Leicestershire Partnership NHS Trust

The Management of Non-Attendance/ Did Not Attend (DNA)/ Was not brought (WNB), including Did Not Gain Access Policy for Adults

The purpose of this policy is to ensure that all people who do not attend appointments or cancel appointments, or we cannot gain access to see them in the community are **reviewed for known risks**, followed up by Trust staff and where necessary concerns are escalated appropriately.

Key Words:	Non-attendance / Did not attend (DNA) / Was not brought / No access/ visit	
Version:	8.2	
Approved by:	Patient Safety Improvement Group	
Ratified by:	Quality Forum	
Date this version was ratified:	18.09.23	
Please state if there is a reason for not publishing on website	N/A	
Review date:	January 2026	
Expiry date:	Sept 2026	
Type of Policy	Clinical ✓	Non-Clinical

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1.0 Quick Look Summary

This policy promotes the engagement and involvement of adult patients and their carers / families in their care and ensure that Trust staff have consistent procedures to follow, considering risks when a patient does not attend, was not brought or cancel a planned appointment in hospital, outpatients, community clinic or a community place or the patient's own home.

This includes when a staff member does not gain access or is refused access to the patient's place of residence for a pre- arranged appointment or the patient is not at their place of residence, or the agreed community setting when visited at a pre-arranged time by a staff member.

The policy provides a flowchart and guidance when a new patient is referred to services and a flowchart and guidance for existing patients where risks have been assessed by LPT staff to support staff to make decisions regarding the safety of that patient and others and take appropriate actions.

PLEASE NOTE THAT THIS LIST IS DESIGNED TO ACT AS A QUICK REFERENCE GUIDE ONLY AND IS NOT INTENDED TO REPLACE THE NEED TO READ THE FULL POLICY

1.1 Version Control and Summary of Changes

Version number	Date	Comments
4.1	November 2016	Reference made to FYPC Discharge guidance.
4.2	July 2018	Updated flowchart following feedback from serious incident investigations
5	September 2022	Policy updated into new template. Flowchart and steps updated following review by core review group. Circulated for comments.
6	March 2023	Final Review and comments for sign off at PSIG with further learning regarding family contact and confidentiality and learning from Serious Incident Investigations.
7	June/ July 2023	Policy monitoring updated following discussion with directorate business and clinical governance teams.
8	August 2023	Policy put onto new policy template and definitions consistency checked with children's policy.
8.1	June 2026	Policy request to extend until Sept 26 from Safety Forum
8.2	August 2026	Policy request to extend until November 26 from PSIG

1.2 Key individuals involved in developing and consulting on the document.

Name	Designation
Michelle Churchard-Smith	Interim Deputy Director of Nursing and Quality - Author
Deborah Blaze	Clinical, operational and Transformation Lead, Community Integrated Neurology and Stroke Services (CINSS)
Tracy Ward	Head of Patient Safety
Vesna Avcovski	Clinical Director - DMH
Wider consultation:	Members of Patient safety and Improvement Group
	Directorate Business Managers
	LPT Safeguarding Team
	Members of the Leicester, Leicestershire and Rutland Transferring Care Safely Group (GP's/ ICB and UHL clinical leads)
	Heads of Nursing and Clinical Directors
	Trust Policy Experts

1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
Patient Safety Improvement Group	Quality and Safety Committee

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population, and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy, and maternity.

Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

1.5 Definitions that apply to this Policy.

Patient	Patient refers to a person (adult) who is in receipt of health care services from LPT. For the purpose of this policy the term 'patient' is inclusive of clients, families and service users.
Episode of care	An episode of care is an inpatient episode, a day patient episode, an outpatient episode or an episode of care via a community visit. Each episode is initiated by a referral (including re-referral) or admission and is ended by a discharge.
DNA – Did Not Attend/ Non-Attendance	The patient does not attend an appointment; this may be an initial appointment, outpatient clinic or an appointment that is part of ongoing care in any community setting or the patients place of residence where no prior notice was given. The appointment may be face to face (physically), via a media platform, such as Attend Anywhere, Teams or via a telephone call.
Was not brought	Patients who do not attend appointments and are dependent on others bringing them should be classed as 'Was Not Brought'. For statistical purposes this still classes as a DNA but ensures the safeguarding aspects are considered.
Did Not Gain Access	The staff member does not gain access or is refused access to the patient's place of residence for a pre- arranged appointment, or the patient is not at their place of residence, or the agreed community setting when visited at a pre-arranged time by a staff member.
Cancelled appointment	Any pre-arranged appointment (outpatient or visit to the persons place of residence) that is cancelled by the patient (not LPT staff) or a representative acting on their behalf even if an alternative appointment is arranged.
Missing Person	A person receiving care and treatment from the Trust in the community whose whereabouts are unknown and there is cause for concern.
Discharge	Discharge is the end of an episode of care or the process by which the service ceases to offer continued engagement with the person. In some cases, some services will not have commenced.
Due Regard	Having due regard for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

2.0. Purpose and Introduction

2.1 Purpose

The purpose of this policy is to promote the engagement and involvement of adult patients and their carers / families in their care and ensure that Trust staff have consistent procedures to follow, considering risks when a patient does not attend, was not brought or cancel a planned appointment in hospital, outpatients, community clinic or a community place or the patient's own home. (Refer to definitions that apply to this policy).

The aim of the policy is to ensure patients have the opportunity to receive the appropriate care and treatment and minimise any risks to themselves or others supporting them and ensure patients are followed up where there are concerns.
Staff will ensure the appropriate safeguarding policies are considered in following up patients (adults) and consideration is given to other vulnerable adults or children in need or at risk in their lives.

2.2 Introduction

Leicestershire Partnership Trust (referred to thereafter in this document as 'the Trust') recognises that some people do not attend, are not brought to a planned appointment in hospital, outpatients, community clinic, a community place or the persons own place of residence. The opportunity for people to receive care, treatment and the safety of people is important to the Trust and implementing this policy minimises non-attendance and disengagement and minimises the risks to people and/or others.

This policy provides practical guidance for staff when people have not attended appointments, were not brought to appointments, cancelled their appointments (unless a rationale is given), or are not at the place a community visit has been arranged for or refuse staff access. For people who then cannot be located and are subject to legal frameworks, for example sections of the Mental Health Act including Community Treatment Orders/ Mental Capacity Act Depravations of Liberty, consider if the Absent Without Leave (AWOL) or Missing Patient Policy should be followed.

Services in the Trust that carry out specific health care treatments only, for example Podiatry / Medical and Neuropsychology and the Dynamic Psychotherapy Service may not have a full health and well-being assessment of the person referred. Such services should comply with this policy if risks are identified on the referral form or from previous or ongoing contact. Risks may be related to health care concerns such as falls or safety/ safeguarding concerns for the person and / or others.

Some services such as Assertive Outreach, Crisis Response and Home Treatment in Adult Mental Health, Psychotherapy and Psychosis Intervention and Early Recovery have specific local procedures for the management of people that do not attend, are not in for pre-planned community visits, disengage and cancelled appointments, due to the specific engagement issues, needs and safety of those people. All local guidance and procedures should be considered in conjunction with the requirements of this policy.

This policy should be read alongside the Policy for Children and Young People who Was Not Brought (WNB) or Did Not Attend (DNA) Health Appointments (including No Access Visits (NAV) FYPC and LDA and Access and Discharge Policies for Adult Physical Health, Learning Disability and Mental Health Services.

Please note this policy does not cover clinics or appointment/ visit cancellations by LPT services, however it is important that clinic administrators/ clinicians consider any risks associated with cancellations where there has been difficulty engaging a patient or they have not attended previous appointments.

3.0 Policy requirements

This policy has been written considering the following guidance and legislation:

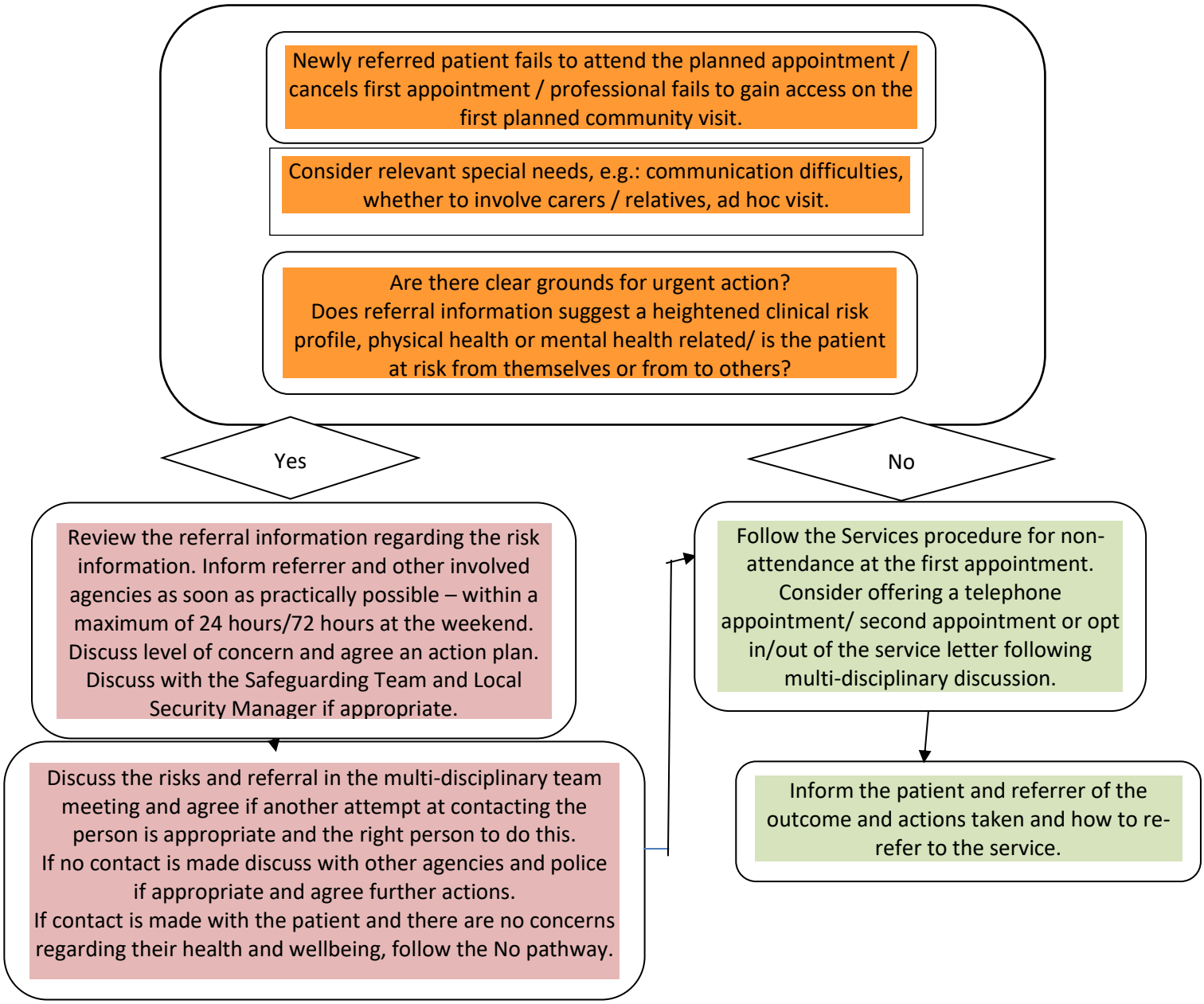
- Mental Health Act – Community Treatment Order
- LLR Safeguarding Policy and Procedures including Mental Capacity and Deprivations of Liberty

4. Process for staff when patients do not attend appointments/ visits

4.1 Process for People who Did Not Attend/Cancelled their First Appointment

All staff will ensure that on referral/ assessment for Trust services people will be asked for the details of other contact people that they trust in addition to their next of kin i.e., family or friends in case they cannot be reached following not attending or being at the pre-arranged community place for a visit; this is to ensure staff have someone to contact to check they are safe and well. This is important for documenting people who are reliant on others to support them to access services. This information will be retained within the persons electronic health care record. Flowcharts are included in appendix 1 for easy reference.

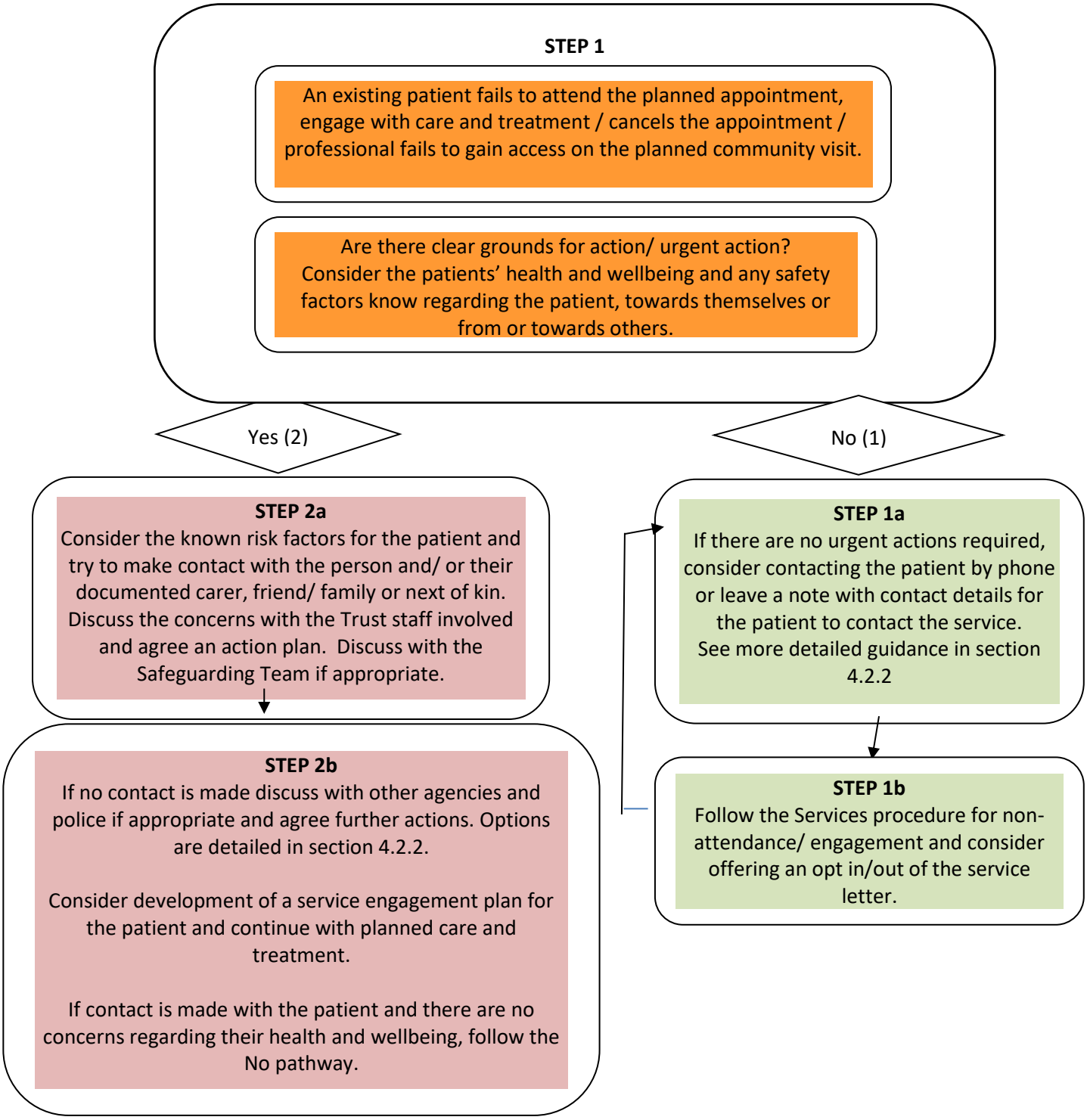
4.1.1 Flowchart- New Referrals Who Do Not Attend (DNA) or Cancel First Appointments



4.2 Process to follow when known Patients Did Not Attend / Cancelled Appointments/ Were not Brought or the staff could Not Gain access to see them in the community.

When a patient known to the service does not attend a planned appointment or cancels an appointment or was not brought to an appointment without an explanation or the staff member fails to gain access on a planned home/ community visit, staff will need to consider risk factors and review the patient's risk assessment. Specifically consider the patients physical health, fall's risk, mental health relapse indicators, previous self-harm and suicide attempts, violence and any safety or safeguarding or domestic violence risks to the patient or for others, particularly family and children.
Please ensure the ability of the patients to access appointments independently is considered, and if they have capacity to understand they are not attending the appointment and the explanation, or the carer has been contacted to discuss this. If staff are unsure, they should seek support from their immediate Supervisor / Managers / Senior Clinician / Consultant / Safeguarding Team.

4.2.1 Flowchart- known Patients 'Did Not Attend' / Cancelled Appointments/ Were not Brought or the staff could Not Gain access to see them in the community.



4.2.2 The following steps in the flowchart are explained in more detail below:

Step 1

Where a patient has not attended a hospital or clinic appointment, attended the place for a community visit, attended a digital or telephone appointment or been in or refused access for a visit to the patients place of residence, the staff member should consider the risks related to the patient, for example:

- Consideration must be given to the patients' potential of being a vulnerable adult and/or whether there are children in need or at risk in contact with the patient.
- If the patient has dependants they care for or are dependent on support from others e.g., a named carer, to access services.
- The patients physical or mental health that could cause them to harm themselves or others.
- If the patient has caring responsibilities.
- Alternative approaches or venues for next appointment

If the staff member is unsure, they should discuss their concerns with a manager. If staff are concerned that the patient's risk factors put them or others at immediate risk of harm, then they should go directly to Step 2.

Step 1a

If staff are concerned regarding a patient's health and wellbeing, they should consider the following initially:

1. If the patient has not attended or was not brought a hospital or clinic appointment, attempt to contact the patient by telephone or if they lack capacity their identified carer/ contact, to check on their welfare and agree new appointment.
2. If attempting to complete a visit to the patient's residence and the patient is not available, try to contact the patient by telephone and at the patient's residence look for signs of habitation, leave contact card or note asking patient to contact you. Consider discreet enquiries to neighbours or identified carer/ family member/ friend from the patient's electronic records (without breaking confidentiality).
3. If the patient or their family refuse access to a place for the re-arranged community visit, ask for a rationale, and discuss this with your manager considering any risk issues.
4. If appropriate or indicated in the persons engagement/ care plan repeat home visit; record decision making and the outcome.
5. Alternative approaches or venues for next appointment

Step 1b

If the patient does not make contact with the service and there are **no known risk factors** to their or others health and wellbeing, staff should follow the services procedure for non-attendance/ engagement and consider sending the patient an accessible opt in/out of the service letter before discharging from the service. The referrer and any other agencies should be informed, and the explanation documented in the patient's electronic record.

Step 2

If staff are concerned regarding a patient's health and wellbeing, they should consider the following:

1. If the patient has not attended or was not brought to a hospital or clinic appointment, attempt to contact the patient or their family/ carer by telephone to check welfare and agree new appointment.
2. If attempting to complete a visit to the patient's residence and the patient is not available, try to contact the patient by telephone and at the patient's residence look for signs of habitation, leave contact card/note / details asking thew patient to contact you.
3. Carry out discreet enquiries to neighbours or identified people from the patient's electronic records (without breaking confidentiality).
4. Confirm with GP Surgery regarding last contact and any other known services accessed by the patient.
5. Review the patient's risk assessment and the risk to others such as vulnerable adults and children.
6. If risk and/or safeguarding concerns have been identified, raise concerns with immediate Supervisor / Manager/ Senior Clinician as appropriate.
7. Contact Safeguarding Team for advice or guidance as necessary.
8. Patients subject to sections of the Mental Health Act who cannot be located are Absent Without Leave (AWOL) and Missing Patient Policy should be followed and maintain communication with the police and missing person's alert notice may be required and consider if a Mental Health Act assessment may be required.
9. Consider if a welfare check may be appropriate with all agencies.
10. If a patient or their family refuse access to staff on a pre-planned community visit, seek a rationale and complete points 5 to 7 above.

Staff must document in the patient's records all discussions, actions and decisions reached. Attend multi-agency / multi-disciplinary meetings as requested or keep in contact with Police / other agencies to confirm the outcome of contact attempts.

2.3 Criteria for Ending Episodes of Care following a did not attend, was not brought or staff could not gain access appointment:

Discharge should be considered in line with the service's discharge policy when the patients risks and vulnerabilities have been considered in collaboration with managers, other agencies/ staff involved in the patients care and ideally the patient, family or carer.

5.Patient Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision.

If the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision.
- Remember that information.
- Use the information to make the decision.

Where the patient does not have capacity to consent a best interest decision will be required involving the patients next of kin, family, carers, friends and professionals involved in their care.

6.0 Duties within the Organisation

Policy, Guideline or Procedure / Protocol Author

To ensure the policy is review in accordance with identified timescale and implementation of monitoring and effectiveness has been planned and is reviewed by the Directorates and appropriate governance group.

Lead Director

Executive Director of Nursing/AHP's & Quality and Medical Director - As nominated executive leads, the Medical and Nursing Directors, Will communicate, disseminate and ensure Directorates commence implementation of the policy and provide assurance through the Trust's Quality Governance Framework.

Directors, Heads of Service, Senior Managers, Matrons and Team Leads

Are responsible for:

- Ensuring all clinical staff are aware of the policy.
- Ensuring that effective systems, processes and procedures are in place for ensuring that where patients DNA, WNB or fail to engage with the Trusts services the risks of harm to themselves or others is considered, and any follow up actions taken.
- Take appropriate action where staff fail to comply with this policy.
- Sharing of lessons learnt from any incidents.

Responsibility of Clinical Staff

All staff members are responsible for:

- Ensure that they understand the policy and comply with the requirements of the policy.
- It is the responsibility of the professional concerned to document in the patients' health care records the decision-making process following a DNA/WNB or did not gain access to see the patient. Where appropriate this must include consultation with other key professionals / carers / relatives / safeguarding team and police.
- Report any breach of the policy to their line manager and complete an incident form if required.

Responsibility of the Trust Safeguarding Team

- Where the Trust Safeguarding Team are contacted by staff they will be responsible for considering and advising on any safeguarding implications for patients/others who have not attended, been brought or are engaging with Trust Services.

7. Training

This policy should be included in all new starters' service induction / preceptorships.
All staff should be made aware of these guidelines through their managers dissemination of policies and any relevant local procedures within their service area.

7.0 Monitoring Compliance and Effectiveness

7.1 Compliance with this policy will be overseen by the LPT Patient Safety and Improvement Group. The purpose of monitoring is to provide assurance that the agreed approach as set out in this policy in relation to **people who DNA, WNB or are not present for pre-planned community visits is being followed**. Our monitoring will therefore be proportionate, achievable and deal with specifics that can be assessed or measured.

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
1	How the organisation ensures patient DNA's are followed up by all services.	Documentation in patients' records. P: 6 and 7 section 4.2.1 and page 10.	Compliance with this policy will be monitored through an annual	The outcome of the audit will be reported to the Patient Safety and	Annual

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
			DNA/WNB Audit.	Improvement Group, identifying areas for improvement	
2	How the organisation raises awareness about reducing the number of patients who DNA - The DNA rates of all services will be recorded and discussed in the Directorate	Regular reporting to Directorate Finance and Performance DMT	Escalation of areas of concern to Q&S for deep dive and triangulation with other metrics	Directorate Finance and Performance DMT	Minimum Quarterly
3	Lessons learnt from incidents/ investigations should be shared through team meetings and/or trust wide learning events/ boards.	Sharing of lessons learnt are the responsibility of Team and Ward Managers and Directorate Governance teams. P: 10, section 5.7.	Monitored through thematic review of SI's by Directorate SI sign off group	Trust Patient Safety Improvement Group and actioned locally in Directorate meetings.	Annual

8.0 References and Bibliography

This policy was drafted with reference to the following:

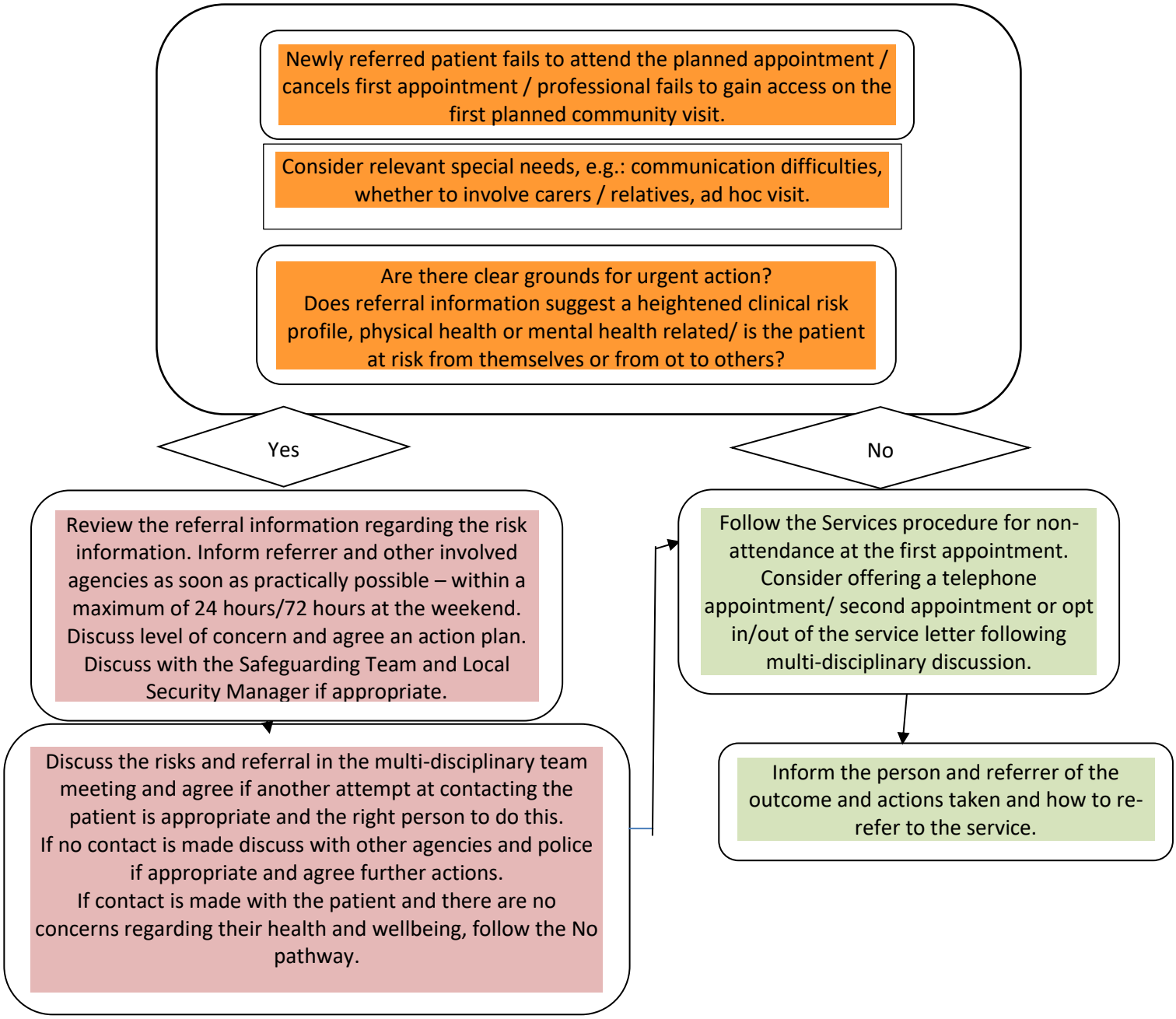
- Multi agency Safeguarding Policy
- Missing Inpatient's & Absent Without Leave (AWOL- acronym used for patients detained under Mental Health Section) Policy
- Clinical Risk Assessment Policy
- Care Co-ordination Policy

Links to other documents

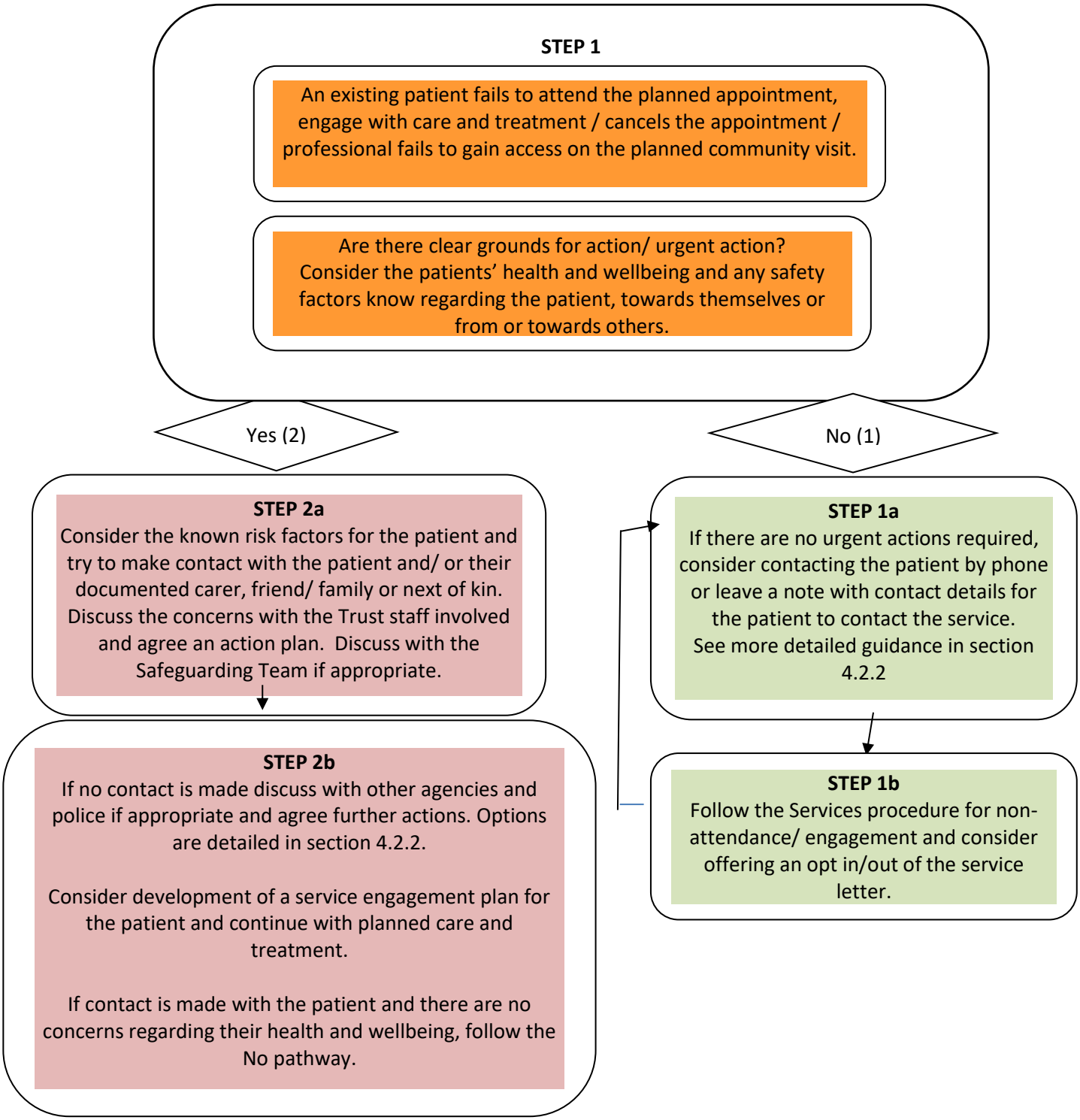
https://www.leicspart.nhs.uk/about/policies/

- Incident Reporting Policy
- Care Co-ordination Policy
- Clinical Risk Assessment Policy
- Trust Safeguarding Policy
- Policy for Children and Young People who Was Not Brought (WNB) or Did Not Attend (DNA) Health Appointments (including No Access Visits (NAV) FYPC and LDA

Flowchart- New Referrals Who Do Not Attend (DNA), Were Not Brought (WBA) or Cancel First Appointments



Flowchart- known Patients 'Did Not Attend' / Was Not Brought/Cancelled Appointments/



Appendix 2 Training Requirements

Training Needs Analysis

Training topic:	**TRAINING NOT REQUIRED.**
Type of training: (See study leave policy)	☐ Mandatory (must be on mandatory training register) ☐ Role specific ☐ Personal development
Directorate to which the training is applicable:	☐ Mental Health ☐ Community Health Services ☐ Enabling Services ☐ Families Young People Children / Learning Disability Services ☐ Hosted Services
Staff groups who require the training:	
Regularity of Update requirement:	
Who is responsible for delivery of this training?	
Have resources been identified?	
Has a training plan been agreed?	
Where will completion of this training be recorded?	☐ ULearn ☐ Other (please specify)
How is this training going to be monitored?	

Appendix 2 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers	✓
Respond to different needs of different sectors of the population	✓
Work continuously to improve quality services and to minimise errors	✓
Support and value its staff	✓
Work together with others to ensure a seamless service for patients	✓
Help keep people healthy and work to reduce health inequalities	✓
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	✓

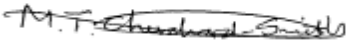
Appendix 3 Due Regard Screening Template

Section 1	
Name of activity/proposal	The Management of Non-Attendance/ Did Not Attend (DNA)/ Was not brought (WNB), including Did Not Gain Access Policy for Adults
Date Screening commenced	Previously commenced in 2016 and re-screened in 2023
Directorate / Service carrying out the assessment	Enabling Services
Name and role of person undertaking this Due Regard (Equality Analysis)	Michelle Churchard-Smith, Interim Deputy Director of Nursing
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: The purpose of this policy is to promote the engagement and involvement of patients and their carers / families in their care and ensure that Trust staff have consistent procedures to follow when a patient does not attend, was not brought or cancel a planned appointment in hospital, outpatients, community clinic or a community place or the patient's own home.	
OBJECTIVES: The guidance within the policy ensure patients have the opportunity to receive the appropriate care and treatment and minimise any risks to themselves or others supporting them and ensure patients are followed up where there are concerns. Staff will ensure the appropriate safeguarding policies are considered in following up patients (adults) and consideration is given to other vulnerable adults or children in need or at risk in their lives.	

Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact, please give brief details
Age	No impact expected on any protected characteristic.
Disability	
Gender reassignment	
Marriage & Civil Partnership	
Pregnancy & Maternity	
Race	
Religion and Belief	
Sex	
Sexual Orientation	
Other equality groups?	

Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.	
Yes	**No✓**
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4.

Section 4
If this proposal is low risk, please give evidence or justification for how you

reached this decision:			
Discussed at Trust Patient Safety Improvement Group as part of policy review.			
Signed by reviewer/assessor		Date	23/08/23
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed		Date	18/09/2023

Appendix 4 Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	**The Management of Non Attendance/ Did Not Attend (DNA)/ Was not brought (WNB), including Did Not Gain Access Policy for Adults**	
Completed by:	**Michelle Churchard-Smith**	
Job title	**Interim Deputy Director of Nursing and Quality**	**Date 24/08/23**

Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	**No**	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	**No**	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	**Unless referred to police for safeguarding concerns as part of the current data privacy sharing agreement.**
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	**No**	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	**No**	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	**No**	**Risks are assessed at each stage of the process to reduce impact.**
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	**No**	
8. Will the process require you to contact individuals in ways which they may find intrusive?	**No**	
If the answer to any of these questions is 'Yes', please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk **In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.**		
Data Privacy approval name:	**N/A**	
Date of approval		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust