

## Confidentiality Policy Statement

<b>Responsible Director:</b>	Director of Finance
<b>Author:</b>	Gwen Ruddlesdin
<b>Date Approved:</b>	7 September 2011
<b>Committee:</b>	Executive Management Board
<b>Version:</b>	1.0
<b>Revision Date:</b>	August 2012
<b>Number:</b>	25

1 Personal identifiable information refers to person based information held on any patient or staff member. Further explanation is available in Part 2 of the Locala Community Partnerships Confidentiality guidance document.

*Caring for you, locally*

## Contents

Section		Page
1	Confidentiality Policy Statement	3
2	Policy Statement Supported by Guidance of Staff	3
3	The Policy Statement	3
<b>Appendices</b>		
A	Key Stakeholders	5
B	Equality Impact Assessment Tool	6
C	Sign Off Sheet	7

## **Confidentiality Policy statement**

- 1 The purpose of this Policy statement is to ensure that everyone working within the Locala Community Partnerships (LCP) is aware of his or her responsibilities when using confidential information.
  - 1.1 The principle underpinning this Policy statement is that no employee shall misuse any information or allow others to do so.
  - 1.2 The Policy statement has been written to support staff in compliance with the following legal requirements and best practice guidance:-
    - Data Protection Act 1998
    - Human Right Act 1998
    - Common Law of Confidentiality
    - The Caldicott Report 1997
    - The NHS Confidentiality Code of Conduct

All organizations providing services for the NHS need to establish working practices that effectively deliver the level of confidentiality that is required by law, ethics and Policy statement. The objective must be continuous improvement.

- 2 This Policy statement is supported by guidance for staff which:
  - a. introduces the concept of confidentiality and the duty of confidence;
  - b. demonstrates the practical safeguards that should be put into place;
  - c. provides a high level description of the main legal requirements.

Training on confidentiality and IM&T security is provided to all staff within the mandatory training sessions.

## **3 The Policy statement**

- 3.1 This Policy statement applies to all personal identifiable information<sup>1</sup>, whether written, computerised, visual or on audio record, or simply held in the memory of a member of staff. It applies equally to staff on permanent, temporary or voluntary placement.
- 3.2 Health care professionals and the staff that support them hold information about people that may be private and sensitive. Patient information is collected to provide care and treatment to individuals and generally must not be used for other purposes without the individual's knowledge and permission. In the same way information about staff, which is processed for the purpose of their employment should be treated as confidential. Confidentiality should only be breached in exceptional circumstances and with appropriate justification. All staff should ensure that the following principles are practiced:

- When you are responsible for confidential information you must make sure that the information is effectively protected against improper disclosure when it is received, stored, transmitted or disposed of;
  - Confidential information must only be accessed by you if it is appropriate to the job that you are employed to undertake;
  - Every effort should be made to ensure that patients understand how information about them will be used before they actually supply any confidential information;
  - When patients give consent to disclosure of information about them, you must make sure they understand what will be disclosed, the reasons for disclosure and the likely consequence/s;
  - You must make sure that patients understand when information about them is likely to be disclosed to others involved in their health care, and that they have the opportunity to withhold permission;
  - If you are required to disclose information outside the team that could have personal consequences for patients or clients, you must obtain their consent. If the patient or client withholds consent, or if consent cannot be obtained for whatever reason, disclosures may be made only where:
    - they can be justified in the public interest (usually where disclosure is essential to protect the patient or client or someone else from the risk of significant harm)
    - they are required by law or by order of a court
  - If you are required to disclose confidential information you should release only as much information as is necessary for the purpose;
  - You must make sure that the persons to whom you disclose information understand that it is given to them in confidence which they must respect;
  - If you decide to disclose confidential information, you must be prepared to explain and justify your decision. If you have any doubts discuss them with your line manager.
4. Any queries concerning Policy statement should be brought to the attention of your line manager in the first instance.
  5. Your contract of employment includes a commitment to confidentiality. Breaches of confidentiality could be regarded as gross misconduct and may result in serious disciplinary action up to and including dismissal.

## Appendix A

### Key Stakeholders consulted/involved in the development of the document

Stakeholders name and designation	Date feedback requested	Detail of feedback received	Date feedback received	Action taken
Readers Panel				

## Appendix B: Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

	Insert Name of Policy / Procedure	Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	N/A	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
5.	<b>If so can the impact be avoided?</b>	N/A	
6.	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	None	
7.	<b>Can we reduce the impact by taking different action?</b>	No	

If you have identified a potential discriminatory impact of this procedural document, please refer it to Gwen Ruddlesdin, together with any suggestions as to the action required to avoid/reduce this impact.

## Appendix C Sign Off Sheet regarding Dissemination of Procedural Documents

Title of Document:	Confidentiality Policy Statement
Lead Director:	Director of Finance
Date Approved:	7 September 2011
Where approved:	Executive Management Board
Dissemination Lead:	Gwen Ruddlesdin
Placed on Website:	October 2011
Review Date:	August 2012