

# **Did Not Attend (DNA) / Was Not Brought (WNB) Policy**

**Ref: CLIN-0007-v7**

**Status: Ratified**

**Document type: Policy**

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## 1 Introduction

This document sets out the Trust Policy for steps that should be taken when working with individuals who choose to discontinue contact or do not attend appointments with some or all of the services we provide.

### Key Policy Principles

Sometimes individuals might choose to discontinue contact or not attend appointments and this will not be a cause for concern. In other circumstances this could be an indicator that someone's mental health is deteriorating, and could indicate that individuals are at risk of harm.

A Did Not Attend (DNA) for somebody who is dependant on an adult carer to bring them to an appointment will be referred to as Was Not Brought (WNB) for appointment. Careful consideration will need to be given to assessment of any safeguarding concerns in accordance with Trust Safeguarding Policies and appropriate inter agency procedures for safeguarding.

All DNA's / WNB's should be regarded as a potentially serious matter and lead you to consider an assessment of any potential risk of harm. As you know Risk assessments should be based on available information which includes contact with appropriate third parties e.g referrer, GP, carer.

Action taken in these instances can be wide ranging depending on the individual and their level of risk, but should always include:-

- A further attempt to contact the service user and/or their carer.
- Discussion within an appropriate forum i.e. huddle, caseload supervision
- Update the electronic record

When considering risk following a DNA / WNB you may want to consider the following;

- Current and historical information held within the patients clinical records including safety summary, care plan and referral information
- You may want to contact identified carers or other identified professionals who may have seen the patient more recently e.g. Social Worker
- Consider making contact with the referrer to see if they have any additional information (Particularly for new referrals)
- Consider the patients history in relation to attending appointments with the service

In addition to the above as an organisation we aim deliver trauma informed care. The exposure to trauma and adversity is pervasive. There are an array of consequences that may serve as possible explanations for service users' disengagement. Some of these might include:

- Service users having difficulty in forming safe and trusting relationships
- The clinicians interaction with the person in distress may be acting as a trigger
- Service users not feeling understood by services
- The lack of provision of gender-responsive care, or services failing to interact with individuals with the consideration of specific needs based on gender.

<http://intouch/Aboutthetrust/traumainformedcare/Pages/Safety.aspx>

## 2 Why we need this policy

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There can be varied reasons why people do not attend appointments or discontinue contact with services. It is important that staff and services recognise the reasons why this may occur, and consider the differing needs of individuals in order to maximise engagement.

Sometimes individuals might choose to discontinue contact or not attend appointments and this will not be a cause for concern. In other circumstances this could be an indicator that someone's mental health is deteriorating, and could indicate that individuals are at risk of harm. Individuals may also not attend due to challenges relating to their specific needs and social circumstances. Examples of this could be

- factors affecting parents, guardians, carers or other responsible adults who are involved in their care.
- Caring responsibilities
- Work / childcare commitments
- Travel
- Difficulties attending appointments
- Difficulties speaking with new people

In some cases service users who choose to discontinue contact or not attend appointments may require additional support where their DNA / WNB is an indicator that they may be at risk through deterioration in their mental health or other issues preventing them from attending

If a planned visit does not take place and contact is not made, this should be regarded as a cause for concern, which requires exploration and if required an assessment of potential risk of harm.

### 2.1 Purpose

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The purpose of this policy is to ensure that:

- we provide an excellent service that is responsive to service user and carer feedback and operates within the governance framework
- we provide a framework and guidance for staff to aid decision making when service users and carers miss appointments

### 2.2 Objectives

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The objective of this policy is to ensure that:

- The wide range of reasons for non attendance are considered, and reasonable adjustments are made to facilitate access to support, with the aim of improving access to care.
- The safety and well-being of service users and their carers who miss an appointment or home visit is safeguarded.

- Effective communication and sharing of information between professionals occurs when service users of any age do not attend, particularly where high risk is identified or where there are safeguarding concerns.
- The safety and well-being of the general public is protected. It is recognised that some service users may pose a risk to themselves or others if they do not maintain contact with mental health services.

### 3 Scope

- Employees whose roles include care co-ordination or lead professional and other members of the multi-disciplinary team.
- All employees in clinical services who have contact with service users, their families, carers or other supporters.
- Service users, their family, carers and other supporters as partners in their care.

#### 3.1 Who this policy applies to

This policy applies to all services within Tees, Esk and Wear Valleys NHS Foundation Trust and relates to all pre-arranged appointments.

#### 3.2 Roles and responsibilities

Role	Responsibility
Chief Executive and Trust Board	<ul style="list-style-type: none"> <li>• Ensuring there are effective arrangements within the Trust for the management of users of our services that choose to discontinue contact or do not attend appointments.</li> </ul>
Chief Operating Officer and Director of Nursing	<ul style="list-style-type: none"> <li>• The development, monitoring and review of this policy and practice standards relating to it.</li> </ul>
Directors of Operations and Heads of Service	<ul style="list-style-type: none"> <li>• Implement and monitor this policy in their areas of responsibility</li> <li>• Ensure that systems and processes are in place and are monitored to meet the standards and requirements outlined in this policy.</li> </ul>
Clinical Team Leaders, Managers, Advanced Practitioners, Modern Matrons, Departmental Heads	<ul style="list-style-type: none"> <li>• Ensure implementation of the systems and processes that are in place to monitor compliance with this policy in their areas of responsibility.</li> </ul>
All clinical service employees	<ul style="list-style-type: none"> <li>• Ensure a personal awareness of the content of this policy.</li> <li>• Implement the policy standards and procedures.</li> </ul>
Policy Lead	<ul style="list-style-type: none"> <li>• Review of this policy.</li> </ul>

## 4 Policy

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This policy and framework describes the steps that should be taken when working with individuals who choose to discontinue contact or do not attend appointments with some or all of the services we provide.

A DNA for somebody who is dependant on an adult carer to bring them to an appointment will be referred to as WNB for appointment. Careful consideration will need to be given to assessment of any safeguarding concerns in accordance with Trust Safeguarding Policies and appropriate inter agency procedures for safeguarding.

This approach should not be exclusive to Children's services. In adults the majority of the time patients' non-attendance would be classed as DNA / WNB. However there are a number of circumstances where they would require support to attend an appointment. For example someone with a physical disability who relies on others to take them and therefore not being supported to attend would class as WNB as there could be an adult safeguarding concern.

This process outlines the key principles which must be delivered across all services. If a service specific approach is identified then it is anticipated that individual services will develop standard work and standard processes which add to and operationalise the key principles and deliverables outlined within this policy. The standard work and standard processes must be submitted and agreed by the responsible Quality and Assurance Group (QuAG).

### 4.1 Key Principles

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- In all cases following a DNA / WNB an assessment of risk of harm must be undertaken
- In all cases consideration must be given as to the potential reasons why someone has not attended.
- Reasonable adjustments to support access to services and appointments should be explored and implemented if required including reasonable adjustments.
- When required the service must consider alternative communication methods, for example;
  - Text messages for patients with a hearing impairment
  - E-mail contact for patients with a visual impairment who utilise electronic speaking software
  - Interpreter services
  - If consent is in place, contacting a carer or guardian
- The service will attempt to contact the service user following a DNA / WNB, and or a carer/ guardian if applicable
- The GP and service user will be contacted if a decision is taken to discharge the service user
- Actions taken will be recorded on the appropriate electronic care record

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## 4.2 DNA / WNB for new referrals where there is no cause for concerns or no indication of a high risk of harm (excluding Forensic Services)

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The action taken when service users DNA / WNB a first appointment will depend on

1. Exploring and identifying the possible reasons and barriers the individual may be experiencing in terms of attending appointments
2. The level of harm posed to the individuals and others

In deciding on the appropriate steps to take, an assessment of the risk of harm needs to be carried out using professional judgement. As the service user is not known to the service at this time, the assessment and action will be based on information within the referral. Contact should always be made with the referrer if the referral information is insufficient to make a decision regarding non-attendance and risk of harm

If the referral information does not indicate a high risk of harm, action taken could be wide ranging depending on consideration of potential barriers to attendance, all information available and clinical judgement. It will always include a letter to the referrer to inform them that the service user did not attend and explaining ways in which the service has tried to facilitate access to services.

Following the DNA / WNB, a further attempt should be made to contact the service user and / or their carer. This should include the use of alternative forms of communication where appropriate and consideration of reasonable adjustments. If this is unsuccessful the referral should be discussed within the Team and further actions agreed. If discharge back to the GP is agreed, a letter will be sent to both the service user and GP, and the appropriate electronic care record updated accordingly.

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## 4.3 New Referrals where high risk is identified or critical intervention is required (excluding Forensic Services)

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If the referral information indicates potentially high risks of harm then there should be liaison with the referrer as soon as possible to establish the best plan to engage and minimise risk of harm.

In cases where services are unable to make contact with the service user, contact must be made with the referrer and/or GP advising them of the situation and requesting advice on further action to be taken **within that working day**.

As part of the process the following should be considered;

- Arrange an urgent home visit
- Arrange Mental Health Act assessment

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## 4.4 DNA / WNB Appointments for current service users (excluding Forensic Services)

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When a current service user does not attend a follow up appointment, the health or social care professional should consider the options and take the most appropriate action, depending upon risk assessment.

If **high risk of harm** is identified, attempts must be made by the Care Co-ordinator, Lead Professional or an identified deputy, to contact the service user in person or via telephone on the day of the missed appointment.

The actions to be taken will be based on the service users:

- Risk assessment
- Care plan and contingency plan

This shall include:

- Contact with GP and/or
- Arrange an urgent home visit

Consideration by the care team, giving due regard to issues of confidentiality and only where this is an agreed component of the care plan, must be given to contacting:

- Relatives/carers
- Neighbours/friends

If concerns are still present consideration of the need to arrange Mental Health Act assessment

All of the above must continue until contact is made with the service user, reviewing the situation with the care team and notifying other agencies as appropriate. This may include contacting the **Police** to request a welfare visit, and/or contacting the **Crisis Team** to raise awareness and in cases where the Crisis Team may continue trying to contact the service user in the evening or over the weekend period.

An entry must be made on the appropriate electronic care record, to indicate all actions taken and the outcome, and team members should be made aware of any outcomes. Staff should consider any needs of relatives / carers who may require support during this time

If **low risk of harm** is identified, the practitioner with whom the appointment is booked or identified deputy must ensure the lead professional / care coordinator is informed. The lead professional / care coordinator will then decide upon the action to be taken and discuss this with the care team involved at the next cell huddle. This decision will be taken based on the service users:

- Risk assessment / Safety summary
- Care plan and contingency plan

The care coordinator / lead professional would need to be aware of whether the non-attendance is unusual for the individual and therefore a potential cause for concern. This should be taken into account and inform the decision making process.

Actions taken must be recorded on the appropriate electronic care record

If the service is unable to make contact with the service user, then a standard letter will be generated, offering an appointment with the service. The letter will include full details of how to rearrange the appointment should the date and time not be convenient. A copy of this letter should also be forwarded to the GP. In addition, consideration as to the service users preferred form of communication should be given and to the use of alternative forms of communication used as required. Understanding of individual potential barriers to attendance should be considered and reasonable adjustments made to support engagement.

If the service user does not respond to this letter or agreed alternative forms of communication, the referral should be discussed within the Team and further actions agreed. If discharge back to the GP is agreed, a discharge letter will be sent to both the service user and GP, and the appropriate electronic care record updated accordingly.

## **4.5 DNA / WNB Appointments in Forensic Services**

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The majority of the service users open to the Forensic Community Teams are referred to the team as a tertiary intervention. In this case the service user is already open to another TEWV service and has a care coordinator or lead professional identified. Forensic community teams usually have contact with service users for four different reasons.

### **4.5.1 Assessments and ongoing interventions for community based service users following referral by another TEWV service.**

The Forensic Community Teams make appointments with service users both in liaison and independently from other TEWV services. Non-attendance of the service user at a planned appointment would result in communication with the TEWV service to inform them of the missed appointment. The Forensic Community Team would still need to consider the procedures set out in 9.2 (where high risk is identified or a critical intervention is requested).

### **4.5.2 Assessments following referral by a non-Trust agency**

Some service users are referred directly to Forensic Community Teams who are not open to adult secondary care services (e.g. from transition teams, prisons and probation services). If the service user does not attend the appointment, the procedures specified in sections 9.1 (where no high risk is identified) and section 9.2 (where high risk is identified or a critical intervention is requested) should be followed. The GP should be consulted as well as the original referrer and any other relevant agency in determining the level of risk of harm posed to the service user or to others.

### **4.5.3 Ongoing interventions for patients that Forensic Community Teams care coordinate**

The Forensic Community Teams would follow the **Policy for Service User Engagement, Section Three, DNA / WNB Appointments (for current service users) Service User aged over 18**

Consideration would be given to the following:

- Contacting other relevant professionals and agencies such as Probation Officers and MAPPA leads in order to inform them of the none attendance as well as to gather information to assist the team in how to proceed.
- If the service user is subject to Conditional Discharge, the Supervising Consultant (or their deputy) should be informed at the earliest opportunity in order to consider informing the Ministry of Justice. If there has been no contact with the service user by 14 days, in all circumstances the Ministry of Justice needs to be informed, including details of the proposed plan and any recommendations of the team.
- If the Service User is subject to a Community Treatment Order, consideration should be given to implementing a recall or revocation of the Order.
- For service users who are deemed to be high risk to the public, the Director of Operations and/or the Senior Clinical Director for Forensic Services should be informed.

## **5 Recording of DNA / WNB Appointments**

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The decision making process in relation to DNA / WNB appointments along with any resultant action plan should be fully recorded in the service user records.

Cancelled appointments, (i.e. where either the service or the patient/carer informs the other party that the appointment will not go ahead) should not be recorded as 'DNA / WNB' 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.

Previous DNA / WNB audit have highlighted that following a DNA / WNB there is limited or no information documented on PARIS around what was considered in relation to risk which is required to inform on what action is required as per the DNA / WNB policy.

The policy states that following a DNA / WNB you are required to assess whether the patient is **High** or **Low** risk to inform on next steps which the policy outlines. It is important to ensure you record on PARIS your decision and rationale for your decision in relation to risk alongside what actions you take following the DNA / WNB.

When considering risk following a DNA / WNB you may want to consider the following;

- Current and historical information held within the patients clinical records including safety summary, care plan and referral information
- You may want to contact identified carers or other identified professionals who may have seen the patient more recently e.g. Social Worker
- Consider making contact with the referrer to see if they have any additional information (Particularly for new referrals)
- Consider the patients history in relation to attending appointments with the service

### **5.1 Example of Low Risk DNA / WNB PARIS Case note**

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Patient A DNA on 20th October 2017 at 9am, I reviewed the patients clinical records including the patients safety summary and no concerns were identified. The patient was last

seen by the service on 29th September 2017 and no issues or concerns were identified at this appointment. Previously the patient has DNA for a number of appointments over the past 6 months and has on each occasion re-engaged with the service. I have therefore on this occasion identified the patient as a Low Risk DNA.

**ACTION:** I have telephoned the patient on two separate occasions today (20th October 2017) and have had no response. A letter will now be sent to the patient offering a new appointment time and date.

## 5.2 Example of HIGH Risk DNA / WNB PARIS Case note

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Patient A DNA on 20th October 2017 at 9am, I reviewed the patients clinical records including the patients safety summary which includes information regarding significant self-harm risk and a recent inpatient stay at Roseberry Park Hospital. Patient A has previously engaged with services and has no history of DNA's. I have spoken to the patients GP who has had no contact with the patient. I have therefore on this occasion identified the patient as a High Risk DNA.

**ACTION:** Following repeated unsuccessful telephone calls Middlesbrough CRISIS Team is to carry out an urgent visit at 11am on 20th October 2017. I will also be present at this visit

## 6 Written communication following a DNA / WNB

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Feedback from previous policy versions has consistently highlighted communication with the service user is too letter based. From service users experience many people do not open letters when unwell due to fear that they are official letters.

Suggestions are that referrers need to explain what will happen next in terms of when and how you will be communicated with following a referral to our services. Also, service users should be asked their preference of how they would like to be communicated with (letter, email, text). Also standard letter templates are too formal and lack warmth & compassion. Therefore any letters relating to a DNA / WNB should be service specific and approved by Service Development Groups (SDG). Please also note guidance for writing DNA / WNB letters below;

### 6.1 Guidance for writing DNA / WNB letters

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- Do not use bold or coloured text to highlight the fact that the patient missed their appointment
- Encourage the patient and / or their carer to contact the service to make a further appointment at their convenience
- Encourage the patient and / or their carer to contact the service if they have any questions around their care or what to expect from the planned appointment
- Ensure that the patient and their carer is aware that if they choose to contact the service at a future date as they feel unable to attend at present that we will be able to help
- Provide some assurance regarding what the appointment is about
- Consider offering an appointment at an alternative venue

- Encourage the patient and / or their carer to call the service to discuss their care if they feel unable to attend an appointment. This may provide an opportunity to either provide assurance around the appointment or provide an opportunity to advise on alternative options, for example signposting to other services within the local area
- Ensure the letters are supportive and not simply matter of fact for example:
  - **instead of** Please contact us to rearrange your appointment within 7 days or we will discharge you back to your GP
  - **consider** You may want to consider contacting your GP for additional support if you feel unable to attend an appointment with us. If we don't hear from you then we will contact your GP to ensure they are aware that you may be back in touch with them to discuss further

## 7 Definitions

Term	Definition
<b>Appointment</b>	Appointments made by telephone, letter or by service users contacting services, where an arrangement has been made to see a service user at a certain date, time and place.
<b>New appointment</b>	An appointment given to service users who are not known to the service.
<b>Follow up appointment</b>	An appointment given to known service users who are receiving ongoing support / treatment
<b>Failed Visit/Incomplete Visit</b>	An appointment made by any TEWV employed health or social care practitioner or their support workers that takes place often in a service user's home or at any other prearranged venue, and the professional attends at the pre-arranged time/place but no contact is made with the service user.
<b>Did not attend (DNA) / Was Not brought (WNB)</b>	Service users who have been informed of, or who agreed their appointment / visit date and who, without notifying the department / service, did not attend for their appointment / visit. This also applies to non-attendance at arranged visits with the community team.
<b>Safeguarding</b>	Systems and practices to protect and prevent vulnerable adults and children from suffering abuse.
<b>Care Co-Ordinator / Lead Professional</b>	A named individual who is responsible for co-ordinating the input from all relevant agencies and producing a care plan.

## 8 Related documents

CPA – The Care Programme approach and Standard Care Harm Minimisation Policy

## 9 How this policy will be implemented

- This policy will be published on the Trust's intranet and external website.
- Line managers will disseminate this policy to all Trust employees through a line management briefing.

### 9.1 Training needs analysis

No training needs have been identified in relation to this policy

## 10 How this policy will be audited

- Team Managers to monitor DNA / WNB rates within their teams / services and escalate any concerns through their locality governance structure
- Team Managers to monitor patient experience data and escalate any concerns through their locality governance structure
- As part of the above, team manager to make recommendations for service developments to reduce DNA / WNB rates through local governance structure and Quality Improvement structures

## 11 How the implementation of this policy will be monitored

Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Compliance Audit	Yearly (Central Audit Team)	QUAGS with Red compliance audits escalated to LMGB and QUAC

## 12 Document control

Date of approval:	24 July 2019	
Next review date:	31 October 2023	
This document replaces:	CLIN-0007-v6 Did Not Attend (DNA) Policy	
Lead:	Name	Title
	Shaun Mayo	Head of Service
Members of working party:	Trustwide Head of Service and Clinical Directors	
This document has been agreed and accepted by: (Director)	Name	Title
	Ruth Hill	Chief Operating Officer
This document was ratified by:	Name of committee/group	Date
	Executive Management Team	24 July 2019
An equality analysis was completed on this document on:	8 May 2019	

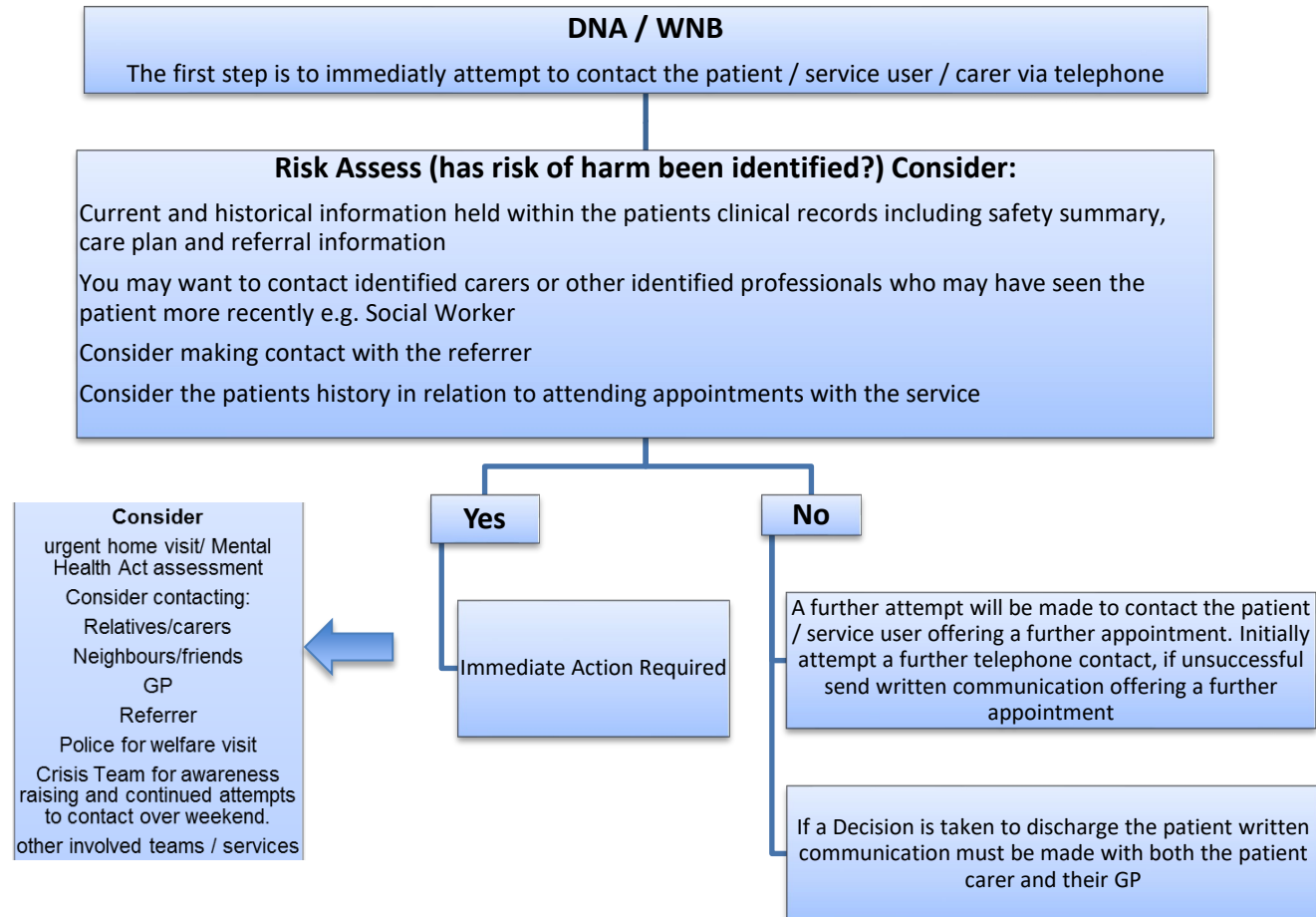
### Change record

Version	Date	Amendment details	Status
7	24 Jul 2019	<p>Focus on using huddles/cells and flexibility to make clinical judgements based upon the information they have alongside delivering 5 key principles;</p> <ul style="list-style-type: none"> <li>In all cases following a DNA / WNB, an assessment of risk must be undertaken; (Example of risk assessment included within policy)</li> <li>When required the service must consider alternative communication methods;</li> <li>The service will attempt to contact the service user following a DNA WNB;</li> <li>The GP and service user will be contacted if a decision is taken to discharge the service user;</li> <li>Actions taken will be recorded on the appropriate electronic care record.</li> <li>Letters should be service and where possible individualised. Standard letters have therefore been removed from the policy</li> </ul>	Ratified
7	22 Sept 2020	Review date extended by six months	Ratified

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7	Mar 2022	Review date extended till 31 Oct 2023	Published
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## Appendix 1 - Did Not Attend Flow Chart



**Record all actions on the Trusts Electronic Care Record System**

## Appendix 2 - Equality Analysis Screening Form

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Trustwide Operational Clinical Services				
Name of responsible person and job title	Shaun Mayo – Head of Service (MHSOP)				
Name of working party, to include any other individuals, agencies or groups involved in this analysis	Clinical Directors / Head of Service / Service Development Managers / Director of Quality Governance / QUAG and SDG representatives				
Policy (document/service) name	Did Not Attend (DNA) / Was Not Brought Policy				
Is the area being assessed a;	Policy/Strategy	X	Service/Business plan	Project	
	Procedure/Guidance			Code of practice	
	Other – Please state				
Geographical area	Trustwide				
Aims and objectives	<p>The objective of this policy is to ensure that:</p> <ul style="list-style-type: none"> <li>• The safety and well-being of service users and their carers who miss an appointment or home visit is safeguarded.</li> <li>• Effective communication and sharing of information between professionals occurs when service users of any age do not attend, particularly where high risk is identified or where there are safeguarding concerns.</li> <li>• The safety and well-being of the general public is protected. It is recognised that some service users may pose a risk to themselves or others if they do not maintain contact with mental health services.</li> </ul>				
Start date of Equality Analysis Screening	08 May 2019				

End date of Equality Analysis Screening	08 May 2019
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**You must contact the EDHR team as soon as possible where you identify a negative impact.** Please ring Sarah Jay on 0191 3336267/3542

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
Individuals who require additional support to engage with Trust services					
2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
<b>Race</b> (including Gypsy and Traveler)	No	<b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities)	No	<b>Sex</b> (Men, women and gender neutral etc.)	No
<b>Gender reassignment</b> (Transgender and gender identity)	No	<b>Sexual Orientation</b> (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	<b>Age</b> (includes, young people, older people – people of all ages)	No
<b>Religion or Belief</b> (includes faith groups, atheism and philosophical belief's)	No	<b>Pregnancy and Maternity</b> (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	<b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners)	No

**Yes** – Please describe anticipated negative impact/s

**No** – Please describe positive impacts/s

The policy identifies processes for supporting individuals whose circumstances prevent them engaging with services

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.?  
**If 'No', why not?**

**Yes**

**X**

**No**

**Sources of Information may include:**

- Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc.
- Investigation findings
- Trust Strategic Direction
- Data collection/analysis
- National Guidance/Reports

- Staff grievances
- Media
- Community Consultation/Consultation Groups
- Internal Consultation
- Research
- Other (Please state below)

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership

**Yes** – Please describe the engagement and involvement that has taken place

The policy has undergone Trust-wide consultation. Trust staff comprise all protected characteristics.

5. As part of this equality analysis have any training needs/service needs been identified?					
No	Please describe the identified training needs/service needs below				
A training need has been identified for;					
Trust staff	No	Service users	No	Contractors or other outside agencies	No
<b>Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so</b>					
The completed EA has been signed off by: You the Policy owner/manager: Type name: Shaun Mayo					Date: 8 May 2019
Your reporting (line) manager: Type name:					Date:
<b>If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/6542 or email: <a href="mailto:traceymarston@nhs.net">traceymarston@nhs.net</a></b>					