

Handover Policy for Trainee Doctors in Psychiatry

This policy describes the process that trainee doctors must follow for the handover of the care of patients from one shift to another.

Key Words:	Handover Trainee Doctors	
Version:	5.0	
Adopted by:	Quality Assurance Committee	
Date adopted:	March 2019	
Name of authors:	Dr Judith West	
Name of responsible committee:	Medical Education Committee	
Date issued for publication:	March 2019	
Review date:	November 2020	
Expiry date:	September 2021	
Target audience:	All consultants, trust grade doctors, trainee doctors and clinical supervisors	
Type of Policy	Clinical √	Non Clinical

CONTRIBUTION LIST

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1.0	August 2012	Harmonised policy
2.0	March 2013	Amendments incorporated to NHSLA Monitoring Section
3.0	December 2014	Changes made to incorporate rota changes
4.0	December 2017	Updated policy on expiry E-documentation of handover
5.0	March 2018	No changes

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Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard

LPT must have **due regard** to the aims of eliminating discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team.

The Due regard assessment template is Appendix 3 of this document

Definitions that apply to this Policy

All procedural documents should have a definition of terms to ensure staff have clarity of purpose (refer to Policy for Policies for assistance)

Definitions are a Core Standard.

Trainee Doctors	Those doctors who undertake the clinical duties of the Core Trainee Doctors, General Practice Trainees or Foundation Year two trainees and Specialist Trainees within LPT Mental Health, CAMHS & Learning Disabilities Services
Handover	A semi-structured exchange of information and awareness of the clinically relevant issues from the doctor finishing her / his duty to the trainee doctor who is starting her / his duties.
Clinically relevant issues	Those clinical matters that have a significant bearing on the quality of clinical care provided and need some actions from the trainee doctors.
Due Regard	Having due regard for advancing equality involves: <ul style="list-style-type: none">• Removing or minimising disadvantages suffered by people due to their protected characteristics.• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

1. Summary

Trainee doctors in psychiatry work a daily shift pattern and thus it is essential that the clinical care of patients is handed over between shifts effectively and efficiently to ensure continuity of care. This policy outlines the key factors that must be completed as part of every handover between trainee doctors.

All the relevant clinical information and issues must always be clearly and verifiably communicated between different trainee doctors across different working shifts in a demonstrable way.

Therefore it is now a minimum requirement for written handover to be documented in the electronic patient record (RiO or SystemOne for CAMHS) at the end of every shift (Appendix 1). This does not replace verbal or face to face handover which is seen as good practice

2. Introduction

The fundamental aim of any handover is to achieve the efficient transfer of high quality clinical information at times of transition of responsibility for patients

Handover is defined as 'the transfer of responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or team/discipline on a temporary or permanent basis'

HEE's multi-professional standards for all healthcare education and training state that: 'Providers must ensure that handover of care is organised and scheduled to provide continuity of care for patients and maximise the learning opportunities. It should normally be supervised by a senior educator'.

The GMC's standards for postgraduate education and training state that: 'Handover of care must be organised and scheduled to provide continuity of care for patients and maximise the learning opportunities for doctors in training in clinical practice'. Handover is defined as 'Handover at the start and end of periods of day or night duties, every day of the week'.

Good doctor to doctor handover is vital to protect patient safety. With the increase in shift pattern working, the importance of good handover has never been so high. Continuity of care is paramount to protect patient safety; continuity of care is underpinned by continuity of information

Safe handover = safe patients

Safe handover: safe patients

Guidance on clinical handover for clinicians and managers JDC, BMA NHS National Patient Safety Agency

The arrangement outlined in this Policy will ensure continuity of care, be consistent with good practice, promote patient safety and be auditable. The ultimate aim is to improve clinical care by reducing risks related to gaps in the continuity of care.

3. Purpose

The purpose of this policy is to provide standards and guidance for the delivery of a robust handover, which preserves confidentiality and ensures that all important information is conveyed relevant to the optimum care of all patients at each of the rota sites.

It is the responsibility of all clinical staff to ensure those providing care to patients have sufficient information to ensure good quality care. This is in line with General Medical Council's guidance on continuity and coordination of care (GMC Good Medical Practice March 2013 http://www.gmc-uk.org/guidance/good_medical_practice/continuity_care.asp).

This policy is specifically advises on the communication between trainee doctors when patient care is being transferred from one doctor to another. Handover is the responsibility of the clinical team looking after a particular patient and there is a responsibility for trainee doctors, to handover accurate and timely information to colleagues.

All trainee doctors should be aware of who is involved in handover, when, where, how and what are the handover arrangements within their area

Additional Guidance by Unit/Rota is summarised in Appendix 2.

4. Duties within the Organisation

The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

Trust Board Sub-committees have the responsibility for ratifying policies and protocols.

Divisional Directors and Heads of Service are responsible for:

- Ensuring that necessary resources and time required to implement the arrangements in this policy are made available to trainee doctors
-
- Ensuring that the implementation of the Trainee Handover Policy is audited in all their clinical areas.
-

The Associate Medical Director for Medical Education:

- Monitoring of compliance with standards set out in this policy for handover between trainee doctors.
- Ensuring that trainee doctors are aware of the policy and procedures set out for safe and effective handover
- Escalate concerns on adherence to the policy to Medical Director

Managers and Team Leaders will be responsible for:

- Ensuring that all clinicians within their teams are aware of the policy so that it can be referred to and followed when needed.
- Provide allocated areas for face to face handovers to occur
- Ensure that electronic patient record systems (RiO and SystemOne) are available to doctors to use
- Support trainee doctors to have protected time to handover patient care
- Ensure the wider multidisciplinary team are aware of the new procedures and support the doctors in its delivery.

Trainee doctors are responsible for:

- Understanding and implementing this policy and to immediately bring to the attention of the Associate Medical Director and Clinical Directors, any difficulties in

implementing this policy

- Acting in accordance with Trust policy in particular Information Governance and Confidentiality.
- Take responsibility for effective face to face or verbal handover of their patient care to their medical colleagues before they leave work
- Giving consideration as to maintaining a safe environment during handover, i.e. ensuring sufficient staff are present with patients whilst handover is taking place
- Document clearly in electronic patient record (RiO and/or SystemOne), in a timely manner and after **every shift**, any relevant outstanding issues for the next trainee/duty doctor
- Ensure all entries in the electronic patient record and task manager systems (RiO and/or SystemOne) includes:
 - Ward
 - Patient Name
 - Physical and/or psychiatric concerns
 - Any outstanding actions
 - Date
 - Signature of author/doctor
 - Entered in the day the action is required (not on the day on which it is written)
- To dedicate sufficient time at the beginning and end of **every** shift to handover either face to face on in-patient wards or verbally if working in the community.
- Undertaking handover in an appropriately private area where the details cannot be overheard by any unauthorised person with dignity and respect being a critical consideration.
- A verbal handover, either face to face or over the phone, does not replace the requirement to document in electronic patient record (RiO and/or SystemOne). Rather it is seen as good practice in addition to a formal written entry in the electronic patient record.

When working remotely in a community/non-LPT setting a verbal handover must be completed - voicemail/answerphone messages are not acceptable unless all attempts to speak have failed. In this case the recipient should call/text the trainee doctor to confirm receipt of voicemail handover. If a message has been left the appropriate consultant on-call needs to be informed and a verbal handover provided to the consultant as an additional safety measure.

- In addition, central duty rota handover must include:
 - Number of patients requiring assessment
 - Details of patients seen who have outstanding issues requiring attention

Consultants on call are responsible for:

- Supporting the trainee doctor to have sufficient time and resources to provide safe

and effective handover in accordance with the policy standards

- Be available to trainee doctor should they have any queries regarding handover of patient care

Stakeholders or any other groups with responsibility for the policy:

- Medical Education Committee will be responsible for monitoring and compliance of the implementation of this policy

5. Process Chart

HANDOVER REQUIRED
Doctor to hand over patient care to next Doctor on duty

The Bradgate Unit Rota	The Evington Centre Rota	Central Duty Rota	ST East & West Rota
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Verbal Handover Face:Face	Verbal Handover Telephone
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Entry in electronic patient record (RiO and/or SystmOne)

Documentation to include:

- Ward
- Patient's name
- Physical & Psychological concern
- Outstanding actions
- Date Signature of author/doctor
- Entered in the day the action is required (not on the day on which it is written)

Documentation to include:

- Number of patients requiring assessment
- Details of patients who have outstanding issues that require attention.

Telephone handover:

- Followed by faxing of relevant paperwork

All duties handed over must be documented using RiO and/or SystmOne

6. Training

There is a training requirement as part of the implementation of this policy. This will be undertaken by the Medical Education Leads during the Trainee Doctor Induction Training Programme.

7. Stakeholders and Consultation

This Policy has been circulated to all the members of the Medical Education Committee (MEC) for consultation. MEC members include trainee doctor representatives, educational leads, and all clinical directors or their representatives.

8. Monitoring Compliance and Effectiveness

The Chair of the MEC will be responsible for ensuring monitoring of this policy is undertaken

Audit will include

Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements
Medical handover takes place between shifts in in-patient units	Clinical Directors and Heads of Service	Observational audits	Annually	Medical Education Committee
Effectiveness of handover policy implementation	Associate Medical Director (Medical Education)	Trainee Survey	Annually	Medical Education Committee

Any deviations from the policy will be identified and appropriate corrective measures will be put in place. A consistent implementation of the policy will minimise risks to patient care by ensuring that all appropriate clinical follow-ups are undertaken in a timely manner.

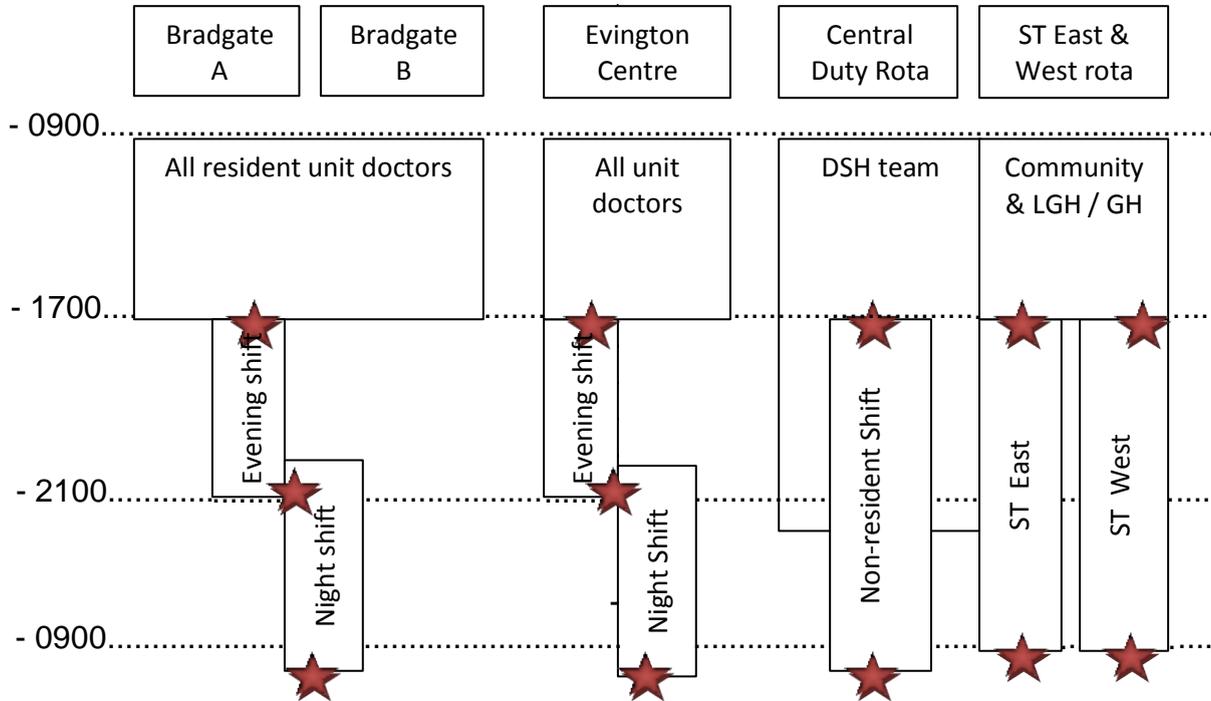
9. Links to Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
CQC Standard 2	You should expect care, treatment and support that meets your needs
CQC Standard 3	You should expect to be safe
CQC Standard 5	You should expect your care provider to routinely check the quality of their services

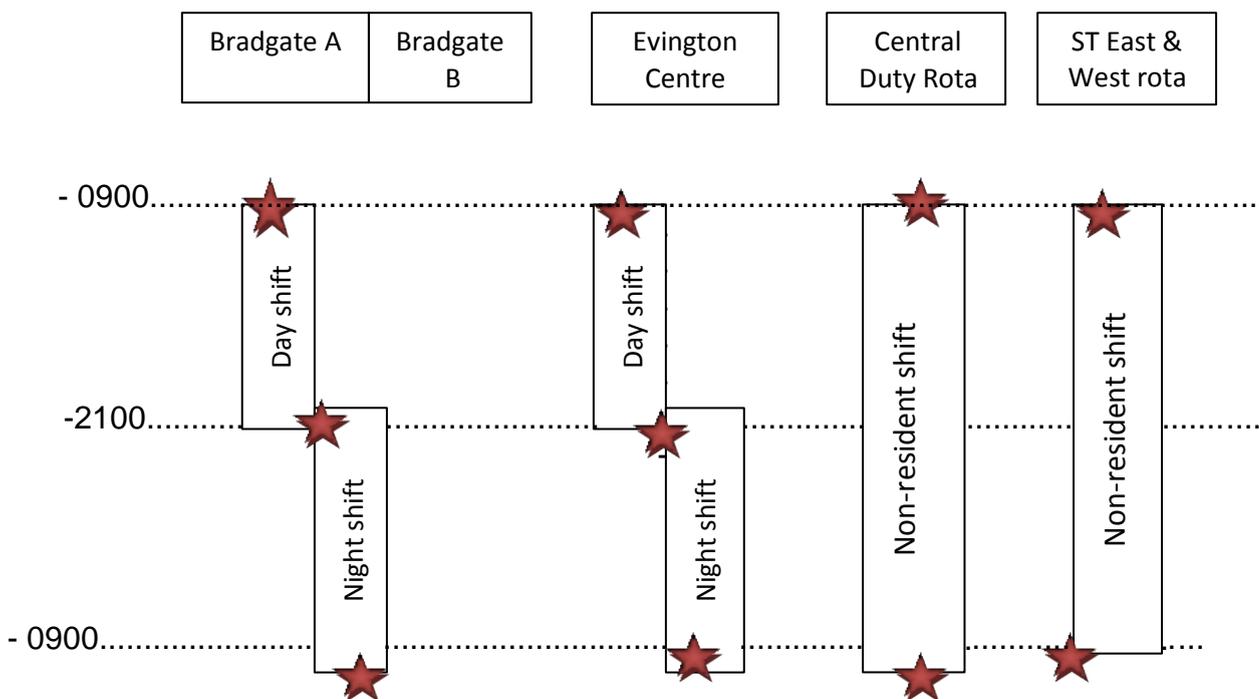
Appendix 1:

Diagrammatic representation of various working shifts & handover points

Weekdays (Monday – Friday)



Weekends (Saturday – Sunday)



Appendix 2:

Additional Guidance by Unit / Rota

For every rota it is expected that a doctor will not leave their duties until they have identified that the next doctor on shift is available. Where the next doctor is unavailable (for example due to illness) or uncontactable the on-call consultant must be notified as soon as possible.

The Bradgate Unit on-call duty:

The Bradgate unit has two resident trainee doctors' on-call rotas

Handover times: There are two handover times:

- 0900: Handover from night doctor to daytime doctor
- 2100: Handover from evening doctor to night doctor

In addition to handover between duty doctors a doctor from each ward should contact the duty doctor at the end of each working day to communicate if there are any outstanding issues from his or her ward patients and must make an entry of relevant information in electronic patient record (RiO)

Location of handover

Handover should take place in the trainee doctors' office close to Ashby Ward and Heather Ward. Handover **should not** take place in the reception area of The Bradgate Unit or any public place.

Nature of handover

Outside of office hours (nights and weekends) all patients with outstanding physical and psychiatric concerns from the outgoing shift must be discussed, including details of present concerns and outstanding responsibilities of the incoming doctor.

In addition to this RiO must be viewed by both doctors for clarification of any issues identified in the electronic patient record and any responsibilities relevant to the incoming shift.

The night-time doctor also has a responsibility to hand over any important information to each ward doctor as necessary at the end of the night shift. The doctor should visit each ward for which s/he has relevant information, and must make an entry in the electronic patient record (RiO) to evidence the conveyed information.

The Evington Centre on-call rota:

Evington Centre on-call doctor now covers the Evington Centre, The Willows Rehabilitation Unit, Arnold Lodge and Ward 3 at Coalville Hospital CAMHS inpatient Unit

Handover times: There are three handover times:

- 0900: Handover from night doctor to daytime doctor
- 1700: Handover from daytime doctor to evening doctor
- 2030: Handover from evening doctor to night doctor

At weekends the 1700 handover does not occur as the daytime and evening shifts are merged.

In addition to handover between duty doctors it is expected that a doctor from each ward at the Evington Centre will attend the 1700 handover to communicate any outstanding issues to the evening doctor and to make an entry in the electronic patient record (RiO)

It is accepted that it is impracticable for doctors at The Willows and Arnold Lodge to attend the handover meeting at 1700. Therefore they must contact the on-call doctor by telephone with any outstanding clinical issues. It is the responsibility of the on-call doctor to record any clinical issues in the electronic patient record (RiO)

Location of handover

Handover should take place in the trainee doctors' office in the far left-hand corner of the top floor of the Evington Centre. Handover **should not** take place in the reception area of the Evington Centre.

Nature of handover

Outside of office hours (evenings, nights and weekends) all patients with outstanding physical and psychiatric concerns from the outgoing shift must be discussed including details of present concerns and outstanding responsibilities of the incoming doctor.

In addition to this RiO must be viewed by both doctors for clarification of any issues identified in the electronic patient record and any responsibilities relevant to the incoming shift. The night-time doctor also has responsibility to handover any important information to each ward doctor as necessary at the end of the night shift. **Central Duty Rota**

Handover times: There are four possible handover times:

0900: Handover from the night doctor to the all age triage team (day doctor at weekends).

1700: Handover from the all age triage team to the evening doctor

.

At weekends the 1700 handover does not take place as the daytime and evening shifts are merged.

Location of handover

Handover should take place on the telephone in a private place. Where possible a conversation should take place and voicemail messages should not be left. If after several

attempts and a voicemail has to be left no personal information should be included and ward locations and patient initials only should be included. If a message has been left the appropriate consultant on-call needs to be informed of this.

Nature of handover

The central duty handover should include the number of patients who require an assessments and details of any patients seen who have outstanding issues that require attention from the incoming doctor or all age triage team. If there is no-one outstanding who requires assessment this information should be conveyed at the end of each shift.

In addition to a verbal handover electronic patient record and task manager systems (RiO and/or SystemOne) will be used to notify outstanding patients at the end of each shift (names and locations) and any relevant information about patients who have been seen who require further assessment.)

Speciality Trainee East and West Rotas (ST East and West rota)

Handover times: There are two handover times:

0900: Handover from the night on-call ST to the usual daytime treating team of the patient.

1700: Handover from the daytime treating team to the on-call ST for the East & West respectively.

At weekends a single ST undertakes a 48 hours non-resident on-call and hence the issue of handover is not usually applicable.

However if two STs choose to split weekend duty which means the shifts are just 24 hours long as opposed to 48 hours handover should be undertaken at 9am on both Saturday and Sunday

Location of handover

Handover should take place on the telephone in a private place. Where possible a conversation should take place and voicemail messages should not be left. If after several attempts and a voicemail has to be left no personal information should be included and ward locations and patient initials only should be included. If a message has been left the appropriate consultant on-call needs to be informed.

Nature of handover

Handover should be a telephone handover followed, if necessary, by the faxing of the relevant paperwork if necessary and documentation in the electronic patient record (RiO and/or SystemOne)

Appendix 3: Due Regard Screening Template

Section 1	
Name of activity/proposal	Trainee Handover in Psychiatry
Date Screening commenced	5 th March 2019
Directorate / Service carrying out the assessment	N/A Policy Author
Name and role of person undertaking this Due Regard (Equality Analysis)	Dr Judith West Director of Medical Education
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS:	
The policy specifies the minimum standard for patient handover between trainee medical	

shifts and sites			
OBJECTIVES:			
To ensure that the policy is followed and patient safety is maintained			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Age	<p>This policy is aimed at maintaining patient safety, whilst being transferred during on call shifts and/or medical team changes. Maintaining safety for patients in care is the Trusts priority and this policy sits alongside LPT's Health and Safety, Safe-guarding Policy and guidance and Handover Policy.</p> <p>Any reasonable adjustments required during the Handover process will be adhered to, to mitigate any adverse impact.</p> <p>There is no evidence of an adverse impact, as the policy aims to safe-guard all patients, during the process of handover, irrespective of their protected characteristics or any other equality group(s).</p>		
Disability Gender			
reassignment Marriage & Civil Partnership Pregnancy & Maternity			
Race Religion and Belief Sex			
Sexual Orientation			
Other equality groups?			
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	√
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
This policy is designed to determine the minimum standards for patient handover between on call shifts and medical trainee teams. There should be no impact on patients with protected characteristics.			
Signed by reviewer/assessor	Dr Judith West	Date	5 th March 2019
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	Dr Sue Elcock	Date	5 th March 2019

Appendix 4:

Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered

Training topic:	Handover of patient care between Trainee Doctors
Type of training:	<input type="checkbox"/> Mandatory (must be on mandatory training register) YES - Role specific <input type="checkbox"/> Personal development

Division(s) to which the training is applicable:	Yes Adult Learning Disability Services Yes Adult Mental Health Services Yes Community Health Services Yes Enabling Services Yes Families Young People Children Yes Hosted Services
Staff groups who require the training:	Trainee Doctors in Psychiatry
Update requirement:	Annual
Who is responsible for delivery of this training?	Associate Medical Director (Medical Education)
Have resources been identified?	Yes
Has a training plan been agreed?	Yes
Where will completion of this training be recorded?	It will be part of every trainee doctors induction programme which will be recorded by the Medical Education administrative team
How is this training going to be monitored?	Through annual monitoring reports to Medical Education Committee

Appendix 5:

The NHS Constitution

NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	X
Respond to different needs of different sectors of the population	<input type="checkbox"/>
Work continuously to improve quality services and to minimise errors	X
Support and value its staff	X
Work together with others to ensure a seamless service for patients	X
Help keep people healthy and work to reduce health inequalities	<input type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input type="checkbox"/>

Appendix 6: DATA PRIVACY IMPACT ASSESSMENT SCREENING

<p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
Name of Document:	Handover Policy for Trainee Doctors in Psychiatry	
Completed by:	Dr Judith West	
Job title	Director of Medical Education	Date 7th March 2019
Screening Questions		Yes / No
		Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.		No
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.		No
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?		No
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		No
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.		No
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?		No
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.		No
8. Will the process require you to contact individuals in ways which they may find intrusive?		No
<p style="text-align: center;">If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk</p> <p style="text-align: center;">In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>		
Data Privacy approval name:		
Date of approval		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust