



Public – To be published on the Trust external website

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

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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 policy 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 General Data Protection Regulation 2016 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 5.3 of the Information Governance Policy.

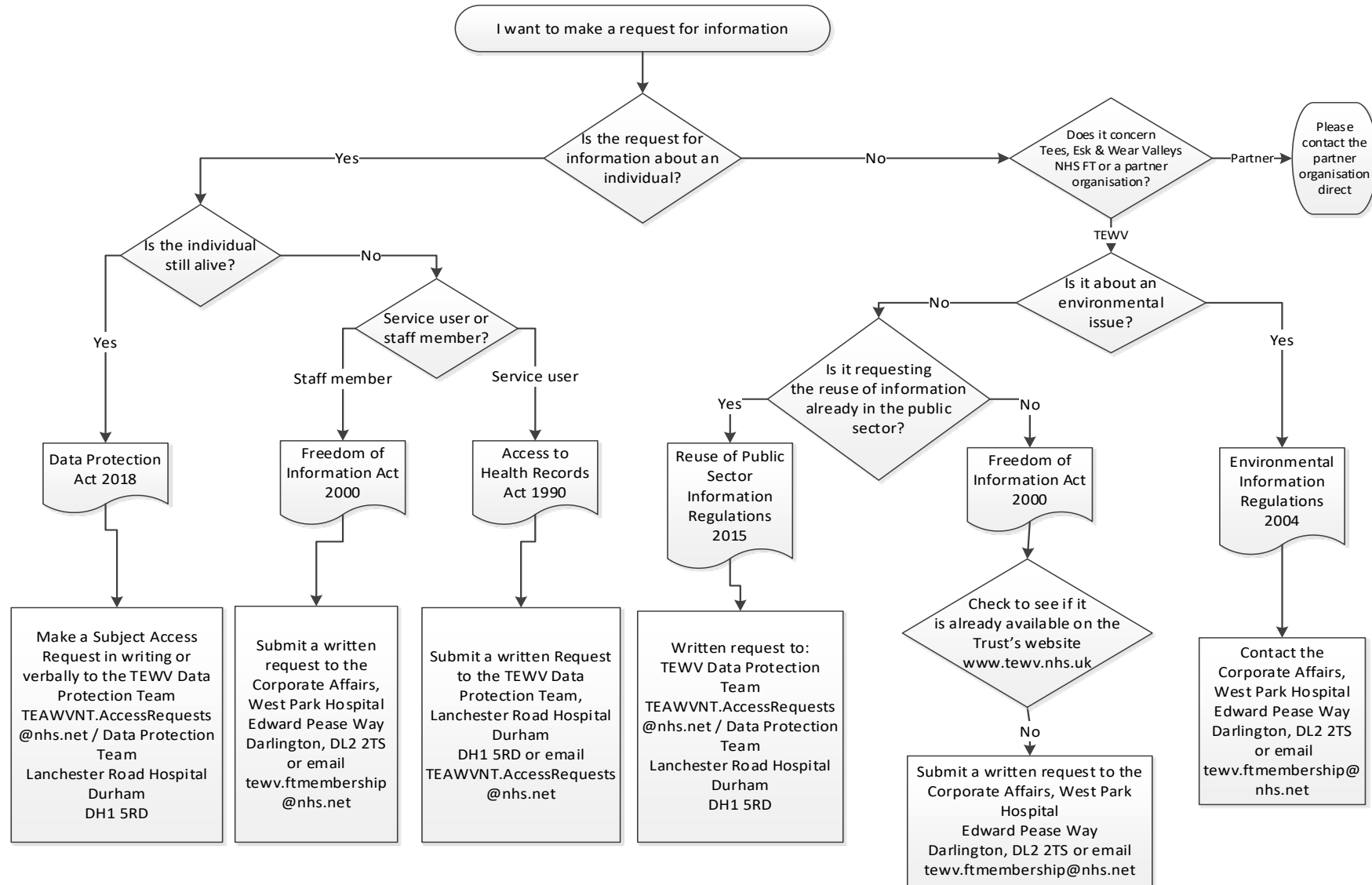


The Information Governance Policy defines control objectives which you must read, understand and be trained in before carrying out the procedures described in this document.

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 of access to personal data
- Right to prevent processing likely to cause damage or distress
- Right to prevent processing for the purposes of direct marketing
- Rights in relation to automated decision making
- Right to take action to rectify, block, erase or destroy inaccurate data
- Right to take action for compensation if the individual suffers damage by any contravention of the Act by the data controller
- Right to ask the Information Commissioner to assess if any provision of the Act has been contravened.

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

7 Making a request for information

7.1 Making a request for personal information

7.1.1 Informal access

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.

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 Paris and who are also service users with a Paris record must not access their own Paris record 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 requestor.

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. A series of 'still' images will be provided rather than 'moving' CCTV footage.



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.* has 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. In Scotland the age is 12 years old or over.

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 records they must submit a completed Personal Data Request form. Consent from the service user may or may not be required depending on the specific circumstances. The Police must also 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.

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>

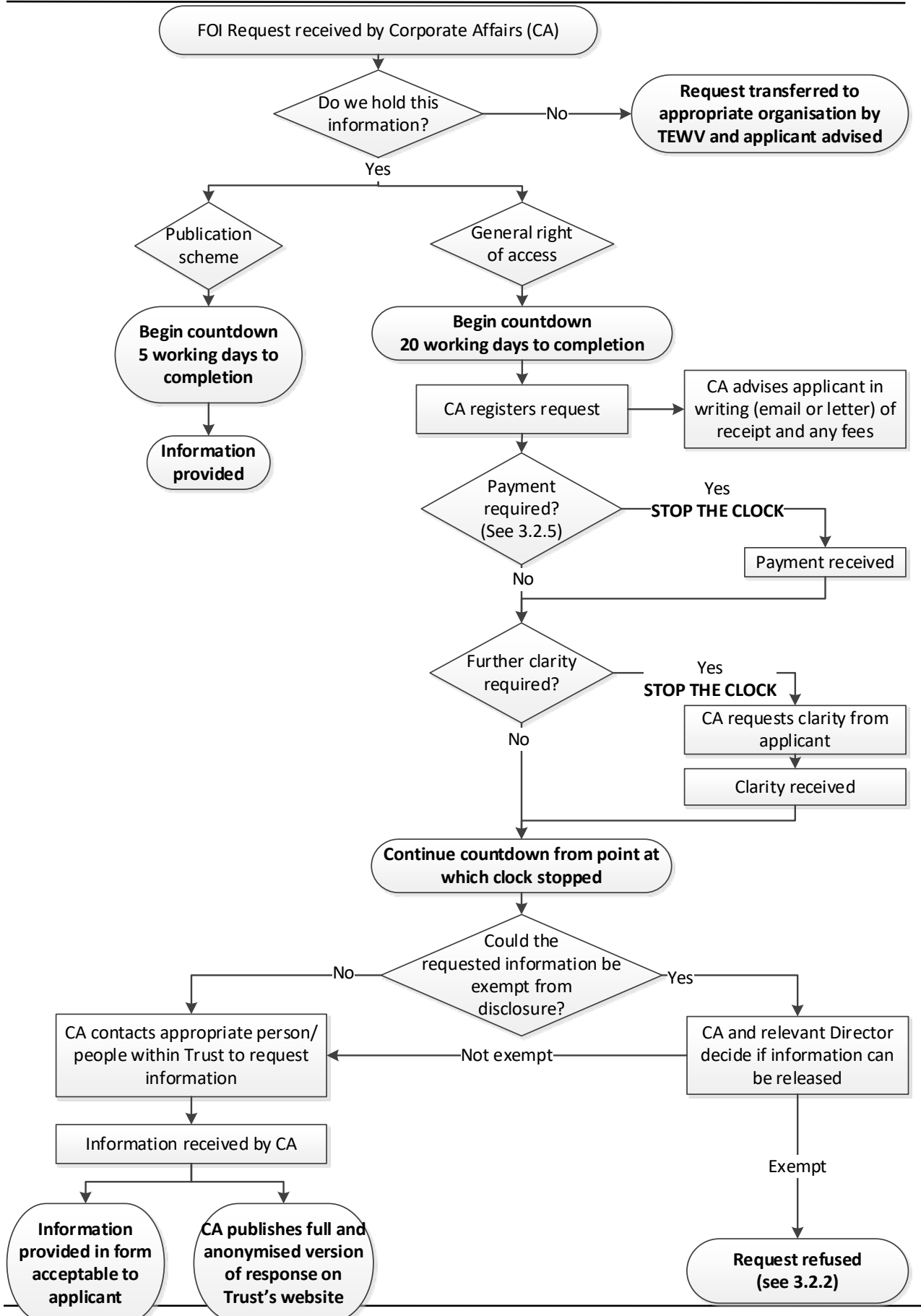
8.1 Making a request

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 Road
Darlington
DL2 2TS
Email: tewv.ftmembership@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. CD ROM). 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.

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 records 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
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 Road
Darlington
DL2 2TS
Email: tewv.ftmembership@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.

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	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 The Data Controller is usually a company or organisation and is not an individual within that company or organisation. 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.
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
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Data Protection Officer	Data Protection Officer	Four days	Once
Data Protection Assistants	Refresher training	Half a day	Annually
Staff with key roles in: Information Security Information Risk Management Privacy Claims	Refresher training	Half a day	Annually
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](#)

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- [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

Date of approval:	15 February 2022	
Next review date:	15 February 2025	
This document replaces:	CORP-0006-001-v2 Requests for Information	
This document was approved by:	Name of committee/group	Date
	Information Management Meeting	15 February 2022
An equality analysis was completed on this document on:	12/01/2022	
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	Approved

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.	Information Governance, Information Department				
Policy (document/service) name	Requests for Information procedure				
Is the area being assessed a...	Policy/Strategy		Service/Business plan		Project
	Procedure/Guidance			X	Code of practice
	Other – Please state				
Geographical area covered	Trustwide				
Aims and objectives	To ensure legal deadlines are met and to ensure that only legal disclosures are made.				
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	11/01/2022				
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)	12/01/2022				

You must contact the EDHR team if you identify a negative impact - email tevv.eandd@nhs.net

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?

This procedure will benefit all individuals who wish to access personal or business information. This could be service users and/or members of the public.

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?

Race (including Gypsy and Traveller)	No	Disability (includes physical, learning, mental health, sensory and medical disabilities)	No	Sex (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	Age (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners)	No

Yes – Please describe anticipated negative impact/s

No – Please describe any positive impacts/s

Disclosure of information shows how the trust maintains its record keeping standards. Disclosures will also show transparency of business activity. This should instil trust in TEWV's delivery of care and treatment and business activities.

<p>3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not?</p>	Yes	X	No	
<p>Sources of Information may include:</p> <ul style="list-style-type: none"> • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports 	<ul style="list-style-type: none"> • Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below) 			
<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>Yes – Please describe the engagement and involvement that has taken place</p>				
<p> </p>				
<p>No – Please describe future plans that you may have to engage and involve people from different groups</p>				
<p>We have engaged with service users and carers for reviewing other trust documents and in the future we will engage with service users and carers now that we have established a group that reviews policies and procedures.</p>				

5. As part of this equality analysis have any training needs/service needs been identified?					
No	Please describe the identified training needs/service needs below No new training needs have been identified but I recognise the need for staff training in processing requests for personal information.				
A training need has been identified for;					
Trust staff	Yes	Service users	No	Contractors or other outside agencies	No
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					

Appendix 2 – Approval checklist

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	yes	Requests for information
	Is it clear whether the document is a guideline, policy, protocol or standard?	yes	Yes, clear (procedure)
2.	Rationale		
	Are reasons for development of the document stated?	yes	Legal obligation
3.	Development Process		
	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	
	Have any related documents or documents that are impacted by this change been identified and updated?	n/a	
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	References section
	Are key references cited?	yes	References section
	Are supporting documents referenced?	yes	References section
6.	Training		
	Have training needs been considered?	yes	
	Are training needs included in the document?	yes	
7.	Implementation and monitoring		

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
	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?	yes	
9.	Approval		
	Does the document identify which committee/group will approve it?	yes	
10.	Publication		
	Has the document been reviewed for harm?	yes	No harm identified
	Does the document identify whether it is private or public?	yes	public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	