

**Policy for Children, Young People and Adults who Was Not Brought (WNB) to health appointments, previously referred to as Did Not Attend (DNA) health appointments (including No Access Visits NAV)**

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**Policy for Children, Young People and Adults who are NOT BROUGHT to appointments, including No Access Visits (previously referred to as Did Not Attend)**

**Version Control Sheet**

<b>Version</b>	<b>Section / Para / Appendix</b>	<b>Version / Description of Amendments</b>	<b>Date</b>	<b>Author / Amended by</b>
1	New Document		December 2016	Jean Burbidge
2	Full Policy update	Change of Policy from "Policy for Clients who Do Not Attend (DNAs) and No Access Visits". Policy title updated to reflect national guidance on the language change from 'Did not attend' to 'was not brought' for appointment. Policy also updated to reflect service provision and patient	April 2019	Gemma Cross, Named Nurse for Safeguarding
2.1	Amendment	To include actions required for Q-Health telephone consultations	November 2020	Ali Balderstone, Deputy Named Nurse for Safeguarding
3	Review		February 2021	Matt McSweeney, Deputy Named Professional for Safeguarding
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# Policy for Children, Young People and Adults who are NOT BROUGHT to appointments, including No Access Visits (previously referred to as ‘Did Not Attend’)

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## **Policy for Children, Young People and Adults who ‘Was Not Brought’ to appointments, including No Access Visits (Previously referred to as ‘Did Not Attend’)**

### **Procedural Document Statement**

This guidance applies to all children and adult services within Lincolnshire Community Health Services NHS Trust (LCHS) and has been developed to ensure good, consistent, safeguarding practices across the Trust.

**Background Statement** Many Serious Case Reviews / Safeguarding Adult Reviews/ Domestic Homicide Reviews, both nationally and regionally, have identified that not being taken to medical appointments can be a precursor to serious abuse.

**Responsibilities** This policy applies to staff directly involved in providing care to children and adults, and to those staff working with adults whose illness or condition may have an impact on the health or well-being of children in their care.

**Training** This policy will be disseminated to all clinical staff to ensure compliance and will be included during safeguarding Induction training.

**Dissemination** Operational leads for all services will be responsible for ensuring that all staff and practitioners are made aware of and have access to this policy and procedure. All staff will have access to this document via the LCHS website and the unsecure J drive.

**Resource implication** This revised policy has no additional resource implications. There will be minimal resource implications for practitioners in meeting the requirements of this policy.

**Consultation** The clinical services have been consulted as part of revising this policy.

**Monitoring** Ongoing monitoring will prevail through regular Safeguarding Supervision and record keeping audits

**Equality Statement** As part of our on-going commitment to promoting equality, valuing diversity and protecting human rights, Lincolnshire Community Health Services NHS Trust is committed to eliminating discrimination against any individual (individual means employees, patients, services users and carers) on the grounds of gender, gender reassignment, disability, age, race, ethnicity, sexual orientation, socio-economic status, language, religion or beliefs, marriage or civil partnerships, pregnancy and maternity, appearance, nationality or culture.

## **Policy and Procedure for Services where:**

- 1. The patient 'Was Not Brought' (WNB) to health appointments** (previously referred to as Did Not Attend or DNA)
- 2. There are No Access Visits (NAV) for health appointments**

### **Introduction**

#### **1. Children**

Section 11 of the Children Act 2004 places a statutory duty on health organisations and their staff not only to safeguard, but to promote the welfare of children and young people (CYP). Retrospective analysis of Serious Case Reviews, both nationally and locally have repeatedly identified parental non engagement, or disengagement with professionals as a factor which places children at increased risk.

CYP have the right to good healthcare and to maximise their wellbeing. 'Working Together to Safeguard Children' (2018) highlights that: "The safety and the health of a child are integral aspects of their wellbeing. Children and Young People failing to attend an appointment following referral from their general practitioner or other professional may trigger concern, given that they are reliant on their parent or carer to take them to the appointment. Failure to attend can be an indicator of a family's vulnerability, potentially placing the child's welfare in jeopardy".

#### **1.1 Adults**

The Care Act (2014) defines safeguarding as "Protecting an adult's right to live in safety, free from abuse and neglect". This applies to adults who have care and support needs (whether or not the local authority is meeting any of those needs) and is experiencing, or at risk of, abuse or neglect, and as a result of those care and support needs is unable to protect themselves from either the risk of or the experience of abuse or neglect.

#### **2. Background**

When children, young people and vulnerable adults at risk are not brought to health appointments there are a number of issues that present a challenge to the service and which has the potential to result in unaddressed need for the service users:

- Many Serious Case Reviews / Domestic Homicide Reviews, both nationally and regionally have featured failure to access health appointments or no access visits (NAV) as a precursor to serious child/adult, abuse and death.

The wellbeing of the person is often not known at the point of the missed appointment.

- Lord Laming (2003) recommended that following a missed appointment the responsibility for any assessment of the situation rests with the practitioner. Therefore, the risk assessment of any failure to engage remains with the LCHS service, with advice from the Corporate Safeguarding team where required.
- Using this guidance the practitioner must be familiar with health service's responsibility concerning safeguarding children / adults at risk (Working Together to Safeguard Children (2018), The Care Act (2014) and Lincolnshire Safeguarding Children's Partnership and the Safeguarding Adult Board policies and procedures) and be able to implement the public interest test regarding information sharing for safeguarding. Practitioners must exercise safe and proportionate information sharing as detailed in Information sharing Guidance for Practitioners & Managers (2018).  
<https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>
- Professionals should consider the potential impact on the whole family that a failed contact or missed appointment could have. This is particularly relevant when mental health or problematic substance/alcohol misuse is featured. Always THINK FAMILY.
- Failed appointments or No Access Visits contribute to a significant number of wasted appointment times and can impact on clinical resources.
- Other agencies involved with the care of the individual need to be informed.
- The psychosocial adversities contributing to persistent patterns of missed appointments can also be risk factors for safeguarding concerns, including domestic abuse. Therefore, a proportion of those patients who are not brought to appointments or do not attend appointments will compromise some of the more vulnerable people in our communities.
- Additional appointments may need to be offered or alternative engagement strategies identified.

#### **2.1 Factors that contribute to missed appointments are multiple:**

- Symptom improvement may lead to reduced motivation or need to attend.
- Varying levels of engagement or satisfaction with the service.
- Missed appointments are more likely when time lapses between appointments
- Families have other commitments and can forget or confuse appointments.
- Child/adult with learning needs
- Intentional avoidance and/or disengagement

### 3. Purpose

This policy is to ensure that there is a clear process for all staff working within LCHS detailing how to apply safeguarding principles and procedures to the following situations:

- New referrals that do not attend their first appointment.
- Patient known to our services but did not attend/ are not brought to a follow up appointment.
- No access visits where community staff are unable to make contact with, or gain access, to a person's place of residence.
- Appointments cancelled by people in advance.
- Those occasions when appointments need to be cancelled by the Trust.
- Processes are in place to ensure early intervention and prevention when disengagement is a feature as this is the key to safeguarding adults / children.
- To ensure the recording and collection of timely information to enable analysis of incidents and identification of the need to undertake investigations.
- Patient feedback is collected and used across the service to improve processes.
- Services develop efficient processes that put patient needs first.
- The safety and well-being of patients who miss an appointment or home visit is maintained.
- The safety and well-being of the general public is maintained. It is recognised that some patients may pose a risk to themselves or others if they do not maintain contact with services.
- To reduce the number of unnecessary home visits or appointments offered by health staff where access is denied or there is continual disengagement.

### 4. Definitions

**Appointment** - an arrangement made in writing, by telephone, or by people contacting services, where an arrangement is made to see a patient at a certain time, date and place. This can include the utilisation of technology to schedule/hold virtual meetings.

**Cancellation** - refers to appointments where a service receives prior notification that a patient will not be attending.

**Cancellation made by the Trust** - refers to an appointment cancelled by a service due to extenuating circumstances and the individual, family member or carer has been informed of this in advance of the appointment.

**Was Not Brought (WNB)/ Did not attend (DNA)** - is defined as any scheduled appointment to see an adult/child, who, without notifying the service, did not attend/was not presented/was not brought for their appointment, This refers to any prearranged contact with an adult/child, whether it is at their home, community clinic, at a community team building, within a hospital setting, or any other type of contact arranged relating to the provision of this service. Where the situation relates to a child, or an adult with care and support needs (as defined in the Care Act 2014) please ensure that the terminology 'was not brought' is used.

**Disengagement** - is when an adult, family member, or carer, does not respond to requests from health professionals. The indicators of disengagement are usually cumulative and may include: -

- Disregarding health appointments
- Not having a GP
- Not being home for visits from professionals
- Not allowing professionals into the home
- Agreeing to take an action but never seeing it through
- Hostile behaviour towards professionals
- Manipulative behaviour resulting in no health care
- Actively avoiding contact with professionals
- Attendance at urgent treatment centres, and emergency departments but not waiting to be seen/taking own discharge.

**Disguised Compliance** – involves a parent or carer giving the appearance of engagement, they may cancel appointments frequently at the last minute, or after a period of non-engagement may attend appointments to reduce professionals' concerns. Patterns of this behaviour should be discussed with your line manager and/or the safeguarding team.

**First Appointment** - an appointment made to see a child/adult, who is not previously known to the service.

**Follow up appointment** - an appointment given to a known child/adult, who is receiving on-going support and treatment.

**No Access Visit (NAV)** - is an appointment made in advance, and when the health care professional attends their place of residence, or another setting within the community, at the pre-arranged time and place, they are not available, and no contact is made

**Safeguarding** - systems and practices in place to protect and prevent all those who access LCHS services, but in particular those considered most at risk, from suffering abuse.

**Visit** - An appointment that has been arranged by a member/s of the health care team and may take place in the home of a child/adult, or another appropriate community setting.

**Q-Health/Telephone Consultation:** An arranged appointment conducted by video/telephone link to assess patient or deliver package of care.

## 5. Duties / Responsibilities

Role	Duties
<b>Chief Executive</b>	Assuring that this policy is implemented within the Trust. Operational responsibility has been delegated.
<b>Director of Nursing, Operations and Allied Health Professionals</b>	Ensuring that Trust's management of safeguarding children and adults is discharged appropriately and has lead responsibility for the implementation of this policy. Ensuring a systematic and consistent approach to the management of safeguarding children and adults.
<b>Named Nurse for Safeguarding/Corporate Safeguarding Team</b>	<p>The Named Nurse for Safeguarding has lead responsibility for the coordination and organisation of safeguarding children, young people and adults. To provide specialist advice and support to senior managers/clinicians and is accountable to the Director of Nursing, Operations and Allied Health Practitioners.</p> <p>The Corporate Safeguarding Team provide specialist advice and support to managers/clinicians on issues arising in respect of safeguarding children, young people and adults.</p>
<b>Clinical Safety and Effectiveness Group</b>	<p>Monitoring the management of safeguarding adults, young people and children including any risks identified within services.</p> <p>All incidents are reported via Datix, the Trust's incident report procedure. A report of all incidents is discussed at monthly quality assurance meetings for each service area.</p>
<b>Deputy Directors and Heads of Clinical Services</b>	Aware of the policy and promote good practice across their services, and to provide support and guidance regarding resources to enable this policy to be implemented.
<b>Service Managers, Matrons, Clinical Team Leaders</b>	<p>Are to be familiar with this policy and are responsible for adhering to the procedures referred to within.</p> <p>Are responsible for assuring that staff attend training applicable to their role and for embedding the guidance across their areas of responsibility. Staff work to the standards set out in this policy.</p>
<b>Clinical Staff</b>	Are familiar with this policy and are responsible for adhering to the procedures referred to within and undertake risk assessment regarding any disengagement. Attendance at LCHS Mandatory

## 6. Prevention

Patients who need to access our services may have multiple pressures and demands, including communication issues such as literacy, language and learning disabilities, issues regarding their mobility and be experiencing any level of poverty, discrimination and social exclusion. LCHS recognises the importance of modelling services, which are accessible, relevant, user friendly, engaging, and respectful. Therefore, when arranging appointments and home visits all Trust services are expected to consider all necessary steps to prevent or reduce the potential for nonattendance wherever possible. This will include offering choice and flexibility in relation to appointment times and location; offering clear, unambiguous, user friendly information in an accessible format and translated into languages appropriate to local communities; employing the use of interpreters as necessary.

For more details on interpretation and translation services please refer to the policy for Interpretation and Translation:

[https://www.lincolnshirecommunityhealthservices.nhs.uk/application/files/7315/0573/5222/P\\_HR\\_38\\_Interpretation\\_and\\_Translation.pdf](https://www.lincolnshirecommunityhealthservices.nhs.uk/application/files/7315/0573/5222/P_HR_38_Interpretation_and_Translation.pdf)

## 7. Disengagement

Disengagement is when a person and those close to them do not respond to requests from health professionals to attend medical appointments. In order to safeguard and protect the welfare of adults / children, practitioners should be aware of the risks and damaging impact disengagement from health care services can pose.

Disengagement from and/or avoiding healthcare appointments should be regarded as a potentially neglectful act and every effort should be made to establish contact with the care giver and ascertain their rationale for not engaging.

- Disengagement is a strong feature in domestic abuse, in serious neglect and in cases that includes the physical abuse of vulnerable adults / children. Practitioners should routinely ask adults with mental ill health or learning disabilities when they are being seen in any health setting, whether there are children or young people in the home, and they must consider the impact of adult disengagement on them.
- Practitioners must analyse/risk assess situations where disengagement is a feature.
- This must include recording of patients consent to services offered, and the impact of no-access to health care appointments. Practitioners must, where safe to do so, ask patients regarding domestic abuse and support patient safety according to

Lincolnshire Domestic Abuse protocol:

[https://lincolnshirescb.proceduresonline.com/search/search.html?zoom\\_sort=0&zoom\\_query=domestic+abuse+protocol&zoom\\_per\\_page=10&zoom\\_and=0](https://lincolnshirescb.proceduresonline.com/search/search.html?zoom_sort=0&zoom_query=domestic+abuse+protocol&zoom_per_page=10&zoom_and=0)

## 8. Staff Safety

When working with individuals and families who display hostile behaviours it is paramount that staff safety is maintained, staff must complete a 'Datix' incident form and **MUST** consult their line manager to ensure that appropriate risk assessments are completed, and where necessary appropriate plans and strategies are in place to protect staff; this may include partner agencies who are involved.

- It may be necessary to arrange a professional meeting to share information and agree a safe management plan.

- Where there are concerns relating to staff security and safety please contact the Security and Resilience Manager and/or Health and Safety Advisor for specialist advice.

Please refer to Lincolnshire Safeguarding Children Partnership guidance on working with uncooperative families, including recognising disguised compliance and disengagement among families:

[https://lincolnshirescb.proceduresonline.com/chapters/g\\_work\\_uncoop\\_fams.html?zoom\\_highlight=hostile](https://lincolnshirescb.proceduresonline.com/chapters/g_work_uncoop_fams.html?zoom_highlight=hostile)

Please see the LCHS Lone worker and violence and aggression at work policy:

[https://www.lincolnshirecommunityhealthservices.nhs.uk/application/files/2016/0326/9320/P\\_HS\\_18\\_Lone\\_Worker\\_and\\_Violence\\_and\\_Aggression\\_at\\_Work\\_Policy.pdf](https://www.lincolnshirecommunityhealthservices.nhs.uk/application/files/2016/0326/9320/P_HS_18_Lone_Worker_and_Violence_and_Aggression_at_Work_Policy.pdf)

## 9. Risk Assessment for Failed Access/'Was Not Brought'

1	What is the person's health condition, diagnosis or vulnerability? Consider the consequences of this missed appointment.	
2	Why was the person referred to LCHS services?	

	Review the referral details, was the referral made with the person's consent?	Y/N	
3	Is there a history of failed visits / attendances? Record number and over what time period.	Y/N	
3	If answered 'Yes' to Q2, was the patient in any danger or risk identified when they did not respond/attend?	Y/N	
4	Have other services known to the patient been contacted, are they able to provide any affirmation (0-19 Team, Health Visitors, Adult Social Care etc.)	Y/N	
5	How long is it since the patient was last seen and under what circumstances and by whom?	Y/N	
6	Has there been a recent period of ill health/hospitalisation / life event?	Y/N	
7	Is there a history of falls/wandering/self-neglect?	Y/N	
8	Is the person mobile outside of their home?	Y/N	
9	In your opinion could the person be at risk of immediate harm if not located. If so, why?	Y/N	
10	Are there existing safeguarding concerns?	Y/N	

The above risk assessment should be completed by the clinician/visiting member of staff and their supervisor/manager to evidence their decision making and actions taken. This should be scanned into patient record to evidence decision making.

### **Assessment indicates safeguarding/possible safeguarding concerns**

Where an assessment of the referral information, or information contained within health care records, indicates safeguarding/potential safeguarding issues, and the service is unable to make contact with the patient or their carer, contact must be made with the referrer and/or GP as soon as possible, advising them of the situation and agreeing on the immediate action to be taken. This could include –

- The senior clinician will continue to make attempts to establish contact throughout the day. If out of normal working hours, contact to be made to On Call Manager and Emergency Duty Team (EDT) services at the Local Authority (LA) if required.
- Consider the need for a multi-agency strategy meeting to be convened.
- Inform Adult Safeguarding team at Lincolnshire County Council (LCC) as appropriate/ seek advice from LCHS Safeguarding team if required.

- Inform Children's Social Care at LCC as appropriate/ seek advice from LCHS Safeguarding team if required
- All actions are to be recorded on SystmOne in the adult safeguarding template (when detailing an adult safeguarding concern) and chronology of significant events.
- A Datix is to be submitted.

Please see LCHS safeguarding policy for further details:

LCHS safeguarding children policy

[https://www.lincolnshirecommunityhealthservices.nhs.uk/application/files/5416/0327/1928/P\\_SG\\_03\\_Safeguarding\\_Children\\_Policy.pdf](https://www.lincolnshirecommunityhealthservices.nhs.uk/application/files/5416/0327/1928/P_SG_03_Safeguarding_Children_Policy.pdf)

LCHS safeguarding adult policy

[https://www.lincolnshirecommunityhealthservices.nhs.uk/application/files/6415/9499/8079/P\\_SG\\_02\\_Safeguarding\\_Adults\\_Policy.pdf](https://www.lincolnshirecommunityhealthservices.nhs.uk/application/files/6415/9499/8079/P_SG_02_Safeguarding_Adults_Policy.pdf)

### **Children with a Safeguarding Plan in Place and Looked after Children (LAC)**

If there is a safeguarding plan in place or the child/young person is looked after by the Local Authority please ensure you contact the named social worker and inform them of the disengagement/ missed appointment(s). Children on a safeguarding plan and LAC **MUST NOT** be discharged from the service. Please discuss these children/families in supervision with your Deputy Named Nurse. The child's GP should also be informed of concerns regarding missed health appointments/disengagement.

Where there is a 'Team Around the Child' (TAC) in place, the clinician should inform the TAC coordinator of the missed appointments/disengagement, and escalation should be considered in line with Meeting the Needs of Children in Lincolnshire guidance;

<https://www.lincolnshire.gov.uk/keeping-children-safe/team-around-child>

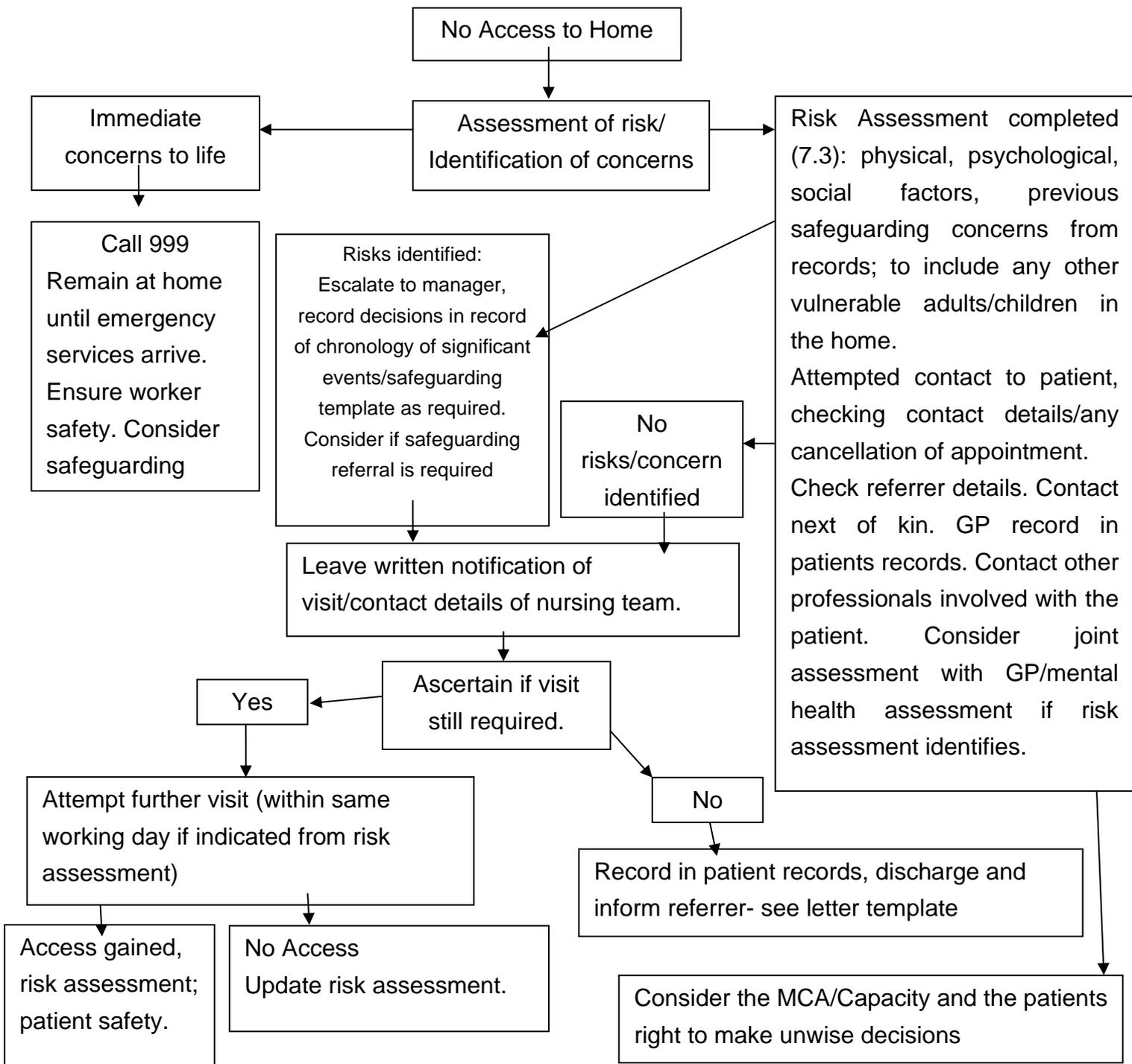
### **Assessment indicates no safeguarding concerns**

If the referral information or information contained within health records does not indicate any high-risk issues, the clinician or clinical team must decide whether to refer the person back to the referrer (often primary care) or to reschedule another appointment. This decision will be made by the clinician or clinical team, assessing all of the information available to them; using risk assessment (Figure 3) and recording it

in patient record.

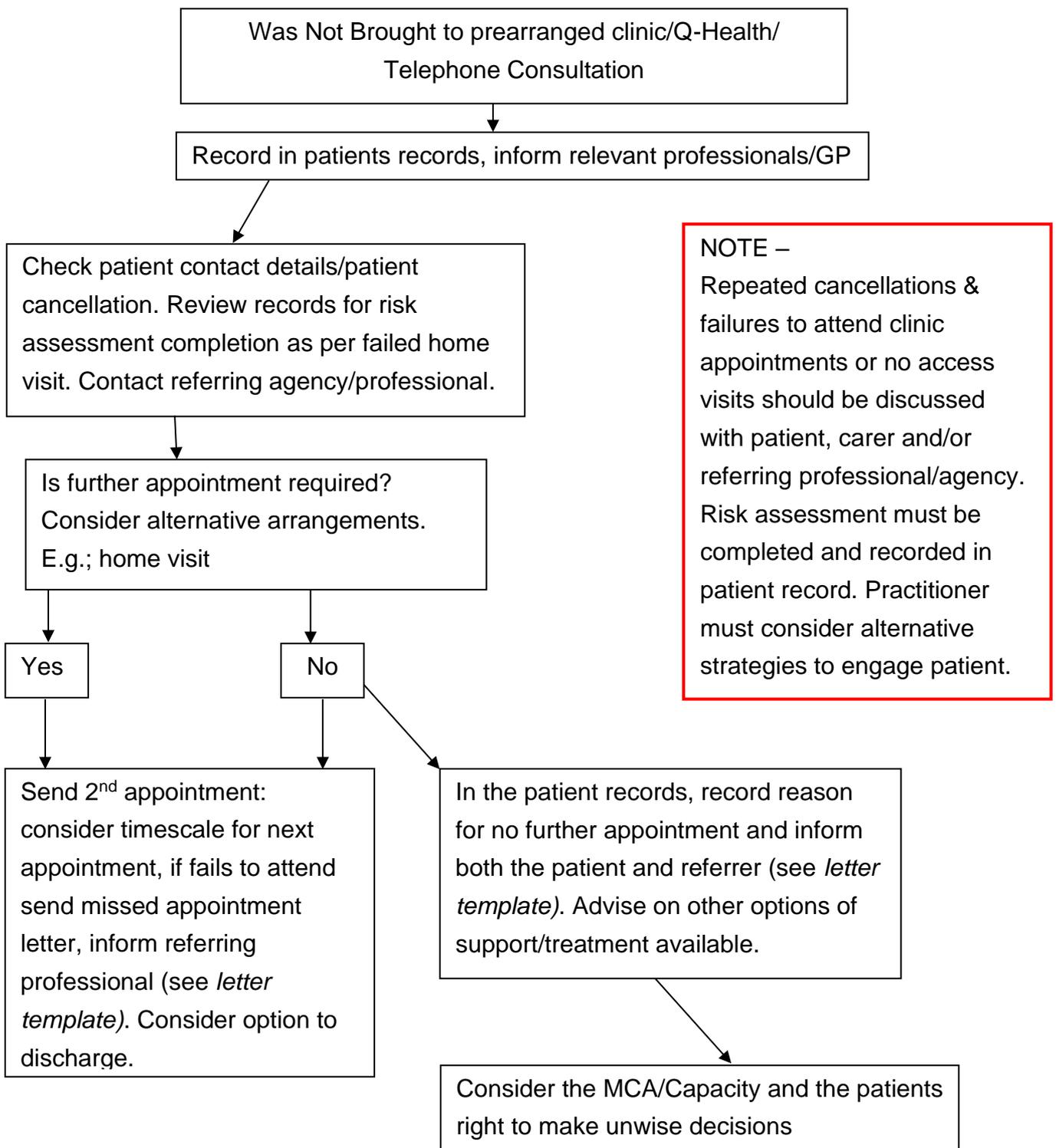
If further appointment(s) are arranged and the child or adult still does not attend, the referral should be discussed with the GP and the referrer to agree on what further action needs to be taken including whether discharge is appropriate.

### 10. Pathway for Non-Access to Home Visit



**Record No Access Visit (NAV) in the Chronology of Significant events**

## 11. Pathway for 'Was Not Brought' to Clinic/Attendance to Q-Health or Telephone Consultation



**Record Did Not Attend (WNB/DNA) in the Chronology of Significant events**

## 12. Template Letter to Referrer

Our Ref:  
Your Ref:  
Please ask for:  
Telephone:  
E-mail address:  
Date:

Address line 1  
Address line 2  
Address line 3  
POSTCODE

**DATE**

**Dear (Referrer Name)**

**RE: A PATIENT, ADDRESS, DATE OF BIRTH**

Thank you for your referral dated xxxxxx.

We have offered *A Patient* an appointment on the xxxxxxxx. Unfortunately, he/she (delete as necessary) did not attend/cancelled (delete as necessary) the appointment.

We have now contacted the patient to find out the reason for the cancellation/non-attendance which was because xxxxxxxx/ we have been unsuccessful in trying to contact the patient and have sent them a letter confirming their discharge from our service. We are therefore referring them back to you for re assessment of their needs. (delete as appropriate).

We would welcome a further referral if you feel that the patient would still benefit from our service and they are happy to attend.

Yours sincerely,

Team Details

### Monitoring Template

This template should be used to demonstrate compliance with NHSLA requirements for the procedural document where applicable and/or how compliance with the document will be monitored.

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals /group /committee	Frequency of monitoring /audit	Responsible individuals / group / committee (multi-disciplinary) for review of results	Responsible individuals / group / committee for development of action plan	Responsible individuals / group / committee for monitoring of action plan
Adherence to Policy	Audit	Team Leads	Quarterly record keeping audit	Clinical Safety and Effectiveness Group (CSEG)	Team Leads/Heads of Service	Team Leads/Heads of Service

## Appendix \_\_ Equality Analysis

**NB - It is the responsibility of the author / reviewer of this document to complete / update the Equality Analysis each time it has a full review and to contact the Equality Diversity and Inclusion Lead if a full equality impact analysis is required**

### Equality Impact Analysis Screening Form

Title of activity	Review of Policy regarding dependents not being brought to/attending medical appointments		
Date form completed	09/02/2021	Name of lead for this activity	Gemma Cross

Analysis undertaken by:		
Name(s)	Job role	Department
Matt McSweeney	Deputy Named Professional for Safeguarding	Safeguarding Team

What is the aim or objective of this activity?	The purpose of the policy is to ensure that all staff in LCHS understand their role and responsibilities in respect of patients who 'Was Not Brought' (WNB) to health appointments, previously referred to as Did Not Attend (DNA) health appointments and where there are No Access Visits (NAV)
Who will this activity impact on? <i>E.g. staff, patients, carers, visitors etc.</i>	Staff to ensure that children/young people and adults who are not brought to medical appointments are not discharged without appropriate assessment and liaison as detailed in the policy.

#### Potential impacts on different equality groups:

Equality Group	Potential for positive impact	Neutral Impact	Potential for negative impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To ensure that children of a dependent age are brought to medical appointments

<b>Disability</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	To ensure that all individuals reliant on another to support them to access medical appointments are so being
<b>Gender reassignment</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Marriage &amp; civil partnerships</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Pregnancy &amp; maternity</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Race</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Religion or belief</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Sex</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Sexual Orientation</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Additional Impacts</b> <i>(what other groups might this activity impact on? Carers, homeless, travelling communities etc.)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

If you have ticked one of the above equality groups please complete the following:

**Level of impact**

	Yes	No
Could this impact be considered direct or indirect discrimination?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, how will you address this?		

	High	Medium	Low
What level do you consider the potential negative impact would be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If the negative impact is high, a full equality impact analysis will be required.*

**Action Plan**

How could you minimise or remove any negative impacts identified, even if this is rated low?
--

How will you monitor this impact or planned actions?
Future review date: