

# Development of a Safeguarding Pathway in a Paediatric Dentistry Department

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## Background

Children are dependent on their parents or guardians to bring them to hospital appointments (1). The National Institute for Health and Care Excellence guideline 'When to Suspect Child Maltreatment' highlights that clinicians should consider neglect if children do not attend appointments (2). Thorough record keeping and communication is needed to safeguard children who are not brought to hospital appointments. The General Dental Council Standards for the Dental Team also reinforce the responsibility of clinicians to take action for their patients if welfare concerns exist (3).

## Aim

- To assess the number of patients not brought to dental appointments.
- To improve record keeping and communication following non-attendance.

## Methods

A 3-cycle retrospective analysis of children not brought (WNB) to dental appointments at the Department of Paediatric Dentistry clinic in St Thomas' Hospital was carried out. Inclusion criteria included all patients who were not brought to outpatient appointments.

This project was registered in the Trust Clinical Governance Database. Data was collected by review of patient records and entered on an Excel® spreadsheet.

**Standard:**  
When a child is not brought to dental appointments:

- 100% of cases should show evidence in the patient records that contact was made or attempted.
- 100% of cases should have an outcome.
- Action should be taken if welfare concerns exist.

## Results of Cycle 1

In Cycle 1, 50 patients WNB to dental outpatient appointments over one month. The most common reasons for non-attendance included sickness, forgetfulness, school commitments and seeking care elsewhere. 22% (n=11) of these records show attempts to contact the patient. Inconsistencies in letter writing and note keeping were noted.

- Action Plan following Cycle 1:**
- A WNB pathway was developed to aid decision making, guide communication and improve note keeping. All the elements seen in **Figure 1** contributed to the development of this pathway.
  - A safeguarding statement was added to all clinic letters to inform the reader that missed appointments and/or welfare concerns are routinely followed up.
  - A change to the outcome form was made to record safeguarding concerns and prevent patients being lost to follow up (**Figure 2**).
  - The administration and secretarial team contributed to the pathway development.

## Results of Cycle 2

The new WNB pathway was piloted in Cycle 2 (30 patients). The pathway was followed in 50% (n=15). 53% (n=16) were contacted, of which contact was successful in 31% (n=5). Improvement in patient contact and documentation was noted.

- Action Plan following Cycle 2:**
- These findings were presented at a local governance meeting.
  - Clinicians were reminded to follow the WNB pathway to safeguard children.
  - The WNB pathway was adapted to allow more flexibility and improve ease of use.

## Results of Cycle 3

Compliance with the adapted WNB pathway was assessed in Cycle 3 (30 patients). The pathway was followed in 37% (n=11) (**Figure 4**). 37% (n=11) were contacted, of which contact was successful in 55% (n=6). A variety in letter writing was still noted.

## Discussion

Development of a WNB pathway has improved record keeping. However, the results of Cycle 3 were disappointing. The pathway requires further development to improve compliance. These findings will be discussed among clinicians to gain feedback on how to make the pathway easier to follow; with the aim of improved safeguarding.



Figure 1. Components of Safeguarding Pathway

WNB/cancellations:	
20	Discharge
30	Rebook
03	SAFEG comment on PIMS
Named clinician:	

Figure 2. Introduction of a safeguarding code on the outcome form

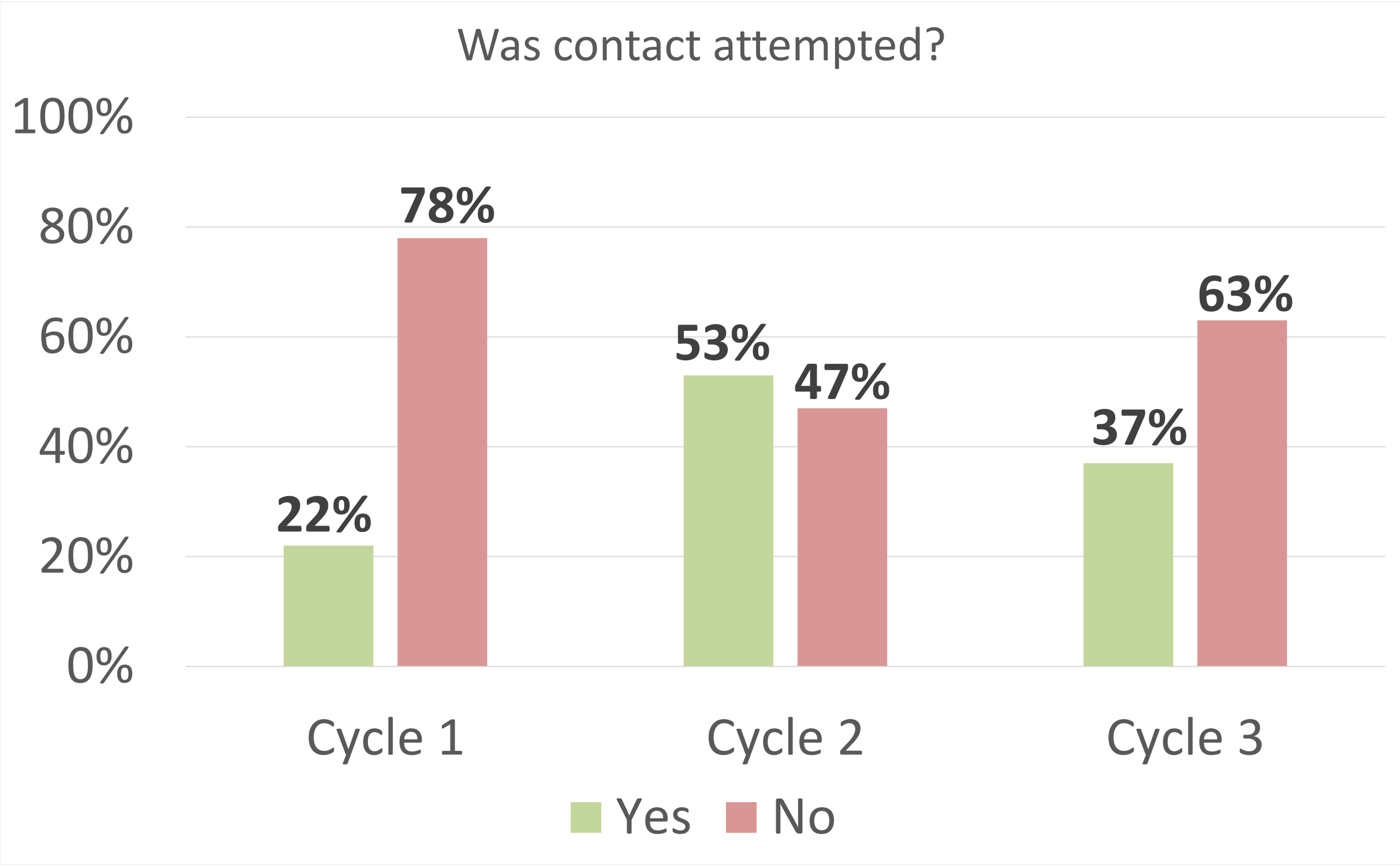


Figure 3. Barchart demonstrating contact attempt in each Cycle

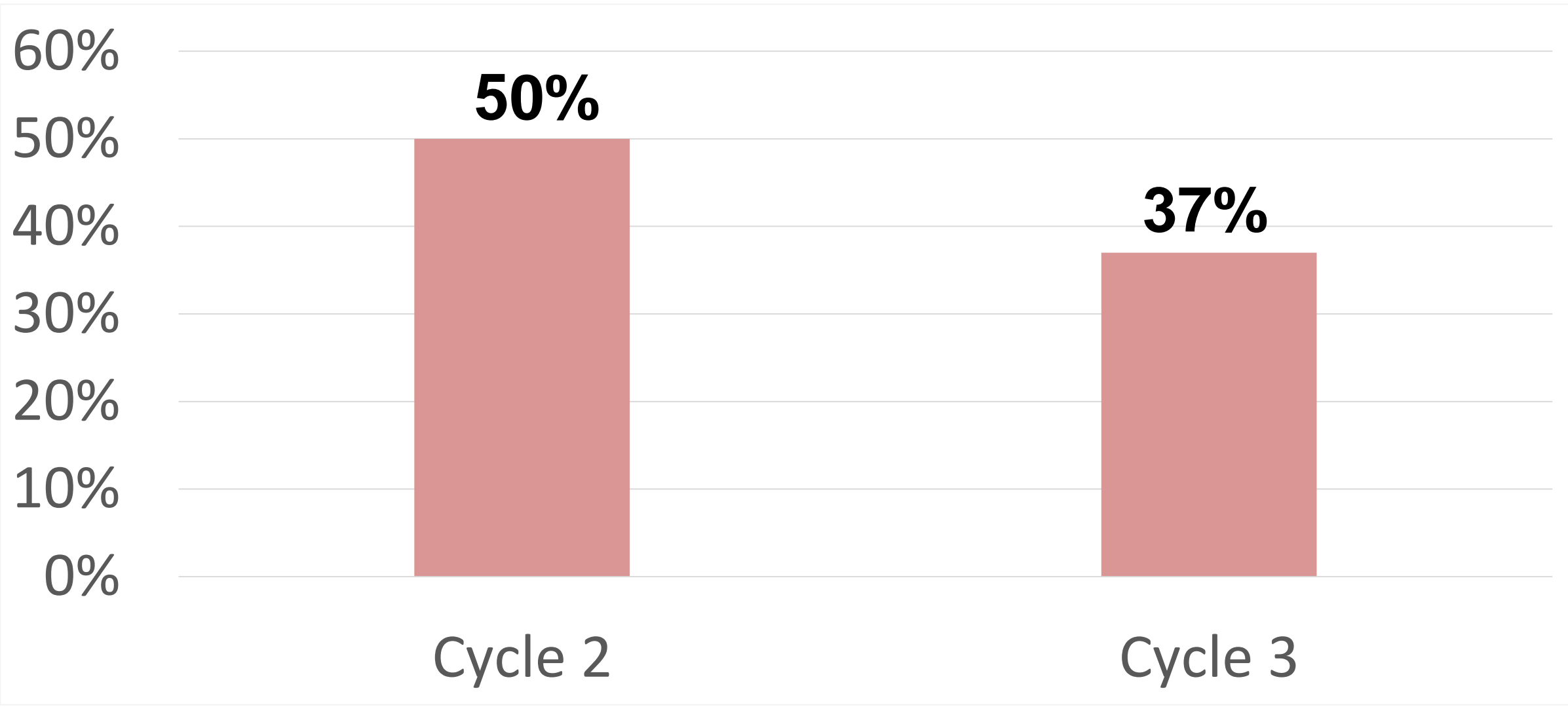


Figure 4. Compliance with new WNB pathway

## Conclusion

Children who are not brought to appointments need to be followed up and outcome decisions need to be clearly documented in the patient records.

## References

1. Simons, D., Pearson, N. and Dittu, A. (2016) 'Why are vulnerable children not brought to their dental appointments?', *BDJ Team*, 3(9), p. 16156. doi: 10.1038/bdjteam.2016.156.
2. NICE (2017) Child maltreatment: when to suspect maltreatment in under 18s, *Guidance NICE*. Available at: <https://www.nice.org.uk/guidance/cg89> (Accessed: 22 October 2019).
3. General Dental Council (2013) *GDC Standards for the Dental Team*. Available at: <https://www.dentalprotection.org.uk/articles/gdc-standards-for-the-dental-team> (Accessed: 22 October 2019).