

Document Control

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Child Not Brought (CNB) Policy/Management of Missed Outpatient Appointments for Children and Young People, Cancellation and Refusal			
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2.0	23 Apr 2021	Final	Change to flowchart, template letters added, adapted to highlight impact to child and to ensure parents/carers are aware of the impacts.
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1. Introduction

Children have a fundamental right to access the healthcare they need in order to achieve maximum health and wellbeing. Section 11 of the Children Act 2004 places a statutory duty on health organisations and their staff not only to safeguard, but to promote the welfare of children and young people (CYP).

A failure to ensure healthcare access (e.g. for an outpatient review, routine screening or health promotion) can be an indicator of a family's vulnerability, is linked to poor outcomes and is often seen in the history of children who have been subject to significant abuse or death. (1, 2)

Neglect is defined as the persistent failure to meet a child's basic physical and/or psychological needs which is likely to result in the serious impairment of a child's health or development. One aspect of this is when a parent or carer fails to ensure the child has access to appropriate medical care or treatment. (3)

When a child is not brought for an appointment:

- this in isolation may by itself constitute neglect if the child misses treatment resulting in serious impairment of his or her health
 - or it could be part of a wider picture of neglect for that child and other children in the family
- 1.1. Also consider whether the appointment you have offered is difficult for parents/carers or the child/young person to access or is not needed as there is a more effective way to provide the medical input the child currently needs. Families that are struggling to manage are the least likely to respond to a request to contact the department to arrange another appointment.
 - 1.2. Whilst there may be policies for adults not to be sent repeat appointments, this will rarely be appropriate practice for children. "Following Trust policy" should never be given as the reason for discharging a child requiring medical care.
 - 1.3. Non-engagement with professionals is a strong feature in domestic abuse, serious neglect and physical abuse of children and family members. Identification of early signs is essential so that risk can be assessed (Working Together 2018)
 - 1.4. Children cannot bring themselves to hospital appointments or procedures, it is therefore more appropriate to term non-attendance by a child or young person as 'Child Not Brought' (CNB) or Was Not Brought (WNB) rather than did not attend; reminding practitioners to think about the child's vulnerability and their daily lived experiences: Questions that need to be considered (Appleton et al 2016):
 - What is the consequences/impact of these missed appointments for the child/young person? Does the parent/carers understand this?
 - What is known already about the family?
 - Does the parent understand the need to get the child to the appointment?

- Why have there been previous missed appointments?
- Has the clinician spoken directly to the parent about what's happening?

2. Purpose

The purpose of this document is to provide guidance for clinicians on what action should be taken if a child is not seen as planned at a new or follow up outpatient appointment.

- 2.1. The policy should be followed by all Northern Devon Healthcare Trust staff that see children under the age of 18 years.

This policy applies to all children under 18 years;

- Who have not been brought for a new or follow up appointment
- For whom a new or follow up appointment has been cancelled and not rebooked by the child's parent or carer.
- Who have had an offer of a follow up appointment which has not been made by the child's parent or carer.

- 2.2. Implementation of this policy will ensure that:

- Contact attempts with parent/carer(s) are made regarding missed appointments
- The clinical needs of the child or young person not being seen or treated are considered to inform the outcome for the child
- Health professionals determine follow-up requirements on an individual patient basis and the health needs of children override any managerial directives or policies relating to follow-ups
- Ensure professionals consider if concerns and information should be shared with other professionals and/or agencies
- All decisions are 'child centred'; when appointment(s) are missed the impact to the child must remain the focus along with consideration of wider concerns.

3. Definitions

3.1. Child

A child is anyone who has not yet reached their 18th birthday

3.2. Appointment

Throughout this policy "appointment" refers to an elective appointment

3.3. Primary Healthcare Team

Refers to the child's General Practitioner and their Health Visitor (if they are under five) or their School Nurse

3.4. **Electronic Health Record**

Trakcare or for Sexual Health Clinics the Lillie System

3.5. **Child Protection Flag (CP)**

Indicates that a child is subject to a current child protection plan

3.6. **Looked After Child Flag (LAC)**

Indicates that a child is currently in care

3.7. **Safeguarding**

Safeguarding and promoting the welfare of children is defined as “the process of protecting children from abuse or neglect, preventing impairment of their health and development and ensuring that they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully” Working Together to Safeguard Children (2015).

3.8. **Child Protection**

It is “the activity that is undertaken to protect children who are suffering, or are likely to suffer, significant harm” Working Together to Safeguard Children (2015).

3.9. **Significant Harm**

It is the threshold that justifies Local Authority compulsory intervention in family life in the best interests of the child (Section 74, Children’s Act 2004).

4. **Responsibilities**

4.1. **Director of Nursing/Named Doctor/Named Nurse/Named Midwife**

To promote this policy being followed throughout the Trust

4.2. **Safeguarding Children Operational Group**

To ensure the policy is available to staff and updated in accordance with new guidance as published.

4.3. **Safeguarding Children Team**

To offer advice and support to all staff regarding the implementation of this policy.

4.4. **Managers**

To ensure all staff, particularly newly appointed staff, are aware of this policy and its application

- To highlight updates to staff
- To oversee any audits of this policy in their clinical area

4.5 **All Staff**

Are responsible for being aware of and following this policy.

5. **Guidance**

For the first Cancellation of an Appointment

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:

Record details of communication received from:

Name:

Relationship to child:

Reasons for cancellation:

Further appointment requested with date:

- 5.1. Staff should check the electronic record for any flags showing that the child is subject to a Child Protection Plan or is a Looked after Child and document this on the lilac CNB form as well as informing the clinician. Record any cancelled appointments on lilac form which should also identify any other missed appointments. ([Appendix 1](#)).
- 5.2. If clinician decides cancellation causes NO clinical or safeguarding concerns and there is refusal for a further appointment THEN the child can be reviewed by the Primary Care Team or referring practitioner.

5.3. **For subsequent cancellation of an appointment**

If child is on a Child protection plan, or is a Looked after Child then complete a SCLF so the information regarding cancelled appointments is shared with the child's social worker. Parent/s or carers should be informed of a SCLF being raised when subsequent cancellation made.

Record as above and clinician to review child's notes and consider impact to child, a risk assessment of any known medical and social issues should be made. **If cancelled appointments causes concern for the child's health or wellbeing complete a Safeguarding Children Liaison Form (SCLF).**

If you feel the child is at significant risk or harm or impairment then complete a MASH.

If there are no apparent safeguarding 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 cancellation, and stating that no further appointment will be sent unless a specific request is received from another Healthcare professional.

6. For all 'Child Not Brought' episodes

Staff should check the contact details held by NDHT to ensure that the offer of an appointment has been sent to the correct address. Family details including the surname and address may need to be checked with child's Primary Healthcare Team.

If there has been an error inform the responsible clinician and send a further offer of an appointment to the correct address.

- 6.1. Staff should check the electronic record for any flags showing that the child is subject to a Child Protection Plan or is a Looked after Child and document this on the lilac CNB form as well as informing the clinician. ([Appendix 6.](#))

For staff working in a setting where they do not have access to the NDHT Trakcare system they should contact the child's GP and/or referrer if different to inform them that the child was not brought and to determine if this is part of a wider picture of neglect or there are other safeguarding concerns. NDHT safeguarding team can also be contacted for additional information or support

- **Clinician who was due to see the child in outpatients:**

Is responsible for safeguarding the welfare of the child they were due to see and should:

6.1..1. Review the need for the appointment

6.1..2. Consider any known or existing safeguarding concerns or whether the referral itself raises possible safeguarding issues.

6.1..3. Use their professional judgement to determine if a further appointment needs to be offered – if not discharge back to primary healthcare professional

If a further appointment is deemed necessary the clinician or administration staff are to contact the parent/carer or young person (depending on which service you are) to agree a mutually convenient time for a further appointment. Confirm this in writing (template letter available see ([Appendix 1](#)) with a copy to the Primary Healthcare Team and the referrer if different. **Ensure parent/carer understands reason for appointment and impact to child if not brought.** If there may be difficulties with written communication contact should be made by phone.

- 6.1..4. If verbal contact unsuccessful, but a further appointment is needed ensure the parent/carers (see below for young people that are Fraser Competent) are offered another appointment in writing which also needs to include a clear explanation of the reason for **appointment and impact to child if not brought**. (Template letter available see ([Appendix 2](#))).

7. Child not brought letters

- 7.1. A child not brought letter should always be sent to parent/carer after 1st appointment child not brought to but still needs to be seen. This should include any further appointment details or offers, **clear explanation** of reason child needs to be seen, **impact to child** if not seen and sharing of information processes in regards to appointments child not brought to. Template letters are available on BOB under safeguarding children page and are attached to this policy.

8. Unsuccessful contact attempts:

If multiple contact attempts have been unsuccessful, discharge the patient back to the primary healthcare team, documenting 'unable to contact' as reason for discharge. You need be able to evidence that you have made reasonable contact attempts to parent/carer. If in your professional judgement you feel the child needs to be seen please ask the GP or referring practitioner to follow up or action (see template letter ([Appendix 3](#)) and ensure all necessary safeguarding actions have been completed as below.

9. Children not brought for diagnostic investigation e.g. an x-ray or a blood test

- 9.1. If the child has not been brought for a diagnostic investigation e.g. with radiology then the information should be passed to the clinician who requested the investigation and the above process should be followed.

10. Safeguarding Issues

If you have safeguarding concerns regarding the child that was not brought offer a further appointment and contact the referrer and the child's Social Worker (if they have one) to enlist their help in enabling the child/young person to be brought for the appointment.

- 10.1. Complete a [Safeguarding Children Liaison Form \(SCLF\)](#) to alert the Safeguarding Children Team;
- If the child that was not brought for an appointment is subject to a Child Protection Plan or is a Looked After Child,

- If the contents of the referral letter, your review of the notes and/or your knowledge of the family highlights safeguarding concerns that you are not sure whether reach the threshold for you to make a MASH enquiry
- If you are worried that the missed appointment is a pattern of suspected neglect. The child may not of been brought to a number of appointments either with your team and/or other departments or there are other indicators of possible neglect in the notes
- If the child has not been brought to a second or subsequent appointments and the impact to child due in not being brought is worrying (for example assessment of hearing aid) – **THINK IMPACT TO CHILD**

When completing a SCLF please include details of the missed appointments you are worried about, why you are concerned, parent/carer contact attempts (written and/or verbal), impact to child and whether the parent/carers are aware of the impact(s).

10.2. Complete a [MASH Enquiry](#);

- If not being brought is likely to result in serious impairment of the child's health, development or wellbeing.
- You have any reason to think the child or young person is at risk of significant harm e.g. from neglect (inform the family of your concerns unless there are specific reasons not to; see the [NDHT Safeguarding Children Policy](#) for further details). If verbal contact is unsuccessful send a letter to inform of concerns and MASH enquiry (Template letter available, see [Appendix 4](#)).

These forms are available on BOB [Safeguarding Children](#) page.

If you are unsure whether to make a MASH Enquiry, discuss your concerns with your safeguarding supervisor or the Safeguarding Children Team.

Document all your conversations and actions in the patient's notes

11. Young People with Capacity to Consent to Medical Treatment

For young people with capacity to consent to medical treatment (Fraser Competent) the reasons for non-attendance or cancellation may be different. It may be appropriate to write directly to the young person with a copy to the Primary Care Team and referrer. Usually the young person's parents would be copied in until the young person is aged 18 however there may be some cases where this is not appropriate.

For young people being seen in some departments' e.g. sexual health, obstetrics and gynaecology care must be taken to maintain a young person's confidentiality as far as possible. See [Appendix 5](#) for actions Sexual Health Services follow.

12. Monitoring Compliance with and the Effectiveness of the Policy

12.1. Standards/Key Performance Indicators

Key performance indicators comprise following this policy at each step with evidence of appropriate actions documented in the child's notes.

12.2. Process for Implementation and Monitoring Compliance and Effectiveness

Annual audits of the management of children who have missed an outpatient appointment will be carried out by the Safeguarding Children Team either trust wide or in specific areas. Departments can also audit their own compliance. Audit results will be reported to the NDHT Safeguarding Children Operational Group. Issues with following the policy will be taken to the NDHT Safeguarding Children Operational Group and then on the NDHT Safeguarding Children Board if needed.

13. Equality Impact Assessment

Table 1: Equality impact Assessment

Group	Positive Impact	Negative Impact	No Impact	Comment
Age	x			
Disability	x			
Gender			X	
Gender Reassignment			X	
Human Rights (rights to privacy, dignity, liberty and non-degrading treatment), marriage and civil partnership	x			
Pregnancy	x			
Maternity and Breastfeeding	x			
Race (ethnic origin)			X	
Religion (or belief)			X	
Sexual Orientation			X	

14. References/Background Reading

1. Brandon M et al, New Learning from Serious Case Reviews. London: Department for Education, 2012.
2. Why Children Die, A Pilot Study, 2006 – May 2008
3. HM Government Working Together to Safeguard Children, A Guide to Inter-Agency Working to Safeguard and Promote the Welfare of Children. London: Department for Education, 2015

4. Children's Missed Healthcare Appointments; Professional and Organisational Responses, Appleton et al Archives of Disease in Childhood 2016; 101:814-818

15. Associated Documentation

- [Northern Devon Healthcare Trust Safeguarding Children Policy](#)
- [Emergency Department Operational Standard Operating Procedure](#) (Section 8.2; actions if a child is taken out of the department before being seen or if a child expected to arrive from an Minor Injuries Unit is not brought)

16. Abbreviations

BOB	Northern Devon Healthcare Trust Intranet
CNB	Child Not Brought
WNB	Was Not Brought
CP	Child Protection
DNA	Did Not Arrive
EPR	Electronic Patient Record
LAC	Looked After Child
MASH	Multi Agency Safeguarding Hub
MIU	Minor Injuries Unit
NDDH	North Devon District Hospital
NDHT	Northern Devon Healthcare Trust
SCLF	Safeguarding Children Liaison Form

Appendix 1:

[Clinic name]

North Devon District Hospital

Raleigh Park

Barnstaple, Devon

EX31 4JB

[Telephone number]

[Parent or carer of {name of child}]

[Address]

[Town City]

[Postcode]

[Date]

Dear Parent or Carer of [insert name of child],

According to our records, the child or young person named above was not brought for their [clinic] appointment on [insert date of last appointment].

The reason for the appointment was: [examination or treatment details]

We have spoken with you and arranged an appointment on **[date and time of next appointment]**. Please contact us immediately to rearrange it if the date or time is not convenient.

[Potential impact to child if not brought for appointment]

If there are further appointments the child is not brought to or repeated cancellations, health professionals are required to share the information for the benefit and safeguarding of children. Other people we may inform of any concerns include the child's family doctor (GP), school nurse, health visitor and/or the dentist (or other professional) who referred you to us.

If you feel you need some support from additional services to ensure your child's health needs are met, please ask to be referred to your child's School Nurse or contact your Health Visitor and they can offer you support or direct you to other early help services.

Yours sincerely,

[Name]

[Profession]

Appendix 2:

Clinic name]
North Devon District Hospital
Raleigh Park
Barnstaple, Devon
EX31 4JB

[Telephone number]

[Parent or carer of {name of child}]

[Address]

[Town City]

[Postcode]

[Date]

Dear Parent or Carer [insert name of child],

According to our records, the child or young person named above was not brought for their [clinic] appointment on [insert date].

The reason for the appointment was:

We have tried to contact you by telephone to rearrange the appointment but have been unable to reach you.

Please contact the clinic as soon as possible to make a further appointment. You may also want to let us know if there was a special reason why your child was not brought.

[Potential impact to child by not being brought to their appointment].

If we do not hear from you within 14 days we will not send any further appointments. As health professionals we are required to share information about missed appointments and repeated cancellations for the benefit and safeguarding of children. People we may inform of any concerns include the child's family doctor (GP), public health nurse(s), the safeguarding team or social worker and/or the professional who referred you to us.

If you feel you need some support from additional services to ensure your child's health needs are met, please ask to be referred to your child's School Nurse or contact your Health Visitor and they can offer you support or direct you to other early help services. If you have difficulties in attending your appointments please contact us on the above telephone number at your earliest convenience and we will endeavour to help where we can.

We hope that you will arrange a further appointment at your earliest convenience.

Yours sincerely,

[Name]

[Profession]

Appendix 3:

[Clinic name]
North Devon District
Hospital
Raleigh Park
Barnstaple, Devon
EX31 4JB

[Telephone number]

[Date]

Dear Doctor,

Re: [Name; DOB; Address; Telephone]

We understand that the above child or young person is registered at your practice. In accordance with current safeguarding children guidance, we are writing to you in order to share information regarding missed appointments or repeated cancelled appointments for our clinic.

Our concerns in this case are as follows:

- concerns (insert here):
- Impact to child (insert here):.....
.....

We would welcome working together with you to promote the child's health and wellbeing. You may be able to help by checking the family contact details and informing us of any change, by encouraging them to make a further appointment or by informing other professionals working with the family if you feel it appropriate in the context of other information that you hold on this child and their family. If you know of any other safeguarding concerns please do not hesitate to contact us so we can discuss if any further action is necessary.

At this point we have discharged this child from our care but we are still willing to arrange a further appointment if contact is made in the near future. Thank you for any assistance you are able to give.

Yours sincerely,

Copied to:
Cc'd

Appendix 4:

[Clinic name]

North Devon District Hospital

Raleigh Park

Barnstaple, Devon

EX31 4JB

[Telephone number]

[Parent or carer of {name of child}]

[Address]

[Town City]

[Postcode]

[Date]

Dear Parent or Carer of [insert name of child],

According to our records, the child or young person named above was not brought for their [clinic] appointment on [insert date of last appointment].

The reason for the appointment was: [examination or treatment details]

By failing to bringto appointments his/her health is being neglected and the risks to you child could be.....

As health professionals we are required to share information about missed appointments and repeated cancellations for the benefit and safeguarding of children. Due to.....not being brought to his/her appointments and the amount of concern this raises we are going to submit an enquiry to the multi-agency safeguarding hub (MASH). MASH may try to contact you regarding our concerns, If you feel you need some support from additional services to ensure your child's health needs are met, please ask to be referred to early help services. I have attached MASH and early help information leaflets with this letter.

Please contact us on at your earliest convenience if you would like to discuss this with our team.

Yours sincerely,

Enc.

Cc:

Appendix 5:

Management of DID Not Attend (DNA) or Cancellation of Appointment for young people aged 18 or under attending Sexual Health (GU/Contraception) services.

1. Details of cancellation including who called, why the appointment is being cancelled, and the reason why the appointment is not being rebooked to be collected and recorded by reception/admin/nursing staff (whoever takes the call).
2. For DNAs – 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.
4. Make note in EPR record of DNA/cancellation and action taken.

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

- A. If possible child protection concerns – follow Northern Devon Healthcare Trust Safeguarding Children Policy. If possible discuss first with senior consultant, departmental safeguarding lead or member of staff from NDHT Safeguarding Children 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 on-going 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.

Patient Identification Label

Appendix 6

Child Not Brought (CNB) / Cancellation / No Response to Booking Attempts / Request to be removed from Pending List Notification

To:	(enter name, designation and specialty)
From:	(enter name, designation and department)
Date:	
Subject: (tick as appropriate)	<input type="checkbox"/> CNB <input type="checkbox"/> Failure to respond to partial booking letters <input type="checkbox"/> Ask for removal from pending list <input type="checkbox"/> Cancellation <input type="checkbox"/> Failure to engage with booking phone calls

Patient Name and Address (check details with the child's GP) (affix patient label if correct)	Appointment Date	Child Protection (CP) Flag LAC Flag (Y/N)	CNB Previously List Specialty and Date CNB	Previous cancellations List specialty and date of cancellation	Action requested by Clinician for Outpatient Clerk/Receptionist

Additional information for Clinician:

1. Staff should use this form in-conjunction with the NDHT Missed Appointments for Children and Young People Policy
2. Administration staff to complete form and give to clinician with patient's medical records
3. Clinician to decide upon action required, complete end column and return to Outpatients Clerk or Clinician's secretary
4. Outpatient Clerk to action Clinician's request and then ensure that the form is returned to the Clinician's secretary for filing in the patient's medical record

CHILD NOT BROUGHT & CANCELLATIONS

For all cancellations

- Record details of communication received
1. Name of person who contacts to cancel
 2. Relationship to child
 3. Reasons for cancellation
 4. Further appointment requested with date

For all WAS NOT BROUGHT

Outpatient/inpatient admin staff to check patient details held on file to ensure all details on appointment letters sent are correct

If there has been an error inform the responsible clinician and send a further offer of an appointment to the correct address.

Staff Should check the electronic record for any flags showing that the child is subject to a Child Protection Plan or is a Looked After Child and document this on the lilac CNB form as well as informing the clinician. Record any cancelled appointments on lilac form which should also identify any other missed appointments.

**GREEN PATHWAY
1st
CNB/CANCELLATION**

1. Reception telephones parent within 24 hrs
2. Ask if any special reason child was not brought
3. Offer new appointment
4. Document any obvious worries about planned treatment/appointment
5. Discuss any refusal or worries with clinician and consider **impact on child**

If appointment rebooked

1. Send letter WNB(a) rebooked' to home address
2. Document actions on purple form

If no reply to 2 attempts to call at different times

1. Send WNB(b) letter to parent/carer home address
2. Wait 14 days to see if contact made to rebook

If no contact after 14 days

Either
If cancellation/WNB raises NO clinical or safeguarding concerns THEN the child can be reviewed by the Primary Care Team.

OR

Consider Impact to child - If there are possible safeguarding/child protection concerns complete a SCLF. Send WNB(GP) letter.

ANY CHILD ON CURRENT CHILD PROTECTION PLAN (CPP) OR A LOOKED AFTER CHILD (LAC) CONSIDER COMPLETING A SCLF.

IF MISSED APPOINTMENT PLACES CHILD AT RISK OF SIGNIFICAN HARM OR IMPAIRMENT, COMPLETE A MASH REFERRAL (YOU MAY WANT TO DISCUSS WITH NDHT SAFEGUARDING TEAM FIRST)

**AMBER PATHWAY
2nd
CNB/CANCELLATION**

1. Reception telephones parent within 24 hrs
2. Ask if any special reason child was not brought
3. Offer new appointment
4. Document any obvious worries about planned treatment/appointment
5. Discuss any refusal or worries with clinician and consider **impact on child**

If appointment rebooked

1. Send letter WNB(c) rebooked' to home address
2. Document actions on purple form

If no reply to 2 attempts to call at different times

1. Send WNB(d) letter to parent/carer home address
2. Wait 14 days to see if contact made to rebook

If no contact after 14 days

Either
If cancellation/WNB raises NO clinical or safeguarding concerns THEN the child can be reviewed by the Primary Care Team.

OR

Consider Impact to child - If there are possible safeguarding/child protection concerns complete a SCLF. Send WNB(GP) letter.

ANY CHILD ON CURRENT CHILD PROTECTION PLAN (CPP) OR A LOOKED AFTER CHILD (LAC) COMPLETE A SCLF.

IF MISSED APPOINTMENT PLACES CHILD AT RISK OF SIGNIFICAN HARM OR IMPAIRMENT, COMPLETE A MASH REFERRAL (YOU MAY WANT TO DISCUSS WITH NDHT SAFEGUARDING TEAM FIRST)

**RED PATHWAY
3rd
CNB/CANCELLATION**

RECEPTIONIST informs clinician

CLINICIAN

1. Reviews records and assesses risk of harm or impairment to the child
2. Considers any other known vulnerability
3. Decides on further action required (risk assessment can be used to help decide)

LOW CLINICAL OR SAFEGUARDING CONCERNS

Child can be reviewed by Primary Care Team. Consider Completing a SCLF for information sharing and it will be reviewed by the safeguarding children's team.

MEDIUM CLINICAL OR SAFEGUARDING CONCERNS

If you do not think the **impact to child** is significant harm or impairment then you should complete a SCLF which will be shared and reviewed by the safeguarding children's team.

HIGH CLINICAL OR SAFEGUARDING CONCERNS

If you feel the child is at risk of significant harm or impairment then you should complete a MASH referral.

You may want to discuss with the safeguarding children's team first, who may hold additional information.