



Public – To be published on the Trust external website

Title: Requests For Information - how to make them and what we do

Ref: CORP-0006-001-v4

Status: Approval

Document type: Procedure

Overarching policy: [Information Governance Policy](#)

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1 Introduction

Requesting information is a legal right and there are several laws that support this right to information. This procedure will ensure that access to information is done in a timely and transparent way. There are occasions where we may not provide information, the details of this are contained in the relevant sections of this procedure.

This procedure supports Our Journey To Change specifically to co-create a great experience for our patients, carers and families. We make the content of patient records available to service users and this provides an opportunity for them to review and contribute to their records.

The Data Protection Act 2018 and Freedom of Information Act 2000, which underpin all aspects of information governance, give transparency to all aspects of the way that information is processed within the Trust.

2 Purpose

Following this procedure will help the Trust to comply with its legal obligations:

- Data protection law which includes the UK General Data Protection Regulation and Data Protection Act 2018
- Freedom of Information Act 2000
- Access to Health Records Act 1990
- Health and Social Care Act 2012
- Re-use of Public Sector Information Regulations 2015
- Environmental Information Regulations 2004
- Caldicott Revised Principles 2013

3 Who this procedure applies to

This procedure applies to any individual who wishes to access business and/or personal information held by TEWV. This includes members of the public and service users. The procedure also applies to staff requests for information about themselves under the Data Protection Act 2018. This procedure does not apply to non-identifiable information requests from partnering organisations.

The procedure applies to records held in any format.

4 Related documents

This procedure describes what you need to do to implement section 6.3 of the Information Governance Policy.

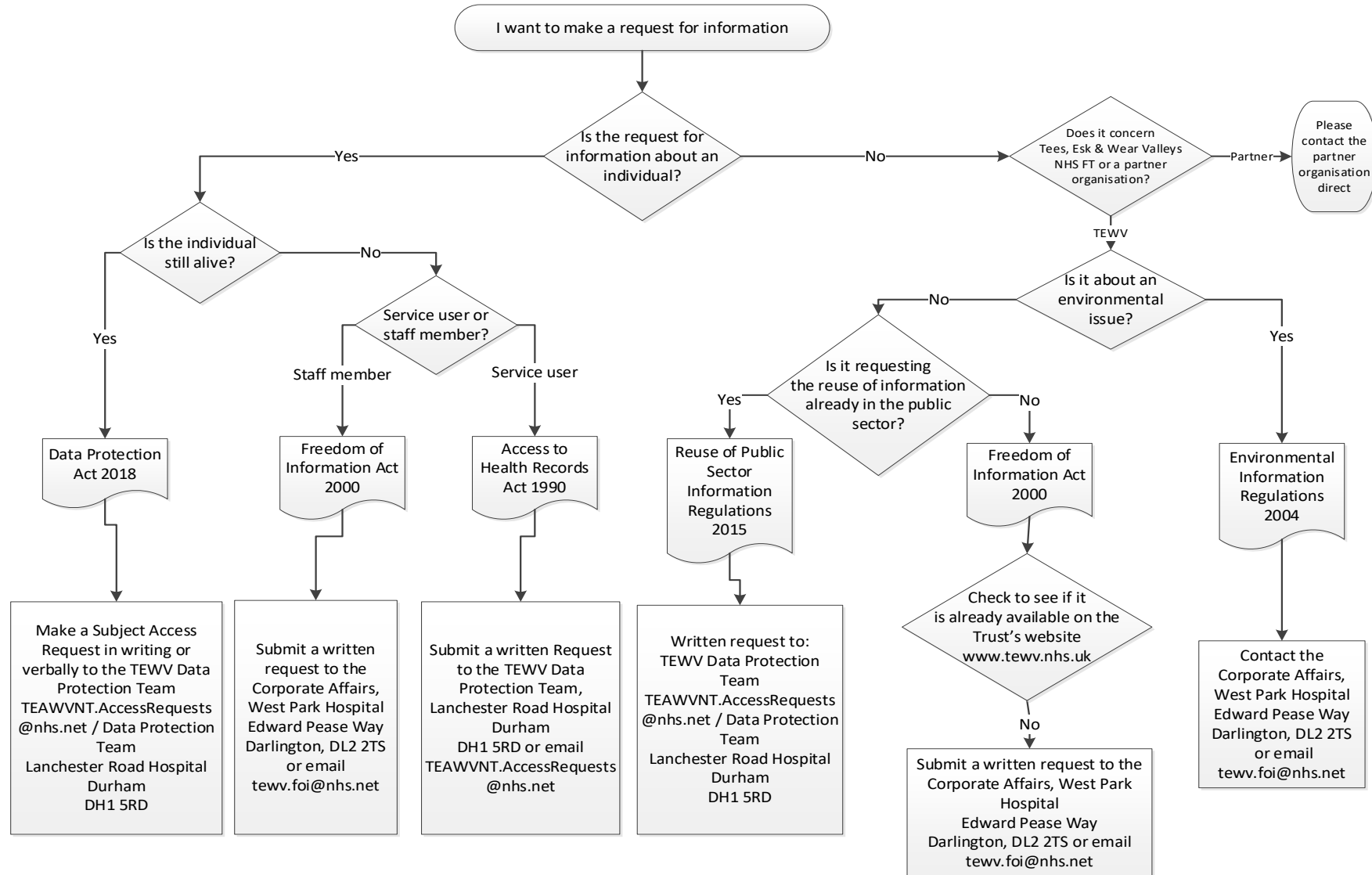


The Information Governance Policy defines control objectives which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:-

- ✓ Records Management Policy
- ✓ Confidentiality and Sharing Information policy
- ✓ Information Security and Risk Policy
- ✓ Minimum standards for clinical record keeping
- ✓ Minimum standards for corporate record keeping
- ✓ CCTV policy
- ✓ CCTV procedure

5 Process



6 Data Protection Act 2018 (DPA)

The Data Protection Act gives rights to individuals with respect to personal data held about them by others, these are: -

- Right to be informed - individuals have the right to be informed about the collection and use of their personal data.
- Right of access to personal data - individuals have the right to access and receive a copy of their personal data, and other supplementary information.
- Right to erasure - individuals may have personal data erased. Also known as the right to be forgotten.
- Right to restrict processing - individuals have the right to request the restriction or suppression of their personal data.
- Right to data portability - this allows individuals to obtain and reuse their personal data for their own purposes across different services.
- Right to rectification - the right for individuals to have inaccurate personal data rectified, or completed if it is incomplete.
- Right to object - gives individuals the right to object to the processing of their personal data in certain circumstances.
- Rights related to automated decision making and data profiling.

These rights are not necessarily 'absolute' rights and certain restrictions may apply.

The rights of access, erasure and rectification are managed by staff in the Trust's Data Protection Team: TEAWVNT.AccessRequests@nhs.net Other rights should be directed to the Trust's Data Protection Officer: tewv.dpo@nhs.net

The rest of this document focuses on the right of access under data protection law and the right to request information from a public authority under the Freedom of Information Act.

A Standard Operating Process (SOP) covers the right of access but the other rights do not have a SOP associated with their fulfilment. This is because each request has to be managed on a case-by case basis.

However, all data subject rights have to be managed within a legal deadline so they are all logged and acknowledged. The legal deadline is one month but we may extend this by a further two months if the request is complex.

7 Making a request for information

7.1 Making a request for personal information

7.1.1 Informal access to service user records

Informal access to a service user's own record involves viewing part of the record but not obtaining copies of the information.



Informal access is not covered in the Data Protection Act but the Trust supports this as long as clinicians and staff managers do not spend a disproportionate amount of time on this activity.

Service user records

Health professionals can share their own professional records with service users who are under their care with or without first consulting their manager. When a service user asks to view their health record, access is granted at the discretion of the clinician.

Informal access to healthcare records while the patient is still receiving care is encouraged when:-

- The viewing is supervised by the clinician;
- You do not disclose information of a sensitive nature if you believe it will cause harm to the patient/client;
- You do not disclose information recorded by another health professional unless they have compiled or contributed to the health records or have agreed to the disclosure;
- You do not disclose information that identifies another person without their consent.

Records must be checked before viewing to ensure all the above conditions can be met.

A clinician may refuse informal access on the following grounds:-

- They do not have time to review the records before the viewing to prevent disclosure of harmful information, entries made by other health professionals and third-party information;
- Requests are manifestly unfounded or manifestly excessive;
- Viewing may exacerbate the service user's illness/presentation.



Clinicians must document in the record when they allow and deny informal access and must record what has been viewed and reasons why viewing has been denied.

It is not necessary for informal access to be recorded by a Data Protection Assistant because viewing of personal information is not covered by the Act and is therefore not subject to the one- month legal deadline.

Staff records

Staff managers may allow informal access to information held in an individual's staff record. Managers must check that there is no third party information that would require consent before disclosure.

If an individual's viewing requests become manifestly unfounded or excessive then the clinician or staff manager should advise that access would be best facilitated by formal access through a formal request to the Data Protection Team.

The formal access route will allow individuals to request copies of their personal information.

7.1.2 Formal access



Requests can be made **in writing or made verbally**. We may ask requestors to complete an additional form to clarify their requirements if it is not clear what is being requested. Note that it is the responsibility of the recipient of the request to forward the request on to the Data Protection Team for processing as soon as possible. The legal deadline for disclosure begins as soon as a request is received into the organisation even if it is not first received by the Data Protection Team.

Requests for information under the DPA are known as Subject Access Requests (SARs) and should be made to the Trust's Data Protection Team.

Staff who have access to the Electronic Patient Record (EPR) and who are also service users with an EPR **must not** access their own EPR just because they can. Members of Trust staff who are also service users must request access to their paper and electronic patient record by requesting them through the formal request process.

Requests for information about living (patients and staff) and deceased individuals (patients only) must be made to the Trust's Data Protection Team which is part of the Information Governance Department.

Organisations have one month to comply with a request for personal information. This period may be extended by a period of one or two further months where necessary taking into account the complexity and number of requests made by any given applicant. We will write to the applicant to advise them if we have extended the deadline

Please contact:

Email: TEAWVNT.AccessRequests@nhs.net

Post: Data Protection Officer
Tarncroft
Lanchester Road Hospital
Lanchester Road
Durham, DH1 5RD

Tel: 0191 333 6330



A request for CCTV footage is a valid request for information. Verbal or written requests for CCTV will be processed by the Data Protection Team. Forms for requesting footage can be found on the [Trust's T:\ drive](#). A request for CCTV footage by the Police that is in relation to the investigation/detection of a crime does not require a Subject Access Request form.



Time is critical when processing requests for CCTV footage because the footage is only retained for 28 to 30 days. After this time it is automatically overwritten by the system. If you receive a verbal or written request for footage it must be copied immediately to avoid it being overwritten.

7.1.3 Requests from third parties

A service user with capacity may authorise a third party such as a solicitor or family member to seek access to their records on their behalf. The third party must provide proof that they are acting on the service user's behalf, *i.e.* they have consent from the service user and they must also provide proof of their identity. Consent must be freely given, specific and informed. We will take reasonable steps to ensure consent is freely given, such as talking to the service user about their request.

7.1.4 Where the service user is a child

Where the service user is under 18, any person with parental responsibility may apply for access to their record. Where more than one person has parental responsibility, each may independently exercise their right of access. Access will only be given with the child's consent, if the child is 13 years old and over and capable of understanding the impact of allowing parental access to their record. If the child lacks the capacity to understand the application, but access would be in his or her best interests, we will grant it.

If a child discloses information that they do not want shared with their parents or guardians we will respect their wishes unless there is risk associated with not sharing.

7.1.5 If the service user is incapable of managing their own affairs

Where the service user is incapable of managing their own affairs, a person appointed by a court to manage those affairs may seek access to the records. This must be:

- A registered lasting power of attorney for health and welfare or a power of attorney for property and affairs;
- A Court of Protection Order;
- A certificate of litigation friend – this needs to be filed with the Court at the time the claim is made

Access will be restricted to the information necessary for the appointee to carry out their functions.

7.1.6 If the service user is capable of making some decisions

Where a service user does have some capacity to make their own decisions the lead clinician will have to complete a capacity assessment of the service user's ability to decide whether they have the capacity to make their own decision regarding the sharing of their own personal information.

If the outcome of the assessment is that the service user is incapable of making the decision of whether to share or not to share then a best interests decision will be made. This will be organised by the lead clinician and will include key stakeholders such as carer(s).

7.1.7 Requests from the police

If the Police want copies of information from paper or electronic patient or staff records they must submit a completed Personal Data Request form. Consent from the data subject is not necessary as we rely on other legal bases for disclosure; UK GDPR Articles 6(1)(e) and 9(2)(g).

Article 6(1)(e):

processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller;

Article 9(2)(g):

processing is necessary for reasons of substantial public interest, on the basis of Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject

We must ensure that disclosures to the Police are relevant and proportionate and be mindful not to over-disclose. The Police may ask us for information but we don't have to provide any personal information if we do not think a disclosure would be relevant to the case in hand. However, if the Police (or any other requestor) produces a court Order for the disclosure of personal information we must comply with this.

The Police must complete a Personal Data Request form if they want copies of information from staff records.

7.2 Exemptions to the Data Protection Act

There are a number of reasons why we may not disclose information under DPA as requested. These include:-

- the responsible clinician considers that disclosure is likely to cause serious harm to the physical or mental health or condition of the data subject or any other person;
- the information is about or has come from third parties who have not given consent for their information to be disclosed;
- child abuse data

There are also a number of reasons we may share information that would otherwise be non-disclosable. These include:-

- the prevention or detection of crime;
- the apprehension or prosecution of offenders; and
- the assessment or collection of tax or duty.

8 Freedom of Information Act (FOI)

The Freedom of Information Act 2000 provides public access to information held by public authorities. It does this in two ways:

- public authorities are obliged to publish certain information about their activities, and
- members of the public are entitled to request information from public authorities.

The Act covers any recorded information that is held by a public authority in England, Wales and Northern Ireland, and by UK-wide public authorities based in Scotland. Information held by Scottish public authorities is covered by Scotland's own Freedom of Information (Scotland) Act 2002.

Requests for information under the Act will arise from two main sources	
Publication Scheme	<p>The Trust must make certain classes of information routinely available (usually via our website), such as policies and procedures, minutes of meetings, annual reports and financial information.</p> <p>We must respond within 5 days to routine information requests under the Publication Scheme</p> <p>The Corporate Affairs Department will review the Publication Scheme for the accuracy of the information it contains on an annual basis</p>
General right of access	<p>All other applications for information must be received in writing. This includes letters and emails.</p> <p>We must respond within 20 working days to information requests under the Act.</p>

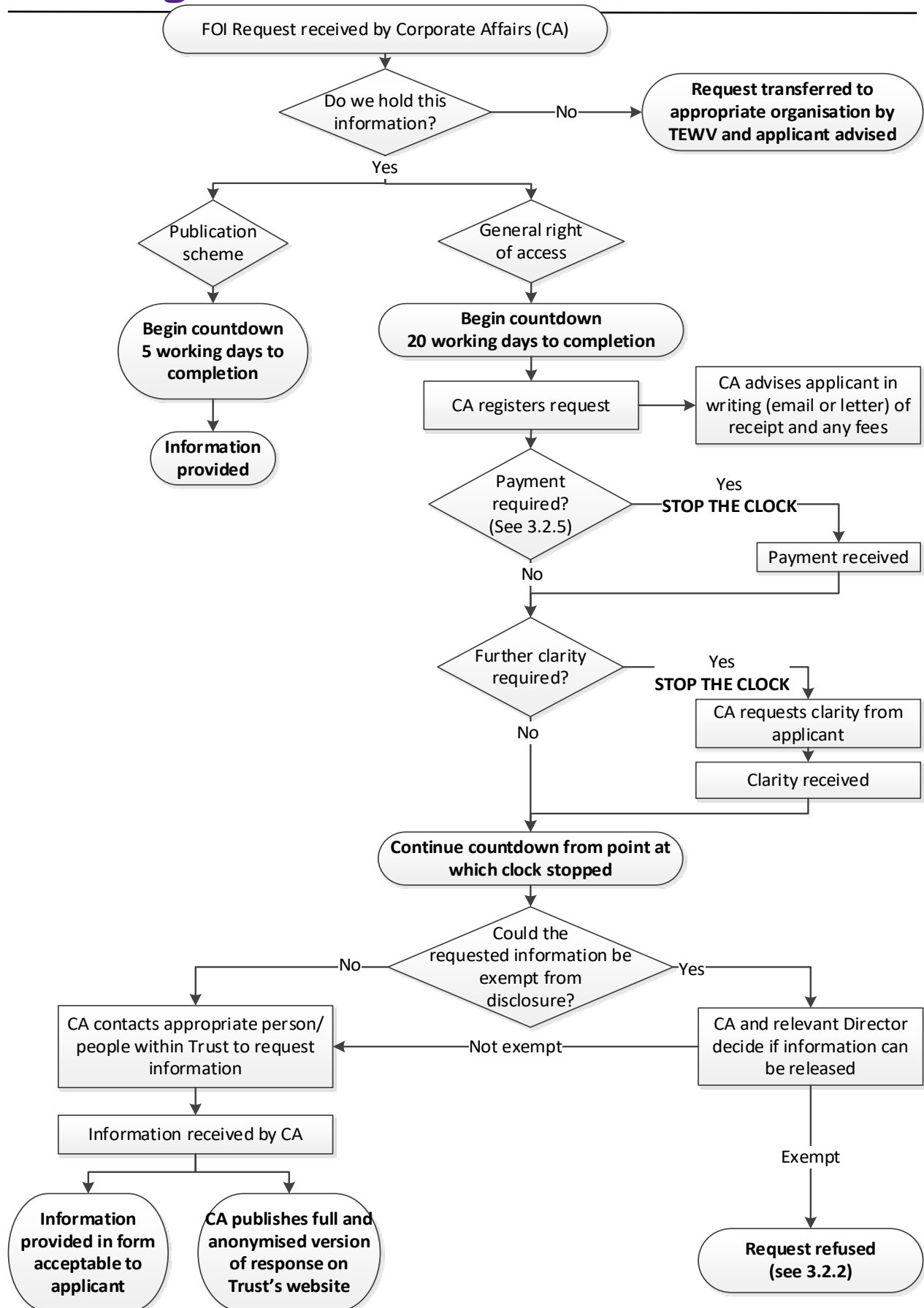
8.1 Making a request

The Head of Corporate Affairs is responsible for rights of access to information under the Freedom of Information Act 2000.

Contact details are:

Ann Bridges
Executive Director of Corporate Affairs and Involvement
Tees, Esk and Wear Valleys NHS Foundation Trust
West Park Hospital
Edward Pease Way
Darlington
DL2 2TS
Email: tewv.foi@nhs.net

The flow diagram on the next page describes the request process.



8.2 Refusing a request

Refusal may apply to all or part of the information requested by an applicant, if:

- the information is exempt from disclosure under Part II of the Act;
- the cost of compliance exceeds the appropriate limit;
- a fees notice or charge has not been paid within three months beginning on the day the fees notice was given to the applicant/the applicant was notified of the charge;
- the request is demonstrably vexatious or repeated.

If the Trust chooses to refuse a request for information under any of the above clauses, we will inform the applicant of:

- the relevant exemption that has been applied within twenty working days;
- the Trust's internal appeals process;
- their right to complain to the Information Commissioner following an internal appeal.

8.3 Transferring requests for information

If the Trust receives an FOI request and we only hold **part** of the information which it requests, the Corporate Affairs Department may request that remaining information from the third party or agency which owns or holds it to satisfy the request in full.



If the Trust holds information, regardless of whether or not we produced it, we are still obliged to provide it under FOI. We may, however, need to seek permission from the information owner to provide it.

8.4 Third party information

8.4.1 Where a request affects legal rights of a third party

Sometimes disclosing information needs the consent of a third party. In such cases we will seek their consent to the disclosure, unless such a consultation is not practicable, for example because the third party cannot be located or because the costs of consulting them would be disproportionate. In general we would not disclose but we do look at each case, on its own merits.

8.4.2 Consultation in non-legal circumstances

Where the interests of the third party do not give rise to legal rights, consultation may still be appropriate, e.g. in cases where the views of the third party may help the authority decide:

- Whether an exemption under the Act applies to the information requested; or
- Where the public interest lies under section 2 of the Act.

The Corporate Affairs Department may consider that consultation is not appropriate where the cost of consulting with third parties would be disproportionate. In such cases the most reasonable course of action will be taken to meet the requirements of the Act and the individual circumstances of the request.

Consultation will be unnecessary where:

- we do not intend to disclose the information relying on some other legitimate ground under the terms of the Act;
- the views of the third party can have no effect on the decision, for example, where there is other legislation that prevents or needs this information to be disclosed;
- no exemption applies and the information must be provided.

8.4.3 Consultation with a number of third parties

Where the interests of a number of third parties may be affected by a disclosure and those parties have a representative organisation which can express views on their behalf, the Corporate Affairs Department will consult with that representative organisation.

If there is no representative organisation, it may be sufficient to consult a representative sample of the third parties in question.

8.4.4 Where there is no response or a refusal to consent by the third party

A refusal to consent to disclosure, or a failure to respond to a request for consent by a third party, does not mean information should be withheld.

8.4.5 Accepting information in confidence from third parties

We will not agree to hold information received from third parties 'in confidence' which is not confidential in nature.

8.5 Charges and fees

8.5.1 Under the Publication Scheme

Information from the Trust's publication scheme that is available from the Trust's website or that can be transmitted by email will be provided free of charge.

Leaflets and brochures produced by the Trust will be provided free of charge. However, we will charge for hard copies of other information or copying onto media (e.g. USB drive). The charges will vary according to how the information is made available.

8.5.2 Under the General right of access

The Trust will levy a fee in line with Fees Regulations made under the Act for requests made under the general right of access.

8.5.3 Timescales

If a request is subject to a fee, the 'clock stops' to comply with the twenty working day timescale, only restarting upon payment.

Applicants will have three months beginning on the day they were given the Fees Notice/notified of the charge to pay the fee/charge.

In cases when we are unable to meet the 20 working-days deadline for Freedom of Information requests, we will always notify requestors prior to the 20 working-days time limit and provide an estimation of when they are likely to receive their response.

9 Access to Health Records Act 1990 (AHRA)



Our duty of confidentiality remains after a service user has died.

Under the Access to Health Records Act 1990, the personal representative of the deceased and people who may have a claim arising from the patient's death are permitted access to the records. This applies to information provided after November 1991. Disclosure will be limited to that which is relevant to the claim in question.

Where a death is sudden and unexpected, a limited amount of information about the circumstances of the death may be disclosed verbally to support grieving relatives. Records must be checked before any disclosure to check if the patient had requested that no information should be disclosed to family members. If this is documented in the patient record then no information may be disclosed about the patient's care and treatment.

Relatives do not have an absolute right of access to the records of deceased family members. Confidentiality applies after death and we only make disclosures to the executors of a will or an individual who has a grant of letters of administration.

9.1 Making a request

Requests made under AHRA must be made **in writing** to:

Data Protection Officer
Tarncroft
Lanchester Road Hospital
Lanchester Road
Durham, DH1 5RD
Email: TEAWVNT.AccessRequests@nhs.net

Telephone: 0191 333 6330

10 Environmental Information Regulations 2004 (EIR)

The Environmental Information Regulations 2004 provides public access to environmental information held by public authorities.

The Regulations do this in two ways:

- public authorities must make environmental information available proactively;
- members of the public are entitled to request environmental information from public authorities.

The Regulations apply only to the environmental information held by public authorities. The Freedom of Information Act 2000 gives people access to most other types of information held by public authorities. Only recorded and documented information can be taken into account when considering a request.

We do not have to create new information or speculate as to the future.

10.1 Making a request



Anyone can make a request for information under EIR and the request can be received in **any form** – it does not have to be in writing.

Requests under EIR should be made to:

Corporate Affairs Department
Tees, Esk and Wear Valleys NHS Foundation Trust
West Park Hospital
Edward Pease Way
Darlington
DL2 2TS
Email: tewv.foi@nhs.net

11 Re-use of Public Sector Information Regulations 2015 (ROPSI)

Public Sector Information (PSI) is information produced by central and local government or any other public body. Public sector information constitutes a vast, diverse and valuable pool of resources. Re-use of public sector information provides enormous opportunities for economic and social benefits, while also promoting transparency and accountability of the public sector.

By 're-use', we mean using a document or content for a purpose other than its original one. Anybody can ask to use any information we hold, recorded in any form, whether in writing or stored in electronic form or as a sound, visual or audio-visual recording, other than a computer program.

Under this Directive, information can only be re-used if:

- we own the intellectual property rights;
- you have our permission to re-use it; or
- it appears in the Information Asset Register.

11.1 Making a request

Requests for any further re-use under the Regulations (for example, if you want to reproduce our website material for commercial purposes) should be made **in writing**, specifying:

- the name of the applicant and an address for correspondence;
- the document or information requested; and
- the purpose for which the document or information is to be re-used.

Please direct your written requests to:

Data Protection Officer,
Tarncroft
Lanchester Road Hospital
Lanchester Road
Durham, DH1 5RD
Email: TEAWVNT.AccessRequests@nhs.net

12 Provision of information



All information will be provided in a format that meets the needs of the person requesting it. If you have any special needs please let us know.

13 Definitions

Term	Definition
Absolute exemption	Applied to information that does not have to be released to the applicant either through a Publication Scheme or through the general right of access under the Act. Information to which an absolute exemption applies does not require a public authority to take a test of prejudice or the balance of public interest to be in favour of nondisclosure. Reference to absolute exemptions can be found in Part I, section 2 and Part II of the Act.
Applicant	The individual(s), group or organisation requesting access to information under the Acts.
Appropriate Health Professional	The health professional who is currently, or was most recently, responsible for the clinical care of the data subject to whom the information requested relates.
Data Controller	<p>The person who (either jointly or in common with other persons) determines the purposes for which and the manner in which any personal data are, or are to be, processed</p> <p>The Data Controller is usually a company or organisation and is not an individual within that company or organisation.</p> <p>Tees, Esk and Wear Valleys NHS Foundation Trust is the data controller of all of the systems in use within this organisation and is registered with the Information Commissioner (formerly the Data Protection Commissioner) as such.</p>
Data Protection Officer	The representative of the data controller who is charged with ensuring compliance with the terms of the Act. The Officer is not the same as the controller. Note: he or she has no formal legal liability, although as an individual he or she should not break the law. In TEWV, the Head of Information Governance carries out the role of the Data Protection Officer.
Data Protection Assistant	A member of Trust staff who carries out the administrative tasks associated with requests for personal information.
Data Subject	Any living individual who is the subject of personal data.
Information Commissioner	The Information Commissioner enforces and oversees the Data Protection Act 2018 and the Freedom of Information Act 2000. The Commissioner is a United Kingdom (UK) independent supervisory authority reporting directly to the UK Parliament and has an international role as well as a national one. In the UK the Commissioner has a range of duties including the promotion of good information handling

	and the encouragement of codes of practice for data controllers, that is, anyone who decides how and why personal data, (information about identifiable, living individuals) are processed.
Processing	The act of obtaining, recording or holding information or data, or carrying out any operation or set of operations on that information or data.
Personal Data	Data that relates to a living individual who can be identified either from those data and/or other information that is in the possession of, or is likely to come into the possession of, the data controller. This includes any expression of opinion about the individual and any indication of the intentions of the data controller or any other person in respect of the individual
Personal Health Data	Data relating to the physical and / or mental health of a living individual.
Third Party Information	In relation to personal data, this means any person other than – (a) the data subject, (b) the data controller, or (c) any data processor or other person authorised to process data for the data controller or processor

14 How this procedure will be implemented

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

14.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Data Protection Officer	Data Protection Officer	Four days	Once
Data Protection Assistants	Refresher training	Half a day	Annually
Staff with key roles in:	Refresher training	Half a day	Annually

Information Security Information Risk Management Privacy Claims			
Information Asset Owners and Information Asset Administrators	Awareness Workshops	Half a day	Once

15 How the implementation of this procedure 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	The number of requests for personal information processed within the legal deadline.	Monthly	Digital Performance and Assurance Group

16 References

- [Freedom of Information Act 2000](#)
- [Code of Practice issued by the Lord Chancellor pursuant to section 45\(5\) of the Freedom of Information Act 2000](#)
- [Data Protection Act 2018](#)
- [Access to Health Records Act 1990](#)
- [Health and Social Care Act 2012](#)
- [Reuse of Public Sector Information Regulations 2015](#)
- [Environmental Information Regulations 2004](#)
- [Caldicott 2013](#)
- [Information Commissioner's Office Subject Access Code of Practice](#)

17 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	13 June 2025
Next review date	13 June 2028
This document replaces	CORP-0006-001-v3 Requests for Information
This document was approved	Information Governance Group – 16 April 2025
This document was approved	DPAG - 13 June 2025
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	08 May 2025
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
v3	15 Feb 2022	Full review with minor amendments including transfer to new template and removed reference to GDPR	Withdrawn
v4	13 Jun 2025	Full review with minor amendments to section 6.	Published

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Information Governance
Title	Requests for information procedure
Type	Procedure
Geographical area covered	Trustwide
Aims and objectives	To underpin the right of access to information through data protection and freedom of information laws.
Start date of Equality Analysis Screening	10/01/2025
End date of Equality Analysis Screening	08/05/2025

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All requestors of business and personal information (data subjects).
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO

	<ul style="list-style-type: none"> • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	None
Describe any positive impacts / Human Rights Implications	Disclosure of information fosters a culture of openness.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Laws and codes of practice
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No
If you answered Yes above, describe the engagement and involvement that has taken place	n/a
If you answered No above, describe future plans that you may have to engage and involve people from different groups	We will consider engaging individuals from Peer Support Group.

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No, other than what has already been identified in the procedure itself.
Describe any training needs for Trust staff	n/a
Describe any training needs for patients	n/a
Describe any training needs for contractors or other outside agencies	n/a

Check the information you have provided and ensure additional evidence can be provided if asked.

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
1. Title		
Is the title clear and unambiguous?	YES	
Is it clear whether the document is a guideline, policy, protocol or standard?	YES	
2. Rationale		
Are reasons for development of the document stated?	YES	Legal obligation
3. Development Process		
Are people involved in the development identified?	n/a	
Has relevant expertise has been sought/used?	YES	
Is there evidence of consultation with stakeholders and users?	NO	
Have any related documents or documents that are impacted by this change been identified and updated?	YES	
4. Content		
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	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	YES	
Are key references cited?	YES	
Are supporting documents referenced?	n/a	
6. Training		
Have training needs been considered?	YES	
Are training needs included in the document?	YES	
7. Implementation and monitoring		

Does the document identify how it will be implemented and monitored?	YES	
8. Equality analysis		
Has an equality analysis been completed for the document?	YES	
Have Equality and Diversity reviewed and approved the equality analysis?	NO	
9. Approval		
Does the document identify which committee/group will approve it?	YES	
10. Publication		
Has the policy been reviewed for harm?	YES	
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	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	YES	
Do all pictures and tables have meaningful alternative text?	YES	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	YES	