

Title: **CARERS POLICY**

Directorate: Community

Responsible for review: Carers and Volunteers Lead

Ratified by: Care and Clinical Group

Applicability: All staff

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1 Purpose

- 1.1 This policy aims to ensure that Torbay and South Devon NHS Foundation Trust (TSDFT, hereafter referred to as ‘The Trust’) demonstrates a culture of respect for Carers, for their knowledge and experience. The Trust will proactively support and work in partnership with Carers, in order to achieve the best outcomes for both the Carers and the people for whom they care. The definition of a Carer is included in Section 4.
- 1.2 Staff guidance has been developed to go alongside this policy (Carers Protocol [1186](#)). The procedural Checklist is attached at [Appendix A](#).

2 Introduction

- 2.1 The Trust recognises that Carers are essential partners in the triangle of care – patient / service user, professional and Carer. This policy is relevant to all Trust staff, with particular responsibilities as outlined below. The Care Act (2014) and Children and Families Act (2014) enshrine in law the rights for Carers of any age to have access to an assessment and appropriate support.
- 2.2 National research shows that involving Carers in a person’s support, particularly in hospital discharge and re-ablement services, has significant benefits to patients / service users and reduces costs to the NHS. It can reduce admissions / readmissions to hospitals or care homes, promote early discharge and improve the patient / service user and Carer experience.

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- 2.3 Wherever a person's consent has been, or if a Carer has formal rights such as Lasting Power of Attorney for Health and Welfare or when staff members are acting under the Mental Capacity Act, Carers should be actively involved in planning a person's care. Consideration should be given to making appointments at times that ensures this participation. Particular efforts should be made to include Carers who may be working or in education and may therefore not be available during normal working hours.
 - 2.4 Effective support for Carers requires a 'whole system' approach, with all health and social care agencies working together to identify Carers, to treat Carers as expert partners in care, and to direct them to appropriate support.
 - 2.5 The Trust has given a formal commitment to an integrated approach to meet the needs of Carers. By implementing best practice, we wish to promote the health and well-being of Carers, and establish a reputation for working in real partnership with Carers.
 - 2.6 This Policy has to be considered alongside The Trust's guidance on information sharing, capacity and consent, as well as relevant legislation ([Appendix B](#)) such as the Carers' right to assessment in their own right. Even if the patient /service user does not want information to be shared with a Carer, or refuses any other support or care, Carers are still entitled to receive help and support in their own right, and to have their views treated with respect. Where the patient / service user does consent for information to be shared, this should be recorded in line with the Data Protection Act and The Trust's guidance.
 - 2.7 The Trust realises the value of supporting staff who are Carers, and of offering employment to Carers who often have many transferable skills. Where members of staff are Carers, they will be supported in their role as referenced in The Trust's Flexible Working Policy and with job coaching and employee assistance scheme if necessary. As employers of large numbers of people, The Trust will proactively offer flexible employment suitable to Carers.
 - 2.8 This policy will set standards to ensure that Carers' experience of care and support within the Health and Social Care Community which The Trust covers is a positive one.

3 Roles and Responsibilities

- 3.1 The responsibilities and training requirements for each staff role are outlined below. Carers Awareness Training which covers both Level 1 and 2 is provided on the HIVE <https://thehive.torbayandsouthdevon.nhs.uk/course/view.php?id=345> [link tested 23.11.17]
- 3.2 All clinical staff should have a basic understanding of the definition of who is a Carer and a commitment to treating them with respect.
- 3.2 Front-line staff should have Level 1 Carers Awareness Training, and have read the relevant Staff guidance and protocols enabling them to
 - identify Carers (including those who do not recognise themselves as Carers),
 - with Carer's consent record this as required,
 - know where Carers can access information and support, and
 - ensure that Carers' basic needs are met eg appointment booking, giving Carers information card.
- 3.3 Assessing staff should have Level 2 Carers Awareness Training, and have read the relevant staff guidance and protocols enabling them to
 - identify Carers (including those who do not recognise themselves as Carers, secondary Carers and those who are under 25, especially those of primary school age.)
 - with their consent, record Carers details and their views, as appropriate,
 - be sensitive to the needs of Carers and their willingness and ability to be involved in someone's care.

- involve Carers in any information-giving, assessment, care / discharge planning as agreed with the patient / service user.
- offer Carers an assessment in their own right, or advise them how to obtain this
- provide copies of written information to the Carer if requested (and agreed with patient)
- be clear what tasks the Carer is doing, whilst ensuring that they realise that this is not an obligation, and that they should have regular breaks and support
- where medication, medical procedures or manual handling are to be undertaken at home, to ensure that Carers are given appropriate training, including recognising risks and deterioration of someone's condition
- even where the patient / service user has capacity and does not wish the Carer to be involved, to know that Carers are entitled to an assessment and support in their own right, and to treat their views, experience and knowledge with respect
- advise Carers how to access appropriate information and support
- involve Carers in contingency planning, such as if they become unable or unwilling to care.

3.4 Line Managers / Recruitment Staff should

- ensure that staff have had appropriate training and treat Carers with respect
- ensure that all new front-line staff members are issued with a 'Carers Recognition Tool' for their lanyard
- ensure that staff who are Carers are supported in both their working and their caring role via Flexible Working Policy, Special Leave Policy, job coaching, employee assistance scheme and any other measures as necessary
- encourage the employment of Carers.

3.5 Professional Practice / Policy Staff should

- ensure the involvement of Carers in all relevant staff guidance and policy

3.6 All Staff should

- ensure that Carers are respectfully engaged, communicated with, and consulted
- ensure that Public Consultation includes Carers

3.7 Carers Lead should

- promote positive developments to support Carers across The Trust
- advise and support The Trust in the actions required to support this policy
- act as a central point for addressing queries relating to this policy and its application in practice
- review this policy as required
- ensure that Carers are involved in the development of the Carer strategies, and review of policies and procedures

3.8 Chief Executives, Heads of Department should

- ensure that The Trust demonstrates a culture of respect for Carers and the triangle of care – professional, person, Carer
- Enable a culture which actively supports the recruitment and retention of Carers across The Trust.

4 Key Principles for the Carers Policy

The Care Act (2014) defines a Carer as someone who provides or intends to provide care for another person needing care. This policy covers all Carers (details at [Appendix C](#)) and outlines the key principles for Carers with the mnemonic I.R.I.S. : Identify, Record, Involve, Support, as detailed below. Staff guidance has been developed, with the procedural checklist at [Appendix A](#).

4.1 Identification of Carers at the first Opportunity and Recording appropriately

4.1.1 Identification of Carers at the first opportunity can only be achieved with good staff awareness and a robust means of recording and sharing information between systems. Staff should have a 'Carers Recognition Tool' on their lanyard to assist with this.

4.1.2 It is essential that Carers are identified as early as possible, before caring begins to impact on their life. There are three critical points for the identification of Carers:-

- At the point of diagnosis (or probable diagnosis where diagnosis is likely to be a lengthy process) of a condition which is likely to require support or care,
- During emergency, transfer or planned admission of a person to hospital which may result in a need for support or care,
- At a point of deterioration in the patient's /service user's condition due to increased frailty, long-term condition, substance misuse or increased vulnerability, when support or care is required.

4.1.3 Many Carers do not readily identify themselves as such, for many different reasons - they do not recognise the term 'Carer' and feel that they are 'just' a family member; they may perceive that requiring outside help means that they have failed; families with children and young Carers may be concerned about the involvement of agencies; or they may have cultural reasons for not identifying themselves. A proactive approach by staff is essential to ensure that all Carers are given appropriate advice and support, recognising that they may not wish to be described or referred to as 'a Carer'.

4.1.4 On identification of a Carer, it is important that staff should be aware that not all Carers will feel willing or able to continue in their caring role and that sensitive negotiation may be required to agree their level of involvement.

4.1.5 Upon identification, Carers will be given relevant information about their rights and support as outlined in 4.3 below.

4.1.6 If someone is admitted to hospital who is a Carer themselves and they are not on the Carers Register with emergency back-up plan, then sufficient information should be taken to enable support to be arranged for the person for whom they care.

4.1.7 Robust systems for recording Carers and for sharing this information appropriately across the Health and Social Care community must be developed. Within the hospital, the 'Carers Symbol' (see Carers Protocol [1186](#)) should be used to identify those patients with a carer who should be involved or consulted. The consent of the person who is being cared for must be recorded on the appropriate documentation.

4.1.8 Front-line staff will be given Carers Awareness Training, at a level appropriate to their role. This will happen as part of the induction process and should be renewed every three years.

4.2 Involvement of Carers

4.2.1 Carers will be involved in both support of the individual patient / service user and in development and evaluation of services. Responsibilities of staff are in Section 3, and procedural guidance is outlined in Carers Protocol (checklist included at [Appendix A](#)).

4.2.2 Wherever a person's consent has been, or if a Carer has formal rights such as Lasting Power of Attorney for Health and Welfare or when staff members are acting under the Mental Capacity Act, Carers should be actively involved in planning a person's care. Discussions must take place separately with both patients / service users and Carers about the level of involvement that they want.

- 4.2.3 If there are issues of capacity or vulnerability, guidance is outlined in the Safeguarding Vulnerable Adults and Mental Capacity Act Policies.
- 4.2.4 A discussion should take place as early as possible with Carers about the fact that they are considered to be a Carer and that there is support available to them.
- 4.2.5 Apart from the implications of Paragraphs 4.1.1, 4.2.2 and 4.2.3, the Carer should, as far as practicable, be treated as part of the team, being involved in decisions, providing expert advice and personal knowledge. Particular consideration should be given to involving working Carers and Carers who are parents.
- 4.2.6 For many people, particularly those taking on caring for the first time, discharge from hospital can be a stressful transition, full of uncertainties and unknowns. Particular attention will therefore be paid to ensuring Carers' involvement in this process.
- 4.2.7 In hospital, it should be made clear to the Carer whether they are welcome to visit at any time, or at certain times to be agreed with ward staff.
- 4.2.8 Where Carers wish to undertake aspects of someone's care, this will be encouraged, clearly acknowledged in a care plan, but with a clear message that it is not an expectation, and that the Carer should take regular breaks. Any potential impact on the Carer's health or wellbeing should be addressed. There are additional legal considerations when Carers are under 18, so consultation with Carers Services should take place in all these cases.
- 4.2.9 Carers will be involved in discussions about medication, medical procedures or responsibilities that are to be undertaken at home. Carers will be given appropriate advice, guidance and training to undertake these safely, and to identify risks.
- 4.2.10 The Trust will develop mechanisms to fully involve Carers in consultation about and evaluation of services that affect them.
- 4.3 Support including Information and Advice to Carers**
- 4.3.1 Information, Advice and Support to Carers must be given in a way that is most useful and accessible to them, including to those who do not see themselves as Carers.
- 4.3.2 Staff must work using a 'whole family approach' to ensure that all Carers are identified, and can then receive appropriate support. It is well-evidenced that many Carers neglect their own health and well-being, so particular attention must be made to support Carers who are at most risk themselves, including Carers under 25, particularly of primary school age.
- 4.3.3 Where the patient / service user gives consent, this will be recorded and Carers will be given information about the individual's condition, treatment, medication and care pathway.
- 4.3.4 Carers will also be informed how to access support in their caring role. Staff members who undertake assessments will ensure that Carers who may need support are offered an assessment in their own right.
- 4.3.5 The use of volunteers to support Carers will be developed. This will include support through hospital admission and discharge processes, and in the community.
- 4.3.6 Clear and consistent arrangements will be in place across the Hospital to address practical issues such as parking and access to refreshments as per Carers Protocol ([1186](#)).

5 Training and Supervision

- 5.1 Carers Services will be responsible for developing Carers Awareness training which will be available in a variety of formats. It is to be considered as essential training, levels will be dependent on role as outlined in Section 3, and will form part of induction processes.

6. Monitoring and Auditing

- 6.1 Linked to the policy is an action plan for promoting the principles embodied herein including targets for awareness training. This action plan will be reviewed and updated at least on an annual basis by the Carers Lead within Professional Practice, and reported via Experience and Engagement channels.
- 6.2 A review of this document will be conducted every three years or following a change to associated legislation and is the responsibility of the Carers Lead.

7. References

- 7.1 This policy has been drafted in accordance with the principles of legislation outlined in Appendix B. Under the Freedom of Information Act 2000, the document is classified as 'OPEN'.

8. Equality and Diversity

- 8.1 This document complies with The Trust's Equality and Diversity statements.

9. Further Information

- 9.1 Links to policies:
Information Sharing
Capacity and Consent
Staff Flexible Working Policy
- 9.2 Link to Protocols:
Carers of people in an hospital inpatient setting

10. Appendices

The following Appendices are attached to and form part of this document:

[Appendix A Checklist to accompany staff procedural guidance](#)

[Appendix B Legislation](#)

[Appendix C Definition of a Carer](#)

Carers Procedural Checklist for Staff. Detail in Carers Protocol (1186)**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?
- Are they on Carers Register? If not give Carers Info Card (Torbay=purple, Devon=red)
- For Carer of inpatient, if both agree, give blue Carers Pass card if not on Carers Register and inform that..... (see SOP 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

- 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 they care for. NB Even if person does not consent to their involvement, their opinions should be valued.
- With person's consent, or if they lack capacity....
 - 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,
 - Would it be helpful if they 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 they do not feel obliged to do it
 - Ensure they are clear that staff still retain all responsibilities for care / treatment
 - Agree with responsible registered nurse what they will do - detail on plan
 - Manual Handling + Infection control
 - Ensure they have regular breaks

Support

- Ensure Carers aware of their right to have an 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

Legislation

Carers (Recognition and Services) Act 1995

Carers and Disabled Children Act 2000

Carers (Equal Opportunities) Act 2004

Equality Act 2010

Care Act 2014

Children and Families Act 2014

Definition of a Carer

- 1 The Care Act 2014 defines a Carer as someone who provides or intends to provide care for another person needing care.
- 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 Below is a list of groups of Carers that are encompassed by this policy. It should be noted that, in many cases, there may be more than one Carer involved in a person's care.

Carers covered by this policy

- 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

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

| | | | |
|---|---|--------------------------|-----------------|
| Ref No: | 1848 | | |
| Document title: | Carers Policy | | |
| Purpose of document: | Update Carers Policy In light of Legislative Changes | | |
| Date of issue: | 12 January 2018 | Next review date: | 12 January 2021 |
| Version: | 3 | Last review date: | |
| Author: | Carers and Volunteers Lead | | |
| Directorate: | Community | | |
| 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 | | |
| Committee(s) approving the document: | Care and Clinical Group | | |
| Date approved: | 15 November 2017 | | |
| Links or overlaps with other policies: | All TSDFT Trust Strategies, policies and procedure documents | | |

| | <i>Please select</i> | |
|---|--------------------------|--------------------------|
| | Yes | No |
| Have you considered using Equality Impact Assessment? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does this document have implications regarding the Care Act? <i>If yes please state:</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does this document have training implications? <i>If yes please state:</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does this document have financial implications? <i>If yes please state:</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Document Amendment History

| Date | Version no. | Amendment summary | Ratified by: |
|------------------|-------------|--|-------------------------|
| December 2014 | 2 | Care Act Compliance | |
| 12 January 2018 | 3 | Revised | Care and Clinical Group |
| 20 February 2018 | 3 | Review date extended from 2 years to 3 years | |
| | | | |

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 pdf.sdht@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.

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.