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University Health Board

Monitoring Vulnerable People Who Were Not Brought or Did Not Attend Appointments and No Access Visits Procedure

Procedure Number:	887	Supersedes:	NA	Classification	Clinical
LOCCSIP Reference:		NATSSIP standard:	List standard (NATSSIPS Standards)		
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1	2020	Strategic Safeguarding Working Group	16/09/2020	21/10/2020	16/09/2023

Brief Summary of Document:	This procedure sets out the process to be followed when a child / young person / vulnerable adult is not brought to a pre-arranged outpatient appointment, investigation, clinic or community staff are unable to gain access to carry out an assessment and provide care.
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Scope	This procedure sets out the process and information sharing pathway to be followed by all staff involved with the planning and delivery of care for a child/young person or an adult with vulnerabilities who is not brought to a pre-arranged appointment or admission to any department within HDUHB.
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To be read in conjunction with:	286, Violence and Aggression Policy 534 Patient Access - Elective Care Policy 811- Mental Capacity Act (2005) Practice Guideline Social Services and Wellbeing (Wales) Act 2014 Wales Safeguarding Procedures
Patient information:	Include links to Patient Information Library

Owning Group	Strategic Safeguarding Directorate
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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Procedure	16/09/2020

Glossary of terms

Term	Definition
WNB	Was not brought
MWWSB	Mid and West Wales Safeguarding Board

Keywords	Was not brought; could not attend; did not attend
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Procedure for Monitoring Vulnerable

People Who Were Not Brought or Did Not Attend Appointments and No Access Visits

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Contents

1. Aim and Scope of procedure	4
Safeguarding and promoting the welfare of children and adults is everybody's business within HDUHB.	4
2. Objectives.....	4
3. Background	4
4. Procedure.....	5
5. Recording Reasons for Nonattendance on Welsh PAS.....	8
6. References	8
7. Appendix 1 - HDUHB Flowchart for the procedure for a child who Could Not Attend for outpatient appointment	9
8. Appendix 2 – HDUHB Flowchart for the procedure for a child who Was Not Brought to an outpatient appointment	10
.....	10
9. Appendix 3 - HDUHB Flowchart for the procedure for an adult with vulnerabilities / suspected to be at risk of abuse or neglect where there is a no access visit	11
10. Appendix 4 – Adult Pathway - Did Not Attend Appointment.....	12

Procedure for Monitoring Vulnerable

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1. Aim and Scope of procedure

Safeguarding and promoting the welfare of children and adults is everybody's business within HDUHB.

This procedure is to be followed by all staff involved with the planning and delivery of care for a child / adult who is dependent on others and who could not attend or was not brought to a pre-arranged outpatient appointment on one or more occasion within HDdUHB, or community staff are unable to get access to provide assessment and care.

2. Objectives

The aim of this procedure will be achieved by ensuring that:

- When a child, young person or adult who is dependent on others has not been brought to a health appointment, there is a system in place to assess risk of harm as a result of unmet health needs and to take the appropriate safeguarding action to ensure the health needs of the child are met.
- Arrangements are in place to review where staff are unable to assess a child or adult who is reliant on another individual to give access to the home.
- Arrangements are in place to support early intervention to safeguard children and adults at risk of abuse and neglect.

3. Background

3.1 Child Safeguarding

Learning from Reviews 01 April 2017 to 31 March 2018 (Public Health Wales) highlights the need for professionals to consider if there are safeguarding concerns for children who are repeatedly not brought to appointments for chronic conditions. Three child practice reviews highlighted that some appointment systems, particularly automatic discharge following the failure to attend appointments, contributed to the impact on the child where disguised compliance was an issue.

Disguised compliance involves parents or carers appearing to co-operate with professionals in order to allay concerns and stop professional engagement. (Reder et al, 1993). This can mean that staff may be unaware what is happening in a child's life and the risks they face be unknown to services.

The Mid and West Wales Safeguarding Board (MWWSB) has in place a Regional Threshold and Eligibility for Support document (The Right Help at the Right Time) April 2017. This document states that parents not prioritising appointments for children who have potentially life threatening or debilitating health problems that need medical management, for example, diabetes, asthma and mental health issues indicates that the child has care and support needs which meet the threshold for an assessment by Children's Services.

Thinking of missed appointments as **Was Not Brought** (WNB) for children rather than Did Not Attend (DNA) promotes child-centred practice, reminding practitioners to think about the child's vulnerability and their daily life.

For the purpose of this procedure, the Children Act 1989 defines a child as being anyone who has not reached their 18th birthday. The term child therefore includes "children" and "young people". The fact that a child has become sixteen years of age, is living

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independently, or is in Further Education, or is a member of the Armed Forces, or is in hospital, or in a prison or young offenders institution does not change their status or their entitlement to services or protection under the Children Act 1989.

For the purpose of this procedure, this procedure will apply to children and young people as follows.

- Children who are between the ages of 0 to 15 years of age inclusive. (15 years and 364 days).
- Children with complex health needs up to the age of 18 years.

Children who are unable to access medical care that places them at direct risk of significant harm require protective support and must be referred to Local Authority Children's Services (Wales Safeguarding Procedures, 2019).

3.2 Children and Young People in Special Circumstances

In considering the specific circumstances of vulnerable children and young people, these include children and young people placed away from home (foster placement/ residential units/out of county placements). The Specialist Nurses for Looked after Children must always be contacted if a looked after child or young person is not brought for an appointment.

Children and young people who fail to attend SCAMHS appointments are a particularly vulnerable group and every effort should be made to engage with these young people.

3.3 Adult Safeguarding

A recent extended Adult Practice Review (APR) in Wales highlighted concerns that health staff who were denied access to a vulnerable adult by a carer, failed to implement local 'no access guidance' which would have identified an adult at risk (North Wales Adult Safeguarding Board/2017/FCC).

The MWWSB Regional Adult Safeguarding Threshold Guidance (July 2018) recognises neglect as the failure to arrange access to life-saving services or medical care for an adult at risk. This includes adults at risk living within a family. The guidance recognises the failure to support adults at risk, who live in a care setting, to access health and or care treatments as institutional or organisational abuse. If any such concerns exist, then a referral must be made to the relevant Local Authority Safeguarding Team (Wales Safeguarding Procedures, 2019).

4. Procedure

Disengagement from health services can be cumulative and examples include:

- Not being at home for pre-arranged visits
- Avoidance of contact with health professionals (not answering the door)
- Not being registered with a GP
- Disregarding health appointments
- Manipulative behaviour resulting in no health care
- Hostile behaviour. If there are concerns about violence and aggression towards staff, refer to HDdUHB Policy 286, Violence and Aggression.

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In order to safeguard and protect the welfare of children/adults, in particular those who are vulnerable, staff should be aware of the risks and the damaging impact that disengagement from health services can pose.

Disengagement with health services can feature in cases where there is domestic abuse, physical abuse and neglect.

Following disengagement, where there are concerns for the welfare of a child or adult, there must be a discussion with the line manager and where further advice is required, the Health Board Safeguarding Team.

4.1 Child Could Not Attend (CNA)

Refer to Flowchart in Appendix 1.

This refers to a parent / carer who gives prior notice to advise they cannot attend (could not attend) a mutually agreed appointment. When they make contact they will be offered an alternative appointment.

In accordance with the Patient Access – Elective Care Policy, on the second CNA within the same pathway, the patient will be categorised as a DNA and will be removed from a waiting list and the responsibility for ongoing care should return to the referrer.

If a parent / carer repeatedly states they cannot attend with a child / young person, the clinician to whom the referral has been made will not be aware that a child / young person could not attend and therefore there is currently no means of alerting the referrer to consider subsequent risks and potential safeguarding concerns.

The Head of Information Services is working to progress a solution to this nationally. The corporate safeguarding team have incorporated this risk for awareness into Level 3 safeguarding children training.

4.2 Child Did Not Attend (DNA) / Was Not Brought

Refer to Flowchart in Appendix 2.

Health Visitors must refer to the HDdUHB Procedure 793; All Wales Health Visiting Service Best Practice Guidance for Management of No Access Visits, Was Not Brought and Families who Decline the Health Visiting Service.

Midwives must refer to the Did Not Attend Antenatal Clinic Guideline.

When a child / young person does not attend an outpatient appointment, in accordance with the rationale in section 3.1, it must be considered and recorded as Was Not Brought. (see section 5)

Each time a child is not brought for an appointment or a parent/carer cancels an appointment then a decision must be made about the likely impact on the child of not being seen and where appropriate, a referral (MARF) must be made to the Local Authority Childrens Services, in line with the Wales Safeguarding Procedures (2019).

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It is recognised that a child or young person may be 'Gillick competent'. It may not always be the position that the person with parental responsibility is blocking attendance but there may be cases where the child or young person themselves are disinclined to attend. Regardless, a decision must still be made about the likely impact on the child of not being seen in terms of their physical, mental and emotional health, wellbeing and development and where appropriate, a referral (MARF) must be made to the Local Authority Childrens Services, in line with the Wales Safeguarding Procedures (2019).

4.3 Adult with vulnerabilities and / or suspected to be at risk of abuse or neglect where there is a no access visit

Refer to Flowchart in Appendix 3.

Each time a staff member is unable to access an adult to assess them or provide care, then a decision must be made about the likely impact on the adult of not being seen; their capacity to consent to an assessment in accordance with the Mental Capacity Act (2005) and where appropriate, for example, they rely on others to bring them to an appointment, the impact of not attending will be detrimental to their physical, mental or emotional health and wellbeing, a referral (MARF) must be made to the Local Authority Adult Safeguarding Team in accordance with the Wales Safeguarding Procedures (2019).

In respect of a decision being made about an individual's capacity to consent or decline an assessment; this might be possible for the professional to judge where they have previous recent involvement but, where they haven't, even with good collateral, all they can do is express a 'reasonable belief' on the matter.

Further advice and support can be sought from the UHB Mental Capacity Act Team and UHB Corporate Safeguarding Team.

For patients who it is felt have capacity to decline assessment, it is advised that in addition to the referrer, if not the GP, they should also be notified.

4.4 Pathway for an Adult who Did Not to Attend an Appointment

Refer to Flowchart in Appendix 4.

Each time an adult who is dependent on others does not attend an appointment, then a decision must be made about the likely impact on the adult of not being seen and where appropriate, for example, they rely on others to bring them to an appointment, the impact of not attending will be detrimental to their physical, mental or emotional health and wellbeing, a referral (MARF) must be made to the Local Authority Adult Safeguarding Team in accordance with the Wales Safeguarding Procedures (2019).

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5. Recording Reasons for Nonattendance on Welsh PAS

The following reasons have been added to WPAS to ensure accurate reporting locally for children or adults who are not brought to appointments.

- Could Not Attend (92) – Cancelled by Parent/Carer



What happened to the appointment?

Outcome details:

Outcome: Could not Attend

Local Reason: Cancelled by Parent/Carer

Date Notified: 07/02/2020

- Did Not Attend (91) – Was Not Brought



What happened to the appointment?

Outcome details:

Outcome: Did not attend

Local Reason: Was Not Brought

Date Notified:

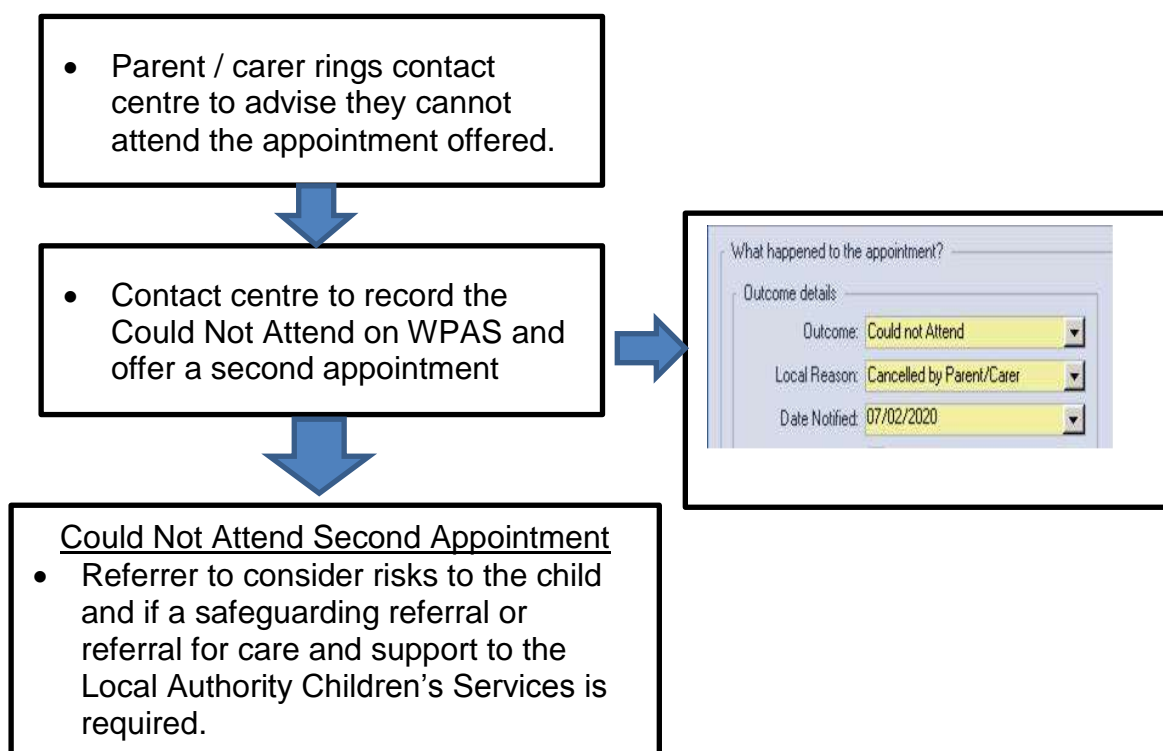
☐ Send Cancelled Clinic Letter

6. References

- Mid and West Wales Safeguarding Board Right Help at the Right Time Regional Threshold Document 2017
- MWWSB Regional Adult Safeguarding Threshold Guidance July 2018
- North Wales Safeguarding Board Extended Adult Practice Review
- NWSAB1/2017/FCC
- Reder, P., Duncan, S. and Gray, M. (1993) Beyond blame: child abuse tragedies revisited. London: Routledge.
- Social Services and Wellbeing (Wales) Act 2014
- Wales Safeguarding Procedures 2019
- When To Suspect Maltreatment: Nice Guidance 2009
- Working Together to Safeguard Children and Young People

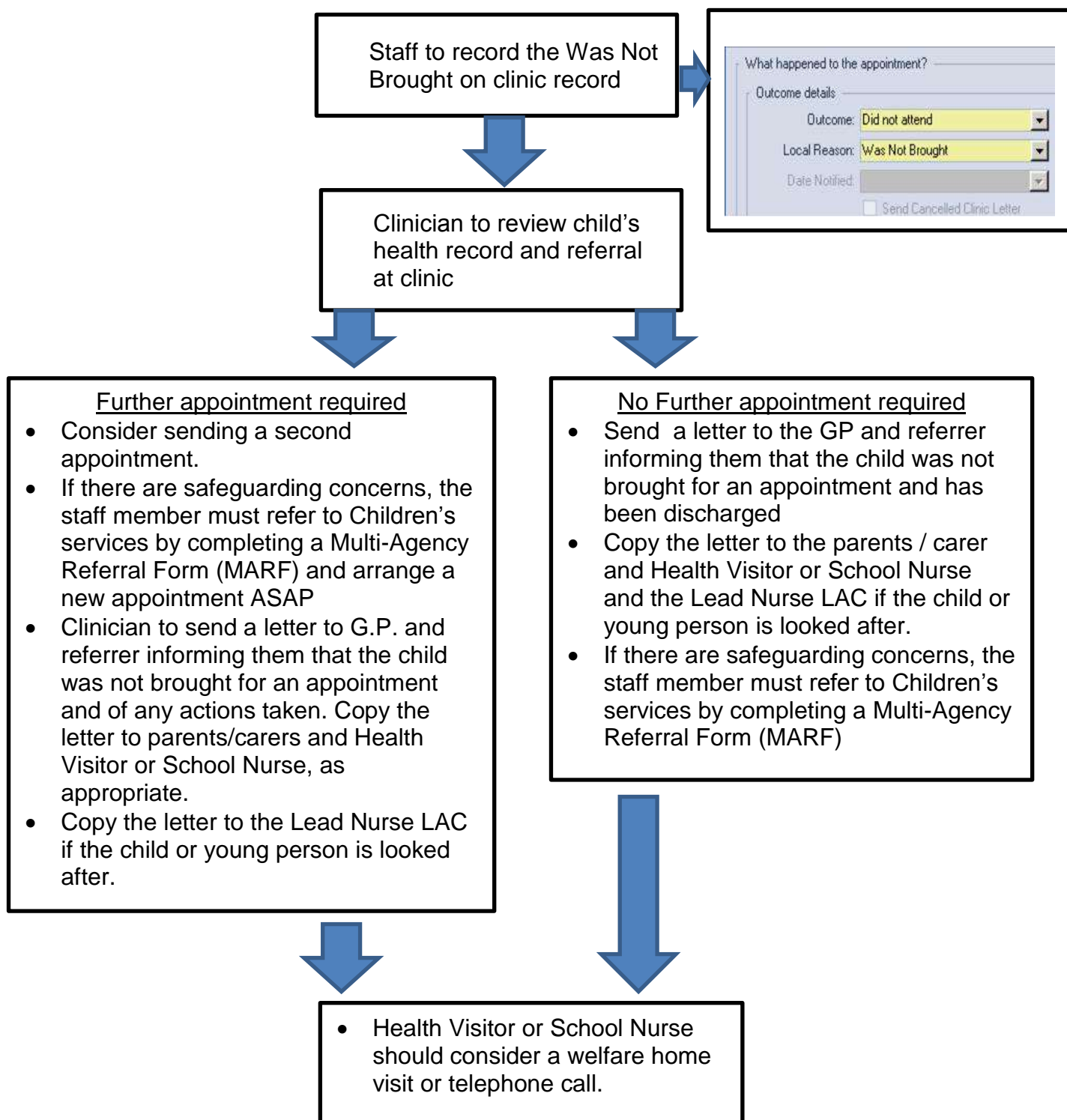
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7. Appendix 1 - HDUHB Flowchart for the procedure for a child who Could Not Attend for outpatient appointment



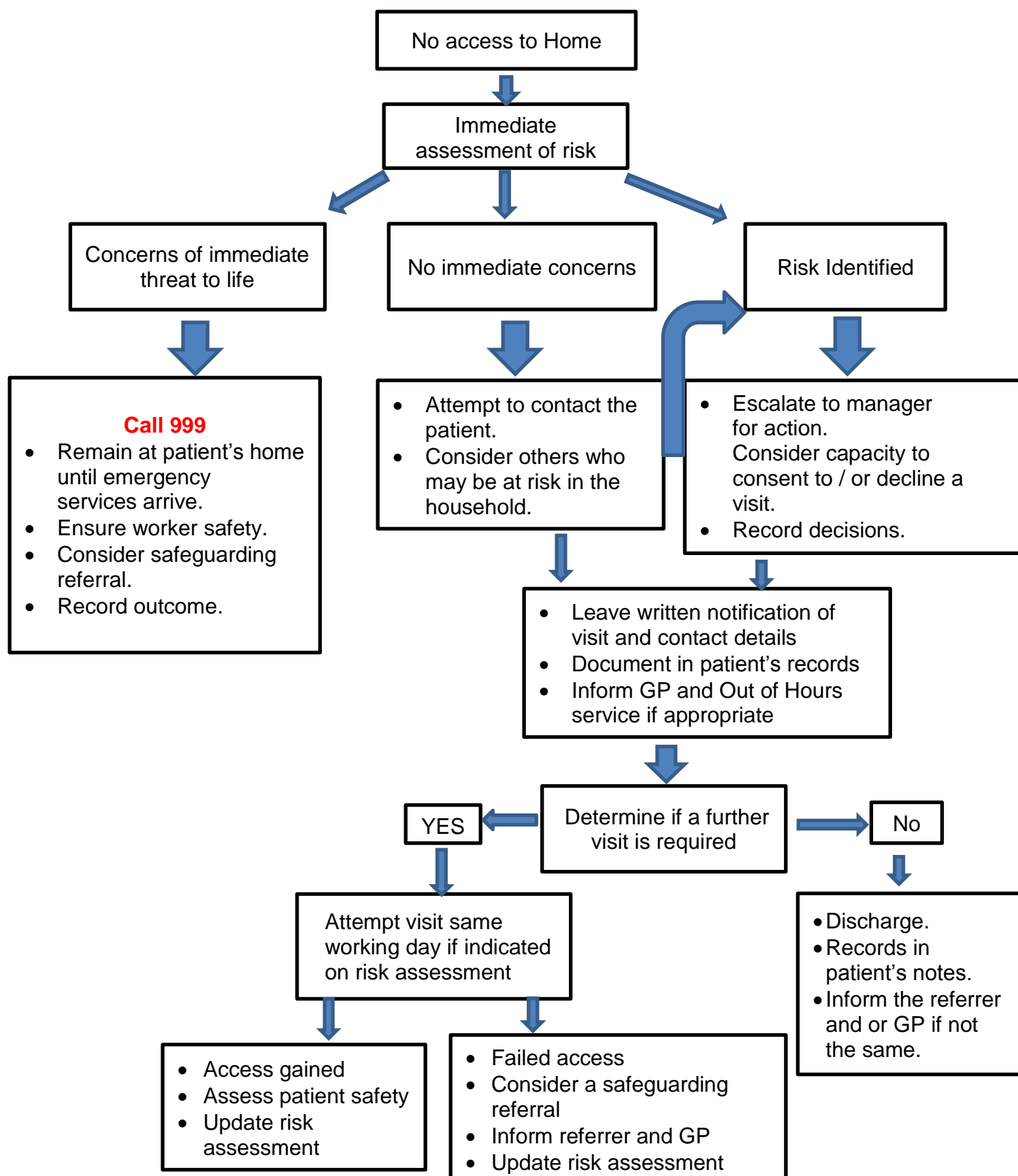
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8. Appendix 2 – HDUHB Flowchart for the procedure for a child who Was Not Brought to an outpatient appointment



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9. Appendix 3 - HDUHB Flowchart for the procedure for an adult with vulnerabilities / suspected to be at risk of abuse or neglect where there is a no access visit



10. Appendix 4 – Adult Pathway - Did Not Attend Appointment

