



Family Nursing & Home Care

Management of Missed Appointments involving Children and Young People

1 September 2021

Document Profile

Document Registration	Added following ratification
Type	Policy
Title	Management of Missed Appointments involving Children and Young People
Author	Original document: Author Dr Catherine Howden (HCS) and Co authors Michelle Cumming (FNHC) Jenny Querns (FNHC) Lee Hayward (CAMHS)
Category	Child and Family Services
Description	
Approval Route	Organisational Governance Approval Group
Approved by	Organisational Governance Approval Group
Date approved	1 September 2021
Review date	3 years from approval
Document Status	This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

Version control / changes made

Date	Version	Summary of changes made	Author
July 2021	2	Policy transferred to new template Content of the Health and Community Services 'Missed Health Appointment Policy' approved template used and adapted for FNHC use	Mo de Gruchy & Michelle Cumming

CONTENTS

1. INTRODUCTION	4
1.1 Rationale	4
1.2 Scope	4
1.3 Role and Responsibilities	4
2. POLICY	5
2.1 Key Principles	5
3. PROCEDURE	7
3.1 Missed appointment management plan	7
3.2 Child and Family Hub Referral	8
4. CONSULTATION PROCESS	9
5. IMPLEMENTATION PLAN	9
6. MONITORING COMPLIANCE	9
7. EQUALITY IMPACT STATEMENT	9
8. GLOSSARY OF TERMS	10
9. REFERENCES	11
10. APPENDIX	12
Appendix 1 Parental Responsibility	12
Appendix 2 Equality Impact Screening Tool	13

1. INTRODUCTION

1.1 Rationale

The right to health care is underpinned by the United Nations Convention of the Rights of the Child which includes the statement 'Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services' (UNCRC 1990).

Jersey Children's Law (2002) mandates that there is a duty of care to safeguard and promote the welfare of children, and this means that all assessments and plans must be driven by the needs of the child. If a child 'was not brought' (WNB), 'could not attend' (CNA) or access to the child was denied (no access), this is usually a decision made by the parent /carer, and may not always be in the child's best interest. The terminology Did Not Attend (DNA) for this reason is no longer appropriate (Powell & Appleton 2012).

At the heart of "Jersey's Children First" pledge is a commitment to early intervention and prevention; by providing guidance to health professionals island wide, it is hoped those families in need will be identified early, and support will be co-ordinated around children and families when needed, with the 'right help at the right time' (GofJ 2020). In the spirit of Jersey's Children First this policy has been devised to help 'all children in Jersey grow up safely and live healthy lives'.

1.2 Scope

This guidance applies to all staff working with children and young people under 18 years who are not brought to health appointments, and may also be relevant where the child cannot attend (CNA), where access to the child is denied (no-access health visits) or the child is Unseen (not registered with primary care).

1.3 Role and Responsibilities

Chief Executive Officer (CEO)

The CEO has overall accountability for ensuring that policy and procedures are in place and adhered to relating to the management of missed appointments involving children and young people.

Director of Regulation, Governance and Care

Maintains and has oversight of the accountabilities of the Operational Lead and Team Leads regarding the reporting and analysis of WNB incidents.

Operational Lead and Team Leads

Provide oversight, advice and support to staff regarding incidents where children and young people are not brought to health, development and wellbeing contacts, at arranged appointments in the home or at community venues which are not engaged with.

Have an overview of ASSURE incidents and report on themes, frequency and severity of incidents including taking further action if necessary such as escalation of safeguarding risks.

Report on incidents at FNHC Quality and Governance meetings.

FNHC Safeguarding Lead

To provide Safeguarding Restorative Supervision (SRS) for staff, (SRS Policy 2020 FNHC). Staff will present cases of concern regarding WNB by incident or with the use of chronologies to identify risk. Cases of concern will be identified by FNHC staff directly or by multiagency partners, via internal and external safeguarding processes where the Safeguarding Lead will bring cases of concern to staff attention.

Will provide support for staff making referral to make Child and Family Hub Referral and/or Adult Safeguarding Enquiry, (Child and Adult Safeguarding Policy FNHC 2019 or any proceeding policy).

Will provide support for staff where there are professional difference of opinion and/or a need to escalate concern for children or adults at risk of harm, (Professional Difference/Escalation Policy SPB 2020).

Relevant Staff

Seek advice and support for WNB incidents

Record on ASSURE

Record in Client record and as part of a chronology of significant events.

Analyse the risks of WNB incidents in respect of individual cases.

Escalate concerns to Team Leader, Operational Lead, FNHC Safeguarding Lead, as required.

Promote and empower clients to access health appointments.

2. POLICY

2.1 Key Principles

Non-engagement with professionals is a strong feature in domestic abuse, neglect and physical abuse of children and family members. Identification of early signs is essential so that risk can be assessed (DofE 2018b).

Missed health appointments are a prominent feature in Serious Case Review/Child Death review literature, with failure to follow up on missed appointments being highlighted as an associated risk factor in the child's death (Pearson 2008).

The vast majority of missed appointments are due to valid reasons, however for a small subset of vulnerable children it may be the only sign of a serious safeguarding concern. This policy has been designed to help the health care professional identify those most at risk, those in need of support, and the correct procedure for escalating concerns.

NICE (2019) clinical guideline suggests that health care professionals must consider neglect in the following circumstances:

- Parents/carers repeatedly fail to bring their child to follow-up appointments that are essential for their child's health and wellbeing
- Parents/carers have access to but persistently fail to obtain treatment for their child's dental caries (tooth decay)
- Parents/carers persistently fail to engage with relevant child health promotion programmes, such as Immunisation, Health & development reviews, Screening.

Responsibility for managing the missed appointment rest with the health care professional with whom the child had the appointment, in conjunction with the referrer (Laming 2003). This may be especially important when considering missed Tertiary/UK hospital appointments.

Young people who are deemed 'competent' have the right to decline treatment (NSPCC 2020). However if it is felt that this could result in significant harm to them, or is part of a wider safeguarding concern, the health care professional should discuss this with their named Safeguarding Lead.

Whilst everyone has the right to confidentiality, safeguarding concerns always allow discussion if conducted in the appropriate way (DofE 2018a).

3. PROCEDURE

3.1 Missed appointment management plan

LEVEL OF CONCERN	LOW – GREEN	MEDIUM – AMBER	HIGH - RED
For every child ask: “What is the impact on the child of this missed health appointment?” Telephone and ensure correct contact details, rebook if incorrect – would not count as a WNB episode.			
Situation	Missed 1 or 2 appointments, health practitioner visits, antenatal appointments, or no opt in to make appointment.	Missed or cancelled 2 or more consecutive appointments or health care visits.	Persistent pattern of non-engagement.
Clinical background	Well child.	On-going medical or mental health condition.	On-going serious medical, or mental health condition.
Context	No known safeguarding concerns.	Known safeguarding concerns or system alerts.	Children Looked After Child Protection Plan Child In Need Known significant parental mental ill health, drug or alcohol misuse, domestic violence, or adult safeguarding involvement.
Action	Consider the impact of the missed appointment on the child’s welfare. Discharge and write to the GP and family asking to rebook if appointment still necessary. Enclose WNB leaflet. Or Write to GP and Family with second appointment if felt clinically necessary, enclosing WNB leaflet. Inform the referrer.	Consider discussion with named child safeguarding leads. Consider phoning the family. Write to the GP and Family enclose WNB leaflet. Send another appointment. Notify health visitor/school nurse, or other involved professionals- e.g. CCNT Inform the referrer.	Discuss with named child safeguarding leads and document. Phone the family and inform of CAFH referral Write to GP and family enclose WNB leaflet. Send another expedited appointment. Communication with health visitor/school nurse or other involved professionals-eg CCNT. Inform the referrer. Consider whether a home visit would be appropriate if available.
		Consider child and family hub referral.	Inform the Child’s Social Worker if CLA, CIN, or on CP plan (no need for CAFH referral) All other cases refer to Child and Family Hub, and Notify GP/HV
Intended outcome	Plan communicated with GP, family +/- other professionals.	Family receive support to continue engagement with healthcare provider.	Multi-agency discussion and support to meet child’s needs agreed with family and professionals.

If it is felt that a single missed appointment may have a significant impact on the child manage as Amber or Red

- It is assumed that contact details are known to be correct, and the appointment has been sent in the appropriate language.
- **All WNB episodes must be documented.**
- All letters addressed to GP, HV or School Nurse go through Enquiries at FNHC, and all WNB episodes are recorded on the Child's Community Chronology.
- All WNB episodes will be coded as 9Nz1 on EMIS
- Discussion between professionals may occur via e-mail (copy to notes).
- Any discussion with safeguarding leads must also be documented.
- The Green, Amber and Red standard letter templates are on EMIS
- The 'What happens when a child is not seen at their appointment?' leaflet should be sent with all WNB letters.
- Any missed appointments in mainland hospitals -Southampton, GOSH etc., are the responsibility of the referring clinician to action.
- If GP is notified of missed tertiary unit appointment and the local consultant hasn't been copied in, they should scan and email the letter to the paediatric secretaries at PaediatricSecretaries@Gov.Je
- A home visit maybe appropriate if there are significant concerns or the family are already supported by the CCNT for example.

3.2 Child and Family Hub Referral

Unless in extraordinary circumstances e.g. concerns over fabricated or induced illness, parents/carers should be advised of any referral to the Children and Family Hub.

Referrals can be made via this link [Children and family hub referral form](#)

The team will triage any requests for support, so ensure that plenty of information is available for them to do this, especially where there are serious concerns. In essence, they need to know – 'what is the impact on the child of this missed health appointment, and what are your concerns?'

If a child has 'not been brought' or there is 'no access' to a pre-arranged child protection medical, their Social Worker or the Out of Hours social worker should be contacted immediately

4. CONSULTATION PROCESS

Name	Title	Date
Judy Foglia	Director of Governance Regulation and Care	1.9.21
Claire White	Head of Quality, Governance and Care	1.9.21
Abi Cooper	HV Team Leader	16.8.21
Claire Harvey	HV Team Leader	16.8.21
Gill John	CCNT Team Leader	16.8.21
Marie Raleigh	MECSH Champion	16.8.21
Jo Davies	School Nursing Team Leader	16.8.21
Elspeth Snowie	Clinical Effectiveness Officer	16.8.21

5. IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Email to all staff	Secretary/Administration Assistant (Quality and Governance Team)	
Policy to be placed on organisation's Procedural Document Library	Secretary/Administration Assistant (Quality and Governance Team)	
Forms/templates to be uploaded to Central Filing	Head of Information Governance and Systems	

6. MONITORING COMPLIANCE

This will be achieved through monitoring and auditing of Assure incident reporting relating to occurrences of WNB. These also form part of the child's significant chronology of events in the EMIS record and can be reviewed as part of supervision of practice.

7. EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

Always:

- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively
- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times.

8. GLOSSARY OF TERMS

CAFH - Children and Family Hub

CCNT – Children's Community Nursing Team

CIN – Child in Need plan of support in place.

CLA - Children who are Looked After – in the care of the minister, we all have a duty to them as corporate parents.

CNA – Could Not Attend

CP - Child Protection plan of support in place

DNA – Did Not Attend – no longer appropriate language, as the child had no power over the choice to attend

FNHC – Family Nursing & Home Care

HV – Health Visitor

NA - No Access, especially important when a home visit has been pre-arranged.

Non-Engagement – Loss of the working relationship with parents /carers, may initially present with missed appointments.

Unseen – May refer generally to a child not registered with primary care, or physically not seen, when visited ‘the child is asleep - I don’t want to disturb them’.

WNB - Was Not Brought

9. REFERENCES

Department of Education (2018a) *Information sharing. Advice for practitioners providing safeguarding services to children, young people, parents and carers.* Available at [Information sharing advice for safeguarding practitioners - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/682211/Information-sharing-advice-for-safeguarding-practitioners.pdf). Last accessed 19th July 2021

Department of Education (2018b) *Working together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children.* Available at [Working together to safeguard children - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/682211/Working-together-to-safeguard-children.pdf). Last accessed 19th July 2021

Government of Jersey (2020) *Jersey’s Children First.* Available at [Putting Children First \(gov.je\)](https://www.gov.je/childrenfirst/). Last accessed 19th July 2021

Laming, W. H. (2003). *The Victoria Climbié Inquiry: Report of an inquiry by Lord Laming.* Available at [The Victoria Climbié Inquiry: report of an inquiry by Lord Laming - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/682211/The-Victoria-Climbié-Inquiry-report-of-an-inquiry-by-Lord-Laming.pdf). Last accessed 19th July 2021

National Institute for Health and Clinical Excellence (2009) *Clinical Guideline CG89 Child maltreatment: when to suspect maltreatment in under 18s.* Available at [Guidance | Child maltreatment: when to suspect maltreatment in under 18s | Guidance | NICE](https://www.nice.org.uk/guidance/CG89). Last accessed 19th July 2021

NSPCC (2020) *Gillick competence and Fraser guidelines.* Available at [Gillick competence and Fraser guidelines | NSPCC Learning](https://www.nspcc.org.uk/what-we-do/our-services/gillick-competence-and-fraser-guidelines/). Last accessed 19th July 2021

Pearson, G A (Ed) (2008) *Why Children Die: A Pilot Study 2006; England (South West, North East and West Midlands), Wales and Northern Ireland.* Available at [CEMACH Why.children.Die report.indd \(hscni.net\)](https://www.hscni.net/why-children-die-report). Last accessed 19th July 2021

Powell, C. Appleton, J.V. (2012) *Children and young people's missed health care appointments: Reconceptualising ‘Did Not Attend’ to ‘Was Not Brought’—a review of the evidence for practice.* Journal of Research in Nursing 2012; 17:181–92.

States of Jersey (2002) *Children (Jersey) Law 2002.* Available at [Children \(Jersey\) Law 2002 \(jerseylaw.je\)](https://www.jerseylaw.je/children-law-2002/). Last accessed 19th July 2021

United Nations Human Rights (1990) *The United Nations Convention on the Rights of the Child.* Office of the High Commissioner for Human Rights

10. APPENDIX

Appendix 1 Parental Responsibility

A mother automatically has Parental Responsibility from the time of birth, as does their spouse if married to the child's mother when the child was born.

If the parents are unmarried, the partner named on the birth certificate also now gains parental responsibility (child was born after December 2016 in Jersey, 2002 in UK).

A father who does not automatically have parental responsibility can acquire parental responsibility either with the agreement of the mother or by Court order.

Parents do not lose parental responsibility if they divorce.

If a child is taken into local authority care, parents share parental responsibility with the minister.

Parents lose parental responsibility only if a child is adopted.

Parental Responsibility can be restricted by court order.

Appendix 2 Equality Impact Screening Tool

Stage 1 - Screening			
Title of Procedural Document: Management of Missed Appointments involving Children and Young People			
Date of Assessment	26.7.21	Responsible Department	C&F Services
Name of person completing assessment	Michelle Cumming	Job Title	Operational Lead
Does the policy/function affect one group less or more favourably than another on the basis of :			
	Yes/No	Comments	
• Age	Yes	This policy is focussed upon children specifically	
• Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	No		
• Ethnic Origin (including hard to reach groups)	No		
• Gender reassignment	No		
• Pregnancy or Maternity	Yes	This should include pregnant mothers	
• Race	No		
• Sex	No		
• Religion and Belief	No		
• Sexual Orientation	No		
If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2			
Stage 2 – Full Impact Assessment			
What is the impact	Level of Impact	Mitigating Actions (what needs to be done to minimise / remove the impact)	Responsible Officer
Monitoring of Actions			
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level			