Hertfordshire Partnership **NHS**
University NHS Foundation Trust

Did Not Attend Policy (DNA)
(Responding to Service Users who do not attend appointments)

Version: 3.2

Executive Lead: Chief Operating Officer
Lead Author: Head of Practice Governance

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Approved By: Quality and Risk Management Committee

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Ratified By: Policy Panel

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Target Audience:
This Policy must be understood by staff working in SBUs

P1 - Version Control History:

Version	Date of Issue	Author	Status	Comment
V3	14th July 2015	Head of Practice Governance	Superseded	Full review
V3.1	22st November 2016	Compliance & Risk Manager	Current	Addition of an Initial Assessment DNA process following learning from incident W57230
V3.2	1st Feb 2018	Director of Delivery & Service User Experience	Current	Cross referencing the introduction of the standard operating procedure for DNA Initial Assessment Appointments in Adult Community Mental Health Services

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P2 - Relevant Standards:

a)   **Equality and RESPECT:** The Trust operates a policy of fairness and RESPECT in relation to the treatment and care of service users and carers; and support for staff.
b)   **Care Act 2014**
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P3 - The 2012 Policy Management System and the Policy Format:
The PMS requires all Policy documents to follow the relevant Template.

●   **Policy Template** is the essential format for most Policies. It contains all that staff need to know to carry out their duties in the area covered by the Policy.

●   **Operational Policies Template** provides the format to describe our services, how they work and who can access them.

●   **Care Pathways Template** is at the moment in draft and only for the use of the Pathways Team as they are adapting the design on a working basis.

●   **Guidance Template** is a sub-section of the Policy to guide Staff and provide specific details of a particular area. An over-arching Policy can contain several Guidance's which will need to go back to the Approval Group annually.

Symbols used in Policies:

RULE   **=internally agreed, that this is a rule & must be done the way described**

STANDARD **= a national standard which we must comply with, so must be followed**

Managers must bring all relevant policies to the attention of their staff, where possible, viewing and discussing the contents so that the team is aware of what they need to do.

Individual staff/students/learners are responsible for implementing the requirements appropriate to their role, through reading the policy and demonstrating to their manager that they understand the key points.

All Trust Policies will change to these formats as Policies are reviewed every 3 years, or when national Policy or legislation or other change prompts a review. All expired & superseded documents are retained & archived and are accessible through the Compliance and Risk Facilitator Policies@hpft.nhs.uk

All current Policies can be found on the Trust Policy Website via the Green Button or http://trustspace/InformationCentre/TrustPolicies/default.aspx

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1. Introduction

It is important that all staff have a clear framework within which to operate when making decisions about how to respond when appointments are not kept by service users. There is a need to consider and manage any known clinical risks, often on the basis of limited information. This has to be balanced against the need to make the most efficient use possible of available staff time and appointments slots, so that access to care and treatment is optimised and waiting times kept to a minimum.

The decision-making about how to respond to service users who do not attend for appointments will often take place in psychiatric outpatient's clinics. It is especially important that such decisions are not taken automatically and are not seen simply as bureaucratic. Even when clinical information is limited, doctors must always consider available information. This includes both clinical risk factors, and innocent or practical reasons why an appointment is not kept.

This policy and guidance sets out the action to be taken by the staff of Hertfordshire Partnership University NHS Foundation Trust (HPFT) when:

- an adult service user does not attend an appointment with a health or social care professional
- a child or young person does not attend an appointment with CAMHS.

It also provides guidance on how rates of DNAs can be minimized.

2. Purpose

The aim of the guidance is to ensure an effective response by the health/social care professional which includes clinical and safeguarding requirements.

Refer also to the Transfer and Discharge Policy (March 2014) with regard to the seven day follow up procedure when service users are discharged from inpatient units and from mental health acute care..

For service users attending for treatment under supervised community treatment orders refer to the HPFT Mental Health Act policies.

The responsibilities of the Trust and its employees are set out in the relevant sections.

This policy does not cover the Single Point of Access, which has its own detailed procedures for how to respond when those referred cannot be contacted in its operational policy.

3. Definitions
STANDARD
DNA: this stands for "did not attend". The term should be applied to events when a service user does not present him/herself for a pre-arranged appointment with a member of staff.

This includes face to face appointments in any setting, including Trust premises and home visits. It includes pre-arranged phone appointments.

It excludes events when an appointment is cancelled in advance by the service user or by the Trust.

4. Prevention of Non-attendance by Service Users

It is important to place the issue of service users not attending for appointments in the context of a service that needs to be increasingly organised around the expectations of service users and their families.

They are more likely to attend for an appointment if they have optimism about what it will help them achieve in their recovery journey.

Attendance is also maximised if appointments are at a time and place that suits the service user, where transport and parking arrangements are adequate, and where the reception service is welcoming and efficient.

The non-engagement or disengagement with services by an individual may be a response to:

- A lack of information relating to their referral or treatment programme.
- Breakdown of the relationship between the service user and clinician or clinical team.
- Adverse side effects to treatment.
- A lack of recognition by the service user of the benefits that the treatment may offer.
- A culturally inappropriate treatment or care which does not take into account the lifestyle and beliefs of the service user.

However, the non-attendance may simply be due to not arranging a suitable appointment or communication failures with the Trust. Therefore the service should attempt to prevent non-attendance by:

- Following the choose and book procedure to ensure that appointments are offered with a choice of dates and time to the service user and that sufficient notification is given.
- The use of SMS text messaging services to remind service users of their appointment, or telephone reminders, or reminder letters. People with a learning disability may need extra support to remind them of the appointment.
- Delays for appointments should be avoided, but, when inevitable, there must be a prompt explanation, indicative waiting time and where necessary apology to the service user.
- Service users must be given a telephone contact number for their use in case of difficulty relating to an appointment.
- Information provided prior to the appointment should include details of how to get to the unit by car or public transport.
- Within the environment there must be a reception arrangement, and an appropriate waiting area, which is child friendly. A child must be supervised by an adult and not left unattended in a reception area, (refer to the HPFT Child Visiting policy). In CAMHS services, it is reasonable for those over 16 to attend alone, and those under 16 with parental agreement and after a risk assessment

5. Procedure for responding to a Did Not Attend (DNA) event.

RULE

Failure to attend any previously planned appointment with a Trust member of staff must generate consideration of the reason for the event.

In many cases, the appointment may have been missed for entirely "innocent" reasons which are totally unrelated to the mental health of the individual. However, in a small number of cases, non-attendance may indicate a deterioration in the service user's mental health which might require an urgent response.

Where a service user has been offered an appointment and has failed to attend without giving notice, it is important that the member of staff who was to see the service user that day, complies with the procedure detailed below.

The member of staff should:-

RULE

a) Assess the risk. A full risk assessment documented on the Electronic Patient Record (EPR) is not required. It is recognised that this is not possible as the service is not present to be assessed face to face. However, consideration of possible risk factors is expected by reference to recorded information and previous patterns of behaviour.

b) If there may be significant risks present, seek further information. This may involve liaising with the referrer, and/or calling the service user. When the carer's views of the current level of risk can be obtained, this should always be done. In cases of significant risk, it is acceptable to contact the carer with or without the service user's consent.

c) Decide what action should be taken in relation to the Non Attendance that day. This will depend upon the assessment of risk and will vary according to the individual characteristics of the case. The guiding principle is to consider the risk and thus tailor the appropriate response to each case.

d) Consider whether the service user and his/her circumstances include any elements of particular risk that might require action under the Safeguarding Vulnerable Adults and Safeguarding Children policies and procedures - for example, children at risk, pregnancy, parenting issues, domestic violence, drug and alcohol misuse.

e) Where there is evidence of significant risks, the worker should discuss with their team manager or team leader. Junior doctors should discuss with their supervising Consultant before these decisions are made

f) For appointments regarding clozapine monitoring refer to the document HPFT *Guidance and Procedure for the use of Clozapine*.

g) Take the appropriate action.

h) Notify the GP or referrer in writing of the non-attendance and the response the Trust has made. The member of staff with whom the appointment was missed is responsible for this.

RULE
i) Record in the EPR the consideration of risk and the rationale for the response, whatever it is.

6. Procedure for responding to a cancelled initial appointment (IA) event

There tends to be two types of cancellation of initial assessment appointments by a service user, on the day of the appointment or in advance of the appointment. The issue can arise that a receptionist or member of the admin team can receive the call from the service user and the call doesn't get forwarded to team leader to make a clinical decision.

For all cancellations of initial assessment appointments the following actions should be taken.

RULE

a) If cancelled by the service user on day, the assigned assessing clinician to follow up, treat like a DNA, follow the 'DNA Policy (and for Adult Community the Standard Operating Procedure for initial Assessment in Adult Community Mental Health Services) and discuss at the post assessment meeting.

b) If cancelled prior to assessment, the person who took the call to forward to duty manager for next step decision and follow the DNA policy (and for Adult Community the 'DNA Standard Operating Procedure for Initial Assessment in Adult Community Mental Health Services) and involve wider MDT if required. Take into account the referral information and previous risks if known.

c) All actions to be recorded on Paris, including admin staff actions.

d) Treat all IA cancellations like you would a DNA.

7. Other points to note

 "A standard operating procedure has been developed to outline the expected process for DNAs relating to initial assessment in adult community mental health services. This ensures a clinical assessment is undertaken on the day of the missed appointment and either offers the service user another appointment, an 'opt in' choice or assertive contact as appropriate to the clinical risk assessment".

With regard to first appointments missed, the same general approach applies. In the vast majority of cases a second appointment should be arranged. Someone referred should only be discharged from Trust services after missing their first appointment if the referrer has been consulted and agrees.

Before a decision is made to discharge from the Trust, staff need to be confident that they have made reasonable attempts to fulfil the Care Act (2014) duty to assess the social care needs of the individual, and that they have responded to the legal right of carers to receive support introduced by the Care Act..

Where there is a failure to attend appointments, first or ongoing, by young people up to the age of 18, the member of staff should liaise with the parents or carers regarding the reasons for non –attendance and agree the next steps – paying due regard to issues of confidentiality.

Children and Young People
If, from previous knowledge of the child or young person or from the response of the family, it is felt that significant risks are present, the member of staff should:

- Liaise with other professionals involved e.g. GP, or school nurse to assess the current risks
- Consider alternative venues for seeing the child or young person as clinically indicated and appropriate and consider involving Hertfordshire adolescent outreach team (HAOT)
- If the young person is known to Children's Social Care inform and liaise with the social worker involved.
- If there is no contact with Children's Social Care and the member of staff considers the young person to be vulnerable or at risk to themselves or at risk of harm, a referral should be considered following the HPFT *Managing the Risks Associated with Safeguarding Children & Child Protection*
- Consider arranging a multi-disciplinary professionals meeting
- Discuss the failure to attend the appointment in the team meeting or with a senior clinician
- Record this activity in the EPR

People with a learning disability
People with a learning disability may have additional issues which affect attendance, e.g., practical problems like times of buses. It is important to find out the reason why they did not attend and if necessary offer extra support e.g. someone with minimal support and poor literacy skills may require a phone call reminder the day before.

Ethnic minorities
People who do not speak English as a first language or are not familiar with services provided by the Trust may have additional issues affecting their understanding of the services being offered to them. It is important to find out if they need extra support to attend the service e.g. language support, or extra support due to cultural views about the health services being offered.

8. Further Advice

This section provides additional guidance to staff on the different levels of risk that may apply and recommended responses. It should be read in conjunction with the Clinical Risk Assessment and Management : Policy and Procedures.

If there is an acute risk
This is where the referral letter or previous information indicates that significant risks to self or others are present that day.

- Consider the most appropriate way to make contact with service user that day - options include the following:

    i. arrange a home visit in line with lone worker policy or with a colleague as appropriate

       ii.   refer to the area CAT Team and record what action they will take (or HAOT for CAMHS service users)

      iii.   referral to the Police for a welfare check

      iv.   arrange a Mental Health Act assessment with the duty AMHP

If there is a chronic risk

This is where the referral letter or previous information indicates that the service user is likely to be eligible for Trust services and has a history of clinical risks. In many cases, there will also be evidence of significant vulnerability or failure to engage with services in the past.

- Review the care plan when there is one.
- Clarify whether the service user still wants a service and consider alternatives to an outpatient appointment. This may be achieved by a telephone conversation or letter with the service user and/or the identified carer.
- Consider alternative responses appropriate for the service user e.g. social care support via a personal budget.

If there is a low risk

This is where the referral letter or previous information indicates that the service user is likely to be eligible for Trust services and includes evidence of some risk factors in the past, but not significant vulnerability.

- Review the care plan when there is one.
- Clarify whether the service user still wants a service and consider alternatives to another routine appointment. This may be achieved by a telephone conversation or letter . The alternative service might include home visits, or other types of community based services as appropriate, which may be provided by organisations other than HPFT via a personal budget.

Sometimes, there may not be an alternative service to refer or signpost a service user to that can replace what the Trust might have provided. This will often be the case, for example, with community health services for people with a learning disability. In these situations NHS responsibilities return fully to the GP who is also in a position to consider alternatives as they may arise.

If there is minimal or no known risk

Clarify whether the service user wishes to maintain contact with services and determine their motivation to attend further appointments. This can be done by a telephone conversation or by letter. The content of this communication should be tailored to the specific situation. The service user should be given a chance to make another appointment of their choice. If the service user fails to make another appointment they may be discharged to the care of their GP with the reason for discharge recorded.

9. Training/Awareness

No formal training is required on this policy.

When this policy is placed on the internal website a summary will be provided which managers are expected to share with their teams.

10. Embedding a culture of Equality & RESPECT

The Trust promotes fairness and RESPECT in relation to the treatment, care & support of service users, carers and staff.

RESPECT means ensuring that the particular needs of 'protected groups' are upheld at all times and individually assessed on entry to the service. This includes the needs of people based on their age, disability, ethnicity, gender, gender reassignment status, relationship status, religion or belief, sexual orientation and in some instances, pregnancy and maternity.

Working in this way builds a culture where service users can flourish and be fully involved in their care and where staff and carers receive appropriate support. Where discrimination, inappropriate behaviour or some other barrier occurs, the Trust expects the full cooperation of staff in addressing and recording these issues through appropriate Trust processes.

RULE: Access to and provision of services must therefore take full account of needs relating to all protected groups listed above and care and support for service users, carers and staff should be planned that takes into account individual needs. Where staff need further information regarding these groups, they should speak to their manager or a member of the Trust Inclusion & Engagement team.

Where service users and carers experience barriers to accessing services, the Trust is required to take appropriate remedial action.

11. Process for monitoring compliance with this document

Action:	Lead	Method	Frequency	Report to:
Clinical audit	PACE Team	Clinical audit	annual	Practice Audit Implementation Group

12. Version Control
STANDARD

Version	Date of Issue	Author	Status	Comment
V1	February 2011	Head of Practice Governance	Superseded	Agreed Trust Executive on 22.2.2011
V2	27th May 2014	Head of Practice Governance	Superseded	Full review
V2.1	30th July 2014	Head of Practice Governance	Superseded	Change to sentence 5b – agreed by the Council of Governors at Quality and Effectiveness sub Group 4th July 2014
V2.2	1st May 2015	Head of Practice Governance	Superseded	Updated for Care Act 2014 and in response to a serious incident investigation
V3	14th July 2015	Head of Practice Governance	Superseded	Full review
V3.1	22nd November 2016	Compliance and Risk Manager	Superseded	Addition of an Initial Assessment DNA process following learning from incident W57230
V3.2	1st Feb 2018	Director of Delivery & Service User Experience	Current	Cross referencing the introduction of the standard operating procedure for DNA Initial Assessment Appointments in Adult Community Mental Health Services

13. Archiving Arrangements

STANDARD

All policy documents when no longer in use must be retained for a period of 10 years from the date the document is superseded as set out in the Trust Business and Corporate (Non-Health) Records Retention Schedule available on the Trust Intranet

A database of archived policies is kept as an electronic archive administered by the Compliance and Risk Facilitator. This archive is held on a central server and copies of these archived documents can be obtained from the Compliance and Risk Facilitator on request.

13. Associated Documents
STANDARD
This document should be used in conjunction with the following HPFT procedural documents all of which are available on the HPFT staff website
- Clinical Risk Assessment and Management of Individual Service Users

- Communicating with Service Users from Diverse Communities
- Safeguarding Children policies
- Safeguarding Adults from abuse
- Transfer and Discharge
- Learning From Incidents
- Single Equality Scheme
- DNA Standard Operating Procedure for initial assessment in adult community mental health services.

14. Supporting References
STANDARD

- NHS Institute for Innovation and Improvement, (2010) Quality and Service Improvement Tools, DNAs – Reducing Did Not Attends www.institute.nhs.uk

15. Comments and Feedback – List people/ groups involved in developing the Policy.

STANDARD

Lead Nurses	Head of Social Work and Safeguarding
Practice Governance Leads	CAMHS representative
Compliance and Risk Facilitator	Head of Practice Governance
Compliance and Risk Manager	PACE Manager
Equalities Manager	Commissioners
Incident Investigator	