Document Title	
Safe Haven Policy	

Document Description	
Document Type	Policy
Service Application	Trust Wide
Version	6.2

Lead Author(s)	
Name	Job Title
	Compliance and Risk Manager
	Corporate Governance Manager

Executive Director / Director / Manager			
If you are assured that the correct procedure has been followed for the consultation of this policy, sign and date below:			
Name	Director of Strategy and Improvement	Date	
Signature		01.04.2019	

Change History		
Version	Date	Comments
1.0	July 2011	New Policy
2.0	February 2012	Review following consultation
3.0	July 2012	Review following consultation
4.0	November 2012	Major review
4.1	February 2015	Minor review Inclusion of Skype
4.2	July 2015	Minor review inclusion of handover sheets
4.3	October 2015	Minor review inclusion of additional responsibility for handover sheets
5.0	December 2015	Major review
6.0	March 2018	Review to include references to General Data Protection Regulation
6.1	May 2018	Minor amendments following review
6.2	March 2019	Minor review to remove reference to European Union

Links with External Standards	
General Data Protection Regulation	Caldicott Principles
Information Governance Toolkit	CQC Fundamentals of Care
NHS Code of Practice: Confidentiality	Common Law Duty of Confidentiality

Key Dates	DATE
Ratification Date	Trust Management Board – 26 June 2018 Minute Number 03/18
Review Date	June 2019

Executive Summary Sheet		
Document Title:	**Safe Haven Policy**	
Please Tick (☑) as appropriate	This is a new document within the Trust	
	This is a revised Document within the Trust	√

What is the purpose of this document?

The purpose of this policy is to ensure there are strict controls in place regarding the use and transfer of personal confidential data (both staff and patient data) and confidential information, including organisational information.

The policy focuses upon:
- Post
- Transporting patient records outside of Walsall Healthcare NHS Trust
- Email
- Telephone
- Fax
- Printers
- Printing / Photocopying
- Handover sheets
- Sharing information with non NHS organisations

What key Issues does this document explore?

This policy is based on existing good practice used in the NHS and sets out the principles and arrangements that must be adopted when handling confidential information.

Who is this document aimed at?

All staff working for Walsall Healthcare NHS Trust. Including students, temporary, fixed term, agency, bank, volunteers and apprentices.

What other policies, guidance and directives should this document be read in conjunction with?

Confidentiality Policy
Information Governance Policy and Management Framework
Information Management and Technology Policy
Information Risk Policy
GDPR Policy
Patient Records Policy
Freedom of Information Act 2000 Policy
Redaction Policy
Access to Health Records Policy
Distribution of Correspondence Standard Operating Procedure
Incident Reporting Policy

How and when will this document be reviewed?

Due to predicted changes, this policy will be reviewed in one year (or sooner due to legislative changes) by the lead author or a deputy nominated by the lead Director.

CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
	Interim Trust Secretary
	Compliance and Risk Manager
	Corporate Governance Manager

Circulated to the following for consultation

Name / Committee / Group
Information Governance Steering Group
Intranet Forum
Policies and Procedures Members
Divisional Quality Teams

Version Control Summary
Significant or Substantive Changes from Previous Version
A new version number will be allocated for every review even if the review brought about no changes. This will ensure that the process of reviewing the document has been tracked. The comments on changes should summarise the main areas/reasons for change.

When a document is reviewed the changes should use the tracking tool in order to clearly show areas of change for the consultation process.

Version	Date	Comments on Changes	Author
1.0	July 2011	New Policy	Head of Governance, Compliance and Risk
2.0	February 2012	Review following consultation	Head of Governance, Compliance and Risk
3.0	July 2012	Review following consultation	Head of Governance, Compliance and Risk
4.0	November 2012	Major review	Compliance and Risk Manager (Corporate Services)
4.1	February 2015	Minor review Inclusion of Skype	Compliance and Risk Manager (Corporate Services)
4.2	July 2015	Minor review inclusion of handover sheets	Acting Head of Compliance and Risk
4.3	October 2015	Minor review inclusion of additional responsibility for handover sheets	Compliance and Risk Manager (Corporate Services)
5.0	December 2015	Major review	Compliance and Risk Manager (Corporate Services)
6.0	March 2018	Review to include references to General Data Protection Regulation	Compliance and Risk Manager (Corporate Services)
6.1	May 2018	Minor amendments following review	Corporate Governance Manager
6.2	March	Minor review to remove	Corporate Governance Manager

	2019	reference to EU	

1.0 INTRODUCTION

1.1 All NHS organisations need to have a Safe Haven policy to ensure the privacy and confidentiality of information, and to adhere to legal restrictions placed upon them, especially concerning the processing of sensitive or confidential information.

1.2 To ensure the effective processing of sensitive or confidential information it may be necessary to transfer information via telephone, email, post, fax, or in the form of handover sheets both to and from internal and external locations.

2.0 Scope

2.1 This policy is aimed at all Walsall Healthcare NHS Trust staff (including contractors, students, volunteers and temporary staff) who may need to send or receive confidential information regarding patients, staff or the organisation, by telephone, post, fax, or in the form of handover sheets both to and from internal and external locations. This policy also includes printing and photocopying confidential information regarding patients, staff or the organisation.

3.0 Statement of Intent

3.1 This policy is based on existing good practice used in the NHS and sets out the principles and arrangements that must be adopted when handling confidential information (appendix one)

4.0 Safe Haven Procedures

4.1 Communicating Information by Fax
Please note: The Trust is working to eradicate the use of faxes across the organisation in accordance with national and best practice guidance. It is essential that staff consider alternative ways of communicating in readiness for this position.

- The most basic of principles when using a fax machine to send or receive information is to anonymise the data as much as possible
- The Caldicott Report recommended the minimisation of the data down to NHS number only. However, this clearly will not work if either party does not have access to the NHS number. An appropriate alternative would be a combination of the following:
  - A code that is common to parties, i.e. NHS number, hospital number or equivalent
  - Another correlating piece of information to positively identify the data subject, such as an element of the date of birth or the first three characters of the postcode
- Names should only be used in circumstances where there are no other common items between the parties. Address should not be transferred unless essential to the purpose of the transmission
- Consideration must always be given to the amount of information that

is being transmitted. The only identifying details required are the minimum necessary for the recipient to identify the data subject

- When considering the use of a fax for transmitting information, the following questions must be asked:

    Do I really need to use a fax?
    Is it really that urgent?
    Will normal mail be sufficient?

- Whatever reasons are used to justify the use of a fax, only items of data that are essential to the purpose of transferring the data should be included in the document; irrelevant items should be omitted or redacted (blocked out) before the transmission
- Fax machines should be placed in a secure location (where casual passers-by cannot see it), and the room housing the machine must be locked when unattended
- Sensitive information, such as HIV status, drug abuse, psychiatric history, incriminating evidence etc., should never be transmitted using a fax machine
- Appendix two is the internal safe haven fax list.

4.1.1 Procedure for Sending Faxes (see statement under 4.1)

- Prepare a fax cover sheet which must contain the following disclaimer: *This fax is confidential and is intended only for the person to whom it is addressed. If you have received this fax in error, please notify us immediately by telephone on the number shown on this header sheet, and return the message to us by post. If the reader of this fax is not the intended recipient, you are hereby notified that any distribution or copying of the message is strictly prohibited.*
- Check the recipient's fax number, memory alone should not be relied on when dialling
- It is acceptable to pre-programme commonly used fax numbers into the machine's memory. However, a list of speed dial numbers should be prominently displayed next to the machine
- Dial the number carefully
- Monitor the transmission
- Stop the transmission if there appear to be any anomalies with the transmission.
- If a published fax number turns out to be incorrect, inform all interested parties of the error and amend the list as necessary
- Obtain a printed record of the transmission where possible
- No printouts should be left unattended at the fax machine
- If sending information to an unsecured fax, telephone the intended recipient to advise them of an impending incoming fax, so they can collect it directly from the machine on arrival

4.1.2 Procedure for Receiving a Fax (see statement under 4.1)

- If the fax machine is shared with several users, and/or it is not within the user's office, the fax should be collected as soon as possible to prevent others reading the contents

- A call should be made to the sender to acknowledge receipt of the fax
- Faxes received that are not meant for the recipient should be returned immediately to the sender requesting that they check the fax number used
- An incident form should be completed if the information contained within the fax relates to a patient or a member of staff
- Do not leave faxes in the reception tray so that others may read them
- If a fax is received which contains personal information, store it in a secure environment

4.2 Communicating Personal or Confidential Information by Post (Internal and External)

- Incoming mail must be opened away from public area
- Written communications, to both internal and external addresses, that contain personal information should be enclosed in a sealed, envelope and marked 'Private and Confidential –to be opened by addressee only', and care taken to give full address details
- Consider if the information should be sent via recorded delivery?
- Include a compliments slip if necessary
- Ask for acknowledgment of receipt of post if required
- Always check that the letters in envelopes are for the intended recipients only, and do not contain information meant for other parties.

4.3 Transportation of Patient Records Outside of Walsall Healthcare NHS Trust

4.3.1 Transportation of original patient healthcare records is not prohibited. Please refer to the Patient Record's Policy for guidance via exception.

4.3.2 If you are visiting a patient in the community and need to take the patient's record you must ensure that the records are not left unattended. The records must not be left in unlocked vehicles and should be locked in the boot. Records must not be left in vehicles overnight. Every effort must be made to return the patient records to base at the end of the day. If this cannot be done it is your responsibility to secure the records (they must not be left in unlocked vehicles or in vehicles overnight), ensuring the confidentiality of patients and colleagues at all times.

4.4 Communicating Personal or Confidential Information by Email

- Do not email any personal information outside of the local Walsall health economy unless it has been encrypted and it is to an NHS.NET account (please refer to the Information Management and Technology Policy for any variances to this)
- If sending an email which does contain personal information always adhere to the following:
      Check the email address is correct
      Check if need to encrypt information
      Attach document

- Do not put personal information in the subject box
- Check email has been received
- In your email please always include your name, job title and contact details
- Should there be a need to send information via email within the Trust, for example from Clinician to Clinician, personal information should never be included in the main body of the email, but should be contained in a file attachment.
- The file attachment (if sending outside of the local health economy), in whatever format, should always be password protected.
- The file password must not be included in the email. The sender should telephone the recipient to agree a password that will open the file attachment, or send a separate email containing the password

4.5 Communicating Personal or Confidential Information by Telephone

- A large amount of information sharing takes place verbally, and more frequently over the telephone. If information is to be communicated by telephone then procedures need to be followed to ensure confidentiality
- The identity of the caller should always be verified by checking the phone number, and any other relevant details, for example if a patient is calling check date of birth etc., and call back so that their identity can be fully verified.
- In the case of an organisation, the switchboard number should be used to call back, not a direct dial number
- The use of text reminders about appointments may be allowed provided that adequate safeguards and patient consent are in place
- If answering machines are used by departments they should be setup so that messages left are recorded silently. This will ensure that no unauthorised personnel overhear confidential messages whilst they are being recorded (appendix three safe haven internal answerphone list)
- Staff should take care when playing back answerphone or voicemail messages, again so that they are not overheard by unauthorised personnel
- Try not to discuss personal information on the telephone in busy environments

4.6 Printing and Photocopying

- Confidential and personal information should be printed on secure printers and not central printers
- Trust sites / departments with printers that have a 'secure print' function should use this to print confidential documents
- Check printers have paper and do not need replacement ink cartridges
- Only copy confidential and personal information if absolutely necessary and do not keep longer than required (refer to the Department of Health's Records Management Code of Practice Retention Schedule)
- Ensure you collect your printing in a timely manner (no later than 10

minutes from when you sent the information to be printed)
- When photocopying ensure you remove all paperwork (including the original)

4.7 Dictation Machines

4.7.1 To prevent accidental disclosure of sensitive information the following should be adhered to:
- Tapes should always be removed from machines in public areas when those machines are unattended
- The tapes should be securely transported
- The tapes once transcribed should be immediately wiped of all contents
- Only Trust issued devices should be used for dictation concerning patients, staff or the organisation

4.8 Use of Skype

4.8.1 The use of Skype for work purposes is permitted as long as the following are adhered to:
- There should not be any patient or confidential information in view of the camera
- If the Skype contact is taking place in a public or busy area every effort must be made to protect the confidentiality of patients and colleagues
- Consultations are not permitted to be held over Skype

4.9 Clinical Handover sheets

4.9.1 To prevent accidental disclosure the following must be adhered to:
- You must transport handover sheets in a secure manner when moving within the hospital or in community bases
- You should not take handover sheets off site unless absolutely necessary
- You should check your pockets etc.. before leaving work to avoid taking handover sheets off site
- You should appropriately limit the amount of patient identifiable information is included
- When the handover sheet is no longer required you must dispose of it in the confidential waste bin
- You must not leave handover sheets in public areas
- You must initial your handover sheet

4.10   Use of Computers

- Access to any computer must be password protected in line with current IT access rules. Passwords and Smartcards must not be shared
- Computer screens must not be left on view so members of the general public or staff who do not have a justified need to view the information can see personal confidential data. Press control alt, delete to secure

your computer when away from your desk. Computers, laptops and tablets not in use should be switched off or have a secure screen saver device in use

- Information should be held on the organisations network servers, and not stored on local drives.

4.11 Clear Desk

- Lock drawers/cupboards/filing cabinets before you leave, taking the key out of the lock
- Wear your identity badge, and ask to see other people's identity badges if asking for personal information
- Never leave personal information or confidential information on desks
- Always lock away personal information and confidential information

5.0 Sharing Information with Non NHS Organisations

5.1 Staff authorised to disclose information to other organisations outside of the NHS (i.e. Police, Local Authority) must seek assurance that these organisations have a designated safe haven point for receiving personal confidential data or other confidential information.

5.2 The Trust must be assured that these organisations are able to comply with the safe haven ethos and meet certain legislative and related guidance requirements (General Data Protection Regulation, Common Law Duty of Confidentiality and NHS Code of Practice: Confidentiality).

5.3 Staff sharing personal confidential data or other confidential information with other organisations should do so in accordance with the policies and standard operating procedure listed on page 17 of this policy.

6.0 Information Mapping

6.1 This policy will be supported by an information mapping exercise to identify all routine flows of personal confidential data across and in / out of the Trust.

7.0 Information Sharing Protocols

7.1 Staff sharing personal confidential data with other agencies should be aware of Walsall Healthcare NHS Trust's information sharing protocols.

8.0 Incident Reporting

8.1 Any breaches of this policy must be reported immediately via Safeguard in line with the requirements of the Incident Reporting Policy.

9.0   Roles and Responsibilities

9.1   Chief Executive
Ultimate responsibility for data protection rests with the Chief Executive.

9.2   Medical Director (Caldicott Guardian)
Responsibility for ensuring that all patient related personal data is processed and managed in accordance with the Caldicott Principles. The Medical Director acts as the Trust's Caldicott Guardian with responsibility for patient confidentiality.

9.3   Director of Strategy & Improvement (Senior Information Risk Owner)
Responsibility for ensuring that all risks to information are identified and managed effectively in line with relevant legislation. The Director of Strategy and Improvement acts as the Trust's Senior Information Risk Owner (SIRO).

The Director of Strategy and Improvement has overall responsibility for the implementation, monitoring and compliance with the policy. This includes reporting to Trust executive groups or the Board as necessary. In addition, the Director of Strategy and Improvement has overall responsibility for:

- Information security
- Information governance
- Data quality related to patient information

9.5   Director of Organisational Development and Human Resources
Overall responsibility for ensuring data quality related to staff information and ensuring that the Trust standard contract includes clauses relating to staff responsibilities around information governance.

9.6   Corporate Governance Manager
Responsibility for ensuring there are information governance arrangements in place to allow for the processes laid out within this policy and procedure.

9.7   Data Protection Officer
Walsall Healthcare NHS Trust have appointed a Data Protection Officer (DPO) whose role it is to identify and mitigate any risks to the protection of personal data, to act in an advisory capacity to the business, its employees and upper management and to actively stay informed and up-to-date with all legislation and changes relating to data protection.

The DPO will work in conjunction with others to ensure that all processes, systems and staff are operating compliantly and within the requirements of the GDPR and its principles.

The DPO has overall responsibility for due diligence, privacy impact assessments, risk analysis and data transfers where personal data is involved and will also maintain adequate and effective records and management reports in accordance with the GDPR and our own internal objectives and obligations.

Staff who manage and process personal or special category information will be provided with extensive data protection training and will be subject to continuous development support and mentoring to ensure that they are competent and knowledge for the role they undertake.

The Data Protection Officer has assumed the below duties in compliance with GDPR Article 39: -

- To inform and advise Walsall Healthcare NHS Trust and any employees carrying out processing, of their obligations pursuant to the GDPR, the Supervisory Authorities guidelines and any associated data protection provisions

- To monitor compliance with the GDPR, associated data protection provisions and Walsall Healthcare NHS Trusts own data protection policies, procedures and objectives

- To oversee the assignment of responsibilities, awareness-raising and training of staff involved in processing operations
- To carry out and review audits of the above-mentioned policies, procedures, employee duties and training programs

- To cooperate with the Supervisory Authority where required

- To act as the point of contact for the Supervisory Authority on issues relating to processing, including the prior consultation referred to in Article 36, and to consult, where appropriate, with regard to any other matter

- In accordance with Article 35 (type of processing is likely to result in a high risk to the rights and freedoms of natural persons), the DPO will provide advice where requested with regards to any data protection impact assessment and monitor its performance pursuant

- Have due regard to, and be aware of, the risk associated with processing operations, considering the nature, scope, context and purposes of processing

Designated Data Protection Officer
NAME: Sharon Thomas
POSITION: Corporate Governance Manager
ADDRESS: Walsall Healthcare NHS Trust, Town Wharf, Block 3, Cavell Close, Walsall
EMAIL:sharon.thomas@walsallhealthcare.nhs.uk   or data.protection@walsallhealthcare.nhs.uk
TEL: 01922 721172 ext 5806

9.8   Health Records Manager
Overall responsibility for ensuring the appropriate records retention and destruction standards are adhered to.

9.9   Information Asset Owners

Any member of staff who has assigned responsibility for an information asset within the Trust (i.e. any system (electronic or paper based) that holds Trust information) is designated an Information Asset Owner for the purposes of information governance.

9.10   Privacy Officers

It is the responsibility of the Trust's Privacy Officer's to investigate any breaches of confidentiality regarding information accessed via the Spine.

9.11   Information Governance Steering Group

The Information Governance Steering Group (IGSG) will have overall responsibility for:

The updating and amending of this, and all over information governance policies

Monitoring the action plans for the Information Governance Toolkit (IGT) and the information governance work plan

Ensuring the statutory regulations around information governance are adhered to

9.12   Data Quality Team

The Data Quality Team are notified of the data subjects request to update personal data and are responsible for validating the information and rectifying errors where they have been notified.

9.13   Divisional Directors (DD; or equivalent)

Managers are considered to be equivalent to DD's for the purpose of responsibilities under policies if they are responsible for management of a significant service and report directly to an Executive or Associate Director.

Responsibilities include implementation, monitoring and compliance within the Division and ensuring staff within the division adhere to the requirements of the policy.

9.14   Matrons, Senior Sisters (with day to day responsibility for ward management), Departmental Managers or equivalent

This group will be responsible for day to day implementation of the policy.

Also included will be responsibility for ensuring:
- All staff are aware of their role under the policy
- Staff complete their mandatory annual information governance training
- Records are kept as specified
- Incidents / issues are reported

9.15   All Staff

All staff must ensure they understand and adhere to the requirements of this policy.

10.0   Auditing and Monitoring

Monitoring Process	Requirements
Who	Compliance and Risk Team
Standards Monitored	All safe haven procedures
When	Quarterly
How	Monthly Information Governance Audits Incident reporting
Presented to	Information Governance Steering Group
Monitored by	Information Governance Steering Group
Completion/Exception	Quality and Safety Committee

11.0   Training
All staff must be trained in accordance with the training needs analysis.

12.0   Definitions

12.1   The definition of personally identifiable information includes the following:
- Surname, forename, initials
- Address, postcode
- Telephone number
- Date of birth
- Occupation
- Sex
- National insurance number

12.2   Sensitive personal information is data that contains details of a persons:
- Sexuality
- Health or physical condition
- Ethnic origin
- Religious beliefs
- Criminal convictions or incriminating evidence

12.3   Safe haven is the term used to explain an agreed set of arrangements that   are in place within an organisation to ensure that confidential personal identifiable information can be communicated safely and securely.

13.0   Legal and Professional Duties

- General Data Protection Regulations
- Caldicott Principles
- CQC Fundamentals of Care
- NHS Code of Practice: Confidentiality
- Common Law Duty of Confidentiality

14.0   References

2011, Tameside Hospital NHS Foundation Trust; <u>Safe Haven Policy</u>
2012, NHS Leeds; <u>Safe Haven Policy</u>
2013, London Ambulance Service NHS Trust; <u>Safe Haven Policy and Procedure</u>
2015, Cambridgeshire and Peterborough Clinical Commissioning Group; <u>Safe Haven Policy</u>
2015, Northamptonshire Healthcare NHS Trust; <u>Safe Haven Policy for the Secure Transmission of Personal Confidential Data</u>

15.0   Related Policies

- Confidentiality Policy
- Information Governance Policy and Management Framework
- Information Management and Technology Policy
- Information Risk Policy
- Policy for the Administration of the Data Protection Act
- Patient Records Policy
- Freedom of Information Act 2000 Policy
- Redaction Policy
- Access to Health Records Policy
- Distribution of Correspondence Standard Operating Procedure
- Incident Reporting Policy

Appendix 1

Information Governance Best Practice guidelines

Computers

- Try not to let other people see what's on your screen especially if you work in busy areas where numbers of the public/patients have access.
- Always keep your password confidential and you should never share it with anybody.
- Always use a strong password which includes both uppercase and lowercase letters, numbers and symbols i.e. P@5$w*0Rd
- Log off or lock the screen (by pressing ctrl, alt, delete at the same time or windows key and L) when you're away from your desk.
- Only use NHS approved pre-encrypted portable media
- Never save documents to the C drive

Records Management

- Information should be destroyed in accordance with the Department of Health's Records Management Code of Practice Retention Schedule http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_093024.pdf
- Clinical Records must be completed in accordance to Professional Codes of Practice and the Patient Record Keeping Policy
- Corporate Records must be completed, maintained and filed in accordance with the Non Clinical Records Strategy
- Remember if something is not recorded in the notes then it has not happened (important for patient records)
- Never leave personal information lying on desktops
- Under no circumstances should you access records of patients that you are not providing care for – including records of relatives, friends etc.

If someone wants to access their health records or the records of a relative please direct them to the Healthcare Records Manager (contact details are below)

Sending Faxes (see statement under 4.1)

- You must only fax personal information to a safe haven fax, following the safe haven procedure of:
  - ➢ checking if the information really needs to be faxed

> - ➢ check the fax number of the person receiving the fax
> - ➢ check recipient fax is a safe have fax
> - ➢ telephone the recipient before you send the fax
> - ➢ ask for confirmation that the fax has been received
> - ➢ use safe haven fax front cover sheet

Your Work Station
- Lock drawers/cupboards/filing cabinets before you leave, taking the key out of the lock
- Wear your identify badge, and ask to see other people's identity badges if asking for personal information
- Never leave personal information or confidential information on desks
- Always lock away personal information and confidential information

Personal Data Flows
Consider the following:
- Am I authorised to collect this information?
- Is it creating a new data flow and should it be registered with the organisation?
- Is this data flow captured on Data Controller registration? (if in doubt contact the Governance Department via the details at the end of this guidance)
- Never talk about patients or members of staff personal information in places you can be overheard when there is no justified purpose i.e. busy corridors or on the bus as this can lead to potential breaches of confidentiality

Telephones
- Try not to discuss personal information on the telephone in busy environments
- Always adhere to the following procedures if someone telephones asking for personal information:
    - ➢ Take their details and ring the person back, preferably via their switchboard
    - ➢ Ask for information requests to be sent in writing
    - ➢ Always try to check that the person you are speaking to is who they say there are. This is very important when dealing with patient's and patient enquires

Emails
- Don't email any personal information outside of the local health economy unless it has been encrypted and it is to an NHS.NET account (please refer to the Information Management and Technology Policy for any variances to this)

- If sending an email which does contain personal information always adhere to the following:
    - Check the email address is correct
    - Check if need to encrypt information
    - Attach document
    - Do not put personal information in the subject box
    - Check email has been received
    - In your email please always include your name, job title and contact details

Printing and Photocopying
- Confidential and personal information should be printed on secure printers and not central printers
- Check printers have paper and do not need replacement ink cartridges
- Only copy confidential and personal information if absolutely necessary and do not keep longer than required (refer to the Department of Health's Records Management Code of Practice Retention Schedule http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_093024.pdf

Disposal of Personal Information
- Do not use un-shredded personal information as scrap paper
- Personal and confidential information should be put in confidential waste bins to be shredded by preferably a cross-cutting shredder
- For destruction of computer-held information i.e. old hard drives or backup tapes you must consult the IT Department - do not leave lying around. Lock the equipment away

Portable Media
- You should only use NHS approved pre-encrypted forms of portable media i.e. USB sticks, encrypted laptops
- Encryption should be in line with NHS Guidelines
- Never share or leave your password lying around
- Portable media should be kept securely when not being used i.e. locked away

Post
Internal
- Check recipient is still located at previous address
- Include name, Job Title, Department and Base on the envelope
- Ask for acknowledgment of receipt of post if required
- Mark envelope private and confidential if necessary

- Put personal information (including test results, referrals etc) in envelopes

External
- Make sure the envelop is correctly addressed
- Does it need to be marked private and confidential
- Should it be sent recorded delivery?
- Please include a compliments slip if necessary

Freedom of Information Act 2000 (FOI)
- Anyone can receive an FOI request and the request must be accepted
- The request must be emailed to foi@walsallhealthcare.nhs.uk within 24 hours of the request being received or sent via the internal post to:
  Freedom of Information Request
  Town Wharf
  Cavell Close
  Walsall
- To comply with the Act the requester must receive the requested information (or reasons why the information can't be released) within 20 working days of the initial request
- If you are contacted by the Governance Department asking for information please do the following:
  - acknowledge you have received the request for information within 2 days
  - confirm you have the information
  - confirm if the information is readily available and if not estimate how many hours
  - adhere to the timeframes set by the Governance Department

Caldicott Principles

Justify the purpose(s)

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

Don't Use Personal Confidential Data unless it is Absolutely Necessary

Personal confidential data 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)

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 transferred or accessible as is necessary for a given function to be carried out

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

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

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

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

Key Contacts:
Caldicott Guardian: Medical Director ext. 7587
Senior Information Risk Owner: Director of Strategy and Improvement 6264
Information Governance Lead: Corporate Governance Manager ext. 5806
Freedom of Information ext 5813 or foi@walsallhealthcare.nhs.uk
Healthcare Records Manager ext 7454

Useful Information
- ➢ The NHS Confidentiality Code of Practice
http://www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/Patientconfidentialityandcaldicottguardians/DH_4100550

- ➢ General Data Protection Regulation
http://www.ico.gov.uk

Common Law Duty of Confidentiality
- ➢ Freedom of Information Act 2000

http://www.opsi.gov.uk/Acts/acts2000/ukpga_20000036_en_1

➢ Information Commissioner Office
http://www.ico.gov.uk

Appendix 2 (Please refer to the statement under 4.1)

Safe Haven Fax List

DEPARTMENT	LOCATION OF FAX (Security)	TELEPHONE NUMBER	FAX NUMBER
Obstetrics & Gynaecology / Breast Clinic	Route 121 (Photocopier room)	7737 / 7738	01922 656636
Antenatal	Route 122	6577	01922 656284
Community Midwife office	Route 122 (Community Midwife Office)	6248	01922 656014
Maternity Delivery Suite	Route 128 (Midwife office Ward 27)	6283/6246	01922 656959
Foxglove / Primrose	Route 225 (Foxglove Nurses Station – ward 24)	7717	01922 656425
Neonatal Unit	Route 127 (Advanced Nurse Practitioner Office – ward 28)	6350	01922 656960
Audiology	Route 008 (back Office)	7628/7612	01922 656312
Ophthalmology / MOD	Open plan office shared by various departments including ophthalmology/dental/orthopaedic and others	7674	01922 656727
Respiratory – MLTC	Dr V P Balagopal sec -	7450	01922 656641
General Surgery / Urology / Rheumatology	General Surgery Office – fax shared with Mr Koneru's sec – 7145 Mr Ganta sec – 7406 Mr Georgio sec – 7954	7145 7406 7954	01922 656958
Speciality Medicine Care Group	Route 002 Dr Cox and Dr K Desai secretary	7449	01922 656300
A&E	A&E Reception	7045	01922 611902
Orthoptics / Ophthalmology	Route 008 (based in Audiology)	7244	01922 656727
Therapies	Route 106 (Main Office)	7386	01922 656250
Pathology	Route 020 (separate room)	6481	01922 656639
Microbiology	Route 020 (separate room)	7127	01922 656639

DEPARTMENT	LOCATION OF FAX (Security)	TELEPHONE NUMBER	FAX NUMBER
Blood Transfusion	Route 020 (in lab – Haematology)	6472	01922 656786
Anti-Coagulation	Route 020	6486	01922 656488
Biochemistry	Route 020	6485	01922 656786
Histology	Histology (office)	6871	01922 656797
Imaging A	Route 234 (Main Office)	6875	01922 656868
Mortuary	Mortuary (office)	6238	01922 656368
Critical Care	Route 233 Ward 19		01922 656607
HDU	Route 237 Ward 18 (reception ward clerk desk)		01922 656325
Clinical Measurement Unit	Route 142 (secretary office behind reception)	7088	01922 656204
Health Records Library	Opposite route 144 (in office)	6514	01922 656855
MLCC	Open plan Admin office (door coded)	6627	01922 656874
Library	Open plan Admin office (door coded)	6920	01922 656874
General Office	Route 136 (in office – door coded)	6207/6837	01922 656836
Occupational Health	Sexual Health Building (back office)	6497	01922 656462
EBME	Workshop in EBME	6072	01922 656704
Modular Block Ward 1	Route 240	6040	01922 656173
Modular Block Ward 2	Route 240 (nurses station)	6715	01922 656175
Modular Block Ward 3	Route 240 (can only send out not receive faxes)	6710	-----------
Modular Block Ward 4	Route 240 (can only send out not receive faxes)		-----------
Acute Medical Unit	Route 235 Ward 5 (Ops Room)		01922 656268
Coronary Care Unit (CCU)	Route 231 (West Wing Ward 7 in doctor's office)	6700	01922 656955
Orthopaedic Trauma	Route 137 (West Wing Ward 9 sisters office)	6735	01922 656901

DEPARTMENT	LOCATION OF FAX (Security)	TELEPHONE NUMBER	FAX NUMBER
General Surgery – Female	Route 137 (West Wing Ward 10 sisters office)	6722	01922 656170
General Surgery – Male	Route 139 (West Wing Ward 11 – use ward 10 fax machine)	6719/6717	01922 656170
General Medicine predominantly Diabetes and Haematology – Acute	Route 143 (Ward 15 – nursing station)	6729	01922 656728
Gastroenterology	Route 144 (Ward 16 Nurses station)	6708	01922 656171
Palliative Care Team	Route 121	7324/7111	01922 656253
Respiratory Medicine	Route 144 (Ward 17 doctors room)	6515	01922 656998
High Dependency Unit (HDU)	Route 237 (Ward 18 nurses station)	7183	01922 656325
Intensive Care Unit (ICU)	Route 233 (Ward 19 nurses station	6606	01922 656607
Chemotherapy Unit	Route 224 (Ward 22 reception)	6540	01922 656313
Endoscopy	Route 201 (on reception)	7085	01922 656635
Fracture Clinic	West Wing, route 236	7019	01922 656059
Diabetes and Endocrinology Team (inc Dr Senthis-Kumar's secretary and Dr Abdu's secretary)	Route 221 (based in Paediatric secretaries)	6543, 6030, 6982	01922 656742
Neurology	Elderly Care Secretaries' office, Route 140 by the Chapel	6440	01922 656449
Midwifery Led Unit	Charles Street, Walsall	5420/5421	01922 605425
Child Health /Records Department	Moat Road Clinic Room G11	01922 605483	01922 605473
Willenhall health visiting team	Located in room G19 in Willenhall health centre	01922 604812	01922 604810

DEPARTMENT	LOCATION OF FAX (Security)	TELEPHONE NUMBER	FAX NUMBER
Community COPD team, Pleck health centre, Oxford Street, Walsall, WS2 9HY	1st floor, PCT offices – admin office, (room 53)	01922 604438	01922 604444
Darlaston Health Centre Physiotherapy 0121 568 4311- Podiatry 0121 568 4385 Clinical Assessment Service	1st Floor Darlaston Health Centre, Pinfold Street, Darlaston, WS10 8SY (Room 1.30)	0121 568 4312	0121 568 4313
Dartmouth House Ryecroft Place, Ryecroft, Walsall WS3 3NE	Dartmouth House - Admin Office	0845 113 0610	01922 721146
Intermediate Care Hollybank House, Coltham Road, Short Heath, Willenhall, WV12 5QB	Intermediate Care - Main Office	0845 113 0761	01922 604935 / 604925
CNRT Ryecroft Place, Ryecroft, Walsall WS3 3NE	CNRT Admin Office	0845 113 0610	01922 721146
Cannock Stroke Services Ryecroft Place, Ryecroft, Walsall WS3 3NE	Cannock Stroke Services - Admin Office	0845 113 0610	01922 721146
Walsall Stroke Services Ryecroft Place, Ryecroft, Walsall WS3 3NE	Walsall Stroke Services - Upstairs Stroke Office	0845 113 0610	01922 604473
Stafford Stroke Services Greyfriars Therapy Centre, Greyfriars Place, Stafford, ST16 2S	Stafford Stroke Services - Main Office	01785 221023	01785 221013
Specialist Falls & Bone Health (Osteoporosis) Team Ryecroft Place, Ryecroft, Walsall WS3 3NE	Specialist Falls & Bone Health - Falls Nurse Office	0845 113 0610	01922 604474
Speech & Language Therapy, Blakehall Village	Speech & Language Therapy Main office, ground floor	01922 605 400	01922 605 405

DEPARTMENT	LOCATION OF FAX (Security)	TELEPHONE NUMBER	FAX NUMBER
Park View Health Centre, Chester road north, Brownhills, WS8 7JB	Health Visiting Office-1st floor	01922 604538	01922 604547
Frail Elderly Pathway Integrated Discharge Team	Route 238 Integrated Discharge Team Inpatients Centre – Level 2 Admin office	01922 656439	01922 656354
Edison Road, Beechdale, Walsall WS2 7EZ	Main community reception area	01922 605270	01922 605231
Walsall Palliative Care Ctr, Goscote Lane, Walsall, WS3 1SJ	First Floor, Main shared office - Room no F32	Various internal & external numbers within same office	01922 602510 (Shared fax by Community Palliative Care Teams & EPP team)
Walsall Palliative Care Ctr, Goscote Lane, Walsall, WS3 1SJ	Ground Floor, Fair Oaks Day Hospice – Room no G44	01922 602580 ext 2586 & 2584	01922 602581 (Fax used mainly by Day Hospice team)
Walsall Palliative Care Ctr, Goscote Lane, Walsall, WS3 1SJ	Ground Floor, Palliative Care Information & Support Service – Room no G21	01922 602610	01922 602611 (Fax used mainly by Cancer Palliative Care Information & Support Service)
St Giles Walsall Hospice, Walsall Palliative Care Ctr, Goscote Lane, Walsall, WS3 1SJ	Ground Floor, St Giles Walsall Hospice, Nurse's Office – Room G96 (The building is shared with St Giles Walsall Hospice) Walsall NHS IT department provided & support their telephone service but do not supply or support their fax machines, although NHS professionals may fax patient identifiable information such as referrals to this fax number.	01922 602541	01922 622541
Brace Street Health Centre	Health Visiting Office on the ground floor	01922 605900	01922 605955

DEPARTMENT	LOCATION OF FAX (Security)	TELEPHONE NUMBER	FAX NUMBER
Safeguarding Children's Team, Blakenall Village Centre, Thames Road, Blakenall, Walsall, WS3 1LZ	Safeguarding Admin Room, 1st Floor – (The Looked After Children Team share this fax with us)	01922 443923	01922 603970
Community Services, Bentley Health Centre	Bentley Health Centre - Team Office	01922 605644 01922 605647	01922 605648
Anchor Meadow DN/CM Team	Anchor Meadow Health Centre – Team office	01922 605751	01922 605766
Brownhills DN/CM Team	Parkview Health Centre – Team office	01922 605751	01922 604660
Broadway DN/CM Team	Broadway Medical Centre – Team office	01922 605752	01922 605431
Trans Team-DN/CM	Trans Team– Team office	01922 605441	01922 605255
West DN/CM Team, Darlaston Health Centre, 1st Floor, DN Room.	West Locality Team Office	01922 605753	0121 568 4280
Tissue Viability DN/CM Team	Beechdale Health Centre – Reception	01922 605478	01922 605231
Diabetes	Bentley Health Centre – Team office	01922 604970	01922 604975
Continence Brace Street	Brace Street – Team office	01922 605947 01922 605940	01922 605945
Self-Care Management Palliative Care Centre	Open Plan office - only accessible by NHS professionals via a security fob access system.	01922 605490	01922 602510
Child Development Centre Coalheath lane, Shelfield	Shelfield clinic main admin/reception office at CDC	01922 605800	01922 605601
Clinical Health Psychology Service Bentley Health Centre, Churchill Rd	Reception desk in the corridor	01922 423520	01922 423593
Speech & Language Therapy Children Services, Blakenall Village		01922 605400 (option 3)	01922 605405

DEPARTMENT	LOCATION OF FAX (Security)	TELEPHONE NUMBER	FAX NUMBER
Looked after children's team, Blakenall Village	Admin office, 1st floor	01922 443919	01922 603970
Blakenall Village Centre	Teenage Pregnancy Team Office	01922 443940	01922 443958
Pinfold Health Centre Health	Visitors Room 1.03	01922 775101	01922 775105
Harden Health Centre Health (School Health / Health Visiting	Visitors Room F19	01922 423349	01922 423305
Anchor Meadow Medical Centre	District Nurse office (Two fax machines used)	01922 605685	01922 605766 01922 608905
Rushall Medical Centre	Health Visitor office	01922 616446	01922 634932
Family Nurse Partnership, Harden Health Centre	Within Family Nurse Partnership office	01922 423252	01922 423258
CDC, Coalheath lane, Shelfield, WS4 1PL	Reception Office	01922 605800	01922 605601
School Nursing	Bentley health centre front reception	01922 423593	Main fax for school nursing is central (Harden)
School Nursing	St Johns MC , 1st floor school health room	01543 370011	Main fax for school nursing is central (Harden)
Sexual Health Clinic (GUM) Pleck Road	HIV CNS Office	01922 633341	01922 656236
The Hatherton Centre (Family Planning Clinic)	Consultant/Secretary Office	01922 605454	01922 605455

Appendix 3

Safe Haven Answerphone List

Department	Do you use an answerphone	Extension Number	Location of answerphone	Are messages left recorded silently
Audiology	Yes	7612/6687/4602	Audiology office and Hearing Therapy	Yes
Intregrated Sexual Health	No			
Ward 23	No			
Speciality Medicine, Long Term Conditions and Elderly Care - Medical Secretaries	Yes	6495	Route 140 (by Prayer room) Phone on desk in Elderly Care Secretaries	Yes - accessed via password
Breast Screening	Yes	4506	Breast Screening Reception - Route 126	Yes
Imaging - route 234	Yes	7401, 6348, 6875, 7865, 6867, 6541, 6872, 7620 Breast Screening	Nuclear Medicine, Main Office, Sec's office, Report Room	Yes
Imaging - route 234	Yes	6872	Jo Lydon's office	Yes
Department of Maxillofacial & Orthodontic Surgery	Yes	6971	Route 109 (large office situated at back)	Yes
Ward 23	No			
Gynaecology Oncology CNS	Yes	6564	In Carol's office	Yes
Gynaecology Secretary	Yes	7738	Gynaecology Secretary - on the desk	Yes
Medical Secretary to Dr Diana Raskauskiene	Yes	6030	Route 221 next to ward 21	Yes

Department	Do you use an answerphone	Extension Number	Location of answerphone	Are messages left recorded silently
BadgerNet Project Midwife - Womens and Childrens	Yes	4523	work mobile on person, office phone in Community midwifes office	Yes
Ward 1-4	No			
Cardiology Secretaries office, opposite ITU, West Wing	Yes	7543	Secretary office	Yes
Delivery Suite/Maternity Triage and Fetal Assessment Unit	No			
Elderly Care Route 140	Yes	6491	Secretary office	Yes
Elderly Care Route 140	Yes	6490	Secretary office	Yes
Elderly Care Route 140	Yes	6302	Secretary office	Yes
Elderly Care Route 140	Yes	6492	Secretary office	Yes
Elderly Care Route 140	Yes	6495	Secretary office	Yes
Elderly Care Route 140	Yes	6826	AMU - secretary's desk	Yes
Emergency Department	Yes	7052	Secretary office	Yes
Emergency Department	Yes	6815	Secretary office	Yes
Neurology route 140	Yes	6440	Secretary office	Yes
Pathology	No			
Tissue Viability Block 1, Town Wharf	Yes	5478/5772	In main office	Yes
Medical Secretary to Dr A J Hughes and Dr R Kasturi	Yes	6975	secretarial office route 201	Yes
Speciality Medicine Care Group, Plastic Surgery - Medical Secretary	Yes	7564	Surgical Secretaries Department along route 202	Yes
Diabetes/Endocrinology Department - Katrina Davis	Yes	6982	route 221 room 982019	Yes
Cardiology Department	Yes	6053	Cardiology Secretaries Office – opposite ITU	Yes
Cardiology Department	Yes	6054	Cardiology Secretaries Office – opposite ITU	

Department	Do you use an answerphone	Extension Number	Location of answerphone	Are messages left recorded silently
Ophthalmology Services	Yes	7674 and 7283	Ophthalmology Secretaries - Mr Yang/Mr Shun Shin and Mr Sandramouli, Mr Bhatnagar/Mrs Gandhewar and Mr Ramanathan	Yes
Within Pathology	Yes	7505	Dr Hartland Pathology Secretaries	Yes
Theatres (Division of Surgery)	Yes	7474	FHD theatre office	Yes
Ward 11	No			
Diabetes Team	Yes	6553	Diabetes Team, Route 221	Yes
Medical Secretary to: Dr M Matonhodze, Consultant Respiratory Physician	Yes	6976	Route 140	Yes
Respiratory Department	Yes	7926	Secretary to Dr S Nadeem – Consultant Respiratory Physician Route 141	Yes
Long Term Conditions	Yes	7450	Medical Secretary Team Leader for Respiratory, Cardiology and Nephrology	Yes
Acute Medical Unit	No			Yes
Division of Surgery	Yes	6833	Secretary - route 109	Yes
Department of Medicine and Long Term Conditions	Yes	7509	Route 109 (large office situated at back)	Yes
Women's, Children's & Clinical Support Services	Yes	6648	route 221	Yes
Arrivals/Pre-op Assessment. Division of surgery	No			Yes
Haematology Secretaries	Yes	7485	Based in Blood Sciences/Pathology Dept	Yes
Gastroenterology Secretaries Office Route 201	Yes	7449	Medical Secretary Team Leader for Gastroenterology, Dermatology and Diabetes	Yes
Rheumatology	Yes	7448 and 7265	2nd floor Surgical secretaries office	Yes

Department	Do you use an answerphone	Extension Number	Location of answerphone	Are messages left recorded silently
Colposcopy Admin Office on Route 126	Yes	7241	Family Health & Diagnostics (Gynaecology Clinic - Route 126)	Yes
A&E Medical Secretary	Yes	7052	A&E	Yes
Patient Relations Team	Yes	6463	Route 102	Yes
A&E Medical Secretary	Yes	6815	A&E	Yes
Department of Colorectal and General Surgery	Yes	6980	Surgical Secretaries Office (Route 202 - back of theatres/past ward 20)	Yes
Early Supported Discharge for COPD	Yes	7551, 7645	corridor above estates by IT	Yes
Community Services Management Office, Bentley Health Centre	No	605644/605647 605641/605646 605643	Bentley Health Centre - Team Office	Yes
Psychology	Yes	0121 568 4325	Clinical Health Psychology Service, 1st Floor, Darlaston Health Centre	Yes
Community Nursing	Yes	605753	Darlaston HC, 1st Floor	Yes
South Locality Community Nursing Team, Broadway Medical Centre	Yes	605440	Bentley HC, 1st Floor	Yes
Community Nursing	Yes	605752	Broadway Medical Centre, 1st Floor	Yes
Community Nursing	Yes	605441	Sai Medical Centre, 1st floor	Yes
East Locality Nursing, Brownhills DN/CM Team	Yes	605751	Parkview Health Centre, 1st floor	Yes
East Locality Nursing Team, Anchor Meadow DN/CM Team	Yes	605442	Anchor Meadow Health Centre, 1st Floor	Yes
Community Nursing	Yes	605443	Rushall Medical Centre	Yes
North Locality Team, Community Nursing	Yes	605750	Pinfold Health Centre, 1st floor	Yes
Trans Locality Team Community Nursing, Beechdale Health Centre	Yes	01922 605441	Trans Team– Team office	Yes
Community Nursing	Yes	5641, 5642, 5646	Business Admin Mgr, Clinical Team Leaders x2, Bentley Health Centre, 70a, 1st floor	Yes

Department	Do you use an answerphone	Extension Number	Location of answerphone	Are messages left recorded silently
Diabetes Community Team	Yes	604970	Bentley Health Centre – Team office	Yes
Community Nursing	Yes	5643, 5644	Community Nursing Secretaries x2, Room 70B	Yes
Community Nursing	Yes	5647,	Care Group Manager Room 69, Bentley Health Centre, 1st Floor	Yes
MLCC	Yes	6627	Main desk of reception	Yes via headsets
Beechdale	Yes	5270	Main desk of reception	Yes
Darlaston	Yes	4260	Main desk of reception	Yes

Checklist for the Review and Approval of Procedural Document

To be completed and attached to any procedural document that requires ratification

	Title of document being reviewed:	Yes/No	Comments
1.	**Title**		
	Is the title clear and unambiguous? It should not start with the word policy.	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated? This should be in the purpose section.	Yes	
3.	**Development Process**		
	Is the method described in brief? This should be in the introduction or purpose.	Yes	
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	N/A	
6.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or	N/A	

	Title of document being reviewed:	Yes/No	Comments
	equivalent) approved the document?		
7.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8.	**Document Control**		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
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?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	**Review Date**		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the documentation?	Yes	

Lead Manager / Director			
If you are assured that the correct procedure has been followed for the consultation of this policy, sign and date it and forward to the chair of the committee for ratification.			
Name		Date	
Signature		Approving Committee	
Ratification Committee Approval			
TMG minute number:			

Service Overview & Improvement Action Plan: Equality Analysis Form

Title: Safe Haven Policy	What are the intended outcomes of this work? The purpose of this policy is to ensure there are strict controls in place regarding the use and transfer of personal confidential data (both staff and patient data) and confidential information, including organisational information.
Who will be affected? All staff	Evidence: N/A

ANALYSIS SUMMARY: considering the above evidence, please summarise the impact of the work based on the Public Sector equality duty outcomes against the 9 Protected characteristics

Public Sector Duty *Protected Characteristics* (highlight as appropriate)	**Eliminate discrimination, harassment and victimisation**	**Advance equality of opportunity**	**Promote good relations between groups**
AGE / DISABILITY/ RACE	*This may refer to vulnerable adults and vulnerable safeguarding children*	*The General Data Protection Regulations includes provisions that promote accountability and governance and as such Walsall Healthcare NHS Trust has put comprehensive and effective governance measures into place to meet these provisions. The aim of such measures is to promote equality of opportunity to all groups.*	*The General Data Protection Regulation will promote positive relations between all groups.*
SEX (Gender)/	*Refer to Gender Recognition Act 2004*	*The General Data Protection*	*The General Data Protection Regulation*

		Regulations includes provisions that promote accountability and governance and as such Walsall Healthcare NHS Trust has put comprehensive and effective governance measures into place to meet these provisions. The aim of such measures is to promote equality of opportunity to all groups.	will promote positive relations between all groups.
GENDER REASSIGNMENT			
RELIGION or BELIEF/ SEXUAL ORIENTATION	This may refer to vulnerable adults and vulnerable safeguard children	The General Data Protection Regulations includes provisions that promote accountability and governance and as such Walsall Healthcare NHS Trust has put comprehensive and effective governance measures into place to meet these provisions. The aim of such measures is to promote equality of opportunity to all groups.	The General Data Protection Regulation will promote positive relations between all groups.
PREGNANCY & MATERNITY	This may refer to vulnerable adults and vulnerable safeguarding children	The General Data Protection Regulations includes provisions that promote accountability and governance and as such Walsall Healthcare NHS Trust has put comprehensive and effective governance measures into place to meet these provisions. The aim of such measures is to promote equality of opportunity to all groups.	The General Data Protection Regulation will promote positive relations between all groups.
MARRIAGE & CIVIL PARTNERSHIP	No impact	Not applicable at present	Not applicable at present
What is the overall impact? There are no negative implications associated with this policy. The implementation promotes positive opportunities and relationships between all groups and is in accordance with the new General Data Protection Regulations.			
Any action required on the impact on equalities? Impact of this policy has been assessed and it will not lead to any discrimination or other adverse			

events on any population groups, as described above..			
Name of person completing analysis	*Corporate Governance Manager*	**Date completed**	*May 2018*
Name of responsible Director	*Director of Strategy and Improvement*		
Signature			