Registered Charity 1092333

Hart First Response

Information Governance, Confidentiality and Data Protection Policy

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1. Introduction

1.1. Hart First Response (HFR) recognises the importance of information, both in terms of healthcare management of individual patients and the efficient management of services and resources. This is because information is a vital asset that underpins the delivery of high-quality healthcare and many other key service deliverables. HFR therefore has a responsibility to ensure that information is managed appropriately and in accordance with basic Information Governance (IG) requirements

1.2. HFR is required by law to comply with the Data Protection Act, 1998. It is a commitment of the Executive Committee (Exec. Com.) to ensure that every HFR volunteer complies with this Act. However, the keeping of volunteer records (for management) and the keeping of casualty medical records are not covered by this act. Therefore, HFR has developed this policy to ensure the confidentiality of any personal data held in whatever medium and requires all HFR volunteers to comply with this policy.

1.3. Information Governance currently includes the following legislation and guidance:

- Data Protection Act 1998
- Freedom of Information Act 2000 (FOI)
- Environmental Information Regulations 2004
- Department of Health Records Management: NHS Code of Practice
- Computer Misuse Act 1990
- The Confidentiality Code of Practice
- Common Law Duty of Confidentiality
- Information Security Management BS7799

1.4. HFR has registered with the Information Commissioner: Registration number Z9579663.

1.5. The Data Protection Act 1984 covered only personal data held on electronic systems. The Data Protection Act 1998, also covers personal data held on manual systems e.g. paper, files. Personal data includes any information that is associated with someone's name. HFR needs to keep certain information about its volunteers, and other users of HFR services to allow it to monitor performance, achievements and health and safety issues. To comply with this policy, information must be collected and used fairly, stored safely and not disclosed to any other person unlawfully. To do this HFR must comply with the Eight Data Protection Principles which are set out in the Data Protection Act 1998 and this policy as follows:

1. Personal data shall be processed fairly and lawfully and, in particular, shall not be processed unless-
(a) at least one of the conditions in Schedule 2 is met, and
(b) in the case of sensitive personal data, at least one of the conditions in Schedule 3 is also met.
2. Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.
3. Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.

4. Personal data shall be accurate and, where necessary, kept up to date.
5. Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.
6. Personal data shall be processed in accordance with the rights of data subjects under this Act.
7. Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.
8. Personal data shall not be transferred to a country or territory outside the European Economic Area unless that country or territory ensures an adequate level of protection for the rights and freedoms of data subjects in relation to the processing of personal data.

1.6. HFR volunteers who process or use any personal information must ensure that they follow these principles at all times. In order to ensure that this happens HFR has developed this Information Governance, Confidentiality and Data protection Policy.
Occasionally, event organisers ask questions of HFR members regarding patient numbers and injuries. Any patient treated by HFR is entitled to the right of confidentiality. Details can only be disclosed to third parties with the consent of the individual or by virtue of some overriding lawful authority.

1.7. When dealing with patients that are passed into the medical care of another healthcare professional it is appropriate to pass on accurate and timely information.

2. Definitions

2.2. **Patient Identifiers**: The Caldicott Working Groups identified a number of items by which a person's identity may be established. These "personal details" include: surname, forename, initials, address, postcode, date of birth, other dates (i.e death, diagnosis), and sex. All such items should be treated as patient-identifiers to a greater or lesser extent and appropriately protected to protect the privacy of patient data.

2.3. **Personal information** (sometimes referred to as person-identifiable data (PID)) is data which relates to an individual who can be identified from that information or in conjunction with any other information that is or may come under the possession of the data controller. This data can also include any expression of opinion about an individual or information provided under professional opinion. Examples of personal information includes name, address, date of birth, or any other unique identifier such as NHS Number, hospital number, national insurance number etc. It also includes information which, when presented in combination, may identify an individual e.g. postcode etc.

2.4. **Sensitive information** is defined in Section 2 of the Act as data regarding an individual's race or ethnic origin, political opinion, religious beliefs, trade union, volunteership, physical or mental health, sex life, criminal proceedings or convictions. These data are subject to more stringent conditions on their processing when compared to personal information.

2.5. **Information Assets** include;

- **Personal information** e.g. content within databases, archive and back-up data, audit data, paper records
- **Software** e.g. application and system software, development and maintenance tools **Hardware** e.g. PCs, laptops, USB sticks, PDAs
- **System / process documentation** e.g. system information and documentation, manual and training materials, business continuity plans.

3. Information Governance and Data Protection Officer

3.1 Hester Wain is the Information Governance and Data protection officer (DPO) for HFR and is responsible for implementation of this policy, and is the person to whom enquiries relating to the holding of personal data should be referred. The DPO will inform the Exec. Com. of any changes or amendments to the Act, and advise on the implementation of the Act.

3.2 Details of the data that HFR holds and processes about its volunteers and others and the reasons for which it is processed will be given, on request by the DPO.

4. Responsibility and Accountability

4.1 All HFR volunteers have a responsibility to:

- Adhere to this policy
- Adhere to the relevant legislation
- Undertake training that is appropriate to their role.
- Raise any concerns in relation to this policy with the HFR Exec.

4.2 All HFR volunteers and other users are entitled to:

- Know what personal information HFR holds and processes about them and why.
- Know how to gain access to it.
- Know how to keep it up to date.
- Know what HFR is doing to comply with its obligations under the 1998 Act.

5. Data Held by HFR

Data	Type	Time period	Storage	Disposal
Volunteers' personal information	Electronic	Until resignation	Password protected computer	Deletion
Volunteers' personal information	Paper	Twenty-five years	Secured and locked filing cabinet	Shredding
CRB disclosures	Paper	Usually six months	Secured and locked filing cabinet meeting CRB requirements	Shredding
Patient records (over 18 years old)	Paper	Seven years	Secured and locked filing cabinet	Shredding
Patient records (under 18 years old)	Paper	Twenty-five years	Secured and locked filing cabinet	Shredding
Applicants' personal information	Paper	Until resignation	Secured and locked filing cabinet	Shredding
Back-up of all electronic HFR data/information	Electronic	Six months with Trustees	Password protected CD/DVD	Cut into multiple parts and dispose of as general waste
Email files	Electronic	Five years from date sent	Password protected computer	Deletion
Event Booking	Electronic	Seven years	Password protected computer	Deletion

Data	Type	Time period	Storage	Disposal
Forms containing organiser's personal details				
Duty Sheets - containing organiser and HFR volunteer's personal details	Electronic	Seven years	Password protected computer	Deletion
Event Booking Forms containing organiser's personal details	Paper	Seven years	Secured and locked filing cabinet	Shredding
HFR database - contains HFR volunteer's personal details and names of paramedics	Electronic	Seven years	Password protected computer	Deletion
Other relevant organisation/personal contact details	Paper	Five years from date of last use	Secured and locked filing cabinet	Shredding
Other relevant organisation/personal contact details database	Electronic	Five years from date of last use	Password protected computer	Deletion

6. HFR Volunteers Guidelines for Information Governance, Confidentiality and Data Protection

6.2. All volunteers are responsible for:

6.2.1. Checking that any information that they provide in connection with their volunteering is accurate and up to date.

6.2.2. Informing the Hon. Sec. of any changes to information which they have provided. i.e. changes of address.

6.2.3. Informing the Hon. Sec. of any errors or changes.

6.3. Some personal names, telephone numbers, and e-mail addresses will be published on the HFR World Wide Web Facility, unless the individual concerned indicates to the DPO that they do not wish their personal details to be disseminated in this way. Those responsible for producing pages for the World Wide Web Facility are responsible for ensuring that any individual named on that page has not refused permission to publish their name and Email address, by checking either with the individual or with the DPO.

6.4. Volunteers should ensure that they are familiar with the Information Governance, Confidentiality and Data protection Policy. Any breach of this Policy, either deliberate or through negligence may lead to disciplinary action being taken, or even a criminal prosecution.

7. Data Security

7.2. All volunteers are responsible for ensuring that:

7.2.1. Any personal data which they hold, whether in Electronic or Paper format, is kept securely.

7.2.2. Personal information is not disclosed either orally or in writing or accidentally or otherwise to any unauthorised third party.

7.3. Disclosures and other confidential documents issued by the Criminal Records Bureau are stored in secure conditions. Documents are kept in a locked, non-portable strong box. Keys to the strong box are not available to volunteers of HFR other than the Hon. Sec and Chair, or other Trustee on request. Access to the room containing the strong box is restricted.

8. HFR Volunteers' Consent to Processing Sensitive Information

8.2. In many cases HFR can only process personal data with the consent of the individual. In some cases, if the data is sensitive, express consent must be obtained. Agreement to HFR processing some specified classes of personal data is a condition of acceptance of a volunteer.

8.3. Some services will bring the applicants into contact with young or vulnerable people and HFR has a duty under the Children Act 1999 and other enactments to ensure that volunteers are suitable for the provision of service. HFR also has a duty of care to all its volunteers and volunteers of the public with whom they interact and must therefore make sure that volunteers do not pose a threat or danger to others.

8.4. HFR may ask for information about a person's health, particular health needs, such as allergies to particular forms of medication, or any conditions such as asthma or diabetes, for use in the event of a medical emergency. HFR may also ask for information about a person's criminal convictions, race and gender and family details. This is to ensure that the HFR environment is a safe place for everyone, or may be to operate other policies, such as the equal opportunities policy. In addition, HFR may also ask about special learning needs to assist trainees in their learning.

8.5. Because this information is considered sensitive, all prospective volunteers will be asked to give signed Consent to Process regarding particular types of information when an offer of volunteership is made (see volunteership application form). Offers of volunteership may be withdrawn if an individual refuses to consent to this.

9. Caldicott Principles (2013)

HFR volunteers must ensure they comply with the 7 Caldicott Principles, which are as follows:

Principle 1 - Justify the purpose(s) for using confidential information

Every proposed use or transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed, by an appropriate guardian.

Principle 2 - Don't use personal confidential data unless it is absolutely necessary

Personal confidential data items should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose(s).

Principle 3 - Use the minimum necessary personal confidential data

Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data is transferred or accessible as is necessary for a given function to be carried out.

Principle 4 - Access to personal confidential data should be on a strict need-to-know basis

Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.

Principle 5 - Everyone with access to personal confidential data should be aware of their responsibilities
Action should be taken to ensure that those handling personal confidential data - both clinical and non-clinical staff - are made fully aware of their responsibilities and obligations to respect patient confidentiality.
Principle 6 - Comply with the law
Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.
Principle 7 - The duty to share information can be as important as the duty to protect patient confidentiality
Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies

10. Rights to Access Information

Volunteers, and other users of HFR services have the right to access any personal data that is being kept about them. Any person who wishes to exercise this right should make their request in writing to the DPO. Non-volunteers may be charged a fee of £10 for this information, which will be made available within 40 days of the request being received.

11. Patient Handover to Healthcare Professional

- On the arrival at the scene of the Ambulance NHS crew (or other relevant healthcare professional), it is necessary to give a verbal account of the patient, including: Name, age, sex, history, injury/illness, consciousness, vital signs and any other pertinent information.
- The carbon copy of the patient report form should also be handed to the healthcare professional who will be caring for the patient.

12. Information requested by event organisers

- Members of HFR will not provide full details of patients to the event organisers without the patient's consent. A report omitting all personal details may be made to the event organisers.
- From 2006, HFR Healthcare Records contain a "consent to datashare" section. HFR members should ask the patient: "We may be asked to provide information on your injury/illness to the organisers along with your name and address etc, do you give your consent for us to associate your name with your injury/illness today?". Patients do not have to give consent and if unsure the options should be left uncircled.
- However, where an injury falls within the scope of **RIDDOR** requirements and as such is reportable to the Health and Safety Executive, full details must be provided for the organiser in order to enable them to fulfil their statutory obligation under the Health and Safety at Work Act 1974. Under these circumstances the patient should be informed that disclosure will be necessary and an attempt should be made to obtain their consent, if possible in writing.
- Where an incident may possibly lead to a claim against the organisers' insurance policy, sufficient information should be provided, without any personal identification, to allow the organisers to inform their insurers of the potential claim. The organisers will be able to advise their insurers that the identity and personal details will be supplied to them directly by HFR in response to a formal request.

13. Information requested by others

- Information eg copies of the patient's healthcare record may be provided to UK-based organisations if deemed relevant and if given in conjunction with a signed information sharing agreement (see appendix for template).

14. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 RIDDOR [3]

14.1. The RIDDOR list is part of the HFR patient report form booklet and can be referred to easily at an event by any HFR member or patient.

14.2. RIDDOR is the law that requires employers, and other people in control of work premises, to report and keep records of:

- work-related accidents which cause death;
- work-related accidents which cause certain serious injuries (reportable injuries);
- diagnosed cases of certain industrial diseases; and
- certain 'dangerous occurrences' (incidents with the potential to cause harm)

14.3. A RIDDOR report is required only when:

- the accident is work-related; and
- it results in an injury of a type which is reportable (as listed under 'Types of reportable injuries').

14.4. Types of reportable injury:

- **Deaths** All deaths to workers and non-workers must be reported if they arise from a workrelated accident, including an act of physical violence to a worker. Suicides are not reportable, as the death does not result from a work-related accident.
- **Specified injuries** to workers. The list of 'specified injuries' in RIDDOR 2013 (regulation 4) includes: ■ a fracture, other than to fingers, thumbs and toes; ■ amputation of an arm, hand, finger, thumb, leg, foot or toe; ■ permanent loss of sight or reduction of sight; ■ crush injuries leading to internal organ damage; ■ serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs); ■ scalpings (separation of skin from the head) which require hospital treatment; ■ unconsciousness caused by head injury or asphyxia; ■ any other injury arising from working in an enclosed space, which leads to hypothermia, heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.
- **Over-seven-day injuries** to workers This is where an employee, or self-employed person, is away from work or unable to perform their normal work duties for more than seven consecutive days (not counting the day of the accident).
- **Injuries to non-workers** Work-related accidents involving members of the public or people who are not at work must be reported if a person is injured, and is taken from the scene of the accident to hospital for treatment to that injury. There is no requirement to establish what hospital treatment was actually provided, and no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

15. Other Information "required by statute"

HFR volunteers are required by statute to notify the relevant authority in the following cases; however, if at all possible the volunteer should refer the enquirer to the Officer in Charge of the event or the HFR Executive Committee:

- **s11, Public Health (Control of Disease) Act 1984** - Duty to notify proper officer of the local authority of the name, age, sex, and address of a person suffering from a notifiable disease or food poisoning;

- **s18, Prevention of Terrorism Act 1989** - Power to require the production of information from any person; also makes it an offence to fail to volunteer that information;
- **Regulations made under the Health and Safety at Work Act 1974**- Notification of industrial accidents and diseases;
- **s172, Road Traffic Act 1988** - Power to require any person to disclose information which may lead to the identification of a person guilty of certain offences.

16. Need to know

The "need to know" circumstances outlined in the Caldicott Report (2013) are:

16.1. For NHS purposes where the recipient needs the information because he or she is or may be concerned with the patient's care and treatment, but also for:

- assuring and improving the quality of care and treatment;
- monitoring and protecting public health;
- co-ordinating NHS care with that of other agencies;
- effective health care administration;
- teaching;
- statistical analysis and medical or health service research to support the above

16.2. The information is required by statute or court order; or

16.3. Passing on the information can be justified for other reasons, usually for the protection of the public.

The guidance makes clear that personal information should be anonymised wherever possible but that anonymisation does not, of itself, remove the duty of confidence. It may still be passed on only for a justifiable purpose.

17. Audit and monitoring

- From time to time, original paper copy patient records will be transported to a HFR volunteer only training session for the purposes of audit and training. The records will be constantly under the supervision of the DPO and HFR volunteers will be reminded of their obligations under the Data Protection Act. The records will be examined for errors and compliance to systems of governance needed for accurate record keeping. After the training session the records will be returned to the locked filing cabinet.
- HFR may monitor age, sex and ethnicity data in relation to patients and learners for purposes of statistical analyses. If at all possible these data will not be linked with personal data. These data will usually be collected from patient report forms or course evaluation forms.

18. Email

- In line with Regulation 22 (2003), all emails from admin@hartfirstresponse.org.uk will contain a privacy statement as follows: All email addresses will be added to the mailing list for our half-yearly HFR Newsletter unless otherwise requested.
- The HFR newsletter mailing list will be blind-copied to recipients to avoid passing on email addresses to third parties.

19. Summary

Compliance with the 1998 Act and/or the HFR Information Governance confidentiality and Data protection Policy is the responsibility of all volunteers of HFR. Any breach of the Information Governance, confidentiality and Data protection Policy, whether deliberate or through negligence, may lead to disciplinary action being taken, or even a criminal prosecution. Any

questions or concerns about the interpretation or operation of this policy should be taken up with the DPO.

20. Relevant Acts/Reports/Policies

- Protection of Children Act 1999
- Data Protection Act 1998
- Human Rights Act 1998
- Caldicott Report 1997 and 2013
- HFR Confidentiality of Patient Information Policy
- HSE, RIDDOR Explained HSE31 (rev1). 2003.
- HFR CRB Disclosures Policy
- HFR Volunteer handbook

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Appendix Equality Impact Assessment

Impact	Age	Disability	Race	Gender	Religion or	Sexual
Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	N	N	N	N	N	N
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups?	N	N	N	N	N	N

Do different groups (age, disability, race, sexual orientation, gender, religion or belief) have different needs, experiences, issues and priorities in relation to the proposed policy?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently.
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will not promote equality of opportunity or good relations between different groups.
Is there potential for or evidence that the proposed policy will affect different population groups (age, disability, race, sexual orientation, gender, religion or belief) differently (including possibly discriminating against certain groups)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently

Based on the information set out above the HFR Executive has decided that a full equality impact assessment is not necessary.

Appendix Information Sharing Agreement Template

Scope

This “Information Sharing Agreement" is between **####** and Hart First Response (HFR) only for the purpose of allowing relevant information to be divulged to #####. This agreement will mean that HFR must determine by Exec agreement that it is appropriate and reasonable to share patient identifiable information with ####.

Definitions

For the purpose of this agreement the following definitions apply:
Personal details: name, address and date of birth
Treatment information: injury/illness, treatment, discharge
Event: Booked event for which Hart First Response is providing first aid and ambulance cover.

Agreement

HFR will provide personal details, associated with treatment information in writing to ### after the event if the “consent for datashare” box is completed on the healthcare record. Should ### wish to pass this data on to any third party, they should complete a similar "Information Sharing Agreement" between themselves and that third party. It will be the responsibility of ### to ensure that confidential patient details and treatment information are stored and used in an appropriate and legal manner.

This has been agreed by the Trustees of Hart First Response:

Print Name:
Signature ..... (HFR Chair)
Date: