

# HYWEL DDA UNIVERSITY HEALTH BOARD



## Did Not Attend Procedure: Improving Access to Services

### Specialist Child & Adolescent Mental Health Service

|                    |               |                   |   |                   |              |
|--------------------|---------------|-------------------|---|-------------------|--------------|
| Procedure Number:  | 1022          | Supersedes:       |   | Classification    | Clinical     |
| LOCSSIP Reference: |               | NATSSIP Standard: | List standard<br><a href="#">(NATSSIPS Standards)</a> |                   |              |
| Version No:        | Date of EqIA: | Approved by:      | Date Approved:  | Date made active: | Review Date: |
| 1                  | 17/8/2021     | MH&LD WCD Group   | 19/08/2021  | 26/08/2021        | 19/08/2024   |

|                                 |   |
|---------------------------------|---|
| Brief Summary of Document:      | To ensure a consistent process is in place across the Specialist Child and Adolescent Mental Health Service to manage all clients who “Did Not Attend” or “Was not Brought” and improve access to service through open and transparent systems ensuring Safeguarding Children and Young People is a priority. |
| Scope                           | This procedure sets out the process and information sharing pathway to be followed by all staff involved with the planning and delivery of care for a child/young person up to the age of 18 years who is not brought to a prearranged appointment or admission to CAMHS department within HDUHB.             |
| To be read in conjunction with: | 1020 – SCAMH Service Specification<br>508 – Social Services and Well-being Act 2014<br>887 – Monitoring Vulnerable People Were Not Brought or Did Not Attend Appointments and No Access Visits Procedure  |
| Patient                         | N/A   |

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| Information: |  |
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| Owning committee/group | Specialist Child and Adolescent Mental Health Management Team |
|------------------------|---|

| Reviews and updates |                        |                |
|---------------------|------------------------|----------------|
| Version no:         | Summary of Amendments: | Date Approved: |
| 1                   | New guideline          | 19/08/2021     |

## Glossary of terms

|              |  |
|--------------|--|
| DNA          | Did Not Attend   |
| CNA          | Can Not Attend   |
| WNB          | Was Not Brought  |
| CAPA         | Choice and Partnership Approach  |
| S-CAMHS      | Specialist Child and Adolescent Mental Health Service  |
| NWW          | New Ways of Working  |
| Care Partner | Care Partner is the electronic system utilised within the Mental Health and Learning Disabilities Directorate for clinical records |

|          |                                 |
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| Keywords | Specialist CAMHS Did Not Attend |
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Please check that this is the most up to date version

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## 1. INTRODUCTION

A key priority of the Welsh Government's "Breaking the Barriers" Action Plan to improve emotional health and well-being services for children is to ensure good access for all. Therefore, a key priority of the Specialist Child and Adolescent Mental Health Service provided within Hywel Dda University Health Board is to ensure that the most vulnerable children and young people who access our services receive timely and responsive services at the right time.

It is recognised within S-CAMHS that for some children and young people, there could be a high clinical risk if they do not attend (DNA), or in the case of children and young people this may often be more accurately described as "was not brought" by a responsible parent or carer for scheduled appointments, or are not available for home visits or other community meetings. This will apply to appointments with clinicians and not just medical out patients.

A high level aim of this protocol is to minimise and manage any potential risk, and there is a requirement that all clinicians comply with the process.

### **Choice and Partnership Approach (CAPA)**

The Choice and Partnership Approach (CAPA) is a service transformational model that combines collaborative and participatory practice with service users to enhance effectiveness, leadership, skills modelling, and demand and capacity management. CAPA incorporates:

- The active involvement of clients
- Demand and capacity ideas/lean thinking
- A new approach to clinical skills and job planning

CAPA improves services to clients by:

- Focusing on engagement, therapeutic alliance, choice, strengths, goals and care planning
- Improves access by ensuring timely appointments that are fully booked i.e. no waiting lists,
- Ensures service users are seen by a clinician with the right skills
- Use of Outcome Measures
- Facilitates commissioning and provision of services by transparency of capacity and care packages.

CAPA is focused on the service user and their family, the stance is collaborative and provides choices. For the clinician there is a shift in position from an 'expert with power' to a 'facilitator with expertise'.

## 2. OPERATING GUIDANCE STATEMENT

This document has been drawn up in the light of recommendations by the Welsh Audit Office/Health Inspectorate Wales Review of CAMHS in Wales published in November 2009. It seeks to implement the recommendations of the Review in relation to 'Did Not Attend' appointments, whilst meeting the requirements of the "Guide to Good Practice – Elective Services" published on behalf of the Welsh Assembly Government by the National Leadership and Innovation Agency for Healthcare (NLIAH) in 2005. Best practice should seek to improve access for all, ensure specialist staff are working as efficiently as possible and where failure to attend indicates a failure of carers to meet the child's needs, ensure appropriate safeguards are put in place.

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## 3. SCOPE

This procedure sets out the process and information sharing pathway to be followed by all staff involved with the planning and delivery of care for a child/young person up to the age of 18 years who is not brought to a prearranged appointment or admission to CAMHS department within HDUHB.

- A “**Did Not Attend**” (**DNA**) appointment is one where a client does not attend and does not notify the Specialist CAMHS Service in advance of that the appointment will not be attended.
- A “**Could Not Attend**” (**CNA**) Appointment is when the client/ relative/ carer contacts the Health Board and informs that they are unable to attend and the appointment is rearranged.
- A “**Was Not Brought**” describes a failure of a responsible parent and / or carer to ensure the child or young person attends for their appointment following referral and may constitute a Safeguarding concern if the needs of the child or young person are not being met.
- Specialist CAMHS do not hold clinical responsibility for new referrals until the client has been accepted for a CHOICE appointment and accepted by our service for Partnership which includes ongoing assessment and clinical intervention.
- A referral will only be considered where it is clear that a recent assessment has been undertaken by the referring agent as evidenced by information contained within the referral letter which is in line with our S-CAMHS Service Specification.

## 4. AIMS

The overall aim of this Procedure is to ensure that all clinicians adhere to the process outlined, and to ensure that all referrals are dealt with in a timely and consistent manner. Specialist CAMHS has adopted some of the key principles contained within New Ways of Working (NWW) and in particular implementation of the **Choice and Partnership Approach** (CAPA). New Ways of Working represents a cultural shift in the way that mental health services are delivered. It emphasises person centred value based approaches where services are responsive and flexible to the needs of those who use them.

## 5. OBJECTIVES

The aim of this guideline will be achieved by:

- Ensuring a clear process for referral management and new referrals
- Detailing the roles and responsibilities of staff.

## 6. REFERRAL MANAGEMENT

Specialist CAMHS provides mental health services for children, young people, and their families across the Hywel Dda University Health Board footprint. The service accepts referrals for all young people up to 18 years of age, and provides mental health services across the three counties of Carmarthenshire, Pembrokeshire and Ceredigion.

S-CAMHS operates a Single Point of Contact for all referrals and adheres to the Welsh Government standards outlined below for responding to referrals

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- Urgent Referral: 4 Hours (S-CAMHS target to assist Police/A+E/EIP)
- Emergency Referral: 48 Hours
- Routine Referral: 28 days

## 6.1 NEW REFERRALS

S-CAMHS has a Single Point of Contact (SPoC) for all referrals received within the Health Board footprint and has introduced a Screening Team to process all referrals on a daily basis (Monday-Friday).

The role of SPoC is to review all referrals on a daily basis and gather relevant information by contacting the referrer and/ or the young person, and their parent, to determine the urgency of the referral and initiate the appropriate action in line with the operational standards above. A risk assessment will be undertaken on the information received as to whether the referral would be classed as urgent or routine. This will also include a summary of the action taken and the information recorded for audit purposes.

**6.2** New referrals which have a significant mental health concern and risk identified should be offered an appointment within 48 hours of the referral being accepted by the Service.

An emergency assessment (within 48 hours) will be arranged by the Community Crisis Assessment Team (CATT), and the outcome communicated in writing to the referrer and GP.

Referrals which are known to the service should be directed to the locality clinician involved to arrange a follow up appointment or where there is an imminent risk a referral to the Community Crisis Team may be facilitated in a crisis.

**6.3** New referrals which have a significant mental health concern in respect of the client's risk and safety should be offered an appointment within 48 hours of the referral being received by the Service.

If the client does not attend the first appointment offered then the clinician must contact the client/family to establish a reason for the 'DNA', offer a second appointment, and actions recorded on Care Partner, the electronic patient record. The secretary will send a letter to the family confirming the re-arranged appointment with a copy sent to the referrer and GP. If the clinician fails to contact the family then they can request that the Secretary attempts to contact the family and offer another appointment.

If a client makes it clear they do not wish to engage in the Service, the clinician will speak to the referrer to discuss risk and next stage options including possible discharge. Letter to be sent to referrer and GP to confirm this discussion and actions recorded on Care Partner.

If the client does not attend the second appointment offered the clinician must contact the client/family to establish a reason for the 'DNA' and to discuss their non-attendance and information written on Care Partner.

A third appointment will be offered if the client is willing to engage, but if not the clinician must discuss options with the referrer and establish the risk factors for the client, discuss possible

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discharge, if appropriate, and record actions in patient file. **GP will be notified of actions and discharge.**

**6.4** New Referrals that meet the criteria for Specialist CAMHS whose referring concern is routine should receive an appointment within 28 days of the referral being received by the Service.

All new routine clients referred will be contacted either by telephone or with an 'opt-in' letter inviting them to ring the relevant locality service and arrange an appointment which meets their needs from a choice of dates/times (Choice Appointment).

Once the client has made contact and agreed an appointment the locality secretary will write to the family confirming the appointment time, date and venue, enclosing directions to the clinic, and a CAPA leaflet with a copy sent to the referrer and GP.

If the client does not respond to the 'opt in' letter within 7 days, the secretary will alert the locality team and record actions on Care Partner. Within the following week the locality team should check the client's address and contact details and send a letter of appointment within the following two weeks and notify the referrer and record actions on Care Partner.

If the client does not attend the first appointment offered then the clinician will contact the client/family to establish reasons for '**DNA**' and to offer a second appointment within the timescale of the Welsh Government Performance Standards target and a letter sent to confirm the appointment and copy to referrer and GP. Actions to be recorded on Care Partner. If the clinician fails to contact the family then they can request that the Secretary attempts to contact the family and offer another appointment.

If the client makes it clear to the clinician at any time that they do not wish to take up the appointment then discharge can be agreed and a discharge letter sent to the referrer and information recorded on Care Partner. In all cases the GP will be informed of referral and discharge.

### **6.5 Follow up appointments**

The principles for New Referrals apply in relation to all 'DNA' appointments for follow up patients as well. However, engaged clients should not be discharged following a 'DNA' appointment without an assessment of risk and discussion with the client's parents/carers (if possible), together with other key agencies including the GP. If the family regularly cancels appointments, especially 2 consecutive appointments, the referrer and GP need to be notified by telephone if the risk is considered significantly high.

The family and referrer should be offered the opportunity to book a future appointment, however if there is no contact from the family after **4 weeks**, a letter should be sent to the family, referrer and GP to consider whether this impacts on the needs of the child, and determine if a referral to Children Services is required for a Child in Need/ Child Protection subject to the appropriate consent being obtained.

The Hywel Dda University Health Board recognises that it is often appropriate for discussion to take place between the Specialist CAMHS, referrers, and stakeholders before clients are removed from the waiting list and it is standard practice for all clinicians to review current clients prior to discharge from follow up following an appointment they 'did not attend'.



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## 6.6 High Risk Vulnerable Client Groups

It is imperative that robust risk assessment and risk management planning processes underpin the delivery of high quality care and NO child is disadvantaged by their vulnerability due to emotional/ mental health disorder or the neglect of others. In the instance that the young person, due to the nature of their problem, especially if dependant on Substances (Alcohol and/ or Illicit Substances), has a history of non-engagement then this should be identified within the Care Plan/ CTP and contingency plans agreed such as Outreach visits. In the event of escalating concern or high clinical risk, consideration will be given for a home visit to ascertain level of risk. All situations will be risk assessed and may necessitate two clinicians undertaking the visit in line with Lone Working Guidelines.

Where it is suspected that there is a failure/ inability to attend for an appointment by a parent or carer, the clinician should take adequate steps to ensure that there are no Safeguarding concerns, and where this risk is highlighted the clinician should seek guidance from the Named Nurse for Child Protection/ Safeguarding within the Health Board or discuss their concerns with the Local Authority. All such concerns should be recorded in the respective clinical case notes on Care Partner.

## 6.7 Good Practice

Specialist CAMHS receives referrals from a number of professionals within Primary and Secondary Care Services and this may mean the GP is unaware that a referral has been made. It is standard policy within the service that the GP will be notified of the referral and subsequent intervention/ treatment via follow up letter.

## 7. RESPONSIBILITIES

All staff within the Specialist CAMHS will be responsible for implementing this procedure, informing Senior Management/ Safeguarding Team of any concerns, and have a clear responsibility to Safeguard Children and Young People.

## 8. TRAINING

A Service wide training programme will be held on an annual basis and will be included in the Induction process for all new staff.

## 9. FURTHER INFORMATION

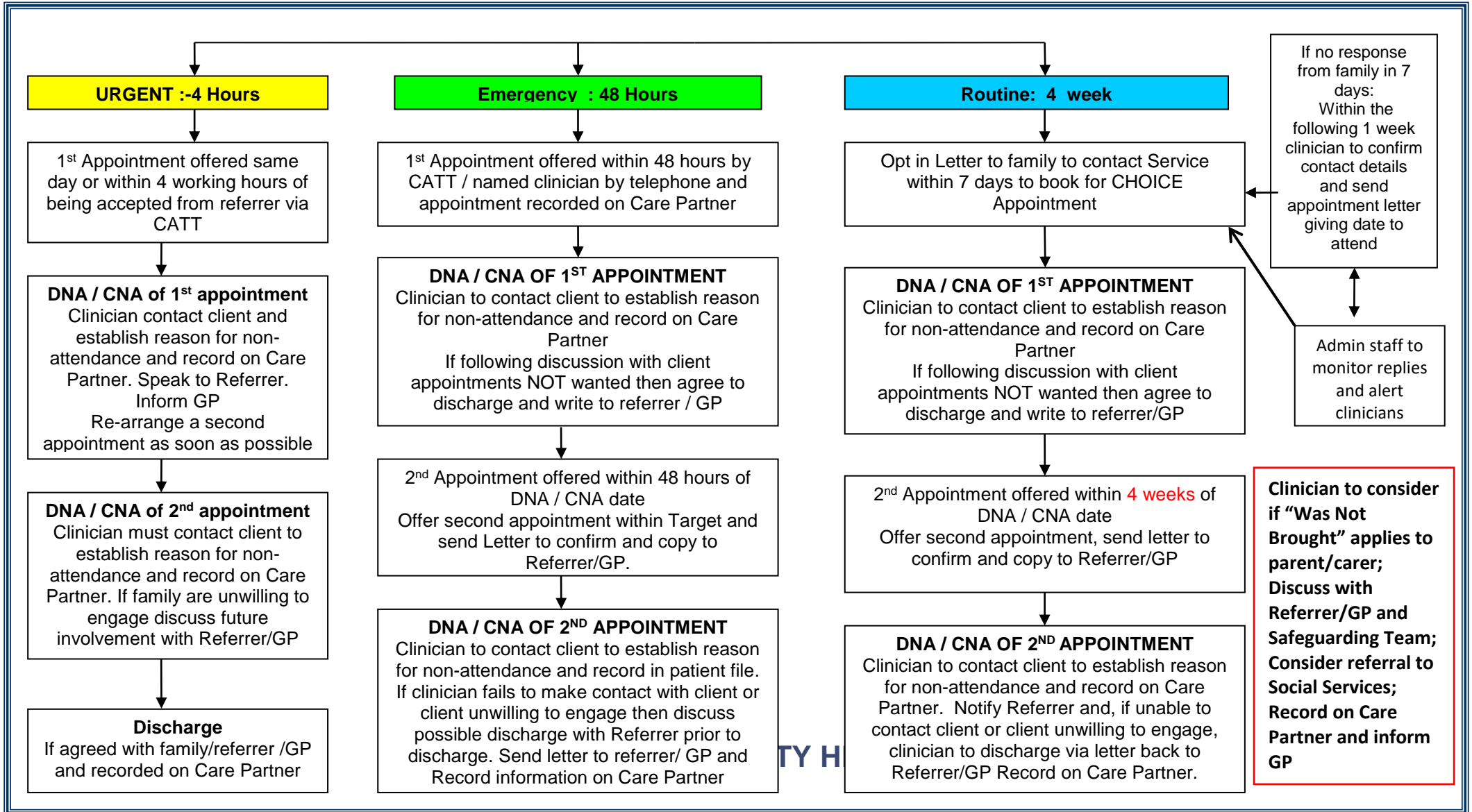
- [Welsh Audit Office/ Health Inspectorate Wales, Review of CAMHS in Wales \(2009\)](#)
- [Welsh Government, Guide to Good Practice – Elective Services \(NLIAH2005\)](#)
- [Well-being of Future Generations \(Wales\) Act \(2015\)](#)
- [Together for Mental Health 2012](#)
- [‘Together for Children and Young People’ Framework for Action](#)
- [All Wales Child Protection Procedures](#)
- [Breaking the Barriers 2010](#)
- Choice and Partnership Approach (CAPA)
- National Expert Reference Group (NERG) WG 2011



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## APPENDIX 1 DNA PATHWAY FOR ACCEPTED REFERRALS

7.



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