

Title: **WORKING WITH CARERS OF PEOPLE IN A HOSPITAL INPATIENT SETTING (LINKED TO CARERS POLICY)**

Ref: 1186 Version 4

Directorate: Organisation Wide

Classification: Protocol

Responsible or review: Carers and Volunteers' Lead

Due for Review:
19/01/21

[Document Control](#)

Ratified by: Care and Clinical Policies Group
Chief Nurse
Medical Director

Applicability: All staff

Philosophy

Whilst Torbay and South Devon NHS Foundation Trust's (hereafter referred to as 'The Trust') Carers' Policy ([1848](#)) lays out the overarching principles when dealing with Carers, this Protocol sets out the expectations and processes concerned with wholly incorporating Carers in the support and treatment of the person for whom they care during a stay in hospital. The Trust recognises that Carers are essential partners in the triangle of care - patient, professional and Carer - working together to achieve the best recovery possible. This Protocol should be read in conjunction with guidance about information sharing, capacity and consent. It has been reviewed in collaboration with Trust staff and Carers, and a Checklist is attached at Appendix A.

1. Introduction

- 1.1 Carers have an important role in the effective and safe delivery of treatment and care to patients. This applies to patients with an existing condition or illness as well as those whose admission causes a new caring need to be identified.
- 1.2 It is important to remember that Carers may have particular expertise in dealing with the needs of the people for whom they care, be able to assist with effective communication and advocate for them.
- 1.3 Whilst it is essential that staff understand the importance of supporting the Carer and the patient, informed consent and confidentiality must be maintained for both patient and Carer.
- 1.4 The valuable input from Carers must be recognised as a means of improving patients' experience and achieving the best recovery possible during their hospital stay. It is important to establish the level of involvement Carers wish to have while the person they care for is in hospital, to maximise the benefit of their input whilst appreciating their need to take time out for their own wellbeing.
- 1.5 It must not be forgotten that Carers also have the right to assessment and support in their own right, even if the person for whom they care is not receiving health or social care services.

2. Aims

- 2.1 To respect and support the patient-Carer relationship:
 - 2.1.1 To improve the person's experience of being an inpatient

2.1.2 To promote the wellbeing of the patient

2.1.3 To achieve a safe and well-planned onward transfer of care for the patient and their Carer, whether or not the Carer wishes to continue in their caring role.

2.2 To Identify, Record, Involve and Support (I.R.I.S.) Carers in order to achieve the above. See staff guidance and I.R.I.S Procedural Checklist at Appendix A.

3. Definition

3.1 The Care Act (2014) defines a Carer as someone who provides or intends to provide care for another person needing care.

3.2 Carers can be of any age and care without pay (other than benefits). When we say 'of any age', it should be remembered that there are many young Carers of primary school age and above. Particular attention must be given to Carers under the age of 25, as they have distinct needs.

3.3 There may be more than one Carer involved in a person's care.

4. Identification of Carers

4.1 The Carer (or Carers) should be identified at the time of admission as part of the assessment process or, if it is a planned admission, at the pre-assessment appointment. Staff should have a 'Carers Recognition Tool' on their lanyard to assist with this.

4.2 Clinical staff must be particularly alert to those occasions when a change in a patient's condition results in the potential for a new caring need.

4.3 There is no absolute set of conditions which means that a person needs a Carer. Appendix B may help in early identification of when a patient has an existing Carer, or when a new health issue may result in a new caring relationship.

4.4 Following the identification of a Carer, the ward staff will explain the following to the Carer (**providing the appropriate consent has been given and recorded**, and willingness has been expressed by both parties):

- That Carers will be welcome to attend the ward to be with the patient outside of usual visiting times.
- That Carers will be welcome to help provide direct care to the patient as per section 8.
- That the inpatient care plan will be written in collaboration with Carers, taking account of their knowledge and understanding of the person.
- That Carers should be fully involved in any discharge planning, and informed of any medication changes or medical devices before discharge, including being given advice, support or training as required.
- That when Carers are in attendance for long periods of time, they will be offered drinks from the ward refreshment trolley.
- That Carers will be eligible for staff discount in the Bay View restaurant at Torbay Hospital. NB staff discount is only applicable to the restaurant servery.
- That Carers will be eligible for free parking at certain hospital car parks when in attendance in support of the person they care for. (Torbay Hospital barriered car parks only, by taking ticket and Carers Emergency Card to voiding point. Newton Abbot and Totnes, by placing Carers Emergency Card on dashboard). Carers Hospital Pass to be issued for Carers who are not already formally registered.

- That if it is in the best interests of the patient, Carers will be invited to eat on the ward with the person they care for. In this instance the ward is charged for the additional meal and there is no facility for the ward to recover this cost from the Carer
- That in some circumstances it may be possible for the Carer to stay in the ward overnight, although this will be by agreement of the senior ward staff and must take account of the privacy and dignity of other patients. There should be reclining chairs available.
- That Carers can have a copy of patient's letters or Care Plan Summary if wished. This should be requested by the Carer or patient while the patient is on the ward (or at discharge for the Care Plan Summary).

5. Recording of Carers

5.1 Once Carers have been identified, it is vital that this is accurately recorded on the patient's electronic and paper records. Guidance regarding the use of the Patient Administration System (PAS) is available in Appendix C. An alert should then be added to the front cover of the person's medical records. Think Identify, Record, Involve and Support (I.R.I.S.) to ensure the appropriate action has been taken.

5.2 Identified Carers will be recognised by the Heart Handshake symbol as below¹:



The Heart Handshake symbol will be displayed on screens on Swift+ hospital wards as a means to identify that there is a Carer who is involved with supporting the patient. Carers stickers should be placed on front of Care Plan Assessment and Risk Assessment forms.

6. Involving Carers

6.1 If the patient agrees, Carers should be involved to provide experience and expertise in support of their care. Even if the patient does not consent to information with the Carer, the Carer can still share information with staff.

6.1.1 A discussion should follow that determines the patient's pre-admission needs i.e. what the person can do for themselves and what the Carer does for that person. This can be ascertained by asking the patient or Carer to complete the 'Me at Home' - patient profile (see Appendix D) Patients may already have a 'This is me' or 'Me and My Life' book if they have a learning disability or dementia.

6.1.2 On identification of an existing Carer, it is important that staff should be aware that some Carers may wish to continue their caring role while the person is in hospital. Staff must identify the level and frequency of care which the Carer is able / wishes to provide and

¹ The heart handshake symbol was created and copyright is held by IIT Bombay. Copyright information is available at IIT Bombay, Attribution, <https://commons.wikimedia.org/w/index.php?curid=42102493>

actively review this at intervals during the stay as per Section 8. Responsibility remains with nursing staff.

- 6.1.3 This information can be used in developing a documented inpatient care plan which must then be agreed with the patient, the Carer and the staff, with a contingency plan should the Carer be unable to attend.
- 6.1.4 People with additional requirements may have a Recognition of Specific Requirements form logged with the hospital which provides some detail about aspects of their needs. However, this does not necessarily mean that all people who have a Carer will have a Specific Requirement form already registered. If a Specific Requirement form has been previously completed, it will be found behind the Special Conditions divider in the medical record. There will be a corresponding alert on the medical notes and on the electronic Patient Administration System (PAS). Direction in how PAS should be updated is available in Appendix C of this Protocol.
- 6.1.5 If Specific Requirement form is completed during a patient's admission it should be filed as above and a request made to the Health Records Manager for the information to be placed on to the PAS system. The form may be filled in by the Carer/patient/professional.
- 6.1.6 Carers should also be communicated with as part of the medicines reconciliation process on admission, as they may know about medication that has not been issued by the GP, or is not being taken as prescribed.
- 6.2. Carers should be fully involved in discharge planning, and these discussions should start at the point of admission
 - 6.2.1 Carers should be involved in discussions around discharge whether or not they will be providing care post-discharge, as they can support with advising re patient preferences.
 - 6.2.2 Where existing Carers plan to resume their caring role upon discharge, they should be asked whether they are willing and able to do this, before any plans are made.
 - 6.2.3 Where someone plans to take on caring for the first time, or where there is a significant change to their caring role, they should be advised to have a Carers Assessment to fully discuss the options with them. This should be initiated by a staff member (often discharge coordinator) contacting Social Care as soon as the need is identified rather than awaiting a discharge date.
 - 6.2.4 Therapists (OT, Physiotherapy, SALT, AHPs etc.) should also liaise with Carers, in order that they fully understand and preferably, where appropriate, continue any therapy.
 - 6.2.5 Where equipment or medical devices / procedures (such as catheters) are needed post-discharge, Carers should be informed and, where appropriate, trained in their usage.
 - 6.2.6 Where medication is required post-discharge, especially where there have been changes since admission, Carers should be informed about the medication and any side-effects to be aware of. A medication Passport should be considered.
 - 6.2.7 When the patient has memory issues or a cognitive impairment, their assessment should only take place with the Carer in attendance to ensure that the information being given is accurate and accurately reflects the situation.

7. Supporting the Carer

- 7.1 On identification of a Carer, the ward staff will issue the Carer with a blue 'Carers Pass' card which will bear the name of the Carer, and a valid period based on an estimate of the patient's length of stay.
- 7.2 This card should be carried by the Carer for the duration of the patient's admission as a means of identification and will signal to the ward/departmental team that the Carer's needs should be considered whilst the patient is an inpatient, as per section 4.4.
- 7.3 Staff discount will be applied at the Bayview Restaurant (Serving only) on production of the Carer's pass.
- 7.4 The card is issued for the named Carer only and is not transferable to other family members.
- 7.5 Where Carers are on Torbay's or Devon's Carers Register they are exempt from car parking charges at Torbay (barriered car parks only), Newton Abbot and Totnes hospitals with their Carers Card. They may be issued a Blue Carers Pass if they are not already formally registered. Ward staff will explain the process to the Carer as there are different parking systems in operation.
- 7.6 All Carers are entitled to an assessment in their own right, regardless of whether the person that they care for will receive services and regardless of their age, and this should be initiated by contacting social care.
- 7.7 There is a raft of advice, information and support available to Carers so, as a minimum, staff should give them a Carers Information Card with contact numbers on it. There is also an Advice Point which is open Monday to Friday from 9.00am until 5.00pm for Carers to receive information and advice at the main entrance foyer to Torbay Hospital where information and advice is readily available. Carers will be able to access online information and training via the Trust website at www.torbayandsouthdevon.nhs.uk/Carers and via Hiblio (https://www.youtube.com/channel/UCkYA0dq-PEOOn3KjhfR_HRw by putting 'Carer' in the Hiblio search box). [Both links checked 23.11.17]

8. Carers supporting the patient during admission

- 8.1 Planning the caring role:
 1. The Carer can provide care to the patient following an assessment of needs and development of the care plan, in partnership with the responsible registered nurse. Issues relating to manual handling and infection control must also be included.
 2. The Carer's responsibilities towards the person are understood by all staff members via the negotiated care plan. The Carer is not responsible for carrying out the planned treatment.
 3. The ward staff members remain responsible for the care and treatment of the patient, just as they do for all the patients in their care.
 4. Carers are responsible for their own actions during the care process of the patient.
 5. Staff members are aware of the needs of the patient as a result of ongoing assessment and evaluation of the care needs. Staff must be alert and sensitive to any support that the Carer requires.

6. The Carer is encouraged and facilitated in taking a rest break if staying for long periods, this should be negotiated at the onset of the episode of care. Staff should be aware that this may vary according to the needs of the Carer.
 7. The Carer is kept informed of progress on a need-to-know basis i.e. information that relates directly to the care of the person and is relevant to and supports the Carer in their role.
 8. The Carer feels free to leave the ward area for periods in the knowledge that their family member will be cared for appropriately. The Carer must keep the clinical staff informed when leaving the ward.
 9. The Carer's key role is to assist in care where this has been agreed, and to promote familiarity and so reduce fear and anxiety that the patient may be experiencing. The Carer may also be key to effective communication with the patient.
 10. If necessary arrangements should be made for the Carer to be able to sleep/rest in the quiet room or day room on the wards. Reclining chairs are available on many wards.
 11. If appropriate, staff may request the Carer to assist the patient at meal times as appropriate. If the Carer is unavailable or unwilling to assist, the ward should arrange alternative support for the patient.
 12. In instances where the patient will not eat, e.g. people with dementia who may refuse to eat because of the strange environment, then the Carer will be allowed to have their meals with the patient to encourage good nutrition.
- 8.2 It is the responsibility of the Nurse in Charge / named nurse for the patient for that shift to ensure that all planned care and treatment for the patient, is delivered appropriately.

9 Further Advice, Support and Materials

- 9.1 For further information, advice and support about the principles contained within this protocol, or for stocks of any of the materials mentioned in this policy (as below), staff should contact Signposts for Carers on (01803) 666620 or signposts@nhs.net
- Carer Recognition Tool for staff lanyard
 - Carers Information Cards for Torbay (purple) or Devon (red)
 - Blue Carers Hospital Pass
 - Carers Symbol stickers for patient notes

[Appendix A – Checklist for Staff – Carers Protocol](#)

[Appendix B – Carers covered by this guidance](#)

[Appendix C – Guidance on use of PAS to record Carers](#)

[Appendix D – 'Me at Home' - Patient Profile](#)

Checklist for Staff re Carers' Protocol

I.R.I.S. – Identify – Record – Involve - Support

Identify

- Use 'Carers Recognition Tool' on lanyard to identify Carer.
- Any people providing or intending to provide care (not as employment/volunteering)?
- Any aged under 25? Under 18? Under 11?
- Who is the main Carer?
- On the Carers Register? If not give Carers Info Card (Torbay=purple, Devon=red)
- For Carer of inpatient, if both consent, give blue Carers Pass card if not on Carers Register and inform that (see Protocol for detail)
 - may have extended visiting times
 - may be able to stay overnight
 - free hospital parking while supporting the person
 - staff reduction on hot meals at Bayview Restaurant
 - access to refreshments from ward trolley if there for extended periods

Record

- **With consent**, record Carer on system – PAS, PARIS, HALO.
- Record whether copy letters should be sent to Carer?
- If Carer involved with inpatient, use Carer symbol on Swift+ board. Carer sticker on records.

Involve

- Use Carer as expert partner with knowledge of person cared for. NB Even if person does not consent to involvement, Carer's opinions should be valued.
- With person's consent, or if lack capacity, or Carer has Lasting Power of Attorney (H+W)
 - copy appointment letters to Carer / make appointments to enable both to be present
 - involve Carer fully in care planning / discharge planning
 - confirm level of involvement Carer is happy with both now and in future
 - provide copy of plans / letters
 - share appropriate information in timely fashion
- For Carer of inpatient, with both parties' consent
 - Would it be helpful if Carer or patient completed 'Me at Home' and / or Specific Requirement Form?
 - Involve them in medicine reconciliation at admission
 - Update them re medication changes pre-discharge – including potential side-effects
 - Consider Medication Passport, catheter passport etc.
 - Where patient needs equipment / medical procedures / on-going rehab post-discharge, ensure Carer fully informed / trained
 - Ensure have clear advice re what to do if concerns / deterioration post-discharge
- For Carer of inpatient who wishes (with consent) to provide care during hospital stay
 - Ensure Carer does not feel obliged to do it
 - Ensure Carer clear that staff still retain all responsibilities for care / treatment
 - Agree with responsible registered nurse what Carer will do - detail on plan
 - Manual Handling + Infection control
 - Ensure Carer has regular breaks

Support

- Ensure Carer aware of right to have own assessment. Request via social care
- Ensure Carers Info Card been given and explained (Torbay=purple, Devon=red)
- Ensure Carer aware of Carers Register – information, emergency back-up plan, courses
- Ensure Carer receives appropriate training for any equipment / processes as above

Carers covered by this guidance

- Potential or new Carers (including those resulting from person's admission to hospital)
- Hidden Carers – not previously identified or engaging with services
- Carers of people with any disability, learning disability, mental ill health, dementia, drug or alcohol misuse, frailty, illness or long-term condition, or blood-borne virus
- Carers who are also members of staff
- Carers of any other people who lack capacity
- Carers of people at high risk of hospital admission
- Carers of people receiving end of life care
- Carers of people attending A&E who are not subsequently admitted
- Carers of people who are outpatients or day surgery patients
- Carers of people with complex conditions not elsewhere specified
- Young Carers and Young Adult Carers – Carers under 25
- Parent Carers
- Male Carers
- Older Carers
- Working Carers
- BME Carers and Carers with cultural and spiritual requirements
- Lesbian, Gay, Bisexual and Transsexual Carers
- Travelling or gypsy Carers
- Carers with disabilities/medical conditions
- Carers who are patients themselves

Guidance on use of PAS to record Carers

RI Screen (shows Patient Demographics)

SDHPASAPPI - KEAL 420

RCUR1 PATIENT MAIN DETAILS LIVE DJS

RA. SPECIFIC REQUIREMENT.

1. Surname [TESTPATIENT] 2. Nee []
 3. Forename [TIMOTHY] Aliases
 4. 2nd Fname [GRAHAM BERTRAM FRED]
 5. 3rd Fname []
 6. DOB/Age [23-AUG-1969] 48y
 7. Sex [M] Male Eth Gp: A
 8. Title [MR] 9. Civ. St.[S] Single

10. Permanent [SOUTH DEVON HEALTHCARE] 13. NHS No. []
 address [TORBAY HOSPITAL] 14. New NHS No. [444 444 4444]
 [NEWTON ROAD] 15. [] []
 [TORQUAY] Hospital No 007007 C
 11. Postcode [TQ2 7AA] Validated A&E Number E0518631 NC
 District [] Rad Link No. 00385573 NC
 12. Cur. Tel. [01803 653459] ICS Number 2090252
 17. Mob. Tel. [12345678901234] Txt Consent [N] R D & E No. 0070070 NC
 Child Guide CG00707 NC

16. GP & Prac [CANK] NO G.P. FOR PATIENT NOT REGISTERED 04-JUL-2017
 PATIENT NOT REGISTERED WITH ANY GP PRACTICE, - CONFIRMED WITH PPSA
 SEcondary details/Further Details/COntacts/Other [0]

1 (023, 051)

CO (Contact Screen) showing the contacts that have been added to the patients record in IHCS.

SDHPASAPPI - KEAL 420

RCUR4 PATIENT CONTACT (NOK) LIVE DJS

Current name: TESTPATIENT, TIMOTHY GRAHAM BERTRAM DOB: 23-AUG-1969 Sex: M W

No	Type	Name	Relationship
1	Chief Carer	BROWN, PETER	BROTHER
2	Emergency	LOTTY, BOB	UNCLE
3	Next of Kin	GEORGE, JOE	FATHER

New/number for full details/Accept/Other []

1 (023, 043) Nor Ovt

Details of a patient's contact that has been added (number one in the list of contacts from previous page)

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SDHPASAPP1 - KEA1420
File Edit View Tools Options Help
RCUR3 PATIENT CONTACT (NOK) LIVE DJS
Current name: TESTPATIENT, TIMOTHY GRAHAM BERTRA+ DOB: 23-AUG-1969 Sex: +
1. Contact type(s) [C ] Chief Carer
   [ ]
   [ ]
   [ ]
2. Surname [BROWN ]
3. Forename [PETER ]
4. Sex [ ] 5. Age in years [ ]
6. Relationship [BROTHER ]
7. Home Address [SOUTH DEVON HEALTHCARE ]
   [TORBAY HOSPITAL ]
   [NEWTON ROAD ]
   [TORQUAY ]
8. Postcode [TQ2 7AA ]
9. Home Phone [01626 324500 ]
10. Work Phone [ ]
11. Comments [ ]
   [ ]
Contacts/Next Record/Delete/Change/eXit/Accept/Other [ ]
1 (023,055)
Pg Up Pd Dn Help Do F17 F18 F19 F20 Jim1
    
```

“ Me at Home” – patient profile



This tells you how I am at home normally

NAME: Address Tel: Preferred Name :	Hosp number: NHS: DoB:	PP DECLINED <input type="checkbox"/> (tick) <i>You have been offered a Patient Profile but have refused one at this time</i>
NoK / Main (Unpaid) Carer Name: Phone number: Patient permission to share information with above-named: Patient capacity issues requiring information to be shared: Copy letters / appointments to be sent to Carer?	PoA (Health and Wellbeing) <input type="checkbox"/> (tick) <input type="checkbox"/> Full / None /Partial (give detail) <input type="checkbox"/> Always / None /Partial (give detail) Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please circle relevant words, and add brief comments saying what support you need

Box for office use only

Communication *Hearing, H. aid, Sign Language, sight, glasses, speaking, understanding, pictures, memory*

Mobility/ Movement *Walking, moving arms/legs, getting on/ off bed/ chair/ toilet, supervision needed*

Personal hygiene *Bathing/ showering/ washing/ shaving/ getting dressed/choosing clothes/ prompting*

Eating/drinking *special diet/ swallowing/ thickened fluids/ beaker/ straw/ cut up/ pureed/ companion*

Toileting *catheter / pads / prompting / constipation*

Sleep pattern/night time assistance *sleep time and how long/disturbed sleep/ lights on/off / routine/ sleep in day*

Routines / favourite objects / likes and dislikes

Behaviours *wandering/ self-harm/ pull out drips/ phobias/ disturbs others/ what helps /makes worse?*

All medical conditions/ syndromes / allergies

Administration of medication *via PEG/ liquid form/ with certain drink*

Signature of NOK/Main Carer/Person completing form:.....

Print Name: date:

If you have a learning disability, contact THE LIAISON NURSE on 01803 654994 for advice
If you have dementia and require any further information.....

Protocols & Guidelines – Document Control

This is a controlled document. It should not be altered in any way without the express permission of the author or their representative. On receipt of a new version, please destroy all previous versions.

Ref: 1186	Title: Working with Carers of People in a Hospital Inpatient Setting		
Date of Issue:	19 January 2018	Next Review Date:	19 January 2021
Version:	4		
Author:	Carer's and Volunteers Lead		
Index:	Organisation Wide		
Classification:	Protocol		
Applicability:	All Staff		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief.		
Evidence based:	Information not supplied		
Produced following audit:	No		
Audited:	No		
Approval Route:	See ratification	Date Approved:	15 January 2018
Approved By:	Care and Clinical Policies Group Chief Nurse Medical Director		
Links or overlaps with other policies: 1187 - Safeguarding Vulnerable Adults, ED3 Accessible Information 1848 - Carers Policy			
All TSDFT Trust strategies, policies and procedure documents.			

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Issue	Date	Status	Authorised
1	30 July 2009	New	Director of Nursing & Governance
2	20 November 2009	Revised – Amendment to Appendix 1	Governance and Patient Safety Lead
2	11 February 2010	Document Control Added	
3	8 April 2010	Revised – Appendix A Patient Profile	Director of Nursing & Governance
3	29 August 2013	Date change	Director of Nursing, Professional Practice and People's Experience
4	19 January 2018	Revised	Care and Clinical Policies Group Chief Nurse Medical Director

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users <input type="checkbox"/>		Staff <input type="checkbox"/>	Other, please state... <input type="checkbox"/>
Could the policy treat people from protected groups less favorably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Sexual Orientation	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Religion/Belief (non)	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?		Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Are the services outlined in the policy fully accessible ⁶ ?		Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Does the policy encourage individualised and person-centred care?		Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?		Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy?			
Patients/ Service Users <input type="checkbox"/>		Trade Unions <input type="checkbox"/>	Protected Groups (including Trust Equality Groups) <input type="checkbox"/>
Staff <input type="checkbox"/>		General Public <input type="checkbox"/>	Other, please state... <input type="checkbox"/>
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		Signature	
Validated by (line manager)		Signature	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net
This form should be published with the policy and a signed copy sent to your relevant organisation.

- ¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
- ² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
- ³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
- ⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated
- ⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives
- ⁶ Consider both physical access to services and how information/ communication is available in an accessible format
- ⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – New Data Protection Regulation (NDPR)

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU New Data Protection Regulation (NDPR) in mind and therefore provides the reader with assurance of effective information governance practice.

NDPR intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy.

Furthermore, NDPR requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data. The most effective way of being open is through data mapping. Data mapping for NDPR was initially undertaken in November 2017 and must be completed on a triannual (every 3 years) basis to maintain compliance. This policy supports the data mapping requirement of the NDPR.

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [GDPR](#) page on ICON.