Document Type:	Standard Operating Procedure	
Reference Number : **2464**	Version Number: **2**	Next Review Date: **26 June 2023**
Title:	**Facilitation of Registering a Childs Death (CFHD-SOP003)**	
Document Author:	Service Lead Clinical Team Lead, Specialist Children's Community Nursing Service	
Applicability:	For Children & Family Health Devon Specialist Community Nurses And For Healthcare Professionals Employed By Children & Family Health Devon	

Protocol Statement

This Standard Operating Procedure is intended to outline a framework for Children & Family Heath Devon Specialist Community Nurses and for healthcare professionals employed byChildren & Family Health Devon ; of local procedures / processes to support when a child or Young Person dies expectedly at home in the community. It links to the following policy documents: Policy for when a Child or Young Person Dies Expectedly at Home.

Contents
When a Child Dies Expectedly at Home

1. Introduction

Healthcare Professionals are required to be informed on the procedure of what to do when a child dies at home in order to prevent and minimise any unnecessary distress being caused to the family at this time. This enables them to support the family in an appropriate manner both practically, physically, emotionally and spiritually in their personal choices and goals for a quality life until the end.

2. Purpose

This policy has been developed and is for use by all clinical staff working in Children and Family Health Devon/TSDFT

The Service aims to ensure that children who are dying receive support enabling them to die in a place of their choosing whenever possible and appropriate. Acknowledging that the guidance for best practice is by authoritative bodies is recognised and taken into consideration.

The policy incorporates the recommendations taken from numerous documents listed in the associated documents page.

Healthcare Professionals working in this field need to be knowledgeable about death and bereavement in advance of supporting a child dying at home (wherever possible) to minimise any unnecessary distress to the family at this time.

This policy and appendices will enable the healthcare professionals to support the family in an appropriate manner both practically, physically, emotionally and spiritually for a quality life until the end.

This policy refers to the expected death of a child only. In the event that the death of the child was not anticipated as a significant possibility 24 hours before the death, or where there was similarly unexpected collapse leading to, or precipitating the events which led to the death are not covered by this policy. In such an event, or where the death is considered suspicious, healthcare professionals should refer to the Children & Family Health Devon policy for the Management of Serious incidents that require investigation (SIRI) where death is unexpected or suspicious. See appendix 1 for child death process for unexpected death.

See ICON page for more details:
https://icon.torbayandsouthdevon.nhs.uk/areas/safegaurding-children/pages/child-death.aspx

3. Definitions

Medical Practitioner	A registered GP, Consultant or Paediatrician.
Healthcare Professional	Registered or unregistered nursing staff working within Children and Family Health Devon.
The term 'child'	Refers to both children and young people.
The term 'parent'	Refers to parents and carers who have parental responsibility or who have had a parental responsibility delegated to them.

4. Practice

Healthcare professionals may be required to provide care at the time of death. In order to do this they need to be able to reasonably predict the death and dying to be able to provide the child and their family with a choice in the place of care or treatment at the time of death.

Healthcare professionals who are present (or soon after) the time of the child's death must ensure that they are confident and competent with the appropriate knowledge and communication skills to care for and support the immediate procedures required after the child has died. They must ensure that they are familiar with all relevant local and national polices / legislation that need to be adhered to when a child dies.

Managers of the healthcare professionals must be satisfied that staff are competent to perform the care required of families when a child or young person has died. The managers of healthcare professionals should be aware of staff limitations and provide a supportive framework in order for healthcare professionals to perform and develop in their roles.

Healthcare professionals are responsible for ensuring they maintain and update professional knowledge and competence in relation to standards of care and scope of professional practice. They will need to identify their own educational and training needs. They may choose to undertake these procedures alongside a colleague, until they have gained sufficient support and supervision and are confident and competent to undertake this autonomously.

5. Duty of Care

Healthcare professionals need to communicate with the child's family to clarify their wishes for when the child is at the point of death with regards to allowing close family and friends into the environment. If an advanced care plan or treatment escalation plan has been completed this should be followed providing it has been reviewed regularly and appropriate risk assessments are completed by the family and healthcare professionals (TGFSL 2019). There may need to be adjustments and compromises which if not planned ahead of time should be discussed with the family where circumstances dictate that the advanced care plan has to be deviated from.

Healthcare professionals should aim to achieve key outcomes in care after the death of the child:

- Provide respect, privacy and time with their child.

- Allow the family to feel empowered to make their own decisions and choices in the events after death.
- Recognise and respect the families, social, spiritual, cultural and religious beliefs and values.
- Provide practical, verbal and written information with regards to advice on procedures relating to advice on procedure's relating to care of the body, removal and transfer and entitlements
- Consider the needs of siblings and close family members at the time of death and on-going
- Ensure consent is gained for procedures such as post-mortem and organ donation and is fully informed.
- Ensure a complete list of professional contacts who were involved with the child is established and that the contacts are informed of the child's death in a timely manner (appendix 2).
- Ensure the family have access to bereavement services and support that are appropriate to their needs
- Ensure support, and supervision for healthcare professionals and carers are provided and accessed as required (UK Hospices 2016).

Healthcare professionals working with the children at the end of their life must ensure they work within their professional codes (NMC 2015/2018) and in conjunction with the relevant local policies, protocols and standard operating procedure.

6. Useful Contact Details following the Death of a child

- Coroner's Officers 01392 225696 (or 684) exetercoronersofficers@devonandcornwall.pnn.police.uk
- Devon Doctors on Call (24 hours) 01392 822344
- R,D and E mortuary 01392 403060
- Avon and Somerset police 101
- Devon and Cornwall police 101
- Rapid Response Team (Ask for CAIU Detective Sergeant to be notified).
- Joint agency Response Practitioner 01752 434161
- Child Death Review Coordinator 01803 655801 (TSDFT) 01392 403153 (RDE) or appropriate hospital
- R, D and E Bereavement Officer 01392 402349
- Coroner's Notification line 01392 403050 (office hours)
- Regional organ donation coordinator 0300 1231108
- LSCB Child Death Notification – electronically (w/in 24 hours)

  via

  https://www.ecdop.co.uk/Peninsula/Live/public
- Child Health Records Office – via email (w/in 24 hours)

  hil.dcios.swchis@nhs.net
- Out of hours contact local hospital switchboards where the coordinator can be contacted 24 hours a day.

7. Verification of Expected Death

Nurses cannot legally verify death unless they have received the appropriate training. If a nurse is present at the time of the child's expected death; it may be appropriate, to verify the death; if they have had training or alternatively if this confirmation is requested by the parents and there is a delay in the certifying Doctor arriving and further distress results. In expected death, the nurse should use their discretion in deciding what is appropriate.

Please refer to: TSDFT- Verification of Expected Adult Death by a Registered Nurse in a Community Setting Policy-1941 V13 Dec 2017.

8. Procedure for the preparation of the child's body following their death

8.1 The family should be accorded the necessary privacy, time, dignity and respect following the death of their child (TGFSL 2019). If an advanced care plan or wishes document has been completed then this should be followed providing it has been reviewed regularly and appropriate risk assessments are completed by the family and healthcare professionals.

8.2 If there is no advanced care plan, ensure their needs and wishes are established in a sensitive manner to promote the families own processes (Children's Hospices UK 2011 & TGFSL2019).

8.3 If there are siblings present facilitate support or assistance to care for them during this time.

8.4 Allow the family time to stay with their child in a relaxed, unhurried and dignified manner.

8.5 Clarify cultural or religious requirements following the death and observe them as appropriate.

8.6 The family should be as involved as they wish in the washing, clothing and preparation of the child's body. This may be outlined in their advanced care plan or discussed at the time.

8.7 When preparing the child's body, it is necessary for the healthcare professional to observe infection control procedures.

8.8 Establish with the family whether any jewellery is to remain on the child and document in the notes. Any items removed should be recorded.

8.9 Priority should be made to ensure that the child is presented in a way that supports the family's wishes and causes minimal distress to them.

8.10 The family should be encouraged to participate in tasks as they are able to or as they have

8.11 Lay the child flat with 1 pillow to support their head.

8.12 Straighten the child's fingers if possible.

8.13 Close the child's eyelids by applying light pressure for 30 seconds as necessary.

8.14 Drain the bladder (if required) by applying light pressure over the bladder.

8.15 Wash any soiled areas and apply an absorbent pad as necessary.

8.16 Remove any soiled wound dressings, wash the area as required and apply clean dressings to the wounds as required.

8.17 Where the death has been expected it is good practice to discuss with the medical practitioner(s) in advance and agree that the child may be washed and dressed prior to their death being certified and that medical devices can be removed.

8.18 Removing some of the invasive devices after death may cause bleeding and lead to clothes becoming soiled and this can be upsetting for the family and they should be forewarned of this. If they would like the child dressed in a specific outfit, it may be better to wash and dress the child and provide the funeral director with the requested outfit.

8.19 The child should be washed and wherever possible the family should be encouraged to undertake this or be assisted by the healthcare professional.

8.20 Provide mouth and lip care.

8.21 Tidy the child's hair.

8.22 Dress the child as requested by the family. If rigor mortis has commenced it may be best to suggest to the family to send the clothes to the funeral directors as the child's body will relax and dressing will be easier and prevent any damage that could be caused to the deceased.

8.23 Place appropriate items as requested by the family with the child. Equipment for preparing the child can be found in the bereavement box and are held at all Children & Family Devon Palliative care bases.

8.24 Healthcare professionals should discuss with the parents whether they would like any memento's to be collected. Mementoes could be any or all of the following and they should be obtained in a sensitive manner.

- Photograph (taken with family camera).
- Lock of hair.
- Hand / foot print/ finger prints.
- Keepsake Jewellery.

9. Transfer of the Child

9.1 If there is no advanced care plan, discuss with the family the options of where their child can be transferred to be prior to the funeral such as:

- Funeral Director service: They should provide the family with advice about preservation and embalming processes.
- Children's Hospice (Starborn bedroom).
- Remain at home: If this is the case, consideration to a mobile cooling unit to slow down the deterioration of the body. As well as practical advice around keeping the room cool and reducing bedding should be provided.
- Hospital mortuaries are available and will receive children, however this is not usual. If this is required a mortuary ID card and notice of death form should accompany the deceased to the mortuary.

9.2 The funeral director should be contacted to transfer the child to the chosen destination.

9.3 Hospice vehicles may be used at the request of the family to transfer the child, however Healthcare professionals have no obligation to participate and must feel able to decline to be involved (CHSW 2015).

9.4 If the child's body is to be transferred out of county the coroner's office must be contacted to gain permission. The following actions will need to be completed prior tothe movement of the child to their place of rest:

- Local police contacted to inform the body is being transported.
- Journey details provided.
- Certificate of death.
- Cover letter from GP/ Hospital
- The family will be given a log number.

9.5 If a post mortem has been offered to the family then consent needs to be obtained from the parents and the child's body transferred to the hospital mortuary with minimal delay.

10. Organ Donation and Tissue Donation.

10.1 If organ or tissue donation has not been indicated or discussed before the child's death, this can still be offered by the healthcare professional if they feel it is appropriate.

10.2 If organ donation has been indicated in the advanced care plan, this should be acknowledged.

10.3 Contact the regional organ tissue donation coordinator who will advise if the child is required to be transferred to a secondary care mortuary.

10.4 The funeral director will contact the harvesting team.

11. Registering the Death of the Child

11.1 The healthcare professional should inform the family about how to register the child's death. Registration of the death needs to take place within 5 days of the death. This may be extended to 14 days if permission is sought and granted by the registrar. Registration should be by the Registrar of the sub-district in which the child / young person died wherever possible.
N.B: There are two types of death certificate; professionals need to be aware that if the child is less than 28 days old then a neonatal certificate is required for the registration of death. After 28 days then the standard death certification should be used.

11.2 It is possible to register the child/ young person's death out of district (which may be home), however the processing of the paperwork required to do this can exceed more than a week and the family should be made aware of this to prevent any distress.

11.3 Who can register the death?

- Parents.
- Close family members.
- Somebody who is present at the time of death.
- It is possible to register a death without the parents being present however; this should be clarified with the registrar at the time of booking the appointment. Where possible at least one parent is almost always encouraged to attend.

11.4 What is needed to register the death?

- Child / young person's full name.
- Child /young person's date and place of birth.
- Home address.
- Birth certificate, medical care /certificate and benefit book (may be useful not essential).
- Name of parents, date and place of birth, home address and occupation.
- Medical Certificate of Cause of Death (Death certificate).
- Appointment with the registrar at the registry office.
- It is possible to ask for a double appointment and request this to be able to register for the 'tell us once service' in order to inform all parties linked to the child and benefits to be informed.
- Currently costs for certificates are approximately £7-£11 for each copy and additional copies of the death certificate at the time of registration are approximately £11-£15 and can be obtained at a later date (additional copies are useful as agencies require them in order to cancel benefits or services requiring official identity documents).

11.5 The family or person registering the child /young person's death need to be aware of the questions that they will be asked at the time.

- Their relationship to the deceased.
- Whether they were present at the time of death.
- Whether the child /young person is to be cremated or buried.

11.6 The healthcare professional should also inform the family of the documents that they will receive from the Registrar and that additional copies of the death certificate will be required to be paid for:

- Certificate for burial or cremation.
- Certificate for registration of death (BD8) which may be required when informing benefits agencies to stop benefits etc.
- Death certificate x 1 (N.B: Additional copies incur extra cost both at the time of registration or at a later date).

11.7 The healthcare professional or funeral director should advise the family that the above forms are required to organise a burial or cremation. The process for cremation usually attracts a fee of approximately £100 per signature. This fee may be wavered by the medical practitioners and the funeral directors if asked to prevent the cost being passed to the family.

11.8 Provide the family with written information from local or national organisations 'when a child dies & caring for a child at end of life' as well as post bereavement services (TGFSL 2012/2019).

11.9 The health care professional should avise fmailies that they can access support for burial and cremation costs for children. The fund provides for burial authorities and cremation authorities to apply to government for the reimbursement of the fees which would otherwise be charged for the provision of the burial or cremation of an eligible child.

12. On-going Bereavement support

Healthcare professionals working with the family before the death may have established with the parents, what the siblings are aware of and whether they have any wishes, needs or preference at the time of their sibling's death. Where possible healthcare professionals should try to address what the plan will for the siblings leading up to and at the time of death, and who will support the siblings.

Parents may require help in supporting and answering sibling questions and helping them deal with their emotions. Healthcare professionals should gain permission of parents to establish the siblings needs and wishes with regards to seeing their brother or sisters body and arranging and attending their funeral.

Healthcare professionals should provide advice to parents that will help them explain to their children, in an age appropriate way, about their siblings' death in order to help them cope. Further information can be gained from the resource and bereavement boxes at community children's nurses' base. If this is not accessible then refer to resources on: https://togetherforshortlives.org.uk/resources/professionals

Grandparents and other relatives and friends may also require help and support and where possible should be given advice and appropriate information on support groups. Further information in relation to books and resources can be provided and sourced from the community children's nursing team, Public Health Nurse or local charity and acute trust services.

The child and family may have a key worker or lead professional / GP and primary care teams should maintain contact in a manner that supports the family as well as their needs. Consideration to the methods of this will be individual to each family and may be in the form of a phone call or a card at significant times such as Birthdays, Anniversary of death. Both consideration to financial and bereavement support is therefore required.

Healthcare professionals should maintain support to the family as appropriate; reviewing the agreement at set intervals to ensure it remains professional and therapeutic to the family.

Healthcare professionals should access support from colleagues, managers and clinical supervisors with organised debriefing sessions and support being arranged to minimise stress for the professional and to facilitate reflection on practice to develop professional's knowledge, skills and resilience and service development. Healthcare professionals may also access and self-refer to the employment assist programmefor Additional support (details through ICON).

13. Monitoring arrangements

The Professional Lead Community Children's Nurse is responsible for monitoring compliance and effectiveness. Compliance will be monitored by clinical audits, parent/child feedback and care quality commission standards. Incidents reported through DATIX and learning from these will inform effectiveness.

14. References

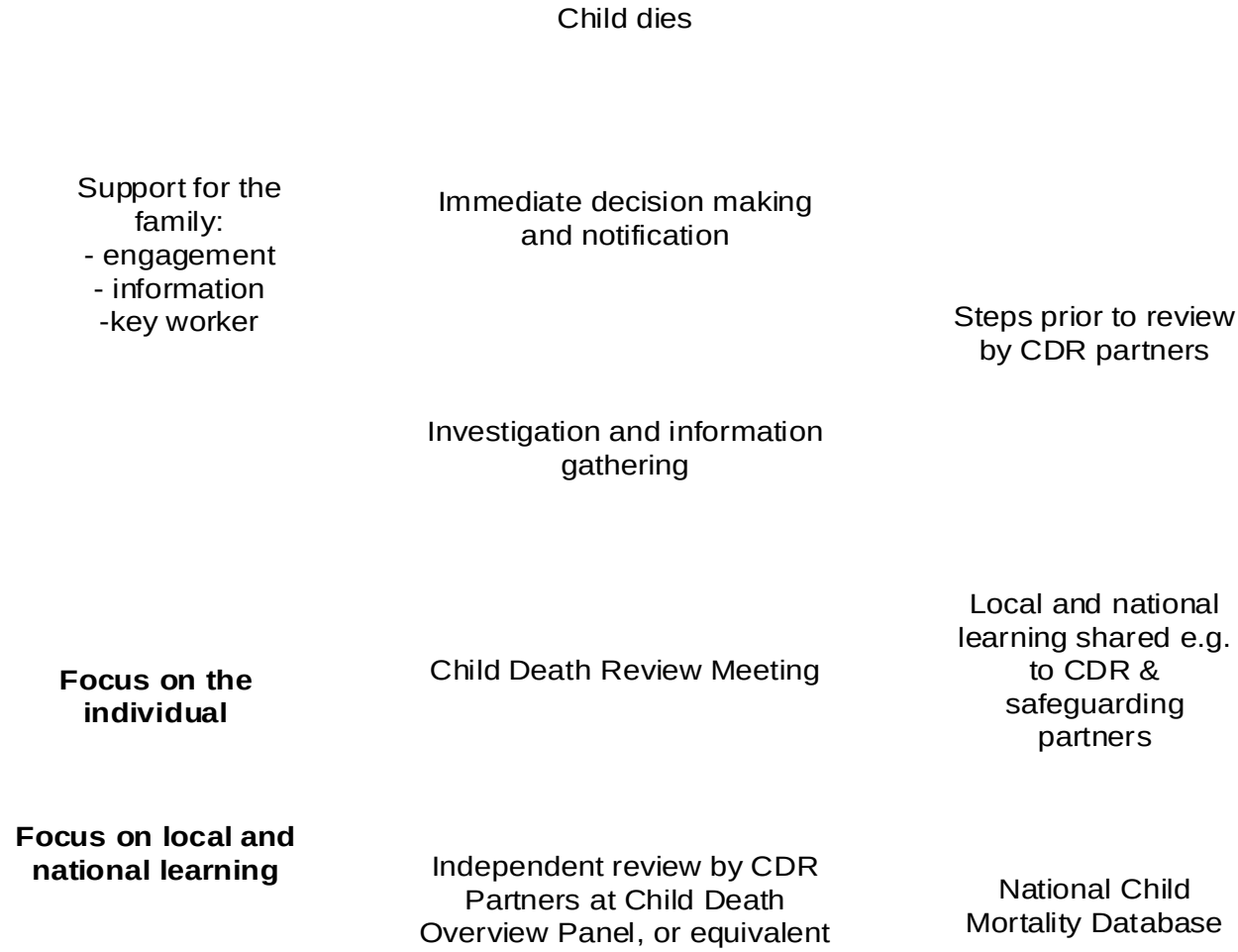
ACT Family Companion – Accessed October 2016	https://www.togetherforshortlives.org.uk/
A Guide to End of Life Care. Together for Short Lives (2012) Bristol.	https://www.togetherforshortlives.org.uk/
When a Child Dies. Together for Short lives (2019)	https://www.togetherforshortlives.org.uk/
Caring for a child at end of life. Together for short lives 2012/2019	https://www.togetherforshortlives.org.uk/
Children's Hospices South West (2015) Guidelines for Transporting a Deceased Child from Home/Hospital. Little Bridge House, Children's Hospice.	
Children's Hospices UK, End of Life Care – Accessed October 2016	https://www.togetherforshortlives.org.uk/
Department of Health (2012) Changes of Death Certification – Accessed October 2016/2019	https://www.gov.uk/government/publications/changes-to-the-death-certification-process
HM Government- Child death review statutory and operational guidance (England) 2018	CDR.Policy@dhsc.gov.uk
Nursing and Midwifery Council (NMC) Code of Professional Conduct 2015/2018	https://www.nmc.org.uk/standards/code
ONS (2010) Office of National Statistics: Guidance for Doctors Completing Medical Certificates of Cause of Death in England and Wales.	http://www.gro.gov.uk/images/medcert_july_2010.pdf
Together for Short Lives (2012) The Verification of Expected Death in Childhood (Guidance for Children's Palliative Care Services).	https://www.togetherforshortlives.org.uk/
TSDFT- Verification of Expected Adult Death (VoEAD) by a Registered Nurse in a Community Setting Policy-1941 V13 Dec 2017	
TSDFT Unexpected Death of a child.	https://torbayandsouthdevon.nhs.uk/safeguarding-children/pages/child-death.aspx

15 Associated Appendices:

All available as Separate Documents.
Appendix 1 Child death Process for unexpected death
Appendix 2 Child death Notification Check list

APPENDIX 1

Chapter 2 - Immediate decision making and notifications Immediate decision making and notifications



Appendix 2

CHILD DEATH NOTIFICATION TICK LIST

PROMPT / IMMEDIATE NOTIFICATION:

PROFESSIONAL TO CONTACT	Contact Number	Date/Time Notified	Name, Signature and Designation
GP (in 9-5 Hours)			
Devon Doctors on Call 24 Hours			
Coroner (If applicable)			
Bereavement Officer if in day 9-5 hours or next day at appropriate hospital, via 24 hour answer phone.			
Hospital Child Death Review Co-ordinator 24 hour answer phone			
LSCB Child Death Notification 24hour answer phone			
Senior manager			
Next Working Day Notification: COMMUNITY/ HOSPITAL			
Ambulance control			
Mother's GP			
Father's GP			
Public health team			
Child health office			
School/ Nursery			
Community Children's Nurse			
Respite provision			
Hospice			
Social Worker			
Child in care team			
Occupational therapist			
Home care provider			
Personal health budget team (if applicable)			
Dietician			
Physio therapist			
Specialist Nurse			
Tertiary Hospital			
School transport			
School admissions team			

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.

Ref No:	2464		
Document title:	Facilitation Of Registering A Childs Death		
Purpose of document:	This policy has been developed and is for use by all clinical staff working in Children and Family Health Devon/TSDFT		
Date of issue:	26 June 2020	**Next review date:**	26 June 2023
Version:	2	**Last review date:**	
Author:	Service Lead Clinical Team Lead, Specialist Children's Community Nursing Service		
Directorate:	Child Health		
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:	Head of Service, Children With Additional Needs		
Date approved:	16 June 2020		
Links or overlaps with other policies:			

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes ☐	
	Please select *Yes*	*No*
Does this document have implications regarding the Care Act? *If yes please state:*	☐	☐
Does this document have training implications? *If yes please state:*	☐	☐

Document Amendment History

Does this document have financial implications? *If yes please state:*	☐	☐
Is this document a direct replacement for another? *If yes please state which documents are being replaced:*	☐	☐

Date	Version no.	Amendment summary	Ratified by:
7 February 2020	1	New	Head of Service, Children With Additional Needs
26 June 2020	2	Revised	Head of Service, Children With Additional Needs

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

https://icon.torbayandsouthdevon.nhs.uk/areas/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)	Facilitating registering a childs death	Version and Date	01/11/19
Policy Author	Kirsty Taylor		

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 ☒	Staff ☐	Other, please state… ☐

Could the policy treat people from protected groups less favourably than the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Age	Yes ☐ No☒	Gender Reassignment	Yes ☐ No☒	Sexual Orientation	Yes ☐ No☒
Race	Yes ☐ No☒	Disability	Yes ☐ No☒	Religion/Belief (non)	Yes ☐ No☒
Gender	Yes ☐ No☒	Pregnancy/Maternity	Yes ☐ No☒	Marriage/ Civil Partnership	Yes ☐ No☒
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 ☐ No☒

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 ☒ No☐ NA ☐
Are the services outlined in the policy fully accessible[6]?	Yes ☒ No☐ NA ☐
Does the policy encourage individualised and person-centred care?	Yes ☒ No☐ NA ☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☐ NA ☒

EXTERNAL FACTORS

Is the policy a result of national legislation which cannot be modified in any way?	Yes ☒ No☐

What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)

To support clinical practice

Who was consulted when drafting this policy?

Patients/ Service Users ☐	Trade Unions ☐	Protected Groups (including Trust Equality Groups) ☐
Staff ☐	General Public ☐	Other, please state… ☐

What were the recommendations/suggestions?

Does this document require a service redesign or substantial amendments to an existing process? PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below	Yes ☐ No☒

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	Lisa Pullen	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

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 in 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 – 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.tsdft@nhs.net,
- See TSDFT's Data Protection & Access Policy,
- Visit our Data Protection site on the public internet.