



A Clinical Guideline

For Use in:	Children's outpatients, all other outpatient clinics where children are seen, children's assessment unit, emergency department		
Ву:	Clinical and admin staff		
For:	Children who are not brought to appointments		
Division responsible for document:	Paediatrics		
Key words:	Children, DNAs, non- attenders, not brought, did not wait		
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Assessed and approved by the:	Safeguarding Assurance Committee Chair		
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Ratified by or reported as approved to (if applicable):	Caring and Patient Experience Committee		
To be reviewed before: This document remains current after this date but will be under review	24/06/2025		
To be reviewed by:	Named doctor for safeguarding children		
Reference and / or Trust Docs ID No:	1312		
Version No:	4		
Compliance links: (is there any NICE related to guidance)	CQC		
If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why?	No		

Version and Document Control:

	Date of Update	Change Description	Author
4	June 2022	Addition of radiology flowchart	Dr Richard Reading

This is a Controlled Document

Printed copies of this document may not be up to date. Please check the hospital intranet for the latest version and destroy all previous versions.

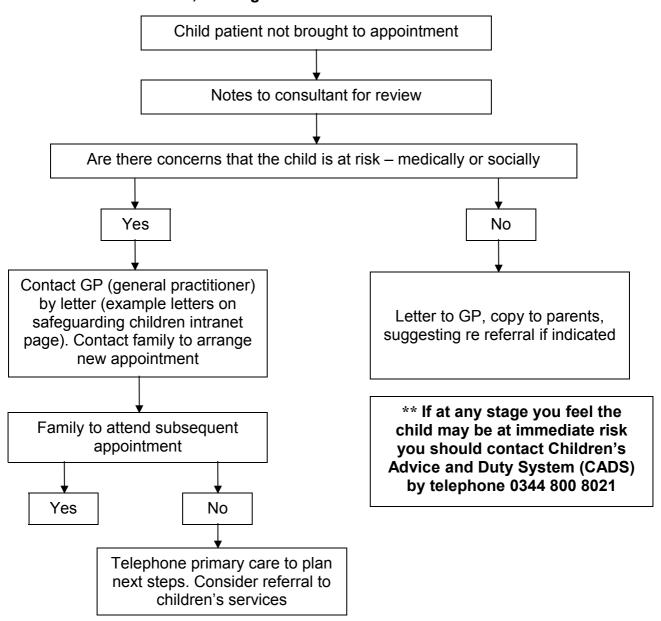
1. Quick reference guideline/s

Management of children who are not brought to clinical appointments across the trust.

Children who are not brought to clinical appointments may be at risk of child abuse or neglect. When children do not attend for planned care the case notes must be reviewed by a consultant or senior trainee. The risk to the child will be assessed. Primary care will be informed. Decisions about next steps depend on the clinical situation and are described in the following flow charts 1, 2, 3 and 4.

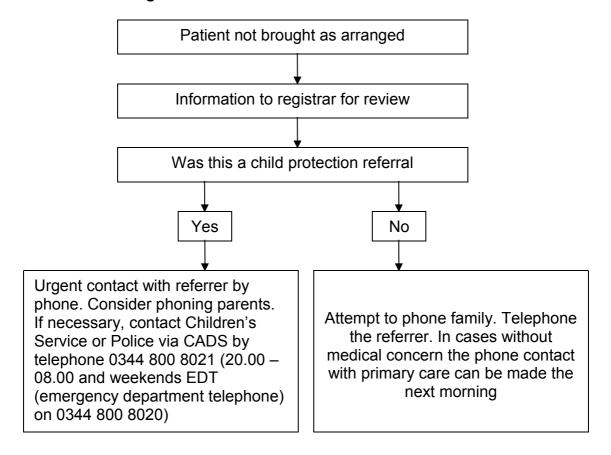
1.1 Flow chart 1 - Outpatients – what to do when children are not brought?

Guidance for medical, nursing and clinic staff.



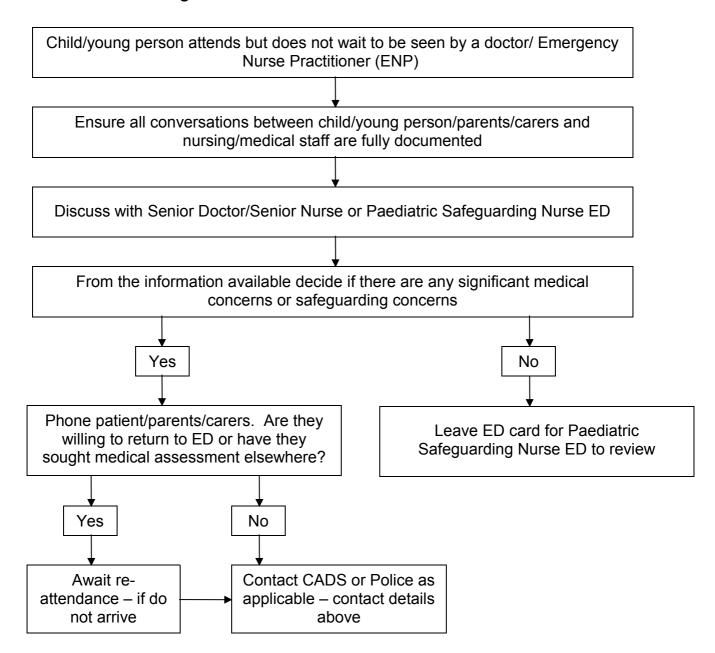
1.2 Flowchart 2 - Children's Assessment Unit – what to do when children are not brought

Guidance for nursing and medical staff

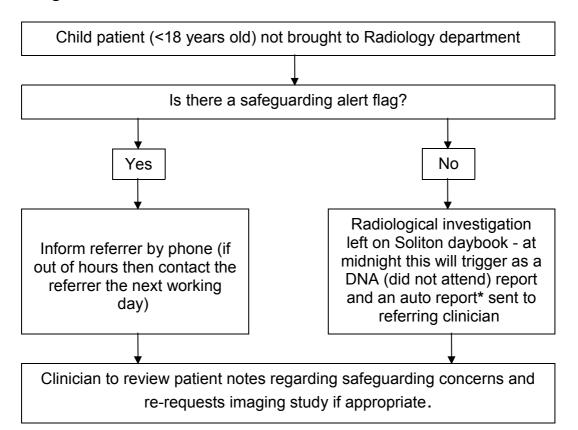


1.3 Flow chart 3 - Emergency department – what to do when children do not wait to be seen

Guidance for nursing and medical staff



1.4 Flow chart 4 - Radiology department – what to do when children are not brought?



*. Auto report as follows:

Your request: xxxxxx. Requested on: xxxxxx. For requesting Clinician xxxxx. Has been cancelled due to: Did not attend – request cancelled.

Please contact Radiology if you have any queries.

GPs only: Phone numbers can be found on Knowledge Anglia.

Cons only: Phone numbers can be found on the Radiology pages.

2. Objective/s

This guideline aims to ensure that children who may be at medical or social risk are not lost to follow up or discharged from care if they are not brought to relevant clinical appointments

3. Rationale

The original guideline was written in direct response to the Care Quality Commissions review "Safeguarding Children". Trusts are required to have in place guidelines which ensure that children at risk are not lost to follow up.

4. Broad recommendations

If children are not brought to clinical appointments the case notes must be reviewed by a senior clinician who will make a decision as to whether the child is at medical or social risk. Primary care must be contacted. Examples of letters to primary care are available on the Safeguarding Children intranet page. Advice for different clinical scenarios is included in the quick reference guideline. Members of the trust safeguarding children team are available for discussion of difficult cases. Referrals to children's services are made through the Children's Advice and Duty System (CADS) – details on the safeguarding children intranet page, urgent referrals by telephone 0344 800 8021 (Emergency Duty team out of hours – 20.00 – 08.00 and weekends on 0344 800 8020)

5. Clinical audit standards

By reviewing the case notes of clinic non attenders and seeking evidence of clinician review and communication with primary care.

6. Summary of development and consultation process undertaken before registration and dissemination

The author listed above drafted this guideline on behalf of the Safeguarding Children Assurance Committee who have agreed the final content. During its development it was has been circulated for comment to clinicians and managers in departments who see children.

This version has been endorsed by the Safeguarding assurance Committee

7. Distribution list/ dissemination method

To be distributed via divisions for action Trust intranet

8. References/ source documents

Care Quality Commission review: Safeguarding Children http://www.cgc.org.uk/ db/ documents/Safeguarding Children 200907153039.pdf

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