



# **Clinical Technology Standards Policy**

**(Clinical Photography and Video Recording, SMS Text Messaging for  
Service Users, Data Quality and NHS Number)**

Reference No:	P_IG_29
Version:	2
Ratified by:	LCHS Trust Board
Date ratified:	11 May 2021
Name of author:	Data Protection Officer
Name of responsible committee/	Information Governance Management Assurance Group
Date approved by responsible committee:	21 April 2021
Date issued:	May 2021
Review date:	May 2023
Target audience:	All staff and third-party contractors employed by LCHS
Distributed via:	LCHS website

# Lincolnshire Community Health Services NHS Trust

## Clinical Technology Standards Policy

### Version Control Sheet

Version	Section/Para /Appendix	Version/Description of Amendments	Date	Author/ Amended by
1		Amalgamation of policies P_IG_16, 22, 24 content previously ratified and further content updates to reflect GDPR.	June 2018	Kaz Scott
2		Full Review and UK GDPR	Mar 2021	Kaz Lindfield-Scott
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Copyright © 2021 Lincolnshire Community Health Services NHS Trust, All Rights Reserved. Not to be reproduced in whole or in part without the permission of the copyright owner.

**Lincolnshire Community Health Services NHS Trust**  
**Clinical Technology Standards Policy**

**Contents**

<b>i.</b>	<b>Version control sheet</b>	<b>Page</b>
<b>ii.</b>	<b>Policy statement</b>	<b>4</b>
	Clinical Photography and Video Recording	5 - 10
	SMS Text Messaging	11 -12
	Data Quality and NHS Number	13 - 16
	NHSR Monitoring	17
	Equality Impact Analysis	18

# Lincolnshire Community Health Services NHS Trust

## Clinical Technology Standards Policy

### Policy Statement

<b>Background</b>	<p>Clinical Technology Standards plays an essential role within the Trust and this policy has been developed to ensure that all conform to current legislation and other Trust policies:</p> <p>Consent to Treatment Policy Records Management Policy Data Protection Policy Mental Capacity Act (2005) Safeguarding Children Policy Information Security Policy Information Risk Policy Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 11 Equality Act 2010 Care Act 2014</p>
<b>Statement</b>	<p>Staff working for the Trust will ensure that they comply with the requirements of the Data Protection legislation and safeguard Personally Identifiable Information (PII) which is held.</p>
<b>Responsibilities</b>	<p>It is the responsibility of each member of staff who will be using clinical technology standards as part of a patient's care to be aware of this policy and work within its parameters.</p>
<b>Training</b>	<p>Training for the taking of digital images will be provided in line with the contents of this policy.</p>
<b>Dissemination</b>	<p>The policy will be published on the Trust website.</p>
<b>Resource Implication</b>	<p>Failure to obtain or record consent could lead to legal challenge. Resource implications in the implementation of this policy are primarily in relation to training implications.</p>
<b>Equality Statement</b>	<p>As part of our on-going commitment to promoting equality, valuing diversity and protecting human rights, Lincolnshire Community Health Services NHS Trust is committed to eliminating discrimination against any individual (individual means employees, patients, services users and carers) on the grounds of gender, gender reassignment, disability, age, race, ethnicity, sexual orientation, socio-economic status, language, religion or beliefs, marriage or civil partnerships, pregnancy and maternity, appearance, nationality or culture</p>

## **CLINICAL PHOTOGRAPHY AND VIDEO REDCORDING**

Clinical photography and Video Recordings are a valuable part of assessing and evidencing a medical condition. They are beneficial in areas such as tissue viability to demonstrate that the condition of a wound has improved, or in areas such as physiotherapy and speech and language therapy to demonstrate improvements of a particular condition over time. It also provides a quality transparent process to support complaints and investigations.

The term “recording” (or “recordings”) is used to refer to photography (either conventional or digital) and video recordings (either conventional or digital) and voice recordings in Speech and Language Therapy. It refers to original and/or copies of images. It does not include pathology slides containing human tissue or CCTV recordings of public areas on Trusts premises.

Recordings taken using cameras or smartphones owned by the Trust which illustrates a patient’s condition or an aspect of the treatment, form part of the health record.

All research projects involving the recording of patients should contact the Research Team for further advice.

Copyright of all such recordings is held by the Trust.

It is recognised that digitally originated recordings are intrinsically no different to traditional recordings; they are easier to copy in electronic form and therefore more at risk of both image manipulation and inappropriate distribution. Particular care must be taken to protect the image and maintain its integrity.

### **Confidentiality and Consent**

This must be read in conjunction with the Consent Policy for further guidance on the general meaning and definition of consent.

Photographic and video recordings made for clinical purposes form part of a health record. Although consent to certain recordings, such as X-rays, is implicit. Health professionals should always ensure they make it clear in advance if any photographic or video recording will result from that procedure.

Photographic and video recordings made for treating or assessing must not be used for any purpose other than the care without consent of the individual or a person with parental responsibility.

The one exception to this principle is set out in the paragraph below. If you wish to use such a recording for education, publication or research purposes, you must seek consent in writing, ensuring the person is fully aware of the possible uses of the material. In particular, the person must be made aware that there is limited control to future use of the material once it has been placed in the public domain. If a child is not willing for a recording to be used, you must not use it, even if a person with parental responsibility consents.

Where a person who appears to lack capacity to give informed consent to clinical photography, the Mental Capacity Act (2005) and Procedures must be followed. One of the key principles is that any act done for, or any decision made on behalf of the person who lacks capacity must be done or made in the persons best interest.

Photographic and video recordings, made for treating or assessing a person and from which there is no possibility they may be recognised, may be used within the clinical setting for teaching purposes without consent, as long as this is well publicised. However, consent must be sought for any form of publication.

If you wish to make a photographic or video recording specifically for education, publication or research purposes, you must seek their written consent (or where appropriate that of a person with parental responsibility) to make the recording, and then seek their consent to use it.

Individuals must know they are free to stop the recording at any time are entitled to view it if they wish, before deciding whether to give consent to its use.

If the person decides they are not happy for any recording to be used, it must be destroyed. As with recordings made with therapeutic intent, an individual must receive full information on the possible future uses of the recording, including that it may not be possible to withdraw once it is in the public domain.

The situation may sometimes arise where you wish to make a recording specifically for education, publication or research purposes, but the person is temporarily unable to give or withhold consent because, for example, they are unconscious. In such cases, such a recording may be made but consent must be sought as soon as the person regains capacity. The recording cannot be used until consent is received for its use, and if the person does not consent to any form of use, the recording must be destroyed.

In the case of minors, the person with parental responsibility must sign the consent form for education, publication or research purpose unless the minor reaches the age of 12 and is judged to be capable of consenting in their own right during the course of treatment, when new consent is required. Please refer to the Mental Capacity Act (2005). If a child is not willing for a recording to be used it must not be used, even if the person with parental responsibility consents.

With Safeguarding Children a child would need to be assessed as competent to give consent using Gillick Competence.

If the person is likely to be permanently unable to give or withhold consent for a recording to be made for education, publication or research purposes:

Research covered by the Act cannot include people who lack capacity to consent to the research unless:

- It has approval of “the appropriate body” (in England, this must be a research ethics committee recognised by the Secretary of State.
- It follows other requirements of the Act to:
- Consider the views of carers and other relevant people.
- Treat the person’s interests as more important than those of science and society
- Respect any objections a person who lacks capacity makes during the research.

Use of the recording must not be used which might be against the interests of the person. There should also be no make or use of any such recording if the purpose of the recording could equally well be met by recording patients who are able to give or withhold consent (refer to MCA Code of Practice 2005).

Staff should seek appropriate consent to make the recordings listed below, but you do not need explicit consent to use them for any purpose, provided that, before use, the recordings are effectively anonymised by the removal of any identifying marks:

- X-rays (including dental x-rays), Images taken from pathology slides or Ultrasound images

Such recordings will not identify the patient. It may still be appropriate to explain to the person, as part of the process of obtaining consent to the treatment or assessment procedure, that a recording will be made.

Confidentiality is the individual right and may usually only be waived by the person or someone legally entitled to do so on their behalf e.g. Power of Attorney.

Photographs of unconscious persons may only be taken with consent from the next of kin. Once the person has regained consciousness, they must be informed that a photograph has been

taken and if they object to the use of the photograph it must be destroyed. This must all be documented in the health record (refer to MCA Code of Practice 2005).

Where a Practitioner suspects there are concerns related to Child Protection, guidance is available via <https://www.lincolnshire.gov.uk/safeguarding/lscp> as it is not deemed appropriate for Practitioners to be taking recordings for suspected Child Protection concerns.

A person with parental responsibility should be informed of the reasons for clinical photography and given the opportunity to consent. The responses should be documented. The agreement of the child, if of sufficient understanding, should also be sought. In the absence of parental consent, photography should only be authorised by the senior child protection practitioner with responsibility for the case. Recordings taken in these cases may be required as evidence in criminal or public proceedings and no absolute guarantees of confidentiality in this respect can be given.

In all cases of recording, care must be taken to respect the dignity, ethnicity and religious beliefs of the person. An image may not be altered in any way to achieve anonymity and so avoid the need for consent.

Blacking out the eyes in a facial photograph is not an acceptable means of anonymising the image and the person may still be identified by other distinguishing features such as a tattoo.

If a person dies before a retrospective consent can be obtained, material by which is identifiable can only be released with the consent of the deceased person's representatives.

In addition wherever possible the consent of the next of kin or near relatives should be obtained, particularly where the personal representatives of the deceased are not relatives. Staff are reminded that the duty of confidentiality survives after death.

If a consenting person subsequently dies, permission should be sought for any new use outside the terms of the existing consent. In this instance the consent of either the personal representative or the next of kin is required.

### **Non-Clinical Photography**

In cases where a person is incidental to a recording, e.g. where the picture is to illustrate a particular piece of equipment set-up, consent to appear in the recording is still required from any person or member of the public.

Accidental recording of people who have not given appropriate consent must be avoided. Images that inadvertently include an image of another person(s) who have not consented must not be published under any circumstances. Unless deleterious, causing harm or damage to the care of the person, they should be destroyed.

Freelance professional photographers are sometimes employed to make this sort of recording. They may only be used by the Trust by prior arrangement with the Senior Management within Communications.

Contracts with outside photographers must ensure they waive ownership of copyright and moral rights in the recordings they prepare, although they may still be allowed to reproduce the recording or image providing permission has been given from the Trust on each occasion.

### **Copyright**

The Trust holds the copyright for all recordings made.

It is important that in any contract for publication the copyright remains with the Trust and does not pass automatically to the publishers on first publication, otherwise the Trust may find it is unable to protect the persons interests by exercising control over further publication.

Those signing contracts with book or other publishers have a responsibility to delete from the contract any suggestion that the copyright will pass to the publishers.

Any member of staff acquiring copies of recordings in the course of their duties may retain these for teaching purposes but must undertake to use them only within the terms of the original consent. Copyright and reproduction rights shall remain with the Trust.

### **Security and Storage**

Since any health record has to be available for disclosure under the Right of Access Process if required, it is essential that every recording is logged and properly recorded in the record and in accordance with the Data Protection legislation.

All recordings of a person must be stored on Trust premises. Information Security is paramount. Digital images must be stored securely on the Trusts server or in the clinical system. They should not be permanently stored on a standalone desktop computer. Images may be stored temporarily on an encrypted laptop or encrypted portable drive until transfer.

Images may be only stored **temporarily** on digital cameras / smartphones as an exception to normal policy before being uploaded to a secure area of the network or clinical system. Ideally all digital images should be uploaded immediately where possible and deleted from the device to prevent any loss of personal data and security incidents. All images must be transferred immediately upon return to base.

Once the data has been transferred, all traces of the data should be removed from the device.

Personally owned storage devices (USB or data sticks), smartphones, personal digital cameras or MP3 players must **never** be used to store images or recordings.

Data in transit on removable media **must** be encrypted, handled and stored appropriately and afforded the utmost security and protection **at all times**.

Any image or recordings should be named with the NHS Number using the recommended format of 3 3 4 e.g. 123 456 7890 (NPSA Safer Practice Notice: Sep 2008 No NPSA/2008/SPN001) of the patient and the date the image or recording was made. Some electronic systems are only set up to record a full 10-digit number with no spaces.

In the case of a digital picture file, the original must be written to disc and stored securely with appropriate measures taken to back up the images. For later retrieval purposes, each image should be assigned a file name by which it can clearly be identified.

Staff undertaking storage and retrieval of digital images must work within this policy and procedure to ensure the device is stored securely when taken away from premises or locked away appropriately and to remain vigilant at **all times** regarding the security and handling of the equipment.

### **Standards of Digital Photography/Video Recording**

Where digital photography is to be used to record images of a person, due care must be given before the start to ensure that the quality of the image (in terms of both resolution and colour depth) is adequate for purpose.

For Clinical Images e.g. wounds staff should use the 'Softdrape Measurement' details on the dressing pack / or other type when taking clinical photographs to identify the person. Any images should be uploaded within 24 hours and follow the appropriate SOPs.

In order to maintain the integrity of the image, manipulation may only be carried out to the whole image limited to simple sharpening, adjustment of contrast and brightness and colour balance.

Due to the speed in which it may take to upload the image a resolution of 3 mega pixels has been tested and deemed acceptable. The quality of the image is not compromised when photographing or viewing wound assessments.

Before leaving the employment, staff must seek specific permission to retain images for teaching purposes from the Trust who may grant such permission subject to the retention of copyright and all reproduction rights.

All recordings for projects/research must be discussed with the Research Department.

On occasions parents/guardians may request a copy of a video recording that has been made of their child during treatment and should be directed to make a Data Subject Access Request (DSAR).

### **E-Consultations**

The Trust is now using a system to undertake e-consultations and there is a standard process and training available on its use.

### **Smartphones**

These may be used for taking clinical images for evidence purposes. These will have a minimum 8-digit pin applied and are fully encrypted. Changing the 8-digit pin to a pattern is against Trust policy and must remain as a pin code. This is Trust issued equipment only to be used, not personally owned.

### **Photographs – Residential Homes Only**

A photo is often placed on the folder in a residential home so the person can be identified accurately against other demographic details. The image may be uploaded into the record to support mobile working and is to be removed from the electronic record when the care is ended.

### **Linked documents**

- Records Management Code of Practice 2020
- Mental Capacity Act Code of Practice
- [Ethical guidance for doctors - GMC \(gmc-uk.org\)](http://gmc-uk.org)
- [IRAS Help - Preparing & submitting applications - HRA and HCRW Approval \(myresearchproject.org.uk\)](http://myresearchproject.org.uk)

### **References**

Acknowledgements are given to Salisbury NHS FT and Royal Cornwall Hospitals NHST whose information has been used and adapted to produce this as an example of good practice.



## **SMS TEXT MESSAGING**

The Trust supports the use of Text Messaging (or SMS - Short Message Service) as a means of communication. A 'user' is an NHS employee or any other person working for or on behalf of the Trust.

### **Purpose**

This sets out the circumstances in which service users may be contacted by SMS / Text Messaging and the procedures that must be followed when using this method of communication.

Services must identify the need/benefit of using SMS and consider the following topics:

- Identification of the service or facility to be provided and its intended beneficiaries/recipients
- Identification of the associated risks and of the means by which they are managed
- Storage and retention procedures (in particular, messages or important messages)

### **Use of SMS**

SMS can be used for several purposes –

- to send individual appointment reminders
- to broadcast messages to a wide-ranging audience, for example, as a health promotion exercise
- to support a lone worker or assist staff movements/shifts

Advantages of using SMS to communicate are:

- Quick and easy communication without delays
- Reduced postage costs and incorrect postal addresses
- Ability to send appointment reminders to reduce DNAs
- Communicate with staff for Health, Safety and Welfare

### **Key Points**

SMS or text messaging is an attractive technology for quick communication of short messages and is a widely accepted form of communication. The Trust endorses the use of SMS provided this is for simple communications such as appointment reminders and strict Trust protocol is followed when sending messages.

- Only e-mail accounts must be used when sending out appointments or reminders. This means a dedicated operational e-mail account can be used
- Consent should be gained prior to any SMS messaging taking place
- Any test results should have an agreed message from the service e.g. Sexual Health
- Under NO circumstances should any type of PII be transmitted via SMS or commercially sensitive business information

### **Consent**

This is gained from the user prior to the commencement of SMS messaging and could be achieved at the time of recording a mobile phone number. Retrospectively, contact with the intended recipient is required before initiating the service.

Consent should be recorded electronically within the clinical system and templates exist where an option can be selected to confirm consent has been gained to receive SMS Text Messages. Consent may be withdrawn at any time.

A strapline on communications is also acceptable advising of the SMS Service is a means of informed consent and notification of the option to withdraw consent

### **Risks**

The risks associated with this technology will vary according to the outcome.

Confidentiality risks can be mitigated to a large extent by only sending non-confidential messages and avoid sending sensitive data such as - “your next ante-natal appointment is...”

The following points must be addressed –

- Ensuring delivery to the correct recipient (i.e. the sender must be sure the phone number is that of the intended recipient – phones are regularly changed or sold)
- Theft of the recipient’s phone

The SMS Service is used with an external approved provider of SMS Text Messaging and all contractual and security measures are in place.

### **Equality Assessment**

Text messaging can undoubtedly be of benefit to recipients, for example, those with hearing impairment or those who would benefit from appointment reminders.

### **Audit and Monitoring**

Auditing procedures will be established in collaboration with the Information Governance Management Assurance Group (IGMAG), to ensure;

- The service does not create problems or difficulties for the Trust
- An Owner of the e-mail account should monitor activity, assess risks and audit the effectiveness of the service
- Risks are identified, regularly re-assessed and adequately addressed
- The service is providing good value to the Trust and to users
- Confidentiality is not put at risk

## **DATA QUALITY AND NHS NUMBER**

Reliable information is a fundamental requirement for the Trust to conduct its business efficiently and effectively. This applies in all areas of activity including the delivery of care to service users, service management, performance management, corporate governance, internal and external accountability and communication. Data Quality (DQ) is a crucial pre-requisite to information that is complete, relevant, accurate and timely.

### **Rationale**

Ever-increasing use of systems provides greater opportunities to store and access many types and large volumes of data but also increases the risk of misinformation if the data from which information is derived is not of good quality. This risk applies both to the Trust's internal use of information and to information conveyed in the form of statutory returns to the national databases;

- Data Warehouse
- Secondary Uses Service (SUS)
- Child Health Information System (CHIS)
- NIV/NIMS – National Immunisation Service

For information to have value, it is essential that the data that underlies it is consistent and complies with national standards. NHS Trusts are assessed and judged on the quality of the data they produce. National performance indicators and audit assessments depend on good quality data for their accuracy and indeed include DQ amongst them.

### **Scope**

This is intended to cover all data that is entered onto systems within the Trust and should be read in conjunction with the other Trust Policies or Operational Guidance relating to the system.

It covers primarily data relating to individuals (staff, service-users or third parties) and the delivery of care but also includes other data that relates to financial management, service management, performance management, corporate governance and communications.

Service-user' data is held on clinical systems owned by the Trust or accessed under contract with host organisations and operates a range of non-clinical information systems that support its business processes. This applies to all staff that use, or supply data that is input to, those systems. It outlines good practice and identifies the roles and responsibilities of both the Trust and its staff in terms of DQ.

### **Core Principles**

The Data Protection Act 2018 requires that information held on computer systems is accurate and up to date.

There will be identified individuals within the Trust, including those in the areas of informatics, health records, clinical coding, data protection, and Caldicott, with a responsibility for DQ issues in those areas.

Responsibility for the strategic management of DQ in the Trust lies with the I&P Team. Responsibility for the operational management of DQ will lie with the operational managers of all services to which this applies.

All data collection and input processes will have an audit trail that operates continuously. Any training and development issues identified while auditing will be addressed promptly.

All users will be made aware of their individual and the corporate responsibility for confidentiality and security of data through the relevant policies.

## **Common Standards**

The common standards of good quality data are:

### **Accuracy**

The data recorded must accurately reflect the actual state that is being described. At every opportunity will be taken to check demographic details with the service user and update the record to avoid inaccurate demographic data resulting in correspondence being misdirected, or service users misidentified.

### **Validity**

All data items held on Trust computer and other record systems must be valid and contextually logical. Where possible free-text fields will be avoided, and standard codes or options used which comply with national standards or map to national values. Wherever possible, computer systems will be programmed to only accept valid entries. Steps will be taken to ensure that service user details are validated for changes and accuracy throughout the duration of care received from the Trust.

### **Consistency**

Data items will be populated in an internally consistent fashion. All reference tables and codes will be audited and updated regularly with reference to national and local data sources.

### **Completeness**

Every effort will be made to ensure that data in a record is complete, such that all relevant items are populated. It is required that all mandatory data items within a dataset are populated. Use of default codes will only be permitted where appropriate, and not as a substitute for real data. If it is necessary to bypass a data item in order to progress the delivery of care to a service user, such an event will be notified to the appropriate authority immediately for corrective action.

### **Coverage**

Every effort will be made to ensure that recorded data reflects all the Trust's activity. Systems and processes will be reviewed to ensure complete data capture. Audit procedures will be developed and routinely applied to identify missing data.

### **Timeliness**

The timely recording of data is essential to the efficient and effective operation of processes, including the delivery of care. Data needs to be present at the time that processes require it, for both service delivery and reporting purposes. To that end key-staff need to be aware of relevant deadlines. These requirements will not be allowed to compromise the urgent treatment of service users.

### **Documented Procedures**

In order to minimise errors and achieve good quality data, appropriate written procedures and guidance must exist so that staff can be supported in their work and have access to up to date training materials and sources.

Details of these procedures, training and processes will be held by a named Information Asset Owner (IAO) and a named Information Asset Administrator (IAA) (for smaller scale systems these may be the same person) who will be responsible for access, System use and maintenance and DQ Assurance (Some of these tasks may be completed by other departments).

### **Controls Assurance**

DQ will be subject to internal control processes within the Trust and through external scrutiny.

### **Internal controls**

- All systems and processes are developed and designed to systematically identify errors and other aspects of poor DQ
- Regular reports will be generated and recommendations to improve DQ
- Reports will be fed back to operational managers with advice as to corrective action to improve processes and systems and staff training and development.
- Audit of case records and DQ by internal auditors.

### **System Utilisation Checks**

I&P will undertake additional checks to ensure that activity recorded is consistent with known or expected activity levels. The checks will give an early warning if activity is not reflective of the Trust.

### **Reporting Arrangements**

Reports and findings will be presented to the appropriate departments responsible for performance as soon as they are available who will recommend re-checks or checks on systems not yet undertaken.

### **External controls**

- DQ reports from SUS, CDS DQ indicators
- Queries from commissioners, queries from service user
- Audit of records and DQ by external auditors e.g. Care Quality Commission (CQC)

The Trust will aim to be significantly above average in all indicators and will strive for 100% accuracy and will act on all enquiries, recommendations and complaints from commissioners, service users and external auditors.

### **Use of the NHS Number**

The NHS number is fundamental and is the common unique identifier to identify and link patient information that makes it possible to share patient information across the whole of the NHS safely, efficiently and accurately. It is a unique 10-digit number, the first nine are the identifier and the tenth is a check digit used to confirm the number's validity.

The NHS Number is the key to unlocking services such as the NHS Care Records Service, Choose and Book or the Electronic Prescription Service (EPS). Staff have a vital role in ensuring it is used throughout the Trust.

### **NHS Number Targets and Standards**

The Trust aims for 100% completeness of verified NHS numbers for service users:

- All systems recording service user information capture the NHS number
- All paper-based documents used can record the NHS Number.
- Set in place common procedures for the management, tracing and monitoring of the NHS number within the Trust.
- Enable relevant, approved staff to have access to methods of tracing and verifying service user NHS numbers.

The Trust uses standard letter and document templates for communication that include the verified NHS Number and as a minimum, used on the following:

- Clinical records - detail and discharge summaries
- Referrals to other organisations-including electronic bookings
- Clinic appointment letters, test requests, samples and results
- All communications related to service users includes the NHS Number

The Trust will require that other NHS providers include the service users' verified NHS number in all communications to the Trust. The Trust will monitor and report on the recording of the NHS number on a regular basis through the DQ Reports.

All service user case notes will include the verified NHS number, except where this is not applicable e.g. Sexual Health who use a Unique ID Number.

The Trust will arrange for regular external audit of its use of the NHS number. (This may be conducted as part of other broader DQ audits)

### Responsibilities of all Staff

All staff are obliged to adhere to their responsibilities and Managers at all levels are responsible for ensuring that staff adhere to this ensure changes are communicated to staff.

Title	Role	Responsibilities
Trust Board	Strategic	Strategic overview and final responsibility for setting the direction for data quality within the Trust
Audit Committee <i>(charged with ensuring data quality)</i>	Accountable	A sub-committee of the Trust Board has delegated responsibility for ensuring DQ is undertaken efficiently and effectively in accordance with the Board's Assurance Framework (BAF) and strategic priorities
Lead Director  <i>[Senior Information Risk Owner (SIRO)]</i>	Executive Lead	Responsibility has been delegated by the Chief Executive to the SIRO: <ul style="list-style-type: none"> <li>• Responsible at Trust Board for strategic direction for DQ</li> <li>• Monitor performance against DQ ensuring corrective action is taken where necessary</li> <li>• Agreeing action plans to address DQ issues</li> <li>• Update the Trust Board regularly on DQ issues.</li> </ul>
Data Protection Officer (DPO)	Strategic	To ensure that Trust processes the personal data of its staff, customers, providers or any other individuals in compliance with the applicable data protection rules.
Information Governance Management Assurance Group (IGMAG)	Accountable	Responsibility for the IG Agenda and works alongside the Countywide IG Management Group (CWIMG) and the Finance, Performance and Investment Committee (FPIC). IGMAG signs off all elements of the IG Agenda of behalf of the Trust.
Head of Information & Performance – (I&P)	Operational Lead	Responsible for ensuring that this is implemented and that DQ management systems and processes are developed, co-ordinated and monitored in line with DQ standards.
Data Protection and Compliance (DP&C)	Operational	Responsible for implementing and applying the legal framework governing the use of PII in health and to comply with the NHS Act 2006, the Health and Social Care Act 2012, the Data Protection Act 2018, and the Human Rights Act.
Senior Managers & Service leads <i>[Information Asset Owners] - IAO</i>	Operational	IAO and Department Managers are responsible for ensuring that staff attend training in the use of information assets and standard operating procedures for data collection and recording are maintained for each operational area.
Information & Performance Staff	Operational	Interpret the requirements of the NHS Data Model and Dictionary to ensure compliance of all Trust data Monitor and disseminate Information Standards Notices (ISN's). Ensure that systems support and robust data collection Produce or enable exception reporting to monitor DQ Awareness and comply with legislation, policies and procedures Work in partnership with operational services to improve DQ
Clinical & Admin Staff (including Health Records, Clinical Coding and other relevant roles)	Operational	Data should be right first time, so the responsibility is held at the point at which it is collected and recorded, whether the person recording the information is clinical, technical or non-clinical. All staff are responsible and accountable for the quality of data they collate and record.

**NHSR Monitoring**

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring /audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
DSP Toolkit Standards	Review / Audit / Reports	DPO	Annual	DPO / IGMAG	DPO / IGMAG	DPO / IGMAG

## Equality Impact Analysis Screening Form

Title of activity	Clinical Technology Standards Policy		
Date form completed	Mar 2021	Name of lead for this activity	Kaz Lindfield-Scott

Analysis undertaken by:		
Name(s)	Job role	Department
Kaz Lindfield-Scott	Data Protection Officer	Data Protection and Compliance

What is the aim or objective of this activity?	To provide effective management and accountability governance structures, processes, policies and procedures and a comprehensive IG/DP training adequately resourced to manage and embed IG and DP throughout the Trust.
Who will this activity impact on? <i>E.g. staff, patients, carers, visitors etc.</i>	All Staff and Service Users

### Potential impacts on different equality groups:

Equality Group	Potential for positive impact	Neutral Impact	Potential for negative impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Marriage & civil partnerships	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pregnancy & maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Additional Impacts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

If you have ticked one of the above equality groups please complete the following:

#### Level of impact

	Yes	No
Could this impact be considered direct or indirect discrimination?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If yes, how will you address this?		

	High	Medium	Low
What level do you consider the potential negative impact would be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If the negative impact is high, a full equality impact analysis will be required.*

#### Action Plan

How could you minimise or remove any negative impacts identified, even if this is rated low?
How will you monitor this impact or planned actions?
Future review date: