



Public – To be published on the Trust external website

Policies and procedures – guidance for writers

CORP-0001-001-v3.1

Status: Ratified

Document type: Procedure

Overarching policy: [Governance of Policies, Procedures, Protocols and Guidelines](#)

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1 Introduction

By the time they are published, policies and procedures are expensive documents in terms of the human and time resources needed to produce them.

The Trust therefore needs to ensure the documents in its policy portfolio:

- Are fit for purpose
- Have a clear rationale for their existence
- Are the correct type of document for their purpose
- Are written clearly and are understandable
- Involve the right people in their development.

The guidance gives suggestions for co-creation, not just in developing documents, but also piloting and testing to make sure they work in practice.

The guidance aims to ensure documents have a flow that naturally reflects [Our Journey To Change](#) (OJTC) through a holistic approach to development.

This guidance involved a time-limited working group of staff from difference clinical and corporate disciplines, both in its initial development and in embedding OJTC goals and values throughout.



Respect

- Listening
- Inclusive
- Working in partnership



Compassion

- Kind
- Supportive
- Recognising and Celebrating



Responsibility

- Honest
- Learning
- Ambitious

2 Why we need this guidance

Following this guidance will support writers in co-creating documents that:

- involve the right people
- are written in clear and inclusive language
- support the people they apply to.

2.1 Purpose

- To promote and enable a consistent and systematic approach to developing and writing policies, procedures, protocols throughout Tees, Esk Wear Valleys NHS Foundation Trust
- To ensure these documents have considered, involved and meet the needs of the population they serve.

2.2 Objectives

The objectives of this approach are to:

- help staff co-create 'good' documents
- promote good and safe practice
- provide staff with consistent, easy to use documents
- co-create and support a positive experience for our patients, carers and families, our staff and our partners.

3 Scope

3.1 Who this guidance applies to

The guidance applies to:

- Staff who develop, implement and review Trust-wide and service-specific clinical and corporate policies, procedures and protocols
- Staff who perform the Policy Coordinator role.

3.2 Limitations of this guidance

This guidance does not apply to documents which:

- have been created by a team or department; and which
- describe how that team/department or individuals in it perform their daily tasks.

This will include:

- Operational policies
- System specific policies
- Clinical operational policies
- Business Operational policies
- Standard Process Descriptions

However, it is good practice to apply the principles contained within this guidance and the overarching Governance of Policies to all assurance documentation.

3.3 Roles and responsibilities

Role	Responsibility
Policy leads	<ul style="list-style-type: none"> • Gain Management Group (MG) approval to develop policy before starting work (policies only - see Policy Scoping Template). • Register the policy/procedure with the Policy Coordinator • Either:

	<ul style="list-style-type: none"> ○ undertake the policy/procedure development; or ○ establish a time limited development group. ● Consider if input from specialist services is needed, e.g. when developing policies/procedures for older peoples, children and young people and learning disability services ● Carry out an Equality Analysis ● Ensure the policy/procedure follows the appropriate governance process, with support from the Policy Coordinator as needed ● Ensure the policy/procedure reflects National guidance (e.g., NICE), where appropriate.
Policy Coordinator	Assure the governance of policies and related documents as required by the Trust and regulators.

4 Document types

4.1 What is a policy?

- A plan or course of action to influence or determine decisions, actions or other matters
- A statement of principles and standards
- Tells us how the Trust will implement strategy
- Underpinned by law, standards or codes of practice
- Deals with what needs to happen and why, and who is responsible

Example policy statement:

The Trust implements policies that do not discriminate.

4.2 What is a process?

- A process outlines what to do to comply with policy
- Process gives more detail to what needs to happen.

Example process:

The policy lead carries out an Equality Analysis from the point of knowing a policy is needed until its ratification by MG. This process ensures the Trust implements policies that do not discriminate.

4.3 What is a procedure?

- A series of related steps designed to achieve:
 - A specific task
 - In a specified order
- Procedures accomplish the goals and directives of a related policy
- Deals with what action is carried out, who does it, how and when.

The Trust has procedures that describe how to:

- Use the Equality Analysis Toolkit
- Issue policies for consultation
- Deal with feedback
- Submit a policy for ratification.

4.4 What is a protocol?

- A local variation of a procedure
- E.g. CCTV protocol where cameras, recording equipment etc. vary from site to site

4.5 What is guidance?

- A rule or set of rules that tell us how to behave in a given situation
- Recommended practice, not compulsory or mandated
- Allows leeway in its interpretation, implementation or use
- If a document must be followed, and followed exactly, it is not guidance.

4.6 What are standard process descriptions?

- Standard work, usually developed via an improvement event
- As procedures, a standard process description (SPD) is a series of related steps designed to achieve:
 - A specific task
 - In a specified order
- A SPD also specifies time in minutes to show the standard time required by a trained staff member working at a normal pace, to help with planning and training.

5 Writing/review process

No.	Who	What	New documents	Amended documents
1	Policy Lead	Identify the need to develop a new policy/change and existing policy	✓	✓
2	Policy Lead	Complete a Policy Scoping Template (policies only)	✓	✗
3	Policy Lead	Submit completed Policy Scoping Template to Policy Coordinator	✓	✗
4	Policy Coordinator	Submits Policy Scoping Template to the Management Group (MG) for consideration	✓	✗

5	Policy Coordinator	Provide the Policy Lead with feedback following MG consideration of the Policy Scoping Document	✓	✗
6	Policy Coordinator	If the new document was given the go-ahead, or the document is not a policy, provides the Policy Lead with the document reference number and adds document to the policy register	✓	✗
7	Policy Lead	Start the Equality Analysis process. Read the equality analysis policy and the equality analysis guidance which can be located on the policies page on the intranet	✓	✓
8	Policy Lead	Request support on equality analysis from the EDHR team. Email tevw.eandd@nhs.net to make your appointment.	✓	✓
9	Policy Lead	Draw up a list of stakeholders/people/bodies you may need to consult for questions on legal matters, process, terminology etc.	✓	✓
10	Policy Lead	Identify who has final approval of the document	✓	✓
11	Policy Lead	Develop document using the template	✓	✓
12	Policy Lead	Complete the Equality Analysis (EA) process	✓	✓
13	Policy / Project Lead	If a new or changed process involving personal data is being introduced, contact tevw.dpia@nhs.net to see if a new Data Protection Impact Assessment is needed.	✓	✓
14	Policy Lead	Submit the completed document to the Policy Coordinator for QA check and EA review	✓	✓
15	Policy Lead	Submit the policy to the relevant sub-group for approval (see Policies and Procedures – Guidance for Writers)	✓	✓
16	Policy Coordinator	After approval, submit to the MG for ratification with a cover paper (all policies and those procedures that the responsible Director has requested have MG approval)	✓	✓
17	Policy Coordinator	Publishes via intranet and, when authorised, external website	✓	✓
18	Policy Lead	Disseminate and request implementation of policy/procedure	✓	✓

5.1 Policy scoping template

This is the mechanism for gaining Executive approval for a new policy to be written.

The purpose of the Policy Scoping Template is to:

- Ensure the policy that is to be produced:
 - is the most appropriate document type (e.g. should it be a procedure?);

- does not duplicate or overlap any existing documents
- Prevent waste of time and effort in producing documents which are subsequently rejected during the approval process.

The template is available via the [Templates](#) folder within the Policies section on the intranet.

5.2 Style, format and templates

The Trust has two approved templates:

- Policy template – for a definition of ‘Policy’, see [4.1](#)
- Procedure template – for a definition of ‘Procedure’, see [4.3](#). This template can also be used for protocols and guidelines.

Each template has pre-set defaults for heading styles and body text. When used properly, the template makes sure your document adheres to Trust and accessibility standards.

For help in using the templates, or if you are unsure which is the right template for your document type, contact the Policy Coordinator for advice.

5.3 Co-creation and time-limited working groups: creating, piloting and testing

Consider setting up a time limited working group of stakeholders relevant to the policy area. Think about including staff, service users, carers and families from specialist services for example older people, children and young people and learning disability services.

Involving operational staff in developing documents will ensure they work in practice.

If a document is being developed for a new area of work, consider undertaking a pilot or testing the document before implementation. Use feedback from the pilot exercise to improve the document and ensure that staff will follow it in practice.

A well-written document that has involved the right people will naturally reflect Our Journey To Change and meet the Trust’s strategic goals.

5.4 Definition of major and minor changes

Term	Definition	Full consultation?
Major change	A significant change in the document to address changes in legislation, working practices and processes, errors or omissions.	Yes

	Policy change in response to new/updated evidence-based National guidance. A major change will be reflected in the version number by increasing the digit before the decimal point, e.g. v5.0 to v6.0	
Minor change	Changes to address typographical or grammatical errors, contact details or small clarifications. A minor change will be reflected in the version number by increasing the digit after the decimal point, e.g. v5.1 to v5.2	No

5.5 Major Changes

No.	Who	What
1	Lead	Identify the need to change a document
2	Lead	Start the Equality Analysis process.
3	Lead	Draw up a list of stakeholders/people/bodies you may need to consult for questions on legal matters or terminology/use of templates etc.
4	Lead	Identify who has final approval of the document.
5	Lead	Review the draft document e.g. proofread, review layout, grammar and spelling, including content.
6	Lead	Complete the Equality Analysis process.
7	Lead	Submit the policy to the relevant sub-group for approval.
8	Policy Coordinator	Following approval, submit to MG for ratification with a cover paper (all policies and those procedures that the responsible Director has requested have MG approval)
9	Policy Coordinator	Publishes via intranet and, when authorised, external website
10	Lead	Disseminate and request implementation of policy/procedure.

5.6 Minor changes

No.	Who	What
1	Lead	Identify the need to change a document
2	Lead	Identify who has final approval of the document.

3	Lead	Review the draft document e.g. proofread, review layout, grammar and spelling, including content.
4	Lead	Submit the policy to the relevant sub-group for approval.
5	Policy Coordinator	Following approval, update the covering paper to MG noting the minor amendment
6	Policy Coordinator	Publishes via intranet and, when authorised, external website

5.7 Data Protection Impact Assessment

Data Protection Impact Assessment (DPIA) is a process for identifying and minimising the data protection risks of a project or change.



A DPIA **must** be carried out whenever there is a change that is likely to involve a new use of personal data, change of process or significantly change the way in which personal data is handled.

For advice on whether your new or changed document requires a DPIA, contact tevv.dpia@nhs.net for advice.

6 Inclusive language¹

Trust documents will use inclusive language, and avoid insensitive, archaic and non-inclusive terms. 'Inclusive language' means language that is interpreted as neutral or welcoming by everyone, regardless of their sex, gender, race, colour, religion, etc.

Clear and unambiguous language in Trust documents must convey only the intended meaning to all readers. This guidance will help you to write documents that are clear and inclusive, by avoiding terms with negative connotations.

6.1 What is negative connotation?

Negative connotation is a bad feeling or emotion that people get when hearing a specific word or phrase. Some terms:

- May alienate or exclude some people, even if no harm was intended.
- May have different meanings to different people based on their experiences and identities.
- Are offensive and promote bias or stereotypes regarding gender, age, ability, nationality, ethnicity, socio-economic status, sexual orientation, etc.
- Have multiple meanings, and sometimes the negative connotations are not associated with all the meanings.

¹ Adapted from [INCITS Code of Conduct](#)

If someone experiences negative connotations or associations with a term, then it is not inclusive and should be replaced.

There does not need to be agreement that a term has negative connotations; instead, there should be agreement that a term does **not** have negative connotations.

The author's belief that the negative term is acceptable, or the length of time that the term has been used, is not enough to justify its use.

6.1.1 Figurative language

Also known as 'a figure of speech', figurative language is the use of descriptive words, phrases and sentences to convey a message that means something without directly saying it.

Its creative wording can build imagery to deepen the audience's understanding and help provide power to words by using different emotional, visual and sensory connections. It can quickly conjure the ideas intended but can also have pitfalls.

Examples include raining cats and dogs or having green fingers.

If using figurative language, research any negative connotations, including international, multilingual, and multicultural contexts.

6.1.2 Anthropomorphizing language

Terms or phrases that attribute human characteristics or behaviours to things can lead to unintentional negative connotations.

An example of this would be 'the computer refused to work'. The computer itself hasn't refused to work – something is happening in the background that is preventing the computer doing what you want it to. In this example, blaming the computer is masking the root cause of the problem.

Avoid such language.

6.1.3 Identity-first and people-first language

The way people with certain attributes or conditions are described can have negative connotations. Different communities have different language preferences.

Some communities prefer identity-first language, i.e. describing people by their attributes or conditions (e.g. 'the blind', 'the Deaf'). Some communities prefer people-first language, i.e. describe what a person has (e.g. 'people with', 'people who').

Be conscious of and respect the preferences of different communities. Often, it is better to address needs and/or adaptations instead of talking about people (e.g. the need to understand dialogue nonverbally, or the use of captions to address that need).

6.1.4 Gendered language

In English language documents, avoid use of gendered language when not necessary.

When referring to someone or something, avoid associating a particular gender if the person or thing does not have a gender. For example, 'the user' should not be assumed to have a gender unless necessary.

When referring to a specific person or entity, use their preferred pronouns. Seek to learn the preferred pronouns if you are unsure.

6.2 Recognising terms with negative connotations

To decide if a term has negative connotations, consider:

- What are the explicit meanings of a term?
- What possible connotations could that term have?
- Are any of those connotations negative to any audience?
- In what context are the term(s) used that indicate the negative connotation?
- Is it the exact usage of the term(s) that evokes those connotations, or are there patterns of similar terms (e.g. plurals, conjugation)?
- Are there any exceptions where use of the term is acceptable?
- Will the term(s) have negative connotations when translated into other languages?
- Select recommended replacements to avoid negative connotative uses.

6.3 Moving from terms with negative connotations

When a term with negative connotations appears in a published document, it needs to be changed.

Sometimes, a term with a negative connotation is a standard in widespread use outside a particular document, for example a term with a precise and specialised meaning within a particular domain, field or profession. Simply changing the term in the document may reduce clarity.

An example is necessary gendered language such as male and female connectors used in plumbing and electrical work. Using alternative terms could confuse the professional who needs to purchase and/or use those connectors.

If the term is standard usage and is referred to in multiple places and documents, it may not be possible to avoid the term with negative connotations immediately. Instead:

- Identify existing usage of the term
- Minimize references to the term
- Introduce aliases for the term when possible and rewrite the document to use the alias, for example changing 'whitelist' to 'allowed list' and 'blacklist' to 'disallowed list'
- Consult with stakeholders to coordinate timely revisions.

6.4 Feedback

The topics discussed here are an evolving field and suggested improvements to this guidance are welcome. Send any feedback to tewv.policiesmailbox@nhs.net.

6.5 Plain English

General principles:

- Imagine you are talking to the reader. Use your knowledge of the average user of your information to determine the level of detail. Start at the beginning and explain every step in a logical order.

- Use every-day English. Explain technical or specialised words and less well-known acronyms by using a glossary definition.
- Use short words. Most words have an alternative. Choose the simplest one.
- Be concise. Always review what you have written and cut out unnecessary words.
- Keep sentences short. Stick to one main idea in a sentence. For a bullet point include one action only. Aim for an average of no more than 10-12 words per sentence. Variable sentence length can help to avoid monotony and add impact. However, try to avoid sentences of more than 20 words.
- Keep paragraphs short. Stick to one theme per paragraph. Try to avoid having more than 5 lines in a paragraph.
- Use active verbs whenever possible.
- Be specific. Don't say "It must be done", say who must do it.

Further guidance on using clear language can be found on the following websites:

<https://service-manual.nhs.uk/content>

<http://www.plainenglish.co.uk/>

7 Equality Analysis

7.1 What is equality analysis?

Equality analysis is a way of considering the effect of policies and procedures on different groups protected from discrimination by the Equality Act 2010 (the Act).



All public bodies have statutory duties under the Act to set out arrangements to analyse the effect of their policies and functions on equality for all protected characteristics.

An equality analysis considers if:

- There are any unintended consequences for some groups; and
- The document will be fully effective for all target groups
- Any equality and diversity training is needed to support implementation of the document.

7.2 What needs to happen?



The Trust **must** publish evidence of the analysis that was carried out to identify:

- whether policies or practices would further or have furthered the aims of the duty
- the information that they considered, and
- engagement undertaken when doing the analysis.



The policy lead **must** complete the Equality Analysis section of the policy/procedure template. The Equality and Diversity team can support this process if needed.

Supporting advice and guidance is available via the Equality Analysis toolkit (available on the Trust's Equality Intranet site). The toolkit helps policy makers consider all equality strands at the initial stage of developing and reviewing policies, and as part of the wider strategic approach to improving our services and developing policy.

8 Consultation

8.1 Why consult?

Consultation promotes a culture of openness and ensures that everyone is given an opportunity to influence policies and procedures that apply to them in their job role.

Consultation with employees is vital to ensure that:

- new arrangements work in practice,
- the views and experiences of those affected by them are taken into account, and innovative and creative options are considered.

Staff are also more likely to use a document if they have been involved in its development.

8.2 Consultation and the equality analysis process

Trust staff represent every protected characteristic as defined by the Equality Act 2010. Full consultation is an intrinsic part of the equality analysis process as it ensures that staff can raise concerns if a new policy or procedure impacts negatively on them because of their difference before it is introduced.

8.3 Who is included in consultation?

Consultation should be as wide as appropriate to the content of the document. The named director will advise the document lead(s) on who to include within the consultation process.


The Policy Coordinator circulates the draft document to all Information Asset Owners and Administrators for sharing within their own areas of work. The draft document is also circulated to the Trust's staff-side and anti-fraud representatives.

Full consultation also includes publishing draft documents to the Trust intranet for the period of consultation which is notified to all staff via Trust-wide all staff briefing.

The Trust is committed to including service users and carers during the development, review and consultation of policies. Document leads should involve service users and carers when appropriate.


When document leads forward a policy to an individual member of staff it should be made clear if they are responsible for further dissemination.

8.4 When do documents go out for full consultation?

- All new policies and Trust-wide procedures.
 - Documents that have undergone significant revision.
-  If you are unsure whether your document needs to go to full consultation, contact the Policy Coordinator for advice.

8.5 How long does consultation take?

The standard consultation period is six weeks, with the closing date notified. This allows time for dissemination and managers to take draft documents to team meetings and comments to be collated.

-  If a document is needed urgently (e.g. in response to legislation changes or high court ruling), the document lead and named Director might agree a shorter consultation period having weighed the risk of a shorter consultation period against the risk of delaying implementation of the change.

9 Definitions

Term	Definition
Term	Word or phrase that has a denotative meaning and might also have connotative meanings
Denotation, denotative	Intended or primary meaning of a term
Connotation	Meanings, ideas, feelings, imagery, emotions, or images inferred or invoked by a term in addition to the primary meaning of a term
Negative connotation	Defamatory, derogatory, exclusionary, or inaccurate meanings inferred or invoked by a term
Inclusive term	Term that avoids individuals' subjective experience of negative connotations and is perceived or likely to be perceived as neutral or welcoming by everyone, regardless of their sex, gender, race, colour, religion, etc
Term with negative connotations	Term that infers or invokes negative feelings, negative imagery, negative emotions, negative image, lack of belonging, or falsity
Identity-first language	Linguistic style that describes people in terms of their attributes or conditions
People-first language	Linguistic style that avoids describing people in terms of their attributes or conditions

10 References

[INCITS Code of Conduct](#)

<https://service-manual.nhs.uk/content>

<http://www.plainenglish.co.uk/>

11 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	14 December 2022
Next review date	14 December 2025
This document replaces	CORP-0001-001-v3 Policies and procedures -guidance for writers
This document was approved by	IG Group (DPIA content only)
This document was approved	15 June 2022
This document was approved by	Digital and Data Management Meeting (DPIA content only)
This document was approved	12 July 2022
This document was ratified by	Executive Directors
This document was ratified	14 December 2022
An equality analysis was completed on this policy on	06 December 2022
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
1	06 Jan 2016	New document	Withdrawn
2	25 Nov 2020	Revised to include review for harm and updated policy template. Minor amendments throughout.	Withdrawn
3	25 Aug 2021	Sections 1 and 2 revised in line with Our Journey To Change 5.3 Revised to include co-creation New section – 6. Inclusive Language Minor changes throughout to ensure the guidance itself in in line with OJTC. EIA positive impacts were amended to include involvement of people in developing documents.	Withdrawn
3.1	14 Dec 2022	Full review with minor amendments:- <ul style="list-style-type: none"> In response to ICO audit action clarified DPIA process. 	Ratified

		<ul style="list-style-type: none"> ○ Section '5 – Writing/review process' added item 15 - DPIA review ○ New Section 5.7 – Data Protection Impact Assessment • Updated names of groups to reflect restructure • Section 5 'Writing/review process' - clarified process for requesting support with equality analysis 	
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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

Section 1	Scope
Name of service area/directorate/department	Corporate Affairs and Involvement
Title	Policies and procedures – guidance for writers
Type	Procedure
Geographical area covered	Trust-wide
Aims and objectives	<p>To promote and enable an organisational and systematic approach to the development and writing of policies, procedures, protocols and guidelines throughout Tees, Esk Wear Valleys NHS Foundation Trust</p> <p>To ensure that Trust policies, procedures, protocols and guidelines are developed with the involvement of people and groups as appropriate to the content of the policy.</p> <p>To ensure documents are inclusive of the population they serve.</p> <p>To promote evidence-based practice and reduce variation across the Trust.</p>
Start date of Equality Analysis Screening	05 November 2022
End date of Equality Analysis Screening	06 December 2022

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All Trust policy authors
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<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, women and gender neutral etc.) NO

	<ul style="list-style-type: none"> • 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 beliefs) 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 • Veterans (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	None
Describe any positive impacts	Following this procedure and overarching policy ensures that all Trust policy and procedure documents give due consideration to all protected characteristics, that people and groups are involved in the development of the documents and that all new and significantly amended documents undergo full consultation.

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.)	See references section
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	Previous versions of the overarching policy have had full consultation that includes all Trust staff and would include individuals from each of the protected characteristic groups. The changes since this full consultation add rights under the Armed Forces Act 2021, add additional dissemination routes to benefit staff and clarify governance structure.

If you answered No above, describe future plans that you may have to engage and involve people from different groups	
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Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
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	
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?	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?	Yes	
6.	Training		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
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?	Yes	Approved by E & D 06 December 2022
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
10.	Publication		
	Has the document been reviewed for harm?	Yes	
	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	