**Version 2 2019**

**SERVICE RECORDING PROTOCOL**

***Guidance for completion***

*This protocol should be completed in relation to all service user, carer and supported lodgings provider personal data and any third party data recorded in relation to the services provided, such as information about perpetrators.*

*Information in red italics is for guidance only and should be deleted when the form is completed. Complete all sections, if not applicable enter N/A. If third party systems are used for all or part of service user recording this protocol must still be completed. If parts of the recording policy cannot be implemented as a result of the system used or the requirements of the Commissioner, this should be recorded on this form and agreed by the ADCS, and any alternative requirements for recording also must be noted on the protocol.*

***Purpose of the Service Recording Protocol***

There are elements of the Recording Policy that are service specific due to the needs of the work and the requirements of the commissioner or regulator. The Service Recording Protocol provides a record of the service’s specific requirements and practices, which have been agreed by the ADCS. The completed document must be discussed with all staff at their induction and also when any changes are made, so that they understand what is required of them. The Service Recording Protocol will also be used as a baseline when monitoring performance and compliance with organisational policy.

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| Name of Service/s | Name of Commissioner/s | Who is the Data Controller |
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| **Has a Data Protection Impact Assessment/s been completed in respect of all of the recording undertaken by the service? This is an assessment of the systems and processes used to process data to ensure that they are GDPR compliant.** | ***Answer yes or no to each of following 3 questions.*****1. Does the Children’s Services Standard DPIA for Recording on Barnardo’s systems apply to all of the personal data processed by the service? Yes/No****Has the service data flow in relation to this been completed? Yes/No****2. Does the Children’s Services Standard DPIA for Recording on Commissioner’s systems apply to any of the personal data processed by the service? Yes/No****Has the service data flow in relation to this been completed?****Yes/No****If Yes has a copy of the commissioners DPIA or evidence of due diligence checks been obtained? Yes/No****3. Is there a DPIA for any personal data processed by the service that is not covered by the Children’s Services Standard DPIAs? Yes/ No/NA** *Use N/A only where all of the data processed is covered by the CS Standard DPIA or 3rd Party DPIA.***If Yes list the names of DPIAs completed and location if not on One Trust.** |
| **Are there Information Sharing Agreements in place in relation to some or all of the information sharing undertaken by the service? If Yes, please list the agreements stating who they are between and which data they relate to.** | **Yes/No****If Yes please list them and provide links to the document.** |
| **Is the service required to be compliant with the NHS Data Protection &Security Toolkit?** | **Yes/No** *This is a contractual requirement for some health commissioned/funded services.* |

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| 1. **Location of personal data recorded by the service.**
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| * 1. **Data recorded using Barnardo’s systems**

*List the systems used to record data, e.g., SUR, Eclipse, Charms, Maytas, or any other systems used by Barnardo’s. This should include all recording of personal data including case recording, outcomes measurement, registration forms, databases and information sharing systems. It will include systems used by Barnardo’s that are hosted externally, such as IAPTUS or Outomes Star.**Electronic records should be kept but if paper records are also kept by the service, specify under what circumstances paper records should be used, what personal data may be stored on paper records and where paper records should be stored.* **1.2 Data recorded using commissioner’s or partner’s systems** *List the commissioner’s and partner’s systems used to record personal data. Include any specific requirements of the commissioner or partner agency.** 1. **Data recorded in SUR confidential folders in Content server**

*List the types of data that must be recorded in SUR confidential folders in Content Server. Identify the naming convention that must be used and the retention dates to be used. The retention periods would usually be 1 or 2 years unless the data is required to evidence delivery of a contract when it will be 6 years from date recorded.* |
| 1. **Referrals/Requests For Service**
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| *What is the process for making a referral? If a standard form is used, specify the form and identify who can make a referral. Insert the procedures for responding to enquiries, requests for service and referrals, who responds to these and how this is recorded. How are decisions about allocation made, how are these recorded and by whom? How long are referrals retained for before they are closed or deleted?* |
| **3. Core Data / Local Data Form**  |
| *If the referral reason and/or the service user issue fields must be completed on the C****ore Data Form*** *(this is not mandatory but some services use this for management information), state this and if specific referral reasons or service issues from the pick lists should be used, please identify these.* *If a* ***Local Data Form*** *is to be used, usually to provide data for commissioners, state this, identify who should complete it and confirm what data will be collected using the form.**If neither of these are used state Not Applicable.* |
| **4. Assessment, Planning, Review**  |
| *How are* ***assessments, plans*** *and* ***reviews*** *undertaken and recorded, e.g. directly onto the case file, using service specific templates, using templates provided by commissioners. Who is involved in producing plans and reviews? How often must cases be reviewed, this must be commensurate with the type of intervention and the level of risk being managed and should be at least annually. Annual reviews should only be used if the work is low risk and/or there is infrequent new content. For other types of work, more frequent reviews are required.**For some high volume low intensity work, all of these processes may be undertaken in one or two contacts and recorded in the case recording. However, the recording must include what need was identified, how was that need to be met and whether the need was met as a result of the intervention.* |
| **5. Recording templates or service specific guidance** *If the service uses standard recording templates or service specific guidance in relation to how recording is structured this should be referenced here and a link made to the template or guidance.* |
| **6. Outcomes**  |
| *How are outcomes measured, e.g. Barnardo’s outcomes tool or third party system? If a third party outcomes measurement system is used, state what this, e.g. Star, Soul.* *Describe any outcomes measurement tools used, e.g. standard assessment scales, service user self-assessment tool. If there is more than one person working with the service user who is responsible for outcomes measurement?**What outcomes are measured, provide links to any descriptors etc.**How often are outcomes reviewed, this must be at least annually?*  |
| **7. File Sign Off and Sampling** |
| A **File Sign Off** involves the reading of the case records by the immediate **Line Manager** to understand the work that is being undertaken with a service user, as well as ensuring that the records meet the requirements of the Recording Policy and that the content of the record is of the standard required. *Identify the frequency of the file sign off; this will depend upon the nature of the work and the risk being managed. A file sign off may take place at the same time as file closure but they are separate processes. In services that have a high volume of short term work, where the level of risk being managed is low, the ADCS may agree that a percentage of case files can be signed off. At least 50% of the records produced by each worker must be signed off in a 12 month period. File sign offs are usually saved to the service user record but, if a third party system is used for recording, identify where they will be saved.***File****Sampling**is a quality assurance process undertaken by the **ADCS and the CSM** if they are not the immediate line manager. An agreed percentage of the case files are sampled to ensure that they meet the Recording Policy and are of the required standard.*For each person who samples case files, e.g., ADCS, CSM, identify how many case files they should sample (this should be commensurate with the level of risk being managed), how often this should be done and how these are selected e.g. all cases on a rota, all high risk cases, a percentage of cases per worker. Completed Sampling Proformas are usually saved to the service user records but, if a third party system is used for recording, identify where they will be saved.**Minimum sampling requirements;****CSM if not line manager****; at least five files per service per quarter, for this purpose service means the work managed by each Team Manager or CSM that you line manage. This number must be increased if the level of risk being manged is high or the content of each record is very small, as in the case of high volume services, and more than five case files need to be read in order to gain a clear assessment of the quality of the recording.****ADCS;*** *at least three case files per service per quarter, for this purpose service means the work managed by each CSM that you directly line manage. This number must be increased if the level of risk being manged is high or the content of each record is very small, as in the case of high volume services, and more than three case files need to be read in order to gain a clear assessment of the quality of the recording.* |
| **8. Case Closure/Retention Periods**  |
| Cases with no contact in a three month period should normally be closed but, if due to the nature of the work, a longer period is needed, this should be specified. *Identify if a period of no contact of more than 3 months is required before closure is considered and state what this would be.* *A* ***closure summary*** *must be produced that includes the reason for closure, what has been achieved and any significant concerns including safeguarding. Include details of any records about the subject held in other recording systems or as hard copy. Identify the process for closure, e.g. following discussion in supervision, when certain actions completed, who makes the decision and whether there is a proforma to be used for closure.*A retention date must be added when a case file is closed, the following retention dates must be used *Add the retention dates applicable to the service, using the Corporate Retention Schedule. If retention dates are specified in the contract they should be used.* |
| **9.Recording Group Work**  |
| *If group work is delivered by the service, identify where this must be recorded and if the recording must be copied to individual case records. Describe any agreed processes for evaluation and how these must be recorded. If work with groups is provided on behalf of or in partnership with another agency identify how this will be recorded and by whom.* |
| **10. Photographs and Audio and Video Recording including CCTV** |
| *If the service uses photographs, audio or video recording, identify what equipment must be used, where this must be stored, how long the recordings or photographs will be held for and how they will be deleted or destroyed.****If the service uses******CCTV***Services that use CCTV must implement the following;* **Registered services**- access guidance from regulatory body in relation to use of CCTV e.g. <https://www.gov.uk/guidance/surveillance-and-monitoring-in-residential-childcare-settings> , and ensure that the use of CCTV is compliant with this
* Ensure that the use of CCTV is included in Your Data Your Rights
* Complete a data flow and DPIA in relation to the use of CCTV, and reference this in DPIA section of this form.
* Include specific guidance for the use of CCTV in the service within this Service Recording Protocol
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| **11. Obtaining Parental Agreement to Provide a Service** |
| *Identify whether or not parental agreement is required for a service to be provided. If the service or part of the service is exempt, identify the grounds for the exemption and the circumstances in which it does or doesn’t apply.* |
| **12.DATA PROTECTION AND DATA SECURITY** |
| **12.1 Informing the subject that a record of their personal data is being kept.** |
| People must be informed that a record is being kept about them when we first engage with them. They must be given a copy of the (*add link to completed Your Data Your Rights leaflet). Include the details of how Your Data Your Rights is given to service users when you first engage with them as appropriate to your service, e.g. a copy posted or e mailed to the subject, a copy given at initial meeting in the home or at the service etc. Identify who does this, e.g. admin staff post it out, worker gives at meeting, and who is responsible for recording that this has been done.*Referrals from third parties may be saved without providing a copy of Your Data Your Rights, as long as the third party has informed the subject that their data has been shared with us. If the referral is a self-referral and once any work is begun, including any gathering of additional data, Your Data Your Rights must be provided. |
| **12.2 Obtaining Consent if this is required** |
| *If there are situations where consent may need to be sought, in order to share personal data, take photographs or make video or audio recordings, because this is not covered in the Your Data Your Rights leaflet, state when consent must be obtained, who it should be obtained from and add links to the forms to be used.* |
| **12.3 Contacting service users to provide information about services or seek feedback.** |
| *If the service needs to use service user contact details to provide information about activities, to circulate a newsletter or to seek feedback, this may be done using the legal basis of Legitimate Interest. A Legitimate Interest Assessment (LIA) must therefore be undertaken, using the* [*Legitimate Interests Assessment for Mailing Lists etc*](http://livelink.barnardos.org.uk/otcs/llisapi.dll/properties/294803553) *, and this must be sent to the Data Protection Officer for approval. The* [*LIA for mailing lists exemplar*](http://livelink.barnardos.org.uk/otcs/llisapi.dll/properties/287828337) *may be used for guidance when completing the LIA.* |
| **12.4 Subject Access and Information Sharing Requests** |
| Service users, carers and supported lodgings providers have the right to request copies of their data and this must be provided to them within a month of receipt of the request. The request may be verbal or in writing. Information sharing requests may be received from third parties, such as the police. These must be reported to the CSM as soon as they are received.*Identify which staff or volunteers should be informed if there is a verbal or written request received for access to someone’s data, either from the subject or a third party. If there is standard wording for acknowledgement of SARs used by the service include details of what this should contain. Identify any contractual requirements, including those in Information Sharing Agreements, which need to be followed, e.g. informing the commissioner of all SARs.* |
| **12.5 Data Breach Reporting** |
| All data breaches must be reported immediately when they are discovered by completing the Data Breach Reporting form and sending this to the Data Protection mailbox. Obtaining additional information must not delay the reporting of the breach, additional information may be added later.*Identify which staff or volunteers should be informed if there is a data breach and what procedure to follow if they do not have access to the reporting forms.**Identify any contractual requirements, including those in Information Sharing Agreements, which need to be followed, e.g. the requirement to report data breaches to the commissioner and any timescales involved.* |
| **12.6 Security of personal data** |
| *Identify in what circumstances personal data may be printed out without the specific consent of the line manager. Identify the measures to be used to keep printing secure, e.g. pin protected printers.**If personal data is kept as paper, photographic, audio or video recording, identify where these must be kept and the systems for keeping these secure, e.g., signing out process.* *If documents containing personal data are routinely held outside the service, these must be identified here, which documents and for what purpose, e.g. sharing information at meetings, recording meetings and visits, obtaining sign off documents, copies of consents and contact details. Identify the circumstances in which they may be removed and the security precautions that must be used. In all other circumstances the consent of the line manager is required if personal data is to be removed from the office base.**Identify how paper records are disposed of, i.e. service based shredder or a contract with a commercial shredding company. In the case of the latter include where paper is stored while awaiting shredding.* *If staff/volunteers work at home or in the community, identify what safeguards must be utilised to maintain data security, such as locked drawers/cabinets, not leaving data unattended when out, use of Huddle if they need to record and don’t have a log in, bags with cross body strap to transport documents, folders to hold documents. Lock boxes etc.* |
| **12.7 Email and letters** |
| Emails containing personal data must always be sent using the encryption button. *Add details if a non-Barnardo’s system such as Egress must be used.*If personal data is sent out by mail, add the return contact details to the envelope and, where appropriate, special delivery must be used. *Detail circumstances when special delivery must be used.* |
| **13. Cymru Specific Procedures**  |
| In accordance with the Welsh Language Measure, where the service user’s preferred language is Welsh, service user recording may be completed in Welsh. Where there is an internal or external inspection, Barnardo's Cymru will facilitate access to the records as is necessary, in terms of translation, in order to enable the inspection to be undertaken.*(Delete section where not applicable)* |

**Sign off by CSM**

**Date**

**Sign off by ADCS**

**Date**

The recording protocol must be saved within the Service Information area on Content Server. The protocol must be reviewed when there are significant changes to the service or at least annually. Amendments should be made to the document, signed off and dated by the ADCS and CSM and saved as above. Previous versions can be accessed using the version history.

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| **Date of review** | **Sign off by CSM** | **Sign off by ADCS** |
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