

<b>Document Type:</b>	<b>Standard Operating Procedure</b>	
Reference Number : <b>2381</b>	Version Number: <b>1</b>	Next Review Date: <b>24 May 2022</b>
Title:	<b>Completion of Data Sheets for Community Productivity within Community Nursing Teams</b>	
Document Author:	Associate Director of Nursing and Professional Practice	
Applicability:	As defined in document	

### 1. Purpose of this document:

- 1.1 This document has been written to provide best practice guidance for standardisation of Community Productivity data within our Community Nursing Teams.
- 1.2 The purpose of this data capture is to install robust management controls and to increase the quality of services provided to patients within the Community services. Managers can then ensure that all patients receive an appropriate volume of care and staff are assigned a level of work, which meets the Torbay and South Devon NHS Foundation Trust (TSDFT) 'fair days' work' expectation.

### 2. Scope of the Standard Operating Procedure (SOP):

- 2.1 The scope of this SOP must be followed by all the TSDFT Community Nursing Team members.
- 2.2 This SOP is applicable to:
  - The Community Nursing daily caseload
  - Includes planned and unplanned activity (unplanned known as SOS)

### 3. Competencies required:

- 3.1 Allocated staff will have developed skills during the roll out programme for the competent completion of the data sheets.
- 3.2 Allocated staff will have the basic IT skills sufficient for the ability to complete the data sheets.

### 4. Procedure / Steps:

- 4.1 On receiving the master template (data sheet) save to the local shared drive as a template.
- 4.2 The template consists of a number of tabs, these tabs are:
  - 4.2.1 TAB 1 is the Template – this holds the master information
  - 4.2.2 TAB 2 is the Monday – Sunday these are the daily allocation sheets of activities undertaken for each staff member

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- 4.2.3 TAB 9 is the Targets – this represents 2019's face to face activity targets.
  - 4.2.4 TAB 10 is the Activities & Time – this is an overview of the activities listed within the visit type dropdown box available to allocate to staff
  - 4.2.5 TAB 11 is a Performance Summary – this tab will give you a rundown of each staff member's individual activity over the week based on their overall weekly available hours.
  - 4.2.6 TAB 12 is the Validation – this is the overall face to face activity for the combined bandings for each day worked, this will self-populate from the data sheets data Monday to Sunday as completed.
  - 4.3 On completion, save the template to local drive with date (Mondays date) and Team Name i.e.: *18 March 2019 Newton Abbot CN*. This will need to be completed weekly using the template supplied.
    - 4.3.1 In the date field on Mondays tab add date i.e. 11/03/2019, this will then populate the dates for the rest of the week.
  - 4.4 Identify your staff members on shift duty for that day from the populated sheet. Please note if there are any staff changes made within the staff names (column A) this needs to be reflected on every page including the template and resave as your new master sheet. For staff who are absent from work due to sick, annual leave, maternity leave please leave contractual hours and available hours boxes blank.
  - 4.5 Check the staff banding associated with the staff member and only change the banding if working at a different band. I.e. Associate Matron B6 works in bank capacity change to 'Band 6'. This will ensure face to face activity is captured correctly against the relevant banding.
  - 4.6 Staffs individual face to face targets will self-populate against selected banding.
  - 4.7 Select location via drop down menu, applicable to Moor to Sea only as all other localities have been prepopulated due to staff movement within this area.
  - 4.8 Add contracted hours of working for that day.
  - 4.9 Add available hours that staff member is available for work with adjustments if appropriate as described below.
    - 4.9.1 Band 5's and below receiving a Personal Development PPlan (PDP)/Achievement Review/Revalidation/Return to work interview/HR meeting would need to deduct the time predicted to complete this from their available hours. The comments box would need to reflect any variation in contracted hours to available hours.
    - 4.9.2 Band 6 & Band 7's no adjustments would be required as the allocated percentage reflects management time.
    - 4.9.3 All bandings would need to deduct from their available hours any training if part of an allocated shift i.e.: e-learning, am or pm training session. Comments box would need to reflect variation in contracted hours to available hours.
    - 4.9.4 Any training for a complete shift needs to be recorded with contractual hours, in the available hour's box add code SD (Study Day) adding comment with details.
    - 4.9.5 When a staff member reports sick please add on the data sheet: full day place SL code (Sick Leave) into the available hour's box noting contractual hour's box remains unchanged. Staff member goes sick
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- during the shift contractual hours remains unchanged and available hours is altered to reflect time completed adding a comment in the comments box reflecting time individual left due to sickness. Work will then be re allocated to the team as required.
- 4.9.6 For staff attending the daily safety briefings please allocate from the selected drop down dox safety briefing as this will be included in face to face activity.
- 4.9.7 Shifts – Early 7am – 8.30am and late 5-7pm hours will be included in the available hour's column, noting that only part of this time will be allocated to some planned work. It will be the responsibility of the Team Leads to review activity demands for these shifts.
- 4.10 Planned Utilisation of activity will be populated as visits are allocated giving a final percentage.
- 4.11 Enter visit type from drop down, noting there is planned, SOS visits, catheter clinics and joint reviews etc.
- 4.11.1 If it is a joint visit the task will be allocated to the senior member, other people attending the visit will choose the drop down joint visit with associated time and in the comments box reflect who they are working with i.e.: #visit 1 palliative review and the nurses name associate with that visit.
- 4.11.2 Once the available hours are identified, the user will then choose from the drop-down menu which visit types are allocated to this individual. The tool will then attribute a reasonable expectation of time associated to each activity. Only one 'visit type' should be inputted per patient so that the correct number of visits shows as being allocated to each staff member. If multiple activities are required per patient, then one of the "multitask visit" options should be selected based upon the fairest estimation of anticipated time required for that visit as a whole.
- 4.11.3 If you attend a visit and are unable to gain access you will need to change your original allocated task to 'non-access visit' and in the comments box supply supporting information including time taken. This time will then need to be populated into the Additional Ad Hoc Hours' column, however if any additional work is completed relating to this it should be reflected in comments box and where necessary in the ad hoc hours.
- 4.12 There is a maximum of 18 visits per individual, should a member of the team supersede this you would need to add their name again at the bottom of the sheet including banding etc. and add subsequent visits from #visit 1.
- 4.13 Bank staff working within the team should be added to the staff list at the bottom of the sheet for the day they are working as 'bank staff' populating the sheet including banding etc.
- 4.14 The additional ad hoc time needs to be captured in minutes. You would only use this box for the situations below:

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- 4.14.1 Any visit requiring 30 minutes or more over the allocated time managed within your contracted hours, ensure a comment is added with the visit it is associated with.
  - 4.14.2 Staff working greater than their contracted hours within any one day would need to adjust their available hours to reflect the additional time and populate the additional ad hoc time accordingly with a relevant comment to support.
  - 4.14.3 As per point 4.11.2 if the visit results in non-access this will need to be captured in the ad hoc box.
  - 4.14.4 Travel allowances have already been incorporated in the non-face to face available time.
  - 4.14.5 When a nurse is undertaking the Triage Nurse role (This could also be known as coordinator/baton phone) the ad hoc time box needs to reflect the hours for this task and a comment added i.e. 5 hours 30 minutes triage noting the 5 ½ hours in the ad hoc box will be reflected in minutes.
  - 4.14.6 If there are multiple visits that resulted in additional time the total additional time will be reflected in the ad hoc time. Supported with relevant comments in the comments box. i.e. #visit 1 30 minutes complex visit, #visit 4 60mins palliative issues therefore total to add to ad hoc box would be 90 minutes.
  - 4.14.7 If on a management day available hours need to reflect contracted hours for that day. The comments box should be used to reflect the staff member is on a management day. Any clinical activity that the member of staff undertakes needs to be populated in the normal way. This activity will contribute to your overall target.
  - 4.14.8 The below activities can be captured for Band 7's and Band 6's as patient interaction care (included as Face to face activity). The comments box would need to reflect the activity and time allocated adding to ad hoc box accordingly. Activities that will sit with the patient interaction care cohort will include the below:
    - 4.14.8.1 Continuing Health Care(CHC) Panel
    - 4.14.8.2 Patient Safeguarding
    - 4.14.8.3 Patient complaint visits
    - 4.14.8.4 Patient telephone consultations
    - 4.14.8.5 Trust Incident Reporting System reviews incidents directly related to patient care
    - 4.14.8.6 Investigations directly connected to patients (for example RCA's SSKIN chronology)
    - 4.14.8.7 Multi-Disciplinary Team(MDT)
    - 4.14.8.8 GP telephone contacts regarding patients
- 4.15 Colour codes apply as indicated on the key at the bottom of each work sheet to identify nurses undertaking SOS calls and therefore may not be allocated full utilisation:

- 4.15.1 Nurse/s covering 7-8.30am name/s to be colour coded yellow.
- 4.15.2 Nurse/s covering 5-7pm name/s to be colour coded blue.
- 4.16 On completion of a full weeks data the data sheet then needs to be sent to the generic work allocation mailbox [tsdft.workallocation@nhs.net](mailto:tsdft.workallocation@nhs.net) by mid-day on the following Monday.
- 4.17 The validation sheet records over all percentage per banding per day face to face allocation. Areas greyed out indicate that these posts are currently not available within your current area.
- 4.18 Should there be a change in staffing email the generic email box [tsdft.workallocation@nhs.net](mailto:tsdft.workallocation@nhs.net) for this to be adjusted to supply the team with a new revised data sheet.
- 4.19 On completion of the daily staff allocation the allocators need to maximise each staff member to their required face to face target. Where staff are not meeting their allocated target this should be highlighted to the Community Nurse Lead who will take appropriate actions as required. The data is available daily but there is an expectation for this to be reviewed a minimum of weekly.

## 5. Monitoring Tool:

The validation table (example below) can be found in the validation tab at the end of each weeks spread sheet. It is the responsibility of the Community Nurse Leads and Locality Managers to share this information weekly with their team.

Torbay and South Devon NHS Foundation Trust									
Daily Planned F2F Utilisation									
STAFF BAND	11-Mar	12-Mar	13-Mar	14-Mar	15-Mar	16-Mar	17-Mar	AVERAGE (WEEK TO DATE)	TARGET
Band 7 (Lead)	15%	33%	20%	17%	21%	-	-	21%	20%
Band 7 (Matron)	65%	63%	57%	83%	62%	-	-	66%	65%
Band 6 (Assoc Matron)	63%	75%	63%	63%	63%	-	-	65%	65%
Band 6	44%	61%	58%	47%	52%	42%	25%	47%	50%
Band 5	63%	69%	63%	63%	58%	63%	58%	63%	59%
Band 4	67%	58%	67%	70%	50%	63%	67%	63%	65%
Band 3	63%	67%	74%	63%	83%	63%	67%	68%	65%
Band 2*	-	-	-	-	-	-	-	-	70%
Band 2 Phlebotomy	70%	67%	72%	50%	75%	42%	40%	59%	55%
<b>TEAM AVERAGE</b>	<b>56%</b>	<b>62%</b>	<b>59%</b>	<b>57%</b>	<b>58%</b>	<b>54%</b>	<b>51%</b>	<b>57%</b>	

Percentages will be automatically colour coded to represent face to face activity for the combined staff on a shift on that one day for a specific banding. Community Nurse Leads and Locality Managers are responsible for reviewing this data and where activity drops below the expected targets (red) weekly reviews are to take place.



As this is a collective percentage of team activity the Community Nurse Leads will be expected to monitor individual staff performance and relevant actions taken as required for those staff who are not achieving target levels set. It is the role of the Associate Director of Nursing and Professional Practice to monitor the data monthly and where appropriate take actions with the Community Lead and the Locality Manager.

**Standards:**

Item	%	Exceptions
<b>Safety:</b> this document serves as a summary/checklist/reminder of the main points for the Community Nursing Teams to complete Community Productivity Tool	100	
<b>Governance:</b> the Community Nursing Teams should follow the procedure set out above.	100	
<b>Patient Focus:</b> this tool will ensure staff activity meets the ICO's expectations.	100	
<b>Accessible and Responsive Care:</b> the Community Nursing Team is able to respond to clients' requirements in an appropriate and timely manner.	100	
<b>Community Nursing:</b> provides a framework for the timely and appropriate response for patients receiving standardised care.	100	
➤ <b>HOW WILL MONITORING BE CARRIED OUT?</b>		<i>By Community Nurse Leads/Locality Managers - weekly Associate Director of Nursing and Professional - Monthly</i>
➤ <b>WHEN WILL MONITORING BE CARRIED OUT?</b>		<i>Team Meetings/individual 121's and within SDU.</i>
➤ <b>WHO WILL MONITOR COMPLIANCE WITH THE GUIDELINES?</b>		<i>Team Leader and Locality Manager Associate Director of Nursing and Professional Practice</i>

**Equality Statement**

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](#)

## 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.*

*This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.*

<b>Ref No:</b>	2381		
<b>Document title:</b>	Completion of Data Sheets for Community Productivity within Community Nursing Teams		
<b>Purpose of document:</b>	To provide best practice guidance for standardisation of Community Productivity data within our Community Nursing Teams.		
<b>Date of issue:</b>	24 May 2019	<b>Next review date:</b>	24 May 2022
<b>Version:</b>	1	<b>Last review date:</b>	
<b>Author:</b>	Associate Director of Nursing and Professional Practice		
<b>Directorate:</b>	Community		
<b>Equality Impact:</b>	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		
<b>Committee(s) approving the document:</b>	Care and Clinical Policies Group		
<b>Date approved:</b>	21 March 2019		
<b>Links or overlaps with other policies:</b>	<ul style="list-style-type: none"> <li>• TSDFT <a href="#">Special Leave H9</a>: May 2017 (<i>last accessed 15/01/2019</i>)</li> <li>• TSDFT <a href="#">Annual leave H31</a>: January 2018 (<i>last accessed 15/01/2019</i>)</li> <li>• TSDFT <a href="#">Shared Parental Leave H16</a> Dec 2015 (<i>last accessed 15/01/2019</i>)</li> <li>• TSDFT <a href="#">Sabbatical Leave policy H21</a>. March 2018 (<i>last accessed 15/01/2019</i>)</li> <li>• TSDFT <a href="#">Secondment policy H28</a>. May 2016 (<i>last accessed 15/01/2019</i>)</li> <li>• TSDFT <a href="#">Career break policy H20</a>. March 2018 (<i>last accessed 15/01/2019</i>)</li> <li>• TSDFT <a href="#">Exclusion from work guidance</a>. October 2015 (<i>last accessed 15/01/2019</i>)</li> <li>• TSDFT <a href="#">Maternity, Paternity and Adoption Leave Policy</a> September 2017 (<i>last accessed 15/01/2019</i>)</li> <li>• TSDFT <a href="#">Inclement Weather Policy H7</a> December 2018 (<i>last accessed 15/01/2019</i>)</li> </ul>		

	<ul style="list-style-type: none"> <li>• TSDFT <a href="#">Wellbeing at Work Policy</a> WB1 December 2015 (last accessed 15/01/2019)</li> <li>• TSDFT <a href="#">Attendance Policy</a> H33 January 2018 (last accessed 16/01/2019)</li> <li>• TSDFT <a href="#">Roster Management Guidelines for Nursing and Midwifery</a>: November 2018 (last accessed 18/03/2019)</li> <li>• TSDFT <a href="#">Lone working policy</a>: March 2017 (last accessed 16/01/2019)</li> <li>• TSDFT <a href="#">Recognition Agreement and Policy For Joint Negotiation and Consultation</a> H24. March 2018 (last accessed 04/04/2019)</li> <li>• TSDFT <a href="#">Time Off for Trade Union Duties, Training &amp; Activities</a> H25 January 2019 (last accessed 04/04/2019)</li> </ul>
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<b>Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.</b>	Yes <input type="checkbox"/>	
	Please select Yes                  No	
<b>Does this document have implications regarding the Care Act?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have training implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have financial implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is this document a direct replacement for another?</b> <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:
24 May 2019	1	New	Care and Clinical Policies Group



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## 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](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.

### Quality Impact Assessment (QIA)

Who may be affected by this document?	Please select			
	Patient / Service Users	<input checked="" type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input checked="" type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input checked="" type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input checked="" type="checkbox"/>	Carers	<input checked="" type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input checked="" type="checkbox"/>
	Others (please state):			

Does this document require a service redesign, or substantial amendments to an existing process?	<input type="checkbox"/>
If you answer yes to this question, please complete a full Quality Impact Assessment.	

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
	Gender re-assignment	<input type="checkbox"/>	Marriage and Civil Partnership	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	Race, including nationality and ethnicity	<input type="checkbox"/>
	Religion or Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>		
If you answer yes to any of these strands, please complete a full Quality Impact Assessment.				
If applicable, what action has been taken to mitigate any concerns?	N/A			

Who have you consulted with in the creation of this document?  <i>Note - It may not be sufficient to just speak to other health &amp; social care professionals.</i>	Patients / Service Users	<input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Details (please state):			

**Rapid Equality Impact Assessment** (for use when writing policies and procedures)

<b>Policy Title</b> (and number)		COMPLETION OF DATA SHEETS FOR COMMUNITY PRODUCTIVITY WITHIN COMMUNITY NURSING TEAMS		<b>Version and Date</b>	Version 1- March 2019
<b>Policy Author</b>		Associate director of nursing and Professional Practice			
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
<b>EQUALITY ANALYSIS:</b> How well do people from protected groups fare in relation to the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
<b>Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)</b>					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population?</b> (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Please provide details for each protected group where you have indicated 'Yes'.</b>					
<b>VISION AND VALUES:</b> Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language <sup>5</sup> used throughout?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the services outlined in the policy/procedure fully accessible <sup>6</sup> ?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the policy/procedure encourage individualised and person-centered care?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy <sup>7</sup> ?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If 'Yes', how will you mitigate this risk to ensure fair and equal access?					
<b>EXTERNAL FACTORS</b>					
<b>Is the policy/procedure a result of national legislation which cannot be modified in any way?</b>					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>What is the reason for writing this policy?</b> (Is it a result in a change of legislation/ national research?)					
There is no current SOP in this area of practice to support staff completing the Community Productivity Data Sheet					
<b>Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?</b>					
Community Nursing Leads, Associate Director of Nursing and Professional Practice, Locality Managers, Senior Managers, Performance Team and <b>System</b> Director of Nursing and Professional Practice.					
<b>ACTION PLAN:</b> Please list all actions identified to address any impacts					
<b>Action N/A</b>			<b>Person responsible</b>	<b>Completion date</b>	
<b>AUTHORISATION:</b>					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
<b>Name of person completing the form</b>		Natalie Herring		<b>Signature</b>	Natalie Herring
<b>Validated by (line manager)</b>				<b>Signature</b>	

## Clinical and Non-Clinical Policies – Data Protection

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 General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime 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, data protection legislation 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.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes  No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on [dataprotection.tsdf@nhs.net](mailto:dataprotection.tsdf@nhs.net),
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.