



The reporting of Known or suspected infectious diseases to the UK health security Agency (UKHSA)

This policy provides organisation wide guidance when dealing with an infection or disease that is notifiable. The policy contains relevant contact details of the monitoring bodies.

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1.0 Quick Look Summary

The purpose of this policy is to inform healthcare workers of the types of infections and diseases that are notifiable by law. It contains specific information on diseases that are notifiable and the contact details of the monitoring bodies to whom these should be reported to. This policy is for all staff employed by the Leicestershire Partnership Trust (LPT) and applies to all staff working for LPT.

The document provides organisation-wide guidance for the notification of known or suspected infectious diseases and It also contains specific information on diseases that are notifiable, providing staff with the relevant contact details of the monitoring bodies to whom these should be reported to.

1.1 Version Control and Summary of Changes

Version number	Date	Comments
Version 1, Draft1	2005	New guideline as previous one adopted from acute trust. Infection Control Policy for the Notification of Infectious Diseases
Version 2, Draft 1	November 09	Review of Policy by Amanda Howell
Version 3, Draft 1	December 09	Amendments following consultation process Revisions to incorporate requirements of NHSLA Standards
Version 3, Draft 1	January 10	Amendments following consultation process
Version 4 Draft 2	14 May 2010	Reviewed in line with new Department of Health guidance: Health Protection Legislation (England) Guidance 2010 and the Health Protection Unit
Version 4 Draft 2	29 July 2010	Approved at Clinical Governance Committee
Version 5	August 2011	Harmonised in line with LCRCHS, LCCHS, LPT (Historical organisations)
Version 6	May 2018	Updated to include Public Health England details, reporting form and list of diseases.
Version 7	March 2022	Updated references and list of Notifiable diseases to be reported. Updated .UK health security agency contact details Policy title has also been changed to 'The reporting of known or suspected diseases to the UK health agency,
Version 7.1	September 2022	Reviewed and updated in line with new IPC national guidance. The public health (Notifiable diseases) schedule updated to include monkeypox.
Version 8	March 2024	Review of policy

1.2 Key individuals involved in developing and consulting on the document.

Name	Designation
Accountable Director	Anne Scott Director of nursing, AHP'S & Quality Emma Wallis Deputy director of nursing & quality.
Author(s)	Reviewed by Claire King Infection prevention & Control nurse.
Implementation Lead	Amanda Hemsley Head of infection Prevention and Control
Core policy reviewer group	Infection Prevention & Control Assurance Group Members
Wider consultation	Infection Prevention & Control assurance group members
Trust policy Group	Trust policy group members

1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
Infection Prevention & Control Assurance group/QForum	Quality & Safety Committee

1.4 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.

if you would like any public Trust Policy in an accessible format, please email lpt.corporateaffairs@nhs.net and we can send them to you.

1.5 Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

Consent

- Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be

voluntary and informed, and the person consenting must have the capacity to make the decision.

- In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision.
- Remember that information.
- Use the information to make the decision.
- Communicate the decision.

1.6 Duties within the Organisation

Duties regarding this policy can be located in the LPT Infection Prevention & Control assurance policy.

1.7 Definitions that apply to this Policy.

Consultant in Public Health	A consultant who is knowledgeable in Infectious Diseases
Creutzfeldt - Jakob disease (CJD)	A degenerative neurological disorder that is incurable and invariably fatal.
Disease	The pathological condition of a part, organ, or system of an organism resulting from various causes, such as infection, genetic defect, or environmental stress, and characterised by an identifiable group of signs or symptoms.
UK Health Safety Agency (UKHSA)	Organisation that works in the remit of communicable diseases.
Health protection professional	A person suitable qualified in the field of health protection and registered with an appropriate body such as the Faculty of Public Health, the Chartered Institute of Environmental Health and/or the Nursing and Midwifery Council or the General Medical Council.
Infection	An organism presents at a site and causes an inflammatory response, or where an organism is present in a normally sterile site.
Infectious	Caused by a pathogenic microorganism or agent that has the capability of causing infection.
Organisms	This is defined as any living thing; in medical terms we refer to bacteria and viruses as organisms.
Increased incidence/Outbreak	The occurrence of two or more cases of the same infection linked in time or place, or the situation when the observed number of cases exceeds the number expected.
PVL staphylococcus aureus	Panton Valentine Leukocidin -positive Staphylococcus aureus (PVL-SA) causes recurrent skin and soft tissue infections (SSTIs), but can also cause invasive infections
Registered Medical practitioner	A medical doctor – a fully registered person in the meaning of the Medical Act 1983 & holds a licence to practice under that Act.
Statutory requirement	‘Statutory’ refers to laws passed by a state and/or central government, while regulatory refers to a rule issued by a regulatory body appointed by a state and/or central government. government.” Statutory requirements are those requirements which are applicable by virtue of law enacted by the government.

2.0. Purpose and aim of the policy.

The purpose of this policy is to inform healthcare workers of the types of infections and diseases that are notifiable by law. This policy is for all staff employed by the Leicestershire Partnership Trust (LPT). This policy applies to all staff working in LPT.

This document provides organisation-wide guidance for the notification of known or suspected infectious diseases. It contains specific information on diseases that are notifiable and the contact details of the monitoring bodies to whom these should be reported to.

2.1 Introduction

When individuals are in close and/or frequent contact with each other, infectious diseases can spread rapidly causing a risk of further disease in the wider population. These diseases can be mild, moderate, and even fatal. Failing to notify the appropriate organisations and facilities that a disease is present in an individual or the wider population can prolong this risk. It is a statutory requirement for some diseases to be notifiable.

This document provides information to staff that may come into contact with patients or individuals as part of their work who are suffering from such an illness or disease.

The statutory requirement for the notification of certain infectious diseases came into being towards the end of the 19th century. The prime purpose of the notification system is to detect as quickly as possible outbreaks and epidemics and to enable proactive actions to prevent further spread. Accuracy of diagnosis is secondary and since 1968 clinical suspicion of a notifiable infection is all that is required. If a diagnosis later proves incorrect it can always be changed or cancelled. This information is collected by the UK health security agency (UKHSA) who is responsible for collating the returns and publishing analyses of local and national trends.

There may also be a requirement under the health and safety legislation, control of substances hazardous to health regulations (COSHH) and the reporting of injuries diseases and dangerous occurrences regulations to report a number of the mentioned specific infections included in this policy caused by occupational exposure e.g., anthrax, SARS (covid-19), legionella, Blood borne viruses hepatitis A, B and C. The infection prevention and control team will notify the Health and Safety Compliance Team where statutory notification is required under health and safety legislation e.g., Health and Safety Executive (HSE) under RIDDOR

3.0 Notification of Known or Suspected Infectious Diseases

3.1 Notification

Diseases are notifiable for four main reasons:

- It is a legal requirement.
- So that immediate control measures may be taken.
- To monitor preventative programmes
- To monitor the levels of infectious diseases in the community so that effective control measures can be taken.

If a Registered Medical Practitioner (RMP) becomes aware of, or suspects that a person is suffering from any of the listed notifiable diseases (please refer to table 1 schedule 1 below in section 3.2) they have a statutory duty to report it. The Local Authority is the statutory agency with the responsibility for the control of spread of communicable disease within their geographical boundaries. All notifiable infections should be notified to the health protection professionals working with UKHSA or the Public Health specialist on call either by telephone or secure email and followed up by written notification.

While the legislation states that it is the responsibility of the registered medical practitioner caring for the patient who is legally responsible for the notification, all clinical staff have a role to play in ensuring this happens.

Notifications should be made at the time of clinical diagnosis or clinical suspicion and **ARE NOT DEPENDANT** on laboratory confirmation.

Contact details.

Written notifications should be sent to:

UK Health Safety Agency (UKHSA)
East Midlands Health Protection team
Seaton House
City Link
Nottingham
NG2 4LA

Email: emhpt@phe.gov.uk

Telephone: 03442254524 (Option 1)

Areas covered by UKHSA Protection East Midlands Team:

Leicestershire, Rutland. Lincolnshire, Nottinghamshire, Derbyshire.

Written notification may be undertaken by posting or emailing the details securely on a standard notification form (Appendix 1).

3.2 Statutory Notifiable Diseases under the Health Protection (Notification) Regulations 2010:

Health protection legislation in England has been updated from 6 April 2010 to give public authorities modernised powers and duties to prevent and control risks to human health from infection or contamination, including by chemicals and radiation. These regulations replace the existing system of notification of infectious diseases. A revised list of notifiable diseases (Schedule 1 of the regulations) is included in table 1.

Table 1: SCHEDULE 1 – Notifiable diseases		
Notifiable diseases	Definition / comment	Likely to be urgent?
<i>Acute encephalitis</i>		No
<i>Acute meningitis</i>	<i>Viral and bacterial.</i>	<i>Yes, if suspected bacterial infection.</i>
<i>Acute poliomyelitis</i>		Yes
<i>Acute infectious hepatitis</i>	<i>Close contacts of acute hepatitis A and hepatitis B cases need rapid prophylaxis. Urgent notification will facilitate prompt laboratory testing. Hepatitis C cases known to be acute need to be followed up rapidly as this may signify recent transmission from a source that could be controlled.</i>	Yes
<i>Anthrax</i>		Yes
<i>Botulism</i>		Yes
<i>Brucellosis</i>		<i>No – unless thought to be UK-acquired</i>
<i>Cholera</i>		Yes
<i>Covid-19</i>		Yes
<i>Diphtheria</i>		Yes
<i>Enteric fever (typhoid or paratyphoid fever)</i>	<i>Clinical diagnosis of a case before microbiological confirmation (e.g., case with fever, constipation, rose spots and travel history) would be an appropriate trigger for initial public health measures, such as exclusion of cases and contacts in high-risk groups (e.g., food handlers).</i>	Yes
<i>Food poisoning</i>	<i>Any disease of infectious or toxic nature caused by or thought to be caused by consumption of food or water (definition of the Advisory Committee on the Microbiological Safety of Food).</i>	<i>Clusters and outbreaks, yes.</i>
<i>Hemolytic uraemic syndrome (HUS)</i>		Yes
<i>Infectious bloody diarrhoea</i>		Yes
<i>Invasive group A streptococcal disease and scarlet fever</i>		<i>Yes, if IGAS. No, if scarlet fever</i>
<i>Legionnaires' Disease</i>		Yes,
<i>Leprosy</i>		No
<i>Malaria</i>		<i>No, unless thought to be UK-acquired</i>
<i>Measles</i>		Yes
<i>Meningococcal septicemia</i>		Yes

Monkeypox		Yes
Mumps	<i>Post-exposure immunization (MMR or HNIG) does not provide protection for contacts.</i>	No
Plague		Yes
Rabies	<i>A person bitten by a suspected rabid animal should be reported and managed urgently, but if a patient is diagnosed with symptoms of rabies, they will not pose a risk to human health.</i>	Yes
Rubella	<i>Post-exposure immunisation (MMR or HNIG) does not provide protection for contacts.</i>	No
Scarlet fever		NO
Severe Acute Respiratory Syndrome (SARS)		Yes
Smallpox		Yes
Tetanus		<i>No, unless associated with injecting drug use</i>

3.3 Notification of other relevant infections

RMP's are required to notify cases of infection that are not listed in schedule 1 if they consider that there is, or could be, a significant harm to human health. These infections could include new or emerging diseases or other known and/or common infections not included in Schedule 1.

New or emerging infections such as Ebola

An RMP is required to notify such new or emerging diseases when they suspect there is a risk of significant harm to human health.

Known infections that are not listed as notifiable.

An RMP should notify cases of known infections which are not listed as notifiable if they believe that in specific circumstances such infections present or could present a significant risk to human health.

Example: Parvovirus B19 in a contact of a pregnant woman

3.4 Notification of contamination

There is now a requirement for RMP's to notify suspected cases of contamination, which they believe present, or could present, significant harm to human health.

Notification will allow control measures to be considered and implemented as appropriate.

- Chemical contamination such as Carbon monoxide poisoning

- Contamination with radioactive material
- Reporting clusters of disease such as outbreak of PVL
Staphylococcus aureus in a primary school or outbreak of scabies in a care home

3.5 Notification of disease in patients who have died.

An RMP must notify the proper officer of the local authority if they suspect that a patient they are attending has died with, but not necessarily from, a notifiable disease, or other relevant infection or relevant contamination.

Example: A patient dies at home from suspected meningococcal disease

3.6 Infections that have not been included in the list of notifiable diseases.

There are certain infections that may cause significant harm to human health, but which have not been included in Schedule 1. This is because there are other effective systems in place to report, monitor and control the risk from such infections and it is unlikely that notification would reduce the public health impact of such conditions – although in exceptional circumstances notification of specific cases, as other relevant infections, might be necessary. These infections include:

Healthcare associated infections:

- Staphylococcus aureus (including MRSA).
- Clostridium *difficile*.
- Surgical Site Infection Surveillance Service (SSISS).
- Glycopeptide-resistant enterococcal bacteraemia.

HIV and STIs: Genitourinary medicine (GUM)/sexual health clinics routinely follow up contacts of cases and take necessary public health actions. Clusters or outbreaks of disease are managed in collaboration with Public Health England.

CJD: The incidence of Creutzfeldt - Jakob disease is monitored in the UK by the National CJD Surveillance Unit (NCJDSU) and all suspected cases should be reported to this unit.

In addition to the statutory duty of notification to UKHSA please also inform the Infection Prevention and Control Team or the Director for Infection Prevention and Control (DIPAC), for further infection control information.

3.7 Notifications of outbreaks

An outbreak is defined as:

- two or more associated cases of the same infectious disease that are related in time and place.
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred.

Prompt investigation and introduction of appropriate control measures depend on early communication between clinicians and those with a responsibility for the control of infection.

Notification should be on suspicion of any association between cases and should be to the Consultant in UKHSA Telephone notifications are essential when dealing with certain diseases as these may require urgent action by the public health professional to prevent the spread of infectious disease. These should be followed up with written notification.

The Consultant in Public Health is the medical advisor to the Local Authorities and as such a statutory duty for the control of infectious disease in the hospital and the community.

4.0 Monitoring Compliance and Effectiveness

Compliance with this policy is outlined in the LPT Infection Prevention & Control policy.

5.0 References and Bibliography

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Department of Health (2001) Shifting the Balance of Power within the NHS
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response to the House of Lords science and Technology Select
Committee report “Resistance to antibiotics and other antimicrobial
agents”. DOH 1999

The NHS Modernisation Agency – National Primary Care Trust (NaPaCT)

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England <https://www.nhs.uk>

NHS Executive (1999) Controls Assurance in infection Control HSC 1999/123

NHS Executive (1999) Controls Assurance in Infection Control:
Decontamination of Medical Devices HSC 1999/179

The Open University (2003) Modelling Epidemics. Milton Keynes

Public Health (Control of Disease) Act 1984 <https://www.legislation.gov.uk>

UKHSA: Guidance Notifiable diseases and causative organisms: How to
Report

<https://gov.uk/guidance/notifiable> diseases and causative organisms- how to report. Accessed 17/12/2021.

<https://www.listofnotifiablediseases.gov.uk>

UK health security agency (UKHSA) <https://www.ukhsa.gov.uk>

6.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery, and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

- Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.
- Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.
- If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendix 1 Registered medical practitioner notification form template.

Health Protection (Notification) Regulations 2010: notification to the proper officer of the local authority	
Registered Medical Practitioner reporting the disease	
Name	
Address	
Post code	
Contact number	
Date of notification	
Notifiable disease	
Disease, infection, or contamination	
Date of onset of symptoms	
Date of diagnosis	
Date of death (if patient died)	
Index case details	
First name	
Surname	
Gender (M/F)	
DOB	
Ethnicity	
NHS number	
Home address	
Post code	
Current residence if not home address	
Post code	
Contact number	
Occupation (if relevant)	
Work/education address (if relevant)	
Post code	
Contact number	
Overseas travel, if relevant (destinations & dates)	

Please send completed forms to the proper officer of the local authority or to the local Health Protection Unit.

Appendix 2 Training Requirements

Training Needs Analysis

Training topic:	The reporting of Known or suspected infectious diseases to the UK health security Agency.	
Type of training: (see study leave policy)	<input checked="" type="checkbox"/> Not required <input type="checkbox"/> Mandatory (must be on mandatory training register) <input type="checkbox"/> Role Essential (must be on the Role Essential Training register) <input type="checkbox"/> Desirable	
Directorate to which the training is applicable:	<input type="checkbox"/> Adult Mental Health <input type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input type="checkbox"/> Families Young People Children / Learning Disability/ Autism Services <input type="checkbox"/> Hosted Services	
Staff groups who require the training:	NA	
Regularity of Update requirement:	NA	
Who is responsible for delivery of this training?	NA	
Have resources been identified?	NA	
Has a training plan been agreed?	NA	
Where will completion of this training be recorded?	<input type="checkbox"/> ULearn <input type="checkbox"/> Other (please specify)	
How is this training going to be monitored?	NA	
Signed by Learning and Development Approval name		Date:

Appendix 3 The NHS Constitution

- 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	X
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	X
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	X

Appendix 4 Due Regard Screening Template

Section 1	
Name of activity/proposal	The reporting of Known or suspected infectious diseases to the UK health security agency
Date Screening commenced	15 th March 2024
Directorate / Service carrying out the assessment	Enabling Infection prevention and control team
Name and role of person undertaking this Due Regard (Equality Analysis)	Claire King Infection prevention and control nurse
Give an overview of the aims, objectives, and purpose of the proposal:	
<p>AIMS: The aim of this policy is to inform healthcare workers of the types of infection and diseases that are notifiable by law. This policy is for all staff employed by Leicestershire Partnership Trust (LPT). And applies to all staff working within the trust.</p>	
<p>OBJECTIVES: The objective of the policy is for staff to be informed of the types of infections and diseases that are notifiable by law. Staff will be able to use the information and contact details contained in the policy to notify the appropriate monitoring bodies of specific infections that are by law notifiable.</p>	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact, please give brief details
Age	None Identified
Disability	None identified
Gender reassignment	None identified
Marriage & Civil Partnership	None identified
Pregnancy & Maternity	None identified
Race	None identified
Religion and Belief	None identified
Sex	None identified
Sexual Orientation	None identified
Other equality groups?	None identified
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 <input checked="" type="checkbox"/>
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:	

Signed by reviewer/assessor	Claire King	Date	15-03-2024
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	Emma Wallis	Date	April 2024

Appendix 5 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:	The Reporting of known or suspected infectious diseases to the UK health security agency.	
Completed by:	Claire King	
Job title	Infection prevention & Control nurse	Date 15-03-2024
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.	N	
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.	N	
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?	N	
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?	N	
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.	N	
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?	N	
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.	N	
8. Will the process require you to contact individuals in ways which they may find intrusive?	N	

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

Data Privacy approval name:	Claire King
Date of approval	15-03-2024

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