

Standard Operational Procedure for Universal Service (Health Visiting and School Nursing) for Core Offer Appointments where the client does not attend.

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Name of originator/author:	Leanne Mchugh, Carolyn Krupa and Anita Wood
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Version Control Sheet
Standard Operational Procedure for Universal Service (Health Visiting and School Nursing) for Core Offer Appointments where the client does not attend

Version	Section / Para / Appendix	Version / Description of Amendments	Date	Author / Amended by
1	New Document		April 2016	Leanne Mchugh, Carolyn Krupa and Anita Wood
2				
3				
4				
5				
6				
7				
8				

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Lincolnshire Primary Care Trust
 Standard Operational Procedure (SOP) for Universal Service (HV and SN)
 Core Offer Appointments where the client does not attend.

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Lincolnshire Community Health Services

Policy Statement

Standard Operational Procedure (SOP) for Universal Service (HV and SN) Core Offer Appointments where the client does not attend (DNA)

Background Statement

It had been identified in an action plan developed from a Root Cause Analysis, the requirement for standardised guidance for the follow up of no access / non-attendance of appointments within the 0-19 Universal Service.

This guidance is to be read in conjunction with the East Midlands Safeguarding Children's Guidance for `Did Not Attend` and `No Access Visits` / Disengagement Guidance.

Responsibilities and Training

Staff delivering any component of the 0-19 years universal service core offer have a responsibility to read and comply with this SOP.

Authors of policies are responsible for undertaking appropriate consultation during the development of any policy.

The guidance will be agreed and ratified by the Clinical Governance and Scrutiny Group.

Dissemination

0-19 years Operational leads and Professional Leads will be responsible for ensuring that all the 0-19 year's staff are made aware of and have access to this policy.

All staff will have access to this document via the LCHS website and the unsecure J drive.

Implication consultation

This guideline has been produced in consultation with Practice Educators, Operational Leads of Health Visiting services, 0-19 service providers. This policy incorporates lessons learned following route cause analysis.

Standard Operational Procedure (SOP) for Universal Service (HV and SN) Core Offer Appointments where the client does not attend (DNA)

Introduction

This is a standard operating procedure document to provide guidance as part of an action plan from a root-cause analysis. This document will also reference key issues taken from the East Midlands Disengagement / DNA Guidance which will need to be taken into account where non-attendance persists.

This guidance states:

Disengagement is when a child / young person or parent / carer do 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

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)

DID NOT ATTEND (DNA) – Definition - did not attend appointment without cancellation.

NO ACCESS VISITS (NAV) – Definition – not available at home to be seen for appointment.

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/carers, 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:-

1. Universal core offer for children/families
2. Universal plus offer for children/families.

Universal Core offer 0-5

1. 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.

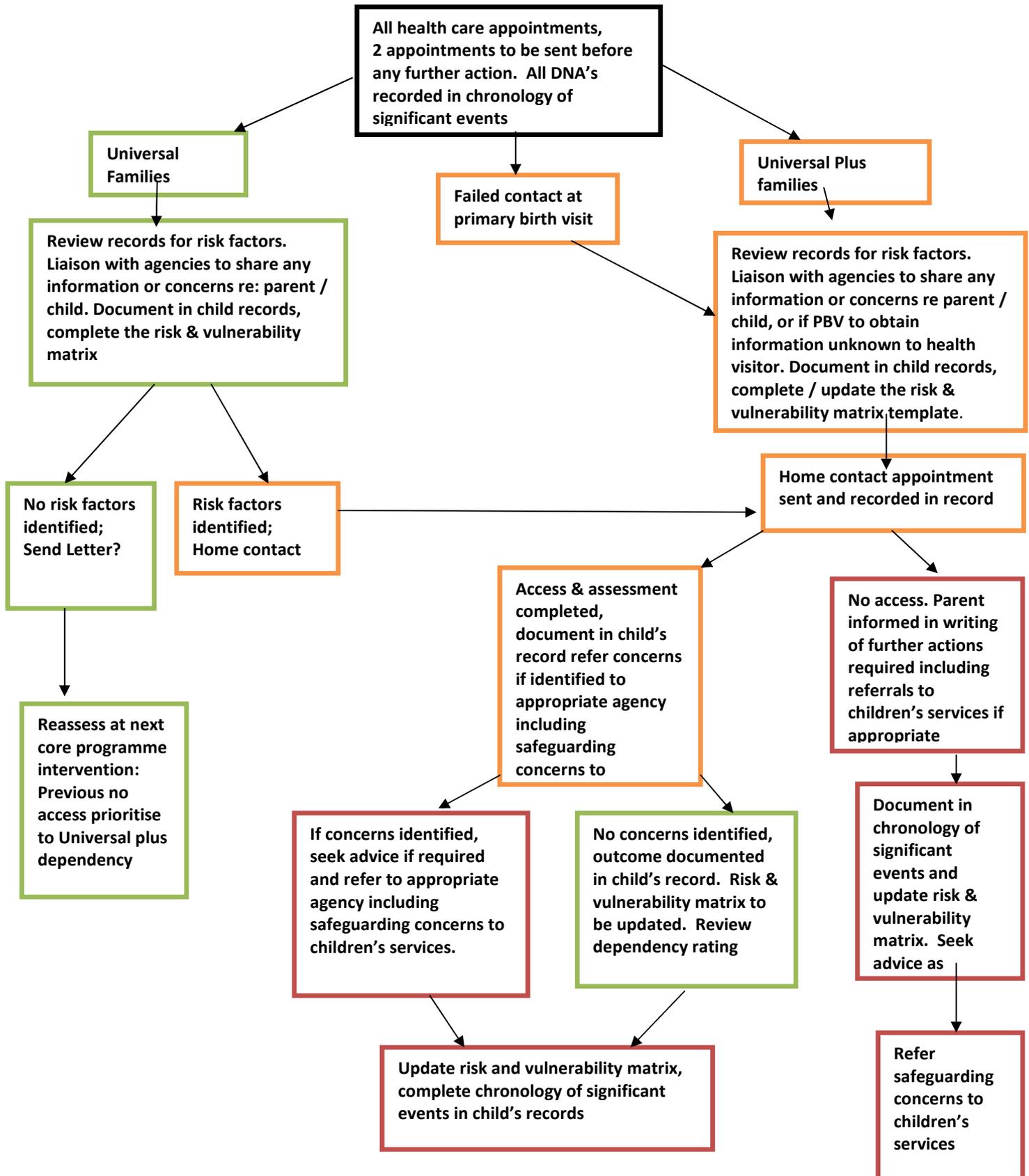
- Record in the child's record (using the system One PBV template) the reason for no contact to the child.
- Open an individual need offer and carry out a home visit to provide on-going care to mother, and the opportunity to complete the assessment of the baby.
- If the child has moved out of the area (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/liason 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.

2. Universal & Universal 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:

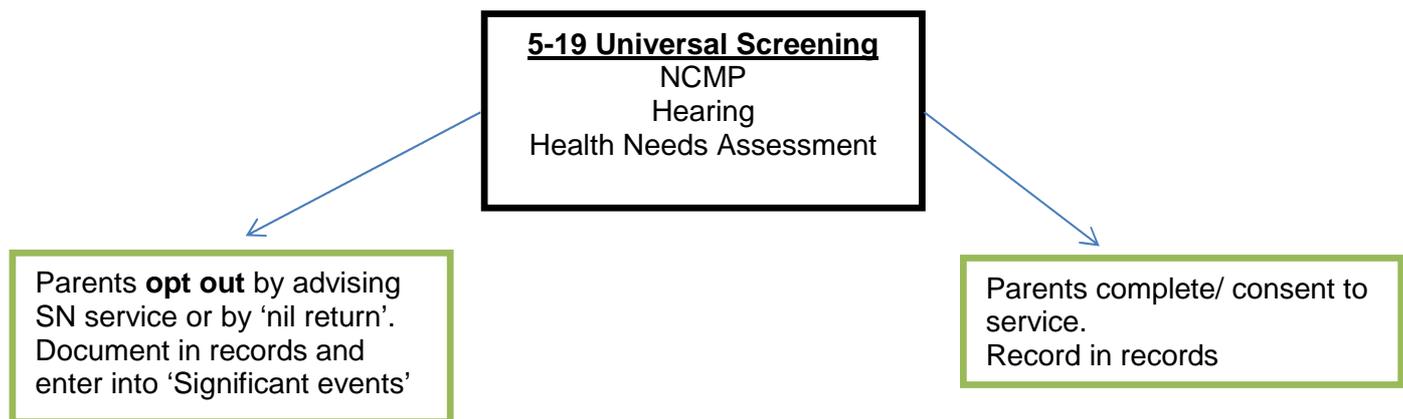


Core Offer Activity 5-19

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.

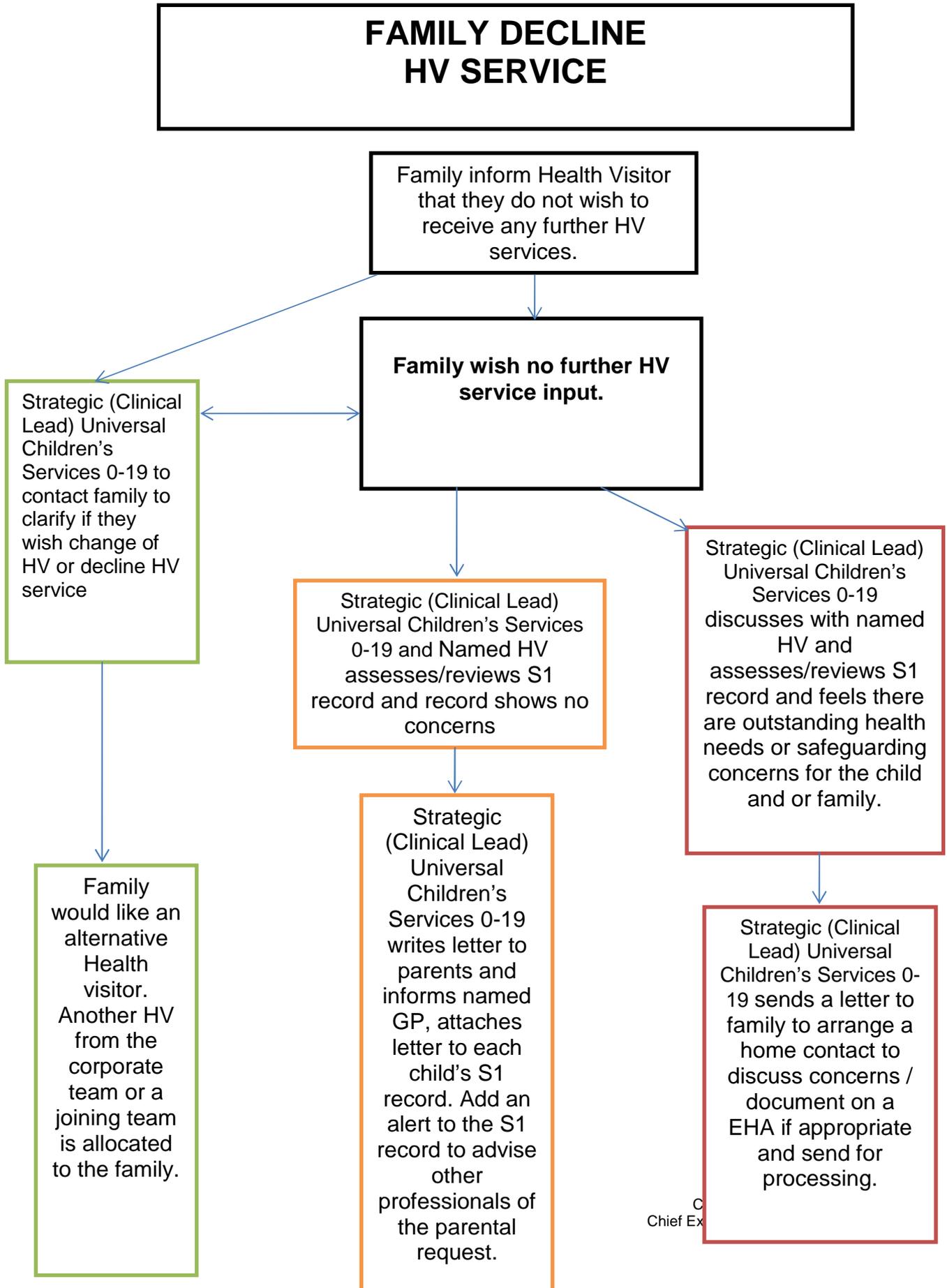
9. References/Bibliography:

1. East Midland Safeguarding Children Network 2010: Disengagement
2. East Midland Safeguarding Children Network 2010:
3. **DID NOT ATTEND (DNA)** – Definition - did not attend appointment without
cancellation.
4. **NO ACCESS VISITS (NAV)** – Definition – not available at home to be seen for
appointment.
5. NMC (2010) Record Keeping Standards

6. NSPCC (2010) `Ten Pitfalls & How To Avoid Them`
7. Working Together to Safeguard Children (2013)
8. Lincolnshire Safeguarding Children's Board Policy and procedures
9. LCHS Safeguarding Policy and Procedures (2014)
10. Information Sharing Guidance 2008 HMSO
11. Safeguarding Memorandum of Agreement (2014) LCHS
12. School Service Specification 2013-14
13. National Child Measurement Programme (2006)
14. Health Child Programme 0-5 and 5-19 (2009)

Appendix 1

Decline of HV flow chart



Appendix 2

Decline HV letter and a home appointment

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 xxxxxxxxxxxx at xxxxxxxxxxxx. 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 HV letter

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

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	Operational Leads	Quarterly Audit	Clinical Scrutiny & Governance Group	Operational Leads. Team Leads	Operational Leads

Name of Policy/Procedure/Function*

Equality Analysis Carried out by: Leanne Mchugh
Date: 26/03/15
Equality & Human rights Lead:
 Qurban Hussain
Director\General Manager:
 Sue Cousland

***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 health visiting staff in LCHS understand their role and responsibilities in respect of families with pre-school children Transferring in and out to a new health visiting case load		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? Please give details	Health Visitors to ensure that all families of pre-school children new to a health visitor case load 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:		L Mchugh		
Date:		26/3/15		