OP101
CHILDREN & YOUNG PEOPLE DID NOT ATTEND/FAILED TO BE BROUGHT TO ACUTE OR COMMUNITY APPOINTMENTS OR FOR ACUTE ADMISSIONS/NO ACCESS GAINED AT PRE-ARRANGED HOME APPOINTMENTS POLICY

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1.0 Procedure Statement (Purpose / Objectives of the Procedure)

Securing the wellbeing of children and young people by protecting them from all forms of harm and abuse and ensuring that their developmental needs are responded to appropriately, are the primary aims of Government policy (Working Together to Safeguard Children 2018).

All staff that care for children and young people (aged 0-18 years) in an acute or community setting have a responsibility of care in relation to safeguarding. See CP41 Safeguarding Children in Hospital Policy.

These policies provide a framework to support all practitioners to respond appropriately with regard to non-attendance of:

- health appointments – community or acute;
- cancellation / re-scheduling of appointments on multiple occasions;
- not attending an inpatient admission;
- families who are not locatable.

Appendices 1, 2, 3 and 4 further support clinicians and practitioners to determine further actions to be taken in order to safeguard children and young people.

2.0 Definitions:

A Child/Young Person is a baby, child or young person less than 18 years of age.

Universal service: a service offered to all families within the city.

Universal Plus / Partnership Plus: a targeted service to families with identified additional needs (this includes all children or young people who require acute hospital care as an in or outpatient).

Did Not Attend (DNA) / Failed to be Brought (FTBB): did not attend appointment or child or young person failed to be brought to an appointment.

No Access Visit (NAV): not available at home to be seen for pre-arranged or unplanned, opportunistic appointment.

Access: at any pre-arranged venue, e.g. outpatient setting, clinic, home etc. or on an unplanned, opportunistic basis, e.g. home

Non-Locatable Child: a child or young person who is deemed missing despite inter–agency and lateral searches.

Missing Child: anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the child / young person may be the subject of crime or at risk of harm to themselves or others. (Association of Chief Police Officers (ACPO), RWT Missing Patient Policy – OP53).

Missing from Known Address (MKA): not found at given address.

Cancellations: cancellation of immunisations, development checks, routine Healthy Child Programme contact, new and follow-up out-patient appointments, hospital admission, etc. Cancellations **MUST** be reviewed and assessed and appropriate action taken according to vulnerability.

3.0 Accountabilities

- Clinical Directors, Departmental and Directorate Managers, and Matrons are responsible for ensuring that all staff within their remit are aware of and adhere to the policy.

- Under the *Royal College of Nursing (RCN) Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019* intercollegiate document, all staff are required to undertake an annual appraisal and a specified amount of safeguarding children training per year at the required level, dependent upon their banding and level of responsibility (see RWT My Academy training system for further guidance). This training can be accessed through the RWT Safeguarding Team, Wolverhampton Safeguarding Together website, and national / local conferences.

- This policy must be followed by all staff that are in contact with children and young people, including those on temporary or honorary contracts, secondments, bank staff and students.

- The Confidential Enquiry into Maternal and Child Health Report (CEMACH, 2008) found, on many occasions, that children who had failed to attend appointments on one or more occasions and failed to be followed up, subsequently suffered in harmful consequences.

This policy aims to provide a robust framework for all staff, in whatever capacity they work, to identify non-attendance and to address any potential safeguarding concerns.

4.0 Procedure/Guidelines Detail / Actions

Acute Services

4.1 Outpatient DNA / Failed to be Brought (FTBB)

Whilst the effect is the child or young person not attending the appointment, it is important for clinicians and practitioners to recognise the child's dependence upon a parent, guardian or person with parental responsibilty, hence the responsibility for attendance and subsequent enquiry lying with that person**.**

4.1.1 All staff must follow the DNA/NAV/FTBB flowchart for universal plus services (Appendix 2).

4.1.2 Lead Health professionals including consultants, doctors, nurses and AHP's are ultimately accountable for the safety of patients, but it is the responsibility of each staff member to contribute to, and comply with the Trust policy.

4.1.3 In the event of a DNA/FTBB event, the Consultant or member of the clinical team, e.g. Specialist Physiotherapist, must review the records and the Clinical Web Portal (CWP) to assess the level of concern, noting medical and social issues, patterns of cancellation, etc. Actions must take place in line with Appendix 2, being dependent on the level of risk. If a decision cannot be made based on the information in the CWP, the Safeguarding Children team on call Nurse must be contacted for further advice. If the child is known to Social Services, the allocated Social Worker must also be contacted.

4.1.4 It is usual practice for a further appointment to be booked; the Consultant/ Clinician must advise the medical secretary of the timescale required. The medical secretary must check the child's demographics on the Patient Administration System (PAS). The re-appointment letter must be copied to the GP, Health Visitor/School Nurse and, if relevant, the Children and Young People in Care (CYPiC) Nurse and Social Worker.

4.1.5 If a further appointment is not required, the referral should be closed by the medical secretary and a letter sent to the referrer within 10 days informing them that the child/young person DNA/FTBB (Appendix 6). Please also ensure that where there is social care involvement, the named Social Worker is informed of the referral closure. The referrer must be asked to review the child/young person and to inform the Consultant in writing within 6 weeks from the date of the letter, if the child/young person needs to be seen again. If this is the case, a new referral should be opened; medical secretaries must use a bring-forward system for this purpose.

4.1.6 The Consultant/member of the clinical team will write to the child/young person's parents/carers following a missed appointment to inform them that no further appointment will be offered, but will also provide contact details should the parent/carer wish to book another appointment (Appendix 7). At all stages of this process consideration must be given as to whether this DNA/FTBB poses a safeguarding risk to the child and further action needs to be taken. For advice you can contact the Safeguarding Children team on-call nurse who will discuss individual cases.

4.1.7 It is recognized that on occasion practitioners may choose to meet with parents/carers alone for a consultation. Consideration should be given to whether the DNA/FTBB policy should be followed where this is not agreed prior to the consultation and the child or young person is not present.

4.2 Inpatient DNA / Failed to be Brought (FTBB)

4.2.1 If a child/young person does not attend for a pre-assessment appointment or admission, the ward clerk must attempt to contact the family to ascertain the reason and document it on Clinical Web Portal. Where the child is known to Social Services, you must also contact the Social Worker to inform them of the DNA/FTBB.

The child/young person's records will be returned to the medical secretary to allow the Consultant to review and take action. The Consultant's medical secretary will inform the GP of non-attendance.

4.2.2 **A further admission date to be offered to the child/young person.** The medical secretary must attempt to contact the parents by telephone to suggest a new date for admission. If after two attempts, no contact has been made, an appointment will be forwarded by post; the attempted contacts must be recorded on the information portal.

4.2.3 **No further admission date to be offered to the child/young person.** The Consultant will write to the GP, copied to the Public Health Practitioner, using a standard letter (Appendix 8) and a copy should be filed in the child/young person's medical records. In addition, the Consultant will write to the parent/carers to inform them of the decision (Appendix 9) and a copy filed in the child/young person's medical records. If the parent/carer subsequently contacts the Consultants medical secretary stating that they were unaware/had special circumstances, the situation will be discussed with the Directorate Management Team and consideration given to reinstating the child/young person on the waiting list.

4.2.4 **Remove the child/young person from the waiting list and re-book them into an outpatient clinic for reassessment.** In circumstances when the Consultant feels it appropriate to re-assess the child/young person, the waiting list clerk/medical secretary will attempt to contact the parent/carer on two occasions by telephone to offer an appointment. If unsuccessful, an appointment will be sent in the post with all actions being documented. At all stages of this process consideration must be given as to whether this DNA/FTBB poses a safeguarding risk to the child and further action needs to be taken. For advice you can contact the Safeguarding Children team on-call nurse who will discuss individual cases.

4.3 Community Services

No Access Visits for Universal Services

4.3.1 Home visits should be negotiated with the family so that they are carried out at a mutually convenient time. In circumstances where the Health Visitor/School Nurse/Partnering Families practitioner is delayed, all efforts must be made to inform the family ahead of the visit and to ensure that the timing remains convenient for the family. When visits are undertaken without being pre-arranged with the parent/carer, the details must be clearly stated in the electronic patient record (as an unplanned opportunistic attempted contact) (Appendix 1).

4.3.2 Following a failed planned visit/attendance or cancellation of booked appointment, a visiting card, letter or notification card must be left at the home giving details of the intention to visit again or not.
Varying the time/day of the next attempted visit must be considered. A name and contact number must be provided to enable parents/carers to change the appointment if necessary. The details must be clearly documented on the PAS system and on the electronic patient record system as relevant. This should be alongside prompt notification to child health. Consideration should also be given

to the location of the visit as in some cases the home environment may not be the safest place to carry out the contact.

4.3.3 A copy of any discussion letters sent by named practitioners **MUST** be placed on the Royal Wolverhampton NHS Trust CWP system and the electronic patient record system.

No Access Visits where there are medium / low risk concerns.

4.3.4 In the event of a missed opportunistic home visit where there is no immediate concern for the safety and welfare of the child or young person, a visiting card/letter is to be left giving details of the practitioner's intention to re-visit with specific details of the intended date and time and the practitioner's name and telephone number. Contact with the family must be attempted by the service within five working days.

Where Social Care are involved with the family, any failure to engage with the child or young person and their carer following a failed contact must be brought to the attention of the named Social Worker for the child or young person, irrespective of whether the contact was due to take place in a home or clinic setting. Notification to the Social Worker must be made during the same working day.

Practitioners are expected to assess the significance of lack of contact with regard to any impact on the health, safety and welfare of the child or young person and on the operation of the child in need plan. The necessity for liaison with existing services engaged in the delivery of the child in need plan must be considered by the practitioner. Advice and guidance must be sought from line managers or members of the Safeguarding Children Team as necessary. Follow flow chart (Appendix 1).

4.3.5 No access visits/contacts where there are high levels of concern or the child or young person identified as a child or young person in need.

In any circumstances where a practitioner is concerned that as a result of their failure to engage with a child or young person and/or their carer, the child or young person is potentially or actually at risk of significant harm, immediate action must be taken to attend to the perceived risk. You should refer to the Wolverhampton threshold document for guidance on making an appropriate referral such as a multi-agency referral form (MARF) or alternative action such as contacting the Police in cases of emergency.

The practitioner must liaise with their line manager and members of the Safeguarding Team immediately and in writing within 24 hours and follow the flowchart (Appendix 1). For children and young people who are already known to Social Care or Early Help, the Social Worker or Early Help lead must be informed.

4.3.6 Refusal of Health Visiting Service/School Nursing Service/Family Nurse Partnership Service by client

It is acknowledged that parents have the right to refuse the offer of the Health Visiting Service/School Nursing Service/Partnering Families Team (PFT) and that they can deny access to their home. Parents are to be encouraged to confirm in writing any refusal of service provision.

It is the responsibility of the Health Visitor/School Nurse/PFT to assess whether any refusal of service provision as declared by a parent/carer has a potential or actual detrimental effect on the child or young person's health, development or well-being. Having given due consideration to the child or young person and family needs in the event of non-engagement with the family by the Health Visiting Service/School Nursing Service/PFT, the practitioner is to seek further guidance and support from a line manager or member of the Safeguarding Team where unmet need or concerns exist. It would be useful at this point to establish if the family and child are engaging with other professionals such as a Paediatrician, Clinical Nurse Specialist (CNS), Speech and Language Therapist (SALT), etc. to ensure there are no other concerns but to also inform them of the non-engagement with the Health Visiting Service/School Nursing Service/PFT.

Having reviewed all available details regarding the child or young person and family and in the absence of any unmet health needs or matters of concern, a letter (Appendix 11) will to be forwarded to the parent/carer, by the service line manager, in way of response to service refusal and a copy of the details will be retained in the child health care record and circulated to the GP.

4.3.7 No access to a child or young person new to caseload/movement into area

In the event that there is 'no access' to the family by the Health Professional, enquiries must be made with other health services and agencies to ascertain the accuracy of details held by them regarding the family address, known contact details and any engagement of their service with the family e.g. GP practice, Strengthening Families Hub, Nursery, School, previous Health Visitor/School Nurse, etc. Future attempted contacts (by letter requesting contact from the family, telephone or by home visit), must be documented. No Access Visits are to be recorded on the PAS database, the electronic patient record and the Child Health Records database as relevant.
Refer to universal flowchart (Appendix 3).

Having confirmed the accuracy of family details and if the child or young person is in receipt of other services and there are no concerns highlighted, a letter (Appendix 10) is to be forwarded which informs the family of the Health Professionals contact details and which supplies details of the local child health clinics/school nurse locations. **It is essential that the practitioner has reviewed the existing child health care record and confirmed that there are no unmet health needs or current concerns prior to forwarding this correspondence. The practitioner should also ensure there is no current or previous involvement with social care.** A copy of the letter sent to the parent/carer is to be sent to GP and retained in the child's health care record (Appendix 10).

In circumstances where there are unmet health needs or matters of current concern, advice and guidance on actions required are to be sought from a line manager and/or a member of the Safeguarding Children Team according to

need. Any responses and actions are to be timely and thorough, the details of which are to be well-documented. [Safeguarding link].

Refer to universal plus flowchart (Appendix 2).

If there are known safeguarding concerns and lack of engagement, refer to the Multi-Agency Safeguarding Hub (MASH) using the multi-agency referral form (MARF) (Appendix 12); this should be submitted on the day the concern was realised. The Safeguarding Team must also be informed.

4.3.8 No Access Visits / Contacts where a child or young person is subject to a Child Protection Plan

In any circumstances where a practitioner is concerned that as a result of their failure to engage with a child or young person and their carer, the child or young person is potentially or actually at risk of significant harm, immediate action must be taken to attend to the perceived risk. Liaison with Children's Services, line managers and members of the Safeguarding Team must be timely and thorough and are to take place on the same working day as the event.

Any failure to engage with the child or young person and their carer following attempts at contact must be brought to the attention of the named Social Worker for the child or young person irrespective of whether the contact was due to take place in a home or clinic setting. Notification to the Social Worker of the failure of engagement by the family with the service must be made during the same working day.

Details of concerns, assessment of need and actions taken, must be fully documented in the child's health records.

4.3.9 Child or Young Person and Family Missing from Known Address (MKA)

When health staff become aware that a child or young person and family are missing from their known address, reasonable steps must be taken to locate the family. All checks (Appendix 7) should be completed and MKA form added to child records and copy to GP and child health informed.

Follow appendices 4 and 5

4.4 Use of Virtual/ Telephone contacts during the COVID pandemic

Many services are offering appointments in a different way to ensure our patients and their families are kept safe during the COVID-19 pandemic. This includes use of virtual contacts or telephone contacts as opposed to face to face appointments. It is important to remember that the same consideration should be given to the DNA/FTBB in instances where a planned virtual/telephone appointment has been arranged but not attended/accessed by the child and family. The principles of the below flow charts should still be applied and necessary safeguarding measures and follow up applied.

4.4.1 Appointment Cancellations during the COVID Pandemic

Where a cancellation was as a result of a concern over Covid-19, the RTT clock should continue to tick. Patients should not routinely be discharged back to their GP as a result of cancelling appointments. However, for some patients discharge back to primary care may be in their best interest. This decision must be made on a case-by-case basis, following clinical review. Patients should not be referred back to their GP simply because they wish to delay their appointment or treatment.

5.0 Financial Risk Assessment

1	Does the implementation of this document require any additional Capital resources	No
2	Does the implementation of this document require additional revenue resources	No
3	Does the implementation of this document require additional manpower	No
4	Does the implementation of this document release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	No
	Other comments	

6.0 Equality Impact Assessment

An initial equality analysis has been carried out and it indicates that there is no likely adverse impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

7.0 Maintenance

This policy will be reviewed 3 yearly or when needed by the Senior Matron for Children's Services.

8.0 Communication and Training

Safeguarding Children training Levels 1 to 4 will be provided for all staff who come into contact with children.

9.0 Audit Process

Compliance with this policy will be audited 6-monthly as part of the Children's Services Directorate Audit Programme. This will be overseen by the Children's Services Governance arrangements and the Joint Safeguarding Board.

Criterion	Lead	Monitoring method	Frequency	Evaluation
Audit of DNA, No Access Visits & FTBB across the service to conclude if appropriate action taken.	Kirsty Lewis/ Delegated professional	Random Audit	6 monthly	Presented at Paediatric governance and TSOG for oversight.

10.0 References - Legal, professional or national guidelines

Association of Chief Police Officers (OCPO)

Analysing child death and serious injury through abuse and neglect; what can I learn (DCSF 2008)

Birmingham Children's Hospital NHS Trust Was Not Brought (DNA) and Multi-Cancellations Policy.

Children & Families Act, 2014

Confidential Enquiry into Maternal & Child Health (CEMACH Report June 2008)

Lewisham Safeguarding Children Board Interagency Information Learning, (2004)

RCN Safguarding Children and Young people: Roles and competencies for Healthcare staff (January 2019)

The Royal Wolverhampton NHS Trust Missing Person Policy OP53

The Royal Wolverhampton NHS Trust Safeguarding Children Policy CP41

The Victoria Climbie Inquiry: report of an inquiry by Lord Laming - Gov.uk https://www.gov.uk/.../the-victoria-climbie-inquiry-report-of-an-inquiry-by-lord-laming- 23rd January 2003

Wolverhampton Safeguarding Together Multi-Agency Escalation Policy

Wolverhampton Safeguarding Children Policy & Procedures (2015) https://www.wolverhamptonsafeguarding.org.uk/

Wolverhampton Safeguarding Together- City of Wolverhampton Council Early Intervention Policy)

Wolverhampton Safeguarding Together- Multi-Agency Referral Form (MARF)

Working Together to Safeguard Children (DCSF 2015, updated 2018)

Part A - Document Control

OP101 Version 4	**Title of Procedure/Guidelines:** Children & Young People Did Not Attend/Failed To Be Brought/No Access At Home Policy	**Status:** Final		**Author:** Senior Matron – Children's Services **For Trust-wide Procedures and Guidelines Chief Officer Sponsor:** Chief Operating Officer
Version / Amendment History	Version	Date	Author	Reason
	1.0	May 2010	Head of Health Visiting Service	New Policy
	2.0	May 2013	Senior Matron – Children's Community Services	Change due to moving to RWT and to fulfill latest child protection legislation for hospital and community on children not attending appointments
	3.0	March 2017	Senior Matron – Children's Services	Planned review plus inclusion of process to address children and young people who DNA/ FTBB acute clinic appointments
	3.1	May 2020	Senior Matron – Children's Services	Extension approved until August 2020.
	3.2	Jan. 2021	Senior Matron – Children's Services	Extension approved until September 2021.
	3.3	Nov. 2021	Senior Matron – Children's Services	Extension approved until December 2021

	4.0	June 2021	Matron – 0-19 and Sexual Health	Planned review, includes specific details around management of DNA/ FTBB during Covid pandemic. Change to DNA record proforma. Change FNP to PFT.

Intended Recipients: All staff who have responsibility to deliver services to babies, children and young people and families.	
Consultation Group / Role Titles and Date: Heads of Service – Health Visiting and School Nursing Paediatric Governance Meeting Members June 2021 General Paediatricians – Acute and Community Head of Safeguarding Designated Nurse for Safeguarding Children June 2021 Consultant Physicians and Surgeons who care for Paediatric Patients Matrons' Operational Group Members Neonatal Consultants July 2021 Allied Health Professionals – Therapy Services	
Name and date of Trust level group where reviewed	Trust Policy Group – November 2021
Name and date of final approval committee	Trust Management Committee – November 2021
Date of Policy issue	December 2021
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	3 yearly – November 2024

Training and Dissemination: Launched via e-mail to staff via Staff Bulletin and Making it Better Alert, Consultant's Committee, Matron's Group, Senior Managers Briefing, Professional Forum and Trust Safeguarding Operational Group.
Publishing requirements: Can this document be published on the Trust's public page: **Yes** If yes you must ensure that you have read and fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines, as well as considering any redactions that will be required prior to publication.
To be read in conjunction with: Trust Safeguarding Children Policy CP41 and Wolverhampton Safeguarding Children Board Policies and Procedures

Initial Equality Impact Assessment: Completed Yes **Full Equality Impact assessment (as required): Completed: No** If you require this document in an alternative format e.g., larger print please contact Policy Administrator 85887 for Trust- wide documents or your line manager or Divisional Management office for Local documents.	
Monitoring arrangements and Committee	Trust Safeguarding Operational Group
Document summary/key issues covered. Policy to address on-going care to children, young people and families who do not attend/fail to be brought to acute and community clinic appointments/inpatient admissions or are not at home for booked appointments with a community practitioner. To provide appropriate guidance for professionals in the event of children and young people's non-attendance at clinic, inpatient admission or when professionals are unable	
Key words for intranet searching purposes	
High Risk Policy? **Definition:** • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. If a policy is considered to be high risk it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.	**No (delete as appropriate)**

(Part B) **Ratification Assurance Statement**

Name of document: OP101
CHILDREN & YOUNG PEOPLE DID NOT ATTEND/FAILED TO BE BROUGHT TO ACUTE OR COMMUNITY APPOINTMENTS OR FOR ACUTE ADMISSIONS/NO ACCESS GAINED AT PRE-ARRANGED HOME APPOINTMENTS POLICY

Name of author: Kirsty Lewis **Job Title: Interim Senior Matron 0-19, Sexual Health and Radiology**

I, the above named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.

- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.

- The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines(OP01).

- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.

- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.

- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.

- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author: K.Lewis

Date: 09/08/2021

Name of Person Ratifying this document (Chief Officer or Nominee):
Job Title:
Signature:

- I, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to:
The Policy Administrator

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and policy version	OP101 Children & Young People Did Not Attend/Failed To Be Brought/No Access At Home Policy Version 4.0	
Reviewing Group	Reviewed by General Paediatrics, Safeguarding Children team and Neonatal Governance Group.	**Date reviewed: July 2021**
Implementation lead: Kirsty Lewis- Acting Senior Matron 0-19, Sexual Health and Radiology.		
Implementation Issue to be considered (add additional issues where necessary)	**Action Summary**	**Action lead / s (Timescale for completion)**
Strategy; **Consider** (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	Not required.	
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	No change to mandatory training requirements.	
Development of Forms, leaflets etc.; Consider 1. Any forms developed for use and retention within the clinical record **MUST** be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	N/A	
Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	Disseminated via trust brief and through directorates via matrons and Group managers.	Kirsty Lewis- Acting Senior Matron for 0-19, Sexual Health and Radiology- by October 2021.
Financial cost implementation Consider Business case development	None	
Other specific issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation	None	

Appendix 1

DID NOT ATTEND (DNA) / FAILED TO BE BROUGHT (FTBB) / NO ACCESS VISIT (NAV) FOR UNIVERSAL CARE PROVISION (COMMUNITY)

STANDARD

The Health Professional has the responsibility for ensuring that all Did Not Attend/Failed to be Brought/No Access Visits are dealt with accordingly and follow this pathway. Where professional judgment is referred to, an agreed plan of action must be recorded in the child's records. There must be timely recording of information onto existing databases regarding failed attendance for appointments which must be entered within 5 working days of the missed event.

Home Visit

Prior appointment sent/arranged by Health Professional. Phone contact made prior to visit if applicable/able

No Response at Visit

Place a calling card through the door with a new appointment and Health Professional contact details, OR request family make contact for new appointment.

When at base check contact details are correct via various methods, for example, Child Health System, PAS, GP, School, HV, and SN. Telephone to arrange second visit/appointment.
Record actions in the child's record.
Attempt second visit.

SECOND VISIT

No reply/no access for second visit. Leave calling card again. Record all actions in the child/young person's records. Consider calling opportunistically to arrange a new appointment

Appointments

Appointment sent/arranged by Health Professional and family DNA (any DNA is rearranged)/ FTBB

Check address and contact details using methods described. Telephone to arrange to make second appointment or send an appointment. Record actions in child's records. Attempt second appointment.

SECOND DNA/FTBB

Clinician reviews records and makes a risk assessment of the medical and social issues within 5 working days.

Review child/young person's record on portal

If child or young person has been seen recently by other professional and no concerns expressed, record in records. Consider if future appointments are required, or discharge if appropriate.

If still no access/contact, contact other professionals to ascertain if the child/young person has been seen recently e.g. GP, midwife, school, Strengthening Children's Hub, nursery, etc.
If concerns remain, the following actions MUST be undertaken:
1. Discussion with manager and agree appropriate action and document.
2. Discussion with the Safeguarding Team and doctors and complete documentation.
3. Consider referral to MASH
4. Inform other agencies involved in Childs care (minimum GP, HV/SN, original referrer) of DNA/NAV/FTBB

NHS

The Royal Wolverhampton
NHS Trust

Did not attend (DNA)/Failure to be brought (FTBB) to outpatient clinic appointment

Date: .....

Clinician: .....

Surname	Unit No
Forename	NHS No
Address	DOB
Postcode	(or affix patient label)

Are there any safeguarding concerns? Yes No

If Yes action taken:

MARF referral?
Discussion with MASH?

Child needs to be seen for ongoing medical care? Yes No

If Yes action taken:

New appointment to be sent out? Yes No

Discharged back to Primary care? Yes No

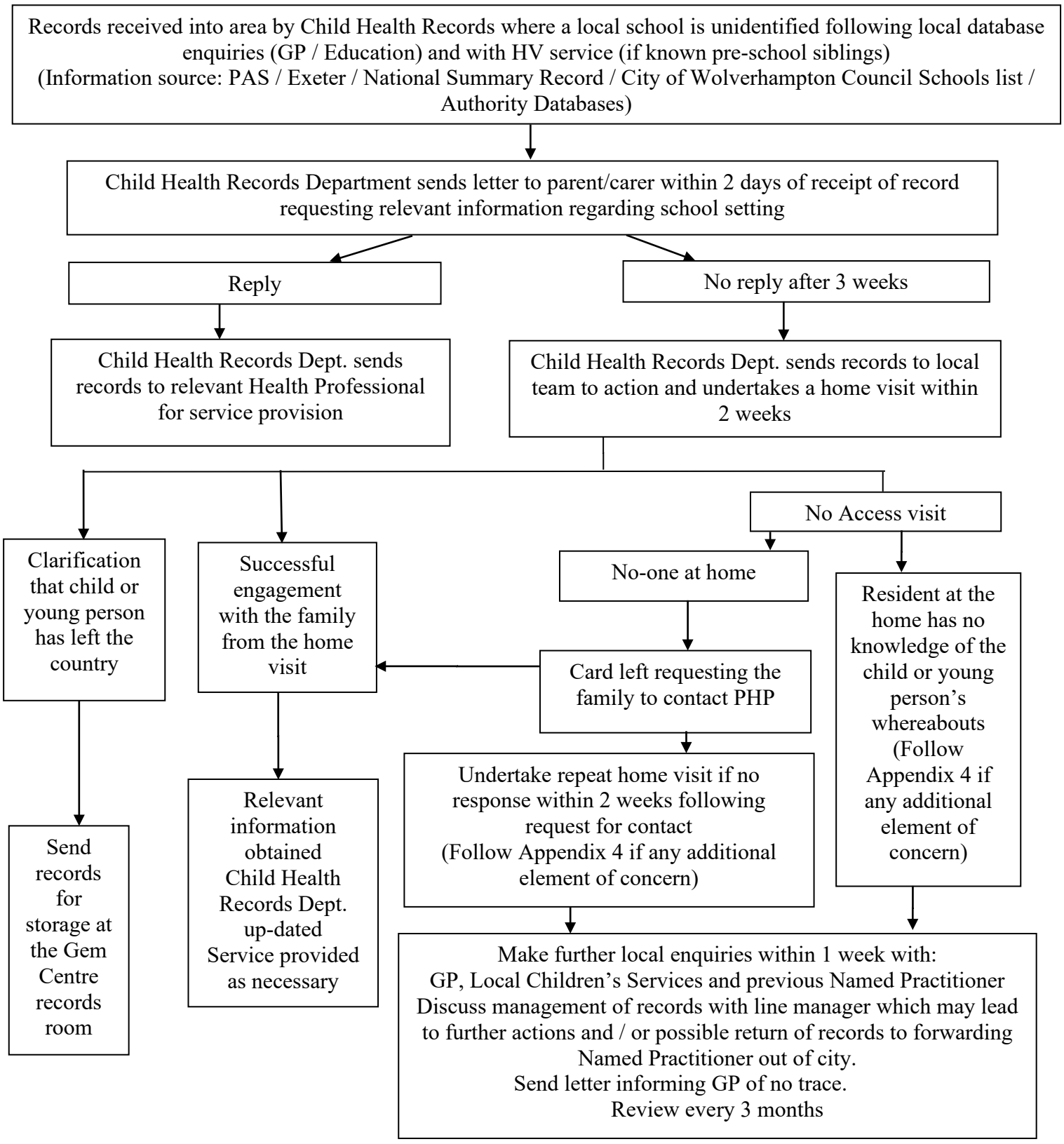
Letter to Primary care generated Yes No

Signature: ..... Designation:.....

Date:. ..... Stamp:

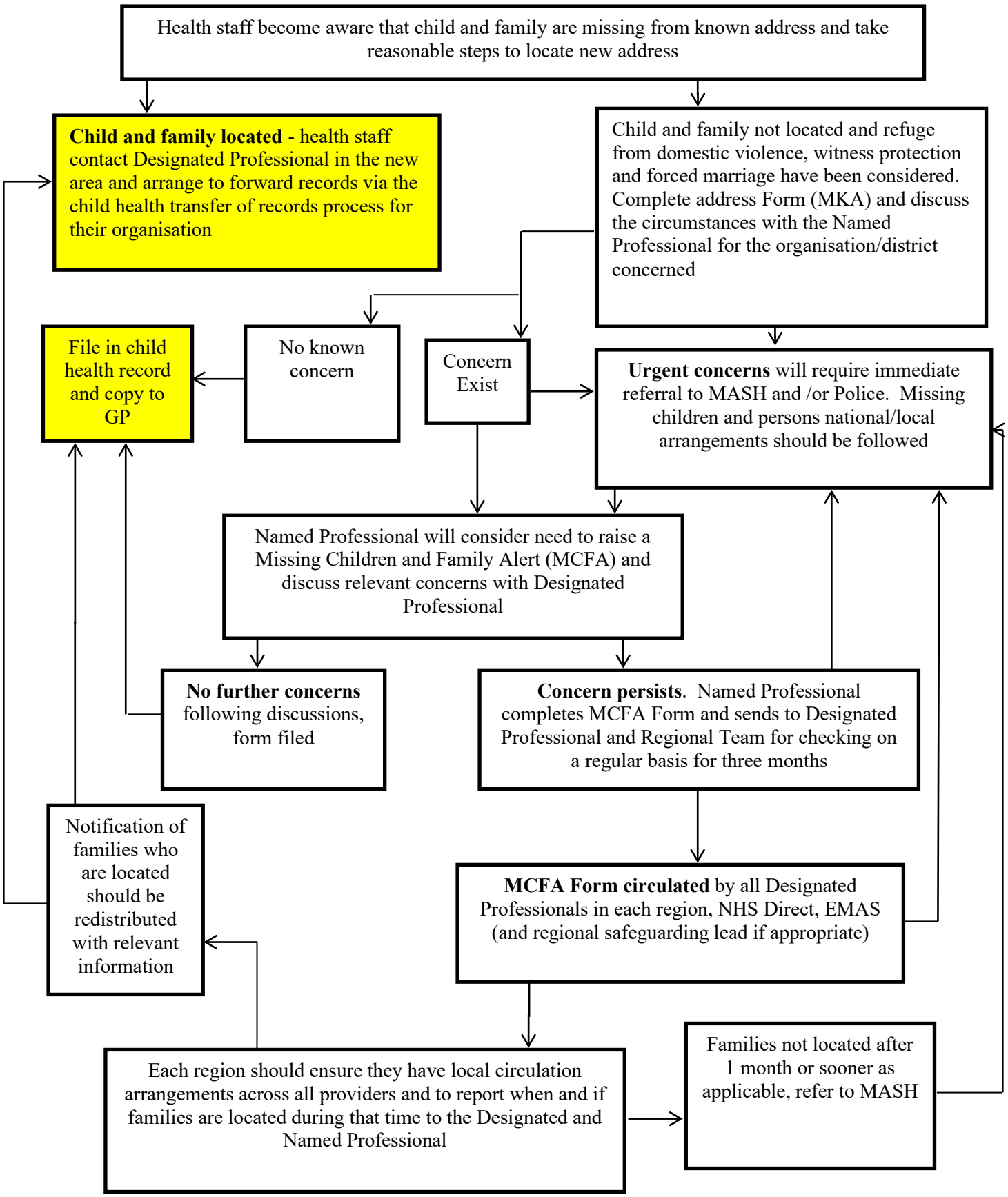
Appendix 3

Non-Locatable School Age Children & Young People on Notification Transfer of Health Records into Area (to be used in association with Appendix 2).



Appendix 4

Missing Children and Family Alert System



Appendix 5

Children / Family Missing from Known Address (MKA)

This form should be completed when a Health Visitor, Midwife, School Nurse or other caseload holder providing care to a child or young person, becomes aware that a child/ren is missing from a known address and they have no forwarding information.

All reasonable and practical effort should be undertaken to locate the family. If at the end of local checks you still have no forwarding information please discuss the situation with the Named Professional within your organisation / district.

Concerns regarding unmet need, vulnerability or protection may necessitate the raising of a Missing Children Family Alert Form (MCFA).

Child's name …… AKA …… Mothers Name ……..

Child's DOB …… Fathers Name ……..

Child's name …… AKA ……

Child's DOB ……

Child's name …… AKA ……

Child's DOB ……

Date Children Last Seen ……

Child's Last Known Address ……

Child's NHS Numbers (if known) ……..

CHECKS WITHIN LOCALITY	YES	NO
• Contact local Child Health Department to check IT systems (PAS,CHI,SIRS)		
• Contact local Acute Trusts		
• Contact Nursery/School attended		
• Check HV/SN/MW/GP Practice with whom registered		
• Check with Housing as appropriate		
• Check with Children Social Care as Appropriate		
• Check with local Strengthening Families Hub		
• Check with family members / neighbours as appropriate		

Ethnicity …… **Language**……

Disability ……..

Additional Information

Date discussed ……
Name of Named Professional ……

Action Plan

Signed ……

Date of completion …….

If this child/family is found please contact

Name …….

Contact Number …….

N.B. This form should be filed in the Child Health Record and a copy sent to Named Safeguarding Doctor and Nurse and GP, and a copy filed on portal.

Appendix 6

The Royal Wolverhampton NHS Trust

Outpatient DNA/Failed to be Brought Letter to GP

To be printed on headed paper

Date

Name/Address

Dear

Re: …… DOB: ……..

Unfortunately, this child/young person did not attend/was not brought to their appointment with me at the Royal Wolverhampton NHS Trust on …… and after reviewing their referral I have taken the decision not to offer them another appointment.

I would be grateful if you or one of your team could review this referral and write to me within 6 weeks advising whether you feel they still need to be seen at the Royal Wolverhampton NHS Trust. If you feel that the child/young person does still need to be seen at the Royal Wolverhampton NHS Trust please let us know of any way we could make it easier for the child/young person to attend, and take this opportunity to ensure you have provided the correct contact details.

The recent Confidential Enquiry into Maternal and Child Health identified non-attendance at appointments as a missed opportunity to intervene where children subsequently come to serious harm.

Yours sincerely

Name

c.c. Health Visitor/School Nurse/Social Worker

Appendix 7

Outpatient DNA/Failed to be Brought Letter to Parents/Carers

To be printed on headed paper

Date

To the Parent/Carer of:

Dear Parent/Carer

I am sorry you were unable to bring …… for their appointment on ……

Perhaps this is because they are feeling better and you felt that an appointment was no longer needed but you forgot to let us know that they were not coming. We know it is easy to forget, however missed appointments inconvenience other children and families who are waiting.

Of course, you may not have received your appointment letter. This does sometimes occur and we apologise if this is what happened.

When children/young people do not attend/ fail to be brought to their appointments, a member of the clinical team is asked to review the referral and decide if a further appointment should be offered. I have reviewed the case notes carefully and have decided to take the following action:

☐ **No further appointment has been arranged**
Of course if you feel that they still need to be seen please contact us on the above number and we will endeavor to book a further appointment.

☐ **A further appointment has been arranged for ……**

Please contact my secretary on the above number Monday – Friday …….. if you wish to ask anything about this decision or have any concerns.

Yours sincerely

Name

c.c. Health Visitor/School Nurse, Social Worker

Appendix 8

The Royal Wolverhampton NHS Trust

Inpatient DNA/Failed to be Brought Letter to GP – No Further Admission Date

To be printed on headed paper

Date

Name/Address

Dear

Re: …… DOB: ……..

Unfortunately, this child / young person did not attend/was not brought to their scheduled admission with me at the Royal Wolverhampton NHS Trust on …….. and after reviewing their referral, I have taken the decision not to offer them a further admission date.

I would be grateful if you or one of your team could review this referral and write to me within 6 weeks advising whether you feel they still need to be seen at the Royal Wolverhampton NHS Trust. If you feel that the child/young person does still need to be seen at the Royal Wolverhampton NHS Trust, please let me know of any way we could make it easier for the child/young person to attend, and take this opportunity to ensure you have provided the correct contact details.

The recent Confidential Enquiry into Maternal and Child Health identified non-attendance at appointments as a missed opportunity to intervene where children subsequently come to serious harm.

Yours sincerely

Name

c.c. Health Visitor/School Nurse

Appendix 9

The Royal Wolverhampton NHS
NHS Trust

Inpatient DNA/Failed to be Brought

To be printed on headed paper

Date

To the Parent/Carer of:

Dear Parent/Carer

I am sorry you were unable to bring …… for their admission on ……

Perhaps this is because they are feeling better and you felt that the admission was no longer needed but you forgot to let us know that they were not coming. We know it is easy to forget, however missed admissions inconvenience other children and families who are waiting.

Of course, you may not have received your admission letter due to an administrative error on our part or a postal delay. This does sometimes occur and we apologise if this is what happened.

When children/young people do not attend / are not brought to their admission, a member of the clinical team is asked to review the child/young person's referral and decide if a further admission date should be offered. I have reviewed the case notes carefully and have decided not to offer another admission date. Your GP or referring Clinician has been made aware of this.

Please contact my secretary on the above number Monday – Friday …… If you wish to ask anything about this decision or have any concerns.

Yours sincerely

Name

c.c. GP/Health Visitor/School Nurse, Social Worker

Appendix 10

The Royal Wolverhampton NHS
NHS Trust

To be printed on Headed Paper including Clinic address and contact number

Date

To the Parent/Carer of:

Dear Parent /Carer,

I have been informed that you and your family have moved to the Wolverhampton area. Your child/young person's on-going community health service will be provided by the Royal Wolverhampton NHS Trust. I would like to introduce myself as your new family health professional. I am based at.... (Clinic address) Tel. No. …….and I or a member of my team can be contacted 8.30am - 5pm Monday to Friday.

Your local Child Health Clinic is.....address, times etc. We also offer an evening clinic at .....Gem address on ....times if this is more convenient to you.

I would very much like to meet with you and request that you contact me to arrange a convenient date and time.

The Royal Wolverhampton NHS Trust will routinely send appointments for your Child's scheduled health and development checks.

I look forward to meeting with you soon.

Yours sincerely

Health Visitor/School Nurse

cc. Child's Health record
GP

Appendix 11

To be printed on Headed Paper including clinic address and contact number

To the Parent/Carer

Dear Parent/Carer

I understand from your Health Professional, that you have requested that the above named does not receive any assessments from the ……Service offered to you by Royal Wolverhampton NHS Trust.

This will be documented in your child's health records to ensure that your request will be adhered to and we will inform your General Practitioner.

The Health service will always be available to provide advice and support on request from you in the future.

Yours sincerely

Health Visiting/School Nursing Service

cc. Childs' Health Record
GP

Appendix 12

WOLVERHAMPTON SAFEGUARDING CHILDREN BOARD

Multi-Agency Referral Form (MARF)

For use when making referrals in to the Multi Agency Safeguarding Hub (MASH)

This form should be completed when making a referral to the Multi-Agency Safeguarding Hub (MASH) for specialist support.

All referrals should initially be made by telephone to **01902 555392** and then confirmed in writing immediately, and no later than 24 hours, by completing this form.

Please ensure that ALL FIELDS ON THIS PAGE ARE COMPLETED IN FULL.

The completed form should then be sent by:

- **email**: MASH@wolverhampton.gov.uk or MASH@wolverhampton.gcsx.gov.uk (secure email)
- **or post**: The Multi-Agency Safeguarding Hub (MASH), Civic Centre, St Peters Square, Wolverhampton, WV1 1RT

For referrals outside of office hours, please telephone the Emergency Duty Team (EDT) on **01902 552999**.

CONSENT

Are parents/carers aware of the referral to the MASH? Yes ☐ No ☐ Written/verbal ☐ (please delete)

Has consent been obtained from the parent/carer to share information?

If consent has **NOT** been obtained, please record the reason/s for this:

Do you consider that the child/young person is at IMMEDIATE RISK OF HARM?

Yes ☐

No ☐

Child/ Young Person Details	
Forenames:	Surname:
Address:	Telephone Number:
Date of Birth:	Gender: Male ☐ Female ☐
EDD if unborn baby / Hospital where booked:	
Ethnic Origin:	
1st Language :	**Religion/ Belief:**
Parent /Carer Details	
Person 1	**Person 2**
Forename:	Forename:
Surname:	Surname:
DOB:	DOB:
Relationship:	Relationship:
Address:	Address:
Telephone Number:	Telephone Number:
First Language:	First Language:
Is an Interpreter/Signer required? Yes ☐ No ☐ Don't Know ☐	**Is an Interpreter/Signer required?** Yes ☐ No ☐ Don't Know ☐

Other Household Members

Forenames	Surname	DOB	Relationship	Also referred? Y/N
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐
				Yes ☐ No ☐

Are you aware of any of the following issues in the household?(tick as appropriate):

Domestic abuse ☐ Substance misuse ☐ Disabilities ☐ Learning difficulties ☐
Mental illness ☐ Offending behaviour ☐

Details of your concerns: (including how these concerns may affect parenting ability or the safety of children).

Details of referrer		
Name		
Designation		
Address		
Post Code	Tel No:	Mobile No:
Email address		
Date of telephone referral if applicable		

Are you aware of any other agencies involved e.g. School Nurse, CAMHS, YOT			
Name	Designation	Address	Tel

Reason for Referral
Please use the following headings to structure your referral and identify how a referral to MASH will address the issues you have highlighted and lead to an improvement in the situation

Presenting concerns (please describe the incident or circumstances that have led to a referral being made

Development of child – health, behaviour, family relationships etc.

Safety and protection, emotional warmth, stimulation

Family and environmental – functioning and well-being/Other factors (e.g. issues related to: alcohol misuse, drug misuse, domestic violence, mental health problems, learning difficulties, offending behaviour/imprisonments and offences again children, any significant history)
Please outline any services that have been provided to address any previous concerns prior to this referral.

Has an EHA been completed? Y/N	**If Not, Why not?**
If yes, please attach a copy and identify the lead professional and their contact details:	

Have you discussed this referral with your designated child protection officer or your line manager?

Yes ☐ No ☐

Signed	
Print name	
Designation	
Date	

FOR COMPLETION BY THE MASH WORKER
(this page must be sent to the referrer)

Name of Child:	Address:
Name & Contact details of Referrer:	

Outcome of Referral

Conclusion of Referral (tick correct statement)

1. Referred to Social Work Unit for Social Care Assessment/Investigation ☐
2. Referred to Early Help Services ☐
3. Referred/signposted to another Agency ☐
4. Case to be closed. No further action required. ☐

Any Other Comments:

Parents/carers informed of outcome of the referral? Yes ☐ No ☐

Worker (please print name):

Signature: **Date:**