



# Fit Notes: Certification by Healthcare Professionals Policy

This Policy is designed to help doctors, nurses, occupational therapists, pharmacists, and physiotherapists to make the best use of the fit note to support the health and well-being of patients.

**Key words:** Fit notes, Healthcare professionals, employment

**Version:** 1.0

**Approved by:** Quality Forum

**Ratified By:** Quality Forum

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# Policy On A Page

## SUMMARY & AIM

From 1 July 2022, legislative change has enabled a wider range of healthcare professionals to certify fit notes. The healthcare professionals who can now certify fit notes in addition to doctors are nurses, occupational therapists, pharmacists and physiotherapists.

Enabling a wider range of Healthcare Professionals to certify fit notes offers benefits for patients and the healthcare system. The changes aim to provide a seamless, faster system for patients; improve continuity of care; reduce bureaucracy in the healthcare system; and fully utilise skills by enabling relevant healthcare Professionals to conduct health and work conversations and certify fit notes.

## TARGET AUDIENCE:

This change is targeted at those providing relevant NHS services.

Only registered nurses, occupational therapists, pharmacists and physiotherapists in addition to doctors. can certify fit notes, this does not include registered nursing associates.

## TRAINING

When first conducting fit note certification, the Healthcare Professionals who are legally able to certify fit notes (nurse, occupational therapist, pharmacist or physiotherapist) should complete The Fit Note certification training on ULearn.

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## 1.0 Quick look summary

From 1 July 2022, legislative change has enabled a wider range of healthcare professionals to certify fit notes. The healthcare professionals who can now certify fit notes in addition to doctors are nurses, occupational therapists, pharmacists and physiotherapists. This change is targeted at those providing relevant NHS services.

Enabling a wider range of Healthcare Professionals to certify fit notes offers benefits for patients and the healthcare system. The changes aim to provide a seamless, faster system for patients; improve continuity of care; reduce bureaucracy in the healthcare system; and fully utilise skills by enabling relevant healthcare Professionals to conduct health and work conversations and certify fit notes.

Only registered nurses, occupational therapists, pharmacists and physiotherapists in addition to doctors. can certify fit notes, this does not include registered nursing associates.

When first conducting fit note certification, the Healthcare Professionals who are legally able to certify fit notes (nurse, occupational therapist, pharmacist or physiotherapist) should complete the Fit Note Training on certification on ULearn.

Fit notes can be issued in any relevant setting where an assessment of patients' fitness for work is made. It is important that the healthcare professional responsible for the episode of care is the one who issues the fit note if it is within their ability.

Healthcare Professionals should use the fit note to give advice about the functional effects of your patient's condition on their fitness for work in general.

The Healthcare Professionals legally enabled to certify fit notes are subject to statutory regulation and therefore registrants must undertake this task in a way that is consistent with their own regulator's standards, requirements and employing organisation's policies and procedures.

## 1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
1.0	Aug 2024	New Policy due to amended legislations to enable health care professional being able to issue fit notes

For Further Information Contact:  
Medical Director  
Assistant Director of Nursing and Quality

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

Jane Martin, Assistant Director Nursing and Quality  
Jacqui Newton, Deputy Head of Nursing DMH  
Stephanie O'Connell, AHP Lead and Clinical Director  
Zayad Saumtally, Head of Nursing FYPC/LDA  
Anthony Oxley, Head of Pharmacy  
Alison O'Donnell, Head of Learning and Development  
Trust policy experts  
Local Negotiating Committee  
Medical Advisory Committee  
Medical Committee Meetings

## 1.3 Governance

**Level 2 or 3 approving delivery group** – Quality Forum

**Level 1 Committee to ratify policy** – Quality Forum

## 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 (Amendment) Regulations 2023 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 a copy of this document in any other format, please contact [lpt.corporateaffairs@nhs.net](mailto:lpt.corporateaffairs@nhs.net)

## 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

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## 1.6 Definitions that apply to this policy.

**Consent:** a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to take the particular decision.
- have received sufficient information to take it and not be acting under duress.

**Due Regard:** Having due regard for advancing equality involves:

- 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.

**DWP:** Department for Work and Pensions

**Fit Note:** A statement of fitness for work, commonly known as a fit note or Med3, is an official statement from a doctor, nurse, occupational therapist, pharmacist or physiotherapist. It is issued to provide evidence of the advice a healthcare professional has given about their patient's fitness for work.

**Healthcare Professional:** Doctor, nurse, occupational therapist, pharmacist or physiotherapist

## 2.0 Purpose and Introduction/Why we need this policy.

This Policy outlines the requirements for Healthcare Professional to issue fit notes following amended legislations to enable health care professional being able to issue fit notes.

From 1 July 2022, legislative change has enabled a wider range of healthcare professionals to certify fit notes. The healthcare professionals who can now certify fit notes in addition to doctors are nurses, occupational therapists, pharmacists and physiotherapists. This change is targeted at those providing relevant NHS services.

## 3.0 Policy Requirements

It is generally accepted and there is evidence that good quality work is good for physical health, mental health and wellbeing. Evidence indicates that the longer someone is off work due to ill health, the less likely they are to return to employment. There is also strong evidence that long periods out of work are associated with poor mental and physical health,

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increased use of health services and poverty. Even if people are not fully fit, engaging with work can deliver health benefits.

Enabling a wider range of Healthcare Professionals to certify fit notes offers benefits for patients and the healthcare system. The changes aim to provide a seamless, faster system for patients; improve continuity of care; reduce bureaucracy in the healthcare system; and fully utilise skills by enabling relevant Healthcare Professionals to conduct health and work conversations and certify fit notes.

Healthcare professionals from a range of disciplines now play a central role alongside doctors in leading the delivery of healthcare and support for patients to enable them to manage their health and wellbeing. Increasingly this applies to enabling people to safely remain in or return to work wherever possible, and to manage their own health and wellbeing.

It is also recognised that as part of multidisciplinary teams there are a wider range of other healthcare professionals that can support patients return to work. In these situations, doctors, nurses, occupational therapists, pharmacists and physiotherapists can use a written report from another healthcare professional to assess a patient's capability to work and issue a fit note.

Fit notes can be issued in any relevant setting where an assessment of patients' fitness for work is made. It is important that the healthcare professional responsible for the episode of care is the one who issues the fit note if it is within their ability.

### **Who can issue fit notes?**

Only registered Healthcare Professionals can certify fit notes, this does not include registered nursing associates.

When first conducting fit note certification, the Healthcare Professionals who are legally able to certify fit notes should complete the fit note training on fit note certification and have a period of structured mentorship and support.

The fit note training course was developed with Health Education England and an expert clinical sub-group. It is available via the Trusts learning management system ULearn.

The training offers a wide range of up to date and relevant information that can support conversations with professionals who are new to this task in clarifying that they are suitably qualified and experienced or enhancing their skill level to allow them to proceed with confidence. The training will enable Healthcare Professionals enhance and amplify their skills to have work and health conversations, informed by the relevant policy and legal frameworks, thereby helping individuals, as appropriate, to seek work, return to or remain in work.

For healthcare professional who are new to considering and completing these forms, the following process should be followed:

- New additional responsibility to be discussed and agreed with manager, and Head of Service.
- HCP to access and complete e-learning via ULearn

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- HCP to undertake minimum 5 observed Fit note discussions with Health Care Professional already competent in skill, with documented feedback (see appendix one)
- Confirmation of competence, certificate for HCP, inform line manager of successful completion.
- Staff to ensure that their Professional Registration is recorded on SystemOne as their National ID Type in Staff and Organisational Setup

As a minimum the healthcare professional should:

- hold current registration with the relevant professional healthcare regulator.
- have certifying fit notes as an agreed part of their role (if employed or operating under a contract)
- be able to articulate that certifying fit notes is in their individual scope of practice.
- be involved with the assessment, diagnosis or care planning of the patient the work and health conversation relate to or be able to form an assessment based on a written report by another HCP.
- be acting in their professional capacity.
- work in accordance with the requirements of their employer and/or contractual arrangement.
- have necessary indemnity.
- review patient medical records where appropriate e.g., to assess the duration of health condition and likely fluctuation or treatment side effects and duration.

**Healthcare Professionals completing a fit note should be regarded as responsible for that episode of care.**

Healthcare Professionals should use the fit note to give advice about the functional effects of their patient's condition on their fitness for work in general. They are not expected to have specialist knowledge of workplaces or occupational health, and they do not need to suggest possible changes to their patient's workplace or job.

The Healthcare Professionals legally enabled to certify fit notes are subject to statutory regulation and therefore registrants must undertake this task in a way that is consistent with their own regulator's standards, requirements and employing organisation's policies and procedures.

Any eligible registrant starting to take on the task of certifying fit notes should complete the fit note training in line with regulatory principles relating to maintaining up to date knowledge and skills.

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Each HCP should ensure that they have the knowledge, skills and experience to undertake this new task in line with their individual scope of practice and be able to articulate this to their employer if it is an agreed part of their role.

In LPT level 1 registered nurses, physiotherapist, occupational therapist and pharmacist employed as a band 6 or above can certify fit notes.

### **Assessing a patient's fitness to work**

If it is assessed that a patient's fitness for work is not impaired by a health condition, they are fit for work and do not need a fit note.

Healthcare Professionals also do not need to issue a fit note for the first 7 calendar days of a patient's sickness absence. Patients can self-certify for this period.

If it is assessed that a patient's health affects their fitness for work, the Healthcare professional should give them a fit note indicating whether the patient is not fit for work OR may be fit for work.

The following factors may be useful when making this assessment:

Any functional limitations of the patient's health condition. The duration of their health condition and any likely fluctuation and whether doing any work – not necessarily their current job – will make their health condition worse. For example:

- stamina e.g., better in the morning or the afternoon
- mobility e.g., walking, bending, stooping.
- agility e.g., dexterity, posture, co-ordination
- insight or stability e.g., mental state, mood
- treatment e.g., side-effects, duration of
- intellectual e.g., cognitive abilities
- sensory e.g., hearing, vision, touch
- the duration of their health condition and any likely fluctuation
- the impact of any ongoing clinical management
- whether doing any work – not necessarily their current job – will make their health condition worse.

The patient may be fit for work, taking account the healthcare Professional's advice about the functional effects of their condition.

The Healthcare Professional should identify if the patient could do some form of work (not specifically their current job). This gives maximum flexibility to the patient and their employer to discuss ways to accommodate the patient's condition, which may include changing their duties for a while or reducing their hours.

If the patient is not fit for work of any kind. The Healthcare Professional should identify this on the fit note only if the patient cannot do any form of work at all. Always consider if the patient could do work of some kind. Assessing that the patient is not fit for work when there are still things they can do, risks depriving them of the chance to discuss ways they could do some work with their employer; and increases the long-term health risks of worklessness.

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If you assess that your patient is not fit for any work, make sure that you continue to review their fitness for work at regular intervals if still on the caseload. If the patient is discharged from the caseload during this time, they need to be informed future review would be through their GP or Doctor involved in their care.

As per the legislation, the Healthcare Professional certifying the fit note can do so based on consideration of a written report by another health professional involved with the diagnosis or care planning of the patient. It is not necessary for the written report to be undertaken by a member of one of the five professions currently listed in regulations as having the ability to certify fit notes. To note, the Healthcare Professional who certifies the fit note is accountable, even when based on the written report of another health professional.

It is recognised there may be challenges for healthcare professionals certifying fit notes when there is disagreement about the best course of action and recommendations on the fit note. Advice on communicating with patients and handling difficult conversations is covered in the fit note training. Healthcare Professionals should not feel pressured to sign a fit note.

### **Documentation**

The introduction of an embedded digital fit note in GP IT systems followed the legislative change in April 2022, which removed the need for handwritten signatures. LPT staff working in primary care can issue fit notes via the GP IT system.

Individuals working in secondary care, or without access to relevant GP IT systems, can issue fit notes via Systmone. The MED3 Statement node can be found by searching for 'New MED3 Statement' in the search box at the bottom left of the SystmOne screen.

The GP should also be tasked about the issue of the fit note.

## **4.0 Duties within the Organisation**

### **Policy, Guideline or Procedure / Protocol Author**

To ensure the policy is reviewed in accordance with identified timescale and implementation of monitoring and effectiveness has been planned and is reviewed by the Directorates and appropriate governance group.

### **Lead Director**

The Medical Director is responsible for ensuring that this policy is carried out effectively and is addressed and managed effectively across the organisation.

Will communicate, disseminate, and ensure Directorates commence implementation of the policy and provide assurance through the Trust's Quality Governance Framework.

### **Directors, Heads of Service**

Directors and Heads of Service within directorates are responsible for ensuring all relevant staff are aware of the policy and have the appropriate training as detailed in the policy.

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Ensuring that effective systems are in place to support Healthcare Professional in this Policy.

### **Senior Managers, Matrons and Team Leads**

Are responsible for ensuring implementation within their area, and for ensuring all staff who work within the area always adhere to the principles. Any deficits identified will be addressed.

Completion of fit note competency and feedback form with staff member (Appendix 1)

### **Healthcare Professionals**

Each individual member of staff, substantive, temporary worker and volunteer within the Trust is responsible for complying with this policy.

Healthcare Professional be aware of their personal and professional responsibilities.

To undertake training as identified in this policy.

Only issue a fit note if a patient's health affects their fitness for work.

Ensure meet criteria for issuing fit notes.

Make use of the wider expertise of their teams to inform health and work conversations and decision making with regards to the fit note

Healthcare Professionals completing a fit note must ensure they are regarded as responsible for that episode of care.

Always have regard to their professional accountability/responsibility, codes, and standards according to the requirements of their respective regulatory body

### **Team Administrators/nominated person:**

To keep register of staff trained.

## **5.0 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 if 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.

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- Use the information to make the decision.
- Communicate the decision.

## 6.0 Monitoring Compliance and Effectiveness

Page/Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group). Frequency of monitoring
	Adherence to Policy	Supervision Training records S1 report EiRFs	Matrons	3 Monthly

## 7.0 References and Bibliography

DWP (2022) Fit note: guidance for healthcare professionals, July 2022

DWP (2022) Who can issue fit notes: guidance for healthcare professionals and their employers.

## 8.0 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.

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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.

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Fit Notes: Certification by Healthcare Professionals Policy

## Appendix 1 Fit Note Feedback Form

Date of The Fit Note training completed:

Number of forms completed:

Candidate Name: NMC/HCPC:

Assessor name: NMC/HCPC:

Date:

Candidate demonstrated	Appropriate to stage of training	Cause for concern		Unacceptable	
	X or √	Comment	X or √	Comment	X or √
Confirm patient's job title and pattern of work is correctly recorded at each consultation. If not, obtain and record new job title and consequent change in duties.					
Use realistic, positive language when discussing a diagnosis, avoiding catastrophic and alarming words which may make the patients think they should not continue to work					
Identifies when Fit note not appropriate, for example can self-certify					
Does the patient need a fit note? If yes, proceed further, else no further actions on this checklist needed.					
Are there any red flags (serious medical issues which may result in injury or harm if patient returns to work) likely to affect their ability to perform their job duties? If yes, sign them off with scheduled follow up, to reconsider when the condition may have changed.					
If no red flags, ask the patient how they see their symptoms, and consider how this may impact the patient's ability to work.					
If there are certain activities which the patient considers to be safe to conduct, consider adjustments to work role to allow for this.					
If the patient has some limitations but may still be able to continue work provide a recommendation for a workplace meeting to discuss adjustments and modified duties using 'may be fit' selection with relevant comments in the fit note.					

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For more complex adjustments, referral to Access to Work may be indicated and it may be appropriate to suggest occupational health referral (if the employer has access).					
Encourage communication between patient, employer and other relevant stakeholders.					
If a patient meets the definition of 'disabled person' under the Equality Act 2010, their employer needs to consider reasonable adjustments to allow them to work. Fit note completed accurately and safely.					
<b>If the answer to any of the above is cause for concern/unacceptable you must provide comments:</b>					

Assessor Signature:

Assessor Name:

For final competence assessment only: Sufficient evidence of competence for autonomous practice now achieved.

Assessor Signature:

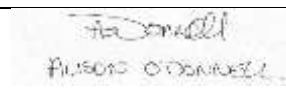
Assessor Name:

Date:

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## Appendix 2: Training Needs Analysis

Training required to meet the policy requirements must be approved prior to policy approval. Learning and Development manage the approval of training. Send this form to [lpt.tel@nhs.net](mailto:lpt.tel@nhs.net) for review.

<b>Training topic/title:</b>	The Fit Note (FIT)		
Type of training: (see Mandatory and Role Essential Training policy for descriptions)	<input 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) <b>Yes - Desirable or Developmental</b>		
Directorate to which the training is applicable:	<b>Yes - Directorate of Mental Health</b> <b>Yes - Community Health Services</b> <input type="checkbox"/> Enabling Services <input type="checkbox"/> Estates and Facilities <b>Yes - Families, Young People, Children, Learning Disability and Autism</b> <input type="checkbox"/> Hosted Services		
Staff groups who require the training: (consider bank /agency/volunteers/medical)	nurses, occupational therapists, pharmacists and physiotherapists		
Governance group who has approved this training:	Quality Forum	Date approved:	Nov 24
Named lead or team who is responsible for this training:	Jane Martin		
Delivery mode of training: elearning/virtual/classroom/informal/adhoc	elearning		
Has a training plan been agreed?	yes		
Where will completion of this training be recorded?	Yes -uLearn <input type="checkbox"/> Other (please specify)		
How is this training going to be quality assured and completions monitored?	Matrons and line managers monitor via individuals ulearn accounts		
<b>Signed by Learning and Development Approval name and date</b>			Date: 22 <sup>nd</sup> November 2024

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## 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 Answer yes.**

**Respond to different needs of different sectors of the population yes.**

**Work continuously to improve quality services and to minimise errors yes.**

**Support and value its staff yes**

**Work together with others to ensure a seamless service for patients yes.**

**Help keep people healthy and work to reduce health inequalities yes.**


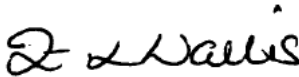
**Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance yes**

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## Appendix 4 Due Regard Screening Template

Section 1	
Name of activity/proposal	Fit Notes: certification by healthcare Professionals
Date Screening commenced	Nov 2024
Directorate / Service carrying out the assessment	Enabling
Name and role of person undertaking this Due Regard (Equality Analysis)	Jane Martin, Assistant Director Nursing and Quality
Give an overview of the aims, objectives and purpose of the proposal:	
<p><b>AIMS:</b> To outline the requirements for Healthcare Professional to issue fit notes following amended legislations to enable health care professional being able to issue fit notes.</p>	
<p><b>OBJECTIVES:</b></p>	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact, please give brief details
Age	Positive
Disability	Positive
Gender reassignment	Positive
Marriage & Civil Partnership	Positive
Pregnancy & Maternity	Positive
Race	Positive
Religion and Belief	Positive
Sex	Positive
Sexual Orientation	Positive
Other equality groups?	Positive
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.	
<b>Yes</b>	<b>No</b>
High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B	Low risk: Go to Section 4.

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Section 4			
If this proposal is low risk, please give evidence or justification for how you reached this decision:			
Signed by reviewer/assessor		Date	19.11.24
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed		Date	19.11.24

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## 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>		
<b>Name of Document:</b>	Fit Notes: certification by healthcare Professionals	
<b>Completed by:</b>	Jane Martin	
<b>Job title</b>	Assistant Director of Nursing and Quality	Date 19.11.2024
<b>Screening Questions</b>	<b>Yes / No</b>	<b>Explanatory Note</b>
<b>1.</b> 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	
<b>2.</b> 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	
<b>3.</b> 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	
<b>4.</b> 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	
<b>5.</b> 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	
<b>6.</b> 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	

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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><b>If the answer to any of these questions is ‘Yes’, please contact the Data Privacy Team via <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a></b>  <b>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</b></p>		
<b>Data Privacy approval name:</b>	N/A as all answered No	
<b>Date of approval</b>		

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

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