Confidentiality audit procedure

Issue sheet

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Contents

1. Introduction

1.1 This document will establish appropriate confidentiality audit procedures to monitor access to confidential person-identifiable information throughout the NHSBSA. This work forms part of the NHSBSA’s overall assurance framework and meets requirements within:

- the NHS Information Governance Toolkit
- the NHS Confidentiality Code of Conduct
- Registration Authority Governance Arrangements for NHS Organisations.

2. Scope of the audits

2.1 For the purposes of this procedure, confidential person-identifiable information is defined as any information about a person which would allow that person to be identified.

2.2 All work areas within the NHSBSA which process (handle) confidential person-identifiable information will be subject to the confidentiality audit procedures.

2.3 Access to both electronic and manual confidential person-identifiable information will be audited. Audits across all the NHSBSA’s sites will be undertaken and this will help to capture any inconsistencies in practices.

3. Audit approach

3.1 What the audits will look for:

- Staff awareness of NHSBSA policies and guidelines concerning confidentiality
- Appropriate recording of consent
- Appropriate use of smartcards
- Appropriate allocation of access rights to systems
- Appropriate staff access to physical areas
- Storage of and access to filed hard copy person-identifiable notes and information
- Security of post handling areas
- Security of confidential fax handling
- Security of recorded telecommunications and message books
- Appropriate use and security of the telephone in open areas
- Storage of person-identifiable information in public areas

3.2 The Audit Team will provide the following deliverables:

- A nominated lead responsible officer for implementation
- Detailed audit procedures and auditor specifications
- Trained auditors
- Planned and implemented audit programme
- A Spreadsheet / Database to record audit outcomes
- Audit reports and recommendations for the Information Governance & Security Group
- Support with action plans to address any areas requiring review
- Reports to the Caldicott Guardian concerning any identified breaches.

3.3 Audit methods and facilities to be utilised:

- Notified audit visits with structured questionnaires
- Spot checks to random work areas
- Interviews with staff using structured questionnaires
- Registration Authority (smartcard usage) enhanced reporting facilities
- Regular staff knowledge and understanding surveys
- Results from the IG toolkit training needs analysis
- Investigation of reports to the Caldicott Guardian / Caldicott Issues log.

3.4 Audits will be carried out no less frequently than annually.

3.5 Audit results will be collected on a standard template and then recorded in a database for future reporting and analysis.

4. **Audit findings**

4.1 Results from the audits will be collected in a standard template and then recorded in a spreadsheet / database for future reporting and analysis. The report will be submitted to the Information Governance & Security Group and will highlight any areas requiring further development and make recommendations concerning any corrective actions required.

4.2 The Head of Internal Governance will lead on ensuring that action plans are compiled and implemented to rectify any issues identified from the audits. This will include
co-ordinating the review of relevant policy and procedures and amending the IG training programme as appropriate.

4.3 Where breaches or risks of breaches in person-identifiable confidential information are identified from the audits, matters will be reported and investigated through the NHSBSA’s Incident reporting procedure. They will also be logged in the Caldicott Log by the Head of Internal Governance and reviewed by the Information Governance & Security Group.

5. **Review of this procedure**

5.1 This procedure will be reviewed by the Information Governance & Security Group on an annual basis.