

# Management of children and young people who are not brought to or do not attend (WNB/DNA) appointments policy

		POLICY
Reference	CPG-TW-CYP/WNB-DNA	
Approving Body	Patient Safety Committee	
Date Approved	10 <sup>th</sup> December 2021	
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Version	v4.0	
Summary of Changes from Previous Version	Addition of Was Not Brought phrasing and flowcharts for process within community paediatrics	
Supersedes	Policy for the management of children and young people who do not attend appointments (DNA), v3.0, Issued 4 <sup>th</sup> Feb 2016 to Review Date Dec 2020 (ext <sup>3</sup> )	
Document Category	<ul style="list-style-type: none"> <li>Clinical</li> </ul>	
Consultation Undertaken	<ul style="list-style-type: none"> <li>Member of the safeguarding steering group</li> <li>Colin Dunkley – Consultant Paediatrician</li> </ul>	
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Date of Environmental Impact Assessment (if applicable)	N/A	
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Target Audience	All health professionals at Sherwood Forest Hospitals NHS Foundation Trust working with children and young people under the age of 18.	
Review Date	December 2024	
Sponsor (Position)	Chief Nurse	
Author (Position & Name)	Lisa Nixon, Safeguarding Lead & Named Nurse for Safeguarding Children and Young People	
Lead Division/ Directorate	Women and Children	
Lead Specialty/ Service/ Department	Acute Paediatrics	
Position of Person able to provide Further Guidance/Information	Safeguarding Lead & Named Nurse Safeguarding Children and Young People	
Associated Documents/ Information		Date Associated Documents/ Information was reviewed
Not Applicable		Not Applicable
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## 1.0 INTRODUCTION

Sherwood Forest Hospitals NHS Foundation Trust believes that all children and young people have an equal right not to be abused or neglected and is committed to safeguarding and promoting the welfare of all children who are cared for or who have contact with the Trust. Part of this care is to ensure that due consideration is given to whether a failure to attend appointment has safeguarding implications for the child. This policy describes the decision making process that should be undertaken to assess safeguarding issues when a child is not brought to (WNB) or Does Not Attend (DNA's) an appointment.

## 2.0 POLICY STATEMENT

This clinical document applies to:

### Staff group(s)

- This policy is for the use of all health professionals at Sherwood Forest Hospitals NHS Foundation Trust working with children and young people under the age of 18.

### Clinical area(s)

- This is not specific to paediatric services but will include all clinical areas across Sherwood Forest Hospitals NHS Trust where children and young people may access services

### Patient group(s)

- This relates to all children and young people under the age of 18 attending clinic and inpatient areas across Sherwood Forest Hospital's NHS Trust.

### Exclusions

- Where there are specific WNB/DNA pathways for an individual service area eg. Maternity, Community Paediatrics and Integrated Sexual Health Services these may be followed but specific consideration to safeguarding needs must be documented in the patient record by a registered professional.

## 3.0 DEFINITIONS/ ABBREVIATIONS

<b>The Trust:</b>	means the Sherwood Forest Hospitals NHS Foundation Trust.
<b>Staff:</b>	means all employees of the Trust including those managed by a third party organisation on behalf of the Trust.
<b>DNA:</b>	means Did Not Attend without cancellation
<b>WNB:</b>	Means Was Not Brought to an appointment.

## 4.0 ROLES AND RESPONSIBILITIES

All staff, under the scope of this policy, are responsible for following it in practice as required.

## 5.0 APPROVAL

Approval is via the Patient Safety Committee.

## 6.0 DOCUMENT REQUIREMENTS (POLICY NARRATIVE)

There are many reasons for a child not to be brought for outpatient appointments which may include family or environmental factors, for example

- the child or their carer may be ill,
- they may have forgotten
- the family may not have appropriate transport.
- the parent may feel there is no longer a problem and that the appointment is not necessary.
- the parent or carer may have language or literacy problems
- there may have been a change of address

Many parents/ carers will telephone the hospital to rearrange or cancel appointments but a significant number just do not turn up.

In a small number of cases, failure to attend raises concern about Safeguarding. In families where there are already Safeguarding concerns, WNBs/DNAs should always be taken seriously. There may be a perfectly acceptable reason for the parents failure to attend for their child's appointment, however, it is also possible that the parent/carer does not share our concerns, may be hiding injuries or signs of neglect or just unable to put their child's needs first. Where there could be child protection concerns, sharing information regarding WNB/DNAs can be vital in protecting the child.

Managing children who are not brought to or do not attend appointments should be individualised and will depend on many factors including how well the clinician knows the family, the level of concern and the type of medical problem being followed up, any medication being prescribed. The flow chart is for guidance only and each clinician will make individual decisions – please see [Appendix 1](#) / [Appendix 4](#) and/ or [Appendix 5](#) for Community Paediatrics only. However, the opportunity to safeguard children and young people should not be missed. Sharing information on missed appointments may contribute to timely interventions in children whose needs are not being met or who are experiencing abuse.

This guidance predominantly applies to children under 16 years of age but the same principles apply to young people aged 16-18 years (who are still defined as children where Safeguarding is concerned), however it is recognised that this age group may make decisions themselves not to attend an appointment, hence the term DNA being used in conjunction to Was Not Brought.

For all patients < 18 years, in all outpatient settings, a sticker will be placed in the medical record to document the WNB/DNA and the planned outcome (see [Appendix 2](#) and [Appendix 3](#)). The clinician should document whether there is any evidence of safeguarding concerns. If concerns are identified the action taken should also be documented.

## Maternity

Pregnant girls <18years who DNA antenatal appointments in the hospital or community setting, will be managed as stated in the maternity guideline. DNA stickers cannot be used as all documentation is recorded on the electronic maternity pathway. All pregnant teenagers are discussed in safeguarding children supervision three monthly, and if concerns are identified and action taken, this is documented on the electronic pathway and the Named Midwife for Safeguarding Children informed.

## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

<b>Minimum Requirement to be Monitored</b>  (WHAT – element of compliance or effectiveness within the document will be monitored)	<b>Responsible Individual</b>  (WHO – is going to monitor this element)	<b>Process for Monitoring e.g. Audit</b>  (HOW – will this element be monitored (method used))	<b>Frequency of Monitoring</b>  (WHEN – will this element be monitored (frequency/ how often))	<b>Responsible Individual or Committee/ Group for Review of Results</b>  (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
WNB/DNA episodes will be audited	Named Nurse Safeguarding Children	Audit	2 yearly	Safeguarding Steering Group

## 8.0 TRAINING AND IMPLEMENTATION

Staff will be informed of this policy at safeguarding training.

## 9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix 6](#)

## 10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Working Together to Safeguard Children. HMSO 2018

### Further reading and related guidance

[Nottinghamshire Safeguarding Children Procedures](#)

### Related SFHFT Documents:

- [Safeguarding Children Resources](#)
- [Safeguarding Children & Young People Policy](#)
- [SFH Guideline for the management of women who fail to attend for antenatal care. Sherwood Forest Hospitals NHS Trust.](#)
- [Was Not Brought \(WNB\) / Non-Responder SOP for Community Paediatrics](#)

## 11.0 KEYWORDS

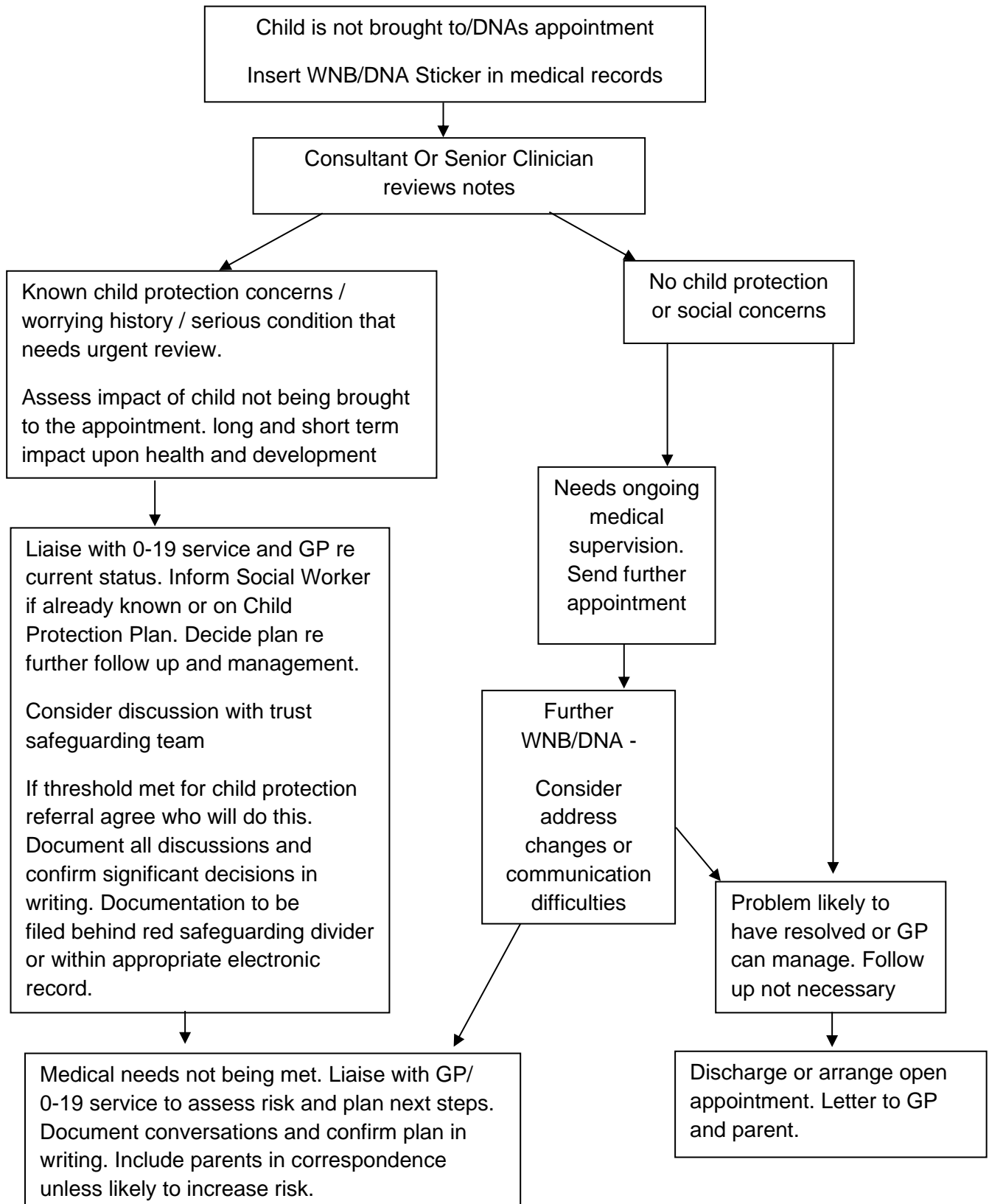
CYP maternity pregnant safeguarding bring an welfare failure to attend outpatient clinic  
rearrange child protection concern community paediatric paediatrics

## 12.0 APPENDICES

<a href="#">Appendix 1</a>	<i>Pathway for decision making when a child* WNB/DNAs an appointment</i>
<a href="#">Appendix 2</a>	<i>Guidance for clinic staff when a child or young person &lt;18years WNB/DNA's appointment</i>
<a href="#">Appendix 3</a>	<i>Sample WNB/DNA sticker</i>
<a href="#">Appendix 4</a>	<i>Non-responder to routine clinic booking – FOR COMMUNITY PAEDIATRIC USE ONLY</i>
<a href="#">Appendix 5</a>	<i>Was Not Brought Pathway for Community Paediatric Teams. FOR COMMUNITY PAEDIATRIC USE ONLY</i>
<a href="#">Appendix 6</a>	<i>Equality Impact Assessment</i>

## Appendix 1 - Pathway for decision making when a child\* WNB/DNAs an appointment

\*should also be used for young people less than 18 years





## **Appendix 2 - Guidance for clinic staff when a Child or Young Person <18 years WNB/DNA's an appointment**

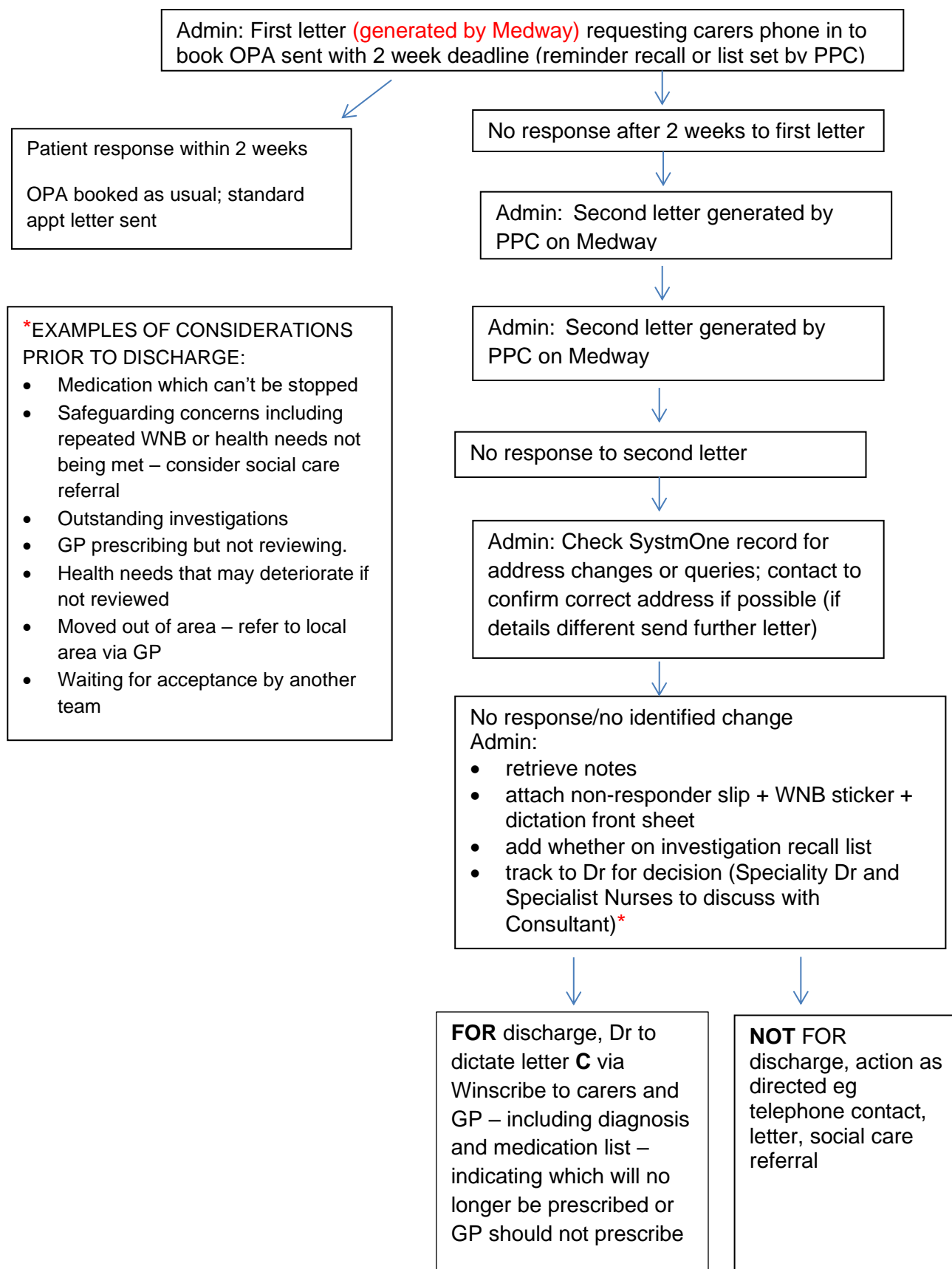
- This policy should be used in all settings across the trust where children and young people attend. This should include all adult clinics and specialist clinics except Health Care of the Elderly where there are no young people attending by definition.
- Clinic staff should identify all patients < 18 years of age and if they are not brought to or do not attend the clinic (WNB/DNA) place the WNB/DNA sticker in the clinical record.
- The notes should then be taken to the Consultant or most senior clinician at the clinic who should review the notes and establish whether there is evidence of any safeguarding concerns. He/she should complete the sticker and document any liaison or other action necessary (if any) as a result of the WNB/DNA.
- Compliance with this policy will be audited across the trust to ensure that children and potentially vulnerable young people have safeguarding concerns addressed regardless of whether they are presenting in paediatric or more adult focussed settings.

## Appendix 3 - Sample DNA sticker

DNA-Adult/WNB-Children & vulnerable adults	
Did not attend/was not brought	
Date: ____/____/____	Tick as appropriate
Child or young person <18 years	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vulnerable adult	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of successive WNB/DNAs	.....
Safeguarding concerns evident?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you risk assessed the impact of WNB/DNA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Appointment outcome:</b>	
Discharge:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes:	
Individualised WNB/DNA letter to be dictated by clinician	Yes <input type="checkbox"/> No <input type="checkbox"/>
Standard Medway discharge letter (Will be sent via receptionist to GP/Patient/Parent + Guardian)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Further appointment within ..... weeks	
Liaison : GP/Social Care/Other (please state).....	

## Appendix 4 (FOR COMMUNITY PAEDIATRIC USE ONLY)

### Non-responder to routine clinic booking



## Appendix 5 – FOR COMMUNITY PAEDIATRIC USE ONLY

### WNB process for children who are not brought to Community Paediatric appointments

Child/young person 'Was Not Brought' (WNB) to OPA

Clinician places and completes sticker in Patient Medical record (PMR) at time of clinic.  
Clinician identifies WNB and actions on reconciliation sheet/ typing dictation sheet/informs PPC.

Standard WNB letter **A**  
dictated and PPC to phone  
patient

Patient response within 2 weeks

- OPA booked as usual; either standard appt letter sent + WNB letter (already sent) or WNB letter amended to include sentence with new OPA date

WNB second time Clinician places and completes sticker in PMR at time of clinic.

(Specialist Nurse/Junior Staff to review with Consultant)

Clinician **dictates letter** to discharge to carer & GP ,+/- specialist after review of clinical and safeguarding risks\* **or dictates letter NOT for discharge and actions**

Clinician identifies WNB and actions on typing dictation sheet/informs PPC on reconciliation sheet

Notes returned to PPC – **NOT FOR** discharge, action as directed eg telephone contact, letter, Social Care referral

Notes returned to PPC – Discharge

Discharge straight away

Review clinical and safeguarding risks\*  
Clinician identifies WNB and actions on typing dictation sheet/informs PPC on reconciliation sheet  
- Clinician **dictates letter**, to Carers + GP,+/- specialists- Admin discharge from system

No response after 2 weeks to letter A  
–Send letter B

No response to letter B

Admin: Check SystmOne record for address changes or queries; PPC contact to confirm correct address if possible and make appointment

If unable to contact

Admin:

- retrieve notes
- attach non-responder slip + WNB sticker + dictation front sheet
- add whether on investigation recall list
- track to Dr for decision (Speciality Dr and Specialist Nurses to discuss with Consultant)\*
- return notes to PPC

**FOR** discharge, Dr to dictate letter **C** via Winscribe to carers and GP – including diagnosis and medication list – indicating which will no longer be prescribed or GP should not prescribe

**NOT FOR** discharge, action as directed eg telephone contact, letter, Social Care referral

#### \*EXAMPLES OF CONSIDERATIONS PRIOR TO DISCHARGE:

- Medication which can't be stopped
- Safeguarding concerns including repeated WNB or health needs not being met – consider Social Care referral
- Outstanding investigations
- GP prescribing but not reviewing.
- Health needs that may deteriorate if not reviewed
- Moved out of area – refer to local area via GP
- Waiting for acceptance by another team

## **APPENDIX 6 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)**

<b>Name of service/policy/procedure being reviewed:</b> Policy for the management of children and young people who are not brought to or do not attend appointments (WNB/DNA)			
<b>New or existing service/policy/procedure:</b> Existing			
<b>Date of Assessment:</b> 16/09/2021			
<b>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</b>			
<b>Protected Characteristic</b>	<b>a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?</b>	<b>b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?</b>	<b>c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality</b>
<b>The area of policy or its implementation being assessed:</b>			
<b>Race and Ethnicity</b>	This policy provides equitable care for all irrespective of race or ethnicity	The policy replaces the previous the previous version	None
<b>Gender</b>	This policy provides equitable care for all irrespective of gender	The policy replaces the previous the previous version	None
<b>Age</b>	This policy provides equitable care for all irrespective of age and is relevant to all patients over the age of 18 years	The policy replaces the previous the previous version	None
<b>Religion</b>	This policy provides equitable care for all irrespective of religion	The policy replaces the previous the previous version	None
<b>Disability</b>	This policy provides equitable care for all irrespective of disability	The policy replaces the previous the previous version	None
<b>Sexuality</b>	This policy provides equitable care for all irrespective of sexuality	The policy replaces the previous the previous version	None
<b>Pregnancy and Maternity</b>	This policy provides equitable care for all whether pregnant or not.	The policy replaces the previous the previous version	None

<b>Gender Reassignment</b>	This policy provides equitable care for all irrespective of gender	The policy replaces the previous the previous version	None
<b>Marriage and Civil Partnership</b>	This policy provides equitable care for all irrespective of marital status.	The policy replaces the previous the previous version	None
<b>Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)</b>	This policy provides equitable care for all irrespective of socio-economic status	The policy replaces the previous the previous version	None
<b>What consultation with protected characteristic groups including patient groups have you carried out?</b> <ul style="list-style-type: none"> <li>This policy acknowledges the needs of patients that require care from an acute perspective. To ensure that it is compliant with all legislation it has been shared with senior medical/nursing and safeguarding colleagues for consultation and feedback to ensure that it effectively meets the needs of all staff and patients.</li> </ul>			
<b>What data or information did you use in support of this EqIA?</b> <ul style="list-style-type: none"> <li>HM Government [2018] <i>Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children</i>,</li> <li>Nottinghamshire and Nottingham City Safeguarding Children Partnership [2019] <i>Safeguarding Children Procedures</i></li> </ul>			
<b>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?</b> <ul style="list-style-type: none"> <li>No</li> </ul>			
<b>Level of impact</b>  From the information provided above and following EQIA guidance document Guidance on how to complete an EIA ( <a href="#">click here</a> ), please indicate the perceived level of impact:  Low Level of Impact  For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
<b>Name of Responsible Person undertaking this assessment: Lisa Nixon</b>			
<b>Signature:</b>			
<b>Date: 16/09/2021</b>			