Reference Number: *UHB 593* **Version Number:** *1*	**Date of Next Review:** *02/07/2029* **Previous Trust/LHB Reference Number:** *N/A*

Concern Escalation Procedure for Patients Who Do Not Attend (DNA) Appointments within Community Mental Health Teams (CMHTs)

Introduction and Aim

The purpose of this procedure is to define the required actions when a patient under a Community Mental Health Team (CMHT) does not attend a scheduled clinical appointment and fails to make contact to cancel or rearrange. It will ensure a standardised level of care and provides comprehensive considerations that all clinicians should consider and where appropriate act upon to ensure patient safety, follow up and clinical care.

Objectives

- *To ensure a consistent and standardised approach to managing patients who do not attend CMHT appointments.*
- *To promote patient safety through timely identification and management of clinical risk following non-attendance.*
- *To support clinicians in making appropriate and proportionate follow-up decisions based on individual patient circumstances.*
- *To ensure clear communication and coordination between clinicians, multidisciplinary teams, and relevant support networks.*
- *To define expected escalation pathways where there are concerns regarding patient welfare or risk.*
- *To ensure all actions and decisions are appropriately documented within clinical records.*
- *To support accountability and governance in the management of non-attendance across CMHT services.*

Scope

This procedure applies to all clinical appointments within Mental Health Community Mental Health Team (CMHT) services and must be followed by all clinicians responsible for patient care.

Equality and Health Impact Assessment	*An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be no impact.*
Documents to read alongside this Procedure	*Standard Operating Procedure CMHT treatment and Standard Operating Procedure CMHT assessment.*
Approved by	*Controlled Document Oversight Group* *Mental Health Clinical Board*

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Summary of reviews/amendments			
Version Number	**Date of Review Approved**	**Date Published**	**Summary of Amendments**
1	*02/07/2026*	*13/07/2026*	*New document*

1. Purpose

The purpose of this procedure is to define the required actions when a patient under a Community Mental Health Team (CMHT) does not attend a scheduled clinical appointment and fails to make contact to cancel or rearrange. It is expected that this is followed by all clinicians working within CMHTS within Cardiff and Vale University Health Board.

2. Key Principles

When a patient does not attend, clinicians must consider:

- The patient's **clinical risk profile** and whether non-attendance may indicate relapse or deterioration.
- Any **safeguarding** or **urgent welfare concerns**.
- The **urgency** of the original appointment.
- The required **follow-up actions** and the rationale for these decisions.
- Any recent concerns raised about the patient.
- Is this the first non-attendance or has there been a number of non-attendance in a row.

A clear and documented follow-up plan is required for **every** patient.

3. Responsibilities

3.1 Clinician Responsible for the Missed Appointment

The clinician scheduled to see the patient is responsible for initiating any escalation actions outlined in Section 5 and documenting follow up plan.

3.2 Duty Clinician

For urgent or emergency assessments, the duty clinician must agree with the referrer at the time of referral what actions will be taken if the patient does not attend. This agreement must be documented and followed in full. (Please see duty SOP for further details).

4. Procedure

4.1 Immediate Actions to Consider Following Non-Attendance

Exact actions will be individual and dependent on the patient presentation, risk picture and factors stated in section 3. There is not a prescribed set of actions following a DNA however it is expected that when a patient does not attend their appointment the clinician will consider all of the following:

1. **Attempt to telephone the patient at the time of the appointment** to check welfare and rearrange if appropriate.
2. **Inform relevant staff** involved in the patient's care (e.g., care coordinator, MDT members)
3. **Contact any care agency** involved in the patient's support, where consent to share information is in place.
4. **Contact any family or significant person in the patient's network** where consent to share is in place. When to consent to share is not in place but the clinicians feel there is a significant risk or concern to the patient's immediate health and safety they can contact family requesting information.

4.2 Escalation and Multi-Disciplinary Review

1. **Discuss urgent concerns with the duty lead** if the patient's presentation or risk profile warrants immediate consideration.
2. **Raise concerns within the MDT meeting** to ensure collaborative formulation and planning.

4.3 Welfare Check and Direct Contact

1. **Arrange a home visit** if indicated by clinical risk, lack of contact, or other welfare concerns.
2. **Police welfare checks should only be requested when;**

   All reasonable attempts to contact the patient have been exhausted, **and** it is perceived there is an immediate risk to life of a person or an immediate risk of serious harm to a person.

5. Urgent and Emergency Assessment DNA

For urgent and emergency referrals:

- The duty clinician must agree with the referrer **at the point of referral** what follow-up steps are required if the patient does not attend.
- This plan must be documented on PARIS and followed in full in the event of a DNA. (Please refer to duty Standard Operating Procedure for further details if needed.)

6. Documentation Requirements

All actions, risk considerations, attempts to contact, and rationale for follow-up decisions **must be recorded clearly and contemporaneously** in the patient's clinical records.