



**Public – To be published on the Trust external website**

# **Title: Producing patient and carer information**

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**Status: Ratified**

**Document type: Policy**

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## 1 Introduction

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Providing clear, accurate and accessible information to patients, families and carers is a key part of their experience with us. Our producing patient and carer information policy helps us to support patient safety by minimising risk as well as ensuring we provide quality, up to date reliable information which is appropriate to the individual's needs. It also provides staff with consistent, easy to use documents and materials.

This policy is critical to the delivery of trust's strategy, Our Journey To Change, and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver tow of our strategic goals as follows:

It supports the trust to co- create a great experience for all patients, carers and families from its diverse population, supporting patient safety by minimising risk as well as ensuring we provide quality, up to date reliable information which is appropriate to the individual's needs.

*It supports the trust to co-create a great experience for our colleagues, provide staff with consistent, easy to use documents and materials to share with patients, carers and families.*

This policy also reflects Our Journey to Change, by supporting its values..

Living our values is intrinsic to delivering Our Journey To Change. This policy helps us to provide patient and carer information that is **respectful**, developed to ensure it is accessible and inclusive and cocreated with involvement from colleagues, people in our care, families and carers. It helps us to produce supportive information, written in a way that is **compassionate**. It also provides guidance on how to produce **responsible** patient and carer information that is clear and accurate for patients, families and carers and is appropriate to their individual needs.

This policy also supports our Trust's strategic goals. It does this by providing guidance on how to produce patient and carer information that:

- Is high quality and accessible, helping service users manage their own health and care. This contributes towards a great experience for our patients, carers and families.
- Provides staff with consistent, easy to use documents and materials that they can share with patient, carers and families. This contributes towards a great experience for our colleagues.
- Provides assurance to our partners that we are providing high quality patient information. This contributes towards being a great partner.
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## 2 Why we need this policy

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## 2.1 Purpose

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- To have a consistent approach to producing and reviewing patient and carer information throughout the Trust.
- To make sure all information given to patients and carers is:
  - good quality, clear, relevant, evidence based, authoritative, complete and accurate
  - provided in an appropriate format to meet the individual's needs
  - authorised and approved
  - goes no longer than three years without being reviewed

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## 2.2 Objectives

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- Provide direction and promote good practice;
- Minimise risk to service users, carers, the public and staff;
- Provide patients and carers with accessible, quality, up to date reliable information which is appropriate to the individual's needs;
- Remove duplication of information;
- Provide staff with consistent, easy to use documents and materials that they can share with patients, families and carers.

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## 3 Scope

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### 3.1 Who this policy applies to

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- Staff who write, develop and/or review Trust-wide and service specific patient and carer information (called information authors / information owners).
- The communications team, which manages the patient and carer information production and review process.
- There are minor changes to this policy. In the previous review in 2017 members of the working party included the communications team along with input from members of the RPIW event (both internal and external) held in February 2016. We anticipate that this policy will be reviewed before the renewal date to reflect changes taking place across the organisation (in terms of structure and governance). At this time we'd look to review the process in a lot more detail and involve patients, carers, colleagues and others.

### 3.2 Roles and responsibilities

Role	Responsibility
Information author	<ul style="list-style-type: none"> <li>Follow the policy for producing patient and carer information.</li> <li>Respond to and incorporate (where relevant) feedback, views and comments about information.</li> <li>Seek approval from the relevant approval group (appendix 2).</li> <li>Seek approval from the relevant management team if the information is out of scope of this policy.</li> </ul>
Information owner	<ul style="list-style-type: none"> <li>Confirm that new information has been requested and that current information due for review is needed.</li> </ul>
Director of corporate affairs and involvement	<ul style="list-style-type: none"> <li>Lead director responsible for patient and carer information and ensuring compliance with this policy.</li> </ul>
Communications manager	<ul style="list-style-type: none"> <li>Lead management responsibility for patient information, ensuring compliance with this policy, and management responsibility for the communications team.</li> </ul>
Communications team	<ul style="list-style-type: none"> <li>First point of contact for staff wanting to develop patient and carer information.</li> <li>Ensure staff involved in producing patient and carer information are aware of, and comply with, this policy.</li> <li>Provide guidance and support for staff who write patient and carer information.</li> <li>Maintain a Trust-wide database of Trust approved patient and carer information.</li> <li>Manage the information review process.</li> </ul>
Service development managers	<ul style="list-style-type: none"> <li>To ensure that Trust-wide information is approved through the relevant speciality development group (or authorised subgroup).</li> </ul>
Managers in each area	<ul style="list-style-type: none"> <li>Make sure that patients in their care, and their carers, have access to up to date, relevant information.</li> <li>Make sure that staff are accessing information only from the folder on the T drive or Trust website.</li> <li>It is everyone's responsibility to make sure the information they give out is accurate and up-to-date.</li> </ul>
Clinical audit and effectiveness team	<ul style="list-style-type: none"> <li>Conduct an annual audit of the process to verify that the policy is being implemented and is effective.</li> </ul>

**It's everyone's responsibility to make sure the information they give out is accurate and up-to-date.** If you notice any information is wrong, or you believe it is unclear or misleading, please email the communications team [tewv.communications@nhs.net](mailto:tewv.communications@nhs.net)

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### 3.3 What this policy applies to

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#### The types of information which are included in the scope of the policy are:

- Clinical - about treatments, procedures, medication and therapies
- Service information
- General information about procedures, eg access to information, how to make a complaint
- Educational information on mental health conditions.

Information can be produced in various formats including:

- Leaflets
- Website content
- Ward information sheets
- Factsheets
- Audio / video clips
- Easy read – these leaflets are written in very simple language supported by visual illustrations, which can be useful for people with literacy issues or learning difficulties. They are produced in a recommended accessible font (Aerial) at 16 point or higher (the RNIB recommendation for large print).
- Other formats – and we would work with colleagues in other teams such as our deaf service for advice on appropriate formats

#### Alternative formats

Leaflets and factsheets can be requested in alternative fonts and point sizes to meet individual needs. Please email the communications team on [tewv.communications@nhs.net](mailto:tewv.communications@nhs.net)

Individuals viewing information on line can also adjust their personal settings in order to view information in their preferred style.

#### Alternative languages

A professional interpreter should be used for people whose language preference or need is other than English. A copy of the Trust's Interpreting and Translating Policy, along with guidance on how and when to book an interpreter can be found on our trust intranet.

Leaflets and factsheets are not produced in alternative languages as standard. If a translated leaflet is required, requests should be sent directly to Everyday Language Solutions and they will ensure that the department that is requesting the information is invoiced for this.

#### Audio

Leaflets and factsheets are not produced in audio formats as standard. If an audio format is required, requests should be sent directly to Everyday Language Solutions and they will ensure that the department that is requesting the information is invoiced for this.

If a leaflet is produced in an audio format, the communications team must be notified so that it can be included in the review schedule. A copy should also be supplied for filing in the trust-wide shared drive.

**The most important thing about patient and carer information is that it meets the needs of the people who use it. All Trust approved information now asks people to give us their feedback.** Service users may share their feedback directly with the staff involved in their care. If someone gives you feedback on any of our information, please email it to [tewv.communications@nhs.net](mailto:tewv.communications@nhs.net)

**What isn't patient and carer information:**

This isn't an exact list, but any information used for the following isn't included:

- Signposting people (e.g. appointment or discharge cards)
- Delivering care or treatment / clinical resources (e.g. workbooks, surveys or assessment documentation)
- Marketing (e.g. promotional material to advertise a service or group like a poster about a carers meeting)
- Video clips produced to support communications / promotional campaigns
- Information for professionals (e.g. how to refer to our services)

However, this kind of information should still be produced within the corporate style guidelines and/or on Trust templates. If you're unsure, please contact the communications team. Tel. 01325 552223 / Email. [tewv.communications@nhs.net](mailto:tewv.communications@nhs.net)

## 4 Policy

### 4.1 Definitions

A list of the terms used in this policy and what they mean.

Term	Definition
<b>Archive</b>	Information can be archived (taken out of the creation / review process) at various stages. If this happens it will no longer be available on the T drive or website.
<b>Change</b>	More significant changes may need to be taken to an approval group. These may include change in national guidance; changes to a policy; commissioning arrangements; changes to medication management.
<b>Digital information</b>	What constitutes digital information is constantly evolving. This may include things like information available on our website. It may also include videos, audio recordings, apps and social media.
<b>Information author</b>	A member of staff who is producing patient and carer information.
<b>Information owner</b>	Information owners are identified via a matrix of job roles. They make sure that information about their service is needed. They may allocate writing / updating information to an information author.

<b>Patient and carer information</b>	Any information, printed or digital, which is given to the people who use our services and/or their families, carers and supporters about our services, care, treatment, conditions. Information can be produced in various formats including leaflets, website content, ward information sheets, factsheets, easy read. Other formats can also be requested
<b>Printed information</b>	Printed information includes things like leaflets, flyers or posters.
<b>Review</b>	Regularly looking at patient and carer information to make sure that it is still relevant and up to date.
<b>Update</b>	If only small factual changes are needed, these may be actioned as an update. Updates do not require governance approval and can be made quickly. They may include things like updating a phone number. More significant 'changes' may need to be taken to an approval group.



## 4.2 Producing new patient and carer information

It's not always necessary to write new patient information. Staff should first check with the communications team whether any existing information can be used or adapted.

Who	What	Notes
Information author	Email your request for new information with draft text to <a href="mailto:tevv.communications@nhs.net">tevv.communications@nhs.net</a> using this form <a href="https://intranet.tevv.nhs.uk/patient-and-carer-information">https://intranet.tevv.nhs.uk/patient-and-carer-information</a>	If you're producing easy read information, also send your images with the text. These are available in <a href="#">T:Trustwide shared&gt; Patient and carer information</a>
Comms team	<b>Confirm that TEWV should produce this information.</b>	Is it already available from an expert organisation eg RCPsych, NHS Choices, Public Health England etc.
Comms team	Check if the information, or similar information which could be adapted, already exists.	<b>Current, Trust approved patient and carer information is available on the Trustwide <a href="#">shared drive (T:\Patient and carer information)</a>.</b>
Comms / information owner	Share request with information owner and confirm that they're happy this information is created.	Information owners are identified via a matrix of job roles (appendix 1)
Comms team	Give the information a reference number and add to schedule.	<b>If information isn't completed and approved within 3 months of the request date it will be archived.</b>
Comms team	Edit information to reflect the Trust corporate style and return to information author.	
Information author	Share with relevant people within service for comment and inform communications of any amends that are needed as a result of this.	Easy read material should be shared with the easy read advisory group (ERAG) for consideration.
Comms team	Make amends and send to information author and information owner, along with template approval form to take to relevant group for approval.	Approval groups are at appendix 2
Information owner	E-mail electronic approval form to communications with approval	
Comms	Upload the information onto the Trust template and check compliance with corporate style and standards.	
Comms	Version information on database.	
Comms	Upload to the Trustwide shared drive and create as a website page.	
Comms	Email information owner and information author confirming availability. Publicise in e-bulletin.	

### 4.3 Changing existing patient and carer information

Who	What	Notes
Information author	Email the changes you want making to <a href="mailto:tewv.communications@nhs.net">tewv.communications@nhs.net</a> with a note of the information title and reference number.	
Comms team	Assess if this is a small 'update' or a significant 'change'	<p>Updates do not require governance approval and may include an update to: contact details, team information, interventions offered, activity information, facilities information</p> <p>More significant changes may need to be taken to an approval group. These may include change in national guidance; changes to a policy; commissioning arrangements; changes to medication management.</p>
Comms team	<p><b>If it's an update:</b></p> <ol style="list-style-type: none"> <li>1. Make the changes to and reversion the leaflet, replacing it on the T drive and website.</li> <li>2. Re-version the information on the database and update archive date to 3 years hence. Notify information author and information owner that changes have been made and a new version is available.</li> </ol>	
Comms	<p><b>If it's a change:</b></p> <p>Make amends and send to information author and information owner, along with approval form to take to relevant group for approval.</p>	<p>Approval groups are at appendix 2</p> <p>We will let you know the outcome from this group.</p>
Information owner	E-mail electronic form to communications with approval	Send to <a href="mailto:tewv.communications@nhs.net">tewv.communications@nhs.net</a>
Comms	Advise information author of the outcome.	
Comms	Upload the information onto the Trust template and check compliance with corporate style and standards.	
Comms	Version information on the database	
Comms	Upload new version to the Trust-wide shared drive and remove old version. Update the web page with the new version	
Comms	Email information author and information owner confirming availability and publicise in e-bulletin.	

#### 4.4 Regularly reviewing existing patient and carer information

Who	What	Notes
Communications team	Contact information owners three months before their information is scheduled for archive to check if information is still needed.	All information has an archive date. This is three years from the date it was last versioned.
Information owner / author	Confirm that information is needed. If so, review the information and email any changes (or confirmation of no changes) to <a href="mailto:tewv.communications@nhs.net">tewv.communications@nhs.net</a>	If information has not undergone a full review within the indicated time scale it will be archived. Information that has been archived can be brought back into circulation, however this will need to undergo a full review and will need to be signed off by an approval group.
Comms team	<b>If there are no amends to make:</b> Reversion the information to signify a review has been completed. Update the log and replace the existing version with the new on the T drive and relevant web page with the new version details and dates.	The communications team can send you a <b>plain text, editable version of your information</b> if this is needed.
Comms team	If an amend is a small 'update': 1. Reversion and replace the leaflet on the T drive and the website page 2. Re-version the information on the database and update archive date to 3 years hence.	If only small 'factual' changes are needed, these may be actioned as an update. Updates do not require governance approval and can be made quickly. More significant 'changes' may need to be taken to an approval group.
Comms	<b>If it's a change:</b> Make amends and send to information author and information owner along with approval form to take to relevant group for approval.	Approval groups are at appendix 2.  We will let you know the outcome from this group.
Information owner	E-mail electronic form to communications with approval.	Send to <a href="mailto:tewv.communications@nhs.net">tewv.communications@nhs.net</a>
Comms	Advise information author of the outcome.	
Comms	Upload the information onto the Trust template and check compliance with corporate style and standards.	
Comms	Version information on the database.	
Comms	Replace old version with new on Trustwide shared drive and update relevant web page.	

Comms	Email information author and information owner confirming availability and publicise in e-bulletin.	
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## 4.5 Developing partnership patient and carer information

When patient and carer information is developed in conjunction with a partner organisation, it's important this information is managed in the same way our internally produced documents are, to ensure it is kept up to date.

**Where TEWV is the lead** in producing the information, the process outlined at 4.1, 4.2 and 4.3 should be followed. In addition, the information owner/author must liaise with their relevant counterpart at the partner organisation to agree the content.

**Where the partner organisation is the lead** in producing the leaflet, the following process should be followed:

Who	What
Information owner / TEWV contact	<b>Agree the content with the relevant counterpart in the partner organisation.</b>
Information owner / TEWV contact	<b>Send the draft leaflet to the communications team for checking at <a href="mailto:tewv.communications@nhs.net">tewv.communications@nhs.net</a></b>
Communications team	Check for appropriate style and joint branding (where applicable). Return to information owner with approval form.
Information owner / TEWV contact	<b>Send to relevant group for approval (approval groups are listed at appendix 2).</b>
Information owner / TEWV contact	<b>Agree the final content with the relevant counterpart in the partner organisation.</b>
Information owner / TEWV contact	<ul style="list-style-type: none"> <li>• <b>Send the final version of the leaflet to the communications team.</b></li> <li>• <b>Send a link showing where the leaflet will be located on the partners website.</b></li> </ul>
Communications team	<ul style="list-style-type: none"> <li>• <b>Allocate a reference number to the leaflet – this will begin with a P to denote it as a partnership leaflet.</b></li> <li>• <b>Add it to the PCI spreadsheet, including the link to the leaflets location on the partners website.</b></li> <li>• <b>Add a copy of the leaflet to the <a href="#">Trustwide shared drive</a> and the Trust website <a href="http://www.tewv.nhs.uk">www.tewv.nhs.uk</a></b></li> </ul>

The procedures outlined at 4.5 (accessing patient and carer information) and 4.6 (printing patient and carer information) should also be followed for partnership patient and carer information.

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## 4.6 Accessing patient and carer information

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Only TEWV information available on the [Trustwide shared drive](#) or Trust website [www.tewv.nhs.uk](http://www.tewv.nhs.uk) should be given to service users, families and carers.. Information that is not available on the Trustwide shared drive may be unapproved, archived or out of date.

Information is being updated all the time. To comply with this policy please don't:

- Save copies of patient information to local shared drives, upload it to inTouch or embed files into any documents. Instead identify leaflet references and hyperlink to their location on the Trustwide shared drive, or website.
- Mass print information and have large a stock of hard copy information.
- Keep a hard copy master version of information which you photocopy.

Unauthorised or unapproved information may be unhelpful, or in the most serious cases harmful.

Patients and carers told us the most important thing to them was that information was current, accurate and given to them when they needed it; they were less concerned with how this was presented and whether it was in an A5 leaflet.

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## 4.7 Printing patient and carer information

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Patient and carer information should be printed directly from the [Trustwide shared drive](#)

It should be printed:

- on the Trust A4 template (unless an alternative font size and style has been provided which prevents this)
- in black and white or colour
- double sided (if possible)

You may need to *handwrite / overprint / stick* on a label with some local, specific contact information into some of our documents eg for your team or service.

The A4 template makes it easier to print information, using any make or model of printer. It also avoids confusion in page ordering of printed documents and reduces time wasted in typesetting documents.

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## 5 Related documents

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All documents related to this policy can be found on the [Trustwide shared drive](#) or Trust website [www.tewv.nhs.uk](http://www.tewv.nhs.uk)

## 6 How this policy will be implemented

Implementation Action Plan				
Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
Publication on the trust website	Patient, carers, families and communities can access the policy	Update policy published February 2022	Communications team	Visible on website
Publicised through internal communication channels	Inform staff of the process and provide access to the policy	Ongoing from February 2022	Communications team	Visible in internal communications

### 6.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
None required			

## 7 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 No information is on the Tdrive / website which hasn't been reviewed for longer than three years.	All information has an archive date. This is three years from the date it was last versioned. Comms team contact information owners three months before their information is scheduled for archive to check if information is still needed.	Communications team huddles
2 No information is available on the Tdrive / website which hasn't been approved by a governance group.	No information is published until the electronic feedback form has been received from the relevant approval group	Communications team huddles

## 8 References

Producing patient information: How to research, develop and produce effective information resources, The King's Fund

## 9 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval:	16 February 2022	
Next review date:	16 February 2025	
This document replaces:	CORP/0020/v7 policy for patient and carer information	
This document was approved by:	Name of committee/group	Date
	Digital performance and assurance group	09 February 2022
This document was ratified by:	Name of committee/group	Date
	Senior Leadership Group	16 February 2022
An equality analysis was completed on this document on:	02 February 2022	
Document type	Public	
FOI Clause (Private documents only)	N/A	

### Change record

Version	Date	Amendment details	Status
7.1	10 Feb 2022	Full three year review. Transferred to new template. Minor amendments made to introduction, alternative languages/formats and to links	Ratified

## Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Corporate, corporate affairs and involvement, communications			
Policy (document/service) name	Producing patient and carer information			
Is the area being assessed a...	Policy/Strategy	x	Service/Business plan	Project
	Procedure/Guidance			Code of practice
	Other – Please state			
Geographical area covered	Trust-wide			
Aims and objectives	<p>To have a consistent and systematic approach to producing and reviewing patient and carer information throughout the Trust.</p> <p>To make sure all information given to patients and carers is:</p> <ul style="list-style-type: none"> <li>• good quality, clear, accessible, relevant, evidence based, authoritative, complete and accurate</li> <li>• authorised and approved</li> </ul> <p>goes no longer than three years without being reviewed</p>			
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	12 January 2022			
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	02 February2022			



**You must contact the EDHR team if you identify a negative impact - email [tevv.eandd@nhs.net](mailto:tevv.eandd@nhs.net)**

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?					
Patients, carers and staff					
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 Traveller)	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
<p><b>Yes</b> – Please describe anticipated negative impact/s</p> <p><b>No</b> – Please describe any positive impacts/s</p> <ul style="list-style-type: none"> <li>• Provide direction and promote good practice;</li> <li>• Minimise risk to service users, carers, the public and staff;</li> <li>• Provide patients and carers with quality, up to date reliable information;</li> <li>• Remove duplication of information;</li> <li>• Provide staff with consistent, easy to use documents to share with patients, families and carers.</li> </ul>					

- Regardless of a person’s protected characteristics, TEWV will ensure that all patients and carers will strive to ensure equality of access to information

<p>3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? <b>If ‘No’, why not?</b></p>	<p>Yes</p>	<p>x</p>	<p>No</p>	
<p><b>Sources of Information may include:</b></p> <ul style="list-style-type: none"> <li>• Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc.</li> <li>• Investigation findings</li> <li>• Trust Strategic Direction</li> <li>• Data collection/analysis</li> <li>• National Guidance/Reports</li> </ul>	<ul style="list-style-type: none"> <li>• Staff grievances</li> <li>• Media</li> <li>• Community Consultation/Consultation Groups</li> <li>• Internal Consultation</li> <li>• Research</li> <li>• Other (Please state below)</li> </ul>			
<p>4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership</p>				
<p><b>Yes</b> – Please describe the engagement and involvement that has taken place Consulted with wide range of staff and a carer representative during a week-long RPIW when policy was developed. Only minimal changes have been made to this policy.</p>				

<b>No</b> – Please describe future plans that you may have to engage and involve people from different groups

5. As part of this equality analysis have any training needs/service needs been identified?					
<b>No</b>	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>					

## Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Yes	
<b>3.</b>	<b>Development Process</b>		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	In previous versions – this has minimal updates
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	N/A	This isn't a clinical policy
	Are key references cited?	N/A	
	Are supporting documents referenced?	N/A	
<b>6.</b>	<b>Training</b>		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	N/A	No training needs are identified
<b>7.</b>	<b>Implementation and monitoring</b>		

	<b>Title of document being reviewed:</b>	<b>Yes/No/ Not applicable</b>	<b>Comments</b>
	Does the document identify how it will be implemented and monitored?	Yes	
<b>8.</b>	<b>Equality analysis</b>		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
<b>9.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Yes	
<b>10.</b>	<b>Publication</b>		
	Has the policy been reviewed for harm?	N/A	
	Does the document identify whether it is private or public?	Yes	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	