


“Did Not Attend” “Was Not Brought” Policy

See also:	Located in the following Policy folder on the Trust Intranet
Waiting List Policy	Clinical policies
Safeguarding Children Procedures	Clinical policies

Service area	Issue date	Issue no.	Review date	
Trust wide	Oct 2016	01	Oct 2019	
Ratified by	Ratification date	Responsibility for review:		
Trust Management Team	Oct 2016	Trust Management Team		

Document published on the Trust Intranet under:

Operational Policies and Procedures



Did you print this document?

Please be advised that the Trust discourages retention of hard copies of policies and can only guarantee that the Policy on the Trust Intranet site is the most up-to date-version

Name of policy document:	Did Not Attend Policy
Issue No:	01

Checklist for “Did Not Attend” “Was Not Brought” Policy

Name / Title	“Did Not Attend” “Was Not Brought” Policy	Working name/title of the policy/procedure
Aim of Policy	This policy gives all staff across services pragmatic guidance relating to the management of defaulted contacts both from a clinical and safeguarding risk perspective.	Brief summary of main themes
Sponsor	Deputy Director of Operations/COO	Name and job title of person taking through approval and signing off Job titles of those involved in producing the document
Author(s)	Deputy Director of Operations Head of Nursing General Manager Performance Manager	
Name of policy being replaced	Not applicable – new policy	Name and version number of the previous policy this replaces (If applicable)
	Version No of Previous Policy: 0	

Reason for document production:	To provide all staff across services pragmatic guidance relating to the management of defaulted contacts both from a clinical and safeguarding risk perspective.
Commissioning Individual or Group:	Deputy Director of Operations

Individuals or Groups who have been consulted:	Date:	Response

Version control (for minor amendments)

Date	Author	Comment
Sept 2017	Clinical Manager	New Appendix 4 added re “Was Not Brought” in relation to children’s appointments. Agreed by Children’s CRG

Name of policy document:	Did Not Attend Policy
Issue No:	01

“Did Not Attend” “Was Not Brought” Policy

Contents	Page
1. Introduction.....	1
2. Background	1
3. Scope of policy	1
4. Prevention	1
5. Defaulted first appointment	2
6. Follow-up defaulted appointments (for service users currently receiving our services).....	3
7. Recording of defaulted appointments.....	3
8. Appointments cancelled by the Trust	3
9. Appointments by children and young people up to age 18 See:.....	3
10. References	4
APPENDIX 1: SAMPLE LETTER.....	0
NOTIFICATION OF FIRST DEFAULTED APPOINTMENT TO REFERRER/RELEVANT AGENCY	0
APPENDIX 2: SAMPLE LETTER.....	1
NOTIFICATION OF FIRST DEFAULTED APPOINTMENT TO SERVICE USER/ CARER.....	1
Appendix 3 - SBARD	2
Appendix 4: Childrens services: WAS NOT BROUGHT/FAILURE TO BRING/NO ACCESS/NON ENGAGEMENT GUIDANCE	3
Equality Impact Risk Assessment	9

Name of policy document:	Did Not Attend Policy
Issue No:	01

“Did Not Attend” “Was Not Brought” Policy

1. Introduction

Users of our services may choose to discontinue contact or not attend appointments with some or all of the services we provide. In some cases this may not be problematic but there will be occasions where a person’s non-attendance is an indicator that they may be at risk through deterioration in their mental health or other issues preventing them from attending.

Therefore, any failure of planned contact should be regarded as a potentially serious matter and should lead to an assessment of potential risk.

This policy gives all staff across services pragmatic guidance relating to the management of defaulted contacts both from a clinical and safeguarding risk perspective.

2. Background

A failure of planned contact should be regarded as a potentially serious matter and should lead to an assessment of potential risk because there is evidence that in some cases missed appointments are an indicator of significant risk. For example evidence from the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness in its publications *Safer Services* (1999) and *Safety First* (2001) identified that there were 1,131 deaths by suicide by people who missed their final service contact, 28% of the community sample.

Evidence from serious case reviews for both adults and children suggests that defaulted appointments can be early indicators of safeguarding concerns. Early intervention and prevention is the key to safeguarding adults and children.

3. Scope of policy

This policy gives guidance regarding the management of defaulted appointments from the first appointment with any service through to the disengaging from services of long-term service users.

Types of defaulted appointments are any pre-arranged contact with a service user whether that is at their home, in the community, at a community team building, within a hospital setting or any other type of contact arranged relating to the provision of service.

4. Prevention

Defaulted appointments in general are time consuming, resource intensive and can be an indicator that a service user is at risk.

Name of policy document:	Did Not Attend Policy
Issue No:	01

Wherever it is feasible consideration of the needs of service users both in the appointment set up and attendance can prevent wasted appointments, e.g. appointment time, location and user-friendly information in accessible formats.

5. Defaulted first appointment

The action taken when service users default a first appointment will depend on the level of risk to the individual or others and will be based on an assessment of that risk and professional judgement. As the service user is not known to the service at this time the assessment and action will be based on information within the referral.

If the referral information indicates potentially high-risk issues then there should be liaison with the referrer as soon as possible to establish the best plan to engage and minimise the risk to the service user or others.

Action taken, which relates to the risk assessment stated above, could be wide ranging but will always include a letter to the referrer to inform them that their patient/client did not attend.

Further actions, based on risk assessment, could include:

- i. Checking (or finding evidence that) if the service user was aware of the appointment, and how they were informed e.g. was it in a format they could read and understand?
- ii. Ringing service user to discuss.
- iii. Ringing the referrer to get further information and discuss.
- iv. Where appropriate making contact with the service user's family or carer based on consent, risk assessment, and liaison with referrer beforehand.
- v. Discussion with other professionals involved in the service user's care.
- vi. Arranging an urgent home visit.
- vii. Arranging a Mental Health Act assessment.
- viii. Sending the service user a further appointment.
- ix. Informing the General Practitioner / referrer of non-attendance by letter, asking what further action is required or suggested.

Other considerations:

- i. Is the appointment time a factor affecting the likelihood of attendance?
- ii. Are any other statutory or voluntary agencies involved?
- iii. Who is most likely to engage with the service user?
- iv. All decisions regarding management of defaulted appointments should be recorded.
- v. Information leaflet to be sent out with the initial appointment letter explaining mutual expectations.
- vi. Use of SBARD to guide conversations to aid decision making (appendix 3)

Name of policy document:	Did Not Attend Policy
Issue No:	01

6. Follow-up defaulted appointments (for service users currently receiving our services)

When a service user fails to attend an appointment, the health professional should consider the options, based on risk assessment as identified above, and take the most appropriate action included in the above list. In addition to these options, the health professional may consider informing the Care Coordinator to arrange an unscheduled Care Programme Approach review.

Where assessment identifies that defaulted appointments indicate ambivalence about their treatment or intervention and there are no identified other risk factors, discharge to primary care may be indicated and/or signposting to an appropriate alternative service.

Consideration should be given to whether other means of engagement are more appropriate to the needs of the service user. Service users with a history of significant risk factors should not be discharged back to primary care without an explicit care plan in place that has been agreed with primary care, which includes a risk assessment, crisis plan and specific guidance on treatment options, symptoms and signs to look for in terms of early relapse as well as the appropriateness (or not) of a re-referral to the service in the future.

7. Recording of defaulted appointments

The decision-making process in relation to defaulted appointments along with any resultant action plan should be fully recorded in the service user's record.

Cancelled appointments should not be recorded as "did not attend" but should be recorded as cancelled with the details of who cancelled the appointment and the reasons that were given and actions taken by the service.

8. Appointments cancelled by the Trust

Staff have a duty to ensure that service users are seen at the times and venues agreed with the service user. However there are rare occasions where appointments may be either cancelled or not carried out within agreed timescales.

All attempts must be made to rectify the reasons for the failure of the appointment: an apology must be made to the service user and any risk that arises due to the lack of service must be addressed and alternative arrangements made.

9. Appointments by children and young people up to age 18 See Appendix 4

Name of policy document:	Did Not Attend Policy
Issue No:	01

10. References

Worcestershire Partnership NHS Trust (2009) *DNA Policy*

Appleby L, Shaw J, Amos T, McDonnell R, Kiernan K, Davies S, et al. (1999) *Safer Services: Report of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness*. London: Stationery Office

Appleby L, Shaw J, Sherratt J, Amos T, Robinson J, McDonnell R, et al. (2001) *Safety First: Five-Year Report of the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness*. London: Stationery Office

Name of policy document:	Did Not Attend Policy
Issue No:	01

**APPENDIX 1: SAMPLE LETTER
NOTIFICATION OF FIRST DEFAULTED APPOINTMENT TO
REFERRER/RELEVANT AGENCY**



Date

Dear Referrer

Re: [name, date of birth and address of service user]

The above named person has did not attend the following appointment:

Date:

Time:

Venue:

Service:

A further appointment has been arranged for [date]
(Or) No further appointment will be sent.

If you have any queries or concerns or wish to re-refer [name] please contact me at the above address/telephone number.

If you are aware that the above named person has changed address/moved out of area, or if you have any concerns about the vulnerability of this person or potential risk to others, please inform me at the above address/telephone number ASAP giving further details.

Name of policy document:	Did Not Attend Policy
Issue No:	01

**APPENDIX 2: SAMPLE LETTER
NOTIFICATION OF FIRST DEFAULTED APPOINTMENT TO SERVICE USER/
CARER**



Date

Dear [name]/Carer

An appointment was sent to you for you to attend [name of clinic and professional] on [date] at [time] which you did not keep.

(Either)

A further appointment has been arranged for [date] at [time]. If you are unable to attend, for any reason, please contact me at the above address/telephone number as soon as possible, as this will enable us to offer you another appointment at a more convenient time.

(Or)

No further appointments will be sent to you. If you have any queries or concerns regarding this please contact me at the above address/telephone number.

Yours sincerely

Name of policy document:	Did Not Attend Policy
Issue No:	01

Appendix 3 - SBARD

- **SITUATION**

I am (name) a CPN with (X team)

I am calling about (service receiver X)

I am calling because I am concerned that (e g, X is worsening/concerning me, they are saying/doing X)

- **BACKGROUND**

Patient (X) has been under our team since (X date) with (X problem)

They have been receiving (X medicines/X intervention)

They also have the following services

Their last assessment indicated a risk of (X)

Patient (X) usual condition is

Their condition has changed in the last (XX mins/hours/days/weeks)

- **ASSESSMENT**

I think the problem is (X)

OR

I am not sure what the problem is but I am concerned

- **RECOMMENDATION**

I need you to

See the service receiver (when?)/consider prescribing (X drug)/make a referral to (X)/advise me what to do (when? What next?)

AND

Is there anything I need to do in the meantime?

- **DECISION**

So we have agreed that I will (X) AND/OR you will (X)

Name of policy document:	Did Not Attend Policy
Issue No:	01

Appendix 4: Childrens services: WAS NOT BROUGHT/FAILURE TO BRING/NO ACCESS/NON ENGAGEMENT GUIDANCE

1. Introduction

1.1 The purpose of this document is to outline the responsibilities of health staff employed within Derby and Derbyshire when parents / carers disengage from health services and there are concerns about the welfare of their child/ren. Key principles of good practice;

1.2 Children have a right to be healthy and develop normally under the UN Convention Rights of the Child 1989.

1.3 All health providers are expected to have clear local guidance on what to do if children are not being presented for health assessments or treatments in order to safeguard the child and promote their wellbeing

1.4 Disengagement from healthcare may be partial, intermittent, persistent or terminal in nature.

It may signal an increase in stress within a family and a potential abuse or neglect of children. Early signs of disengagement need to be recognised so that potential risk may be assessed.

1.5 Examples of disengagement include parental refusal for the child/ren to be assessed or repeated non attendance for medical appointments. It includes those who discharge their child/ren against medical advice including those who do not wait for medical care.

1.6 Parents / carers may disengage with health care for themselves: this may be a precursor to something more serious happening within the family.

1.7 Professionals need to analyse / assess risk situations where disengagement is a feature and take appropriate action in the best interests of the child.

2. Purpose

2.1 This policy has been developed to inform health services of their role and responsibility when faced with children who are not brought to appointments, who are not attending health appointments and are not facilitating health staff contacts with their children as follows:

When to act

Name of policy document:	Did Not Attend Policy
Issue No:	01

- Health or medical services for children are refused without good reason to do so.
- Repeated incidence of child/ren not being brought for health appointments.
- Repeated non-availability for home visits
- Child/ren are found to be left alone or unsupervised
- Child/ren go missing or move area and there are safeguarding concerns

3. Scope

3.1 All health service providers should have guidelines on what to do where there are concerns about children who repeatedly are not brought for appointments and/or are not made available for relevant health care checks and immunisations. Guidelines should include who can be contacted in the service for advice and support.

4. Roles and Responsibilities

4.1 It is the responsibility of all services and staff whether clinical or non clinical to safeguard and promote the welfare of children. This policy must be read in conjunction with Derby and Derbyshire Safeguarding Children Procedures and Working Together to Safeguard Children 2015.

5. Key principles of good practice in specific situations

5.1 Refusal or withdrawal from universal services.

All Children are entitled to receive services to promote their health, well being and development.

- Whilst under the age of being able to provide informed consent, it is the responsibility of those with parental responsibility to act on behalf of their child/ren, to ensure they are recipients of these services.
- In circumstances where they are denied these services by their parents/carers, health staff including General Practitioners (GPs) must consider that it is their professional responsibility and duty to act on the child's behalf.
- Health Professionals must take account of each child's/young person's circumstances and the possible implications of the failure to receive appropriate services. Babies and very young children are particularly vulnerable.
- Health Professionals must ensure that they are appropriately trained in the identification of child maltreatment to ensure effective judgments are made as to whether the child's/children's health or development is subject to impairment.

Name of policy document:	Did Not Attend Policy
Issue No:	01

- Health staff should ensure that parents have understood the significance of withdrawing from or refusing services.
- Consideration must be given to parents'/carers' level of understanding i.e. any learning disability, literacy and language or communication difficulty. Parents/carers may have their own health/mental health problems. Attempts should be made to communicate with parents/carers in a way that is appropriate to their needs. The potential impact of cultural and religious beliefs must be considered.
- Health staff must remain child-focused even when the refusal/withdrawal from services relates to the parents/carers issues e.g. mental health, substance misuse or domestic abuse.
- If after encouragement all attempts to work in partnership with parents have failed, consideration must be given to the potential consequences for the child/ren. If the child's/children's development or welfare is likely to be significantly impaired, a referral clearly stating concerns should be made to the Local Authority Children's Social Care under the Local Safeguarding Children's Board Procedures.
- Health staff must be able to demonstrate that attempts to gain parents'/carers' co-operation have been made and recorded.
- During periods of children and young people not being brought for appointments, all appointments for routine health surveillance, immunisations and screening tests must continue to be sent.
- Health staff must continue to monitor whether the family is registered with a GP in the area. If the child is not registered and the whereabouts of the family become unknown health staff should discuss this with the Named Professional for their organisation.
- Disguised compliance

5.2 Child/ren Not Brought for appointments or Did Not Attend appointments without cancellation (including those in the secondary care setting)

- Following a child/ren not brought for an appointment the responsibility for any assessment of the situation rests with the practitioner to whom the child has been referred, in conjunction with the referrer (Laming 2003, CEMACH2006)
- Consideration should be given to the needs of the child, parents'/carers' capacity to meet these needs and the environment context of the child's/children's situation.

Name of policy document:	Did Not Attend Policy
Issue No:	01

- Certain groups of children are particularly vulnerable and therefore require special consideration e.g. children under 12 years of age, those already known to children’s social care, those involved with CAMHS etc
- In any verbal or written communication with parents/carers the referrer needs to outline the consequence of non attendance of the child/ren. If there are safeguarding issues staff should discuss their concerns with the Named Nurse for safeguarding children, their line manager, the family’s GP and possibly relevant colleagues.

5.3 Refusal or withdrawal from medical interventions or treatment.

- Where parents/carers of children refuse, withdraw or actively withhold food or fluids, or fail to cooperate with prescribed medical therapeutic treatment that may result in a child suffering harm, this is neglect. A referral should be made immediately to the Local Authority Children’s Social Care under the Local Safeguarding Children Procedures
- Parents may try to justify their decisions as being in the child’s best interests, for example because of :
 - The religion of the child/parent/carer
 - Cultural and diversity aspects
 - Disability of the child, including learning disability

These reasons or convictions may be strongly and genuinely maintained by a parent. However, such information and reasons do not change the legal duties of agencies to safeguard the child’s best interest.

5.4 No access to a child’s home or to the child/ren where there are safeguarding concerns.

Where difficulty is experienced in gaining access to the child/ren or where entry to the home has been gained but access to the child/ren has been denied and the child/ren is/are

- A cause of concern for health staff
- In receipt of services from the Local Authority Children’s Social Care

further action should be taken.

- Most health interventions are undertaken by appointment. Should access to a child be denied at the time of a pre-arranged appointment, practitioners must use their professional judgment to ensure that a further appropriate contact is instigated as soon as possible.
- Prior to the next appointment and dependent upon the level of concern, staff may contact other relevant professionals or agencies e.g. GP, Playgroup,

Name of policy document:	Did Not Attend Policy
Issue No:	01

Health Visitor, School Nurse, Social Worker etc to establish if the child/ren has been seen recently and if they too have concerns.

- Dependent upon the service and the level of concern it may be appropriate to undertake a home visit.
- If the family refuses a further appointment professionals should contact the Local Authority Children's Social care to enquire if they are known to the service.
- Professional judgment, informed by an assessment of risk (based on the child's development and welfare) must be made in order to establish whether a referral to the Local Authority Children's Social Care is required.

NB All actions and decisions must be documented in the Child's Health Care Record

5.5 **Non engagement by parents/carers of children subject to a child protection plan**

- For children who are subject to a child protection plan any non-engagement by parents/carers must be reported as soon as possible to the child's social worker. If the social worker is unavailable and the situation is urgent then the professional must speak to the service manager or the duty social worker.
- Staff should also inform the Named Nurse for Safeguarding Children, their line manager, the family GP and possibly other relevant colleagues.

5.6 **Missing or transient child/ren or families**

Staff must be aware that any missed appointments, or no access home visits may indicate that the family has moved out of the area. This must also be taken into account when there are concerns about an unborn child who may be at future risk of significant harm.

5.7 **Infants or children who are abandoned or left at home**

Any member of staff becoming aware of an infant or young child who has been abandoned or left at home alone by their parents/carers must take the following actions immediately:

- If it is suspected that an infant or young child has been abandoned and may be at risk of imminent danger call the police by ringing 999.
- Remain in the area until the police arrive.
- Refer to Children's Social Care.

Name of policy document:	Did Not Attend Policy
Issue No:	01

- Inform the Named Nurse for Safeguarding Children, your line manager, the family GP and possibly other relevant colleagues.
- Report the incident using the organisation's trust incident reporting system.

6 Monitoring Arrangements

All healthcare providers should have arrangements in place to monitor their non access rates and children who are not brought to appointments which should be fed into the Quality Assurance arrangements which exist between Provider and CCGs.

Name of policy document:	Did Not Attend Policy
Issue No:	01


Equality Impact Risk Assessment

REGARDS EIRA (Equality Impact Risk Assessment) Screening Template

To be completed and attached to any policy document or framework when submitted to the appropriate committee for consideration and approval.

Name of activity/ proposal/ policy/function		"Did Not Attend" Policy		
Date screening commenced		16/6/2016		
Name and role of person undertaking this REGARDS EIRA		Peter Henson, Performance Manager		
Step 1: Give an overview of the aims, objectives, intended outcomes and who will benefit from the activity or proposal (equality relevant and succinct)				
The aim of the policy is to give all staff across services pragmatic guidance relating to the management of defaulted contacts both from a clinical and safeguarding risk perspective.				
Step 2 Evidence & Engagement – What early data or evidence have you used to substantiate your decisions? Please provide details of who you have engaged, dates and add links to research and data				
Step 3: Impact - What impact does this activity/policy or changes in function have on those within the REGARDS/protected characteristic groups?				
Area of potential impact	Reduce discrimination	Promote/ increase equality of opportunity or access	Reduce inequalities	Promote good community relations
REGARDS Impact Positive or Negative (- or +) Not sufficient to just tick please provide details	-/+	-/+	-/+	-/+
Race (Ethnicity)	The policy has no impact on any of these areas specifically; it applies to all service users on an individual, person-centred basis.			
Economic Disadvantage				
Gender/Sex & Gender Reassignment				
Age				
Religion or Belief				
Disability				
Sexual Orientation				
Pregnancy & Maternity				
Marriage & Civil Partnership				
Other equality groups/people e.g. carers, homeless, substance misuse,				

Name of policy document:	Did Not Attend Policy
Issue No:	01

unemployed, offenders, veterans & sex workers	
Step 4 : Risk Assessment	
<i>Does this activity propose major changes in terms of scale or significance for DHCFT? YES: is there a clear indication that, although the policy is minor, it is likely to have a major effect for people from REGARDS equality groups e.g. service design, delivery, reoccurring issues of inequality or unequal access. Please tick appropriate box below</i>	
	✓ No
High Risk : Complete Full REGARDS EIRA	No Impact/Low Risk : Go to step 5 ✓
Step 5 : REGARDS Completion Statement	
<i>If this proposal has <u>No impact/equality neutral/low impact</u> - please spell out/ provide evidence/links and justification for how you reached this decision. Please remember that a REGARDS EIRA can be called upon at any time to justify decision making or asked for as part of audit.</i>	
Sign off that this is low risk and does not require a full EIRA	
Name Reviewer/Assessor: Performance Manager	Date 16 May 2016

Name of policy document:	Did Not Attend Policy
Issue No:	01