



DNA and Cancellation Policy

Contents

Section	Description	Page
	Explanation of terms used in this policy	2
1.0	Introduction	3
2.0	Purpose	3
3.0	Objective	3
4.0	Process	4
4.1	Prevention	4
4.2	DNA First Appointment	4
4.2.1	Action to be taken when referral indicates Safeguarding Concerns	5
4.3	DNA Appointments	5
4.4	Client Cancellation	6
4.5	Recording of DNA and Cancellation Appointments	6
4.6	Service Cancellation	6
4.7	DNA/Was Not Brought - Appointments by Children and Young People	7
4.8	Approval	7

Explanation of terms used in this policy:

Client - A person (child, young person, or adult) who is in receipt of mental health and emotional well-being interventions from YPAS

Did Not Attend (DNA): The term “DNA” includes all non-contacts with clients when no advance notice is given of intention not to attend. i.e. the client does not attend or was not brought to an appointment; this may be an assessment, initial appointment, or part of ongoing intervention. The client (or family) is not at home when visited at a pre-arranged time by a practitioner.

Was Not Brought: This term refers to Children’s appointments where a carer/parent/family member or Guardian did not bring the child.

Client Cancellation - cancellation refers to situations when notice is given by the client of their intention not to attend for a planned appointment. I.e., any pre-arranged appointment that is cancelled by the client or a representative acting on their behalf even if an alternative appointment is arranged

Service Cancellation - Any pre-arranged appointment that is cancelled by any YPAS staff even if an alternative appointment is arranged

Discharge - The discharge of a client from YPAS’s services and back to the referring agency.

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

Procedural Documents - the collective term for policies, procedures, or guidelines

Policy - sets out the aims and principles under which YPAS services will operate. A policy outlines roles and responsibilities, defines the scope of the subject covered, and provides a high-level description of the controls that must be in place to ensure compliance

1.0 Introduction

Non-attendances (DNAs) and cancellations are a very costly waste of resource within Young Persons Advisory Service (YPAS) and so it is important to have focused plan of action to proactively manage them.

As a very minimum, services should be monitoring data around DNAs such as DNA rates per month and making decisions on what is an acceptable DNA rate for the organisation to meet.

YPAS recognises that people may choose not to attend appointments or discontinue contact with the services we provide for them. There will be occasions where a person's non-attendance is an indicator that they may be at risk to themselves or others through deterioration in their mental health, or other issues preventing them from attending. Therefore, any failure of planned contact should be regarded as a potentially serious matter and should lead to an assessment of potential risk.

Evidence from serious case reviews for both children and adults suggest that failure to keep appointments can be early indicators of safeguarding concerns. Early intervention is the key to safeguarding Children, young people (CYP) and adults.

2.0 Purpose

This purpose of this overarching policy is to ensure that all relevant staff (including administrative) employed by YPAS apply a clear and consistent approach to dealing with clients that DNA, cancel their appointment or Service cancellation. This policy gives all staff across services pragmatic guidance relating to the management of DNA or cancelled contacts both from a clinical and safeguarding risk perspective.

3.0 Objectives

- To ensure the safety and wellbeing of clients who do not attend an appointment or discontinue contact with services, is safeguarded
- To ensure that the processes in place ensure early intervention and prevention when disengagement is a feature as this is the key to safeguarding
- To provide a standardised response to missed appointments
- To ensure timely sharing of information between staff and other agencies to promote the wellbeing and safeguarding of people not accessing services
- To promote effective communication and information sharing with both interagency and multi-agency professionals and services when people of any age do not attend, particularly where high risk is identified.
- To ensure the recording and collection of timely information to enable analysis of incidents and identification of investigations

4.0 Process:

4.1 Prevention

DNA appointments in general are time consuming, resource intensive and can be an indicator that client: is at risk, needs practical support prior to clinical intervention, consider EHAT to ensure multi-agency approach or just not therapeutically ready for therapeutic intervention.

When clinical admin books the initial appointment, they should ascertain whether the client has any difficulties, which would impair their understanding and ensure that the appointment is confirmed in a way, that the client will understand, e.g., symbols or preferred language. Consideration should be given to the timing of appointments, e.g., does the client have childcare or other commitments? Where possible a courtesy reminder text message sent 24 hours prior to the appointment

Wherever it is feasible consideration of the needs of client's both in the appointment set up and attendance can prevent wasted appointments e.g., appointment time, location and user-friendly information in accessible formats.

As part of the initial welcome session and assessment, the DNA and cancellation policy should be made clear to the client from the onset. The client needs to understand the commitment needed to benefit the process. If they are not ready to commit, consider other support they can access both internally or externally.

4.2 DNA First Appointment

The action taken when a client DNA's a first appointment will depend on the level of risk to the individual or others and will be based on an assessment of that risk and professional judgement. As the client is not known to the service at this time, the assessment and action will be based on information within the referral. If the referral information indicates potentially high-risk issues, then there should be liaison with the referrer as soon as possible to establish the best plan to engage and minimise the risk to the client or others

- Action taken, which relates to the risk assessment stated above, could be wide ranging but will always include a care of duty letter to the referrer to inform them that their client did not attend.
- Further actions, based on risk assessment, could include:
 - Ring the referrer to get further information and discuss
 - Ring client to discuss
 - Where appropriate contact the client's family or carer based on consent, risk assessment, and liaison with referrer beforehand

- Discuss with other professionals involved in clients' care
- If high risk is present, arrange a welfare visit by the police
- Arrange Mental Health Act assessment
- Inform the General Practitioner /referrer of non-attendance by letter, asking what further action is required or suggested
- Dependent upon individual roles some of the above actions may need to be discussed for the referrer to agree and arrange
- Checking (or finding evidence that) if the client was aware of the appointment, and how they were informed e.g., was it in a format they could read and understand, do we have the correct details

Other considerations:

- Is the appointment time a factor affecting the likelihood of attendance?
- Are any other statutory or voluntary agencies involved?
- Who is most likely to engage with the client?
- All decisions regarding management of defaulted appointments should be recorded
- Where the decision is taken to discharge a client back to the referrer the clinical referral should be discharged and closed on IAPTUS to show that the client has been discharged back to the referrer. Clinical Admin to be informed

4.2.1 Action to be taken when referral indicates Safeguarding Concerns

Where an assessment of referral information contains, indicates potentially high-risk issues and the service is unable to make contact with the client, or their carer, contact must be made with the referrer and/or GP as soon as possible, advising them of the situation and requesting advice on the immediate action to be taken within that working day.

4.3. DNA Appointments

DNA intervention appointments are for Client is currently receiving our services

- Where assessment identifies that DNA's appointments indicate ambivalence about their intervention and there is no identified other risk factors discharge send text to inform the client and closed on IAPTUS systems with the relevant care of duty sent to refer and GP.

- When a client fails to attend an appointment, the practitioner should consider the options, based on risk assessment as identified above, and take the most appropriate action included in the above list. In addition to these options, the practitioner may consider discussing with safeguarding officer
- Client with a history of significant risk factors should not be discharged back to referrer without an explicit safety plan in place that has been agreed via Safeguarding Officer or MDT and recorded on safeguarding register

4.4 Client Cancellation

Cancelled appointments should not be recorded as DNAs. They should, however, be recorded on the client's notes in IAPTUS.

If a client cancels an appointment and indicates that they do not wish to receive further appointments, the referrer should be advised, when appropriate, copied to the GP.

If a client cancels an appointment and makes a further booking, they should be reminded of the welcome session and the contract. Advise the client this will come off the allocated clinical sessions and could impact the outcome of the intervention. Clinical management process to be followed if further sessions required.

Following discharge from service, if a client contacts the service directly to request intervention, then a new referral will be required

All contacts regarding cancellations must be documented in client's clinical notes

4.5 Recording of DNA and Cancellation Appointments

The decision-making process in relation to DNA appointments along with any resultant action plan should be fully recorded in the client records

Cancelled appointments should not be recorded as 'DNA' 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

When a client cancels where no advance notice is given e.g., an hour before the planned appointment this is still recorded as a cancellation.

4.6 Service Cancellations

Staff have a duty to ensure that clients are seen at the times and venues agreed. However, there are rare occasions where appointments may be either cancelled or not carried out within agreed timescales. All attempts must be made to rectify the reasons for the failure of the appointment; an apology be made to the client and any risk, due to the lack of service, addressed and alternative arrangements made

4.7 DNA/Was Not Brought: Appointments by Children and Young People (CYP)

The above principles apply when managing DNA/Was Not Brought appointments. However there may need to be liaison with the parents or carers regarding the reasons for DNA/Was Not Brought appointments with a view to offering support to attend. This is particularly the case where children DNA/Was Not Brought appointments who are not of an age or ability to be able to manage their own appointments. However careful consideration will need to be given to assessment of any safeguarding concerns related to the non-attendance of appointments.

Neglecting health needs (by not being brought to appointments) can become a safeguarding issue

Confidentiality parameter issues should be discussed at the beginning of any therapeutic intervention related to the nature of disclosures that are necessary when there are concerns related to significant harm to a child or young person. This will ensure that the nature of the confidentiality is understood and that our duty as laid out in the Children Act is fulfilled maintaining the principles that the 'welfare of the child or young person is paramount'

Liaison with other professionals that may be involved will be an important factor in assessing the risk associated with the defaulted appointment. This may include the GP, Health Visitor, or school nurse etc.

If the child or young person is known to Children's Social Care Services; is a looked after child or is subject to a child protection plan; the practitioner will inform the social worker or residential unit involved. If there is no allocated social worker and/or the CYP is considered vulnerable or at risk of harm, this should be discussed with Safeguarding Officer.

4.8 Approval

Policy approved by:

Monique Collier (Chief Executive Officer).

Signature:



Date: 04/07/22