Northumberland, Tyne and Wear NHS Foundation Trust

Document Title	Non Attendance (Did Not Attend-DNA)			
Reference Number	NTW(C)06			
Lead Officer	Executive Director of Nursing and Operations			
Author(s) (name and designation)	Ann Marshall Senior Clinical Nurse – Planned Care			
Ratified by	Business Delivery Group			
Date ratified	Sep 2017			
Implementation Date	Sep 2017			
Date of full implementation	Sep 2017			
Review Date	Sep 2020			
Version number	V04			
Review and Amendment Log	**Version**	**Type of change**	**Date**	**Description of change**
	V04	Review	Sep 17	Review with Minor changes

This policy supersedes:

Reference Number	Title
NTW(C)06 – V03.1	Non Attendance (Did Not Attend-DNA) Policy

Non Attendance (Did Not Attend-DNA)

Appendices – listed separate to policy				
Appendix No:	**Description**	**V04 - Issue**	**Issue Date**	**Review Date**
Appendix 1	Standard Letter - DNA Appointment	1	Sep17	Sep 20
Appendix 2	Standard Letter - Patient Cancelled Appointment	1	Sep17	Sep 20
Appendix 3	Standard Letter – Patient does not wish an appointment	1	Sep17	Sep 20
Appendix 4	Standard Letter – Patient Appointment Letter	1	Sep17	Sep 20
Appendix 5	Standard Letter – Patient FTA 2 Appointments	1	Sep17	Sep 20

Practice Guidance Note – listed separately to policy Note: This PGN is also aligned to NTW(C)07 – Promoting Engagement Policy				
PGN No:	**Description**	**Issue**	**Issue Date**	**Review Date**
NA-PGN-01	Non-attendance within Children and Young Peoples Specialist Services	V03-Issue 1	Sep17	Sep 20
NA-PGN-02	Text Messaging Patient Appointment Reminder Service	V01-Issue 1	Dec 15	Dec 18

1. Introduction

1.1 It is recognised that for some services users clinical risks may arise if they do not attend for scheduled appointments. This would apply to any appointments with a member of the clinical team responsible for their care and treatment.

2. Purpose

2.1 The procedures set out in this policy are a pragmatic guide to assist clinicians in determining a response to service users referred to mental health, learning disability and neuro-rehabilitation services, who fail to attend appointments. These procedures should apply to all those referred to or receiving services from Northumberland, Tyne and Wear NHS Foundation Trust (the Trust/NTW)

3 Duties and Responsibilities

3.1 **The Chief Executive is responsible for**:

- Ensuring that an appropriate and adequate infrastructure exists to support the non-attendance and engagement of patients

3.2 The **Executive Director of Nursing and Operations is responsible for:**

- The strategic and operational management of the non-attendance and engagement of patients within the Trust

3.1 **Managers have a responsibility to**:

- Ensure that all staff are made aware of policies and receive appropriate training in their application
- Ensure that policies are implemented and evaluated appropriately
- Identify/manage and deploy resources to meet service requirement

3.2 **Registered staff have a responsibility to**:

- Follow the policy as outlined
- To be involved in the evaluation of the policy
- Identify any operational difficulties in the application of the policy

3.3 **Non registered staff have a responsibility to**:

- Report any non-attendance to the responsible clinician in a timely manner

4 Definitions

4.1 Service users will be classed as **"did not attend"/"failed to attend" (DNA**) for failing to attend a service in the following circumstances (this list is not exclusive):

- The service user does not attend for the first appointment (initial assessment interview)
- The service user does not attend for any subsequent outpatient appointment/or therapy session
- The service user is not at home when visited by a health professional when the time and date of the visit has been pre arranged
- The services user has obviously moved from their usual place of residence and has given no indication of their new address
- The service user has not attended Day Services provided by mental health services on one or more occasions. In some circumstances one failure to attend these services will give concern to take action e.g. failure to attend Acute Day Services or Physical Treatment Service for depot medication or Clozapine blood monitoring.

5 New Referrals

5.1 The first available appointment should be offered to the service user, the letter or telephone call notifying the service user of the appointment should include information outlining alternative times and venues which may be available to enable the service user to be seen.

5.2 In each case where the service user does not attend the first appointment, formal consideration should be given by the clinician as to the most appropriate response such as:

- Informing the General Practitioner (GP) of non-attendance by letter, asking what further action is required or suggested
- Informing the Community Mental Health Team (CMHT)/Community Nurse Learning Disability and/or Care Manager
- Ring the GP to get further information/discuss
- Ring referred person to discuss
- Send referred person a further appointment
- Discuss with others involved in care or multidisciplinary team (MDT)
- Arrange a domiciliary visit
- In mental health services arrange a Mental Health Act assessment

5.3 Taking into account the severity of the individual's disability, mental health illness etc and level of risk clinicians should consider:

- Is the appointment time a factor affecting the likelihood of attendance at further appointments?

- Are any other statutory agencies involved?
- Who is most likely/what is the best way to engage with the referred person?
- If the families and carers of the service user are aware of the appointment date/time and, if the service user is in agreement/are welcome to attend the appointment

5.4 Action to take when service users DNA; an appointment will be dependant on the level of clinical risk. All actions taken and reasons regarding the approach adopted by the clinicians must be recorded in the appropriate place within the service user's records. At no time should teams discharge patients for non-attendance without consulting the referrer; in cases of self referral all reasonable attempts should be made to discuss non-attendance with service user.

5.5 Where new referrals DNA, staff should follow local procedure pertaining to their service, as outlined in Section 8.

5.6 Where new referrals DNA, the waiting time will be reset to zero and will commence again from the DNA date.

6 Cancellation of Appointments

6.1 In line with national reporting requirements appointments cancelled by the service user within 24 hours of the booked time should be recorded as DNA.

6.2 Where the service user cancels an appointment the waiting time will be reset to zero and commence again from the date the appointment was cancelled.

7 Follow-up Did Not Attends – DNAs

7.1 When a service user fails to attend an appointment the clinician should consider the options and considerations listed in section 5 within this policy.

8 Recording of 'Did Not Attend'

8.1 Appointments cancelled with more than 24 hours notice should not be recorded as DNAs, although they should be recorded in the service users notes/Patient Information Management System, as appropriate, detailing who made the cancellation, reasons why the appointment was cancelled and action taken by clinicians.

8.2 All DNAs will be collated by the team administrator/secretary, following local procedures. This is necessary as the Trust is required to maintain monthly collation of DNAs.

9 Drug and Alcohol Services

9.1 Service users with addiction problems living in the community, where there is no identified serious mental illness, are in a position to make their own treatment decisions which includes the decision to disengage from services. It is not possible to physically prevent substance misuse where the individual is determined to continue to misuse, and that substance misuse will inevitably result in serious health risks. We have a duty to ensure services are accessible and that those clients have access to treatment and appropriate health education; beyond that it is the service user's choice whether to take up those services.

9.2 For those service users with addiction problems who we perceive to be at risk to others we have a duty to act, via Social Services (when children and/or vulnerable adults are involved) or with the police when criminality involving threat to others is the case.

9.3 Gender Dysphoria Service

The Northern Region Gender Dysphoria Service (NRGDS) provides a service for adults in the community aged 17 or over residing anywhere in England. NRGDS do not provide psychiatric or mental health assessment, care or diagnosis to patients. Some patients will be accessing mental health services provided by local mental health trusts in England including but not confined to NTW. In this situation the policy relating to their engagement with those mental health services will be the local policy as implemented by those services. With regard to accessing the services provided by NRGDS, patients are considered to be in a position to make their own treatment decisions which includes the decision to disengage from services. We have a duty to ensure services are accessible and that patients have access to appropriate information about services, beyond that it is the patient's choice whether to take up those services.
For those patients who we perceive to present a risk to others we have a duty to act, via NTW Safeguarding policies when children and/or vulnerable adults are involved or with the police when there are concerns about criminality involving threat to others."

10 Local Procedures – All Trust services other than those outlined above

10.1 Mental Health Services

10.1.1 New Referrals

- Where new referrals DNA, in addition to considering further action as above, a letter should be sent to the GP within five working days (**example letter** – **Appendix 1**). Action to take when service users DNA an appointment will be dependent on the level of clinical risk. If the referral letter suggests high risk then there should be liaison with the GP as soon as possible to establish the best plan to engage the service user or protect whoever is at risk (the service user or others)

10.1.2 **Cancellation of Appointments**

- If a service user cancels an appointment and it is re-booked, if applicable, administrators /care co-ordinators will send a letter to the GP and consultant psychiatrist within five working days **(example letter – Appendix 2)**

- If a service user indicates that they do not wish to have further appointments, administrators/care co-ordinators will inform the consultant psychiatrist, (where a psychiatrist is involved and/or where appropriate all agencies involved) and a letter will be sent to the GP and the Community Mental Health Team within five working days **(example letter – Appendix C).** Informing them of this and asking for further advice re ongoing involvement. For Children and Young People Services, please refer to NA-PGN-01, practice guidance note attached to this policy.

10.1.3 **Follow up DNAs**

10.1.3.1 Service users currently receiving services from mental health services:

- When a service user fails to attend an appointment, the clinician should consider the options and considerations listed in 3.1 within this policy. In addition to these options, the clinician may wish to consider holding an unscheduled care co-ordination case review
- Where the service user's previous history indicates a specific response to missed appointments, the service user's crisis plan/advance directive should be implemented
- Should the missed appointments form part of a pattern that indicates the service user has disengaged from services, then "Difficult to Engage" procedures should be followed (see Trust's NTW(C)07 - Promoting Engagement with Service Users Policy , including non-compliance with treatment and difficult to engage service users)
- Service users should not be discharged back into primary care simply because they have missed a number of appointments. Consideration must be given to the degree of mental illness and the level of risk posed

10.1.3.2 Service users with a history of significant violence when mentally unwell should not be discharged back into primary care unless there is an explicit care plan in place that has been agreed with primary care, which includes risk assessment, crisis plan and specific guidelines for further treatment, if appropriate, 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.

10.2 Learning Disability Services

10.2.1 Cancellation of Appointments

10.2.1.1 If a service user or their carer cancels an appointment the clinician or team administrator/medical secretary will be responsible for organising a further appointment.

10.2.2 Follow up DNAs

10.2.2.1 In the case where service users do not attend follow up appointments the following will happen:-

- When a service user fails to attend an appointment, the clinician should consider the options and considerations listed in section 3.1 within policy
- If they do not attend the second appointment the clinician will identify key professionals or family carer who are involved with the individual e.g. Community Nurse Learning Disability, Care Manager. The clinician will use their own judgement in deciding the best way to contact the service user, key professionals or family carer. Contact will then be made with the service user/key professionals/family carer
- If they do not attend for the third appointment the clinician will use their own judgement in deciding the best way to contact the GP or the referrer to find out if they still want the service user to be seen
- Should the missed appointments form part of a pattern that indicates the service user has disengaged from services, refer to the Trust's policy, (see Trust's NTW(C)07 - Promoting Engagement with Service Users Policy including Non-Compliance with Treatment and Difficult to Engage Service Users)
- Service users should not automatically be discharged back to their GP after they have missed a number of appointments. The clinician should consider the service users degree of disability and the level of risk posed however it must be borne in mind that patients have a right to refuse contact or follow up with services and a right not to have relatives informed
- The above points should be considered prior to the clinician referring the service users back to their GP's. The clinician should document in the service users notes, the number of missed appointments and the reasons for referring the service user back to their GP

10.3 Young People's Services

10.3.1 Service users should always be given further chances to engage and consideration should be given as to the most appropriate response such as:

- ring GP or other referrer to get further information and discuss a plan

- ring young person/carer/parent to discuss
- send young person/parent/carer a further appointment
- send a letter asking young person/carer/parent to get in touch
- discuss with other involved in care

11 Identification of Stakeholders

11.1 This is an existing policy which has had no change to content relating to clinical or operational practice therefore did not require full Trust wide consultation.

12 Equality and Diversity Assessment

12.1 In conjunction with the Trust's Equality and Diversity Officer this policy has undergone an Equality and Diversity Impact Assessment which has taken into account all human rights in relation to disability, ethnicity, age and gender. The Trust undertakes to improve the working experience of staff and to ensure everyone is treated in a fair and consistent manner.

13 Implementation

13.1 It is considered that as no changes have been made to policy content it will be implemented across the Trust immediately.

14 Training

14.1 There are no training requirements; however, **all** clinical staff need to be aware of this policies requirements

15 Monitoring and Compliance

15.1 Audit of Non Attendance (Did Not Attend-DNA) Service Users should be facilitated at team level and at a trust level via performance management. A minimum data set for teams would include:

- Reason for non-attendance from a clinician and service user perspective
- Methods and attempts used to encourage attendance
- Frequency of non-attendance
- Any untoward incidents

15.2 During clinical supervision review of health records should be examined by managers and monitored for compliance to the policy.

16 Standard/Key Performance Indicators

Please refer to Section 6 – Cancellation of Appointments, Item 6.1

17 Fair Blame

17.1 The Trust is committed to developing an open learning culture. It has endorsed the view that, wherever possible, disciplinary action will not be taken against members of staff who report near misses and adverse incidents, although there may be clearly defined occasions where disciplinary action will be taken.

18 Associated Documentation

- NTW(C)04 - Safeguarding Children Policy
- NTW(C)05 - Consent to Examination and Treatment Policy
- NTW(C)07 - Promoting Engagement with Service Users Policy
- NTW(C)20 - Care Coordination and Care Programme Approach Policy
- NTW(C)24 - Safeguarding Adults at Risk Policy
- NTW(C)25 - Multi-Agency Public Protection Arrangements Policy
- NTW(O)01 - Development and Management of Procedural Documents Policy

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Appendix A

Equality Analysis Screening Toolkit			
Names of Individuals involved in Review	**Date of Initial Screening**	**Review Date**	**Service Area / Directorate**
Ann Marshall	Sep17	Sep 20	Trust wide
Policy to be analysed		**Is this policy new or existing?**	
NTW(C)06 – Non-Attendance (DNA) Policy – V04		Existing	
What are the intended outcomes of this work? Include outline of objectives and function aims			
The procedures set out in this policy are a pragmatic guide to assist clinicians in determining a response to service users referred to mental health, learning disability and neuro-rehabilitation services, who fail to attend appointments. These procedures should apply to all those referred to or receiving services from Northumberland, Tyne and Wear NHS Foundation Trust			
Who will be affected? e.g. staff, service users, carers, wider public etc			
Staff, patients, carers and referrers			
Protected Characteristics under the Equality Act 2010. The following characteristics have protection under the Act and therefore require further analysis of the potential impact that the policy may have upon them			
Disability	No impact		
Sex	No impact		
Race	No impact		
Age	No impact		
Gender reassignment (including transgender)	No impact		
Sexual orientation.	No impact		
Religion or belief	No impact		
Marriage and Civil Partnership	No impact		
Pregnancy and maternity	No impact		
Carers	No impact		
Other identified groups	No impact		
How have you engaged stakeholders in gathering evidence or testing the evidence available?			
According to NTW(O)01 Development and Management of Procedural Documents Policy process criteria			

How have you engaged stakeholders in testing the policy or programme proposals?
According to NTW(O)01 Development and Management of Procedural Documents Policy process criteria
For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:
According to NTW(O)01 Development and Management of Procedural Documents Policy process criteria
Summary of Analysis Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.
No impact
Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups. Where there is evidence, address each protected characteristic

Eliminate discrimination, harassment and victimisation	Whole emphasis of policy is about enabling attendance
Advance equality of opportunity	
Promote good relations between groups	
What is the overall impact?	
Addressing the impact on equalities	

From the outcome of this Screening, have negative impacts been identified for any protected characteristics as defined by the Equality Act 2010?

If yes, has a Full Impact Assessment been recommended? If not, why not?

Manager's signature: **Ann Marshall** **Date: Jul17**

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Appendix B

Communication and Training Check list

Key Questions for the accountable committees designing, reviewing or agreeing a new Trust policy

Is this a new policy with new training requirements or a change to an existing policy?	Existing Policy
If it is a change to an existing policy are there changes to the existing model of training delivery? If yes specify below.	Taking into account the changes in policy, there is no identified new knowledge or skills other than awareness of minor policy changes
Are the awareness/training needs required to deliver the changes by law, national or local standards or best practice? Please give specific evidence that identifies the training need, e.g. National Guidance, CQC, NHSLA etc. Please identify the risks if training does not occur.	Changes to the previous policy covered legal, national and local standards Ensure employees are aware of changes to policy
Please specify which staff groups need to undertake this awareness/training. Please be specific. It may well be the case that certain groups will require different levels e.g. staff group A requires awareness and staff group B requires training.	All staff who are required to report the attendance of service users will need to be familiar with the policy prior to commencing any interventions with service users
Is there a staff group that should be prioritised for this training / awareness?	Awareness for existing staff
Please outline how the training will be delivered. Include who will deliver it and by what method. The following may be useful to consider: Team brief/e bulletin of summary Management cascade Newsletter/leaflets/payslip attachment Focus groups for those concerned Local Induction Training Awareness sessions for those affected by the new policy Local demonstrations of techniques/equipment with reference documentation Staff Handbook Summary for easy reference Taught Session E Learning	Trust policy bulletin Local awareness sessions via Team meetings
Please identify a link person who will liaise with the training department to arrange details for the Trust Training Prospectus, Administration needs etc.	N/A

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Appendix B – continued

Example Training Needs Analysis

Staff/Professional Group	Type of training	Duration of Training	Frequency of Training
All community based clinical and administration staff need to be aware of the policy requirements			

Copy of completed form to be sent to:

Workforce and Organisational Development
St. Nicholas Hospital

Should any advice be required, please contact: - 0191 245 6777 (Option 1)

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Appendix C

Monitoring Tool

Statement

The Trust is working towards effective clinical governance and governance systems. To demonstrate effective care delivery and compliance, policy authors are required to include how monitoring of this policy is linked to auditable standards/key performance indicators will be undertaken using this framework.

NTW(C)06 – Non Attendance (DNA) Policy - Monitoring Framework			
Auditable Standard/Key Performance Indicators		**Frequency/Method/Person Responsible**	**Where results and any associated action plan will be reported to, implemented and monitored;** (this will usually be via the relevant governance group).
1.	Adherence to clinical requirements/responsibilities set out in policy	Monthly by the team manager during case load management if shortfalls are identified an audit of 5 cases will be undertaken by the team manger	Any audit results will be taken to CMT meeting where if required an action plan with leads and timescales will be developed and reviewed. If unresolved would be escalated through group structures.

The Author(s) of each policy is required to complete this monitoring template and ensure that these results are taken to the appropriate Quality and Performance Governance Group in line with the frequency set out.