



# **Guideline for Badger Database cross-access**

**October 2016**

**Due for review – October 2018**

## **Northern Neonatal Network guideline**

### **Guideline for Badger Database Cross-Access for the Northern Neonatal Network**

#### **Background**

Across the Northern Neonatal Network, of the 11 Units that it comprises, all of them use the Badger database as the default application for recording all forms of data relating to their admissions. This allows complete coverage across the Network. Across England, all neonatal units also now use this system<sup>1</sup> so it is effectively “default” data system for neonatal service providers. This brings with it many advantages such as uniformity of data and allowing much more speedy and simple movement and sharing of baby data in cases where for example, babies are transferred from one Unit to another, whether within their own Networks or beyond. The Network has already benefited from this ease of data accessibility in such cases. The system also allows for information transfer to be generated from the input data, again, aiding in situations where speedy inter-unit movement by way of neonatal transfers are essential.

Badgernet is a web-based portal, developed by Clevermed Limited, utilising secure password-protected logins and data entry subject to NHS accepted security levels. Each Unit using the system has a “User Manager” that can create and edit the users and ensure they are given the appropriate levels of access and permissions required for them to carry out the data work they are identified as being required to do as part of their role. The system also allows through the login system a means of identifying an “audit trail” of who is carrying out data entry and editing. Typically, users within each Unit are granted editing permissions so they can create edit and delete data entries.

Across the Network, it has become apparent that there are some instances where it would be helpful for clinicians to have an agreed level of read-only “cross access” to the database records of all Units other than their own across the Network area. This may be particularly helpful where, for example, babies have been transferred from or to another Unit and the current levels of access do not permit full access to more detailed patient information that is held by the referring Unit. It would also aid in cross-site audit work for specific purposes, such as more detailed activity and outcome data analysis. This is particularly helpful through the “Reports” section within Badger, which does not contain specific patient details. To enable this to be addressed, cross-access within the following stipulated and agreed conditions can be arranged.

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<sup>1</sup> NNAP 2015 Annual Report (published September 2016)

## Agreed boundaries of cross-access and responsibility

In order to meet the needs of clinicians requiring occasional and limited access to patient information held on Unit databases other than their own, the following conditions should be adhered to;

- Each Unit should nominate **ONE** clinician at any one time who shall take the lead for cross access. They will be the only person able to use Badger for these purposes. This will prevent too high a degree of “open access for all” and help satisfy the six Caldicott principles (Appendix 1)
- This person should be a consultant neonatologist/paediatrician already routinely using Badger in their own Unit.
- The nominated clinician will need to fill in and obtain a Caldicott permissions form for each of the other Units that cross-access is required, using the standard template letter as supplied by Clevermed.
- The Caldicott request form needs to clearly state that the access being requested is for read-only permission purposes for data for the Trust in question – in some cases this will mean that access can be gained at more than one Unit (e.g. for County Durham & Darlington Foundation Trust, the SCBUs at Darlington and UHND) once it has been granted.
- The Caldicott form(s) will then need to be submitted to the relevant Guardian(s). It is suggested that this should be accompanied by a supporting letter from the lead clinician at the Trust where the request is being made, in order to expedite its processing and make clear to the Guardian the nature of the request. The completed form should then be sent back to the Network Data Manager, who will then keep a record of those with cross-access permissions and the expiry date of their access. The forms will then be processed to Clevermed so that users can gain access as permissions are granted.
- Clevermed suggest a reasonable expiry date for the access permissions, usually 2-3 years, after which time it will have to be re-submitted. This needs entering clearly on the submitted form but refers to that individual, not the principle of having an agreed person from that Unit access their date.
- Once Clevermed have processed the Caldicott form and recorded the permissions, The Network Data Manager will contact the appropriate Badger User Manager at the Trust concerned and ask them to add the identified lead clinician to that Unit’s list of users, ensuring their permissions expiry date corresponds to that stated on the Caldicott form.
- The clinician will then be able to have cross-access and view the agreed data for each of the Units where permissions have been granted.

The above stipulations relate to the more detailed “patient-sensitive” details that are held on Badger. It is also helpful however, for a much higher-level read-only access permission to be granted that relates specifically to the “Reports” section of the Badger Database. This does not grant the user access to specific baby details, only the Unit reports for the Trust in question. For this reason, Caldicott Approval is *not* required. To enable the read-only Reports section of Badger to be accessed by other Clinicians from Units elsewhere in the Network, the following conditions should therefore be adhered to;

- Each clinician wishing to have access to the Reports section of another Unit’s Badger database should submit a request in writing to the Badger Link for that Unit. A copy should also be sent to the Network Manager to enable a record to be kept of current cross-users.
- Because there will be no access to patient-specific details and the cross-user will already be on the Badger system, it will not be necessary to seek Caldicott approval.
- Only clinicians at Consultant level will be routinely be granted this cross-access permission in agreement with their colleagues in other Units. In exceptional circumstances, nurses and Registrars undertaking research and audit projects for specific purposes may apply to the Badger Link for other Units after having first discussed the matter and sent a letter outlining the reasons for requiring cross-access to the Network Manager.
- All approved users then need to be added to a Unit’s Badger list by the nominated Badger Link after they have given their user name for the system to them. They *MUST* only be granted read-only access to the Reports section of the system – great care needs to be taken when ticking the boxes for this as it will be the responsibility of the Badger Link to ensure this is done correctly and that wider access to their patients is not granted unless the above stricter conditions are met in relation to Caldicott approval as detailed above. A review date of 1 year is suggested and in the case of a nurse for audit purposes, six months, after which the permission can be renewed as agreed.

It is suggested that this guideline is reviewed after no more than one year to ensure that cross-access on the Badger system is working according to the principles and purposes for which the request for it was originally made via the Network Board. Subsequent reviews should then be carried out for this guideline at least every 2 years, or sooner if consensus by the clinicians deems it necessary to make cross-access work or changes to the Badger system or data legislation make it necessary. This should be led by the Network Manager or other person delegated by the Network Board.

## **Appendix 1**

### **The Six Caldicott Principles**

The six Caldicott principles, applying to the handling of patient-identifiable information, are:

1. justify the purpose(s) of every proposed use or transfer
2. don't use it unless it is absolutely necessary, and
3. use the minimum necessary
4. access to it should be on a strict need-to-know basis
5. everyone with access to it should be aware of their responsibilities, and
6. understand and comply with the law.

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