

Policy Document Control Page

Title

Non- access to a Client's Home/Non- attendance at Clinic Appointments for Mental Health Services Policy

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Access, non-attendance, clients, declined services, refused access.

Supersedes

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Change to review date and version. No significant changes to policy content.

Originator

Originated By: Karen Maneely, Adult Service Line Manager, Dr Simon Darvill, Adult Lead Consultant and representatives from all service areas across Pennine Care

Equality Impact Assessment (EIA) Process

Equality Relevance Assessment Undertaken by: Alison Butterworth CCNT , HMR

ERA undertaken on: 8th March 2012

ERA approved by EIA Work group on: 5th July 2012

Where policy deemed relevant to equality-

EIA undertaken by: Nicola Griffiths

EIA undertaken on: 27th June 2012

EIA approved by EIA work group on: 5th July 2012

Approval and Ratification

Referred for approval by: Karen Maneely/Simon Darvill

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Approved by: Trust Wide Acute Care Forum

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Executive Director Lead: Director of Nursing

Circulation

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Issued to: An e-copy of this policy is sent to all wards and departments

Policy to be uploaded to the Trust's External Website? YES

Review

Review Date: 31st August 2019

Responsibility of: Karen Maneely and Dr Simon Darvill

Designation: Adult Service Line Manager, Adult Lead Consultant

This policy is to be disseminated to all relevant staff.

This policy must be posted on the Intranet.

Date Posted: 18th October 2016

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Acknowledgements

This policy has been widely circulated via the governance leads, operational managers, and mental health personnel in Pennine Care NHS Foundation Trust (PCFT) for consultation including the following departments:

PCFT Learning disability services
PCFT Governance leads in Bury, HMR and Oldham
PCFT Allied Health Professionals
PCFT Mental Health Services
PCFT Children’s Community Teams
PCFT Adult Nursing Services
PCFT Dental services
PCFT Learning and Development Team
PCFT Head of Patient Safety

Acknowledgements also go to the lead for safeguarding children at NHS South Gloucester

1. Introduction

- 1.1 Pennine Care NHS Foundation Trust (PCFT) provides community based services, mental health and psychological therapy services including outpatient appointments with a facility to visit a service user within their own home or alternatively provides the client access to services in another community setting i.e. clinics, where clinically appropriate at that time. It is inevitable that some appointments will result in non-access to the home, or non-attendance to a community setting. To minimise risks associated with non-access visits/appointments, this policy has been developed as a framework for all staff. The risks that increase a person's vulnerability should be appropriately assessed and identified by the health care professional at the first contact and throughout the care pathway (PCFT policy CL18, safeguarding adults).

This document is an overarching policy and all services must have a ratified standard operating policy (SOP) in place with details on how to manage clients who do not attend clinic appointments or where staff fail to gain access to a client's house when carrying out a home visit. As a prerequisite, the practitioners referring to this policy must have up to date attendance at PCFT's mandatory training, resulting in knowledge of both or either adult/children safe guarding. Throughout this policy, practitioners need to bear in mind the risks associated with vulnerable children and adults.

The following is a list of relevant policies to be read in conjunction with this document:

- CL10 Child safeguarding policy
- CL18 Safeguarding adult's policy.
- CO10 Incident reporting, management & investigation policy.
- CO2 Consent to examination or treatment policy
- CL19 Clinical Risk Assessment Policy
- HR 46 Clinical Supervision Policy
- CO 4 Confidentiality Policy
- CO 13 Information Sharing Policy

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Aims and Objectives

2.1 The aims and objectives of this policy are:

- To provide practitioners with a clear policy for managing non-attendance at clinic appointments and non-access visits to adults and children. The scope of the policy is outlined below in section 4.
- To minimise and manage any potential risk to the client and service providers
- To ensure a quality, timely and cost effective service is provided
- To provide a cost effective means of managing incidence of non-attendance at clinic appointments and/or non-access visits.
- To enable clients to maintain contact with service providers
- To reduce the risks associated with vulnerable children & adults (refer to section 9).

3. Responsibilities

3.1 Trust Board

The Trust Board has overall responsibility for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents. The board have overarching responsibility for compliance with the relevant legislation and guidance associated with non-access.

3.2 Staff

Each member of staff must be familiar with this document and that this policy is built into working practices. Line Managers must ensure they are made aware of any incidents or breaches of this policy and have the responsibility for ensuring that they are immediately reported via PCFT incident reporting mechanism.

3.3 All Employees, contractors and anyone providing a service on behalf of the Trust

All staff, including temporary and agency, is responsible for ensuring that the information in this policy/relevant legislation is adhered to. Where legislation contradicts this policy legislation should be used.

Responsibilities of all staff include:

:

- Compliance with relevant Trust policies.
- Co-operating with the development and implementation of policies and procedures as part of their normal duties and responsibilities
- Identifying the need for change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national policy directives, and advising their line manager accordingly.
- Identifying training needs in respect of the policies and procedures and bringing them to the attention of their line manager
- Attending training/awareness sessions when provided
- For those services utilising choose & book & central booking, a system needs to be implemented whereas the practitioner is notified of any non-attendance, to enable them to manage this issue.
- All services delivering Choose and Book and working to referral to treatment targets of 18 weeks need to refer to the Choose and Book guidelines to manage non-attendance at clinic appointments and when it is appropriate not to pursue any further or refer back to the General Practitioner to restart the process.

4. Scope

This document is intended to provide information to all health professionals who require access to adults, children and families, in their own homes or at community venues including outpatient appointments, to ensure health service provision.

Where the access has been delegated by a registered practitioner to a non-registered healthcare worker, it is the responsibility of the registered practitioner to ensure that this policy is followed and that the non-registered worker understands their role, responsibilities and reporting mechanisms for non-access visits and non-attendance at clinic appointments.

Commissioned provider services must use this policy unless they have decided their own procedures which have been agreed and ratified by Pennine Care NHS Foundation Trust's Local Borough Integrated Governance Groups (BIGGs)

5. Definition

Children –in this policy, as in the Children's Act (1989; 2004) a child is anyone who has not reached their 18th birthday.

Did Not Attend (DNA) – non- attendance at clinic appointment without cancellation.

Non Access Visit (NAV) – not available at home to be seen for pre-arranged appointment.

Individual or Family Disengagement (this may also be referred to as 'Disguised Compliance') - disengagement is when an individual (child/young person/adult/vulnerable adult or parent/carer) does not respond to requests from health professionals. Behaviours of disengagement are usually cumulative and may include:

- i. Disregarding health appointments
- ii. Not completing health questionnaires or initial registration details
- iii. Not being registered with a General Practitioner (GP)
- iv. Not being at home for pre-arranged professional visits
- v. Consistently failing to comply with agreed actions
- vi. Hostile behaviour towards professionals
- vii. Behaviours which impede or prevent the effective delivery of care
- viii. Actively avoiding contact with professionals

Vulnerable Adult

The broad definition of a vulnerable adult, defined in the Lord Chancellor's paper, 'Making Decisions' is *'a person who is, or may be, in need of community services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.'* (HMSO 1995)

6. Refused Access/Declined Services

- Clients/families have the right to choose not to accept a service.

Where there has been an actual refusal of service, the healthcare professional must try to ascertain the reason for this decision and document the reason given and any action taken. This should include documentation in the client's health records. If the practitioner feels the refused access is not in the client's best interest or the person lacks capacity in this decision a discussion must be held with the clinical team, referring agency and/or appropriate safeguarding team and the appropriate safeguarding procedures should be followed. Clients/carers should be encouraged to put their refusal in writing.

- Where the service is operating on an 'opt – in' basis, a letter will be sent to invite the client to make an appointment. If the client declines to make an appointment and the practitioner feels the refused access is not in the clients best interest, or there is a cause for concern, then a discussion must be held with the clinical team and the appropriate safeguarding procedures must be followed.

7. Failed Access relating to children and adults

Practitioners must take into account each individual's circumstances and the likely implications of the failure to receive appropriate services. This is particularly important where the client is a vulnerable older person, young child or has a disability.

Failure to attend appointments (or service standard) must instigate the need for services to establish if clinically required why the child/adult has not attended for appointments, inform the referring agent and option to discharge if appropriate (refer to individual services Standard Operating Procedure).

7.1 Points to be considered when clients do not attend clinic appointments or staff fail to gain access to a clients home.

- If a child/adult has failed to attend an appointment or is absent for a home visit, check that the address is correct – check national spine.
- If the child/adult/family is already subject of concern or subject to a child protection/safeguarding plan an alert must be made to the relevant safeguarding team and the safeguarding policy followed.
- If there are immediate clinical implications of the child/adult not attending appointments the case should be followed up as a matter of urgency. A referral to social care may be necessary. The responsibility for any risk assessment of the situation rests with the practitioner.
- The practitioner must consider the needs of the individual, previous risk history, the carers/parents capacity to meet those needs, environmental factors and the patient's social circumstances. The practitioner must identify whether intervention is required to secure the individual's welfare.
- As with all clients, consideration must be given to the carer/parent's level of understanding i.e. any learning disability, literacy, language, and/or communication difficulty. Attempts should be made to communicate with the parents/carers in a way that is appropriate to their needs. This may require, for example, involving the interpreting service.
- Practitioners must take steps to ensure that carers/parents are able to make an

informed choice and be flexible in negotiating alternative means of offering services. In non-urgent circumstances this may entail sending a letter to the parents/carers.

- The practitioner must reinforce the significance of the outstanding appointments and the implications of failure to uptake services for the adult/child. All efforts must be recorded.
- For non-access visits the practitioner should leave a written communication that they have called as arranged and record the visit in the clients record. The note/calling card must include contact telephone number, date and time of visit.
- Practitioners attending a vulnerable (refer to definition) adult and failing to gain access should attempt to contact the patient and next of kin or nearest relative where appropriate
- Practitioners should share information with other relevant professionals, nearest relatives where appropriate as per information sharing protocols.
- All interventions, contacts and attempted contacts should be documented in the clients record of care/electronic records.
- Practitioners attending vulnerable adults when there has been a non-access visit should ensure that Out of Hours (OOH) services, if they are involved, are aware of any ongoing concerns.
- The GP and/or referrer must be informed of all non-access and non-attendance at clinic appointments incidents relating to children/vulnerable adults.
- Practitioners should consider a safeguarding alert if they feel the client is at risk or is clinically indicated following discussion.
- Where a triage system is used, requests for service (referrals) will be evaluated in order to ensure that clients with the most need are identified and prioritised (refer to individual service SOP where triage is in operation).

7.2 Repeated/persistent DNA/NAV (children and adults)

- The practitioner should liaise with the referrer and other professionals who have knowledge of the family/carers. In this way more information can be obtained to make a more informed estimate of the possible impact to the child/young person/vulnerable adult of non-attendance.
- In situations where it is likely that the child/vulnerable adult and carer/family will continue to disengage with the service, the case must be discussed with other professionals considered relevant, in accordance with information sharing protocols.
- If services would normally be accessed in a clinic or a primary care surgery, day care centre or school, consideration should be given to a home visit to access the individual.
- The child/ adult's GP must be informed if the family/carers are persistently not attending appointments or disengaging from services.
- Where children are involved, local safeguarding guidance should be consulted to aid decision making about the level of intervention required.
- Practitioners should consider whether a referral to Social Care may be indicated (See pathway in appendix 2). This will involve discussion with the relevant safeguarding team and the practitioner's line manager, ensuring Safeguarding policy is followed at all times.
- Practitioners should always discuss emerging concerns with the clinical team and Lead for Safeguarding Children/Adults or Child Protection

supervisor to agree a plan forward for the individual and carer/family.

8. Managing DNA/NAV for children/vulnerable adults who are subject to a child protection/adult safeguarding action plan

- The practitioner must inform the individual responsible for managing the child protection/adult safeguarding action plan of any missed appointments and confirm this in writing, retaining a copy for the individual patient's records and documenting on the chronology. Should the Social Worker be unavailable then the Duty Social Worker of the team must be informed.
- The practitioner should record the contact with the appropriate clinician in the individual's records and on the family chronology if required.
- It is the practitioner's responsibility to inform any additional relevant professionals, to carry out this action and to document accordingly.

9. Managing disengagement

In order to safeguard and protect the welfare of children, young people and adults, professionals should be aware of the risks and damaging impact disengagement from health care can pose.

Disengagement is a strong feature in domestic abuse and in the serious neglect and physical abuse of children. Individuals may suffer significant harm in terms of their physical, mental health or development where disengagement exists.

- Practitioners should consider if there are adults (when they are being seen in any health setting) or children requiring support in the home and they must consider the impact of adult disengagement on those individuals disclosed.
- Practitioners should attempt to maintain lines of communication with the patient, family/carers where consent is obtained as much as possible, including consideration of offering an alternative worker where appropriate.
- Practitioners should consider chronological history and non engagement and record if appropriate.
- All children/young people/adults should be registered with a GP to ensure that their care is coordinated and information is drawn together to inform assessment.
- Adults and parents of children must be encouraged to register with a GP. Where the service is not GP attached, the service must continue to attempt to work with unregistered individuals whilst continually encouraging registration with a GP. Refusal to register a vulnerable adult or child with a GP must be discussed with the practitioner's line manager and the Lead for Safeguarding where appropriate.
- Practitioners must analyse/risk assess situations where disengagement is a feature. Where children are concerned, local Safeguarding guidance must be followed.
- Any assessment of risk must focus on assessing the individual's needs and the parents/carers capacity to meet those needs.

- Practitioners should seek further information from other professionals working with the family.
- The practitioner must inform the GP and appropriate professionals of disengagement of a patient.
- Practitioners should consider convening a multi-disciplinary team meeting to share information and agree a way forward.
- Cases of disengagement where there are concerns for a vulnerable adult or child's welfare should be discussed with the appropriate clinical team safeguarding leads. An action plan should be agreed which may include a referral to Social Care.
- Practitioners must record all non-access visits or non-attendance at clinic appointments.

10. Failed access to a child who has moved in to the area

- If a child moves in to the area then the local 'movement in' procedures should be followed by the relevant services e.g. Health Visiting/School Health Service.
- All actions must be fully documented in the child's record.

11. References

HMSO (1995), 'Making Decisions'. Lord Chancellor's Department. CM4465, HMSO.

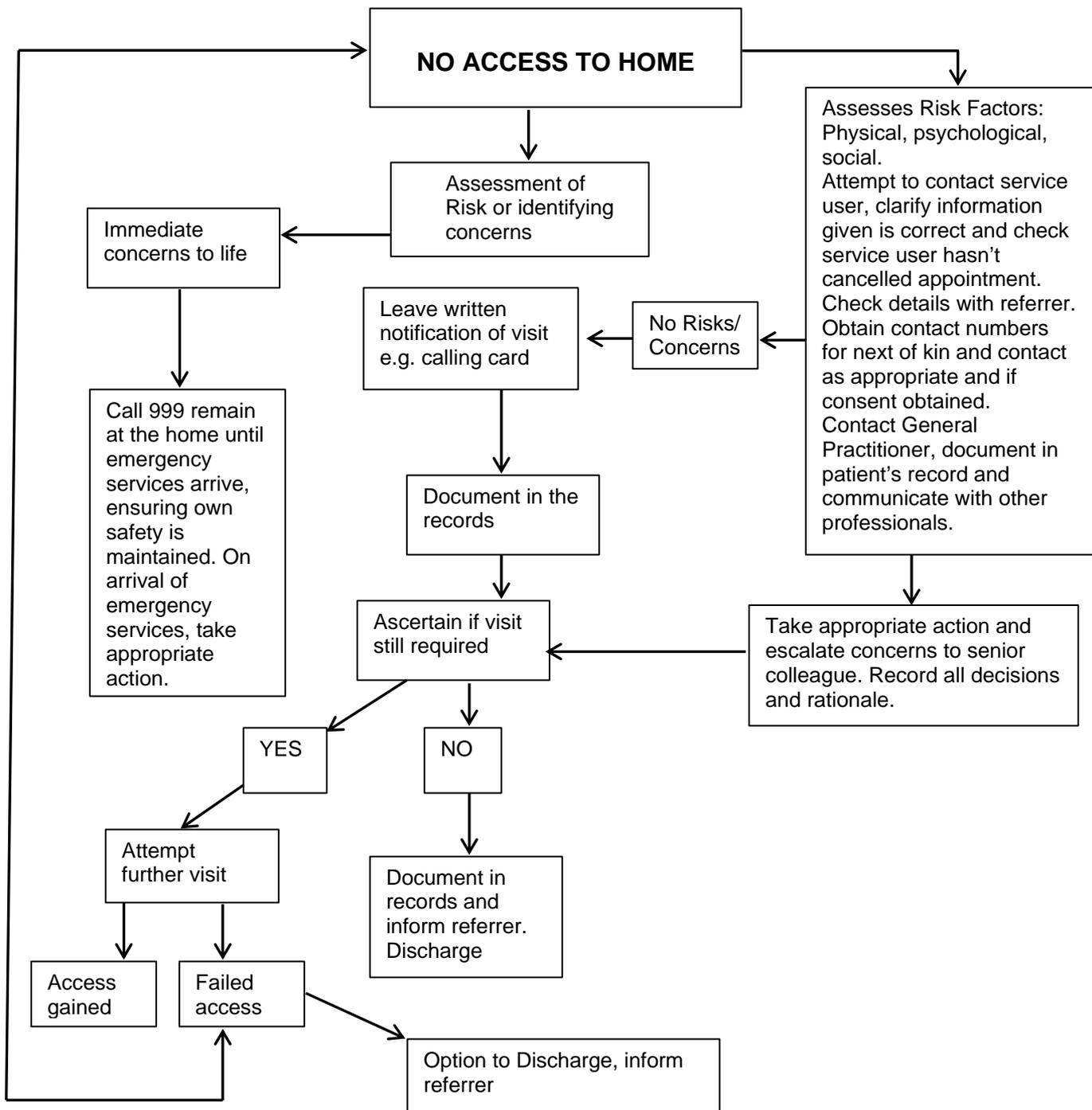
Pennine Care NHS Foundation Trust CL18, Safeguarding adults policy.

Pennine Care NHS Foundation Trust CL10, Child safeguarding policy

Pennine Care NHS Foundation Trust CO10, Incident reporting management & investigation policy.

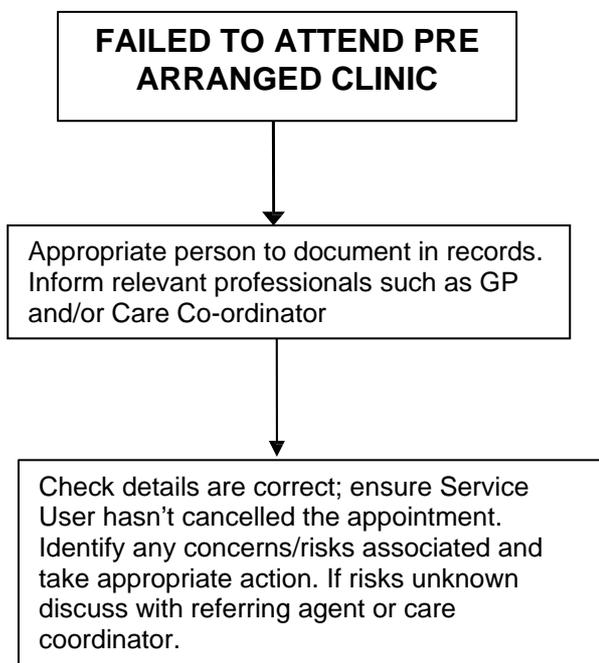
Appendix 1

12. Pathway for non- access to home visit



Following two consecutive failed access visits the staff member should inform the referrer (if appropriate) and/or named contact and consider discharge.

13. Pathway for non- attendance at clinic.



Note: Repeated cancellations and failures to attend clinic appointments or non-access visits should be discussed with the client/carer/and/or referring agency. The practitioner should also consider a discussion with the relevant safeguarding team. (Refer to individual service SOP)