



*Coastal West Sussex
Clinical Commissioning Group*

Being Open and Duty of Candour Policy

Policy for ensuring that CCGs and commissioned providers communicate with individuals in an open and honest way about any mistakes that are made during the course of their treatment or care.

Contents

1. Introduction	4
2. Principles	4
3. Purpose and Scope	5
4. Definitions	6
5. Roles and Responsibilities	6
5.1 Governing Body Level Commitment	6
5.2 NHS Commissioned Services	7
5.3 Independent Contractors/Any Qualified Providers (AQP)	7
5.4 CCG Services	8
6. Implementation	8
7. Monitoring	8
8. Process for review and approval of the policy	8
Appendix A: Expectations of Provider Organisations	10
Appendix B: Equality Impact Assessment	15

Version	Date Issued	Details	Brief Summary of Change	Author
V0.1	Aug 2015	Draft	First Draft	LH
V1.0	Sept 2015	Final	Approved by Clinical Commissioning Executive	
V1.1	Jan 2015		Minor textual (heading to section 5) and formatting changes	Corporate Business Manager

For more information on the status of this policy, please contact:	
Approved by	Clinical Commissioning Executive
Approval Date	September 2015
Next Review Date	September 2017
Responsibility for Review	Corporate Business Team
Contributors	
Audience	CCG employees & commissioned service providers

Being Open and Duty of Candour Policy

1. Introduction

This policy has been developed to ensure that the CCG meets its obligation to patients, carers and the public by ensuring that all providers of care commissioned by the CCG implement Being Open and the Duty of Candour policy when a patient safety incident occurs and harm is caused to a patient. The Inquiry into the Mid Staffordshire NHS Foundation Trust Hospital (The Francis Report, 2013) identified the 'system' did not put the patient first. A statutory requirement to implement Duty of Candour was introduced in October 2014 and this forms part of Care Quality Commission (CQC) registration requirements. This applies to certain patient safety incidents that occur during care provided under the NHS Standard Contract and result in moderate harm, severe harm, or death (National Patient Safety Agency (NPSA) definitions).

It is recognised that a culture of openness is a prerequisite to improving patient safety and the quality of health care systems. Open and effective communication with patients should begin at the start of their care and continue throughout their time within the healthcare system. Being open when things go wrong is key to the partnership between patients and those who provide their care, and discussing what happened promptly can decrease the trauma felt and help patients cope more effectively with any after-effects of a patient safety incident. Extra costs can be incurred through litigation and further treatment following patient safety incidents, but being open and honest can prevent such events becoming formal complaints and litigation claims.

Openness also has benefits for healthcare staff. These include satisfaction that communication with patients and/or their carers has been handled in the most appropriate way; developing a good professional reputation for handling a difficult situation properly; and improving their understanding of incidents from the perspective of the patient and/or their carers. Openness is also beneficial for the reputation of the healthcare organisations providing and commissioning services.

Providers and CCGs are expected to be open with individuals about any mistakes that are made during the course of their treatment or care and should:

- acknowledge, apologise and explain when things go wrong;
- conduct a thorough investigation into the incident and reassure patients, their families and carers that lessons learned will help prevent reoccurrence of the incident; and
- provide support for those involved to cope with the physical and psychological consequences of what happened.

This policy is based on guidance from the NPSA, which encourages healthcare staff to apologise to patients harmed as a result of healthcare treatment and explains that an apology is not an admission of liability: *It is acknowledged that saying sorry is not an admission of liability and is the right thing to do.*

2. Principles

The NHS Constitution for England (*DoH 2009*) embeds the principle of being open as a pledge to patients in relation to complaints and redress. It states:

The NHS also commits when mistakes happen to acknowledge them, apologise, explain what went wrong and put things right quickly and effectively.

The commitment to openness extends to carers or relatives but only with the expressed consent and permission of the patient to ensure the patient's rights are advocated and confidentiality adhered to. In specific circumstances where the patient is unable to give consent, staff responsible for the care of the patient can consult directly with relatives or carers as appropriate.

The CCG aims to work with providers to ensure that robust risk management systems are in place that are transparent and open, which learn from mistakes and have a patient safety focused culture. Being Open and the Duty of Candour is embedded within each provider's incident reporting procedures and this is actively monitored by the CCG to ensure individuals are involved in the investigations, where they wish to be.

The NPSA's document *Being Open; Communicating patient safety incidents with patients their families and carers* sets out ten principles to help healthcare organisations create and embed a culture of Being Open, including the Duty of Candour:

1. Acknowledgement
2. Truthfulness, timeliness and clarity of communication
3. Apology
4. Recognising patient and carer expectations
5. Professional support
6. Risk management and systems improvement
7. Multidisciplinary responsibility
8. Clinical governance
9. Confidentiality
10. Continuity of care

This policy and procedure should be implemented following all serious incidents where actual harm has occurred.

3. Purpose and Scope

The purpose of the policy is to detail the meaning of openness in practice and give guidance for how the CCG will ensure that Being Open and Duty of Candour principles are implemented and embedded in risk management and clinical governance processes for all commissioned services and internal CCG functions.

The CCG acts as commissioner of services, and does not directly provide clinical care. However, as a commissioner of NHS provider services and Independent Contractors in West Sussex, the CCG still has a duty of care to patients, service users and their relatives or carers to promote open discussion through the commissioning and governance processes.

The CCG manages a complaints service which on occasions may deal with a concern or complaint that will require it to be involved in a Being Open or Duty of Candour discussion with a patient / service user or their relative / carer.

All staff and CCG members should be aware of this policy and promote the principles and procedure of being open and the duty of candour when commissioning services, working with colleagues from the commissioned services including Independent Contractors and monitoring provision of services as part of CCG governance and assurance requirements.

The CCG will monitor that the Being Open and Duty of Candour policy is being implemented as outlined below:

Incident	Action
No harm (including prevented patient safety incidents)	Patients are not usually contacted or involved in investigations and these types of incidents are outside the scope of the Being Open Policy.
Low harm	Unless there are specific indications or the patient requests it, these types of incidents are outside the scope of the Being Open Policy. Review will occur through the Provider's risk management system and where trending data indicates a pattern of related incidents, further investigation will be required.

Moderate harm, severe harm or death.	A higher level of response is required in these circumstances. The relevant member of the Senior Management Team should be notified immediately and be able to provide support and advice during the Being Open process, if required. The Being Open policy is implemented to meet the requirements under the Duty of Candour.
--------------------------------------	--

4. Definitions

Candour is defined in the Francis report (2013) as: "The volunteering of all relevant information to persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made." The NHS standard contract states that this applies to 'patient safety incidents that occur during care provided under the NHS standard contract and that result in moderate harm, severe harm or death' and is a requirement to ensure that 'patients/their families are told about patient safety incidents that affect them, receive appropriate apologies, are kept informed of investigations and are supported to deal with the consequences' (2013-14 Standard Contract, Technical guidance).

A patient safety incident is defined as 'any unintended or unexpected incident that could have or did lead to harm for one or more patients receiving NHS funded healthcare' (NPSA).

A serious clinical incident is defined as 'a situation in which one or more service users are involved in an event which is likely to produce significant legal, media, or other interest and which if not properly managed, may result in the loss of reputation or assets' (NPSA)

All incidents occurring in provider organisations should be reported and graded in accordance with that organisation's Incident Reporting Policy and the National Framework for Reporting and Learning from Serious Incidents Requiring Investigation.

The CCG will also apply the Being Open and the Duty of Candour policy for any serious incidents occurring within the CCG which cause harm to an individual e.g. a serious information governance breach.

5. Roles and Responsibilities

5.1 Governing Body Level Commitment

The CCG Governing Body is committed to implementing the principles of Being Open and the Duty of Candour and confirms that commitment by recording a public statement endorsing the principles of Being Open and the Duty of Candour, including confirmation of the nominated Executive and Lay Member leads listed below when this policy is ratified at the public Governing Body meeting.

Lay Member Lead Chair of Quality Committee

Lay Member Lead Chair of Audit and Assurance

Executive – Chief Operating Officer.

Joint Director Lead – Associate Director of Strategy and Governance

Together they will lead the approach to monitoring the implementation of Being Open within providers and raising the awareness with all CCG staff and members.

The Accountable Officer (Chief Officer) for the CCG is ultimately responsible and serious incidents will be brought to the attention to the Accountable Officer as appropriate. The CCG Governing Body has a key responsibility for ensuring that the principles of Being Open and the Duty of Candour are embedded at a senior level within the organisation and that strategic priority and scrutiny is maintained at Governing Body level. This responsibility will be executed by receipt of six monthly reports from Heads of Service outlining how these principles are applied to all aspects of work both internally and with Providers from whom services are commissioned.

The CCG has a Serious Incident policy for commissioned services for further reference.

5.2 NHS Commissioned Services

All NHS Trusts providing services to patients / service users in Coastal West Sussex (CWS) should have a Being Open and Duty of Candour Policy and Procedure in place. This is a requirement under the NHS Litigation Authority Risk Management Standards and as part of the statutory requirement to implement Duty of Candour.

The CCG lead commissioners for the NHS provider Trusts are responsible for checking that these organisations have approved and ratified Being Open and Duty of Candour policies in place and procedures set up to implement the policy. The lead commissioners are responsible for ensuring that effective monitoring systems are set up so assurance can be provided to the CCG Governing Bodies that the NHS providers in CWS not only have Being Open and Duty of Candour policies, but that there is effective implementation and embedded procedures in place. The CCG is clear that Being Open and Duty of Candour should not be seen as an 'add on' when something goes wrong but be at the core of the investigation procedures and culture of working with patients, the public and staff.

All staff that have key roles in the patient's care have responsibility for Being Open and Duty of Candour. As most healthcare provision is through multidisciplinary teams this should be reflected in the way that patients, their families and carers are communicated with when things go wrong. Incidents usually result from systems failures and rarely from the actions of an individual. All staff working within provider organisations must comply with the Policy and it is the responsibility of the management of those organisations to ensure it is adhered to.

If a patient suffers serious harm, matters should be acted upon immediately to put it right if possible. It should be explained fully to the patient what has happened and the likely long and short-term effects. If the patient is under 16 and lacks the maturity to consent to treatment, the situation should be explained honestly to those with parental responsibility for the child.

Providers are required to ensure they meet the different communication needs of patients during the Being Open and Duty of Candour process, for example by providing interpreters. This is to ensure that the patient has fully understood what is being said to them and has an opportunity to ask questions.

The CCG will monitor the following requirements to see that providers:

- effectively communicate with patients, their families and carers;
- review and strengthen local policies to ensure they are aligned to the Being Open framework;
- make a board-level public commitment to implement the principles of Being Open and the Duty of Candour;
- nominate leads responsible for implementing the local policy within the organisation;
- identify senior clinical counsellors who will monitor and support fellow clinicians;
- raise awareness and understanding of Being Open and the Duty of Candour amongst staff, patients and the public; and ensure Patient Advice and Liaison Services (PALS) and other staff have the information, skills and processes in place to effectively implement Being Open and the Duty of Candour.

5.3 Independent Contractors/Any Qualified Providers (AQP)

All AQPs who provide clinical services commissioned by the CCGs must be registered with the CQC. It is best practice for all Independent Providers such as GPs, Community Pharmacists, Optometrists and Dentists to follow the guidance in the Being Open Framework. Where the NHS England Area Team (sub-regional team) is the commissioner of these services, it is responsible for monitoring compliance.

All NHS provider bodies registered with the CQC have to comply with the statutory Duty of Candour.

5.4 CCG Services

There are some services provided by the CCG that may require staff to be involved in Being Open and Duty of Candour procedures, for example the Continuing Healthcare team, or in the event that a serious event occurs within the CCG which causes harm. The CCG will follow these best practice guidelines to implement Being Open and the Duty of Candour when needed.

Lead Commissioners, Professional Clinical Leads, Directors and the senior management team may also be required to be involved in supporting Commissioned Services or Independent Contractors in Being Open and Duty of Candour discussions and procedures or monitoring that the commissioned services have appropriate processes in place. These persons should refer to Appendix A – a guide in implementing good practice with regard to Being Open processes. Appendix B sets out a summary of Duty of Candour Requirements.

6. Implementation

The CCG will seek to encourage open and fair reporting of incidents from providers and will assist in Being Open and Duty of Candour processes where support is necessary.

Information about the organisations' policies will be made available to staff, patients and public via the website.

7. Monitoring

The CCG will assess the adequacy of implementation via several sources of assurances from provider organisations, including;

- Review of Being Open and Duty of Candour policies.
- Evidence of implementation from Root Cause Analysis reports.
- Updates against the Patient Safety Alert NPSA/2009/PSA003.
- Confirmation of identified senior clinical counsellors and the training programmes put in place.
- Evidence of progress against agreed action plans where appropriate.
- Reported audit results of awareness amongst clinical staff.
- Contract performance and quality meetings.

Should there be evidence that assurance around implementation is not consistent then the CCG will request assurances from providers that implementation plans have been developed and agreed at Governing Body or Board level. It will do this in order to ensure that awareness and understanding of the Being Open and Duty of Candour principles is increased amongst staff and that appropriate training and support is provided. In addition the quality team will review and challenge the robustness of Being Open and Duty of Candour engagement carried out within provider organisations during Serious Incident investigations. Concerns raised will be escalated via management routes and addressed on a case by case basis with providers.

Feedback from patients and complaints will also be assessed. Any recommendations for system improvements and any changes implemented will be reviewed by the Public Engagement Committee.

The Quality Committee receive quality assurance reports which will enable concerns to be raised. Quality Committee minutes are reported to the Governing Body and available on the public website.

8. Process for review and approval of the policy

This document will be reviewed within a maximum of two years, and sooner if there are major organisational changes that affect the content of the document or changes in national guidance. The Chief Operating Officer is responsible for agreeing the approval process of the policy prior to ratification.

If minor changes are required within the life of the document (that do not alter practice) the document will not require full consultation or re-ratification. The policy will be published on the CCG intranet and website.

For more information refer to the National Patient Safety Agency website

www.nrls.npsa.nhs.uk

- [NHSLA Guidance on the Duty of Candour](#)
- Patient Safety Alert NPSA/2009/PSA003. *National Patient Safety Agency (NPSA) 2009*
- Seven steps to Patient Safety for Primary Care. *National Patient Safety Agency 2005*
- Being Open: Communicating patient safety incidents with patients their families and carers. *National Patient Safety Agency (NPSA) 2009*
- National Framework for Reporting and Learning from Serious Incidents Requiring Investigation *National Patient Safety Agency (NPSA) 2010 and update March 2013*
- The following supporting organisational documents should be referred to in conjunction with this policy
- Complaints Policy
- Incident Reporting Policy
- Serious Incident Policy
- Risk Management Strategy and Policy

Appendix A: Expectations of Provider Organisations

1. Process

The CCGs would expect every provider organisation to take the following steps as soon as it is practical following a patient safety incident where harm has been caused. This best practice will also be followed by the CCGs if an incident that causes harm occurs internally:

1.1. Team Discussion

The incident should be assessed to determine the level of immediate response and the basic clinical and other facts established.

Identify who is best placed to be responsible for leading the discussion with the patient or individual. Ideally this person should be known to and trusted by them and have a good grasp of the facts relevant to the incident. They should be able to maintain a medium to long-term relationship with the patient, their family and carers where possible, and to be able to provide continued support and information with experience and expertise in the type of patient safety incident that has occurred. It is unacceptable for junior staff to be delegated the responsibility to lead a Being Open discussion.

The healthcare professional or CCG representative communicating information about a patient or individual safety incident should be able to nominate a colleague to assist them with the meeting. Ideally this should be someone with experience or training in communication and Being Open procedures.

Consider each team member's communication skills; they need to be able to communicate clearly, sympathetically and effectively.

A debrief session for those involved should be considered as part of the process and the 'de-briefer' should be identified at this point.

1.2. Apology

A meaningful apology should be given – one that is a sincere expression of sorrow or regret for the harm that has resulted from the patient safety incident. This should be in the form of an appropriately worded and agreed manner of apology and should not be delayed for any reason including setting up a more formal Being Open discussion.

Verbal apologies are essential as they allow face to face contact between the patient, their family and carers and the healthcare team, and should be given as soon as staff are aware an incident has occurred. A written apology clearly stating that the organisation is sorry for the suffering and distress resulting from the incident must also be given.

•

1.3. Information and Actions Ahead of the Meeting

Information must be given to the patient or individual in a truthful and open manner by the agreed nominated person, both verbally and in writing.

Staff should be prepared if a patient or individual does not agree with the information provided or does not wish to participate in the Being Open process. This should be dealt with straight away and the following may help;

- Investigate possible sources of support and counselling that you anticipate the patient may need as a result of the incident or complaint; details should be given to the patient as soon as possible.
- Close liaison between PALS/Complaints and the incident investigation team will be essential to ensure joined up communications.
- Consideration should be given to ensuring that support is available to the patient or individual and that all reasonable adjustments are made to meet individual needs e.g. consideration and sensitivity of all individual needs that may need to be met, e.g. disability, culture, access to an independent advocate or utilisation of interpreting and translation services if appropriate.

Providers should refer to 'Being Open: Communicating patient safety incidents with patients their families and carers. *National Patient Safety Agency (NPSA) 2009*' p28-31.

Careful consideration should also be given to the venue of the meeting. The meeting should be held as soon after the incident as possible taking into account the patient's clinical condition and the individual circumstances and social situation for those involved. Inform the patient or individual of the identity and role of all people attending the discussion before it takes place. This will allow them to state their own preferences about which healthcare staff should be present and when and where the meeting should be held. If for any reason it becomes clear during the initial discussion that the patient would prefer to speak to a different healthcare professional the patient's wishes should be respected and a substitute in agreement with the patient provided. Consider use of a mutually agreed mediator.

1.4. Meeting

- Introduce and explain the role of everyone present to the patient and/or their carers and ask them if they are happy with those present.
- Acknowledge what happened and apologise on behalf of the team and the organisation. Expressing regret is not an admission of liability.
- Patient or individual should be provided with a step by step explanation of what happened that is delivered openly and considers their individual needs. The information should be based solely on facts known at the time and it should be explained that new information may emerge during the incident investigation is undertaken and that they will be kept up to date with the progress.
- Health professional or CCG representative should use clear, straightforward language. Provision should be made to meet the communication needs of the patient and/or their family e.g. providing an interpreter.
- Health professional or CCG representative should ensure that the patient's or individual's understanding of what happened is taken into consideration as well as any questions they might have.
- Health professional or CCG representative should check the patient or individual has understood the information given and offer to answer any questions.
- A formal note should be made of any issues and areas of disagreement and reassurance given that they will be followed up.
- Ensure the patient or individual are fully aware of the formal complaints procedures.

It is essential that the following does not occur during the Being Open discussion – speculation; attribution of blame; denial of responsibility; provision of conflicting information from different individuals.

1.5. Follow up

- Patient or individual should be given a single point of contact for any questions or requests they may have. The lead should liaise with the Complaints Department and Legal Department to avoid confusion and duplication if formal procedures were instigated.
- Patient or individual should not receive conflicting information from different members of staff and the use of medical jargon should be avoided.
- The patient or individual should be informed of what steps are/will be taken to prevent a similar incident reoccurring (if known at this stage) and give an explanation about what will happen next in terms of the long term treatment plan and the findings of the investigation.
- Being Open is not a one-off event and regular follow up meetings should be arranged by the nominated lead to ensure that the patient their relatives or carers are kept updated. This is an important step in the process and there may need to be more than one follow-up discussion.
- Full minutes of the Being Open discussion meeting, which should be signed and dated by the Chair and all members of the panel present, should be shared with the patient or individual.
- Clarify in writing the information given; reiterating key points, recording action points and confirming assigned responsibilities and deadlines. Consideration should be given to providing written information in a translated format for patients whose first language is not English.

- Health professional or CCG representative should offer practical and emotional support to the patient their relatives or carers and provide written information. This may involve getting help from third parties such as voluntary organisations as well as offering more direct assistance.
- Information about the patient or individual and the incident should not normally be disclosed to third parties without their consent.

1.6 Overview of Process

Incident Detection or Recognition	Preliminary team discussion	Initial Being Open discussion	Follow Up discussions	Process completion
Detection and notification through appropriate systems.	Initial assessment Establish Timeline	Verbal and written apology Provide known facts to date. Offer practical and emotional support	Provide update on known facts at regular intervals.	Discuss findings of investigation and analysis Inform continuity of care. Share summary with relevant people.
Prompt and appropriate clinical care to prevent further harm	Choose who will lead communication	Identify next steps for keeping patient carers informed	Respond to queries	Monitor how action plan is implemented Communicate learning with staff.
Documentation	Provide written records of all Being Open discussions		Record investigation and analysis related to incident	

1.7 Documentation

Accurate documentation must be kept during the course of the investigation process. This should include:

- The time, place, date, and names of attendees at the meetings.
- The plan for providing further information to the patient their relatives or their carers.
- Any offers of assistance and the patient, relative, carer response.
- The questions raised by the patient their family or carers or their representatives and the answers given.
- The plans for follow up as discussed and the progress noted relating to the clinical situation, and an accurate summary of all the points explained to the patient their relatives or carers.
- Any copies of letters sent to the patient or other relevant documents.
- A copy of the incident report and a summary of the discussions of the meetings which has been shared with the patient or individual.
- Details of Being Open meetings and information exchanged should be included within the final Root Cause Analysis investigation report for the incident as this is required for the CCGs monitoring of performance and service improvement.

The documentation should be kept securely and responsibility for safe storage rests with the nominated lead.

1.8. Completing the Process

After completion of any investigation feedback to the patient or individual should take the form most acceptable to them. Whatever method is used, the communication should include:

- The chronology of clinical and other relevant facts
- Details of the patient's or individuals concerns and complaints.
- A repeated apology for the harm suffered and any shortcomings in the delivery of care that led to the patient safety incident.

- A summary of factors that contributed to the incident.
- Information on what has been and will be done to avoid a reoccurrence of the incident and how these improvements will be monitored.

It is expected that in most cases there will be a complete discussion of the findings of the investigation. A copy of the report should be offered to the patient. However in exceptional cases information may be withheld or restricted and the patient their relatives or carers will be informed of the reasons for this.

2. Continuity of Care

The CCG expects that patient or individual should be reassured that they will continue to be treated according to their clinical needs even in circumstances where there is a dispute between them and the healthcare team. They should also be informed that they have the right to continue their treatment elsewhere (as commissioned through the Choose and Book matrix) if they have lost confidence in the healthcare team involved in the incident.

3. Implementation

To implement Being Open successfully healthcare organisations need to have a culture that is open and fair with mechanisms in place to implement and embed the local Being Open Policy within risk management and clinical governance processes. The commissioning CCG will seek to encourage open and fair reporting of incidents from providers and will assist in Being Open processes where support is necessary. Nominated Executive level and Non-executive leads should be identified to lead the policy and communication flow downs with staff to ensure that Being Open is implemented across the whole healthcare organisation. Information about the organisations' policies should be made available to patients and public via websites and should be part of the publication scheme.

3.1. Professional Support

Line managers should be aware that in order to provide good support to patients an individual or team will require support during an investigation process and following discussion may need to be guided to the most suitable support mechanism for their needs. Advice may need to be sought from Occupational health and Human Resources Departments or CIC (Confidential Counselling Service). It should be remembered that staff in the majority of cases do not intend to cause harm. Senior clinical staff will need to be identified within provider organisations to mentor and support fellow clinicians.

Via these support networks staff should feel supported throughout the incident investigation as they may have been affected by being involved, and should not be unfairly exposed to punitive disciplinary action, increased medico-legal risk or any threat to their registration.

Health professionals and CCG representatives are therefore expected to be open about incidents they have been involved in, they are accountable for their actions and should feel able to talk to their colleagues and superiors about any incident and be treated fairly and supported when an incident happens.

To ensure a robust and consistent approach to an investigation it is advisable to use the National Reporting and Learning System's Incident Decision Tree to determine staff actions.

When there is reason for the healthcare organisation to believe a member of staff has committed a punitive or criminal act, the organisation should take steps to preserve its position and advise staff at an early stage to enable them to obtain separate legal advice and or representation.

3.2. Training

Being Open discussions require staff to be trained in the specific skills and techniques required in Being Open. Although experienced staff may hold many of these skills and some skills may be similar to those required in breaking bad news, the fundamental difference is that the patient has been harmed as a result of a patient safety incident or has made a serious complaint which forms a different context and perspective. Being Open training is provided to NHS organisations through the National Patient Safety Agency (NPSA) at a cost. The NPSA also provide an e-learning tool.

The CCG will ensure that staff are trained according to the roles and responsibilities in relation to this policy. Training on Being Open and Duty of Candour training will be added to the CCG's mandatory training programme.

Appendix B: Equality Impact Assessment

1	Does the policy /guidance affect one group less or more favourably than another on the basis of:	Yes/No	Comments
	Race	No	
	Ethnic Origin	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian gay and bi-sexual people.	No	
	Age	No	
	Disability (e.g. physical, sensory or learning)	No	
	Mental Health	No	
2	Is there any evidence that some groups are affected differently?	No	
3	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable.	No	
4	Is the impact of the policy/guidance likely to be negative.	No	
5	If so can the impact be avoided?	No	
6	What alternatives are there to achieving the policy/guidance without the impact?	No	