

	EnViva Complex Care Policies and Procedures		
	TITLE: INFORMATION SHARING POLICY		
Ref Number:PP/CO10	Date Approved: November 2019	Review Date: November 2021	Version:PP/CO10.1

**1. References:**

- Privacy notices, transparency and control – Information Commissioners Office
- Information sharing: Advice for practitioners providing safeguarding services for HM Government
- Consent to treatment and sharing information policy
- Data Protection Policy
- Death of a client Policy
- Confidentiality Policy

**2. Scope:**

- All Employees

**3. Policy Statement:**

EnViva Complex Care recognises that multi agency working requires sharing of information between organisations, to meet the needs of individuals effectively. It also recognises the need to ensure that information sharing takes place within a clear framework and a commitment to ensuring that confidentiality and security of sensitive information remains a priority. EnViva Complex Care is committed to processing data fairly and lawfully, ensuring we remain transparent with all clients and contractual partners in how we intend to use and protect such data.

**4. Overview:**

This policy covers ALL information shared by organisations corporately including:

- Personal information
- Sensitive information
- Commercially sensitive

All information will be in a format, which meets the individual needs of all customers, clients and their families and support workers.

As individuals, we all expect our personal data to be protected, and therefore must apply this same principle to the clients who trust us to manage their data safely and responsibly.

All employees must ensure they understand the importance of safe information collection and sharing and question their access to such data.

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## 5. The Purpose

There is increasing emphasis on integrated working across services with the aim of delivering more effective intervention. All interventions aim to prevent problems escalating and increase the chances of achieving positive outcomes.

Why information sharing is important:

- **Part of early intervention and preventative services**
- **Sharing information between adult and children services** –to ensure additional support during and after the transition.
- **Sharing information where there are concerns about significant harm to a child or young person** – it is critical where there is reasonable cause to believe that a child or young person may be suffering or may be at risk of suffering significant har. (In this case there should be consideration to referring them to Social Services, CQC and Police).
- **Sharing information where there are concerns about serious harm to an adult** - if an adult being supported is unable to make informed decisions then this may need to be considered. Where harm is suspected consideration should be made to refer to Social Services (including out of hours service), CQC and Police as appropriate.
- **Sharing information where there is a statutory duty or a court order** – In this case information must be shared unless there is a reason to challenge this - in this case it will be referred to the Chief Executive to make a final decision.
- **Sharing information where there are concerns about significant harm or serious harm to third parties** – where you have concerns that the actions of some may place children at risk of significant harm or adults at risk of serious harm. It may be justifiable to share information with or without consent for purposes of identifying for whom interventions are appropriate.
- **Sharing information in an emergency situation** (terrorist related action, natural disaster and other incidents) - in this situation information sharing is vital to provide a service to people affected. Timeliness is important in any emergency situations; it may not be appropriate to seek consent for information sharing if delays could incur as a result. Consideration should be made as to how much information needs to be shared.

If the decision is made to share information about a client then the seven golden rules should be applied.

## 6. Seven Golden rules for information sharing

1. Remember that the Data Protection Act and General Data Protection Regulations are not a barrier to sharing information but **provide a framework** to ensure that personal information

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about living persons is shared appropriately. This does not apply to information shared when a person has died (please see “unexpected death of a client” policy).

2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will or could be shared and seek their agreement if it is safe or appropriate to do so.
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
4. **Share with consent where appropriate** and where possible; respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest (see section 7).
5. **Consider safety and well-being:** Base your information-sharing decisions on consideration of the safety and well-being of the person and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.
7. **Keep a record of your decisions and reasons for them** - whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

## 7. Further information to inform decision making

If a member of staff is asked or wishes to share information, they must use their professional judgement to decide whether to share or not. This includes deciding what information is appropriate to share, unless there is a statutory duty or a court order to share. If a member of staff is asked to share information with a third party, they **must not do so** without checking with their line manager or the Director of Care.

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## 8. Seven key questions to ask when deciding whether to share information

1. Is there a clear and legitimate purpose for you or EnViva Complex Care to share the information?
2. Does the information enable a living person to be identified?
3. Is the information confidential?
4. If the information is confidential, do you have consent to share?
5. If consent is refused, or there are good reasons not to seek consent, is there a sufficient public interest to share the information?
6. If the decision is to share, are you sharing information appropriately and securely?
7. Have you properly recorded your information-sharing decision?

## 9. Consent to share information - What constitutes consent?

**It must be informed** – the person must understand why the information needs to be shared, what will be shared and who will see the information.

**It can be 'explicit' or 'implicit'** - Obtaining explicit consent is best practice and should ideally be obtained at the start of working with a client, for example as part of the new client assessment process. This can be expressed verbally or in writing. From this point forwards information will be shared across multi agencies to ensure the care packages runs effectively.

An example of **implicit consent** is where a GP refers a patient to a hospital specialist and the patient agrees to the referral. In this case the GP can assume the patient is giving implicit consent to share information with the specialist.

In a multi-agency service, **explicit consent** for information sharing is usually obtained at the start of involvement and covers all of the departments within EnViva Complex Care. This would provide implicit consent to share information within EnViva Complex Care but there would be a need to seek additional **explicit consent** for sharing with practitioners or agencies outside of the service including GPs, CCGs and any other professionals.

**Some clients may not be able to consent to release information** – if they don't have full capacity or have fluctuating capacity. Some clients also have Court appointed Deputies or a Power of Attorney to make decisions for them. It is important to clarify which area they hold responsibility for: Health and Wellbeing and/or Finance. They are therefore only able to make decisions relating to these areas.

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The Nurse/Care Manager should be clear with the client at the point of assessment or at a document review about how information may be shared.

The office will also need to gain consent from support workers and other staff for their personal information to be used, especially when a support worker uses their personal e-mail and mobile phone in order to communicate with them regarding assignments.

This consent will remain on file as evidence of informed consent unless;

- the client wishes to review or change their consent
- The client’s capacity changes, and Court appointed Deputy or Lasting power of attorney is in place

**10. When consent should not be sought**

There are some occasions when consent should not be sought from the individual or their family, or that they do not need to be informed that their information will be shared. Such an example is when doing so would:

- Place a person (the individual, family member, or a third party) at increased risk of significant harm if a child or serious harm if in an adult; or
- Prejudice the prevention, detection or prosecution of a serious crime; or
- Lead to an unjustified delay in making enquiries about allegations of significant harm to a child, or serious harm to an adult.

You should also not seek consent when you are required by law to share information through statutory duty or a court order. In this situation, you should inform the individual concerned that you are sharing the information, why you are doing so and with whom.

**11. Police and emergency services**

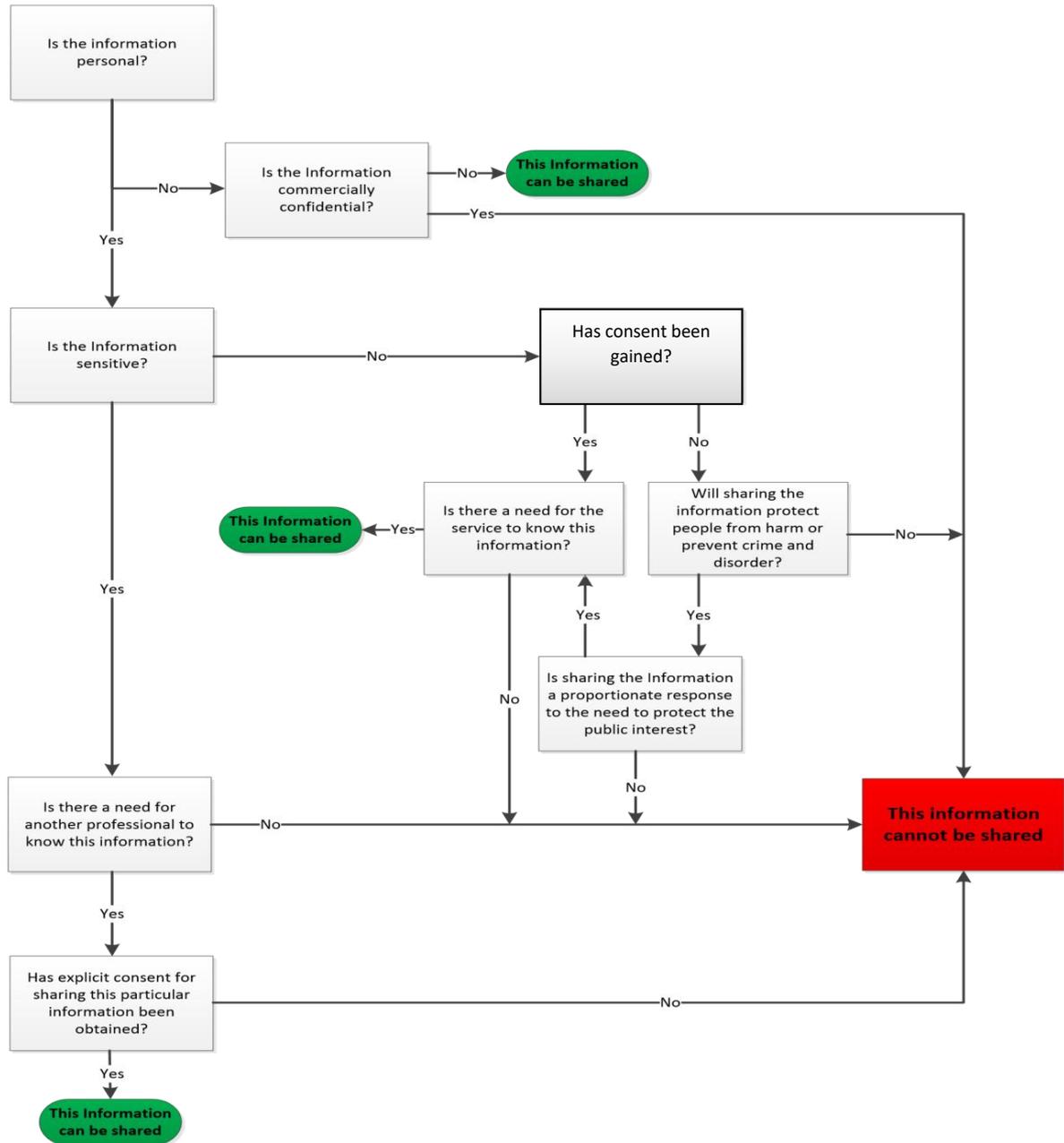
The release of such information regarding clients or staff can only be agreed by a member of the Senior Management Team. When out of hours/on-call this must be discussed with the Director of Care. Any such information can only be released through a court request/summons/warrant. This can come from the Police directly or on behalf of the medical examiner (coroner).

No original EnViva Complex Care records should be released. If photocopies are required these need to be signed for and documented.

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A copy of the court order must be retained for our records and People Planner updated accordingly. A member of the Senior Management Team must authorise this Information sharing.

**Information sharing** Version 2.1



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## 12. Sharing information appropriately and securely

- Only share information necessary for the purpose for which it is being shared.
- Always understand limits of any consent given.
- Distinguish clearly between fact and opinion.
- Share the information only with the person or people who need to know.
- Check that the information is accurate and up to date.
- Inform the person whom the information relates to that you are sharing it and why.
- Establish with the recipient whether they intend to pass this information onto another.
- Share in a secure way, for example confirming the identity of the person you are talking to.

## 13. Methods of Information sharing

Data and information can be passed through numerous channels. However all methods used must be in accordance with informed consent, data protection and information governance.

Before considering sharing any information or data the employee must ensure they ascertain whether consent for information sharing is required and has been gained.

- For clients, this is through the client's Assessments & Care Plan.
- For those commissioning care/services this would be through contractual obligations.

Once consent is confirmed the safest method to transfer must be identified and appropriate measures taken:

- **Telephone** – care must be taken to ensure any information given verbally is done in a confidential environment and cannot be overheard by others. Data shared by staff should be done in private such as confidential areas in the office (these are defined using the closure of confidential doors). Support workers must ensure they find a safe and confidential area which may mean that they have to delay the initial phone call until an appropriate place can be found.

*Before sharing data, the recipient's details must be confirmed and checked to ensure they should be party to such information. If unsure of their identity the staff member should confirm their name and role/job title and then contact them directly at workplace/home.*

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For example: call from person claiming to be district nurse for a client requesting information. Staff member confirms their name and GP surgery and confirms they will call back – in accordance with information sharing and Information Governance policies. Following a check of the client’s records to confirm consent to pass information they can call GP surgery (using contact details on file) to speak with District nurse to pass on data. This ensures they are adhering to consent and sharing via correct contact i.e. GP surgery.

- **Paper** –Data posted must be checked to confirm it is going to the correct address and is correctly addressed. Data delivered in person in paper form must be carried in a safe and professional method and safely secured during the transfer in a closed file. Due diligence must be applied to ensure this data stays with the staff member responsible for it and remains with them at all times. In order to reduce the risk of this data being lost, paperwork is assigned to the responsible staff member transferring it. Where possible, all sensitive information should be removed from this.
- **Electronic** – Data can be shared safely and effectively via email however additional measures must be applied. When sending electronically ensure the email address is safe (i.e. not a personal address) and that data is encrypted, or password protected (and password sent in a separate email). Staff should also request a “Read Receipt” from the recipient. If staff have been provided with an encrypted/NHS email for a specific client group/contract this must be used for that contract only. When using passwords, always ensure these are not related to the subject matter and include a mixture of letters, number and symbols. If contacting clients/staff this may require the use of private emails. In these instances, please remove sensitive data from the content where possible. Confirmation of what data can be shared should be discussed with the client/staff prior to data being shared.

All employees are reminded that it is their personal responsibility to ensure they send the correct data to the correct person. Spending an extra few minutes on ensuring the correct information or attachment is correctly password protected and sent to the correct person is vital in ensuring no errors take place. Sending data to the wrong person is not only a devastating error for the employee and individual whose data is shared, but it also can result in disciplinary action for the employee.

If unsure of whether information can be shared, the staff member can contact a Senior Manager to confirm information sharing.

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For information regarding Information Governance Breaches please refer to the EnViva Complex Care Information Governance Policy.

#### 14. Extenuating circumstances

In rare instances, a client may request us to share information which conflicts with EnViva Complex Care Policies.

In such extenuating circumstances, to ensure effective and safe care provision, the following process must be followed to assess and reduce the risk.

Clients will then need to consent to the extenuating circumstances in order for us to support it.

This process must be agreed by a Senior Manager and the Quality Assurance Manager.

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Procedure Review		
Review Date	Sections changed	Reasons