

1. Introduction

1.1 The aim of this guideline is to support clinical staff in the management of children who do not attend hospital outpatient appointments.

1.2 All children have the right to have their medical needs met and it is the responsibility of parents and carers to ensure that no child is deprived of his or her right of access to health care services (Article 24 of the United Nations Convention on the Rights of the Child). Failure to ensure this happens falls within the definition of neglect (Working Together to Safeguarding Children, 2018). Clinicians have a responsibility to provide continuity of care to safeguard the welfare of patients and to minimise risk. Health professionals should therefore proactively follow up children and young people persistently not brought to appointments. It is important to consider the common reasons why parents or carers fail to bring their children to clinic appointments. Common reasons include

- Forgetfulness
- Fear and anxiety
- Moving address without informing health
- Poor communication, changes of mobile phone numbers
- Multiple appointments at diverse locations on consecutive days
- Inappropriate referrals
- Clinical problems deemed to be resolved
- Financial difficulties (consider distance to travel to appointments).
- Chaotic family dynamics
- Parental health issues

1.3 Many Serious Case Reviews and Domestic Homicide Reviews, both nationally and regionally have featured children who do not attend hospital appointments as a precursor to serious child abuse and child death.

2. Scope

2.1 This procedure applies to all staff in UHL who sees children as patients through an appointment or booking system, including out-patients and day care settings.

3. Recommendations, Standards and Procedural Statements

Child Not Brought to First New Appointment

It is a clinical decision if the child should be offered a further appointment. If child is discharged as per the [UHL Access to Elective Care Policy](#) then this should be clearly documented in the medical notes.

If child does require a further appointment then follow the flow chart below

Child not brought to first follow up appointment.

2nd appointment offered and correspondence sent to family and GP, and Social Worker if known to be open to Children's Social Care

Child not brought to 2nd Appointment.

At this point it is a **clinical** decision if the child still needs to be seen and a further appointment offered. Decision should be documented in the medical records (UHL Access Policy Sec 5.4.10)

No clinical need for further appointment.

Discharge back to the original referrer/GP. Copy letter to family and Social Worker, if open, advising of discharge and route for re-referral.

Clinical reason for further appointment.

3rd Appointment to be offered (see section 3.1)
Letter to family needs to detail missed appointments, clinical reason for attending and consequences to child's health of not being brought.
Family advised that further non-attendance may prompt a referral to the UHL Safeguarding Children's Team.

Child brought to 3rd appointment.

No further action required.
However consider sporadic engagement or families repeatedly giving reasons for non-attendance 'disguised compliance'

Child not brought to third appointment.

Follow UHL Policy for referral to the Children's Safeguarding Team.
Referral to contain
Dates of was not brought to appointments.
Details of attempts to contact the family/accommodate family's needs.
Diagnosis of child and any ongoing treatment/investigations
Clinical reason for why the child needs to attend
Health consequences to the child of not being brought
Any other known vulnerabilities i.e. Looked After Child, known to Social Care, previous referrals to Children's Safeguarding Team.
Letter sent to family/GP advising of referral to Children's Safeguarding Team.

3.1 Consider alternative methods for the child to be seen, for example telephone consultation (if appropriate) or location of clinic. Ability of parents or carers to understand correspondence, language used or any known parental learning need. Consider if the child has any known vulnerabilities, is open to Social Care, or is a Looked After Child, if so copy all correspondence to any known professionals involved in the child's care.

3.2 Consider 'disguised compliance' when determining if a referral to UHL Children's Safeguarding Team is required. Frequent reasons being given for was not brought, for example child or family member unwell, but resulting in the child not being seen for prolonged periods. Also consider sporadic engagement with repeated patterns of was not brought, attends for an appointment then was not brought again.

3.3 Staff should use this policy alongside the UHL Access Policy for Elective Care Patients.

3.4 Staff can seek advice from the Service Equality Team for support around translation and interpretation services.

4. Education and Training

4.1 Training on this guidance is included within the UHL Safeguarding Children mandatory training programme accessed by all staff.

5. Monitoring and Audit Criteria

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Correct use of guideline	Case review	J Tottey	Case by case basis	

6. Supporting Documents and Key References

Article 24 of the United Nations Convention on the Rights of the Child.

https://www.unicef.org.uk/wp-content/uploads/2019/10/UNCRC_summary-1_1.pdf

Accessed 10/05/23

HM Government: Working Together to Safeguard Children 2018

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf

Accessed 10/05/23

Access Policy for Elective Patient Care UHL Policy

<http://insitetogether.xuhl-tr.nhs.uk/pag/pagdocuments/Access%20Policy%20for%20Elective%20Patient%20Care%20UHL%20Policy.pdf>

Accessed 10/05/23

8. Key Words

8.1 Safeguarding children, child protection, was not brought, WNB, did not attend, DNA

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