


POLICY DOCUMENT	QMSIG11
Cheswold Park Hospital	Subject Access Requests and Disclosure of Personal Data Policy
CLASSIFICATION:	UNCLASSIFIED



QMSIG11 Subject Access Requests and Disclosure of Personal Data Policy	
VERSION:	11
DATE LAST UPDATED:	February 2019
REVIEW DATE:	August 2019
RELATED DOCUMENTS:	
OWNER / LEAD INDIVIDUAL:	<p>Reviewer(s): Mental Health Legislation Manager/ Quality and Data Protection Officer</p> <p>Lead Individual: Quality Assurance & Contracts Director</p>
DOCUMENT APPROVAL:	Peer/Sub Group: MHA Review Committee/IG Committee
PATIENT ACCESS:	
SECURITY INFORMATION (PUBLIC, INTERNAL, CONFIDENTIAL):	Public

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Version Control Sheet

Policy Name:	QMSIG11 Subject Access Requests and Disclosure of Personal Data Policy	Policy Reference:	QMSIG11
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Version	Date	Comment
02	Nov-11	Guiding principles added, minor grammatical changes
03	Dec-12	Annual Review – no changes
04	Apr-13	Grammatical changes only
05	Jul-14	Reviewed as part of Desktop Audit – minor changes made
06	Jul 15	Change to guiding principles, updated in line with CoP 2015
07	June -16	Policy reassigned to a new owner due to changes in the CPH’s structure, previous Lead Individual: Clinical Services Director; review period extended by 4 weeks (till August 2016)
08	March-17	Reviewed, minor grammatical change09
09	May-18	Review in line with the GDPR, DSAR can be made also verbally, no fee for DSAR
10	August-18	Policy has been rewritten, title change to Subject Access Requests and Disclosure of Personal Data Policy (previously QMSMHA15 Access to Health Records)
11	February-19	Minor Grammatical corrections

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1. Scope, Purpose and Users

This procedure sets out the key features regarding handling or responding to requests for access to personal data made by data subjects, their representatives or other interested parties. This procedure will enable Cheswold Park Hospital (further: "Hospital") to comply with legal obligations, provide better care, improve transparency, enable individuals to verify that information held about them is accurate, and increase the level of trust by being open with individuals about the information that is held about them.

This procedure applies to employees that handle data subject access requests.

2. Reference Documents

- Data Protection Act 2018
- General Data Protection Regulation 2016/679
- Access to Health Records Act 1990
- Caldicott Reports (1997/2013)
- The Medical Act 1983
- Mental Capacity Act 2005
- CPH Data Protection Policy

2.1 General Data Protection Regulations

The GDPR gives every living person, or their authorised representative a general right to apply for access, removal, correction or deletion to/of their health records, irrespective of when compiled. The Regulation became effective from 25 May 2018 and superseded the DPA 1998 and Access to Health Records Act 1990. The only exception is access to health records of deceased persons which is still covered by the Access to Health Records Act 1990.

The GDPR sets out seven key principles:

- Lawfulness, fairness and transparency
- Purpose limitation
- Data minimisation
- Accuracy
- Storage limitation

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- Integrity and confidentiality (security)
- Accountability

2.2 Caldicott Guardian

Cheswold Park Hospital has a Caldicott Guardian (Chief Medical Officer) who is responsible for protecting the confidentiality of patient information and whose role is to ensure that the organisations record management strategies are in line with national requirements. These requirements reflect the seven principles set out in the Caldicott Reports (1997 and 2013) to govern the access to and use of confidential information:

- The purpose of using confidential information must be justified.
- Confidential patient identifiable information must only be used when absolutely necessary.
- Use the minimum necessary patient identifiable patient information.
- Access to confidential information must be on a strict need to know basis.
- All persons accessing confidential information must understand his/her responsibilities.
- All persons accessing confidential information must comply with the law
- The duty to share information can be as important as the duty to protect patient confidentiality.

3. Data Subject Access Request (“DSAR”)

3.1 A Data Subject Access Request Definition

A Data Subject Access Request (DSAR) is any request made by an individual or an individual’s legal representative for information held by the Hospital about that individual. The Data Subject Access Request provides the right for data subjects to view their own personal data as well as to request copies of the data.

A Data Subject Access Request can be made via any of the following methods: email, post, telephone, in person or any other method. A Data Subject Access

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Request can be made in writing or verbally. DSARs made online must be treated like any other Data Subject Access Requests when they are received, though the Hospital will not provide personal information via social media channels.

Cheswold Park Hospital has a **data subject access request form (Appendix 2)** that is designed to make the process easier and faster. This form can be submitted electronically or via post. It is not compulsory to use the official form.

The Hospital may ask an individual making an access request for more information to clarify her/his request. We will only ask for information that we reasonably need to find the personal data covered by the request.

3.2 Data Subject Access Request ("DSAR") - Response Targets

The GDPR requires requests to be dealt with within a maximum 30 days, for any delays outside the 30 days the applicant must be informed within one month of the receipt of the request and explanation must be given why the extension is necessary. At CPH routine access requests are dealt with within the 30 days.

The time for a response can be extended by a further two months if the request is complex or if the hospital has received a number of requests from the individual.

3.3 Data Subject Access Request ("DSAR") – Identity verification

If the Hospital have doubts about the identity of the person making the request we may ask for more information to ensure information is only given to the person who is entitled to it. The period for responding to the request begins when the hospital receive the additional information. If the requestor is not the data subject, written confirmation that the requestor is authorised to act on behalf of the data subject is required.

3.4 Data Subject Access Request ("DSAR") – Fees for processing a request

Cheswold Park Hospital will not charge a fee for processing a data subject access request. However, the hospital can charge a 'reasonable fee' in circumstances where a request is deemed manifestly unfounded or excessive,

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particularly if it is repetitive. A reasonable fee may also be charged to comply with requests for further copies of the same information. If the above apply the fee will be based on the administrative cost of providing the information.

3.5 Data Subject Access Request ("DSAR") – Process

A. Information for Data Subject Access Request

Upon receipt of the required documents, the person receiving the request will provide the **DSAR Lead** with all relevant information in support of the DSAR.

Cheswold Park Hospital has three DSAR Leads:

- Data Protection Officer;
- Mental Health Legislation Manager for access to patient data;
- Human Resources Manager for access to staff data.

All data subject access request can also be made directly to the Hospital's Data Protection Officer who will liaise with Mental Health Legislation Manager and/or Human Resources Manager. Where the DSAR Lead is reasonably satisfied with the information presented by the person who received the request, the DSAR Lead will notify the requestor that his/her DSAR will be responded to within 30 calendar days. The 30 day period begins from the date that the required documents are received. The requestor will be informed by the DSAR Lead in writing if there will be any deviation from the 30 day timeframe due to other intervening events.

B. Review of Information

DSAR Lead will contact and ask the relevant department(s) for the required information as requested in the DSAR. This may also involve an initial meeting with the relevant department to go through the request, if required. The department which holds the information must return the required information by the deadline imposed by the DSAR Lead and/or a further meeting is arranged with the department to review the information. The DSAR Lead will determine whether there is any information which may be subject to an exemption and/or if consent is required to be provided from a third party.

The DSAR Lead must ensure that the information is reviewed/received by the imposed deadline to ensure the 30 calendar day timeframe is not breached. The DSAR Lead will ask the relevant department.

C. Response to Access Requests

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The DSAR Lead will provide the finalised response together with the information retrieved from the department(s) and/or a statement that the Company does not hold the information requested, or that an exemption applies. The DSAR Lead will ensure that a written response will be sent back to the requestor. The Hospital will only provide information via channels that are secure. When hard copies of information are posted, they will be sealed securely and sent by recorded delivery.

D. Archiving

After the response has been sent to the requestor, the DSAR will be considered closed and archived by the Data Protection Officer. The procedure is presented as a flow chart in the Appendix 1.

4. The Rights of a Data Subject

The rights to data subject access include the following:

- Know whether a data controller holds any personal data about them.
- Receive a description of the data held about them and a copy of the data.
- Be informed of the purpose(s) for which that data is being processed, and from where it was received.
- Be informed whether the information is being disclosed to anyone apart from the original recipient of the data; and if so, the identity of those recipients.
- The right of data portability. Data subjects can ask that their personal data be transferred to them or a third party in machine readable format (Word, PDF, etc.). However, such requests can only be fulfilled if the data in question is: a) provided by the data subject to the Hospital, b) is processed automatically and c) is processed based on consent or fulfilment of a contract.
- If the data is being used to make automated decisions about the data subject, to be told what logic the system uses to make those decisions and to be able to request human intervention.
- The Right to request rectification or erasure of personal data or restriction of processing of personal data or to object to such processing
- Where personal data is transferred to a non-EEA country, what appropriate safeguards are in place relating to the transfer.
- The Right to lodge a complaint with the Information Commissioner’s Office

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5. Exemptions

An individual does not have the right to access information recorded about someone else, unless they are an authorised representative, or have parental responsibility.

In principle, the Hospital will not normally disclose the following types of information in response to a Data Subject Access Request:

- Information about other people – A Data Subject Access Request may cover information which relates to an individual or individuals other than the data subject. Access to such data will not be granted, unless the individuals involved consent to the disclosure of their data or data can be redacted.
- Repeat requests – Where a similar or identical request in relation to the same data subject has previously been complied with within a reasonable time period, and where there is no significant change in personal data held in relation to that data subject, any further request made within a six month period of the original request will be considered a repeat request, and the Hospital will not normally provide a further copy of the same data
- Publicly available information – The Hospital is not required to provide copies of documents which are already in the public domain.
- Opinions given in confidence or protected by copyright law – The Hospital does not have to disclose personal data held in relation to a data subject that is in the form of an opinion given in confidence or protected by copyright law.
- Privileged documents – Any privileged information held by the Hospital need not be disclosed in response to a DSAR. In general, privileged information includes any document which is confidential (e.g. a direct communication between a client and his/her lawyer) and is created for the purpose of obtaining or giving legal advice.

6. Data Subject Access Request Refusals

There are situations where individuals do not have a right to see information relating to them. For instance:

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- If the information is kept only for the purpose of statistics or research, and where the results of the statistical work or research are not made available in a form that identifies any of the individuals involved.
- Requests made for other, non-data protection purposes can be rejected.

If the responsible person refuses a Data Subject Access Request on behalf of the Hospital, the reasons for the rejection must be clearly set out in writing. Any individual dissatisfied with the outcome of his/her Data Subject Access Request is entitled to make a request to the Data Protection Officer to review the outcome.

7. Log

A log should be kept of all access requests. It is the responsibility of the Data Protection Officer to ensure that this log is up to date.

8. Medical Records

8.1 Definition of a Health Record

A health record is defined as a record consisting of information about the physical or mental health or condition of an individual made by or on behalf of a health professional in connection with the care of that individual. It may be recorded in computerised or manual form (or a combination of the two).

Health records have the following functions:

- Supporting patient care
- Assisting in the day to day management of patients
- Assisting evidence based practice
- Assisting managerial decision making of importance
- Assisting in audit
- Assisting in the advancement of clinical effectiveness
- Assisting the clinical governance framework

8.2 Where information is found as to the physical or mental health condition of the Data Subject, then disclosure cannot be made without reference to an appropriate health professional (Exempt from Article 15 of the GDPR –Data Protection Act 2018, Schedule 3).

In such circumstances once an application is received by the nominated DSAR Lead (Mental Health Legislation Manager).

He/she will email all the Multi-Disciplinary Team members (MDT) including the Unit Manager informing of the request. The MDT will have 7 days to raise any objections to that request.

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Those health professionals should then check the records to consider allowing access; access can only be denied if access:

- Could result in serious harm to the physical or mental health condition of the patient, or any other person
OR
- Would disclose information relating to, or provided by a third person (not a health professional), who had not consented to that disclosure.

If any of these apply then the staff member may deny or limit access to that record.

8.3 Access by a patients representative

- a) If a request is received from a patient's representative (provided the patient has capacity) the patient is the only person allowed to authorise the release of their record. The patients' representative may be a relative, friend or legal representative or any other person that the patient consents to have access to that record.
- b) If a patient is unable to authorise the release of their record due to a lack of capacity then a person who has been legally appointed to act on a patient's behalf has the right to apply for access to the health records of the patient.
- c) Where a request is received from a legally appointed representative, they should be asked to provide evidence that they hold a Lasting Power of Attorney (LPA) which allows the person to make decisions regarding finances, property and welfare. A legal LPA must be registered with the Office of Public Guardian.
- d) There may also be occasions where a representative (e.g. family member) who does not have an automatic right to access the records, seeks disclosure. Whilst there is no right of the Nearest Relative/ Next of Kin to view records of an incapacitated patient there may be circumstances where it is appropriate. Where requests of this nature are made, please refer to the Mental Health Act Office who will consult with the Data Protection Officer (DPO).

8.4 Access to a patients records by other agencies

- a) There will be occasions when CPH receives requests for access to patients' records from other agencies. These may include the police, General Medical Council (GMC), social services etc., any requests of this nature should be referred to the Mental Health Act Officer to process on

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a case by case basis. **Please use “Disclosure to Third Party Form” – appendix 3.**

- b) Cheswold Park Hospital will consider carefully when information can be shared with other agencies and when consent from a patient can and should be taken. Where the disclosure request is made by a third party on behalf of a Data Subject who lacks capacity, further advice should be sought from the Health Care professional. The Hospital must be satisfied that disclosure would be in the Data Subject’s best interests. If this is not the case, disclosure cannot proceed.

- c) If a request to access records is made by a member of the Care Quality Commission (CQC), a Second opinion appointed doctor (SOAD), or a medical member of the First Tier Mental Health Tribunal a failure to comply would be in violation of S.129(1) (c) MHA 1983 (Obstruction). Where any of the above are acting in a professional capacity they are entitled to have access to the records of the patient(s) they have been requested to review, if there is any doubt please refer to the Mental Health Act Officer, or the DPO.

- d) Under the Mental Capacity Act 2005 – Independent Mental Capacity Advocates (IMCAs) have rights of access to health/clinical records relating to the service user they are representing. The Trust (responsible body) must “give access to relevant records when requested by an IMCA under Section 35(6) (b) of the Act”. This includes “the right to examine, and take copies of any records that the person holding the record think are relevant to the investigation/decision (for example, clinical records, care plans, social care assessment documents)”. Ref: Mental Capacity Act 2005 – Code of Practice. Therefore disclosure may occur without the service user’s explicit consent.

- e) Any request from the Police must be in writing. The Cheswold Park Hospital Disclosure to Third Party (DTTP) form, should be produced prior to access being granted. If a DTTP is not produced, consent from the data subject should be obtained prior to processing the request. The consultant or lead healthcare professional involved with the patient, or their deputy, has discretion, within the law, over what information may be given to the Police.
If the police are asking for access to the victim’s records, consideration must be given to informing the victim of the request to release information so they understand the possible consequences of a future court case where this information may be shared.

- f) The Medical Act 1983 sets out the basic legislative framework for the governance of the General Medical Council (GMC). The Medical Act gives

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the GMC powers and responsibilities, under Section 35A for taking action when questions arise about fitness to practice. As part of fitness to practice investigation, the GMC may request access to medical records. The registered holder must comply with this request and have 14 days (Section 35 A (6A)) to process and provide copies of the information held.

- g) All Court Orders and associated documents must be immediately forwarded to the nominated DSAR Lead – Mental Health Act Manager for processing.

8.5 Access to health records of a deceased person

- a) Access to the health record of a deceased person is governed by the Access to Health Records Act 1990 (AHRA). Under this legislation where a patient has died, the personal representative, executor, administrator or anyone having claim resulting from the death has a right to apply for access to the deceased’s health record.
- b) The personal representative is the only person who has an unqualified right of access to a deceased persons record and the need to give reason(s) for applying for a health record. Individuals other than the personal representative have a legal right of access under the Act only where they can establish a claim arising from a patient’s death.
- c) There is no definition of what will be classed as a claim arising out of a patient’s death. It is accepted that it would encompass those with a financial claim, determining who those individuals are and whether there are any other types of claim is not straightforward. The ultimate decision lies with the record holder and will be dependent upon the information provided by the applicant; all requests must be sent to the Mental Health Act office.
- d) There may be circumstances where individuals who do not have a statutory right of access under AHRA requests access to a deceased patients record. Current legal advice from the Courts is that obligations owned by health professionals continue after death. The DoH, GMC and other clinical professional bodies have long accepted that the duty of confidentiality continues beyond death and this is reflected in their guidance.

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8.6 Correcting a Record

- a) If, after accessing a record, a patient feels that information recorded in their health record is incorrect then they should be advised to discuss the situation with the healthcare professional concerned.
- b) CPH advises that the patients include a statement in their record that they disagree with specific parts of their record. If the matter is not resolved they should be advised of the complaints procedure. The patient could further complain to the Information Commissioner, who may rule that erroneous information is rectified, blocked, erased or destroyed; they may also seek independent legal advice to pursue the complaint.

9. Duty of Confidence

9.1 All those working at CPH who record, handle, store or otherwise have access to health records have a personal, ethical, common law duty of confidence. All employees have a duty to maintain professional ethical standards of confidentiality.

9.2 Any personal information, given or received in confidence for one purpose may not be used for a different purpose or passed to anyone else, without legitimate reason.

9.3 There will be cases where information about a patient may need to be shared with a third party, even when consent by the patient or their representative has been refused or where the patient does not have capacity to consent. Where requests for information are received they should be forwarded to the Mental Health Act office to be checked and processed, all requests will be reviewed on a case by case basis and in exceptional circumstances consult the Data Protection Officer.

10. Training

New employees must attend the Hospital induction. As a part of this induction programme staff members will be familiarised with the Hospital's Subject Access Requests Procedure, including how to recognise a request and what steps to take when such a request has been made.

11. Complaints

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If you believe that the Hospital has not complied with your data protection rights you can submit a complaint through the Hospital's Complaints Procedure, by writing to:

Complaints Co-ordinator
Quality Team
Cheswold Park Hospital
Cheswold Lane
Doncaster
DN5 8AR
Tel: 01302762862
complaints@cheswoldparkhospital.co.uk

Or report a concern directly to the UK's independent authority:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
Tel: 03031231113
<https://ico.org.uk/global/contact-us/>

12. Related Documents

- QMSFIS09 Data Subject Access Request Form
Q:\QMS\Forms\Information Security\QMSIS09_DSAR_Form.doc
- QMSFIS10 Disclosure to Third Party Form
Q:\QMS\Forms\Information Security\QMSIS10_DTTP_Form.doc

Appendix 1 – Access Request Flowchart

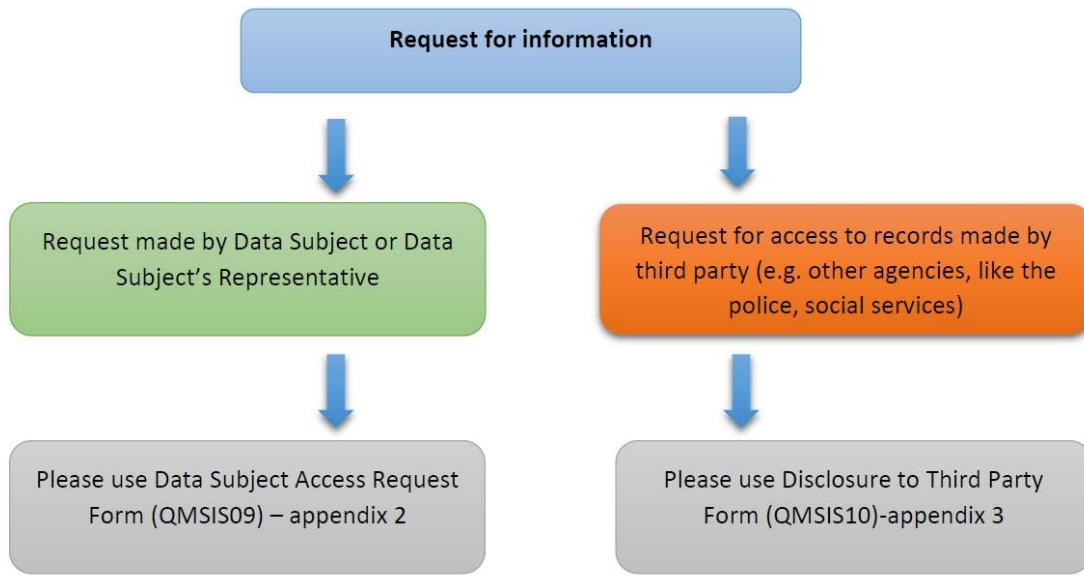
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Disclosure of Personal Data Flowchart

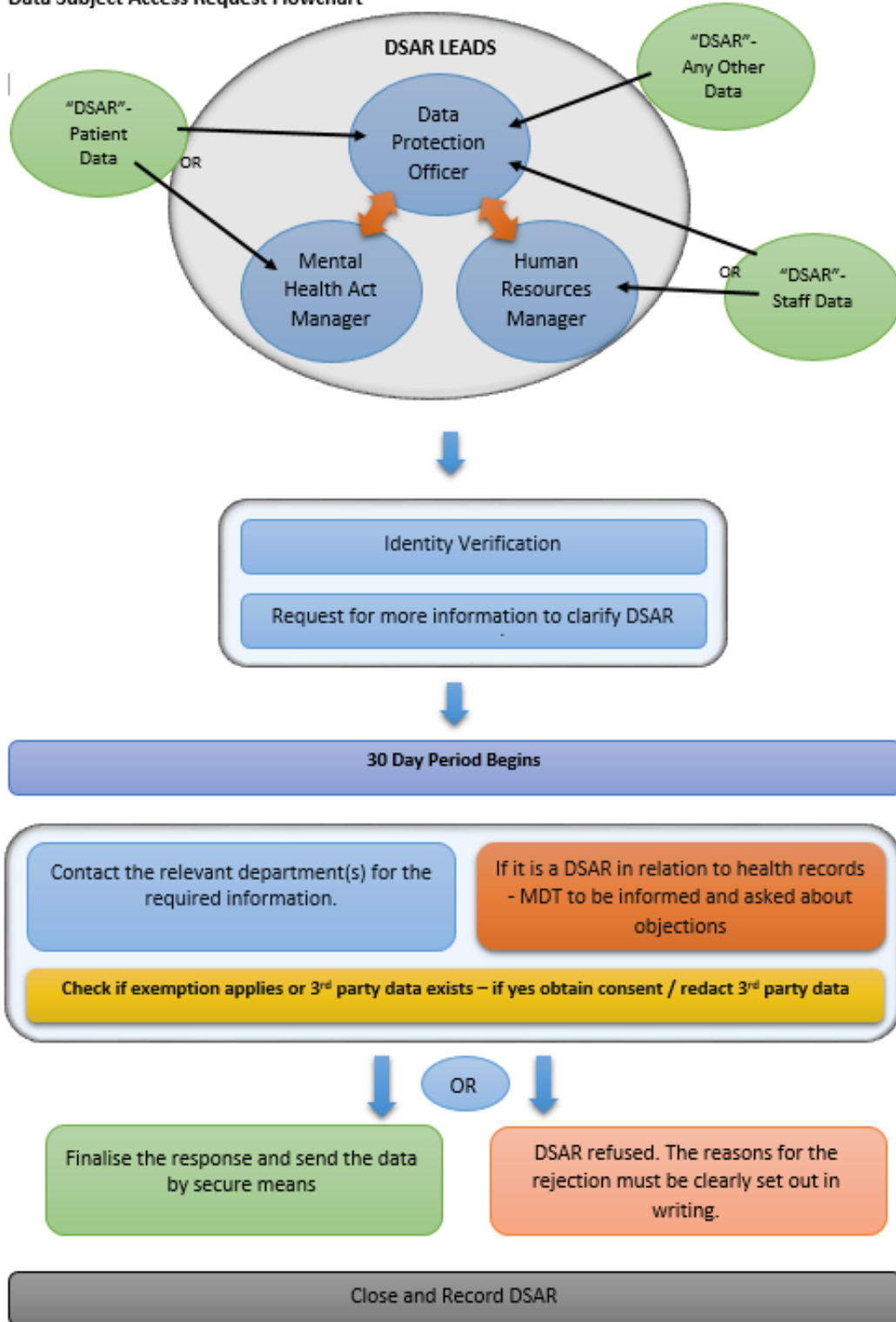


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Data Subject Access Request Flowchart



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Appendix 2

DATA SUBJECT ACCESS REQUEST FORM

You have the right to request for personal data we may hold about you. This is known as a Data Subject Access Request ("DSAR"). A data subject is an individual who is the subject of the personal data. If you wish to make a DSAR, please complete this form and return to us by post or email.

If sending by post, please use the following address:

FOR PATIENT DATA:	FOR ANY OTHER DATA:
Mental Health Act Office Cheswold Park Hospital Cheswold Lane Doncaster DN5 8AR	Data Protection Officer Cheswold Park Hospital Cheswold Lane Doncaster DN5 8AR

If sending by Email, please use one of the following addresses:

FOR PATIENT DATA: mhao@cheswoldparkhospital.co.uk Secure Email: please contact the Hospital (cjsm and nhs available)	FOR ANY OTHER DATA: dpo@cheswoldparkhospital.co.uk
--	--

Please write "Data Subject Access Request" in the subject field of the email.

1. Data Subject's Full Name	2. Data Subject's Date of Birth
3. Data Subject's Current Address	
4. Data Subject's Telephone Number	
Home Telephone No:	Mobile Telephone No:
5. Data Subject's email address	

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my knowledge. I acknowledge that where you have reasonable doubts concerning my identity, you may contact me to request me to provide additional information necessary to confirm my identity before responding to my request. I acknowledge that you may also need to contact me to obtain any further information that you require to enable you to comply with my request.

Signature: _____

Print Name: _____

Date: _____

11. (To be filled out if the question 7 is answered with "To the representative") The Data Subject (whose data is being requested) must give written authorisation for the information to be released to his/her authorized representative.

I _____ (full name)

hereby authorise the Cheswold Park Hospital to disclose (details of data) :

To:

Name: _____

Address: _____

Email Address: _____

Signature of Data Subject: _____

Print name: _____

Date: _____

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12. Declaration (To be filled out by the representative of the data subject)
<p>I confirm that I am the authorised representative of the Data Subject and that the information given by me is correct to the best of my knowledge.</p> <p>Name of authorised representative and address where personal data is to be sent:</p> <p>_____</p> <p>_____</p> <p>Email Address: _____</p> <p>Signature: _____</p> <p>Print Name: _____</p> <p>Date: _____</p> <p>We will make every effort to process your data subject access request as quickly as possible within 30 calendar days. However, if you have any queries whilst your request is being processed, please do not hesitate to contact us.</p>

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For Office Use Only
<p>The release and use of data as described above is: Approved / Not Approved</p> <p>Calidcott Guardian / SIRO: _____ (Signature)</p> <p>Date:</p> <p>Further conditions applied <input type="checkbox"/>:</p>

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Appendix 3

Disclosure to Third Party Form (DTTP Form)	
If sending by post, please use the following address	
FOR PATIENT DATA: Mental Health Act Office Cheswold Park Hospital Cheswold Lane Doncaster DN5 8AR	FOR ANY OTHER DATA: Data Protection Officer Cheswold Park Hospital Cheswold Lane Doncaster DN5 8AR
If sending by Email, please use the following address:	
FOR PATIENT DATA: mhao@cheswoldparkhospital.co.uk Secure Email: please contact the Hospital (cjsm and nhs available)	FOR ANY OTHER DATA: dpo@cheswoldparkhospital.co.uk
Please write "Disclosure to Third Party" in the subject field of the email.	
1. Details of Data Requested:	
2. To help us search for the information you require, please let us know the data you require with as much detail as possible (e.g. copies of clinical notes between <date> and <date>)	
3. Reason for this request:	

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4. Indicate which identifier information has been requested:

Forename Surname DOB Age Sex

Address Postcode NHS No Full Patient Record

Other (please state):

5. Details of organisation/person requesting information

Name of organisation(s) requesting data:

Name of the person requesting information:

Address:

Telephone:

Email:

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6. How will the data be transferred?
<p>Paper Records <input type="checkbox"/> Electronic Records <input type="checkbox"/></p> <p>Other (please state)</p>
7. Who else will have access to the data?
8. Where will the data be stored?
9. How will the data be protected? (please detail security measures to be taken)
10. If the data is on a computer is there access via a network?
11. How long will the data be stored?
12. At the end of this period, how will the data be disposed of?
13. Who will be responsible for ensuring that the data is disposed of in a confidential manner?

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14. Declaration

To be completed by the applicant for Caldicott Approval to confirm acceptance of the responsibility to ensure that the data will be processed in accordance with agreed conditions.

1. The data will be treated as confidential.
2. The data will be used only for the purposes described.
3. In the case of anonymised or confidential aggregated data, no attempt will be made to identify or contact individuals or organisations identified through the data.
4. The data may be disclosed to staff of the above organisation but only for the purposes described.
5. The data may not be disclosed to a third party.
6. The data will be stored in secure condition at all times whether held on computer medium or as a printed copy.
7. The organisation to which the data is released will maintain and comply with a Data Protection Registration with encompasses the data and data usage required.
8. The data will be destroyed when the work is completed: any printed copies will be destroyed, and all files deleted from computer systems (including and copies held on back up archive media) – except where retention is required by Data Protection Act (2018).
9. If there are any subsequent changes to the proposal (which affect the way in which patient information is collected, stored, processed, used or disposed of) further Caldicott approval will be required.
10. All staff given access to the data will be made aware of these conditions (principle 5).

I confirm that the data will be held and used according to the conditions and information given as described within this approval form.

Name _____ Title _____
Signature _____ Date _____

Person responsible for release of data:

Name:

Job Title:

Email:

Signature:

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For Office Use Only
<p>The release and use of data as described above is: Approved / Not Approved</p> <p>Calidcott Guardian / SIRO: _____ (Signature)</p> <p>Date:</p> <p>Further conditions applied <input type="checkbox"/>:</p>

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NOT CONTROLLED IF PRINTED

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IMPACT EQUALITY ASSESSMENT

Cheswold Park Hospital is committed to ensuring that as far as is reasonably practicable, the way we provide services for our patients, visitors and treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

1. Screening			
How relevant is this policy and its associated procedures to promoting equality and eliminating discrimination? (indicate in boxes below)			
	Not relevant	Partly relevant (state which parts)	Very relevant
Race/ethnic group	✓		
Disability ¹	✓		
Gender	✓		
Age	✓		
Sexual Orientation	✓		
Religion	✓		
Other (please state)			
2. Assessing Impact (to be completed where the policy and associated procedures has been determined as relevant in the screening process)			
Please specify, in the rows below, anything that you have included in this policy and its associated procedures to ensure that equality is promoted and that no-one will be unlawfully disadvantaged (discriminated against) as a result of this policy.			
Race/ethnic group			
Disability ¹			
Gender			
Age			
Sexual Orientation			
Religion			
Other (please state)			

¹ Disability covers physical, sensory and mental impairments which include mental illness and learning disability. Long term conditions such as cancer, HIV and Multiple Sclerosis are included and any other normal condition at the point at which it begins to have an impact on a person's capacity to carry out normal day to day activities.