



Policy for the Assisted Lifting and Response Team (ALRT) in caring for non-injured fallers in the community

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Partners in Care

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Document Information

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Links or overlaps with other policies:			
The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.			
The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy .			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1.0	Draft	12 June 2018	First draft	
1.1	Draft	15 June 2018	Amendments and additions from ICO and SWASFT	
2	Ratified	5 July 2018	Revised	Care and Clinical Policies Group



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1 Introduction

- 1.1 The ALRT team have been created with a view of alleviating the pressure on South Western Ambulance Service NHS Foundation Trust (SWASFT). There are many patients that will call for an ambulance when they fall and are unable to independently stand up. SWASFT data for the South Devon and Torbay Clinical Commissioning Group footprint identified a total of 1,833 calls with a triage of a fall during October, November and December 2017. A total of 421 calls were triaged as a Category 4 call. These patients may not have had any injuries and only required assistance off the floor. These Category 4 calls have a response time of 3 hours and patients could wait longer than this for an emergency ambulance to arrive. The expectation of the ALRT team would be to reach the patient within 90 minutes. Prior to the commencement of the ALRT team patients waiting for an ambulance, due to a fall, could be waiting for 4 hours. These patients are at risk of deterioration from a long lie and could suffer pressure area damage, dehydration, infection and hypothermia. Therefore the person who had simply fallen might need to be admitted to hospital due to their deterioration while waiting. The ALRT team has been created to improve the patient outcome for the falling patient.

2 Statement/Objective

Introduction of a new service from the Patient Transport team, to relieve pressure on SWASFT by the provision of an alternative in-hours low-acuity service, and to provide a more rapid response to patients clinically triaged as requiring assistance back to a sitting or standing position following a non-injurious fall.



3 Roles & Responsibilities

- 3.1 Responsibility for the patient during triage remains with SWASFT until the referral has been accepted by ALRT.
- 3.2 Once the case has been handed over to ALRT the responsibility sits with Torbay and South Devon NHS Foundation Trust (TSDFT) in the role of Clinical Lead for Patient Transport Services
- 3.3 If the ALRT team are unable to accept the call due to capacity issues or need to refer the patient back to 999, the responsibility reverts back to SWASFT from the time the call is ended. It is not the role of ALRT to remain with the patient
 - 3.3.1 If the patient is not safe to be left alone ALRT may consider if informal carers could be left with the patient or may contact Rapid Response team to sit with patient.

4 ALRT process / guidelines

4.1 Patient Criteria for the ALRT team

- 4.1.1 All 999 calls to the ambulance service receive an initial triage through the Advanced Medical Priority Dispatch System (AMPDS) to identify the initial response category. Patients triaged as a category 4 call receive additional clinical triage through a Hub Clinician (Paramedic, Nurse, or GP). Where this clinical triage identifies that the patient is not injured they are suitable for referral to ALRT. The patient is then discharged from SWASFT's clinical care.
- 4.1.2 The patients that are referred to ALRT will be category 4 patients (that is the lowest level of risk) and it will be confirmed that there is no injury during the phone call to the ambulance service before a transfer of care. The call handler will always try to speak to the patient themselves or a carer.
- 4.1.3 The ALRT will have to agree to take the patient, having assessed that they have all the necessary resources available and that the patient meets the acceptance criteria.
- 4.1.4 Patient acceptance criteria:
 - Age 50+
 - Weighs <22 stone
 - Be able to have a conversation and have mental capacity to consent to care
 - Be alert and responsive
 - Not have any significant injury
 - Note – small skin tears may be referred onto the Community Nurses by ALRT, or may be managed by SWASFT sending an Advanced paramedic to assist with the wound dressing alongside ALRT



- Not have been consuming alcohol or drugs
- Not be taking anticoagulants
 - Note – this is the criteria at the start of the ALRT service, but this aspect will be reconsidered during the first year of the service to see if this restriction can be safely removed.
- Have no head injury
- Have a pain score of less than 3, on a scale on 0-10 where 0 is none and 10 is excruciating
- Not calling from an address that has a “Violence Trigger”

4.1.5 Patients that have any medical problems or injury will need a paramedic and will therefore not be transferred to ALRT.

4.2 Referral Process

- The SWASFT Hub Clinician calls the ALRT number for referral
- ALRT accept the patient from SWASFT
- SWASFT inform the patient that ALRT will be responding
- ALRT complete their patient referral form
- The ALRT team will attend the patient within 90 mins

4.2.1 In the event that ALRT are unable to accept referrals from SWASFT because of high demand the patient will remain on SWASFT’s pathway.

4.2.2, If ALRT assess that they will be unable to provide the agreed service during normal operational hours for a significant amount of time, the ALRT team leaders contact the MiDOS team to temporarily remove the ALRT option from the Clinical Hub’s list of options.

4.2.3 In the event that ALRT accept a referral from SWASFT but are unable to attend the patient, the ALRT team leaders must re-contact SWASFT via 999 to ensure that SWASFT will send a response to the patient. The original incident number must be given to SWASFT.

4.3 Expectation of the ALRT team

4.3.1 Upon arrival to the patient, ALRT undertake a secondary survey to confirm no injuries are suspected. Note: this survey is not clinical in nature, so no clinical observations will be made; however, in addition to secondary survey, ALRT crews are trained in First Aid and primary survey should the patient have deteriorated since the referral from SWASFT or during the ALRT visit

4.3.2 Use the provided equipment - the Elk or the Raizer Chair - to help move the patient off the floor; or if the patient is able and consents, to promote independent rise from floor with or without use of furniture to assist – thus promoting self-rescue should the patient fall again.



- 4.3.3 Stay with the patient, while cleaning the equipment, and complete documentation for onward referral. This will give ALRT time to ensure the patient remains stable and whether the patient has any further support needs
- 4.3.4 Offer the patient a drink and ensure the patient is able to drink normally without side effects and are able to get to their toileting facilities as normal.
- 4.3.5 Ensure the patient is safe and comfortable before leaving.
- 4.3.6 Leave the patient with a Falls Prevention guidance leaflet, having pointed out the key information to the patient (or carer).
- 4.3.7 If the patient is in need of personal care, for example if the patient has been incontinent, then the patient will need to be referred to the Rapid Response Team. Where support is required, either immediately or over the following 36 hours, these referrals must be made by telephone only. Emails are only used for falls referrals which will be forwarded to the relevant Intermediate Care team to be triaged

4.4 If the patient has deteriorated on arrival of the ALRT

- 4.4.1 Where the ALRT team have identified that the patient has deteriorated since initial triage they will be expected to redial 999. The patient will then be re-triaged through AMPDS and responded to appropriately.
- 4.4.2 If the patient has a small skin tear, the ALRT team will need to refer to the Community Nurses. The community nurses are allocated by locality and will need to be contacted according to the location of the patient's General Practitioner (GP).
- 4.4.3 It may be more appropriate to refer to the Intermediate Care (IC) teams if the patient requires follow up for therapy and nursing care. The ALRT team can refer directly into the IC team. The IC teams are also located according to the patient's GP. Contact details are listed in Appendix 1 and can be found on the intranet, including the referral form to complete and send to their generic email.
- 4.4.4 Before the ALRT team leave they will be expected to do a final check with the patient, ensuring they are comfortable and safe. For example ensuring they have a drink if needed and a phone to hand.
- 4.4.5 There is not an expectation for the ALRT team to stay, even if an ambulance is called, if it is deemed that the patient is safe.



4.5 Governance

4.5.1 All SWASFT Emergency Medical Dispatchers (999 Call Handlers) and Hub Clinicians have a sample of their calls audited each month.

4.5.2 All calls to and from the SWASFT Clinical Hubs are recorded.

4.5.3 ALRT use the Assisted Lift Response Team Call Out Report (Appendix 1) for all patients attended. Training records will be held centrally and managed by Line Managers.

4.5.4 Standards Operating Procedures (SOPs) or User Manuals to be used for all lifting devices. [\(5\)SOP documentation Mangar Elk reviewed.dotx](#)

<https://mangarhealth.com/uk/wp-content/uploads/sites/2/2016/09/ME0117-Issue-7-ELK-User-Instructions.pdf>

<https://www.liftup.dk/media/3656/user-manual-raizer-us-version-18.pdf>

4.5.5 The Associate Director for Nursing and Community Services will audit case scenarios with the falls lead once the service has commenced.

4.5.6 If there are concerns of a “near miss” or a potential incident, Incident reporting will be completed and relevant investigations will be performed.

4.5.7 If a serious incident occurs, there must be an immediate telephone conference with the Associate Director for Nursing and Community Services, Patient Transport managers, SWASFT Senior Clinician on call, SWASFT County Commander (South and West Devon), SWASFT Patient Safety Manager and TSDFT Governance.

4.5.8 Consider Safeguarding if the patient has experienced significant harm and if there is a type of abuse suspected.

4.6 STOP Criteria

If there are concerns or errors there will be a STOP on the service. The STOP criteria would be if any patients would be in danger, or if the service was deemed to leave patients in an unsafe situation.



5 Training

5.1 The ALRT team will be trained in:

- Basic First Aid
- Using Moving and handling equipment safely and effectively
- Post fall training
- Patient record keeping and documentation
- Moving and Handling training
- CPR
- Safeguarding

5.2 Five training scenarios have been written to link with the MiDOS profile, to check that the SWASFT Clinical Hub and the ALRT team make the right decisions so that the patient receives the response appropriate to their needs. These will be refined in connection with the MiDOS profile as required.

6 Monitoring, Auditing, Reviewing & Evaluation

6.1 The Associate Director of Professional Practice will audit case scenarios with the falls lead once the service has commenced.

6.2 The intermediate care (IC) lead will monitor the referrals that originate from this service to IC a regular basis and feed back to the AD for Nursing and falls lead.

6.3 The individual and overall cost of the ALRT service will also be monitored on a quarterly basis by the Transport Services Manager and South Devon & Torbay CCG.

6.4 With a view to potentially widening this service in future, SWASFT and CCG to review those non-injured fallers who were excluded by the criteria in section 4.1.4 of this policy (e.g. anticoagulants) but who waited for a SWASFT response for an excessive amount of time (e.g. 6+ hours), to ascertain if the acceptance criteria for ALRT can be extended.

7 References

Rapid Response Report NPSA/2011/RRR001, National Patient Safety Agency

National Collaboration for Integrated Care and Support, DHSC, 2013

Falls Prevention Strategy, SWASFT, 2016



8 Equality and Diversity

This document complies with Torbay and South Devon NHS Foundation Trust's Equality and Diversity statement.

9 Equality and Diversity Exceptions

None identified.

10 Distribution

- Community directorate
- Patient Transport team

11 Appendices

- 11.1 Appendix 1 [Assisted Lift Response Team Call Out Report](#)
- 11.2 Appendix 2 [ALRT Pathway flowchart](#)
- 11.3 Appendix 3 [Falls Prevention guidance leaflet](#)

Assisted Lift Response Team Call Out Report

ASSISTED LIFT RESPONSE TEAM CALL OUT REPORT

Date:	ID:	SWAST incident no:	Patient's Surgery
Call received by:		Name:	
		Address:	
Officer Attending:		Date of Birth:	
Call Received:	<i>ALRT Criteria met?</i>		
Passed to Officer:	<i>Yes - Accept referral</i>		
Arrived on Site:	<i>No - Reject referral</i>		
Returned to Base:	<i>Patient non-injured, not intoxicated, 50+ no violence triggers <22 stone?</i>		

Check List	If any shaded area is ticked DO NOT accept referral		
	Yes	No	
1. Is the person fully conscious?			Are they breathing, alert, responsive.
2. Are they complaining of pain?			Watch facial expressions to assist in assessing for pain.
3. Any sign of bleeding?			
4. Complaining of any new illness?			Any changes in their health over the past few hours.
5. Do they have mental capacity?			Do they understand they are on the floor and they have had a fall.
6. Any bruising, swelling distorted joints?			
7. Can they move head/limbs?			Watch facial expressions to assist in assessing for pain.
8. Is area clear of hazards?			Ensure area is clear & space available to assemble Raizer Chair/ELK.
9. Any sign of fluids?			Raizer cover must be utilized if yes.
10. Any concerns? Is it safe to assist a lift?			Details:

Following an assessment by the Assisted Lift Team, I confirm that I have been assisted from the floor with my agreement therefore I take responsibility for this action.

Patient Name:		Signed:		Date:	
Ambulance called		Yes	No	Ref.	
Outcome of visit: copy all documentation to Rapid Response email for all onward referral: tsdf.rapidresponse@nhs.net					
Urgent Rapid Response required		Non Urgent Falls assessment required		Intermediate Care Required for urgent falls assessment	
Community Therapy		Community Nursing		Time if referred back to 999	
OUTCOME (method and equipment used, if any. Please complete body chart and reference information on further pages if required)					
Next Of Kin to be contacted – Yes/No Details:					
Consent					
I confirm that the above patient or their advocate has been involved in the discussion regarding this assisted lift and onward referral and has given their consent:					
Name:.....			Designation:.....		
Signature:			Date:..... Time.....		
Any additional information – Notes of any Risks/Complaints/Incidents/Verbal or Aggressive Behaviour					
Please ensure incident reporting system completed when necessary					
ALRT name signature and print:					
Date:					
Manager/Lead Review					
Manager name:					
90 minute Target Achieved – Yes/No					
If No reason –					
Any actions taken:					
Outcome template updated – Yes/No					
Onward referral confirmed – Yes/No					



Body chart – for completion when necessary when injuries observed whilst assist lifting	
<p>Indicate location of visible injury or complaint of pain/ Discomfort including previous bruising</p>	
Further Actions Once Assisted to sitting	
<ul style="list-style-type: none"> • Discuss need to inform relatives and GP (with consent) • Refer to: locality team for non-urgent falls assessment/Intermediate care for urgent falls assessment with or without referral to rapid response for urgent personal needs • Document visit on appropriate documentation and any available documents in patient's home (yellow folder/agency folder) • Consider support informal support available: family/friends/neighbours <p>Rapid Response email: tsdft.rapidresponse@nhs.net.</p> <p>Office Hours: Monday-Friday: 8am-5pm Sat/Sun/Bank Holidays: 9am-4pm If urgent need (2-4 hours) call Rapid Response Torbay and South Devon on 0300 004 0315</p> <p>What can Rapid Response provide? Temporary care for toileting/personal care, medication assistance- under patient instruction, night sitting service.</p> <p>What can Intermediate Care Provide? MDT assessments (physio, nurse, OT, Pharmacist, social care), equipment, access to short term placement if not safe to remain at home, links with GPs for medical reviews.</p> <p>When can I refer? You can refer 24/7 via email however referrals will only be responded to during the office hours. If the referral is urgent please telephone first on 0300 004 0315.</p> <p>Can I have a discussion with a member of staff? Yes, please contact the appropriate team on the numbers above during the hours stated.</p> <p>What if I need an urgent response? Phone Rapid response team to discuss needs.</p> <p>•Rapid Response aim to respond within 2 hours and IC within 4 hours if the referral is received within office hours. Rapid response will check team capacity and inform you of expected response time. If you feel the patient is unsafe to be left please contact the teams directly who may be able to respond more quickly, once alternative options have been explored</p>	

CONTACT DETAILS	
Mon-Friday 9am-5pm	Sat/Sun/Bank Holidays 9am-5pm
Torquay- 01803 219706 torquayhsc@nhs.net Paignton/Brixham- 01803 219700 paigntonhsc@nhs.net Coastal - 01626 771666 tsdf.coastalhealthandwellbeingteam@nhs.net Newton Abbot- 0300 500 4042 tsdf.nahhealthandwellbeingteam@nhs.net Moor to Sea - 0300 456 9001 tsdf.moor2sehealthandwellbeingteam@nhs.net 0182tsdf.moor2sehealthandwellbeingteam@nhs.net	Torbay Weekend IC Team 0300 3336099 Torbay.weekendIC@nhs.net South Devon Weekend IC Team 03004364622 Tsdft.weekendICsouthdevon@nhs.net

11.3

Appendix 3

Linked to Patient Information Leaflet - [Falls Prevention guidance leaflet – Ref 25327](#)

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.

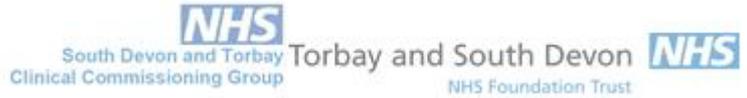
“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected 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)	ALRT Policy	Version and Date	1.0 June 2018
Policy Author	Louise Stevens		
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 checked="" type="checkbox"/>	Staff	<input checked="" 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 checked="" type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Sexual Orientation		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Religion/Belief (non)		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Marriage/ Civil Partnership		Yes <input type="checkbox"/> No <input checked="" 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 checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input checked="" 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 checked="" 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 checked="" type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Introduction of a new service from the Patient Transport team, to relieve pressure on SWASFT and to provide a more rapid response to patients clinically triaged as requiring assistance back to a sitting or standing position following a non-injurious fall.			
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 checked="" type="checkbox"/>	General Public	<input type="checkbox"/>
Other, please state...		<input type="checkbox"/>	
What were the recommendations/suggestions?			
Ensure that the ALRT service provides patient experience consistent with the expectations of all ICO teams.			
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 checked="" 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 pf.d.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.