



Public – To be published on the Trust external website

Did Not Attend (DNA) / Was Not Brought (WNB) Policy

Ref: CLIN-0007-v8

Status: Ratified

Document type: Policy

Contents

1	Introduction.....	4
2	Why we need this policy	4
2.1	Purpose.....	5
2.2	Objectives	5
3	Scope.....	5
3.1	Who this policy applies to	5
3.2	Roles and responsibilities	6
4	Policy.....	6
4.1	Key Principles.....	7
4.1.1	Cause for concern	8
4.1.2	Overcoming barriers / challenges	8
4.1.3	Following a DNA / WNB;.....	9
4.2	DNA / WNB for new referrals where there is no cause for concerns or no indication of a high risk of harm (excluding Forensic Services)	13
4.3	New Referrals where high risk is identified, or critical intervention is required (excluding Forensic Services)	13
4.4	DNA / WNB Appointments for current service users (excluding Forensic Services). 14	
4.4.1	High Risk of Harm	14
4.4.2	Low Risk of Harm	15
4.5	DNA / WNB Appointments in Forensic Services	16
4.5.1	Assessments and ongoing interventions for community based service users following referral by another TEWV service.	16
4.5.2	Assessments following referral by a non-Trust agency	16
4.5.3	Ongoing interventions for patients that Forensic Community Teams care coordinate 16	
5	Recording of DNA / WNB Appointments	17
5.1	Example of Low Risk DNA / WNB Electronic Patient Record Progress Note	18
5.2	Example of HIGH Risk DNA / WNB Electronic Patient Record Progress Note.....	18
6	Written communication following a DNA / WNB.....	18
6.1	Guidance for writing DNA / WNB letters	19
7	Definitions	19
8	Related documents	20
9	How this policy will be implemented	20
9.1	Training needs analysis.....	21
10	How this policy will be audited.....	21
11	How the implementation of this policy will be monitored.....	21

12	References	22
13	Document control (internal).....	Error! Bookmark not defined.
14	Document control (external).....	22
	Appendix 1 - Equality Impact Assessment Screening Form	26
	Appendix 2 – Approval checklist	30

1 Introduction

Sometimes individuals might discontinue contact or not attend appointments, and this will not be a cause for concern. In other circumstances this could be an indicator that someone's mental health is deteriorating and could indicate that individuals are at risk of harm.

A Did Not Attend (DNA) for somebody who is dependant on an adult carer to bring them to an appointment will be referred to as Was Not Brought (WNB) for appointment. Careful consideration will need to be given to assess any safeguarding concerns in accordance with Trust Safeguarding Policies and appropriate inter agency procedures for safeguarding.

This policy sets out the steps that should be taken when working with individuals who do not attend appointments with some or all of the services we provide.

This policy is critical to the delivery of Our Journey to Change (OJTC) and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver the following strategic goals:

- This policy supports the Trust to co- create a great experience for all patients, carers and families from its diverse population by ensuring access to the care that is right for you through provision of safe and risk assessed environments.
- This policy supports the Trust to co-create a great experience for our colleagues by ensuring that your workplace is fit for purpose through supporting staff to provide care in safe and risk assessed environments.

2 Why we need this policy

This Policy highlights the potential vulnerability of children, or adults, who DNA / WNB their appointments and makes recommendations so that the welfare of the individual is always the primary aim of the actions of staff.

The policy aims to ensure that practitioners are aware of the importance of using a trauma-informed approach and attempting to build a therapeutic relationship with patients and / or carers who don't engage, do not attend appointments, or a child or adult who was not brought to appointments.

There can be varied reasons why people do not attend appointments or discontinue contact with services. It is important that we recognise the reasons why this may occur and consider the differing needs of individuals in order to maximise engagement.

2.1 Purpose

The purpose of this policy is to ensure that:

- we provide an excellent service that is responsive to service user and carer feedback and operates within the governance framework.
- we provide a framework and guidance for staff to aide decision making when service users and carers miss appointments.

2.2 Objectives

The objective of this policy is to ensure that:

- The wide range of reasons for non-attendance are considered, and reasonable adjustments are made to facilitate access to support, with the aim of improving access to care.
- The safety and well-being of service users and their carers who miss an appointment or home visit is safeguarded.
- Effective communication and sharing of information between professionals occurs when service users of any age do not attend, particularly where high risk is identified or where there are safeguarding concerns.
- The safety and well-being of the general public is protected. It is recognised that some service users may pose a risk to themselves or others if they do not maintain contact with mental health services.

3 Scope

This policy applies to all services within Tees, Esk and Wear Valleys NHS Foundation Trust and relates to all pre-arranged appointments.

3.1 Who this policy applies to

- Employees whose roles include care co-ordination or key worker and other members of the multi-disciplinary team.

- All employees in clinical services who have contact with service users, their families, carers or other supporters.
- Service users, their family, carers and other supporters as partners in their care.

3.2 Roles and responsibilities

Role	Responsibility
Chief Executive and Trust Board	<ul style="list-style-type: none"> • Ensuring there are effective arrangements within the Trust for the management of users of our services who discontinue contact or do not attend appointments.
Managing Director, Care Group Director of Nursing and Care Group Medical Director	<ul style="list-style-type: none"> • The development, monitoring and review of this policy and practice standards relating to it.
Directors of Operations and General Managers	<ul style="list-style-type: none"> • Implement and monitor this policy in their areas of responsibility • Ensure that systems and processes are in place and are monitored to meet the standards and requirements outlined in this policy.
Clinical Team Leaders, Managers, Advanced Practitioners, Modern Matrons, Departmental Heads	<ul style="list-style-type: none"> • Ensure implementation of the systems and processes that are in place to monitor compliance with this policy in their areas of responsibility.
All clinical service employees	<ul style="list-style-type: none"> • Ensure a personal awareness of the content of this policy.
Policy Lead	<ul style="list-style-type: none"> • Implement the policy standards and procedures.

4 Policy

This policy and framework describe the steps that should be taken when working with individuals who discontinue contact or do not attend appointments with some or all of the services we provide.



A DNA for somebody who is dependant on an adult carer to bring them to an appointment will be referred to as WNB for appointment. Careful consideration will need to be given to assessment of any safeguarding concerns in accordance with Trust Safeguarding Policies and appropriate inter agency procedures for safeguarding.

This approach should not be exclusive to Children's services. In adults the majority of the time patients' non-attendance would be classed as DNA / WNB. However, there are a number of circumstances where they would require support to attend an appointment. For example, someone with a physical disability who relies on others to take them and therefore not being supported to attend would class as WNB as there could be an adult safeguarding concern.



This process outlines the key principles which must be delivered across all services. If a service specific approach is identified then it is anticipated that individual services will develop standard work and standard processes which add to and operationalise the key principles and deliverables outlined within this policy. The standard work and standard processes must be submitted and agreed by the responsible local governance group.

In exceptional individual service user circumstances, an individualised response to a DNA can be taken in the best interests of the patient. This should be agreed in advance through a documented, full MDT assessment and included within the patient's safety plan. It would also be agreed with the patient and their family / carer. When it is applied in practice (at the point of any DNA) it should be referenced and reviewed in the daily huddle so risks can still be considered. This may mean, based on risk, the contact is brought forward. It should be reviewed in line with expected reviews of the individualised safety plan. As an example, following a DNA a patient may feel that immediate contact can be distressing and this may have a detrimental impact on their engagement in care and treatment, so an individualised timescale for contact would be agreed. These cases should be exceptional and therefore need to the modern matron so the service is sighted on these and assured that the required recording and reviews are in place.

4.1 Key Principles

All DNA's / WNB's should be regarded as a potentially serious situation, it is essential that an assessment of any potential risk of harm is undertaken. Risk assessments should be based on available information within service user care records, including any previous history of disengagement and include contact with

appropriate 3rd parties e.g. referrer, GP, carers who have had recent physical contact with the service user.

Every effort must be made to engage with service users whilst they are in need of services. Appointment reminders can promote attendance and can be in the form of letters, phone calls and text messages. Consideration should also be given to the timing of appointments, e.g., does the patient have childcare or other commitments. In addition to this where possible a courtesy reminder telephone call should be made or text message sent 24 hours prior to the appointment.

4.1.1 Cause for concern

On occasions individuals might discontinue contact or not attend appointments and this will not be a cause for concern. In other circumstances this could be an indicator that someone's mental health is deteriorating and could indicate that individuals are at risk of harm. There are a wide range of needs and risks which would indicate a more assertive approach to care is indicated to engage patients following a DNA / WNB, for example patients who;

- are presenting with psychosis (but not necessarily given a diagnosis of psychotic illness)
- may not respond to, want or may struggle to access and use 'routine' monitoring, support and treatment that would minimise harms
- are vulnerable to relapse and/or deterioration with serious related harms associated (esp. but not limited to violence & aggression)
- have multiple social needs (housing, finance, self-neglect, isolation etc)
- likely present with co-occurring problems (e.g. drug and alcohol use/dependence)
- may have had negative (e.g. harmful and/or traumatic) experiences of mental health services or other functions of the state (e.g. the criminal justice systems)
- concerns may have been raised by family/carers

4.1.2 Overcoming barriers / challenges

Individuals may also not attend due to challenges relating to their specific needs and social circumstances. Examples of this could be:

- factors affecting parents, guardians, carers or other responsible adults who are involved in their care.
- Caring responsibilities
- Work / childcare commitments
- Travel
- Difficulties attending appointments
- Difficulties speaking with new people

In some cases, service users who discontinue contact or not attend appointments may require additional support, their DNA / WNB is an indicator that they may be at risk through deterioration in their mental health or other issues preventing them from attending. In addition to the above as an organisation we aim deliver trauma informed care. The exposure to trauma and adversity is pervasive and should be considered in relation to engagement. There are an array of consequences that may serve as possible explanations for service users' disengagement. Some of these might include:

- Service users having difficulty in forming safe and trusting relationships
- The clinician's interaction with the person in distress may be acting as a trigger
- Service users not feeling understood by services
- The lack of provision of gender-responsive care, or services failing to interact with individuals with the consideration of specific needs based on gender.
- Service users may feel ashamed that they are struggling again and wish to avoid physical contact with services e.g. to hide addiction or abuse
- some service users may avoid physical contact as they are struggling again and want to hide it. (for example, if a service user struggles with addiction it is easier to hide this over the phone or by text)

4.1.3 Following a DNA / WNB;

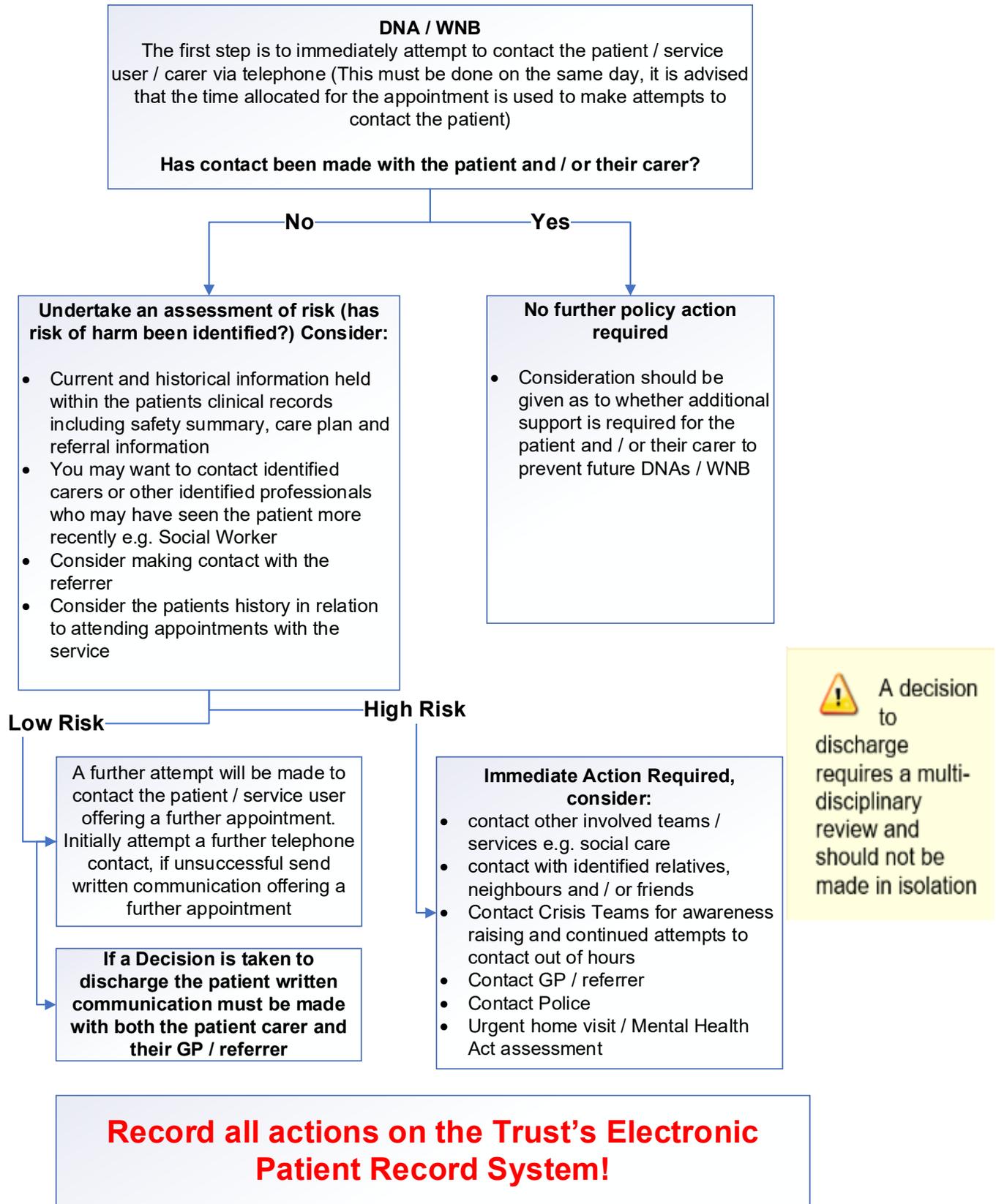
- Every effort must be made to put the patient at ease and discuss with them the concerns and reasons why they do not want to engage with services.
- Action taken in these instances can be wide ranging and will be tailored to the individual, their level of risk and any previous tendency to DNA / reasons why. As a minimum they should always include:-
 - A further attempt to contact the service user and/or their carer.
 - Discussion with MDT colleague or within an appropriate forum i.e. huddle, caseload supervision
 - Update the electronic patient record
- In all cases following a DNA / WNB an assessment of risk of harm must be undertaken. When considering risk following a DNA / WNB you may want to consider the following:
 - Current and historical information held within the patient's clinical records including safety summary, care plan, referral information and any relevant carer information provided.
 - You may want to contact identified carers and / or other identified professionals who may have seen the patient more recently e.g. Social Worker

-
- Consider making contact with the referrer to see if they have any additional information (Particularly for new referrals)
 - consider the patients history in relation to attending appointments with the service, reasons for not attending and subsequent outcomes.
 - In addition to the above as an organisation we aim deliver trauma informed care. The exposure to trauma and adversity is pervasive. There are an array of consequences that may serve as possible explanations for service users' disengagement. Some of these might include:
 - Service users having difficulty in forming safe and trusting relationships.
 - The clinician's interaction with the person in distress may be acting as a trigger.
 - Service users not feeling understood by services.
 - The lack of provision of gender-responsive care, or services failing to interact with individuals with the consideration of specific needs based on gender.
 - In all cases consideration must be given as to the potential reasons why someone has not attended.
 - Reasonable adjustments to support access to services and appointments must be explored and implemented if required. The Equality Act 2010 requires service to make 'reasonable adjustments' that will allow people with protected characteristics, to access the same opportunities and services as the general population. Changes should be made remove or reduce a disadvantage related to someone's disability or protected characteristic. This should include identifying barriers to access, for example:
 - financial difficulties meaning the person cannot pay for transport to the appointment;
 - language barriers;
 - Physical disabilities impacting on the person's ability to travel or access the building;
 - Literacy difficulties;
 - Need to be mindful of religious festivals which may impact on a person's availability to attend.
 - When required the service must consider alternative communication methods, for example:
 - Text messages for patients with a hearing impairment;
 - E-mail contact for patients with a visual impairment who utilise; electronic speaking software;
 - Interpreter services;

-
- if risk of harm is low and consent is in place, contact a carer or guardian (this may include care and support providers).

 - The service will attempt to contact the service user following a DNA / WNB, and or a carer/ guardian if applicable
 - the GP and service user will be contacted if a decision is taken to discharge the service user. If risk of harm is high, please refer to sections 4.3 and 4.4.
 - Actions taken will be recorded on the appropriate electronic care record.

Please refer to the flow chart below and sections 4.2 – 4.5 for more information:



4.2 DNA / WNB for new referrals where there is no cause for concerns or no indication of a high risk of harm (excluding Forensic Services)

The action taken when service users DNA / WNB a first appointment will depend on

1. Exploring and identifying the possible reasons and barriers the individual may be experiencing in terms of attending appointments
2. The level of harm posed to the individuals and others

In deciding on the appropriate steps to take, an assessment of the risk of harm needs to be carried out using 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. Contact should always be made with the referrer if the referral information is insufficient to make a decision regarding non-attendance and risk of harm.

If the referral information does not indicate a high risk of harm, action taken could be wide ranging depending on consideration of potential barriers to attendance, all information available and clinical judgement. It will always include a letter to the referrer to inform them that the service user did not attend and explaining ways in which the service has tried to facilitate access to services.

Following the DNA / WNB, a further attempt should be made to contact the service user and / or their carer. This should include the use of alternative forms of communication where appropriate and consideration of reasonable adjustments. If this is unsuccessful the referral should be discussed within the Team and further actions agreed. If discharge back to the GP is agreed, a letter will be sent to both the service user and GP, and the appropriate electronic care record updated accordingly.

4.3 New Referrals where high risk is identified, or critical intervention is required (excluding Forensic Services)

If the referral information indicates potentially high risks of harm then there should be liaison with the referrer as soon as possible to establish the best plan to engage and minimise risk of harm.

In cases where services are unable to make contact with the service user, contact must be made with the referrer and/or GP advising them of the situation and requesting advice on further action to be taken **within that working day**. If a referrer or GP have not had recent contact with a new referral service user, then DNA/WNB should be considered a reason for concern where previous harm is known

As part of the process the following should be considered:

- Arrange an urgent home visit
- Arrange Mental Health Act assessment

4.4 DNA / WNB Appointments for current service users (excluding Forensic Services)

When a current service user does not attend a follow up appointment, the health or social care professional should consider the options and take the most appropriate action, depending upon risk assessment.

4.4.1 High Risk of Harm

If **high risk of harm** is identified, attempts must be made by the Key Worker or an identified deputy, to contact the service user in person or via telephone on the day of the missed appointment.

The actions to be taken will be based on the service users:

- Risk assessment
- Care plan and contingency plan

This shall include:

- Contact with GP and/or other involved services
- Arrange an urgent home visit

Consideration by the care team should be given on widening the contact to Relatives/carers Neighbours/friends if it is judged to be in the best interests of the service user. Confidential information can be disclosed in exceptional situations such as where a service user, or someone else's, health and well-being are under serious risk, or where there is a public interest or legal reason for disclosure without consent

If concerns are still present, the Key Worker or identified deputy must consider the need to arrange Mental Health Act assessment.

All of the above must continue until contact is made with the service user, reviewing the situation with the care team and notifying other agencies as appropriate. This may include contacting the **Police** to request a welfare visit, and/or contacting the Crisis Team to raise awareness and in cases where the **Crisis Team** may continue trying to contact the service user in the evening or over the weekend period.

An entry must be made on the appropriate electronic care record, to indicate all actions taken and the outcome, and team members should be made aware of any outcomes. Staff should consider any needs of relatives / carers who may require support during this time.



A decision to discharge requires a multi-disciplinary review and should not be made in isolation

4.4.2 Low Risk of Harm

If **low risk of harm** is identified, the practitioner with whom the appointment is booked or identified deputy must ensure the Key Worker is informed. The Key Worker will then decide upon the action to be taken which may include a discussion at the teams daily huddle. This decision will be taken based on the service users:

- Risk assessment / Safety summary
- Care plan and contingency plan

The Key Worker would need to be aware of whether the non-attendance is unusual for the individual and therefore a potential cause for concern. This should be taken into account and inform the decision-making process.

Actions taken must be recorded on the appropriate electronic care record.

If the service is unable to make contact with the service user, then a standard letter will be generated, offering an appointment with the service. The letter will include full details of how to rearrange the appointment should the date and time not be convenient. A copy of this letter should also be forwarded to the GP. In addition, consideration as to the service users preferred form of communication should be given and to the use of alternative forms of communication used as required. Understanding of individual potential barriers to attendance should be considered and reasonable adjustments made to support engagement.

If the service user does not respond to this letter or agreed alternative forms of communication, the referral should be discussed within the Team and further actions

agreed. If discharge back to the GP is agreed, a discharge letter will be sent to both the service user and GP, and the appropriate electronic care record updated accordingly. In addition to this, if consent has been given to share, an agreed carer should also be notified.

4.5 DNA / WNB Appointments in Forensic Services

The majority of service users open to the Forensic Community Teams are referred to the team as a tertiary intervention. In this case the service user is already open to another TEWV service and has a Key Worker identified. Forensic community teams usually have contact with service users for four different reasons.

4.5.1 Assessments and ongoing interventions for community based service users following referral by another TEWV service.

The Forensic Community Teams make appointments with service users both in liaison and independently from other TEWV services. Non-attendance of the service user at a planned appointment would result in communication with the TEWV service to inform them of the missed appointment. The Forensic Community Team would still need to consider the procedures set out in 5.2 (where high risk is identified or a critical intervention is requested).

4.5.2 Assessments following referral by a non-Trust agency

On occasions service users are referred directly to Forensic Community Teams who are not open to adult secondary care services (e.g. from transition teams, prisons and probation services). If the service user does not attend the appointment, the procedures specified in sections 4.2 (where no high risk is identified) and section 4.3 (where high risk is identified or a critical intervention is requested) should be followed. The GP should be consulted as well as the original referrer and any other relevant agency in determining the level of risk of harm posed to the service user or to others.

4.5.3 Ongoing interventions for patients that Forensic Community Teams care coordinate

The Forensic Community Teams would follow the **Policy for Service User Engagement, Section Three, DNA / WNB Appointments (for current service users) Service User aged over 18**

Consideration would be given to the following:

-
- Contacting other relevant professionals and agencies such as Probation Officers and MAPPA leads in order to inform them of the non-attendance as well as to gather information to assist the team in how to proceed.
 - If the service user is subject to Conditional Discharge, the Supervising Consultant (or their deputy) should be informed at the earliest opportunity in order to consider informing the Ministry of Justice. If there has been no contact with the service user by 14 days, in all circumstances the Ministry of Justice needs to be informed, including details of the proposed plan and any recommendations of the team.
 - If the Service User is subject to a Community Treatment Order, consideration should be given to implementing a recall or revocation of the Order.
 - For service users who are deemed to be high risk to the public, the Director of Operations and/or the Senior Clinical Director for Forensic Services should be informed.

5 Recording of DNA / WNB Appointments

The decision-making process in relation to DNA / WNB appointments along with any resultant action plan should be fully recorded in the service user records.

Cancelled appointments, (i.e., where either the service or the patient/carer informs the other party that the appointment will not go ahead) should not be recorded as 'DNA / WNB' 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.

Previous DNA / WNB audit have highlighted that following a DNA / WNB there is limited or no information documented on the Trusts electronic patient record system around what was considered in relation to risk which is required to inform on what action is required as per the DNA / WNB policy.

The policy states that following a DNA / WNB you are required to assess whether the patient is **High** or **Low** risk to inform on next steps which the policy outlines. It is important to ensure you record on the Trusts clinical record system your decision and rationale for your decision in relation to risk alongside what actions you take following the DNA / WNB.

When considering risk following a DNA / WNB you may want to consider the following:

- Current and historical information held within the patient's clinical records including safety summary, care plan and referral information
- You may want to contact identified carers or other identified professionals who may have seen the patient more recently e.g., Social Worker

-
- Consider making contact with the referrer to see if they have any additional information (Particularly for new referrals)
 - Consider the patients history in relation to attending appointments with

5.1 Example of Low Risk DNA / WNB Electronic Patient Record Progress Note

Patient A DNA on 20th October 2023 at 9am, I reviewed the patient's clinical records including the patient's safety summary and no concerns were identified. The patient was last seen by the service on 29th September 2023 and no issues or concerns were identified at this appointment. Previously the patient has DNA for a number of appointments over the past 6 months and has on each occasion re-engaged with the service. I have therefore on this occasion identified the patient as a Low Risk DNA.

ACTION: I have telephoned the patient on two separate occasions today (20th October 2023) and have had no response. A letter will now be sent to the patient offering a new appointment time and date.

5.2 Example of HIGH Risk DNA / WNB Electronic Patient Record Progress Note

Patient A DNA on 20th October 2023 at 9am, I reviewed the patient's clinical records including the patient's safety summary which includes information regarding significant self-harm risk and a recent inpatient stay at Roseberry Park Hospital. Patient A has previously engaged with services and has no history of DNA's. I have spoken to the patients GP who has had no contact with the patient. I have therefore on this occasion identified the patient as a High Risk DNA.

ACTION: Following repeated unsuccessful telephone calls Middlesbrough CRISIS Team is to carry out an urgent visit at 11am on 20th October 2023. I will also be present at this visit.

6 Written communication following a DNA / WNB

Feedback from previous policy versions has consistently highlighted communication with the service user is too letter based. From service users experience many people do not open letters when unwell due to fear that they are official letters.

Suggestions are that referrers need to explain what will happen next in terms of when and how you will be communicated with following a referral to our services. Also, service users should be asked their preference of how they would like to be communicated with (letter, email, text). Also standard letter templates are too formal and lack warmth & compassion. Therefore, any letters relating to a DNA / WNB should be service specific and approved by Clinical Networks. Please also note guidance for writing DNA / WNB letters below:

6.1 Guidance for writing DNA / WNB letters

- Do not use bold or coloured text to highlight the fact that the patient missed their appointment
- Encourage the patient and / or their carer to contact the service to make a further appointment at their convenience
- Encourage the patient and / or their carer to contact the service if they have any questions around their care or what to expect from the planned appointment
- Ensure that the patient and their carer is aware that if they choose to contact the service at a future date as they feel unable to attend at present that we will be able to help
- Provide some assurance regarding what the appointment is about
- Consider offering an appointment at an alternative venue
- Encourage the patient and / or their carer to call the service to discuss their care if they feel unable to attend an appointment. This may provide an opportunity to either provide assurance around the appointment or provide an opportunity to advise on alternative options, for example signposting to other services within the local area
- Ensure the letters are supportive and not simply matter of fact for example:
 - o **instead of** Please contact us to rearrange your appointment within 7 days or we will discharge you back to your GP
 - o **consider** You may want to consider contacting your GP for additional support if you feel unable to attend an appointment with us. If we don't hear from you then we will contact your GP to ensure they are aware that you may be back in touch with them to discuss further

7 Definitions

Term	Definition
------	------------

Appointment	<ul style="list-style-type: none"> • Appointments made by telephone, letter or by service users contacting services, where an arrangement has been made to see a service user at a certain date, time and place.
New appointment	<ul style="list-style-type: none"> • An appointment given to service users who are not known to the service.
Follow up appointment	<ul style="list-style-type: none"> • An appointment given to known service users who are receiving ongoing support / treatment
Failed Visit/Incomplete Visit	<ul style="list-style-type: none"> • An appointment made by any TEWV employed health or social care practitioner or their support workers that takes place often in a service user's home or at any other prearranged venue, and the professional attends at the pre-arranged time/place but no contact is made with the service user.
Did not attend (DNA) / Was Not brought (WNB)	<ul style="list-style-type: none"> • Service users who have been informed of, or who agreed their appointment / visit date and who, without notifying the department / service, did not attend for their appointment / visit. This also applies to non-attendance at arranged visits with the community team.
Safeguarding	<ul style="list-style-type: none"> • Systems and practices to protect and prevent vulnerable adults and children from suffering abuse.
Care Co-Ordinator / Lead Professional	<ul style="list-style-type: none"> • A named individual who is responsible for co-ordinating the input from all relevant agencies and producing a care plan.

8 Related documents

Care Planning Policy ([Under Review](#))

[Harm Minimisation \(Clinical Risk Assessment and Management\) Policy](#)

[Safeguarding Adults Policy](#)

[Safeguarding Children Policy](#)

9 How this policy will be implemented

- This policy will be published on the Trust's intranet and external website.

- Line managers will disseminate this policy to all Trust employees through a line management briefing.

9.1 Training needs analysis

No training needs have been identified in relation to this policy

Staff/Professional Group	Type of Training	Duration	Frequency of Training
n/a			

10 How this policy will be audited

- Team Managers to monitor DNA / WNB rates within their teams / services and escalate any concerns through their locality governance structure. Team Managers to monitor patient experience data and escalate any concerns through their locality governance structure
- As part of the above, team manager to make recommendations for service developments to reduce DNA / WNB rates through local governance structure and Quality Improvement structures
- DNA / WNB CITO workflow with an associated IIC compliance dashboard (**under development**)

11 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Compliance Audit	Frequency = Yearly Method = Trustwide Audit	Service and Speciality Level Governance Groups with Red compliance audits escalated to Care Group

		Responsible = Central Audit Team	Board and Quality assurance Committee
2	CITO workflow with associated IIC report (under development)	Frequency = Daily Method = IIC Report Responsible = Team and Service Managers	IIC report will be monitored by team and service managers

12 References

N/A

13 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	15 October 2024
Next review date	15 October 2027
This document replaces	Did Not Attend (DNA) Policy CLIN-0007-v7
This document was approved	ECLS - 21 August 2024
This document was approved	Executive Medical Director – 07 October 2024
This document was ratified by	Management Group
This document was ratified	15 October 2024
An equality analysis was completed on this policy on	02 August 2024
Document type	Public

FOI Clause (Private documents only)	n/a
-------------------------------------	-----

Change record

Version	Date	Amendment details	Status
7	24 Jul 2019	<p>Focus on using huddles/cells and flexibility to make clinical judgements based upon the information they have alongside delivering 5 key principles:</p> <ul style="list-style-type: none"> • In all cases following a DNA / WNB, an assessment of risk must be undertaken; (Example of risk assessment included within policy) • When required the service must consider alternative communication methods; • The service will attempt to contact the service user following a DNA WNB; • The GP and service user will be contacted if a decision is taken to discharge the service user; • Actions taken will be recorded on the appropriate electronic care record. • Letters should be developed by services and where possible individualised. Standard letters have therefore been removed from the policy 	Withdrawn
7	22 Sept 2020	Review date extended by six months	Withdrawn
7	Mar 2022	Review date extended till 31 Oct 2023	Withdrawn
7	Mar 2024	Review date extended until 30 April 2024	Withdrawn
8	15 Oct 2024	<p>Full Review with changes including:</p> <ul style="list-style-type: none"> • Includes examples of patient group who may indicate a requirement for more assertive engagement following a DNA/WNB • Streamlined flowchart • Additional focus on the need to consider all DNA/WNB as a 	Ratified

		<p>cause for concern which should be prioritised for action</p> <ul style="list-style-type: none"> • Allocated time slot for the patient who has DNA / WNB should be used to make contact with the patient and consider any immediate actions. • Flow chart re-order having the least restrictive intervention first. • Removal of the term “Service Development Groups” from the policy and replace with “Clinical Networks” • emboldening the text on the final section of the flow chart, to emphasis the following “If a decision is taken to discharge the patient written communication must be made with both the patient/carer and their GP / referrer”. • Greater emphasis throughout the document on the importance of involving family and carers* • Page 7 now describes the process for considering an alternative approach to the described policy requirement (for exceptional circumstances only)* <p>*approved by Executive Medical director 07 October 2024</p>	
--	--	--	--

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Trustwide Operational Clinical Services
Title	Did Not Attend (DNA) / Was Not Brought Policy
Type	Policy
Geographical area covered	Trustwide
Aims and objectives	<p>The objective of this policy is to ensure that:</p> <ul style="list-style-type: none"> • The safety and well-being of service users and their carers who miss an appointment or home visit • Effective communication and sharing of information between professionals occurs when service users of any age do not attend, particularly where high risk is identified or where there are safeguarding concerns. • It is recognised that some service users may pose a risk to themselves or others if their mental health deteriorates.
Start date of Equality Analysis Screening	11 March 2024
End date of Equality Analysis Screening	02 August 2024

Section 2	Impacts
<p>Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?</p>	<p>Trustwide clinical staff, patients and carers</p>
<p>Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?</p>	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO (Human Rights - easy read)
<p>Describe any negative impacts / Human Rights Implications</p>	<p>None</p>
<p>Describe any positive impacts / Human Rights Implications</p>	<p>The policy highlights a number of the protective factors outlined above which should be considered when identifying a reason for somebody for not attending an appointment as well as consideration for when planning</p>

	appointments which include disabilities and religion or beliefs.
--	--

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	CQC reports – in relation to effective monitoring and assurance of policy requirements
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	Yes
If you answered No above, describe future plans that you may have to engage and involve people from different groups	via survey, in addition to planned 6 week consultation process which will include the draft being taken to trust involvement groups

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	n/a
Describe any training needs for patients	n/a
Describe any training needs for contractors or other outside agencies	n/a

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Yes	
Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2. Rationale		
Are reasons for development of the document stated?	Yes	
3. Development Process		
Are people involved in the development identified?	Yes	
Has relevant expertise has been sought/used?	Yes	
Is there evidence of consultation with stakeholders and users?	Yes	
Have any related documents or documents that are impacted by this change been identified and updated?	N/A	
4. Content		
Is the objective of the document clear?	Yes	
Is the target population clear and unambiguous?	Yes	
Are the intended outcomes described?	Yes	
Are the statements clear and unambiguous?	Yes	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	n/a	
Are key references cited?	n/a	

Are supporting documents referenced?	n/a	
6. Training		
Have training needs been considered?	Yes	
Are training needs included in the document?	n/a	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Yes	
8. Equality analysis		
Has an equality analysis been completed for the document?	Yes	
Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9. Approval		
Does the document identify which committee/group will approve it?	Yes	
10. Publication		
Has the policy been reviewed for harm?		
Does the document identify whether it is private or public?	Yes	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Yes	
Do all pictures and tables have meaningful alternative text?	Yes	

Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Yes	
--	-----	--