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Information Governance Policy and Procedure

Background

The functions of a local Healthwatch organisation are statutory as they are set out in the Health and Social Care Act 2012. Healthwatch will:

- a) Gather the views and experiences of local people regarding health and care services;
- b) Make those views known to commissioners, providers and regulators of services;
- c) Make those views known to Healthwatch England helping it to carry out its role as national champion;
- d) Make reports and recommendations, and work with commissioners and providers towards service improvement;
- e) Promote and enable public participation in the commissioning, provision and scrutiny of local health and care services.

Legal Framework

Healthwatch shall act in accordance with the following legislation:

- Data Protection Act 1998
- Freedom of Information Act 2000
- Health and Social Care Acts 2007 and 2012
- Human Rights Act 1998 - article 8 'Right to respect for private and family life'; and in accordance with:
- The Information Sharing Agreement between Healthwatch England, Care Quality Commission and Local Healthwatch.

Policy

Staff, Directors, and active members of Healthwatch will receive and share information about individuals and organisations in the course of their work.

The purpose of this policy is to set out how such information will be recorded and communicated: in order to represent service users, while at the same time respecting the confidentiality of individuals; and in order to provide relevant, accurate and useful information to both service users and those who regulate, commission, and provide services.

Adherence to this policy is essential in order to ensure that Healthwatch remains a trustworthy and credible organisation able to fulfill its purpose.

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Procedure

1. Principles

- a) Be mindful that in a small community people can be identified by their stories
- b) Respect the confidentiality of information relating to any individual, including personal and private information that may be shared by fellow participants in the work of Healthwatch
- c) Where information is received regarding neglect or abuse, or any information which suggests that the welfare of a vulnerable person, or people, may be at significant risk, this should be reported directly, in accordance with local safeguarding procedures
- d) Respect the confidentiality of information relating to any organisation that may be shared during the course of our work
- e) The recording and sharing of information shall always be with the knowledge of the individual or organisation concerned.
- f) The recording and sharing of information shall always be with the consent of the individual or organisation concerned, unless there are overriding safeguarding concerns.

2. Representation

2.1 The principles adopted by Healthwatch are:

- a) Issues we deal with must be evidence based;
- b) Evidence is derived through feedback made directly to Healthwatch and from factual knowledge about service provision and access;
- c) Comments not made directly to Healthwatch, or where permission to log comments is not given, may not be used or acted on.

2.2 How we use and act on information.

Individual feedback:

- a) All comments are logged by staff. Where feedback is given to members, they should ask individuals for permission to pass their comment on to the office to be logged
- b) Ask the person how they would like their comment to be reported. It can form part of a general summary or they may give permission for aspects of their story to be used as an example when discussing good or poor practice
- c) Include the facility to specify these options on the online feedback form

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- d) Share feedback with regulators, monitoring bodies (including Healthwatch England), commissioners and providers in summarised or anonymised form: in reports, at liaison meetings or in accordance with working agreements
- e) If staff or members identify a serious concern from feedback it should be reported to the relevant service provider straightaway. Explain to the individual or individuals that we have a duty to report but will not reveal identifying details without consent.
- f) Discuss concerns about aspects of service provision with the service provider but do not make representation on behalf of individuals
- g) Always encourage or assist an individual to contact the relevant service provider through Patient Advice and Liaison or the complaints procedure so that serious concerns can be addressed
- h) Provide details of a complaints advocacy service
- i) Where we know that an individual is pursuing a complaint, refrain from discussion with the service provider about the detail of the complaint
- j) Safeguarding concerns must be reported directly, in accordance with local safeguarding procedures

Surveys:

- k) When making an appeal for general or issue based feedback, make it clear how the feedback will be recorded, shared and used
- l) Responses to surveys will be edited to remove identifying details and transcribed into service headings
- m) Transcripts of comments may be shared with the relevant service provider only. In addition a summary may be prepared and forwarded to the service provider so they can judge if the summary is fair and make a response
- n) The final report will contain only the summaries, responses (where requested and received), and conclusions
- o) The final report will be published on the local Healthwatch website, will be forwarded to regulators, monitoring bodies (including Healthwatch England), commissioners and providers and will be presented to the Health Overview and Scrutiny Committee and the Health and Wellbeing Board

3. Confidentiality

3.1 Comments and feedback

- a) The recording and sharing of service user experience and feedback shall always be anonymised
- b) The only exception shall be where the inclusion of identifying details is required to effect service improvement, *and* the individual gives explicit consent. The only exception regarding consent is where there are overriding safeguarding concerns
- c) All verbal and written feedback shall be logged or transcribed to a word processing document. Access to this document will be password protected. Comments relating to a particular service provider may be copied to a separate document and shared

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with that service provider. Originals of letters and survey responses shall be stored in a locked cabinet and securely destroyed once comments have been transcribed

d) Published reports of feedback shall always be in summary form. Comments and quotes shall only be included with the consent of the individual who provided the comment.

3.2 Service information

It is a principle to work collaboratively and constructively with commissioners and providers towards service improvement, while at the same time holding them to account. Information received about and from services shall be treated in a responsible manner:

- a) Negative feedback about a service will be raised directly with the service provider in the first instance.
- b) Confidential information from commissioners and providers shall be treated as such.
- c) Discussion or dissemination of information about services should always be in the public interest: to inform, engage and include. It is important that the actions of Healthwatch do not undermine public confidence in a service unnecessarily or in a way that harms the well being of service users.

3.3 Breaches of confidentiality

Any breaches of confidentiality will be taken seriously and will be dealt with under the Code of Conduct or disciplinary procedure.

4. Access to information

4.1 Information received:

- a) Sight of written feedback will be restricted to staff and a maximum of two members (for instance, survey responses where members assist with transcription).
- b) Sight of correspondence with individuals will be restricted and treated as confidential.
- c) Sight of correspondence with organisations will be restricted to staff and the Healthwatch Board of Directors, unless the correspondence is an open letter, email or press statement.
- d) Written minutes and notes of private meetings with services will only be shared with meeting participants and with the Healthwatch Board of Directors.
- e) Written notes of public meetings will be shared with services and may be published in newsletters and/or on local Healthwatch websites.

4.2 Personal data:

- a) Names and contact details of general members will be held only for the purpose of communicating with members and will not be shared with any other organisation.
- b) Names of Directors are recorded at Companies House and may be published elsewhere. Directors may be contacted through

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Healthwatch or their personal contact details may be given with their permission.

5. Communications

It is a principle of Healthwatch that it is transparent and accountable in the manner in which it conducts its business. External and internal communication must however be well considered and have regard to accuracy, confidentiality and reputation.

5.1 Publications

a) Published material will comprise:

- Regularly updated summary of the work plan
- Minutes of Board meetings
- Reports and recommendations
- Annual Report
- Newsletters and bulletins
- Health and care information

b) Material produced or owned by any other organisation shall only be included with the permission of that organisation (i.e. a written response to a request for information) or if it is already in the public domain.

c) Always give details of how to obtain hard copies of publications which are available online or as an email attachment.

5.2 Correspondence

a) All business correspondence shall go through the office and carry Healthwatch or staff's contact details.

b) Informal day to day correspondence may be undertaken by staff and members.

c) Formal correspondence, i.e. which sets out Healthwatch position on a topic or issue, or which makes a formal request or recommendation, shall be undertaken by staff or a Director, on behalf of the Board of Directors and with the Board's approval.

d) Post/email - good practice:

- Follow up a posted item with a phone call or email to check it has been received.
- Formal correspondence may be sent as an email attachment.
- Communication with members (newsletters and bulletins etc.) should be sent by email where possible.
- When sending information to members, do not reveal the membership mailing list. Enter the Healthwatch address in the 'To:' bar and members' addresses in the

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'Bcc:' (blind copy) bar.

- Do as above for any group of recipients not already on a previously circulated address list.
- Always consider the issue of confidentiality before forwarding an email to anyone other than the originally intended recipient/s.
- When replying to an email, check the address bar for multiple recipients and always consider whether you wish to reply to all, some, or just to the sender of the email.

5.3 Internal communication

a) From time to time Directors will need to discuss and agree an action, and email is useful for this. Staff will also need to communicate with Directors and share documents. All internal communication shall be deemed private and confidential and permission must be sought from the Manager or Chair of the Board of Directors before information or documents are shared externally.

b) Always follow good practice in internal communication.

5.4 Media relations

a) Only the Manager, Chair, or the Director with responsibility for media relations will respond to enquiries. Members or Directors with relevant knowledge or involvement should be consulted before a response or statement is given.

b) The Manager or the Director with responsibility for media relations may submit items to Radio Scilly or other media from time to time.

c) The Manager or the Director with responsibility for media relations may provide live or recorded updates to Radio or other media from time to time.

d) The Manager or the Director with responsibility for media relations will administer the Healthwatch website and social media, i.e. Facebook.

***Parkwood Disclaimer**

This policy applies to all staff when acting under the cover of 'Healthwatch' and whilst carrying out 'Healthwatch' specific activities. All Healthwatch staff are Parkwood employees and it is such that this policy is underpinned by Parkwood's

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policy and procedural framework. Parkwood reserves the right to implement its own policies in relation to Parkwood employees at any time.

References

Related Policies and Procedures

<u>Healthwatch</u>	<u>Parkwood</u>
Social Media	Social Media
Campaigning and Marketing	Media Relations
Databases	Confidentiality
Freedom of Information	Data Protection
Data Protection	Anti Bribery