NHS
Kernow
Clinical Commissioning Group

Safe Haven Policy

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Contents

1. Introduction

All NHS organisations require safe haven procedures to maintain the privacy and confidentiality of the personal information held and transferred in and out. The implementation of this policy and supporting procedures facilitates compliance with the legal requirements placed upon the organisation, especially concerning sensitive information (e.g. health information).

2. Scope of this policy

The aim of this policy is to ensure the use of patient information is subject to strict transfer controls, which already apply elsewhere, where confidential information is handled. There is a very important need to reassure patients, staff and the public that information will be handled securely and safeguards are in place to ensure its security. These safeguards include:

- Fax machines sited in a secure area or cupboard and only used when absolutely necessary (all other methods of transfer being unavailable).
- Designated staff are responsible for collecting and delivering the faxed information to the appropriate person.
- A directory of safe haven fax machines in use.
- Security of areas where hard copy patient or personal information is held or stored.
- Security of areas where patient or personal information are received or sent by post.

This policy provides:

- The legislation and guidance which dictates the need for a safe haven.
- A definition of the term safe haven.
- When a safe haven is required.
- The necessary procedures and requirements that are needed to implement a safe haven.
- Rules for different kinds of safe haven.

3. Legislation and guidance

A number of acts and guidance dictate the need for safe haven arrangements to be set in place:

- The Data Protection Act 2018, within which the third data protection principle is ‘personal data processed for any of the law enforcement purposes must be adequate, relevant and not excessive in relation to the purpose for which it is processed.’

- NHS Code of Practice: Confidentiality Annex A1 Protect Patient Information. 'Care must be taken, particularly with confidential clinical information, to ensure that the means of transferring from one location to another are secure as they can be.'

A list of the legislation and guidance relating to this policy can be found in appendices 1 and 2.

4. Definitions

Safehaven

The term 'safehaven' describes an agreed set of administrative procedures, or in some cases a piece of equipment, situated on the organisation's premises, where arrangements and procedures are in place to ensure the safe receipt and secure handling of confidential person identifiable information. It can also be considered to be a location within the organisation where confidential information is stored in a secure manner.

Person identifiable information

Personal identifiable information is information which can identify a living individual. An individual is 'identified' if you have distinguished that individual from other members of a group.

This could be done by various combinations of data, for example:

- Date of birth and postcode
- Gender and postcode
- Name and date of birth
- Name and address
- Name and NHS number

Or it may be a unique identifier for example:

- NHS number
- National insurance number
- Payroll number

Personally identifiable data (PID) could even be a description such as "the tall elderly gentleman with a dachshund who lives at number 15 and drives a Porche Cayenne."

PID must not be transmitted or transferred without first assessing the risk of doing so.

Special categories of personal data

Special categories of personal data include where the personal information contains details of that person's:

- race;
- ethnic origin;
- politics;
- religion;
- trade union membership;
- genetics;
- biometrics (where used for ID purposes);
- health;
- sex life; or
- sexual orientation

For this type of information, even more stringent measures should be employed to ensure that the data remains secure.

5. Where safe haven procedures should be in place

Safe haven procedures should be in place in any location where large amounts of personal information is being received, held or communicated, especially where the personal information is of a sensitive nature, e.g. patient identifiable information. There should be at least one area designated as a safe haven at each of the organisation's sites.

6. Responsibilities for implementing the Safe Haven Policy

Caldicott Guardian

The appointed Caldicott Guardian for the organisation must approve all policies and procedures that relate to the use of patient information.

Head of Information Governance/Data Protection Officer

The Head of Information Governance is responsible for coordinating improvements in:

- Data protection
- Confidentiality
- Information security
- Data quality

All staff

All staff who process person identifiable information, and managers who line manage those staff, have a responsibility to ensure the movement of information is carried out in a secure manner in line with all organisational policies and procedures.

7. Requirements for safe havens

Location/security arrangements:

- It must be a room that is locked or accessible via a coded key pad known only to authorised staff; or
- The office or workspace should be sited in such a way that only authorised staff can enter that location, i.e. it is not an area which is readily accessible to any member of staff who work in the same building or office, or any visitors.
- If sited on the ground floor any windows must have locks on them.
- The room must conform to health and safety requirements in terms of fire, safety from flood, theft or environmental damage.
- Manual paper records containing person identifiable information must be stored in locked cabinets.
- Computers must not be left on view or accessible to unauthorised staff, must have a secure screen saver function and be switched off when not in use.
- Equipment such as fax machines in safe havens must have a code password and be turned off out of office hours.

8. Fax machines

In line with national policy, NHS Kernow does not promote the use of fax machines and will be phasing them out. However where one must be used the following guidance should be followed.

There should only be one fax machine used to transmit or receive patient identifiable information in each clinical or managerial unit. This should be a safe haven fax. This fax number should be known as the only number available specifically for the purpose of receiving confidential personal information for the unit. The safe haven fax machine must be kept in a secure location with only authorised personnel gaining access to the area and its facilities. If a securely locked area is not available, then the fax machine must be kept in a lockable cupboard with the same restrictions being imposed as above.

The following rules must apply:

- You must ensure the fax number to be used is the correct one.
- Care is taken in dialling the correct number.
- Numbers in regular use should be stored in the memory of the machine to reduce the risk of error when entering the number.
- The sender must be certain that the intended recipient will be available to receive the fax at the other end and confirm receipt.
- Confidential faxes must not be left lying around for unauthorised staff to see.
- Only the minimum amount of personal information must be sent; where possible the data must be anonymised or a unique identifier used.

- A fax must only be sent to a safe location where only staff that have a legitimate right to view the information can access it.
- Fax machines must only be used to transfer personal information where it is absolutely necessary to do so.

Faxes including patient identifiable information must have a top sheet of paper to be sent through the machine first stating:

- Who the fax is from.
- The name of the recipient.
- The number of pages the fax contains (including the top copy).
- Notification for the recipient to contact the sender on the arrival of a fax.
- The following confidentiality notice must be included on the top copy of all faxes relating to patient information that is sent out:

"This facsimile transmission is intended only for the use of the individual or organisation to which it is addressed and may contain confidential information belonging to the sender, which is protected by the physician-patient privilege. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error, please notify this office by telephone to arrange for the return of the documents."

Misdirected faxes

Information received in a misdirected fax must be treated as highly confidential and should not be divulged to others.

- A misdirected fax can be received from either internal or external sources, and needs to be treated as a sensitive document.
- Staff should notify the sender of the misdirected fax that it has been received in error, and must treat the contents in an appropriate manner.
- A misdirected fax should be treated as an information governance breach and be reported to kccg.caldicottincidents@nhs.net

Unsolicited faxes

Unsolicited or unexpected faxes must be treated with care until the sender has been identified.

Faxes that look official can lead to the disclosure of confidential information. Responding to unsolicited faxes may encourage further faxes from the same source and this could be part of a plan by an opportunist hacker probing the area for information to find security holes. Staff must be made aware of the requirement to safeguard safe haven faxes.

9. Incoming faxes or mail

9.1 All incoming mail or faxes known to contain patient or personal information, marked ‘safe haven’, ‘confidential’ or ‘private’, must be handled discreetly and passed on to the correct recipient without the mail/fax being opened or read. Where the intended recipient cannot be located, the information must be passed to a senior manager responsible for the area.

9.2 Unsolicited mail should not receive serious attention until and unless the sender’s identity and authenticity of the mail have been verified.

Unsolicited mail may simply be misaddressed, and therefore returning it to the sender may be all that is required. However, you should be aware that unsolicited physical mail and electronic mails might be used to gain unauthorised access to organisational information, for example staff must take care not to unintentionally disclose additional sensitive information when returning mail to the original sender.

10. Outgoing Mail

10.1 All outgoing mail to partner organisations containing patient/person identifiable information must be marked ‘safe haven’ and only be delivered to an appropriate named ‘safe haven’ address. This means that single letters being sent out containing single patient information must be sent in envelopes which will rip should an attempt be made to open them. These can be sent by normal post.

10.2 Bulk transfer of patient identifiable information (which means 50 personal details or more) must be placed in sealed envelopes or boxes, which will show if they have been tampered with before reaching their destination. They must then be sent using either the internal courier service, or by special delivery which will track each stage of the transfer.

10.3 Where full patient records are transferred, these must be despatched in sealed envelopes or boxes by internal courier, or by special delivery which will track each stage of the transfer.

11. Transporting sensitive documents

The designated owners of documents which contain sensitive information are responsible for ensuring that the measures taken to protect their confidentiality, availability and integrity during and after transportation or transmission, are adequate and appropriate.

When selecting the most suitable delivery option for documents it is important to pay strict attention to the information classification level and to any security risk to the information, such as mishandling and misuses, and also to the potential for theft inherent in each delivery option, delivery media and delivery location.

- If the transport medium is inappropriate for the sensitivity or value of the information being transported, it could facilitate the theft of the contents while in transit.

- If the transport medium used does not protect confidential data or does not protect from transit damage, information may be lost or at least delayed.

12. Transferring patient or person identifiable information electronically

Staff transferring information electronically using email must refer to the IT Security Policy and E-mail Usage Policy.

Appendix 1: Regulatory Framework

Information governance currently encompasses the following local, national and legal regulations:

- Data Protection Act 2018
- General Data Protection Regulations
- Freedom of Information Act 2000
- Human Rights Act 1998
- Access to Health Records Act 1990
- Computer Misuse Act 1990
- Confidentiality: NHS Code of Practice
- BS ISO/IEC 27000 series of Information Security Standards
- Caldicott Guardian Manual and Reviews 2006 and 2013
- Common Law Duty of Confidentiality
- Records Management: NHS Code of Practice
- Health and Social Care (Safety and Quality) Act 2015
- Access to Medical Records Act 1988
- Copyright, Designs and Patents Act 1988
- Copyright (Computer Programs) Regulations 1992
- Crime and Disorder Act 1998
- Electronic Communications Act 2000
- Environmental Information Regulations 2004
- Health and Social Care Act 2012 & Health and Social Care (Safety and Quality) Act 2015
- Information Security Management: NHS Code of Practice
- Regulation of Investigatory Powers Act 2000 (and Lawful Business Practice Regulations 2000)
- Public Interest Disclosure Act 1998
- NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) Directions 2000
- Abortion Regulations 1991
- Mental Capacity Act 2005
- NHS Care Records Guarantee
- NHS Constitution
- Public Records Act 1958
- Regulations under the Health and Safety at Work Act 1974
- Re-Use of Public Sector Information Regulations 2005
- Data Security and Protection Toolkit

The above list is not exhaustive.

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Appendix 2: NHS Kernow related policy documents

This strategy should be read in conjunction with the following policies and documents:

- Information Governance Strategy
- Information Governance Policy
- Data Protection Policy
- Records Management Code of Practice
- Subject Access Request Policy
- Pseudonymisation Policy
- IT Security Policy and all linked policies
- Integrated Identity Management Policy
- Email Policy
- Disciplinary Policy and procedures
- Acceptable Use Policy
- Safe Haven Policy
- Data Quality Policy
- Business Continuity Plans
- Risk Management Strategy and Policy
- Incident Management Policy
- Freedom of Information Policy
- NHS Kernow's Privacy Notice
- Home Working Policy
- Information Sharing Protocols and Agreements
- Serious Incident Policy
- Confidentiality Code of Conduct for Employees
- NHS Kernow's Information Governance Handbook

This list is not exhaustive.

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Appendix 3: Equality Impact Assessment

Name of policy to be assessed	Policies relating to Data Protection and Information Governance. Including: Confidentiality Code of Conduct, Pseudonymisation Policy, Data Protection Policy, Data Quality Policy, Safe Haven Policy, Information Governance Policy, Information Governance Strategy, Records Management Policy.		
Section	Information Governance	**Date of Assessment**	12/02/2019
Officer responsible for the assessment	Data Protection Officer	**Is this a new or existing policy?**	Existing
1. Describe the aims, objectives and purpose of the policy.			
The policies identified above outline how NHS Kernow will meet its legal obligations and NHS requirements and will provide documented evidence of continued commitment to the securing of both corporate and person identifiable information and processes that comply with confidentiality, General Data Protection Regulations (GDPR) and the Data Protection Act 2018 (DPA 2018). The policies provide guidance to staff to ensure the consideration of legal responsibilities and the privacy of all individuals when processing data. The requirements within the Policies are primarily based upon the DPA 2018 which is the key piece of legislation covering security and confidentiality of personal information.			
2. Are there any associated objectives of the policy? Please explain.			
Associated objectives are NHS Kernow compliance with the Data Security Protection Toolkit, the attainment of the commitments in the NHS Constitution, Data Protection Act, General Data Protection Regulations, Human Rights Act, Care Records Guarantee and information security standards.			
3. Who is intended to benefit from this policy, and in what way?			
NHS Kernow staff will benefit from the implementation of robust information security controls to protect them and the information			

processed as part of the services provided. Patients will benefit from the provision and availability of high quality information and data which meets the Data Protection Act, Freedom of Information Act, Human Rights Act and Records Management: NHS Code of Practice.
4. What outcomes are wanted from this policy?
That the information processed by NHS Kernow and its staff, in all formats, is of a high quality and is protected to the highest possible standards and available quickly, processed in line with legislation and all confidentiality requirements, Government standards and NHS Digital requirements.
5. What factors/ forces could contribute/ detract from the outcomes?
Staff awareness of the content of the policies and staff completing Information Governance training will contribute to information governance practices
6. Who are the main stakeholders in relation to the policy?
The main stakeholders are NHS Kernow Governing Body and its constitutional committees in order to meet its responsibilities. In addition, the Data Protection Officer, the Head of Information Governance, all staff as well as the Information Governance Sub Committee have key operating functions and responsibilities for implementing information governance throughout NHS Kernow. These policies are also important for Individuals in the community.
7. Who implements the policy, and who is responsible for the policy?
The Data protection Officer, Head of Information Governance and the Information Governance Sub Committee providing assurance and escalation to the Workforce Committee.
8. What is the impact on people from Black and Minority Ethnic Groups (BME) (positive or negative)?
Consider relevance to eliminating unlawful discrimination, promoting equality of opportunity and promoting good race relations between people of different racial groups. Issues to consider include people's race, colour and nationality, Gypsy, Roma, Traveller

communities, employment issues relating to refugees, asylum seekers, ethnic minorities, language barriers, providing translation and interpreting services, cultural issues and customs, access to services.
The policies reflect the current national guidance and best practice and is designed to protect the rights of all, irrespective of racial groups. The standards of Information Governance, documents referenced in the policies and training will take account of the need to provide data in required formats or languages to ensure accessibility to all to ensure correct use and handling. The new data protection framework protects personal data 'revealing racial or ethnic origin' as a 'special category of data' and processing of it as 'sensitive processing'.
How will any negative impact be mitigated?
A requirement of the information governance programme specifically relates to the provision of information in differing formats and evidence is collated to support this.
9. What is the differential impact for male or female people (positive or negative)?
Consider what issues there are for men and women e.g. responsibilities for dependants, issues for carers, access to training and employment issues, attitudes towards accessing healthcare.
The policies reflect the current national guidance and best practice and is designed to protect the rights of all, irrespective of sex.
How will any negative impact be mitigated?
There are no sections within the policies that distinguish between sexes.
10. What is the differential impact on disabled people (positive or negative)?
Consider what issues there are around each of the disabilities e.g. access to building and services, how we provide services and the way we do this, producing information in alternative formats and employment issues. Consider the requirements of the NHS Accessible Information Standard. Consider attitudinal, physical and social barriers. This can include physical disability, learning disability, people with long term conditions, communication needs arising from a disability.
The policies outline the importance of confidentiality and there should therefore be a positive impact on individuals with a disability as this information should not be shared without the express permission of the individual. The new data protection framework

protects personal data 'concerning health' as a 'special category of data' and processing of it as 'sensitive processing'. Additional safeguards are provided throughout the new data protection policies. This may have an impact on those not capable of, or with varying capacity to, give consent, which is 'freely given, specific, informed and unambiguous', such as people with a learning disability.
How will any negative impact be mitigated?
Adjustments will be made for any member of staff with a disability requiring assistance to enable them to understand how to implement Data Protection to the necessary standards. The standards of Information Governance, documents referenced in the policies and training will take account of the need to provide data in any required format or language to ensure accessibility to all to ensure correct use and handling of corporate and personal information.
11. What is the differential impact on sexual orientation?
Consider what issues there are for the employment process and training and differential health outcomes amongst lesbian and gay people. Also consider provision of services for e.g. older and younger people from lesbian, gay, bi-sexual. Consider heterosexual people as well as lesbian, gay and bisexual people.
The policies support the protection of personal data, and whilst there may be a requirement to collect personal sensitive data, this should not then be shared inappropriately therefore the sexual orientation of the individual should be protected. The new data protection framework protects personal data 'concerning sex life and sexual orientation' as a 'special category of data' and processing of it as 'sensitive processing'. The existing condition for processing personal data 'for the purpose of identifying or keeping under review the existence or absence of equality of opportunity' is newly expanded to include personal data concerning an individual's sexual orientation.
How will any negative impact be mitigated?
There are no sections within the policies that will negatively impact an individual due to their sexual orientation.
12. What is the differential impact on people of different ages (positive or negative)?
Consider what issues there are for the employment process and training. Some of our services impact on our community in relation to age e.g. how do we engage with older and younger people about access to our services? Consider safeguarding, consent and child welfare.

The policies support the protection of personal data, and whilst there may be a requirement to collect personal sensitive data, this should not then be shared inappropriately therefore the age of the individual should be protected.
How will any negative impact be mitigated?
The policies, their content and implementation will not negatively impact those of differing ages.
13. What differential impact will there be due religion or belief (positive or negative)?
Consider what issues there are for the employment process and training. Also consider the likely impact around the way services are provided e.g. dietary issues, religious holidays, days associated with religious observance, cultural issues and customs, places to worship.
The policies support the protection of personal data, and whilst there may be a requirement to collect personal sensitive data, this should not then be shared inappropriately therefore the impact on those with a religious affiliation or belief should be positive. The new data protection framework protects personal data regarding 'religious or philosophical beliefs' as a 'special category of data' and processing of it as 'sensitive processing'.
How will any negative impact be mitigated?
The policies, their content and implementation will not negatively impact those with a religious affiliation or belief.
14. What is the impact on marriage of civil partnership (positive or negative)? NB: this is particularly relevant for employment policies
This characteristic is relevant in law only to employment, however, NHS Kernow will strive to consider this characteristic in all aspects of its work. Consider what issues there may be for someone who is married or in a civil partnership. Are they likely to be different to those faced by a single person? What, if any are the likely implications for employment and does it differ according to marital status?
The policies support the protection of personal data, and whilst there may be a requirement to collect personal sensitive data, this should not then be shared inappropriately therefore the impact on marriage or civil partnership status of the individual should be positive.
How will any negative be mitigated?

The policies do not negatively impact those who are married or in a civil partnerships.
15. What is the differential impact who have gone through or are going through gender reassignment, or who identify as transgender?
Consider what issues there are for people who have been through or a going through transition from one sex to another. How is this going to affect their access to services and their treatment when receiving NHS care? What are the likely implications for employment of a transgender person? This can include issues such as privacy of data and harassment.
The policies outline the legal basis for collecting sensitive information, limits how and when it may be shared and when it should be destroyed. They also outline the expectations of staff to maintain confidentiality.
How will any negative impact be mitigated?
No negative impact has been identified for those who gone through or are going through gender reassignment, or who identify as transgender.
16. What is the differential impact on people who are pregnant or breast feeding mothers, or those on maternity leave?
This characteristic applies to pregnant and breast feeding mothers with babies of up to six months, in employment and when accessing services. When developing a policy or services consider how a nursing mother will be able to nurse her baby in a particular facility and what staff may need to do to enable the baby to be nursed. Consider working arrangements, part-time working, infant caring responsibilities.
The Data Protection Policy includes the requirement for training of all staff to Information Governance standards. Information Governance training and all documentation will remain available to staff on maternity leave or on return from maternity leave. Knowledge and skills following maternity leave will be updated using the mandatory training requirements. Staff are required to maintain the code of confidentiality and therefore under these policies are expected not to share information relating to pregnancy or maternity leave without the consent of the individual. The new data protection framework protects personal data 'concerning health' as a 'special category of data' and processing of it as 'sensitive processing'. Additional safeguards are provided throughout the new data protection framework.
How will any negative impact be mitigated?
There is nothing in the policies which would negatively impact those who are pregnant or on maternity leave.

17. Other identified groups:	
Consider carers, veterans, different socio-economic groups, people living in poverty, area inequality, income, resident status (migrants), people who are homeless, long-term unemployed, people who are geographically isolated, people who misuse drugs, those who are in stigmatised occupations, people with limited family or social networks, and other groups experiencing disadvantage and barriers to access.	
No negative impact has been identified for these groups. However there may be a positive impact in that the policies set out how personal information should be handled and how long it should be retained. The policies also set out the requirements for staff to maintain a code of confidentiality. We also acknowledge and will work with individuals who, in order to exercise their rights, may need to speak rather than write to the CCG formally.	
How will any negative impact be mitigated?	
No negative impact has been identified.	
18. How have the Core Human Rights Values been considered in the formulation of this policy/strategy? If they haven't please reconsider the document and amend to incorporate these values. • **Fairness;** • **Respect;** • **Equality;** • **Dignity;** • **Autonomy**	
The requirements and principles of the Data Protection Act, which is linked to the Human Rights Act, have been taken into account when writing these policies, including the individual rights of data subjects. Fairness in informing individuals of the uses to be made of their data in a fair processing notice have been produced, respect for privacy, dignity and choice have been written into all Information Governance Policies.	
19. Which of the Human Rights Articles does this document impact?	
The right:	**Yes / No:**

• To life	No
• Not to be tortured or treated in an inhuman or degrading way	No
• To liberty and security	No
• To a fair trial	No
• To respect for home and family life, and correspondence	Yes
• To freedom of thought, conscience and religion	No
• To freedom of expression	No
• To freedom of assembly and association	No
• To marry and found a family	No
• Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention	Yes
• To peaceful enjoyment of possessions	No

a) What existing evidence (either presumed or otherwise) do you have for this?

All documentation produced as part of the Information Governance programme of work has taken account of the Human Rights Act and this has been referenced where necessary.

20. How will you ensure that those responsible for implementing the Policy are aware of the Human Rights implications and equipped to deal with them?

The Act has been referenced within the policies and procedures produced and any monitoring of compliance will include the awareness of patients and staff having a right to privacy, dignity, respect and choice.

21. Describe how the policy contributes towards eliminating discrimination, harassment and victimisation.

By setting out how personal information will be handled and stored and the expectations of staff in these matters information should not be held for the purposes of discrimination, harassment and victimisation. The policies also allow for individuals to rectify information where it is believed to be held incorrectly.

22. Describe how the policy contributes towards advancing equality of opportunity.

The policies describe how and when information should be collected, stored and for how long. This should mean that the organisation does not hold inappropriate information about people without a considered business reason. The code of confidentially sets out how staff should treat information in their care.
23. Describe how the policy contributes towards promoting good relations between people with protected characteristics.
The policies set out how information both personal and corporate will be managed by the organisation. If the policies are followed then those individuals with protected characteristics should be positively impacted as sensitive data can only be collected within a lawful basis and then must be kept confidential.
24. If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services or the working environment for that group of people.
The policies can be provided in multiple formats if necessary.
25. Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.
Not applicable
26. If the negative impacts identified have been unable to be mitigated through amendment to the policy or mitigating actions, explain what your next steps are.
Not applicable.