

Policy for the Bulk Transfer of Patient Records

To be read with:

- Confidentiality and Data Protection Policy
- Acceptable Use of E-mail Policy
- Acceptable Use of The Internet Policy
- Acceptable Use of Information Systems Policy
- Information Security Policy
- Safe Haven Policy

Version	1.2
Status	Approved
Author/Lead	Information Governance & Data Protection Officer
Directorate	Finance and Performance
Ratified By	ICT & Information Governance Programme Group
Date Ratified	05 June 2009
Date Issued	07 July 2009
Date of Next Formal Review	04 June 2010
Target Audience	All Staff

“The PCT incorporates and support the human rights of the individual as set out in the European Convention on Human Rights and the Human Rights Act 1998”

Version Control Record

Version	Description of Change(s)	Reason for Change	Author	Date
1.0	Initial Draft		Business Systems Manager	07/02/2008
1.1	Minor update to reflect requirements of Policy Development Policy	Annual Review	Information Governance and Data Protection Officer	07/04/2009
1.2	Made specific reference to electronic records.	Comments from ICT & IG Programme Group	Information Governance and Data Protection Officer	07/07/2009

Table of Contents

1. Background.....	4
2. Process.....	4
Appendix 1 - Equality Impact Assessment Tool.....	5
Appendix 2 – Document Review Checklist - Key Performance Indicators (KPIs).....	7
Appendix 3 - Audit Tool for the Policy Development Policy.....	9

1. Background

1.1 This policy is aimed at:

- All PCT staff who share patient or staff identifiable information as part of their work.
- All PCT staff who have direct contact with patients as part of their responsibilities.
- Line Managers and those with supervisory responsibilities.

1.2 The purpose of this policy is to:

- Ensure that confidential electronic information is exchanged using safe, secure, and good practice processes.
- Ensure compliance with the NHS Information Governance Policy, NHS Confidentiality Code of Conduct and Data Protection Act 1998.
- To clearly set out guiding steps to follow when using various communications media such as fax, email, post to transfer or transmit bulk electronic information.

1.2 In so doing the PCT can:

- Transfer confidential information appropriately and efficiently.
- Reduce risk of inadvertent loss/disclosure.
- Protect patient information effectively.
- Comply with legislation and best practice.

2. Process

2.1 Bulk transfers of person-identifiable data (50+ records) must be authorised by the Trust's Caldicott Guardian and Business System's Manager. When seeking written authorisation please provide the following details:

- Reason for transfer
- Recipients
- Format the data will take (ie. soft copy or hard copy)
- Data included & frequency of transfer
- Mechanisms to secure the data in transit
- Mechanisms to confirm receipt of the data

2.2 If you require guidance on securing data please contact the Brent Service Desk on 020 8795 6676 servicedesk@brentpct.nhs.uk.

Appendix 1 - Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

DOCUMENT AUTHOR	DIRECTORATE
NAME OF DOCUMENT/POLICY/STRATEGY/PROCEDURE	NEW EXISTING ASSOCIATED POLICIES, STRATEGIES OR PROCEDURES
DATE	

Aim/Status

[a] What is the aim/purpose of the policy/strategy/procedure?
[b] Who is intended to benefit from this policy/strategy/procedure and in what way?
[c] How have they been involved in the development of this policy/strategy/procedure?
[d] How does it fit into the broader corporate aims?
[e] What outcomes are intended from this policy/strategy/procedure?
[f] What resource implications are linked to this policy/strategy/procedure?

Impacts

[a] what is the likely impact [whether intended or unintended, positive or negative] of the initiative on individual users or on the public at large?		
[b] Is there likely to be differential impact on any group? If yes, please state if this impact may be adverse and give further details [e.g. which specific groups are affected, in what way, and why you believe this to be the case]		
[i] Grounds of race, ethnicity, colour, nationality or national origin	Please tick box yes <input type="checkbox"/> no <input type="checkbox"/>	Please tick box Adverse? <input type="checkbox"/> Please give further details
[ii] Grounds of sex or marital Status Women and Men	yes <input type="checkbox"/> no <input type="checkbox"/>	Adverse? <input type="checkbox"/> Please give further details

[iii] Grounds of gender: Transgender or Transsexual People	yes <input type="checkbox"/> no <input type="checkbox"/>	Adverse? <input type="checkbox"/> Please give further details
[iv] Grounds of religion or belief: Religious /faith or other Groups with a recognised belief system	yes <input type="checkbox"/> no <input type="checkbox"/>	Adverse? <input type="checkbox"/> Please give further details
[v] Grounds of disability	yes <input type="checkbox"/> no <input type="checkbox"/>	Adverse? <input type="checkbox"/> Please give further details
[vi] Grounds of age: Older people, children and Young people	yes <input type="checkbox"/> no <input type="checkbox"/>	Adverse? <input type="checkbox"/> Please give further details
[vii] Grounds of sexual orientation: Lesbian, gay, bisexual	Yes <input type="checkbox"/> no <input type="checkbox"/>	Adverse? <input type="checkbox"/> Please give further details
[viii] Grounds of carers: Older relatives, children	yes <input type="checkbox"/> no <input type="checkbox"/>	Adverse? <input type="checkbox"/> Please give further details
[ix] Grounds of human rights	yes <input type="checkbox"/> no <input type="checkbox"/>	Adverse? <input type="checkbox"/> Please give further details
Is the policy directly discriminatory? yes <input type="checkbox"/> no <input type="checkbox"/>	Is the policy indirectly discriminatory? yes <input type="checkbox"/> no <input type="checkbox"/> If you said yes, is this objectively justifiable or proportionate in meeting a legitimate aim yes <input type="checkbox"/> no <input type="checkbox"/>	Is the policy intended to increase equality of opportunity by permitting positive action or action to redress disadvantage yes <input type="checkbox"/> no <input type="checkbox"/> Please give details.
If the policy is unlawfully discriminatory it must go to a full impact assessment (please Contact the Equality, Diversity & Human Rights Advisor – Human Resources Directorate)		
Persons conducting EqIA		
Signed		Date

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Equality & Diversity Manager together with any suggestions as to the action required to avoid/reduce this impact.
For advice in respect of answering the above questions, please contact the Equality & Diversity Manager.

Appendix 2 – Document Review Checklist - Key Performance Indicators (KPIs)

	Title of document being reviewed:	Yes/No/Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?		
	Is it clear whether the document is a guideline, policy, protocol or standard?		
2.	Rationale		
	Are reasons for development of the document stated?		
3.	Development Process		
	Is the method described in brief?		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?		
	Is there evidence of consultation with stakeholders?		
4.	Content		
	Has the policy got a front sheet as described in the policy development policy		
	Is the document reference information section as described in the policy development policy		
	Is the version control record as described in the policy development?		
	Is the table of content as described in the policy development policy		
	Is the objective of the document clear?		
	Is the target population clear and unambiguous?		
	Has the policy been written in arial size 12 font with numbered paragraphs, footer,– version number, page number, document name and issue date ?		
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?		
	Are key references cited?		
	Are the references cited in full?		
	Are supporting documents referenced?		
6.	Approval		
	Does the document identify which committee/group will approve it?		

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	If appropriate have the joint Human Resources/ staff side committee (or equivalent) approved the document?		
7.	Dissemination and Implementation		
	Is the dissemination as outlined in the policy development policy?		
8.	Document Control		
	Does the document identify where it will be held?		
	Have archiving arrangements for superseded documents been addressed?		
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?		
	Is there a plan to review or audit compliance with the document?		
10	Review Date		
	Is the review date identified?		
	Is the frequency of review identified? If so is it acceptable?		
11	Overall Responsibility for the Document		
	Is it clear who will be responsible for co- ordinating the dissemination, implementation and review of the document?		

Acknowledgement: Cambridgeshire and Peterborough Mental Health Partnership NHS Trust

Appendix 3 - Audit Tool for the Policy Development Policy

The following are five questions to assess your understanding and implementation of this policy

(Score yourself - Yes or No)

- | | |
|---|----------|
| Do you understand the different definition of documents within the policy? | Yes / No |
| Do you understand the requirement for the main body of a document? | Yes / No |
| Do you understand the Ratification Process for documents? | Yes / No |
| Do you understand the Guidance on the Checklist required for writing documents? | Yes / No |
| Do you understand the process for reviewing / Archiving / consultation and version control? | Yes / No |

If you score No for any of the questions, please re read the relevant section of the policy. If you are still unclear please contact the author / service for clarification

A copy of this **should** be kept in your personal file and may be used as part of a continuous profession development folder

Signed..... **Role**.....

Date.....