

# Equality and Quality Impact Assessment (EQIA) Policy

This policy sets out the background and process for the completion of Quality & Equality Impact Assessments.

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*These are the key points for action from this policy:*

- Read this policy and understand your role
- A EQIA is required if the changes proposed will affect people who use Trust services or the workforce. Schemes or projects which do not affect these groups do not need an EQIA.
- **All** completed EQIA's **must** be sent to the Trust Lead for Equality, Diversity & Inclusion.

## Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1	February 2022	New policy
1.1	January 2025	Extension to expiry date to allow time for review process until April 2025

### 1. Definitions

1.1. <b>EQIA</b>	<p>(Quality &amp; Equality Impact Assessment) – the main balanced measures document used for assessing the impact of proposed service changes on clinical quality, equality and other services.</p> <p>1.1.1. The EQIA tool is an excel spreadsheet with tabs, checklist, narrative score and thresholds.</p>
1.2. <b>EIA</b>	<p>(Equality Impact Assessment) – the main part of the EQIA document, used for assessing the impact of proposed service changes by giving careful consideration to the nine protected characteristics as defined in the Equality Act 2010.</p> <p>1.2.1. The EIA tool is a tab within the EQIA Excel spread sheet.</p>
1.3 <b>NICE</b>	<p>(National Institute for Health and Clinical Excellence) - This is the NHS Department of Health organisation providing guidance on NHS clinical standards.</p>
1.4 <b>Leicestershire Partnership NHS Trust</b>	<p>The organisation providing Community and Mental Health services in Leicester, Leicestershire and Rutland.</p>
1.5 <b>SEB</b>	<p>(Strategic Executive Board) – one of the Trust’s boards responsible for governance of Trust business</p>
1.6 <b>FPC</b>	<p>(Financial and Performance Committee) – Trust committee responsible for oversight and approval of Trust business and service developments</p>
1.7 <b>QAC</b>	<p>(Quality Assurance Committee) – the Trust committee responsible for oversight and</p>

	approval of the clinical quality element of services and service development
1.8 <b>NQB</b>	(National Quality Board) – the NHS organisation (multi-stakeholder board) established to champion quality and ensure alignment in quality throughout the NHS. The NQB is a key aspect of the work to deliver high quality care for patients.
1.9 <b>CIP</b>	(Cost Improvement Programme) – the term used to describe a business or service development containing an element of cost saving or financial benefit to the Trust
1.10 <b>CQC</b>	(Care Quality Commission) – the Government organisation responsible for assessing NHS service providers to ensure clinical quality standards are met.
1.11 <b>Protected Characteristics</b>	The Equality Act 2010 protects people in nine protected characteristic groups from discrimination in the use of services and employment.
1.12 <b>Rater</b>	The person completing the impact scoring of components within the EQIA
1.13 <b>KPI</b>	<i>Key Performance Indicator</i> – the specific measures used to track whether a development meets its original requirements as outlined in the business case

## 2. Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

## 3. Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 6) of this policy

#### **4. Introduction**

The Trust requires a fit-for-purpose quality assessment-based process alongside financial assessment and transformation programmes, Cost improvement Plans (CIPs) and tenders.

The National Quality Board (NQB) issued guidance in 2012 outlining how quality of care should be assessed during the development of and implementation of Cost Improvement Plans (CIPs) to ensure proper scrutiny by provider boards and commissioning authorities.

The EQIA process provides a focus on quality, taking on board learning from reports such as Berwick (2013), Keogh (2013) and Francis (2013). It is to be used alongside the financial and business case for any proposed change. It is not designed to replicate these and should be considered a balance to the financial case.

The Trust is also required to undertake equality analysis when it makes significant changes to services and policies. We need to identify whether the proposed change will disadvantage or advantage any group, across any of the protected characteristics as defined by the Equality Act 2010

The principal tool for quality risk assessment is the Equality and Quality Impact Assessment (EQIA) which can be accessed from the link <https://staffnet.leicspart.nhs.uk/support-services/project-management-office-pmo/>

The secondary tool for equality impact assessment of policies, procedures and strategies is the Equality Impact Assessment (EIA) – Policy, Procedure and Strategy and can be accessed from the link in <https://staffnet.leicspart.nhs.uk/support-services/project-management-office-pmo/>

#### **5. Purpose**

The Trust EQIA tool uses an approach which tests the impact of a proposed change in service provision on the following areas: effectiveness of quality in patient care, equality in access and provision, patient safety and patient experience along with the impact of the change of other parts of the health and social care system. It seeks to ensure that fairness and accessibility is underpinning planning and provision.

The impact is tested using a standardised tool which is accesses in Appendix 3

This policy effectively details who is responsible for completing an EQIA and when it should be done.

Using this approach, we are better placed to meet our NQB obligations to provide a standardised approach regarding how quality of care is assessed during the development and implementation of Cost improvement Plans (CIPs) and other service developments/ transformation programmes.

This approach also allows proper scrutiny by the Trust itself, provider collaborative boards and commissioning bodies.

## **6. Scope**

Projects or service changes which may have a negative impact on quality and equality. This includes CIP schemes, transformation, changes to service delivery. All projects which are overseen by the transformation committee should have an EQIA completed unless there is a clear rationale where there will be no impact on quality or equality.

## **7. Duties within the Organisation**

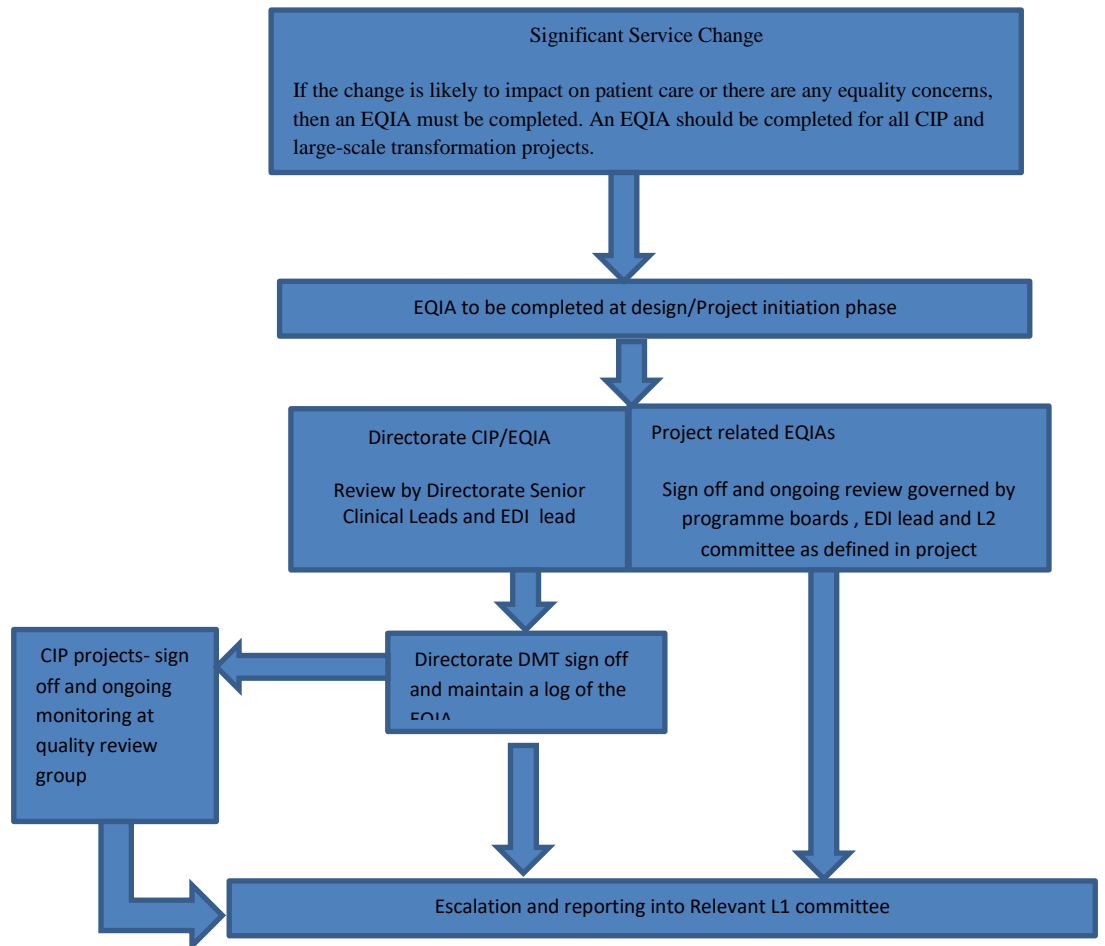
### **Role: Directorate Senior, Clinical and Service Managers**

**This is the main role which completes the EQIA for new schemes also referred to as accountable manager**

- The EQIA tool must be completed for new projects alongside a business case/CIPS/significant service change. Completion of the tool is the responsibility of the accountable manager of the proposed service change. This includes clinical and service managers.

### **Directorate projects with the EQIA process detailed below:**

- For Cost Improvement Plans (CIPs) and related Directorate projects the EQIA needs to be completed during the annual business planning cycle process prior to sign off along with a CIP proposal See appendix 2.
- For non-CIP related Directorate projects, the EQIA can be completed at any time during the planning of service developments which affect clinical quality. In this case the Directorate governance processes, and risk registers should be used internally to both approve and review the non-CIP EQIA along with any escalation to SEB or relevant Level 2 committee if required.



### Cost Improvement Plans (CIPs) and the EQIA process:

- For CIPs the EQIA status is also reviewed by a Quality Review Group which reports into Transformation Committee with an initial EQIA and quarterly reviews against the key indicators.

### Cross Directorate projects

- Cross directorate CIP and non-CIP EQIA completion is the responsibility of the accountable manager of the proposed service change which may be administered by a cross directorate project team. Ongoing EQIA reviews would be overseen by the cross-directorate project team until the project is closed and moves to business-as-usual quality governance.

### **Role: Clinical, Finance and Operations directors**

This role conducts reviews of EQIAs relating to schemes in development

- The role of the Medical/Nursing Directors is to hold accountability for final signoff of EQIAs. This accountability may be delegated to their relevant deputies.
- EQIAs within directorates should be signed off by the Clinical Director or Associate Medical Director. Operations directors and finance directors are responsible for ensuring RIQAs are undertaken for any CIP or any transformation related projects.
- The magnitude of the change (i.e. how many patients are affected and the overall duration) also affects which body/committee regularly reviews the EQIA. This will be different for small projects affecting few patients versus large projects affecting multiple directorates.

### **Role: Quality Assurance Committee (on behalf of Board)**

**This role receives a summary of EQIAs relating to CIPs for assurance that these have been undertaken and any escalation of concerns in relation to quality impact.**

- For CIPs this is prior to the end of the financial year. The role of QAC is to provide assurance on the governance and oversight of the EQIA process.

### **Role: Finance and Performance Committee (on behalf of Board)**

**This role approves the financial element for projects**

- This includes CIPs relating to schemes in development prior to end of financial year, or non-CIP schemes as necessary.

### **Role: Strategic Executive Board**

**This role receives and approves summaries of new CIP projects in development**

- CIP proposals (Which contain the EQIAs) prior to end of financial year.
- Reviews overall CIP schemes being delivered during the year.



- This role may also review non-CIP and cross directorate EQIAs should the accountable service manager or cross directorate project team deem necessary.

### **Role: Programme Management Office (PMO)**

The PMO supports directorates in developing CIP and non-CIP EQIAs and the relevant EQIAs during the annual business planning process prior to yearend sign off. The role also supports development of non-CIP and cross directorate projects as necessary.

See EQIA process flow chart for CIP related EQIAs at Appendix 2

### **Role: Equality, Diversity and Inclusion Groups**

This role notes the Equality Impact Assessment element of the EQIA for escalation of any recommendations to relevant Level 2 committees following assessment of trends arising from analysis of EIAs carried out by the Head of EDI. The Head of Equality, Diversity and Inclusion Lead will review all EIAs within the EQIA for new schemes and schemes being delivered throughout the financial year, to ensure all considerations have been made and remedial action considered where necessary.

It is the responsibility of the EQIA author to ensure that the Head of Equality, Diversity & Inclusion has sight of the EQIA in a timely manner once completed to ensure legal compliance. The Head of Equality, Diversity & Inclusion will assess and agree with the EQIA author that the document meets legal requirements. The Head of Equality, Diversity & Inclusion will then table EQIAs at the relevant Equality, Diversity and Inclusion Groups for information and note.

### **Role: Transformation Committee**

To ensure that EQIAs are completed and tracked for projects and where an EQIA is not completed there is a clear rationale.

### **Role: Quality Review Group**

To receive and confirm and challenge CIP and Transformation Committee project EQIAs.

## **8. What the EQIA covers**

The principal tool for risk assessment is the Equality and Quality Impact Assessment (EQIA). This is a Microsoft Excel based tool used by the groups outlined in the roles and responsibilities section 4 above. The tool can be accessed at <https://staffnet.leicspart.nhs.uk/support-services/project-management-office-pmo/>

A user-guide and a simple flowchart for completion are held within the tool itself. Further process guidance is found in Appendix 1 and 2 for CIP related EQIAs.

Completion of the tool is the responsibility of the accountable manager of the proposed service change as outlined in the roles and responsibilities in section 5.

The tool focusses on balanced risk and benefit from CIPs and other service developments, ensuring that Equality and Quality-related risks are identified and managed.

The tool tests the impact of a proposed change in service provision on the quality of fair and accessible patient care and in addition the impact of the change of other parts of the health and social care system. Impact is calculated using an impact rating which is calculated by multiplying the consequence rating (1-5) by the likelihood rating (1-5).

The Tool has five core components which are scored:

- a) Clinical effectiveness
- b) Patient safety
- c) Patient experience
- d) Staff experience /engagement
- e) Other quality impact

See also the detailed EQIA process outlined in Appendix 2.

## **9. When to complete the full EQIA**

The tool should be used if the change is likely to impact on patient care or there are any equality concerns an EQIA must be completed. An EQIA should be completed for all CIP and large-scale transformation projects.

The tool itself includes guidance notes and a flow chart covering the completion process.

Please refer to Appendix 1 for a quick guide to assess if an EQIA should be completed.

The consequences of not using the EQIA tool:

- The project may result in poorer clinical quality.
- The project would not meet its objectives in terms of measuring and understanding the impact on clinical quality.
- This could result in the Trust falling short of the National Quality Board requirements.
- This could leave the Trust exposed to legal or other challenges as a result of failure to address the impact of change on clinical quality.
- Failure to complete regular reviews would result in escalation to QAC
- This would result in a failure to comply with the Trust's policy.

- This may leave the Trust open to legal challenge in failing its Equality Duties.

## **10. Monitoring of EQIAs**

The Equality and Quality Impact Assessment process will be monitored by the following bodies:

### **Initial approval**

- Directorate Quality Assurance meetings – during the sign off of EQIAs under the annual planning process during project development.
- Level 2 committees for CIPs and transformation projects
- Head of Equality and Diversity – scrutiny of the EIA element for onward recommendation to relevant Level 2 committees. Where there is any negative impact identified a full EIA must be completed with support from the EDI lead and relevant patient groups. The Quarterly CIP EQIA highlight reports should also be shared with the EDI committee.
- QAC –will receive quarterly updates in EQIA status for CIP related EQIAs and also any escalation of quality concerns in relation to the transformation committee EQIAs.
- FPC – indirectly during the financial sign off of projects in development.
- SEB – indirectly via sign off of CIP schemes in development
- PMO - via support given during development and monitoring of business justifications including EQIAs

### **On-going monitoring**

It is the responsibility of the accountable officer to ensure EQIAs are reviewed and updated. For CIP EQIAs this will be quarterly. For other projects this will be determined by the project times line.

- Directorates – via internal EQIA reviews at directorate governance meetings (CIP and non-CIP), via monthly CIP checkpoint reports and Q&S scheduled reporting to PMO.
- Equality, Diversity and Inclusion Groups –quarterly as part of the standard agenda
- Relevant level 2 committee for example, for transformation and CIP programmes this will be the transformation committee, for workforce this would be the Strategic Workforce Committee.
- QAC – escalation via quarterly CIP EQIA reviews using the work schedule and as necessary for other developments or by exception.
- SEB – indirectly via monthly CIP report
- PMO – via the PMO framework for non-CIP programme and project EQIAs

## 11. Training Needs

There are no training needs for this policy.

## 12. Monitoring

Monitoring of the adherence to the policy will be by the Transformation Committee.

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
	Annual	Completion for tracker notes EQIA status	Annual review of committee	Transformation committee and PMO	Annual

## 13. Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
<p>Good Governance</p> <p>The provider of your care must have plans that ensure they can meet these standards.</p> <p>They must have effective governance and systems to check on the quality and safety of care. These must help the service improve and reduce any risks to your health, safety and welfare.</p>	<p>All CIP, transformation projects or significant service level changes must have an EQIA, which is reviewed as required.</p> <p>Evidence of signoff of the EQIAs by the relevant leads and or committees.</p>

## 14. References and Bibliography

Berwick D (2013) A promise to learn – a commitment to act: improving the safety of patients in England. London: Department of Health.

Francis, R., (2013). Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Executive summary.

Keogh B (2013) Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report. London: NHS England.

National Quality Boards Guidance for Cost Improvement Programmes available at [How to Quality Impact Assess Provider Cost Improvement Plans \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/424242/How_to_Quality_Impact_Assess_Provider_Cost_Improvement_Plans.pdf)

NHSE Delivering sustainable cost improvement programmes available at [Sustainable cost improvement programmes for the NHS - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/sustainable-cost-improvement-programmes-for-the-nhs)

## Appendix 1 – Do I need to complete an EQIA?

An EQIA should be completed when a permanent or temporary change to the pattern of service delivery is caused. For project overseen by the transformation committee it is likely this will require an EQIA unless it is agreed that there will be no impact on quality or equality by the Quality Review Group.

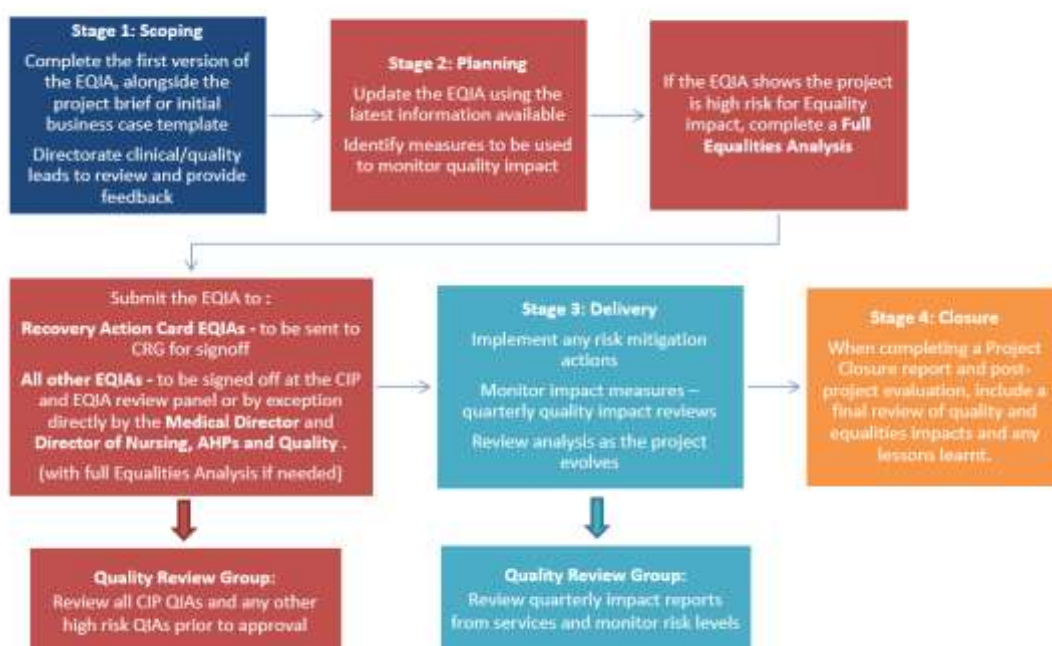
The EQIA examines the extent to which a policy or strategy (including strategic decisions, service or function) may impact, either negatively or positively, or have limited impact on any groups of the community and, where appropriate, recommends alternative mitigation measures to ensure equal access to services and opportunities.

Impact assessment is a continuous process to help decision makers fully think through and understand the consequences of possible and actual impacts on quality, equality, wider health and social care organisations and other relevant system impacts within commissioning decisions, business cases, projects and other business plans.

If the proposed changes will **ADVERSELY AFFECT** any of the following 6 categories, an EQIA **must** be completed, and potential impact documented and addressed. This must then be reviewed at agreed intervals during the project lifecycle.

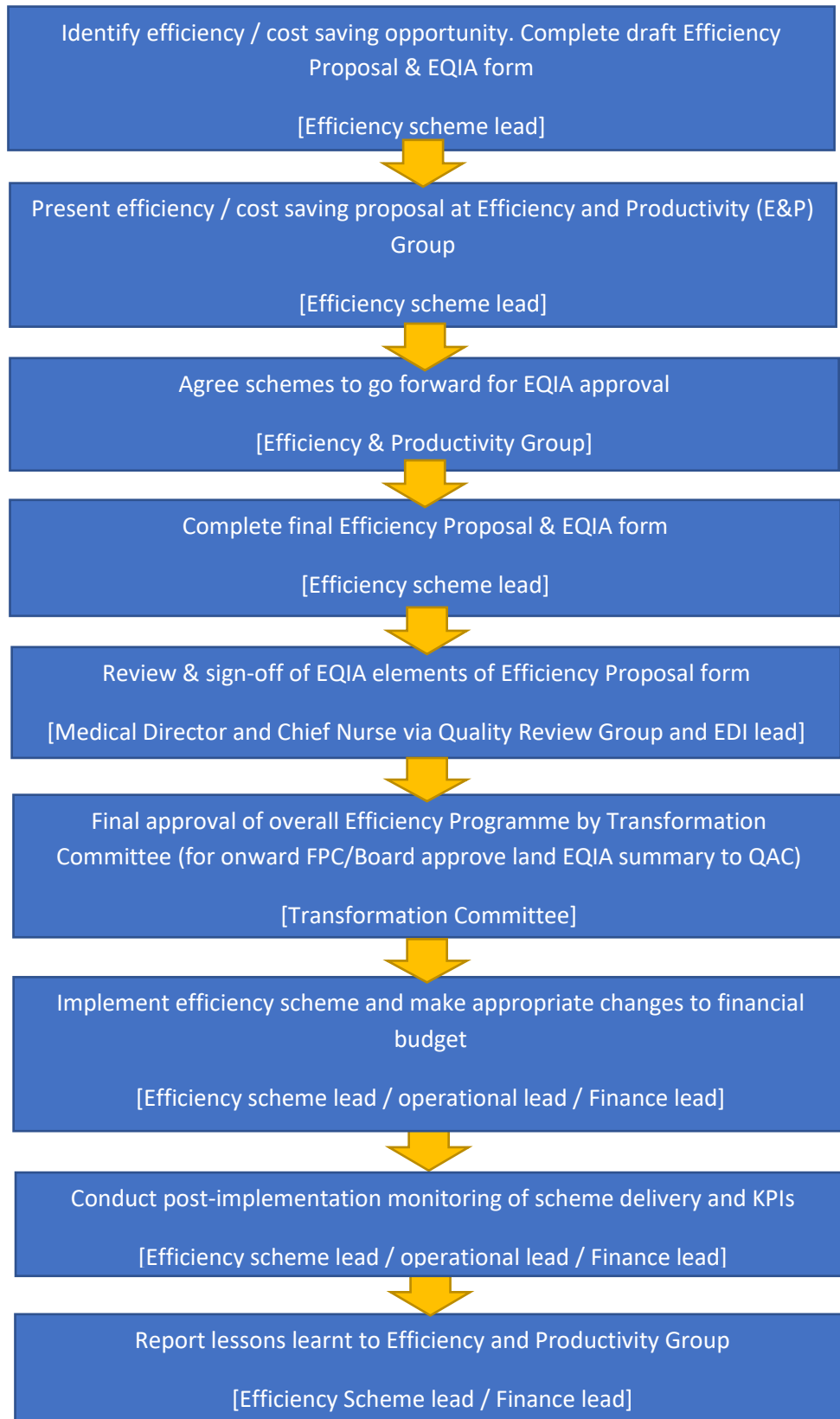
1.	Adversely affect patient safety or clinical effectiveness	<input type="checkbox"/>
2.	Adversely affect compliance with statutory/regulatory requirements e.g. NICE requirements, CQC, Equality Act, Care Act etc.	<input type="checkbox"/>
3.	Adversely affect patient experience	<input type="checkbox"/>
4.	Adversely affect staff experience	<input type="checkbox"/>
5.	Adversely affect access to services	<input type="checkbox"/>
6.	Adversely affect some people with protected characteristics.	<input type="checkbox"/>

### EQIA tasks aligned to project gateway stages



**Appendix 2 – Equality and Quality Impact Assessment Process for CIP related EQIA illustrating the monthly CIP process.**

- **Actions directed by Efficiency and Productivity Group**
- **Oversight provided by Transformation Committee**



## Appendix 3 – EQIA tool and guidance

<https://staffnet.leicspart.nhs.uk/support-services/project-management-office-pmo/>



## The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

<b>Shape its services around the needs and preferences of individual patients, their families and their carers</b>	<input type="checkbox"/> X
<b>Respond to different needs of different sectors of the population</b>	<input type="checkbox"/> X
<b>Work continuously to improve quality services and to minimise errors</b>	<input type="checkbox"/> X
<b>Support and value its staff</b>	<input type="checkbox"/> X
<b>Work together with others to ensure a seamless service for patients</b>	<input type="checkbox"/> X
<b>Help keep people healthy and work to reduce health inequalities</b>	<input type="checkbox"/> X
<b>Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance</b>	<input type="checkbox"/> X

**Stakeholders and Consultation**

**Key individuals involved in developing the document**

<b>Name</b>	<b>Designation</b>
Deanne Rennie,	Associate Director for AHPs and Quality
Gemma Barfoot,	Head of Programme Management
Sharon Murphy,	Interim Finance Director
Kate Dyer,	Deputy Director of Governance and Risk
Haseeb Ahmad	Head of Equalities and Diversity and inclusion
Sudip Ghosh	Deputy Medical Director

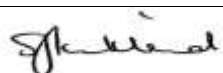
**Circulated to the following individuals for comment**

Members of the transformation Committee
Directorate Management Teams
Medical Director
Director of Nursing, AHPs and Quality
Chair of Quality Assurance Committee
Directorate Heads of Nursing

## Due Regard Screening Template

Section 1			
Name of activity/proposal		Equality and Quality impact Assessment Policy	
Date Screening commenced		10/02/2022	
Directorate / Service carrying out the assessment		Quality	
Name and role of person undertaking this Due Regard (Equality Analysis)		Deanne Rennie	
<b>Give an overview of the aims, objectives and purpose of the proposal:</b>			
<b>AIMS:</b>			
To strengthen the oversight of Equality and quality for CIPS, and transformation projects across the Trust			
<b>OBJECTIVES:</b>			
To define a clear rationale for when an EQIA should be completed			
To ensure consistency of the use of tools			
TO sign post to in depth equality impact assessments as required.			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Age	Positive as strengthening the project and CIP process to include Equality impacts		
Disability	As above		
Gender reassignment	As above		
Marriage & Civil Partnership	As above		
Pregnancy & Maternity	As above		
Race	As above		
Religion and Belief	As above		
Sex	As above		
Sexual Orientation	As above		
Other equality groups?	As above		
Section 3			
<b>Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.</b>			
Yes		No	
High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B		Low risk: Go to Section 4.	<b>X</b>
Section 4			
<b>If this proposal is low risk, please give evidence or justification for how you reached this decision:</b>			
This will strengthen assessments and include wider consideration including CIPS			
<b>Signed by reviewer/assessor</b>	Deanne Rennie	<b>Date</b>	10/02/2022
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
<b>Head of Service Signed</b>		<b>Date</b>	

### DATA PRIVACY IMPACT ASSESSMENT SCREENING

<p><b>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</b></p> <p><b>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</b></p>		
<b>Name of Document:</b>	Equality and Quality Impact Assessment (EQIA) Policy	
<b>Completed by:</b>	Deanne Rennie	
<b>Job title</b>	<b>Associate Director for AHPs and Quality</b>	<b>Date</b> 10/02/2022
<b>Screening Questions</b>	<b>Yes / No</b>	<b>Explanatory Note</b>
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	N	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	N	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	N	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	Y	<b>No identifiable information but reference to groups of patients or staff</b>
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	N	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	N	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	N	
8. Will the process require you to contact individuals in ways which they may find intrusive?	N	
<p><b>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a></b></p> <p><b>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</b></p>		
<b>Data Privacy approval name:</b>	Sam Kirkland, Head of Data Privacy	
<b>Date of approval</b>		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust