



South, Central and West
Commissioning Support Unit

Security and Confidentiality Protocol for the Hampshire Health Record

Document Control Sheet

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Version Record

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| 2.0 | 14/07/04 | Revision highlighting existing agreement for CHEHR and extension |
| 2.1 | 20/07/04 | Minor amendments for circulation to CRAG |
| 3.0 | 29/07/04 | Revision to incorporate discussion with Hugh Coni, and details of analysis controls and reference to NPfIT proposals |
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| 4.5 | 8/11/05 | Amendment to access matrix, Ward Clerk and receptionist |
| 4.6 | 3/1/06 | SAP team access clarified |
| 4.7 | 16/1/06 | Clarification of printing and access by system staff. |
| 4.8 | 8/5/06 | New access class for Data collectors Addition of restriction on access to documents derived from |

| Version | Date | Note |
|---------|------------|--|
| | | Mental Health Trusts. |
| 4.9 | 1/10/07 | Amended to permit access by designated practice clerical staff to Hospital test results. |
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| 5.7 | 28/10/2015 | Annex 3 Updated for clarity |

Terminology

| Abbreviation | Meaning |
|--------------|--|
| A&E | Accident and Emergency department |
| BMA | British Medical Association |
| CAF | Common Assessment Framework |
| CSU | Commissioning Support Unit |
| GMC | General Medical Council |
| GP | General Practitioner |
| HHR | Hampshire Health Record |
| HHRIGG | Hampshire Health Record Information Governance Group |
| HSCIC | Health and Social Care Information Centre |
| LMC | Local Medical Committee |
| PAS | patient administration system |
| PC | Personal Computer |
| SSL | 128-bit Secure Socket Layer |
| UHS | University Hospital Southampton |
| VPN | Virtual Private Network |
| XML | Extensible Mark-Up Language |

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1 Introduction:

The Hampshire Health Record is an electronic database designed to accept existing extracts of electronic patient records from a number of sources. Records relating to an individual patient are collected into a single clinical information repository for that patient. The main sources are from General Practice computer systems, Hospital patient administration systems (PAS) and laboratory, radiology and clinical correspondence systems. More recently this has been supplemented with information from community and mental health systems with work underway to develop data feeds from local authority adult services. The Hampshire Health Record also supports direct entry into forms for Occupational Therapy, Community Nursing, Physiotherapy and Podiatry and the various components of the Common Assessment Framework (CAF).

Because patient information will be shared more widely than in any of the existing contributing systems, there are particular issues around data protection and patient confidentiality which have required discussion and agreement with local and national bodies:

- The consent and confidentiality principles within this document have been based on the agreement reached with the General Medical Council (GMC), British Medical Association (BMA) and Wessex Local Medical Committee (LMC) during 2003/4.
- These have subsequently been discussed and agreed with the Information Commissioners Office and the Health and Social Care Information Centre (HSCIC).
- They have been discussed and agreed with the Caldicott Guardians and Information Governance leads for each of the Trusts within Hampshire and the Information Governance Lead for South Central Strategic Health Authority.
- The HHR Information Governance Group (HHRIGG) owns this security and confidentiality protocol, and is responsible for agreeing any proposals to change this. This group has taken over this responsibility from the previously established HHR advisory group (HHRIGG)

The fundamental principles of this are:

- The inclusion of records within a data base does not constitute disclosure.
- To meet the fair processing requirements of the Data Protection Act (1998) and Caldicott review of information governance in the health and care system, patients must be asked before their shared record is accessed (except when the patient is unable to consent and access can be justified as being in the patient's interest or when writable forms (Xdocs) only are being accessed).
- Patients have a right to withhold their records from the Hampshire Health Record.
- All reasonable efforts must be made to inform patients about the existence of the Hampshire Health Record and their rights to withhold their records. NHS South, Central and West CSU is responsible for informing patients in regard to HHR.
- All accesses to the clinical record are monitored and controlled by access privileges.
- Access to the record is on the basis of explicit consent either at the time of consultation or given for a defined period of time.
- All statistical analysis must be controlled by an information governance group and undertaken on a pseudonymised database.

- Patients may request a copy of their record and the audit trail of accesses to it.
- Log in rights may be provided to NHS Staff, staff of Non NHS health facilities treating NHS patients and Social Services staff holding with appropriately agreed requirement to access data.

2 Patient Consent

Under the principles agreed at the start of the project, patients should be informed that their records may be shared and should have the opportunity to review their record and request that they be excluded from the Hampshire Health Record.

1. Leaflets were sent to all households within Hampshire and the Isle of Wight by the Post Office in 2005.
2. Leaflets and posters have been sent to all GP practices in Hampshire. This was last done in 2011. GP practices are told that additional leaflets and posters are available on request.
3. When a patient registered with a new GP in Hampshire they receive a letter from the Patient Practitioner Support Agency, (PPSA) since October 2010 this includes a paragraph explaining about the HHR.
4. Adverts informing citizens about the HHR are routinely included in local authority magazines which are sent to all households. (Hampshire Now, Flagship and Cityview).
5. Versions of the leaflets for patients who are unable to read the standard version are available on request.
6. Communications materials advise patients how to request that their records be excluded from the Hampshire Health Record. Patients who request exclusion are sent an explanatory letter and consent form to confirm their identity and wishes. They are subsequently notified by post to confirm that the necessary action has been taken.
7. The leaflet also informs patients that they can reverse this decision at any time, request a copy of their record and the audit trail
8. Clinicians must ask patients for their consent to access the Hampshire Health Record whenever they wish to do so unless :
 - a. The patient is unconscious or lacks capacity to give consent.
 - b. The situation is life threatening and delay in accessing information would not be in the patient's best interests
 - c. The patient has already given permission for access in their absence
 - d. Access is for the administrative purpose of uploading data. In this case users will be issued an access login and password that restricts the user to viewing any clinical documents.
 - e. Access is only to the Occupational Therapist, Physiotherapy, Community Nursing, Podiatry or Common Assessment Framework record forms.
 - f. They are Diagnostic clinical staff - By agreeing to the tests, the patient is also agreeing to diagnostic specialists accessing their medical record where diagnostic clinical staff feel this is appropriate.
 - g. They are the patients registered GP, and the GP has a reason for accessing their records.
9. On accessing the record (whether directly or via the Single sign on facilities) clinicians are presented with options to click to indicate that:
 - a. They have consent from the patient, in which case they are asked to indicate whether it is once only or ongoing consent
 - b. They do not have consent
 - c. It is an emergency, in which case they will be asked to enter the reason for this access (Community staff only accessing Xdocs are required to use this route if they do not have consent, pending revision of the access screens)

- d. There are other reasons why they are accessing the record without patient consent, for example they are the patients registered GP, or the patient lacks capacity to consent.
10. The Hampshire Health Record Project Operational Manager maintains a list of patients who have requested that their records are not included within the Hampshire Health Record. For these patients a Read Code is inserted into their record in the GP system to prevent download of the records. Hospital records are deleted as soon as they are received. These patient records are not included in the pseudonymised database.
11. Patients may request that their records be re-included at any time.
12. Patients may be asked to consent to their electronic records being available both at the current consultation and to that individual in their absence for a defined period of time. The maximum period is one year. Their consent is recorded in the system audit trail. This consent can be cancelled or extended by the patient at any time and the change is recorded in the audit trail.
13. For patients agreeing to ongoing consent, an explanation is provided both on screen and available to print out for handing to the patient. The wording of this explanation is:

The Hampshire Health Record (HHR) is an electronic summary which includes information from GP surgeries, hospitals and community care. This helps health care professionals provide you with the best possible care.

Care professionals may only view your HHR if you have given permission and if they have a legitimate reason for doing so. There are controls over who can access your record and all access is recorded.

Normally, staff will ask permission before they look at your HHR, but there are occasions where it may be useful for them to see your HHR when you are not there, For example, your doctor might want to check everything is ready for your appointment.

To make this possible, you can give consent for your HHR to be looked at when you are not there. This will be noted clearly and you can change your mind at any time or ask for a list of people who have looked at your HHR.

I give permission for health service staff involved in my care to access my HHR at times when I am not present

14. A message to indicate whether the patient has given permission for access to their record in their absence is displayed prominently on the opening screen of the patient record.
15. During the collection and recording of CAF information, patients are asked for explicit consent to the sharing of the CAF information.
16. As part of the patient access rights (see section E) patients are able to request from the system manager a printout of the log of accesses to their records over any period of time.
17. Staff are asked to comply with the patient's access wishes through either electronic or paper application to the HHR, and must confirm that they understand these requirements in the user login application.

3 Monitoring

Monitoring access to the HHR is undertaken in three ways:

1. Use of Emergency Access:

Each quarter, a one month sample of record accesses in the audit trail is examined to identify all instances in which the emergency access route has been used. The reason given for the use of this route will be checked and any responses not apparently conforming to the criteria queried with the user.

2. Accesses with consent:

Data sharing agreements with provider organisations include the clause that the HHR team will provide reports on who has viewed the organisations data, and what staff from their organisation have used the HHR.

3. Patient monitoring

The HHR communications material states that patients can request a free copy of a report of all the people who have looked at their record.

3.1 Investigation process:

All users who are identified as potentially having broken the rules will be contacted by email from the HHR Office with a request for explanation.

Any explanations deemed to be unsatisfactory by the HHR Clinical Lead will be reported to the individual user's local Information Governance lead with a request to investigate and implement the standard local disciplinary procedure and inform the HHR Office of the outcome.

Access to the HHR will be suspended whilst this investigation and resolution takes place.

Information governance incidents are reported to the Hampshire Health Record Advisory Group (HHRIGG).

3.2 Role based access

The Access matrix (see Annex 1: User Access Matrix) sets out the types of documents within the Hampshire Health Record and the types of staff who might require access to them. The matrices of user type and type of information have been discussed and agreed by the Clinical Repository Advisory Group. The list of staff types has been condensed to a simple list comprising:

A. Qualified clinical staff

A1 Doctors, Nurses, Allied Health Professionals who may see all of the clinical record except documents derived from Mental Health Trusts. Non qualified clinical staff who are sponsored by senior clinicians to access clinical data on their behalf are also included in this group.

A2 Mental Health Trust qualified clinical staff, senior medical and nursing staff in A&E and GPs. These may see all clinical documents including those derived from Mental Health Trusts.

A3 Diagnostic Clinical staff. This includes staff who are able to create or authorise laboratory results or pathology reports from hospital providers. They may see the

summary record from GPs and pathology and radiology from other organisations. They are not permitted to view discharge summaries or clinic letters on the HHR, (agreed at HHRIGG 01/12/2011).

B. Others involved in clinical care, but not professionally qualified staff (non-qualified clinical staff, including Therapy Technicians, Healthcare Assistants, Medical secretaries and Multidisciplinary team co-ordinators)

B1 All others not specified below may view demographics and

B2 Pharmacy Technicians may view the GP medications folders.

C. Clinical Data Collection / Clinical Research Staff

Discontinued, this group is no longer used.

D. Other Administrative staff

D1 e.g. Hospital receptionists, Medical Records, Clinical Audit, GP receptionist have access to Demographics and Hazard warning only

D2 Clerical staff in GP Practices who have been formally given enhanced access by their practice, may access pathology /radiology results and hospital discharge letters.

D3 PCPCT Admin Nursing. Discontinued, this group is no longer used.

D4:PCtPCT Admin OT Discontinued, this group is no longer used.

D5:PCtPCT Admin Physio Discontinued, this group is no longer used.

D6:PCtPCT Admin Podiatry Access to Portsmouth Nursing, OT, Physio and Podiatry X Docs only

D7:PCtPCT HCSW Band 2 Discontinued, this group is no longer used.

E. Social Care staff

E1: Unregistered staff working for local councils as a social worker or social care support staff. This group has restricted access to medical information. This group should not normally use the emergency access route.

E2: Social workers registered with the Health & Care Professions Council. Access to the following as defined in role based access, GP diagnosis, GP medication, GP recent tests, Discharge summaries, Care plans, OP letters, Community health RiO, Independent treatment centre and AQP treatment summaries. This group has restricted access to medical information. This group should not normally use the emergency access route.

F. Administrator privileges.

F1 System administrators within Graphnet and NHS South CSU members of the HHR team. Used for system administration ie can set up users/ amend user rights etc as well as access all records for patient access.

F2 Discontinued, this group is no longer used.

F3 Discontinued, this group is no longer used.

F4 System administrators from Southampton University Hospital. To enable staff from UHS to check UHS records on HHR for quality assurance purposes.

The matrix and the definitions of staff roles within each group are set out in Annex 1: User Access Matrix

Applications for new users and the level of role based access required must be validated by an identified individual manager(s) within the organisation.

For GP Practices this will normally be the NHS Spine Registration Authority (RA) for the practice.

Students will not be permitted to access the Hampshire Health Record with the exception of:

- Those who need to access the CAF documents, this will be governed by the rules within the CAF policy.
- Students are working in organisations using XDocs as their therapy/nursing records, they will be able to access these Xdocs.

Staff employed by independent organisations providing services to NHS patients may access the Hampshire Health Record provided that

- the organisation has satisfied the NHS code of Connection and can access the NHSnet
- signed an agreement to protect the confidentiality of patient records and adhere to the terms of this policy
- included a suitable clause ensuring patient confidentiality in their staff employment contract

Nothing in this policy document detracts from an individual staff members own duty of confidentiality. Even if a legitimate relationship exists, access to a patient's record for purposes other than the provision of clinical care¹ will be inappropriate.

System administration staff (including Graphnet employees) may access patient records in the Hampshire Health Record for the purpose of testing, maintaining and quality assuring the system, provided that their contract of employment contains an explicit confidentiality clause, which has been approved by NHS South CSU.

3.3 Data Security

The data extraction and storage process is managed under the following guidelines:

1 The Information Commissioner has identified that Care & Treatment includes:

- Routine record keeping, consultation of records etc, in the course of the provision of care and treatment;
- Processing of records in the event of a medical emergency;
- Disclosures made by one health professional or organisation to another, e.g. where a GP refers a patient to a specialist;
 - Clinical audit e.g. the monitoring of a patient care pathway against existing standards and benchmarks.

USE AND DISCLOSURE OF HEALTH DATA
Data Protection Act 1998 May 2002

Guidance on the Application of the

1. File servers and data storage are managed by NHS South CSU and located in a locked and secure environment.
2. Data transfer is managed across the NHS Net using approved encryption standards (i.e. 128-bit Secure Socket Layer (SSL)), or via secure Virtual Private Network (VPN) encrypted links.
3. General Practices and the Trusts agree to the Graphnet Data Extraction process which involves non-invasive installation of proprietary software into the General Practice using a PC connected to the NHS Net network. This is required to be active 24 hours a day 365 days a year;
4. Graphnet's data extraction tool uploads the approved data extract on a daily basis to the NHS South CSU file server across NHS Net at a scheduled time agreed between the Practice Manager and the HHR Operational manager.
5. An agreed Read code is used to identify records of patients who do not wish their records to be uploaded to the Hampshire Health Record. This is incorporated into the patient record in the practice and will prevent records being downloaded to the Hampshire Health Record. Data from hospital feeds for these patients will be deleted when it arrives.
6. The source of the data will remain identifiable at all times.
7. The integrity of data will be retained without alteration by the Hampshire Health Record.
8. Physical and root user access to the Hampshire Health Record file servers (which will include patient identifiable data) is permitted only to the System Administrator(s) for the purpose of database maintenance and quality assurance. This access restriction applies equally to Graphnet staff. Their duties of confidentiality will be identified in their contracts of employment and there is a formal acceptance by Graphnet to
 - a. Abide by the provisions of this policy
 - b. Ensure that the HHRIGG is aware at all times of all Graphnet staff that have System Administrator access to the Hampshire Health Record.
9. The Operational Manager manages access to the Hampshire Health Record in accordance with the access permissions determined in the Access Matrix.
10. User identities will be issued by local organisations and passwords set up by users. Passwords are to be renewed at 90 day intervals and users who have not logged into the system for 90 days will have their log in rights revoked. Staff leaving the NHS will have their access revoked immediately if the HHR operational team are notified, or if they have not logged in for more than 90 days.
11. An automatic log out occurs where a terminal is unused for more than 15 minutes.
12. Data backups are taken every 24 hours intervals and encrypted copies held securely off site.
13. As the data within the Hampshire Health Record. is derived from multiple sources, each patient record will have several data custodians. Should a data custodian decide to withdraw from the clinical information repository, the access to the data derived from that custodians system will be blocked and downloads from that system will be stopped within 1 month. Downloads may be resumed if the decision to withdraw is reversed, although hospital data will not include past events.
14. Printing of the record is only permitted where a patient has given consent to view. In order to ensure that individuals who print records understand their responsibility for the safe storage and disposal of the paper copy when it is no

longer required (Data Protection Act, Principle 5) each page of a patient record that is printed will identify the name of the person who printed it and the date.

4 Use of the Pseudonymised Database

Where analysis is undertaken on the data derived from a single source (one GP Practice or one hospital, including the Single Assessment Process or Cancer Core Dataset)) the rules for access and use of that data produced by that organisation will apply. In all instances where data derived from more than one source is used in analysis, the following rules will apply.

1. The separate data base for statistical analysis of shared data is managed to the same standards of security as the individual patient data and the only patient identifier used is the encrypted NHS number.
 - a. Date of Birth is replaced by year of birth (except for infants < 1 in whom week of birth will be calculated)
 - b. Full post code is replaced by Ward and Lower level Super Output area (mapped to Index of Multiple deprivation)
 - c. All patient identifiers in XML strings are removed during the pseudonymisation process.
2. The NHS number encryption process uses a secure process, approved by the NHS. This process is undertaken during the monthly refresh of the analytical database.
3. Decryption of the NHS number may only be undertaken by a GP from the practice that the patient is registered with, for the purpose of identifying patients who are at risk of illness. Whilst this is not currently possible, a process for decryption will be developed for the future. This will be approved for use by named GPs by the HHRIGG and the Caldicott Guardian for NHS South, Central and West CSU.
4. Access to the database for database administrators and developers are granted by the Caldicott Guardian for NHS South, Central and West CSU (endorsed by the Caldicott Guardian of the individuals employing trust if not NHS South, Central and West CSU).
5. Access rights to the data base for analysts are granted by the Caldicott Guardian of the NHS South, Central and West CSU, based on an application which must be endorsed by the Caldicott Guardian of the individuals employing trust.
6. The application form includes a declaration to comply with the confidentiality requirements of the Common Health Record.
7. Proposed analyses of activity are discussed and agreed by the members of HHRIGG According to the constitution of the HHRIGG (see Annex 2: HHRIGG Terms of Reference)
8. To prevent inadvertent identification of individuals within reports, cells in tables with fewer than 3 cases are suppressed by the analyst. (This may be modified in the future in the light of advice from the Office of National Statistics)
9. The data available to analysts will use codes to identify General Practitioners, Practices or Trusts. The key to the codes are available to the data analysts, who can separately identify individuals/organisations of their own code, but not others, unless those individuals or organisations have agreed to their identity being released.
10. Records from the analytical database may be transferred to other analytical services, subject to

- a. provision and acceptance by HHRIGG of the information governance rules of that analytical service
- b. a written agreement to abide by all of the data processing, security and analysis rules contained within this document
- c. Agreement that extracts of the data will not be transferred to any other organisation or server without the permission of HHRIGG
- d. Agreement to delete all copies of the data on completion of analysis, or expiry of the permission to hold these records.
- e. Agreement of offsite back up arrangements for the database

5 Patient Access

1. Patients have a right of access to the information held about them under existing Data Protection legislation and there is existing Policy and guidance from the Department of Health (Guidance for Access to Health Records Requests under the Data Protection Act 1998). This access is subject to a number of caveats.
 - a. They do not have access to information about third parties held within their record, without the explicit consent of those third parties.
 - b. Healthcare professionals may rarely withhold parts of the record where they have a justifiable concern that disclosure would result in serious harm to the patient.
 - c. The information should be supplied in a way that can be understood.
2. To avoid fraudulent access to patient records, access may only take place following adequate personal identification compliant with existing government eGif standards.
3. Access arrangements are provided by the Operational Management team, hosted by NHS South CSU. Clinical interpretation of the patients record where requested should be provided by the patients GP, but where this is not possible, advice will be available via the Operational manager/ HHR Clinical Lead.
4. The Data Protection Offices of organisations which contribute to the Hampshire Health Record are made aware of the existence of the Hampshire Health Record so that they include it in access arrangements.
5. When an application from a patient for access to their Hampshire Health Record is received, the HHR Clinical Lead reviews the record to determine whether any parts should be withheld. In the event of any uncertainty, the HHR Clinical Lead liaises with the relevant GP or hospital consultant.
6. Errors in records (e.g. dates) are reported back, via the Operational Manager to the feeder systems from which the information came. If required, corrections are made at source and amended records then flow through to the Hampshire Health Record to update and correct the shared record.
7. Direct patient access to their HHR records will be piloted in collaboration as a proof of concept with the CAF project, but cannot be implemented prior to changes in the Data Protection Act.

Annex 1: User Access Matrix

| | Title | Access Type |
|--|-----------------------------|---------------------------|
| Health Informatics Professionals | 1st Line Support Technician | D1 |
| | 2nd Line Support Technician | D1 |
| | Audiovisual Technician | D1 |
| | Business and Data Analyst | D1 |
| | CAD operator | D1 |
| | Caldicott Guardian | D1 |
| | Chief Information Officer | D1 |
| | Clinical Audit | D1 |
| | Clinical Coder | D1 |
| | Clinical Governance | D1 |
| | Database Developer | D1 |
| | Ambulance Staff | Ambulance Care Assistants |
| Ambulance Paramedics | | A1 |
| Ambulance Technicians | | B1 |
| Clinical Team Leader | | A1 |
| Clinical Team Manager | | D1 |
| Medical Staff | Associate Specialists | A1/A2 |
| | Consultant | A1/A2 |
| | House Officer | A1/A2 |
| | Registrar | A1/A2 |
| | Senior House Officer | A1/A2 |
| | Senior Registrar | A1/A2 |
| | General Practitioner | A2 |

| | | |
|---|--|-------|
| | Clinical Medical Officer | A1/A2 |
| Nursing Health Visiting, Community | Accident and Emergency | A1/A2 |
| | Acute, elderly and general care | A1/A2 |
| | Clinical Nurse Specialist Practitioner | A1/A2 |
| | Community (learning disabilities) | A1/A2 |
| | Community Liaison Sister | A1/A2 |
| | Community Nurse/Matron | A1/A2 |
| | Community Psychiatric Nurse | A2 |
| | Community Services Pharmacist | A1/A2 |
| | District Nurse | A1/A2 |
| | Health Care Assistant | B1 |
| | Health Visitor | A1/A2 |
| | Junior Hospital Nurse | A1/A2 |
| | Midwife | A1/A2 |
| | Nursery Nurse | A1/A2 |
| | Other Learning Disabilities | B1 |
| | Other psychiatry | B1 |
| | Other Qualified Nurses | A1/A2 |
| | Paediatrics | A1/A2 |
| | Practice Nurse | A1/A2 |
| | Pre-school – Birth/PKU.TSH | A1/A2 |
| | Pre-school Immunisation | A1/A2 |
| | Pre-school Unit Deputy Manager | A1/A2 |
| | School Nurse | A1/A2 |
| | Senior Hospital Nurse | A1/A2 |
| | Senior Midwife | A1/A2 |
| | Unqualified Nurses (Grade 4) | B1 |
| | Unqualified Nurses (below Grade 4) | B1 |

Administrator & Clerical

| | |
|--------------------------|----|
| Administrator | D1 |
| Admissions | D1 |
| Charitable Funds Officer | D1 |
| Clerical | D1 |
| Clerks | D1 |
| Complaints | D1 |
| Data Input | D1 |
| Data Quality | D1 |
| Litigation | D1 |
| Marketing Administrator | D1 |
| Medical Secretary | D1 |
| Personal Assistant | D1 |
| Practice Manager | D1 |
| Receptionists | D1 |
| Research and Development | D1 |
| Secretary | D1 |
| Senior Secretary | D1 |
| Ward Clerk | D1 |
| Clinical Clerical | D1 |
| MDT Coordinator | B1 |

Management

| | |
|------------------------|----|
| Assistant Director | D1 |
| Chairman | D1 |
| Chief Executive | D1 |
| Deputy Director | D1 |
| Deputy Manager | D1 |
| Director | D1 |
| Head of Department | D1 |
| Junior Manager | D1 |
| Litigation | D1 |
| Non-executive Director | D1 |
| Other Managers | D1 |
| Process Design Manager | D1 |

| | |
|--|----|
| Research and Development | D1 |
| Risk Manger | D1 |
| Senior Manager | D1 |
| Service Delivery Manager | D1 |
| Team Leader | D1 |
| | |
| Other Qualified Staff | |
| Clinical psychology | A2 |
| Imaging/Radiotherapy Support | B1 |
| Medical Technical Officer (Audiology) | A1 |
| Medical Technical Officer (Cardiology) | A1 |
| Medical Technical Officer (Neuro Phys) | A1 |
| Medical Technical Officer (ODT) | A1 |
| Medical Technical Officer (Respiratory) | A1 |
| MLSO (Haematology) | A1 |
| MLSO (Histology) | A1 |
| MLSO (Medical Phsics) | A1 |
| MLSO (Pathology) | A1 |
| Occupational Health & Safety Advisor | D1 |
| Occupational Health and Safety Deputy | D1 |
| Occupational Health and Safety Manager | D1 |
| Occupational Health and Safety | D1 |
| Occupational Health Physician | A1 |
| Operating Theatre Staff | B1 |
| Other Qualified Scientific, Therapeutic | A1 |
| Unqualified Scientific, Therapeutic | B1 |
| | |
| Dental Care | |
| Dental Auxiliary | B1 |
| Dental Officer | A1 |
| Dental Technician | B1 |
| General Dentist | A1 |
| Orthodontist | A1 |
| Other Dentists (excluding training grades) | A1 |

Professional
Allied to
Medicine

| | |
|----------------------------------|-------|
| Chiropody | A1 |
| Diagnostic Radiographer | A1 |
| Dietician | A1 |
| Occupational Therapist | A1/A2 |
| Orthoptist /Optician | A1 |
| Other Qualified Pharmacy | A1 |
| Physiotherapist | A1/A2 |
| Podiatrist/ Chiropodist | A1 |
| Pre-Registered Pharmacy trainees | B2 |
| Registered Pharmacist | A1 |
| Pharmacy Technician | B2 |
| Speech and Language Therapists | A1 |
| Therapeutic Radiographer | A1 |
| OT Technician | B4 |
| Physiotherapy Technician | B4 |
| Podiatry Technician | B4 |

Social
Services Staff

| | |
|-------------------------------------|----|
| Unregistered social care staff | E1 |
| Social workers registered with HCPC | E2 |

Annex 2: HHRIGG Terms of Reference



Microsoft Word 97 -
2003 Document

Annex 3: Hampshire Health Record Analytics (HHRA) Service Information Request Form

This form can be used to request information from the HHRA. Please complete and return to: information.team@southcsu.nhs.uk. A member of the Business Intelligence Team will then contact you to discuss your requirement in more detail.

Project Title:

Date of Request:

Requested by:

Job Title:

Organisation:

Telephone Number:

Email address:

On filling in the Information below, please expand areas as necessary:

1) Summary Description of Information Required:

2) Summary Description of what is the project that you are working on, what are its main aims and objectives:

3) Please specify how will data from HHRA help you to achieve your project main aims and objectives:

4) Details of the type of data that needs to be accessed to obtain information:

(e.g., do you need to access secondary data to support the HHR extract? Do you need only primary care data? Do you need pathology data from HHR?)

5) Does this project require access to any patient identifiable information? Please specify fields and reason for needing them: (e.g., patient NHS numbers)

Please note that if patient identifiable information is needed, then it will not be possible to provide this from HHR or HHRA. Projects that do require patient identifiable information will not be accepted.

6) List of fields that may need to be identified in the output:

(e.g., date range, age range, which GP practices should be included etc.)

7) Do individual GP practices need to be identified? (Yes / No)

(If you require identification of GP practices, we will need to request permission from the GP practices themselves, from the LMC, or from the relevant CCG's Caldicott Guardian who may give permission on practices' behalf.)

If Yes, please explain why this is necessary:

(If known, Please give as full a description as possible of the information required and which GP practices should be included)

8) Please specify people who will have access to the information requested, and provide a flow chart of how the data will flow:

(e.g., their role, how the data will be used; details of their security and access levels)

9) Do you propose to share the information or the outcomes of this information with anyone outside of your own organisation? (Yes / No)

If Yes, please explain where the information will go and why this is necessary:

(Are you planning to publish any of the results of your analysis; if so, what will be published, to what level of detail (e.g. just research themes, or more detailed tables and figures), and in what forum(s) (e.g. websites, journals, publications etc.))

10) How long will the data be held, and what will be done with it at the end of the project?

11) In what format do you need to receive the data output:

(Please describe how you would like the data presented, e.g. tables/graphs, grouped by age bands/GP practice etc.)

12) Timescales

13) (The time taken to complete your request will depend on the complexity of the request and the groups' workload. Please state your desired deadline for the work to be completed, and the HHRA analyst will discuss it further with you, in order to meet your requirements)

Deadline:

.....
*I agree:

- That there is a need for this work.
- That the work will not be used for other purposes without permission.
- That the data will not be copied or transferred to any third party without HHRIGG permission.
- That GP practices will not be identified on any published document unless the GP practices have agreed, or the LMC has provided agreement on practices behalf.
- To give prior notice of intention to publish the results to the HHRIGG, to provide notification and details of any successful publication of work using HHRA as a source of data, and where feasible to provide a copy of the published work. Any published work containing Hampshire Health Record data must acknowledge the source.

Signed

(If this form is being sent from the requestor's email account, there is no need to sign.)

Date

To be completed by the Business Intelligence Team

| | | |
|---|--|-------|
| Agreed by NHS South CSU Business Intelligence Representative: | Y <input type="checkbox"/> N <input type="checkbox"/> | Date: |
| Name and Signature: | | |
| Title: | | |
| Comments/reason if declined: | | |
| OR | | |
| Agreed by HHRIGG: | Y <input type="checkbox"/> N <input type="checkbox"/> | Date: |
| AND (if GP practices to be identified) | | |
| GP Practice/LMC/Caldicott Guardian Approval Received (if GP practices to be identified): | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | Date: |
| Name and Signature: | | |
| Title: | | |
| Comments/reason if declined: | | |
| SUPPLEMENTING IG ASSURANCE | | |
| This request (Project Number/Title): | | |
| Proposed by: | | |
| Has been reviewed by: | | |
| HHRA Analyst: | | |
| Head of Information Governance: | | |
| On (Date): | In advance of approval being gained from HHRIGG for this information to flow. | |
| This request should be recorded as having been checked and found to meet the required level of IG assurance. | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | |
| This request should be recorded as having been checked and found NOT to meet the required level of IG assurance. | Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> | |

Process for requesting information from the Hampshire Health Record Analytics (HHRA) Service

1. All requests are sent to the NHS South CSU Business Intelligence Team's generic email account (information.team@southcsu.nhs.uk).
2. Any academic research or service evaluation requests must be accompanied by a brief abstract of the proposed research, including ethics committee submission and approval document, if appropriate. This will include detail around the type(s) of data that is required, the purpose of the research and its (expected) outcomes.
3. Request is logged on the Information Requests database and a copy of the request sent to the relevant Senior Information Analyst Lead/s.
4. The Business Intelligence Team and the ICT Training Team Lead/s will discuss the request with the client, including the likely timescales required to produce the data, prioritise the request and include it within the planned work programme.
5. The Business Intelligence Team will forward the request to the Associate Director of Business Intelligence (or in their absence the Deputy Associate Director of Business Intelligence) to request approval. Where the request does not involve a requirement to identify patients or practices or deals with contentious issues, approval will normally be provided.
6. If the request involves identification of patients for further intervention, the request will need to be discussed and approved by the HHR Advisory Group (HHRIGG) and confirm that details of patients will only be released to the patients GP.
7. If the request involves the identification of individual GP Practices, written consent should be obtained, either from the LMC Executive or from the relevant CCG's Caldicott Guardian.
8. If information is to be sent outside Hampshire, guidance should be sought from the Associate Director of Business Intelligence. If the justification for wider dissemination is unclear, this should be referred to the HHRIGG. Process document to be followed, identifying the steps for authorisation.
9. All requests approved by the Associate Director of Business Intelligence (or in their absence the Deputy Associate Director of Business Intelligence) will be notified to the HHRIGG at the next HHRIGG meeting.
10. The Business Intelligence Team will write the query with input from ICT Training Team regarding:
 - Read codes;
 - Differences in the way the different systems/users record the data;
 - Any known data quality issues etc.
11. Analyse and present the results for the client.
12. Store the query/results securely according to Business Intelligence guidelines.
13. We require that any publication, before it is made public (e.g. journal article, conference presentation), needs to be submitted for review to the HHRIGG.

14. Outcomes from the results presented to the client should be submitted to the Business Intelligence Team, so that it can be shared back to the HHRIGG.

Annex 4: SAP Consent to sharing Information form:

PERMISSION TO SHARE INFORMATION

This organisation operates under very strict rules regarding confidentiality and data protection and information that you give to the staff of this organisation is confidential.

In order to provide you with the best possible care based on your needs, it may be necessary to share certain information about you with other Health and Social Care services across Hampshire and the Isle of Wight. We would only share your information with other organisations that follow similar rules to ourselves.

We cannot share your information without your permission and we also have to be sure that you understand what your agreement means

- You have the right to refuse this permission, although this may affect the services we are able to offer you
- Your permission to share will be valid for one year from the date of signing. We will also ask you to confirm your permission should your circumstances or needs change,
- You can change your mind at any time, whether your circumstances change or not. If you do, then please tell us
- This permission does not affect your or our rights or responsibilities under law.

If you are happy to allow us to share your information, please sign this form.

Thank you

Client Declaration

* I agree that the staff of the (insert org. here) may share information about me with other organisations as detailed above.

* I do not want information about me shared with ...

.....
* (please delete as appropriate)

Signed Date of Birth

Print Name Date

Staff Declaration

I have explained this form to (insert client's name).....

To the best of my knowledge as a (insert your job title).....

(please tick appropriate box)

- I do not know of any reason why he/she should not complete this form at this time.
- He/she is not capable of completing this form at this time. However, I consider that the sharing of information is in this person's best interests. I have discussed this with (insert name of representative) and they know of no reason why (insert client's name) would not want the information shared.
- He/she is not capable of completing this form at this time and there is no representative with whom to discuss it. However, I consider that the sharing of information would be in his/her best interest and know of no reason why he/she would not want the information shared.

Signed by staff member Date

Print name and contact details

Annex 5: Read codes excluded from HHR

The following data will not be extracted from GP systems and will not, therefore appear in Hampshire Health Record. (last updated Feb 2013)

| Data Domain & link to codes | Reason |
|-------------------------------|--|
| HIV and Aids | AIDS (Control) Act 1987 |
| Sexually Transmitted Diseases | NHS (Venereal Diseases) Regulations 1974; NHS Act 1977; NHSTs & PCTs (STDs) Directions 2000 |
| Termination of Pregnancy | Sensitive data. |
| IVF treatment | Human Fertilisation & Embryology (Disclosure of Information) Act 1992 imposes restrictions on the disclosure of information about individuals. |
| Marital status | Data Protection Registrar recommends that this data item should not be recorded in Contract Data Sets. |
| Consultation text | May include items 1 – 5 |
| Complaints | Could be perceived to prejudice care if known that patient was complaining about care. |
| Convictions & imprisonment | |
| Gender | |

Version 2 Read codes and CTV 3 codes relating to each domain are shown below



Microsoft Excel 95
Worksheet