eg clinic) are made available to the responsible Healthcare Professional (see below)

6.1.3. Actions for the Health Care Professional responsible for the patient episode

For all Was Not Brought patients (and cancellations by parents / carers) the patient notes / MAXIMS must be reviewed, and a risk assessment made of the known medical and social issues apparent.

Then one of the following three scenarios will be present *and the corresponding appropriate actions should be taken:*

1. Possible Child Protection/Child in Care issues are identified - *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 the Named Nurse should be informed when there are confirmed safeguarding children concerns.*
2. No Child Protection/Child in Care issues identified but it is felt that the child or young person requires further appointments by a specialist - *the responsible Health Care Professional will contact the parent/carer by letter offering a further appointment. This letter should be copied to the Primary Care Team and to the referrer if different.*

For scenarios 1 and 2 the responsible Health Care Professional will need to be informed of the details of the next 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).

3. If there are no apparent Child Protection/Child in Care concerns or health risks, and it is decided by the reviewing responsible Health Care Professional that no further hospital follow up/appointment is required then ongoing review will be by the Primary Care Team. The Health Care Professional 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 another Healthcare professional.

NB - If the patient has a learning disability the responsible Health Care Professional will need to inform the learning disability team who will action accordingly.

6.1.4. Following a second Was Not Brought / Cancellation OR if a second offered appointment is refused

The actions for administrative staff detailed in section 6.1 still apply; there will again 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.

The Health Care Professional responsible for the patient episode will review the patient's health care records and make a risk assessment of the medical and social issues apparent. Then one of the following three scenarios will be present *and the corresponding appropriate actions should be taken:*

1. If it is deemed that there are/may be safeguarding/social concerns - *the responsible Health Care Professional 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 the named nurse 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.*
2. If there are ongoing medical concerns, constituting a health risk - *the responsible Health Care Professional 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... as is Trust policy in all such situations, the Named Nurse for Child Safeguarding has been informed. Please contact your GP for re-referral'

In addition the responsible Health Care Professional 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. The Named Nurse for safeguarding will be copied into this letter.

3. If it is felt that there are no apparent Child Protection/Child in Need concerns **or** health risks and no further hospital follow up/appointment is required - *ongoing review will be by the Primary Care Team. The responsible Health Care Professional 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.*

However it is still advised that the Named Nurse for safeguarding is copied into this letter.

NB If the responsible Health Care Professional has notified a case involving a Was Not Brought /Cancellation to Children's Social Care they must follow up this notification, ensuring that there has been feedback from social care.

6.2. Young People with Capacity to Consent to Medical Treatment

When Cancellation/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 responsible Health Care Professional 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 4)

6.3. 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 Operational Group, Director of Nursing and Divisional Managers, Trust Risk Management Forum and Lead Allied Health Professionals, the Learning Disabilities Team and Sexual Health Team

6.4. Ratification Process

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

7. Dissemination and Implementation

7.1. 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.

7.2. Publication and Distribution

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

7.3. Communication

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

7.4. Access

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

7.5. Storage Media

The Policy will be posted on the RCHT Intranet Documents Library.

8. Monitoring compliance and effectiveness

Element to be monitored	1.Prospective audit of staff knowledge of Was Not Brought/Cancellation procedure 2. Adherence to policy
Lead	Lead - Named Doctor for Safeguarding Children
Tool	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)
Frequency	Annual
Reporting arrangements	Audit / Monitoring reports distributed to Lead Clinicians and Heads of Department
Acting on recommendations and Lead(s)	Approved & monitored by departments overseen by SCOG.
Change in practice and lessons to be shared	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

9. Updating and Review

See section 8 above.

10. Equality and Diversity

10.1.This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the '[Equality, Diversity & Human Rights Policy](#)' or the [Equality and Diversity website](#).

10.2. *Equality Impact Assessment*

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Was Not Brought, Cancellation and Refusal of Appointments 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) Policy Version 9.0		
Date Issued/Approved:	31 st October 2018		
Date Valid From:	10 April 2019		
Date Valid To:	10 April 2022		
Directorate / Department responsible (author/owner):	Dr Simon Bedwani (Named Doctor for Safeguarding Children) Wendy Perkin (Named Nurse For Safeguarding Children)		
Contact details:	01872 254551		
Brief summary of contents	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.		
Suggested Keywords:	Was Not Brought		
Target Audience	RCHT ✓	CFT	KCCG
Executive Director responsible for Policy:	Medical Director		
Date revised:	October 2018		
This document replaces (exact title of previous version):	Was Not Brought, Cancellation and Refusal of Appointments Policy for Children and Young People up to the Age of 18 Years Version 8.0		
Approval route (names of committees)/consultation:	Safeguarding Children Operational Group. WCSH Audit and Guidelines Group		
Divisional Manager confirming approval processes	Care Group General Manager - Debra Shields		
Name and Post Title of additional signatories	Not Required		
Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings	{Original Copy Signed}		
	Name: Caroline Amukusana		
Signature of Executive Director giving approval	{Original Copy Signed}		

Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only	
Document Library Folder/Sub Folder	Clinical/ Safeguarding Children/Child Health			
Links to key external standards	South West Child Protection procedures (SWCPP)			
Related Documents:	RCHT Safeguarding Children Policy (Cornwall and IOS Safeguarding Policy). Working Together to Safeguard Children 2018			
Training Need Identified?	No			

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
29 Oct 2009	1	To safeguard children and young people who do not attend hospital appointments or whose appointments are cancelled	Graham Taylor (Named Doctor for Child protection)
3 Sept 11	2	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	Graham Taylor (Named Doctor for Child protection)
12 Dec	3	Addition of Appendix with audit proforma	Graham Taylor (Named Doctor for Child protection)
29 Jun 12	4	Updates to names and document location, clarification of when to notify named professionals and addition of Appendix for	Graham Taylor (Named Doctor for Child protection)
01 Jul 13	5	Reformatted to current Trust policy format with text clarifications and addition of refusal of appointments	Dr Chris Williams Named Doctor for Child Protection)
18 Nov 15	6	Update existing Policy	Dr Chris Williams Named Doctor for Child Protection)
29 th March 2017	7	Update existing policy in line with recognised safeguarding terminology – Was Not Brought	Wendy Perkin Named Nurse for Safeguarding Children
27 June 2017	8	Additions to include patients with a learning disability up to the age of 25 years	Jane Rees Acute Liaison Learning Disability Nurse
31 Oct 2018	9	Update existing policy with some changes in terminology and separate section for administrative team roles in process	Dr Simon Bedwani (Named Doctor for Safeguarding Children)

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.
This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

<p><i>Name of Name of the strategy / policy /proposal / service function to be assessed</i></p> <p>Was Not Brought, Cancellation and Refusal of Appointments for Children and Young People up to the Age of 18 Years Policy Version 9</p>						
<p>Directorate and service area: Child Health</p>			<p>Is this a new or existing Policy? Existing</p>			
<p>Name of individual completing assessment: Dr S Bedwani</p>			<p>Telephone: 01872 252596</p>			
<p>1. <i>Policy Aim*</i> <i>Who is the strategy / policy / proposal / service function aimed at?</i></p>		<p>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.</p>				
<p>2. <i>Policy Objectives*</i></p>		<p>That RCHT meets its statutory requirements under Sec 85 Child Act 1989</p>				
<p>3. <i>Policy – intended Outcomes*</i></p>		<p>As above</p>				
<p>4. <i>*How will you measure the outcome?</i></p>		<p>Annual Audit</p>				
<p>5. <i>Who is intended to benefit from the policy?</i></p>		<p>Children who are not brought to their appointments.</p>				
<p>6a <i>Who did you consult with</i></p>		<p>Workforce</p>	<p>Patients</p>	<p>Local groups</p>	<p>External organisations</p>	<p>Other</p>
		<p>x</p>				
<p>b). <i>Please identify the groups who have been consulted about this procedure.</i></p>		<p>Please record specific names of groups Safeguarding Children Operational Group (SCOG) Sexual Health Group RTT group</p>				
<p>What was the outcome of the consultation?</p>		<p>Policy approved</p>				

7. The Impact

Please complete the following table. **If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.**

Are there concerns that the policy **could** have differential impact on:

Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence
Age		x		No areas indicated
Sex (male, female, trans-gender / gender reassignment)		x		No areas indicated
Race / Ethnic communities /groups		x		Information provided should be in an accessible format for the parent/carer/patient's needs – i.e available in different languages if required/access to an interpreter if required
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		x		Those parent/carer/patient's with any identified additional needs will be referred for additional support as appropriate - i.e to the Liaison team or for specialised equipment. Written information will be provided in a format to meet the family's needs e.g. easy read, audio etc
Religion / other beliefs		x		No areas indicated
Marriage and Civil partnership		x		No areas indicated
Pregnancy and maternity		x		No areas indicated
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		x		No areas indicated

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 this relates to service redesign or development

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.

No areas indicated

Signature of policy developer / lead manager / director Dr Simon Bedwani		Date of completion and submission 13/03/2019
Names and signatures of members carrying out the Screening Assessment	1. Named Doctor for Safeguarding Children 2. Policy Review Group (PRG)	PRG approved

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

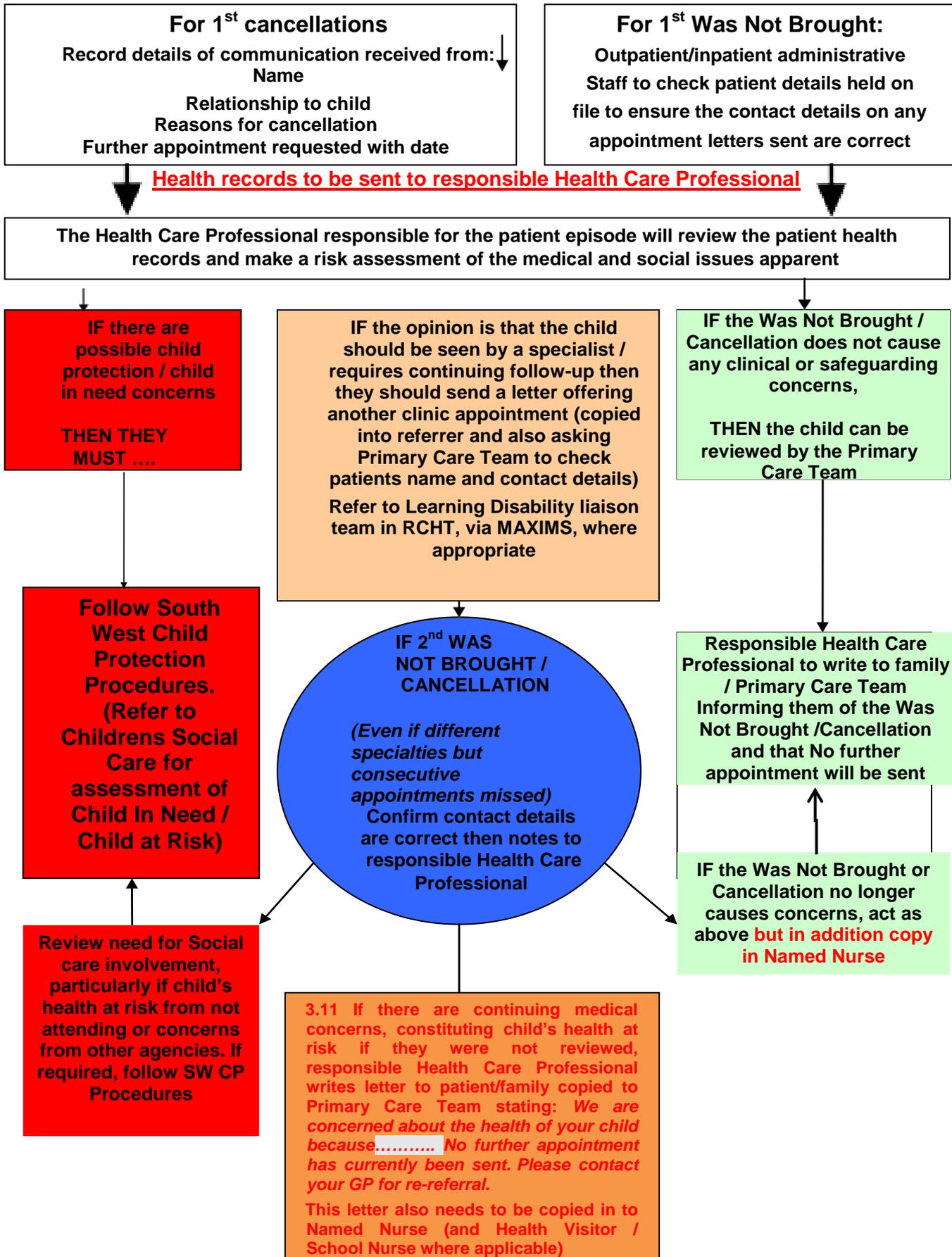
This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.

A summary of the results will be published on the Trust's web site.

Signed ___ Dr Simon Bedwani_____

Date ___ 13/03/2019_____

Appendix 3 – Summary of procedure for cancellations / WNB



Appendix 4. 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. Responsible Health Care Professional for that attendance to review any previous records and make assessment of medical and social issues.
4. Make note in EPR record of Was Not Brought / cancellation and action taken.

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 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 Fraser 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.