<table>
<thead>
<tr>
<th>Title of Policy</th>
<th>Missed Appointments/Non Attendance/ Was Not Brought for Adult and Children’s Health Appointments (Procedure for Managing)</th>
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<tr>
<td>Lead executive director:</td>
<td>Stephanie Dawe – Chief Nurse and Executive Director of Integrated Care (Essex)</td>
</tr>
<tr>
<td>Name of originator / author and job title:</td>
<td>Ruth Blackburn/Belinda Coates Named Nurses Safeguarding children</td>
</tr>
<tr>
<td>Approved by:</td>
<td>Stephanie Dawe – Chief Nurse and Executive Director of Integrated Care (Essex)</td>
</tr>
<tr>
<td>Signature of Lead Director/EMT Chair</td>
<td></td>
</tr>
<tr>
<td>Approval date:</td>
<td>September 2017</td>
</tr>
<tr>
<td>Review date:</td>
<td>September 2020</td>
</tr>
<tr>
<td>Date equality impact assessment carried out:</td>
<td>July 2017</td>
</tr>
<tr>
<td>Related to other policies</td>
<td>NELFT Care Programme Approach policy</td>
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<tr>
<td></td>
<td>NELFT Consent to examination and treatment policy</td>
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<tr>
<td></td>
<td>NELFT Mental Capacity Act policy</td>
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<tr>
<td></td>
<td>NELFT Record Keeping : electronic and paper-based records policy</td>
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<tr>
<td></td>
<td>NELFT Responding to Domestic Abuse and Harmful Practices and Child Sexual Exploitation – practice guidance and procedures</td>
</tr>
<tr>
<td></td>
<td>NELFT Supervised Community Treatment Order</td>
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<td></td>
<td>NELFT Safeguarding Children Supervision policy</td>
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<td></td>
<td>NELFT Safeguarding Adults policy</td>
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<td>NELFT Safeguarding Children Operating procedures</td>
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<td>NELFT Lone working policy</td>
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<td>Version number</td>
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1. **At a glance’ summary/key message of policy**

There are many reasons why patients miss appointments, having procedures in place to minimise the possibility of this and/or to respond effectively when it happens, ensures an effective use of clinical time and reduction of risks associated with treatment non-adherence.

Strong therapeutic alliance and adherence to treatment plans including attendance at appointments improves health outcomes for patients and reduces the burden on carers. The rate of missed appointments impacts directly on how long patients wait to be seen. Management of cancelled appointments and missed appointments improves the patient experience.

In addition to the implications of missed appointments as outlined above, this may also be one indicator that a child or adult with care and support needs care is potentially being neglected. This may be by the parent/carer as children are reliant upon another person, usually a parent/carer, to bring them to an appointment. Adults with care and support needs may be reliant on others to bring them to an appointment or there may be the potential for self-neglect.

The missing of appointments or not being brought to appointments is seen as a recurring feature in many Children’s Serious Case Reviews, both locally and nationally (Triennial Analysis of Serious Case Reviews (2011-2014): Practice briefing for social workers and family support workers was children ‘...not seen/heard’).

This procedure is in place to assist all staff working within NELFT to decide if the missed appointments (or not being brought) of patients/clients either children, young people (CYP)
or Adult with care and support needs could or should be considered as a neglectful act on behalf of parents/carers and whether any safeguarding issues should be considered. This procedure needs to read in conjunction with the NELFT Safeguarding Children Operational procedures and Safeguarding Adults Policy.

There are situations where the patient/client/service user may not be defined as an ‘adult with care and support needs’ but may have vulnerabilities which need to be considered. Where someone fails to attend appointment(s) this should be reviewed within the context of their risk profile and any previous non-compliance issues should be taken into account when planning what future action to take.

2. Assurance statement

This policy provides all staff working within NELFT with a framework to standardise service delivery, thereby promoting continuous, safe and effective evidence-based practice. There are many reasons why patients/carers do not attend pre-arranged appointments or are not brought to appointments, they may have complex multiple pressures and demands of which ill health may be only one. Understanding these pressures and demands may help to address the issue and ensure future compliance/attendance.

Where children and young people and adults with care and support needs are reliant on a parent/carer to bring them to the appointment to meet an identified health need and are not brought to this appointment, a risk assessment should be completed to rule out neglect or other safeguarding concerns.

As soon as is reasonably practicable and based on clinical need following all missed appointments the practitioner will review the current risk assessment and existing care plan. The actions to be taken will be based on an assessment of that risk and professional judgement.

As part of service development and prevention of non-attendance at appointments, services must continue to use information technology to support processes to encourage attendance at appointments for example by the use of email/text reminders.

Referrer and clinician factors

- Poor communication between the referring practitioner and the patient in terms of language, communication and understanding and where capacity may be an issue
- Consent to treatment is central to all forms of healthcare and may affect compliance where it is not sought or where a patient does not have capacity to consent (see NELFT Consent to Treatment Policy and Mental Capacity Act policy)
- Long delay between the referral and the appointment, or between assessment and treatment
- Quality of therapeutic alliance
- Non-collaborative decision making
- Location and timing of appointment

Patient carer factors

- Patient’s disagreement with the referral
- Forgetting, oversleeping, getting the date wrong
- Being too unwell
- Dementia or other cognitive factors
- Poor insight into illness
- Substance misuse
- Social problems such as homelessness, transport problems, distance from
appointment site
- Disability, where for example the patient/carer has mobility issues
- Access issues, including literacy and language, cognitive impairment or injury and/or other communication issues
- Poor previous experience of healthcare provision
- Low health literacy and/or cultural issues affecting take up of service offer

This is a working document and must be used to inform practice.

3. **Who should read this document?**

All clinical staff employed to work in NELFT, including medical staff and staff employed through the Trust Bank or via an agency.

4. **Aims and objectives**

The aim of this policy is to provide all clinical staff working within all of NELFT services with the framework to standardise service delivery, thereby promoting continuous, safe and effective evidence-based practice.

The objectives of the policy are to improve outcomes for children, young people and adults through ensuring that their clinical needs are adequately assessed and to minimise risk through failure to be seen by health practitioners.

To ensure that all patients receive treatment according to clinical need, minimizing time waiting for routine appointments and improve patient experience by reducing missed and cancelled appointments.

5. **Explanation of terms and definitions**

**Patient**
For the purposes of this document, people who use NELFT services will be known as patients.

**Carers**
For the purpose of this document, people who provide care and/or guardianship for people who use NELFT services will be known as carers. This will include parents of children and those who care for adults who have care and support needs.

**Initial assessment/first appointment**
An appointment given to a patient who is not known to that service. They may be known to other services in NELFT.

**Follow-up appointment**
An appointment given to a known patient who has been accepted for or already receiving treatment. Appointments often take place in clinics, hospitals or other formal health or social care facilities.

**Visit**
An appointment that takes place in the patient’s home or an informal setting such as a café.

**Failed/missed appointment/visit**
This is a pre-arranged appointment but the patient is not available or does not attend. These are often referred to as DNA’s (Did Not Attend).

**Was not brought**
For children and young people and adults with care and support needs where they are reliant on a parent/carer to bring them to the appointment for an appointment to meet an identified health need.

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### 6. Policy/ Guideline/ Protocol

**6.1 Process for management of missed appointments**

As soon as is reasonably practicable and based on clinical need following a missed appointment the practitioner will review the current, risk assessment and existing care plan. The following actions may be indicated: (Please see appendix 1 for points to be considered by clinicians when reviewing the significance of a missed appointment.)

- The actions taken when patients/carers default a first appointment will depend on the level of risk to the individual and/or others and will be based on an assessment of that risk and professional judgement. As the patient may not be known to the service at this time, the assessment and action will be based on information in the referral; it may be prudent to contact the referrer at this point for more information.
- The appropriate care team/clinician will make every attempt to contact the patient/carer by telephone and in the event of not being able to contact them the care team/clinician should consider the risk this poses and what further steps should be considered.
- The care team/clinician should consider whether the non-attendance constitutes a change of behaviour for the patient, as part of the decision making process.
- When the patient/carer has been contacted, identifying the reason for non-attendance, and offering a future appointment to be followed up by letter with a range of contact facilities, email, telephone, text. Where the patient/carer indicates they do not wish a further appointment this should be discussed with the referrer and/or the care team involved.
- A phone call/ letter should be sent to the referrer informing them that the patient did not attend at this point and what action is going to be taken.
- Risk needs to be considered. Based on risk assessment and professional judgement of referrer if first appointment or current care team/clinician.
- In Mental Health services, where a patient is on a Community Treatment Order, non-attendance may indicate the need for recall (see NELFT Supervised Community Treatment policy).
- In Mental Health services, children and adults who have complex characteristics and a history of non-engagement may be managed through the Care Programme Approach (see NELFT CPA Policy).

**6.2 High risk situations or where contact has not been made.**

- This needs to be considered in line with section 6.5 below regarding children and young people and appendix 2 and also High Risk reporting processes.
- Where high risk issues are identified then contact must be made by telephone with the GP and/or referrer (where appropriate), other agencies involved with the patient/carer and the clinical team involved to establish a plan to minimise risk.
- If the patient cannot be contacted by telephone, it may be necessary to carry out a home visit to assess the situation.
- Actions must be taken in relation to the current risk assessment or risk identified and the care plan or contingency plan where this is available.
- Consideration must be given by the clinical team, giving due regard to issues of confidentiality and only where previously agreed to contacting relatives or others in the
patient/carers informal support network
• Engagement with other agencies who may be involved with the patient/carer is useful in establishing whereabouts, alternative contact details
• All of the above must continue until contact has been made with the patient/carer. It would be expected for NELFT staff to attempt to visit unless there is a risk issue that would prevent this. It may be then necessary to contact the police to request a Welfare check.

6.3 Community Treatment Orders (MHA 1983, 2007)
If the patient is subject to a Community Treatment Order, special considerations may apply:
- If the appointment is for either an assessment by a Second Opinion Appointed Doctor(SOAD) for a treatment certificate under the CTO or an examination by their Responsible Clinician( RC) for a possible renewal of the CTO, both are mandatory conditions of the CTO and as such breach of them can result in automatic recall to hospital. Recall should therefore be considered though does not have to be used e.g. it may be more practical to make a further appointment
- For other appointments it should be remembered that a patient on a CTO is likely to be particularly vulnerable in the event of not receiving medication or support. If a patient does not attend an appointment consideration should be given to urgent follow-up and possible recall to hospital but note that recall cannot in law be an automatic response to failure to attend, even when the appointment is a condition of the CTO and there must always be separate clinical evidence that the patient needs hospital treatment

6.4 Children and adults with care and support needs
• There are commonalities regarding the process for managing non-attendance or child/adult not brought for appointments. Actions taken to manage non-attendance will be based on clinical need, risk assessment and care plans
• Careful consideration needs to be given to assessment of any safeguarding concerns related to the non-attendance of appointments of children and young people and/or adults with care and support needs in accordance with the NELFT Safeguarding Children and Adults policies and appropriate inter-agency procedures for safeguarding children and adults

6.5 Additional considerations for Children and Young people
For all missed appointments for Children and Young people, the actions outlined in appendix 2 must be followed. It is acknowledged that for some services it may not be possible to routinely offer a follow up appointment and contact a child’s parents/ carers following non-attendance. This will need to be based on professional judgment and risk assessment of each case. This must include review of the electronic (and paper is available) record and liaison with the referrer so that they are aware that the children or young person has not been brought for an appointment to meet an identified health need. Each service will need to ensure that they have a process for identifying those cases where there are safeguarding children concerns and additional follow up is required.

For children and young people practitioners need to record that the child or young person was not brought for the appointment to meet their identified need. The GP should also be informed when a child has not been brought for routine developmental assessments.

6.6 Missed Appointments Policy in respect of home visits to adult service users
If there is no access to a house bound patient for an arranged visit and the patient is known to community services, a telephone call to the patient’s home should be made whilst remaining at the address. If no reply to the telephone call, the local hospital should be contacted to check if the patient has been admitted. If the patient has not been
admitted to hospital, the next of kin should then be contacted. If there is no known next of
kin, or contact with the next of kin does not identify that the patient is safe and well, ,
contact must be made by telephone with the GP and/or referrer (where appropriate), other
agencies involved with the patient/carer and a discussion with Line Manager is required to
risk assess and establish the need for police involvement. The member of staff will remain
outside the property until successful entry is gained should police assistance be required.
If there are subsequent no access visits where there are no immediate concerns or risks
regarding the patient’s safety, this requires escalation to the Team Leader/Operational
Lead for investigation.

On receipt of a referral to a Community team, indicating that a visit is required to a
housebound patient not previously known to their services, the referral should be screened
and risk assessed. The visit should be prioritised based on the information provided within
the referral. If necessary, the referrer should be contacted for additional information. It is
the responsibility of the referrer to provide the required level of information necessary to
appropriately risk assess the current level of need including indicating as to whether the
patient is considered to be an adult with care support needs.

Record-keeping

• At the point of receiving the referral any previous non-compliance issues should be
noted. It may be necessary to return to the referrer to access more information about the
patient/carer needs to minimise the risk of non-attendance or not being brought to the
appointment

6.7 Record keeping in relation to patient engagement is integral to ensuring
compliance with treatment plans and attendance at pre-arranged appointments when a
child or young person is not brought for an appointment this must be denoted as
significant event on RiO or recorded on the SystmOne safeguarding palette.

• Where there is a history of poor engagement, this must be recorded and a care
plan developed to address this. The practitioner will also need to consider whether they
need to complete a chronology of contact in order to understand the pattern of
engagement and impact on ensuring that the C&YP needs are met.

• Risk Assessments needs to be completed to identify how poor engagement affects
the health outcomes of the patient and the impact of this on him/herself and those around
them

6.8 Good practice guidance to ensure engagement with services

It is good practice to contact referrer, where there is little information, prior to sending an
initial appointment letter, for further information regarding engagement, communication
issues, language, disability, capacity and anything else that may affect attendance at
appointments. It can then be indicated in the letter that adjustments can be made and
contact details to allow the patient/care to contact the service to arrange these.

If the patient has a disability, or requires information in a different format, check that this
has been put in place and this may be the reason for non-attendance.

For patients, where an interpreter has been booked, the language provider service is able
to send a text message to the client, if at the time of booking the appointment with the
company, the clinician or the booking officer has provided a mobile telephone number.
### External references and supporting documents

The NHS Constitution safeguards the enduring principles and values of the NHS; it sets out rights to which patients, public and staff are entitled, and pledges that the NHS is committed to achieving. NHS bodies and local authorities are required by law to take account of this Constitution in their decisions and actions; therefore all policy documents should consider and take into account the NHS Constitution pledges – [NHS Constitution](#) click here

Analysing Child Deaths and Serious Injury through Abuse and Neglect:


Triennial Analysis of Serious Case Reviews (2011-2014): Practice briefing for social workers and family support workers


Mental Capacity Act 2005

Mental Health Act 1983 & 2007


NMC Code of Professional Conduct April 2015

Professional Standards of Practice – Occupational Therapy Practice 2008

Reder, Duncan & Gray, (1993), Beyond Blame Child Abuse Tragedies Revisited

Reder & Duncan, (1999), Lost Innocents. A Follow up Study of Fatal Child Abuse

SCIE (2011) Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse


The Children’s Act (1989)/(2004) HMSO


8. Roles and responsibilities

8.1 Chief executive
8.2 Executive Directors (EMT)
8.3 Trust Secretary
8.4 Senior Leadership Team (SLT)
8.5 Integrated Care Directors
8.6 Assistant Directors
8.7 Operational leads
8.8 Staff
8.9 Authors
8.10 Quality and Patient Safety
8.11 Communications

9. Equality statement

This policy reflects the organisation’s determination to ensure that all parts of our community have equality of access to services and that everyone receives a high standard of service as a service user, a carer or employee.

This policy anticipates and encompasses the Trust’s commitment to prevent discrimination on any illegal or inappropriate basis and recognise and respond to the needs of individuals based on good communication and best practice.

We recognise that some groups of the population are more at risk of discrimination or less able to access to services than others and that services can often unintentionally put barriers in place that can limit or prevent access. The organisation is continually working to prevent this from happening.

10. Consent

Valid consent to treatment is central in all forms of healthcare.

“Consent” is a patient’s agreement for a health professional to provide care. Patients may indicate consent non-verbally, orally or in writing. For the consent to be valid, the patient must:-

- be competent to take the particular decision
- have received sufficient information to take it
- not be acting under duress

Please refer to the Consent to examination and treatment policy.

If there is any indication that the patient may lack mental capacity to consent a mental capacity assessment must be carried out. Please refer to NELFT Assessment of mental capacity policy.

Consent and access to treatment for children and young people: please refer to the Consent to examination and treatment policy.
11. **Implementation process**

Staff will be made aware of any new approved policies/procedures/guidelines via the Trust weekly newsletter. Quality and patient safety team will be responsible for ensuring newly approved documents are sent to the communications team in order for them to insert into the Trust weekly newsletter. A copy of this policy will be placed on the Trust’s intranet.

All senior managers/heads of service/team leaders need to ensure new policies and procedures are placed on team meeting agendas for discussion. There is an expectation that the team leader will develop local systems to ensure their staff are instructed to read all relevant policies and to identify any outstanding training deficits.

For specialist advice on the implementation of this policy, contact the Health and Safety team at Healthandsafety.team@nelft.nhs.uk

12. **Monitoring/review of policy**

Compliance with the policy will be monitored through the Integrated Care Directorates and the Quality & Patient Safety Group.

The effectiveness of this document is monitored and reported through:
- CCG contract performance reports
- Annual reporting to the Trust board
- The Safeguarding Bi-Annual and Annual Reports

13. **Training**

No specific training is required for this policy
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<th>Returned, no comment</th>
<th>Not returned</th>
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</thead>
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<tr>
<td>Equality and Diversity Manager - <a href="mailto:Harjit.Bansal@nelft.nhs.uk">Harjit.Bansal@nelft.nhs.uk</a></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership Team – Basildon and Brentwood Locality <a href="mailto:Linda.Morcombe@nelft.nhs.uk">Linda.Morcombe@nelft.nhs.uk</a></td>
<td>✓</td>
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<tr>
<td>Leadership Team – Barking and Dagenham Locality <a href="mailto:Sheila.Wright@nelft.nhs.uk">Sheila.Wright@nelft.nhs.uk</a></td>
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<tr>
<td>Leadership Team – Havering Locality - <a href="mailto:Lisa.Askew@nelft.nhs.uk">Lisa.Askew@nelft.nhs.uk</a></td>
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<tr>
<td>Leadership Team – Redbridge Locality - <a href="mailto:Jenny.Cook@nelft.nhs.uk">Jenny.Cook@nelft.nhs.uk</a></td>
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<tr>
<td>Leadership Team – Thurrock Locality - <a href="mailto:Kayleigh.gardner@nelft.nhs.uk">Kayleigh.gardner@nelft.nhs.uk</a></td>
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<td>Leadership Team - Waltham Forest Locality <a href="mailto:Bernadette.Duffy@nelft.nhs.uk">Bernadette.Duffy@nelft.nhs.uk</a></td>
<td></td>
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<tr>
<td>Leadership Team - Acute and Rehabilitation ICD <a href="mailto:Sharon.Clennell@nelft.nhs.uk">Sharon.Clennell@nelft.nhs.uk</a> <a href="mailto:Zena.Nicholson@nelft.nhs.uk">Zena.Nicholson@nelft.nhs.uk</a></td>
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<tr>
<td>Leadership Team - Chief Nurse Group <a href="mailto:Colette.tolladay@nelft.nhs.uk">Colette.tolladay@nelft.nhs.uk</a></td>
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<tr>
<td>Human Resources - <a href="mailto:Heather.Lawrence@nelft.nhs.uk">Heather.Lawrence@nelft.nhs.uk</a></td>
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<td>Finance Leadership Teams (to include, IT, <a href="mailto:Kerri.Springer@nelft.nhs.uk">Kerri.Springer@nelft.nhs.uk</a></td>
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<tr>
<td>Business Development and Transformation, <a href="mailto:Sharon.Shepherd@nelft.nhs.uk">Sharon.Shepherd@nelft.nhs.uk</a></td>
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<tr>
<td>Estates Senior Leadership Team - <a href="mailto:Lorna.Williams@nelft.nhs.uk">Lorna.Williams@nelft.nhs.uk</a></td>
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<td>Communication team - <a href="mailto:Communications@nelft.nhs.uk">Communications@nelft.nhs.uk</a></td>
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<td>Compliance Team - (QPS) <a href="mailto:policies@nelft.nhs.uk">policies@nelft.nhs.uk</a> <a href="mailto:Alison.Garrett@nelft.nhs.uk">Alison.Garrett@nelft.nhs.uk</a> <a href="mailto:Shelley.Hart@nelft.nhs.uk">Shelley.Hart@nelft.nhs.uk</a> <a href="mailto:Beth.Maryon@nelft.nhs.uk">Beth.Maryon@nelft.nhs.uk</a> <a href="mailto:Bridget.Tustin@nelft.nhs.uk">Bridget.Tustin@nelft.nhs.uk</a></td>
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<tr>
<td>Chief Pharmacist - <a href="mailto:Heather.Walker@nelft.nhs.uk">Heather.Walker@nelft.nhs.uk</a></td>
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<tr>
<td>Business Intelligence &amp; Performance - <a href="mailto:Donna.Barley2@nelft.nhs.uk">Donna.Barley2@nelft.nhs.uk</a></td>
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<tr>
<td>Organisational Development <a href="mailto:-Linda.Hall-Hems@nelft.nhs.uk">-Linda.Hall-Hems@nelft.nhs.uk</a></td>
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<td>Procurement - <a href="mailto:Pavanjit.Devsi@nelft.nhs.uk">Pavanjit.Devsi@nelft.nhs.uk</a></td>
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<tr>
<td>Health Informatics - <a href="mailto:Sunita.Bhandari@nelft.nhs.uk">Sunita.Bhandari@nelft.nhs.uk</a></td>
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<tr>
<td>Education &amp; Development - <a href="mailto:Sonya.Newby@nelft.nhs.uk">Sonya.Newby@nelft.nhs.uk</a></td>
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<tr>
<td>Health &amp; Safety Team - <a href="mailto:Chris.Shaw@nelft.nhs.uk">Chris.Shaw@nelft.nhs.uk</a></td>
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<tr>
<td>Head of Clinical Audit &amp; NICE - <a href="mailto:elizabeth.francis@nelft.nhs.uk">elizabeth.francis@nelft.nhs.uk</a></td>
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<td>15.</td>
<td>INITIAL SCREENING EQUALITY IMPACT ASSESSMENT FORM</td>
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<td><strong>Directorate/Department</strong></td>
<td>Safeguarding</td>
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<tr>
<td><strong>Name of Policy/Service/Function</strong></td>
<td>Missed Appointments/Non Attendance/ Was Not Brought for Adult and Children’s Health Appointments (Procedure for Managing)</td>
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<tr>
<td><strong>New or Existing Policy/Service/Function?</strong></td>
<td>Missed Appointments/Non Attendance/ Was Not Brought for Adult and Children’s Health Appointments (Procedure for Managing)</td>
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<tr>
<td><strong>Name and role of Person completing the EQIA</strong></td>
<td>Ruth Blackburn</td>
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<td><strong>Date of Assessment</strong></td>
<td></td>
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<tr>
<td><strong>Does the Policy/Service/Function effect one group less or more favourably than another on the basis of:</strong></td>
<td>Yes/No</td>
<td>What/Where is the Evidence to suggest this?</td>
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<tr>
<td>- Race, Ethnic origins (including, gypsies and travellers) and Nationality</td>
<td>Yes</td>
<td>The policy acknowledges the requirement to ensure that appointments are not missed due to changes of address and advocates the use of interpreters and other support for patients/clients and their carers.</td>
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<td>- Gender (males and females)</td>
<td>Yes</td>
<td>All appointments should be held in Trust premises which would work in line with directive on gender. Home Visits or appointments at another venue would need to be assessed by the individual staff member and appropriate assessment tool used (e.g. Lone Working policy)</td>
<td></td>
</tr>
<tr>
<td>- Age</td>
<td>Yes</td>
<td>Accessibility due to age has been detailed within the policy in particular children and those adults requiring support to facilitate attendance at appointments</td>
<td></td>
</tr>
<tr>
<td>- Religion, Belief or Culture</td>
<td>Yes</td>
<td>Accessibility due to age has been detailed within the policy in particular children and those adults requiring support to facilitate attendance at appointments</td>
<td></td>
</tr>
<tr>
<td>- Disability – mental, physical disability and Learning difficulties</td>
<td>Yes</td>
<td>The policy identifies additional policies to support access for clients/patients with a disability or additional need-these are corporate policies which are available to all those planning &amp; delivering care. Provide information in format requested example easy read.</td>
<td></td>
</tr>
<tr>
<td>- Sexual orientation including lesbian, gay and bisexual people</td>
<td>Yes</td>
<td>All appointments should be held in Trust premises which would work in line with directive on gender. Home Visits or appointments at another venue would need to be assessed by the individual staff member and appropriate assessment tool used (e.g. Lone Working policy)</td>
<td></td>
</tr>
<tr>
<td>- Married/or in civil partnership</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Pregnant/maternity leave</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Transgender reassignment</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2 Is there any evidence that some</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-</td>
<td></td>
<td>This guideline supports access to</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there any affected groups?</td>
<td>no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the impact of the policy/Guideline likely to be negative?</td>
<td>no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information about their appointment for communities who may have frequent changes of address or for whom English is not their first language.</td>
<td>yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a need for additional consultation e.g. with external organisations, service Users and carers, or other voluntary sector groups?</td>
<td>no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</td>
<td>no</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can we reduce the impact by taking different actions?</td>
<td>n/a</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Assessor’s Name: Ruth Blackburn  Date: 16th June 2017

Name of Director: Stephanie Dawe

6. Recommendation

Full Equality Impact Assessment required: NO

Assessment authorised by:

Name: [Signature]  E&D assistant manager
Date 6.7.2017

16. Appendices

Appendix 1- Points to be considered when reviewing the significance of a missed appointment
Appendix 2 – was not brought to appointment flow chart
### 17. Approval Form

**SLT APPROVAL SHEET**

<table>
<thead>
<tr>
<th>Policy title:</th>
<th>Missed Appointments Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author:</td>
<td>Ruth Blackburn</td>
</tr>
<tr>
<td>Lead Executive Director approval</td>
<td>Stephanie Dawe – Chief Nurse and Executive Director of Integrated Care (Essex)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Date of meeting</th>
<th>Chair name and title</th>
<th>Signature of Lead Director/EMT Chair</th>
<th>Approved?</th>
<th>Reason for non-approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLT</td>
<td>14/08/17</td>
<td>Stephanie Dawe – Chief Nurse and Executive Director of Integrated Care (Essex)</td>
<td>![Signature]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Once the form has been agreed/not agreed for ratification by the Executive Management Team the Trust Secretary should send to [policies@nelft.nhs.uk](mailto:policies@nelft.nhs.uk) as confirmation of approval.

### 18. Addendum

<table>
<thead>
<tr>
<th>Version</th>
<th>Author(s)</th>
<th>Changes (please identify section, change(s) and page no.)</th>
<th>Ratified/ Authorised by</th>
<th>Date</th>
</tr>
</thead>
</table>
