Lincolnshire Community Health Services NHS Trust

# Policy for
# Clients who Do Not Attend (DNAs) and No Access Visits

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|---|---|
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**Version Control Sheet**

## Policy and Procedure for Services where:

## 1. The client Did Not Attend (DNA) health appointments

## 2. There are No Access Visits (NAV)

| Version | Section / Para / Appendix | Version / Description of Amendments | Date | Author / Amended by |
|---|---|---|---|---|
| 1 | New Document | | December 2016 | Jean Burbidge |
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**Policy and Procedure for Services where:**

**1. The client Did Not Attend (DNA) health appointments**

**2. There are No Access Visits (NAV)**

**Contents**

# Policy Statement

## Policy and Procedure for Services where:
## 1. The client Did Not Attend (DNA) health appointments
## 2. There are No Access Visits (NAV)

| | |
|---|---|
| **Background** | Many Serious Case Reviews / Domestic Homicide Reviews, both nationally and regionally have featured DNA and NAV as a precursor to serious child/ adult, abuse and death.: The wellbeing of the person is often not known at the point of DNA. |
| **Statement** | This guidance applies to children and adult services within the Trust and has been developed to ensure good, consistent, safeguarding practices across LCHS.<br>Did not attend (DNA) will be referred to throughout this policy and procedure, but where applicable includes where a client is not presented, or not brought for their health appointments |
| **Responsibilities** | This service operation plan applies to staff directly involved in providing care to children and adults, and to those staff working with adults whose illness or condition may have an impact on the health or well being of children in their care. |
| **Training** | Staff delivering any componenet of the 0-19 years servcie and/or adult services have a responsibility to read and comply with this policy and procedure |
| **Dissemination** | Operational leads and Professional Leads, for the 0-19 services, and adult integrated teams, will be responsible for ensuring that all relevent staff and practitioners are made aware of and have access to this policy and procedure<br>All staff will have access to this document via the LCHS website and the unsecure J drive. |
| **Resource implication** | This will involve practitioner recources of time to ensure implications of meeting of new guidance, to be incorporated into mapping of team resources |

# Policy and Procedure for Services where:
# 1. The client Did Not Attend (DNA) health appointments
# 2. There are No Access Visits (NAV)

## 1.0 Introduction

1.1 Lincolnshire Community Health Services NHS Trust recognizes that people may choose not to attend appointments, or discontinue contact with the services that are provided for them. In some cases this may not be problematic but there will be occasions when a person's non attendance is an indicator that there may be a risk to themselves or to others through deterioration in their health. Therefore, any failure of planned contact should be regarded as a potentially serious matter and should lead to an assessment of potential risk. Practitioners using this policy and procedure must have an up to date knowledge of clinical risk assessment, adult and child safeguarding procedures.

1.2 Evidence from Serious Case Reviews / Domestic Homicide Reviews, both nationally and regionally have featured DNA and NAV as a precursor to serious child/ adult, abuse and death.: The wellbeing of the person is often not known at the point of DNA

1.3 This policy applies to adult and 0-19 services within the Trust and has been developed to ensure good, consistent, safeguarding practice across the organisation.

1.4 Did not attend (DNA) will be referred to throughout this policy and procedure, but where applicable includes where a client is not presented, or not brought for their health appointments.

## 2.0 Background

2.1 When people do not attend (DNA) appointments there are a number of issues that present a challenge to the service and potential unaddressed need for the service users:

- Many Serious Case Reviews / Homicide Reviews, both nationally and regionally have featured DNA and no access visits (NAV) as a precursor to serious child/adult, abuse and death.: The wellbeing of the person is often not known at the point of DNA
- Lord Laming (2003) recommended that following DNA / NAV the responsibility for any assessment of the situation rests with the practitioner. Therefore the risk assessment of any failure to engage remains with the LCHS service, with advice from the Corporate Safeguarding Supervisor where required.
- Using this guidance the practitioner must be familiar with health service's responsibility concerning safeguarding children / adults at risk (Working Together to Safeguard Children DoH, 2015 / LSCB / LSAB Safeguarding policies and procedures) and be able to implement the public interest test regarding information sharing for safeguarding. Practitioners must exercise safe and proportionate information sharing using the `Seven Golden Rules` (Information sharing Guidance for Practitioners & Managers 2015 HMSO)
- Professionals should be child/adult focused and consider children, young people and adults 'at risk' even when the DNA / NAV relates to the parents/carer, particularly when mental health or problematic substance misuse is featured. Always be aware of **Think Family** agenda
- DNA's contribute to a substantial number of wasted appointment times and can impact on clinical resources.
- Other agencies involved of the care of the individual need to be informed.
- The psychosocial adversities contributing to persistent DNA patterns can also be

risk factors for safeguarding concerns, including domestic abuse. Therefore a proportion of the DNA cohort will compromise some of the more vulnerable people

that we see.

- Additional appointments may need to be offered or alternative engagement strategies offered.

2.2 Factors influencing DNA are multiple:

- Symptom improvement may lead to reduced motivation or need to attend.
- Varying levels of engagement or satisfaction with the service.
- DNA is more likely when time lapses between appointments
- Families have other commitments and can forget or confuse appointments.
- Child/adult with learning needs

Evidence from serious case reviews for both adults and children suggest that failure to keep appointments can be early indicators for safeguarding concerns. Early intervention is the key to safeguarding adults, young people and children.

**3.0 Purpose**

The policy is to ensure that:

- There is a clear process for all staff working within LCHS on how to apply safeguarding principles and procedures to the following situations:
  - New referrals that do not attend their first appointment.
  - Patient known to our services but did not attend a follow up appointment.
  - No access visits where community staff are unable to make contact with, or gain access, to a person's place of residence.
  - Appointments cancelled by people in advance.
  - Those occasions when appointments need to be cancelled by the Trust.
- Processes are in place to ensure early intervention and prevention when disengagement is a feature as this is the key to safeguarding adults / children.
- Services promote effective communication and information sharing with both interagency and multi –agency professionals and services when people of any age do not attend, particularly where high risk is identified, or where there are known safeguarding concerns e.g. timely response times, agreed referral pathways, regular discussion;
- All staff will treat patients, carers and referrers with respect; providing clear, concise communication, being welcoming, helpful and friendly, offering them choice where ever possible and keeping them informed and updated;
- Services only cancel clinics/appointments/visits in exceptional circumstances e.g. sickness;
- To ensure the recording and collection of timely information to enable analysis of incidents and identification of investigations.
- Patient feedback is aggregated and used across the service to improve processes. Services develop efficient processes that put patient needs first;
- The safety and well being of patients who miss an appointment or home visit is maintained;

- The safety and well being of the general public is maintained. It is recognised that some patients may pose a risk to themselves or others if they do not maintain contact with services;
- To reduce the number of unnecessary home visits or appointments offered by health staff where access is denied or there is disengagement.

All adult and 0-19 services/teams and their line managers throughout Lincolnshire Community Health Services will adhere to these guidelines. The guideline is available to others in the Lincolnshire Health Community as an example of good practice.

**4.0 Definitions**

**Appointment** - an arrangement made in writing or on the telephone, or by people contacting
services, where an arrangement is made to see an adult at a certain time, date and place.
**Cancellation** - refers to appointments where a service receives prior notification that an adult
will not be attending.
**Cancellation made by the Trust** - refers to an appointment cancelled by a service due to extenuating circumstances and the adult, family member or carer has been informed of this in advance of the appointment.
**Did not attend (DNA)** - is defined as any scheduled appointment to see an adult/child, who, without notifying the service, did not attend/was not presented/was not brought for their appointment, This refers to any prearranged contact with an adult/child, whether it is at their home, community clinic, at a community team building, within a hospital setting, or any other type of contact arranged relating to the provision of this service.
**Disengagement** - is when a child/adult, family member, or carer, does not respond to requests from health professionals. Behaviours of disengagement are usually cumulative and may include:-

- Disregarding health appointments
- Not having a GP
- Not being home for professional visits
- Not allowing professionals into the home
- Agreeing to take action but never do it
- Hostile behaviour towards professionals
- Manipulative behaviour resulting in no health care
- Actively avoiding contact with professionals
- Attendance at urgent care centre's, accident and emergency departments but not waiting to be seen/taking own discharge.

**First Appointment** - an appointment made to see a child/adult, who is not previously known to the service.
**Follow up appointment** - an appointment given to a known child/adult, who is receiving on-going support and treatment.
**No Access Visit (NAV)** - is an appointment made with an adult, parent or carer and when the health care professional or member of staff attends their place of residence, or another setting within the community, at the pre-arranged time and place, they are not available and no contact is made

**Safeguarding** - systems and practices to protect and prevent all children/adults, but in particular those considered most at risk, from suffering abuse.
**Visit** - An appointment that has been arranged by a health care professional or support worker and may take place in the home of a child/adult, or another appropriate community setting.

**5.0 Duties / Responsibilities / Training**

| Role | Duties |
|---|---|
| **Chief Executive** | Assuring that this policy is implemented within the Trust. Operational responsibility has been delegated. |
| **Director of Nursing and Operations** | Ensuring that Trust's management of safeguarding children and adults is discharged appropriately and has lead responsibility for the implementation of this policy. Ensuring a systematic and consistent approach to the management of safeguarding children and adults. |
| **Head of Safeguarding/Corporate Safeguarding Team** | The Head of Safeguarding has lead responsibility for the coordination and organisation of safeguarding children, young people and adults. To provide specialist advice and support to senior managers/clinicians and is accountable to the Director of Nursing and Operations.<br>Corporate Safeguarding Team provide specialist advice and support to managers/clinicians issues arising in respect of safeguarding children, young people and adults. |
| **Safeguarding and Patient Safety Committee** | Monitoring the management of safeguarding adults, young people and children including any risks identified within services.<br>All incidents are reported via Datix, the Trust's incident report procedure. A report of all incidents is discussed at monthly meetings of each Service Line Clinical Governance Group. |
| **Deputy Directors and Heads of Clinical Services** | Aware of the policy and promote good practice.<br>Provide support and guidance regarding resources to enable this policy to be implemented.<br>Staff implement safe systems or work in accordance with the procedures referred to in this policy. |
| **Service Line Managers, Matrons, Ward Managers and Lead Nurses** | They are to be familiar with this policy and are responsible to adhering to the procedures referred to.<br>Staff attend training applicable to their role and for implanting the guidance across their areas of responsibility. Staff work to the standards set out in this policy. |
| **Clinical Staff** | They are familiar with the policy and responsible for adhering to the procedures referred to within the policy and risk assessment of disengagement. Attendance at LCHS Mandatory Training. |

## 6.0 Prevention

6.1 Many of the adults that need access to our services can often have multiple pressures and demands, including communication issues such as literacy, language and learning disabilities, as well as mobility issues, poverty, discrimination and social exclusion.
6.2 LCHS recognises, the importance of modelling services, which are accessible, relevant, user friendly, engaging, and respectful. Therefore when arranging appointments and visits all trust services are expected to consider steps to prevent or reduce the potential for nonattendance wherever possible. This will include offering choice and flexibility in relation to appointment times and location; offering clear, unambiguous, user friendly information in accessible formatting and in translations appropriate to local communities; employing the use of interpreters as necessary.

## 7.0 Disengagement

Disengagement is when a person and those close to them do not respond to requests from health professionals. Behaviours of disengagement are usually cumulative and may include –

- Disregarding health appointments.
- Not completing health questionnaires or registration details.
- Not being registered at a GP.
- Not being at home for pre-arranged professional visits.
- Agreeing to take action but never carrying it out.
- Hostile behaviours towards professionals.
- Manipulative behaviour resulting in no health care.
- Avoidance of contact with health professionals.

(Please refer to LSCB / LSAB, working with Uncooperative / Hostile Families guidance)

## 7.1 Managing Disengagement

In order to safeguard and protect the welfare of adults / children, in particular those with vulnerabilities e.g. mental health or learning disabilities, practitioners should be aware of the risks and damaging impact disengagement from health care services can pose.

- Disengagement is a strong feature in domestic abuse and in serious neglect and the physical abuse of vulnerable adults / children. Practitioners should routinely ask adults with mental health or learning disabilities when they are being seen in any health setting, whether there are children or young people in the home and they must consider the impact of adult disengagement on them.
- Practitioners must analyse/risk assess situations where disengagement is a feature.
- This must include recording of patient consent/patient mental capacity to consent to services offered and the impact of non-access to health care appointments. Practitioners must also where safe to do so ask patients regarding domestic abuse and support patient safety according to Lincolnshire Domestic Abuse protocol.
- Cases of disengagement where there are concerns for an adults / child's welfare must be discussed with line managers and where further advice is required, the Safeguarding team. A professional meeting to share information and agree a way forward in the form of a clear action plan may be require

# SECTION A

## CHILDREN AND YOUNG PEOPLE

### 1. Did Not Attend (DNA) for health appointments. This includes when a Child is:-

- **Not presented for health appointments**
- **Not brought for health appointments**

### 2. No Access Visits (NAV)

The information within this section is taken from the Standard Operational Procedure for Universal Service (Health Visiting and School Nursing) for Core Offer Appointments where the client does not attend. Regerence Number - G_CS_77.

Authors: Leanne Mchugh, Carolyn Krupa and Anita Wood

**This Policy now replaces the above Standard Operational Procedure**

## 1. Scope

All Health Visiting and School Nursing teams and their line managers throughout Lincolnshire Community Health Services will adhere to these guidelines. The guideline is available to others in the Lincolnshire Health Community as an example of good practice.

## 2. Patients covered.

All service users under the care of universal, and universal plus core offer of services by 0-19 Universal Services for Family and Healthy Lifestyles, LCHS

## 3. Responsibilities:

All 0-19 Universal team members have responsibilities in: **Risk Assessment**

Professionals need to analyse / risk assess situations where disengagement is a feature.

Disengagement may be a danger sign.

Children may suffer significant harm in terms of their physical, mental health or development where disengagement exists.

## 4. Record Keeping

- Record the content of all discussions, actions taken and outcomes clearly in the child or parent /carer record as appropriate.
- Records should be contemporaneous, recorded as per LCHS guidance/policy on `Record Keeping` (**Clinical Records Management Policy**)
- Record analysis, observations and conclusions and actions taken clearly, ensuring that any referral letters and the content of previous records have been considered.

## 5. Action

- Where possible, speak with the parents /carer or young person to ascertain their understanding of the situation.
- Health staff should try every method known to engage the family with health care.
    - Contact by phone
    - Contact by letter
    - Opportunistic home visit/ consider school visit if appropriate
- The use of a chronology of significant events can help to identify disengagement

In cases where risk factors highlight concerns about disengagement refer to Children's Social Care and continue to work with the multidisciplinary team to gain access to support the child. (See LCHS Safeguarding Children Policy and Procedures)

In emergency situations health staff should contact the Police to gain access to the child to enable an assessment to be carried out. (Safe and Well Check)

Many Serious Case Reviews / Homicide Reviews, both nationally and regionally have featured DNA and NAV as a precursor to serious child abuse and child death.

- Professionals should be child focused and consider children and young people even when the DNA / NAV relates to the parents/carer, particularly when mental health or problematic substance misuse is featured.

- Professionals should ensure they are appropriately trained in the identification of child maltreatment to ensure effective judgements are made as to whether the child or young person's health and development are subject to impairment

- Know when and with whom to share information when there are concerns about a child or young person's welfare and where to get advice.

- Document assessments, analysis, communications and actions taken in the child / young person or parent / carer record as relevant.

- Parents / carers may disengage with health care for themselves or their children.

- Disengagement is a key risk factor for children and families and may be a precursor to something more serious happening.

**Responsibility to risk assess further action following DNA / NAV**:

Lord Laming (2003) recommended that following DNA / NAV the responsibility for any assessment of the situation rests with the practitioner to whom the child has been referred in conjunction with the referrer. Therefore the risk assessment of any failure to engage remains with the Universal 0-19 service, to risk assess with advice from the Safeguarding Supervisor where required.

Using the above guidance the practitioner must also be familiar with health service's responsibility concerning safeguarding children (Working Together 2013 /LSCB Safeguarding policies and procedures) and also be able to implement not only the public interest test regarding information sharing for safeguarding, but also exercise safe and proportionate information sharing using the **`Seven Golden Rules`** (Information sharing Guidance for Practitioners & Managers 2008 HMSO)

## 6. Planning & workload allocation priorities

The proposed guidance will be divided into actions required for:-

A. Universal core offer for children/families
B. Universal plus offer for children/families.

## A. Universal Core offer 0-5

Primary Birth Visits (all families)

- All Primary Births visits are to be completed within 10-14 days in line with the Health Visiting core offer.

- Where the Health Visitor becomes aware that the child remains in hospital (Health visitor to liaise with the Maternity Services/Neo-natal unit)

- The Health Visitor will continue to offer the visit and if able, complete the Primary Birth Visit ensuring contact with the mother/family is undertaken in accordance with the commissioned service offer.

- Record in the child's record (using the system One PBV template) the reason for no contact to the child.

- Open an individual need offer and carry out a home visit to provide on-going care to mother, and the opportunity to complete the assessment of the baby.

- If the child has moved out of the area (Transfer out policy to be followed)

- If the child /family are not able to be contacted or seen as planned a full risk assessment including liaison with the midwifery service/GP needs to be undertaken. Health visitor to review the antenatal assessment.

- Further appointment to undertake the home visit needs to be set as a priority.

- Failure to make contact with the parent/child in these circumstances may indicate escalating risk factors and without a full history concerns should be raised.

- If there is no access to this contact the member of staff should update the `Risk and Vulnerability matrix` and seek advice from their Team Lead/Operational Lead as per the **Safeguarding Memorandum of Understanding (2014**) All contacts/liaison must be documented.

**Core offer activity**

- All children to be offered 2 appointments to attend for their assessment / contact. All appointments sent to be attached to the child's record.

- Should the child not attend the appointments, the Health Visitor must review the health visiting record to assess, in their clinical judgement if there are any risk factors, which would identify whether a home visit would be required to complete the assessment.

    - This should include a review of **attendances at A&E / Out of hours/ Walk in centre** / **GP** and also the maternal/carer record.

- If any risk factors are identified these should be recorded within the risk and vulnerability matrix.

- No risk factors identified, the **health visitor** will write to the family requesting they contact the service to make a further appointment for the assessment to take place. The letter to be attached to the child`s record.

- All DNA's / Non access contact must be recorded in the chronology of significant events.

- If the service is declined at any point in this process the health visitor needs to refer to the "Family decline Health Visiting service pathway".

- Should the child transfer to the School Nursing service the child`s history of engagement must be passed to the service, and they must be included on the core offer for school age children.

**B. Universal / Universal plus / Universal partnership plus children and Families**

- All children identified in these categories to be offered 2 appointments to attend for their assessment / contact. A copy of all appointments sent, to be attached to the child's record.

- Should the child fail to attend the appointment the Health Visitor should review the record for identified risk factors for the child, siblings and adults in the household and to consider related siblings who may not be in the household. A home visit must be allocated to the family to complete the contact.

- If the assessment is successfully completed at the appointed home visit, the member of staff must update the child's and family record including completing the risk and vulnerability matrix, and refer any new and existing safeguarding concerns identified to Children's Services / Key Worker if already allocated.

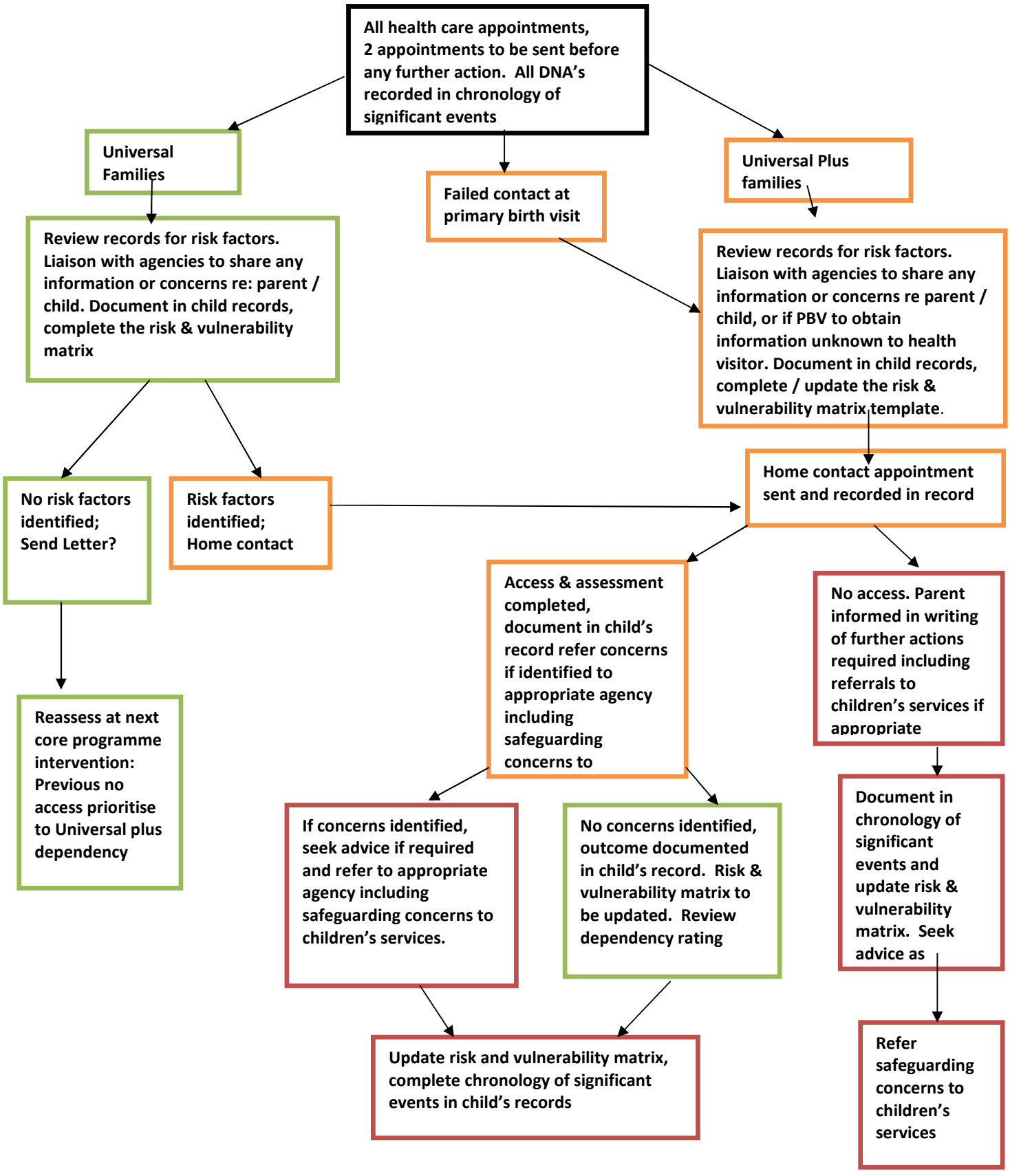
- If there is no access to this contact, the member of staff should update the risk and vulnerability matrix and seek advice from their Team lead and Senior Health Visitor/School nurse.

- In addition, if the service is declined at any point in this process, the health visiting should update the risk and vulnerability matrix and follow the "Family Decline Health Visiting Service" pathway and seek advice from Strategic (Clinical Lead)Universal Childrens Services 0-19

- Where safeguarding concerns are identified the family will be informed that if no contact is made with the Health Visiting Service, a referral to Children's Services will be made. The parent or carer will be informed of this action both verbally and in writing. Justification for the sharing of information across agencies must be recorded in the child's records according to the public interest test of safeguarding a child's welfare and safety.(Information Sharing 2008 HMSO)

    - All DNA's / No access contacts must be recorded in the chronology of significant events. See flow chart below:

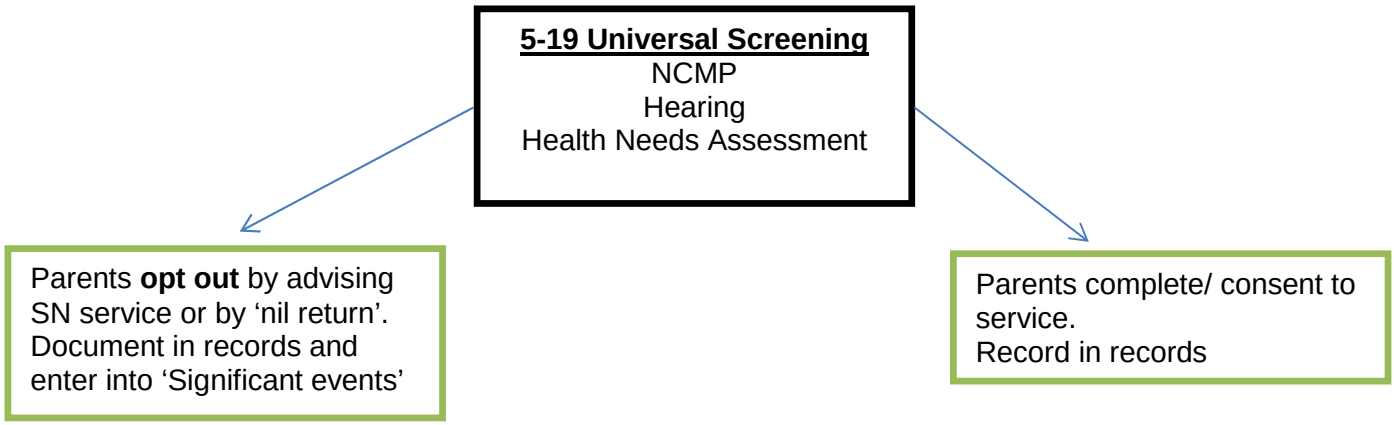
## Flowchart for Universal / Universal plus / Universal Parnership plus children and Families




**Core Offer Activity 5-19**

Universal Screening
National Child Measurement Programme (NCMP)
Hearing
Health Needs assessment

All practitioners should
document in child's records if parents opt out of Universal Screening
Record in Significant Events
Refer to School Nursing Service Spec 2013-14




**7. Dissemination:**

Locality Leads, Operational Leads, Community Practice Educators within Family and Health Lifestyles Business Unit.

**8. Resource Implication:**

This will involve the Health visitor resources of time to ensure implications of meeting new guidance, to be incorporated in to mapping of team resources.

**9. References/Bibliography:**


1. NMC ( 2010) Record Keeping Standards
2. NSPCC (2010) `Ten Pitfalls & How To Avoid Them`
3. Working Together to Safeguard Children (2015)
4. Lincolnshire Safeguarding Children's Board Policy and procedures.
5. LCHS Safeguarding Policy and Procedures (2016)
6. Information Sharing Guidance 2008 HMSO

7. Safeguarding Memorandum of Agreement (2014) LCHS
8. School Service Specification 2014
9. National Child Measurement Programme (2016)
10. Health Child Programme 0-5 and 5-19 (2009)

**Appendix 1**

## Decline of Health Visiting flow chart

**FAMILY DECLINE**
**HEALTH VISITING SERVICE**

Family inform Health Visitor

**Appendix 2**

**Decline Health Visiting letter and a home appointment**

Lincolnshire Community Health Services NHS

NHS Trust

Chief Executive: Andrew Morgan

Our Ref:
Your Ref:
Please ask for:
Telephone:
E-mail address:
Date:

Address line 1
Address line 2
Address line 3
POSTCODE

Tel:
Calls via typetalk are welcome
Fax:
Website: www.lincolnshirecommunityhealthservices.nhs.uk

Parents of xxxx dob xxxx

Dear Parents (name)

I have been informed that you wish to decline Health Visiting Services and I would like to take the opportunity to discuss this with you.

I have arranged to come and see you on xxxxxxxxxxx at xxxxxxxxx. If this appointment is not convenient please contact me on the number above to rearrange a time that is suitable for you.

Anita Wood
Strategic (Clinical Lead) Universal Children's Services (0-19)

cc GP

**Appendix 3**

**Decline of Health Visiting letter**

Lincolnshire Community Health Services NHS
NHS Trust

Chair: Elaine Baylis QPM
Chief Executive: Andrew Morgan

Our Ref:
Your Ref:
Please ask for:
Telephone:
E-mail address:
Date:

Address line 1
Address line 2
Address line 3
POSTCODE

Tel:
Calls via typetalk are welcome
Fax:
Website: www.lincolnshirecommunityhealthservices.nhs.uk

Parents of xxxx dob xxxx

Dear Parent (name)

I am writing to confirm that you have informed me of your wish to decline Health Visiting services at this time for you and your child (ren).

Health Visiting services are offered universally for all families with children under five years of age and although you have declined the service you may opt back in at any point either to continue the full programme or just to seek advice regarding your child and family health needs.

Should you wish to contact us in the future please telephone 01522 308800 and we would be more than happy to support you and your child.

Your GP Practice will continue to support you and your child with any health and development issues and with the full immunisation programme offered.
A copy of this letter will be sent to your GP to inform them of your decline of Health Visiting service

Please do not hesitate to contact me if I can be of any further assistance

Anita Wood
Strategic (Clinical Lead) Universal Children's Services (0-19)

cc GP

# SECTION B

## ADULTS

1. **Did Not Attend (DNA) health appointments**
   **This includes when a Client is:-**
   - **Not presented for health appointments**
   - **Not brought for health appointments**

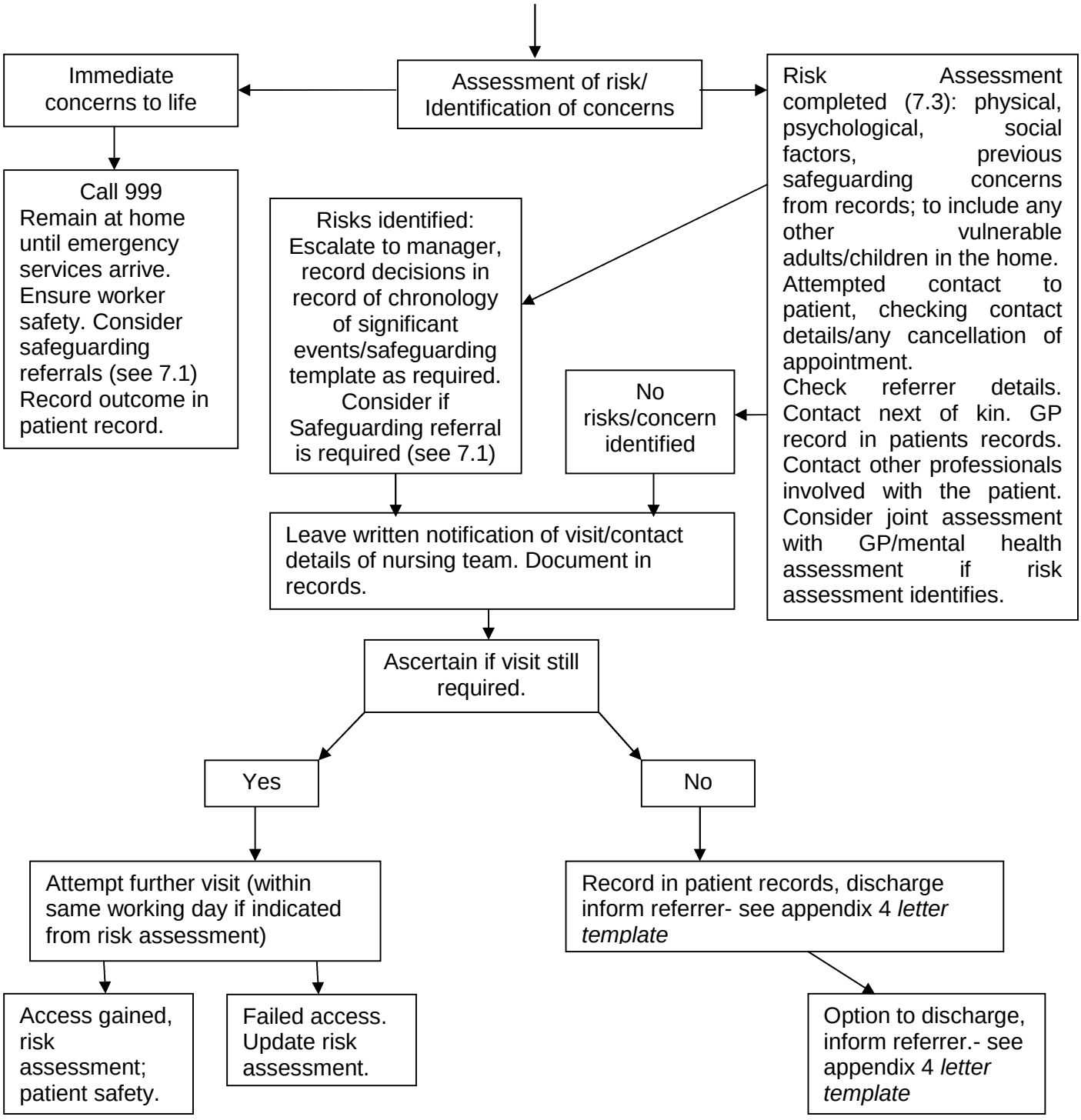
2. **No Access Visits (NAV)**

**Figure 1**

**Adults At Risk Pathway/Action When No Access/No Attendance Identified**

**Pathway for Non Access to Home Visit**

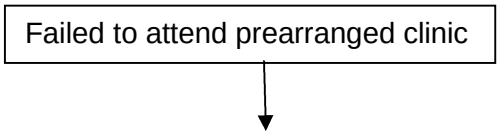
No Access to Home

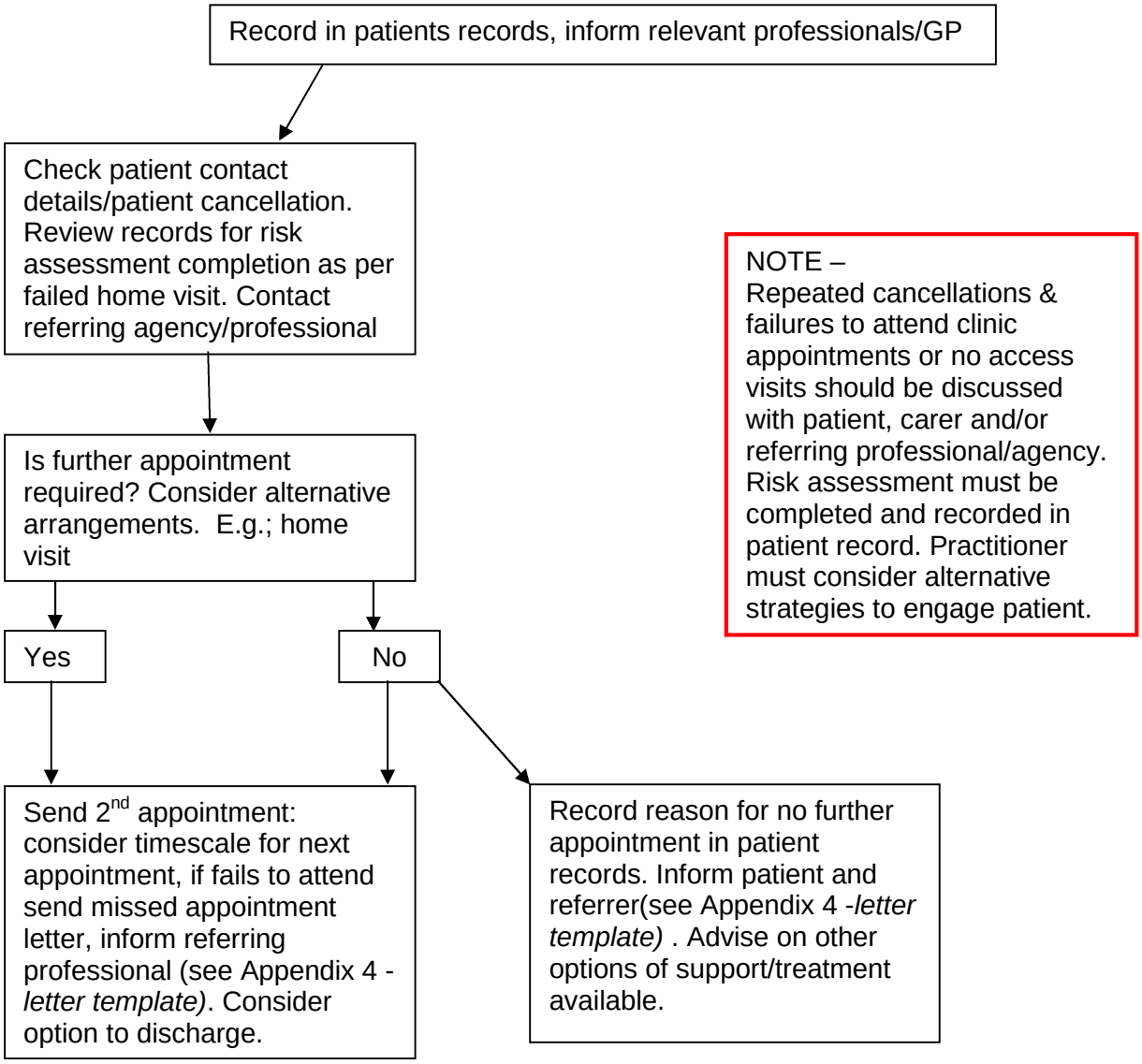



**Record No Access Visit (NAV) in the Chronology of Significant events**

**Figure 2**

**Pathway for No Attendance at Clinic**






**Record Did Not Attend (DNA) in the Chronology of Significant events**

**Figure 3**

**Risk Assessment for Failed Access/No Attendance**

| | | | |
|---|---|---|---|
| **1** | What is the person's health condition, diagnosis or vulnerability? | | |
| **2** | Why was the person referred to LCHS services? | | |

| | | | |
|---|---|---|---|
| | Review referral records, was this at person's request? | **Y/N** | |
| **3** | Is there a history of failed visits / attendances? Record number and over what time period. | **Y/N** | |
| **3** | If answered 'Yes' to Q2, was the patient in any danger or risk identified when they did not respond? | **Y/N** | |
| **4** | Have all the individuals known to the patient been contacted without positive information? | **Y/N** | |
| **5** | How long is it since the patient was last seen and under what circumstances and by whom? | **Y/N** | |
| **6** | Has there been a recent period of ill health/ hospitalisation / life event? | **Y/N** | |
| **7** | Is there a history of falls/wandering/self-neglect? | **Y/N** | |
| **8** | Is the person mobile outside of their home? | **Y/N** | |
| **9** | In your opinion could be person be at risk of immediate harm if not located? If so, why? | **Y/N** | |

The above risk assessment should be completed in conjunction with the flowcharts by the visiting member of staff and their supervisor/manager, to evidence decision making and actions taken.

Action to be taken when assessment indicates safeguarding concerns (to be completed in conjunction with LSAB/LCHS Safeguarding procedures)

Where an assessment of referral information, or information contained within health care records, indicates potentially high risk issues and the service is unable to make contact with the adult, or their carer, contact must be made with the referrer and/or GP as soon as possible, advising them of the situation and requesting advice on the immediate action to be taken could include –

- The senior clinician will continue to make attempts to establish contact throughout the day. If out of normal working hours, contact to be made to On Call Manager and EDT services at Local Authority if required.
- Consider the need for a multi-agency strategy meeting to be convened.
- Inform Adult Safeguarding team at LCC after seeking advice from LCHS Corporate Safeguarding team if required.
- Inform Children's Social Care if the person is known to have care of children. Inform identified staff member for the FHLS 0-19 team.
- All actions are to be recorded on SystmOne in the adult safeguarding template and chronology of significant events.
- A Datix is to be submitted.

**Assessment indicates no safeguarding concerns**

If the referral information or information contained within health records does not indicate any high risk issues, the clinician or clinical team must decide whether to refer the person back to the referrer (often primary care) or to reschedule another appointment. This decision will be made by the clinician or clinical team, assessing all the information available to them; using risk assessment (Figure 3) and recording in patient record.

If further appointment(s) are arranged and the adult still does not attend, the referral should be discussed with the GP and referrer to agree on what further action needs to be taken or whether discharge is appropriate (Figure 1 and 2).

**Manaagement of failed contacts (other than EMAS CAD Referrals)**

It is a common occurrence for patients that have called 111 and been allocated a clinician call back or appointment booking to be unavailable when contact is attempted. For further information on managing failed contacts refer to page 18 in:
*The Clinical Assessment Service Standard Operating Procedure, Directory and Pathways,* available on the link below:
J:\2016-2017\LCHS\Urgent Care\CAS\SOP

**Appendix 4**

**Letter to Referrer**

Our Ref:
Your Ref:
Please ask for:
Telephone:
E-mail address:
Date:

Address line 1
Address line 2
Address line 3
POSTCODE

Chair: Elaine Baylis QPM
Chief Executive: Andrew Morgan

Tel:
Calls via typetalk are welcome
Fax:
Website: www.lincolnshirecommunityhealthservices.nhs.uk

***DATE***

**Dear (Referrer Name)**

**RE: A PATIENT, ADDRESS, DATE OF BIRTH**

Thank you for your referral dated xxxxxx.

We have offered *A Patient* an appointment on the xxxxxxxx. Unfortunately he/she (delete as necessary) did not attend/cancelled (delete as necessary) the appointment.

We have contacted the patient to find out the reason for the cancellation/non attendance which was due to xxxxxxxx. We have now discharged them from the service and are referring them back to you for re assessment of their needs.

We would welcome a further referral if you feel that the patient would still benefit from our service and they are happy to attend.

Yours sincerely,

Team

**NHSLA Monitoring Template**

**This template should be used to demonstrate compliance with NHSLA requirements for the policy where applicable and/or how compliance with the policy will be monitored.**

| Minimum requirement to be monitored | Process for monitoring e.g. audit | Responsible individuals/group /committee | Frequency of monitoring /audit | Responsible individuals / group / committee (multidisciplinary ) for review of results | Responsible individuals / group / committee for development of action plan | Responsible individuals / group / committee for monitoring of action plan |
|---|---|---|---|---|---|---|
| Adherence to policy | audit | Team/Operational Leads | Quarterly Audit | Safeguarding and Patient Safety Committee | Operational Leads. Team Leads | Operational Leads |

**Name of Policy/Procedure/Function***

**Equality Analysis Carried out by:**
**Jean Burbidge**
**Date: 3rd January 2017**
**Equality & Human rights Lead:**
Qurban Hussain
**Director\General Manager:**
Lisa Green

***In this template the term policy\service is used as shorthand for what needs to be analysed. Policy\Service needs to be understood broadly to embrace the full range of policies, practices, activities and decisions: essentially everything we do, whether it is formally written down or whether it is informal custom and practice. This includes existing policies and any new policies under development.**

**Section 1 – to be completed for all policies**

| | | | | |
|---|---|---|---|---|
| A. | Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be | The purpose of the policy is to ensure that all staff in LCHS understand their role and responsibilities in respect of Did Not Attend (DNA) for health appointments and No Access Visits (NAV) by:<br>Families/adults/carers/children and young people<br>Transferring in and out:<br>• to a new health visiting case load<br>• within the county/adult services. | | |
| B. | Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? **Please give details** | Staff to ensure that all families/adults/carers/children and young peopple have their records reviewed and are offered a transfer in contact if needed following the pathways. Records and care are transferred out using the appropriate pathway. | | |
| C. | Is there is any evidence that the policy\service relates to an area with known inequalities? **Please give details** | No | | |
| D. | Will/Does the implementation of the policy\service result in different impacts for protected characteristics? | No | | |
| | | Yes | No | |
| | Disability | | x | |
| | Sexual Orientation | | x | |
| | Sex | | x | |
| | Gender Reassignment | | x | |
| | Race | | x | |
| | Marriage/Civil Partnership | | x | |
| | Maternity/Pregnancy | | x | |
| | Age | | x | |
| | Religion or Belief | | x | |
| | Carers | | x | |
| | **If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2** | | | |
| The above named policy has been considered and does not require a full equality analysis | | | | |
| **Equality Analysis Carried out by:** | | Jean Burbidge | | |
| **Date:** | | 3rd January 2017 | | |