

Patient Confidentiality Policy

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Signed

Designation

Date

**JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
PATIENT CONFIDENTIALITY POLICY**

EXECUTIVE SUMMARY

Patients entrust us with sensitive information relating to them and their health as part of seeking treatment. They do so in confidence and they have the expectation that Trust staff will respect their privacy and act appropriately. The key principle is that a patient's records are made by the Trust to support the patient's health care only.

All staff members with access to confidential personal information are under a duty to keep that information safe and secure, and should be aware of their responsibilities under the common law duty of confidentiality, the Data Protection Act 1998, the codes of practice of their respective professions and by virtue of their contract with the Trust.

It is essential for us to maintain the confidence of our patients by demonstrating that the Trust provides a confidential service.

The Data Protection Act requires that all processing of personal information must be fair and that obtaining personal information must be done in an open and transparent way. The Trust must also ensure that it complies with the consent requirements of the common law duty of confidentiality.

The purpose of this document is to define the Trust's policy for ensuring that patients are aware of the Trust's need to collect and store personal information about them, and the use that the Trust may make of that information.

The Policy will provide guidance material for all staff to ensure that they are aware of their legal responsibilities and apply best practice to maintaining patient confidentiality at all times.

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1.0 INTRODUCTION

1.1 Background

Patients entrust us with sensitive information relating to them and their health as part of seeking treatment. They do so in confidence and they have the expectation that Trust staff will respect their privacy and act appropriately. The key principle is that a patient's records are made by the Trust to support the patient's health care only.

All staff members with access to confidential personal information are under a duty to keep that information safe and secure, and should be aware of their responsibilities under the common law duty of confidentiality, the Data Protection Act 1998, the codes of practice of their respective professions and by virtue of their contract with the Trust.

It is essential for us to maintain the confidence of our patients by demonstrating that the Trust provides a confidential service.

Confidentiality of patient information has a number of aspects:

- telling patient's in advance what we will do with any information they give to us
- recording and storing any information about patients in a secure way
- giving patient's options on how we use information about them
- ensuring information is not used or disclosed without the patient's agreement

The Data Protection Act requires that all processing of personal information must be fair and that obtaining personal information must be done in an open and transparent way, i.e. the patient must be told about the uses their information will be put to before they actually supply any confidential information to us.

The Trust must also ensure that it complies with the consent requirements of the common law duty of confidentiality. To comply, the patient must be informed of the uses or proposed uses to which their information will be put to and there must be some indication that the patient has agreed, either explicitly (in writing), or impliedly (by responding to questions orally).

Any information that can identify individual patients, must not be used or disclosed for purposes other than health care, without the individual's explicit agreement (unless there is a robust public interest or legal justification to do so).

The Department of Health has developed a model for managing information called 'HORUS', this states that patient information should be:

Held securely and confidentially
Obtained fairly and efficiently
Recorded accurately and reliably
Used effectively and ethically
Shared appropriately and lawfully

All NHS Organisations are assessed annually on their compliance with HORUS via the 'Information Governance Toolkit'. The Information Governance Toolkit combines initiatives such as Confidentiality, Data Protection, Freedom of Information, Information Security, Information Quality Assurance and Health Records Management. It requires each Trust to complete an assessment of compliance each year.

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1.2 Scope

It is extremely important that patients are made aware of the need for their information to be shared between members of care teams and between different organisations involved in healthcare provision, in order for them to be provided with high quality care. This includes clinical governance and clinical audits, which might not be obvious to patients and should be drawn to their attention.

The purpose of this document is to define the Trust's policy for ensuring that patients are aware of the Trust's need to collect and store personal information about them, and the use that the Trust may make of that information.

All employees are bound by a legal duty of confidence to protect personal information they may come into contact with during the course of their work. This is not just a requirement of their contractual responsibilities but also a requirement within the Data Protection Act 1998 and, in addition, for health and other professionals through their own profession's Code of Conduct.

This means that employees are obliged to keep any personal identifiable information strictly confidential

The principle behind this Patient Confidentiality Policy is that no employee shall breach their legal duty of confidentiality, allow others to do so, or attempt to breach any of the Trust's security systems or controls in order to do so.

This Patient Confidentiality Policy has been produced to protect staff by making them aware of the correct procedures so that they do not inadvertently breach any of these requirements.

1.3 Responsibilities

Overall responsibility for the Patient Confidentiality Policy rests with the Trust Board through the Caldicott Guardian. The Trust's Medical Director undertakes the responsibilities of Caldicott Guardian and is therefore responsible for overseeing all matters relating to the confidentiality of personal information used by the Trust.

The Information Governance Action Group (IGAG) will support the Caldicott Guardian and ensure that the Trust has effective policies and management arrangements covering all aspects of confidentiality, in line with the Trust's overarching Information Governance Policy.

All staff members with access to confidential personal information are responsible for understanding and adhering to this Policy.

All staff members should be aware of the contents of the Trust's Patient Confidentiality leaflet.

1.4 Monitoring and Review

The Information Governance Action Group will monitor adherence to this Policy through the normal business activities of its membership, and the Patient Advice and Liaison Service will report patient issues and experience to the Information Governance Action Group.

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This policy will be reviewed annually and will be approved by the appropriate Trust Board. Such a review will include the Trust's Patient Confidentiality leaflets and posters.

1.5 Related Documents

The following documents have been consulted in the preparation of this Policy:

- Data Quality Policy
- Data Protection Policy
- Consent to Examination or Treatment Policy
- Health Records Management Policy
- Access to Health Records Policy and Supplements
- Department of Health Confidentiality NHS Code of Practice
- Department of Health Seeking Consent: Working with Children
- Norfolk NHS & Social Care Agreement, Protocol for sharing of Personal Information v6.0
- Policy for the Disposal of Waste
- Email Use Policy
- Data Transfer and Removable Media Policy
- Adverse Events Policy
- Safeguarding Children/Child Protection Trust Strategy, Policy & Procedures
- HM Government – Information Sharing: Pocket Guide
- Patient Reception Process
- Patient Confidentiality Policy Supplement 1 – Guideline to informing patient effectively
- Patient Confidentiality Policy Supplement 2 – Guidelines for sharing confidential information
- Patient Confidentiality Policy Supplement 3 – Safe Haven Policy
- Patient Confidentiality Policy Supplement 4 – Legal Considerations
- Patient Confidentiality Policy Supplement 5 – DoH Disclosure Models

1.6 Glossary

The following terms and abbreviations have been used within this Policy:

Term	Definition
DoH	Department of Health
DPA	Data Protection Act
IGAG	Information Governance Action Group
PAS	Patient Administration system
PID	Patient Identifiable Data

1.7 Reader Panel

The following formed the Reader Panel that reviewed this document:

Post Title

Medical Director

Health Records Service Manager

Assistant Director of Governance, Safety & Compliance

Head of Complaint & Legal Services

Emergency Divisional Manager

Title: Patient Confidentiality Policy
Author: Russell Crawford, Information Governance Manager
Issue: December 2010
Ref: POL/TWD/RC2709/01

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Elective Divisional Manager
Core Clinical Services Divisional Manager
Clinical Ethics Advisory Group Chair
Named Nurse for Safeguarding Children

1.8 Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

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2.0 STATEMENT OF POLICY

It is the policy of the Trust that all items of personal information for our patients are confidential and must be managed at all times in accordance with all appropriate legislative and professional requirements.

The Trust will maintain a documented Patient Confidentiality Policy, which is appropriate to the purpose and goals of the Trust. The Patient Confidentiality Policy will be regularly reviewed by the Information Governance Action Group to assess the continuing suitability of the Policy.

This Patient Confidentiality Policy, which is to be communicated to and explained to all employees, is intended to ensure that service quality is maintained throughout all stages of the care of our Patients.

This Policy should be considered alongside the 'Access to Health Records Policy' that describes how the Trust will disclose information about patients.

2.1 Policy Objectives

All staff members with access to confidential personal information are under a duty to keep that information safe and secure. They must be aware of their responsibilities under the common law duty of confidentiality, the Data Protection Act 1998, the codes of practice of their respective professions and by virtue of their contract with the Trust.

The objectives of this Patient Confidentiality Policy are:

- To develop a culture of appreciation and responsibility for Patient Confidentiality within all relevant staff groups across the Trust
- To develop relevant Trust structures to monitor and improve processes relating to Patient Confidentiality
- To establish procedures which provide all relevant staff with sufficient guidance and training to ensure Patient Confidentiality is maintained at all times
- To provide a mechanism by which all staff groups can seek guidance on issues of Patient Confidentiality
- To develop processes to report Patient Confidentiality issues which ensure that responsibility is allocated to resolve any problems
- To help us improve the way in which we provide care
- To demonstrate we are adhering to current legislation (e.g. DPA)
- To Identify who will monitor the Trust's performance in relation to Patient Confidentiality and enforce the Patient Confidentiality Policy

2.2 Policy Definitions

The following terms have been used within this Policy:

Term	Definition
PID (Person Identifiable Data)	Any pieces of information about a person that, when used together, would enable that person's identity to be established
Anonymised Information	This is information which does not identify an individual directly, and which cannot reasonably be used to determine identity. Anonymisation requires the removal of name, address, full post code and any other details that might support identification
Disclosure	This is the divulging or provision of access to data

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Child	A person who has not reached their eighteenth birthday
Pseudonymised Information	This is information where the provider of the information may retain a means of identifying individuals. This will often be achieved by a unique reference to information so that the data will only be identifiable to those who have access to the key or index
Clinical Audit	The evaluation of clinical performance against standards or through comparative analysis, with the aim of informing the management of services
Explicit Consent	This means a clear and voluntary indication of preference or choice, usually given orally or in writing and freely given in circumstances where the available options and the consequences have been made clear
Implied Consent	This means patient agreement that has been signalled by behaviour of an informed and competent patient
Healthcare Purposes	These include all activities that directly contribute to the diagnosis, care and treatment of an individual and the audit/assurance of the quality of the healthcare provided. They do not include research, teaching, financial audit and other management activities
Information Sharing Protocols	Documented rules and procedures for the disclosure and use of patient information, which specifically relate to security, confidentiality and data destruction, between two or more organisations or agencies
Medical Purposes	As defined in the Data Protection Act 1998, medical purposes include but are wider than healthcare purposes. They include preventative medicine, medical research, financial audit and management of healthcare services. The Health and Social Care Act 2001 explicitly broadened the definition to include social care
Public Interest	Exceptional circumstances that justify overruling the right of an individual to confidentiality in order to serve a broader society interest

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3.0 POLICY PRINCIPLES

3.1 We will inform patients effectively and gain their agreement

When a patient provides confidential information relating to their medical condition, the purpose of providing that information is to receive treatment and related services for that condition.

Patients must be made aware that the information they give to us must be recorded and may be shared in order to provide them with care, also that it may be used to support local clinical audit and other work to monitor the quality of care provided. Their information may also be anonymised for use in training of our staff, for planning our services, for Research and Development and for national surveys.

The Trust has produced Patient Confidentiality information posters and patient information leaflets that explain how a patient's personal information will be used by the Trust. These are available on the Trust Website.

Staff should make patients aware of the contents of the Patient Confidentiality leaflet at the start of their first episode of care with the Trust. Patients should also be reminded of this at each subsequent episode of care.

This advice should be provided by the Reception staff at the point where the patient first attends the Trust (i.e. in A&E Reception for Emergency cases and at the Outpatient or Pre-Operative Assessment Clinic Reception for all other cases). Reception staff are to advise patients of the Trust's 'Patient Confidentiality' leaflets; ask them to read this and to confirm they are happy for the Trust to record and use information about them. There is no requirement for this activity to be recorded in the patient's Health Care File.

In emergency cases where the patient is unable to agree due to their physical or mental condition, Trust staff will share information only in the best interests of the patient until such times as the patient or their carer is able to provide consent. See Appendix A for consent relating to safeguarding children.

Where a patient does not agree that their personal information can be recorded, the Trust could be vulnerable to any subsequent litigation if the patient were to be treated and no record made of this. Individuals could also be vulnerable in respect of professional conduct matters. The lack of a record could also impact the Trust's funding for that treatment.

Where this is the case, staff should ensure that the patient is fully aware of the implications of their decision; that the required or most appropriate care may not be possible (a guidance document on this is available from the Trust's Complaints and Legal Service). If the patient does not agree, staff should ensure this decision is recorded and signed off by the patient and (if considered appropriate) seek advice from the Duty Manager or pass this information to the Trust's Complaints and Legal Service on extension: 2019.

3.2 We will respect each patient's disclosure decisions

All competent patients have the right to restrict the disclosure of their confidential personal information (except where the Trust is instructed to provide the information by due legal process).

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It is ultimately the patient's decision and they must not be put under undue pressure to agree to disclosure, regardless of the Trust's opinion about the need for the information (it should also be borne in mind that a patient has the right to change their mind about a disclosure decision at any time before the disclosure is made).

Where patients do impose restrictions on the disclosure of their confidential information, details of the disclosure restriction should be recorded into the patient's Health Care File and the following details should be passed to the Trust's Complaints and Legal Service on extension: 2019 (if out of office hours, please leave a message):

- Name and hospital number of patient
- Name and contact number of staff involved
- Brief explanation of circumstances

3.3 We will record the patient information accurately and securely

When a patient provides confidential information to us, the information will be recorded in the Trust's PAS system and a Health Care File in accordance with the Trust's Data Quality Policy and Health Records Management Policy.

3.4 We will disclose patient information only in relation to their healthcare

Where a patient has agreed to the use of their information for their healthcare, this information will be shared by staff in accordance with the guidelines in Supplement 2 of this Policy, maintaining patient confidentiality at all times.

3.5 We will communicate information using 'Safe Haven' arrangements

Where patient information is transferred from one person to another or needs to be shared by a team (e.g. via a Ward whiteboard), the information will be communicated in accordance with safe haven best practice principles (this is defined in the Trust's Safe Haven Policy – see Supplement 3 of this Policy). All forms of communications media will be included i.e. phone, fax, electronic, paper, whiteboards etc.

3.6 We will not disclose patient information for purposes other than healthcare

Where a patient has agreed to the use of their information for their healthcare, this information will not be used for any other purpose without the explicit agreement of the patient, except where the Trust is instructed to provide the information by due legal process.

Staff will avoid any inadvertent disclosure caused by discussion of patient details in inappropriate venues, e.g. public corridors, in the lift, outside the Trust premises, etc.

Patient confidential information will not be displayed on whiteboards or other media in public areas of the Trust.

3.7 We will review any new uses of personal information identified

Patients must be informed if the Trust wishes to use personal information for a purpose that has not been identified in the patient information literature.

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Where any new use of patient personal information is identified, this should be communicated to the Trust's Caldicott Guardian, who chairs the Trust's Information Governance Action Group and who is responsible for revising the Patient Confidentiality information the Trust makes available to patients.

Where a revised set of Patient Confidentiality information is required, the IGAG will ensure that the material is revised and that all patients affected will be informed that a disclosure will be, or needs to be made. Staff will also be appropriately advised.

3.8 We will assist patients with any questions they have

The Trust's aim is to ensure that where patients have detailed questions about how their personal information may be used, these questions will be answered immediately by the staff involved in their care, using the information provided in the Patient Confidentiality leaflets as appropriate.

Where staff are unable to answer the patient's questions in sufficient detail, the patient should be advised that the Trust's PALS service exists to help them with their question. Contact details for the Trust's PALS service are available in leaflet form in the Trust's information leaflet racks and are available on the Trust's Web site (under 'Our Services' at <http://www.jpaget.nhs.uk/section.php?id=12145>).

Staff should refer the patient's question to the Trust's PALS office via telephone (extension number 3240), providing full contact details for the patient. The PALS service will then take responsibility for providing an answer to the patient's question.

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4.0 STAFF GUIDANCE

Patients have a right to expect that you will not disclose any personal information which you learn during the course of your professional duties, unless they give permission. You must treat information about patients as confidential and use it only for the purposes for which it was given.

When you are responsible for confidential information you must make sure that the information is effectively protected against improper disclosure when it is looked at, disposed of, stored, transmitted or received. This includes the use of email.

When patients agree to the disclosure of information about them, you must make sure they understand what will be disclosed, the reasons for disclosure and the likely consequence.

You must make sure that patients are informed whenever information about them is likely to be disclosed to others involved in their health care, and that they have the opportunity to withhold permission.

You must respect requests by patients that information should not be disclosed to third parties, save in exceptional circumstances (for example, where the health and safety of others would otherwise be at serious risk).

If you disclose confidential information you should release only as much information as is necessary for the purpose.

If you decide to disclose confidential information, you must be prepared to explain and justify your decision. The reasoning behind this decision should therefore be recorded in the patient's Health Care File to assist you in this at a later date.

You must make sure that health workers to whom you disclose information understand that it is given to them in confidence which they must respect.

If you have any concerns or believe the Trust may be breaching this Policy, raise this with your Line Manager, the PALS service or the Trust's Caldicott Guardian straight away.

Where patients have questions about the use of their data, staff will answer such questions where possible or pass the question to the PALS service on behalf of the patient.

4.1 Images Used for Training, Education or Research

GMC guidance is that there is no requirement for seeking consent from patients to make the images listed below. It may be appropriate to explain to the patient, as part of the process of obtaining consent to the treatment, that an image will be made.

The GMC guidance also states that we do not need consent to use these images for any purpose, provided that, before use, the recordings are effectively anonymised by the removal of any Person Identifiable Data or other identifying marks (writing in the margins of an x-ray, for example):

- Images taken from pathology slides
- X-rays

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- Laparoscopic images
- Images of internal organs
- Ultrasound images

Such images will not normally identify the patient. In extremely rare conditions that could be patient specific, consent to use the anonymised images should be sought from the patient before use.

See the GMC website for further guidance:

http://www.gmc-uk.org/guidance/ethical_guidance/making_audiovisual.asp

4.2 Working at home

Although this is not encouraged, it is sometimes necessary for employees to work at their own home. If you need to do this, you would first need to gain approval from your Line Manager.

Remember that you have personal liability under the Data Protection Act and your contract of employment for any breach of these requirements.

Requirements:

- Ensure you have authority to take the records off-site. Your Line Manager will normally provide this.
- For any paper based documents, ensure there is a record that you have these documents, specifying where you are taking them and when they are to be returned. This is particularly important for patient Health Care Files. The Trust PAS system must be updated to track the HCF accurately.
- For any electronic records taken off-site, you must do this using an encrypted USB Memory Stick provided by the Trust (see the intranet, then 'Departments', then 'Information Technology' and then 'Forms' for the 'USB Memory Stick Request Form'). This will ensure that the data is encrypted and cannot be opened by anyone without your password (even if you were to lose the Memory Stick). You must not send files by email.
- Remember that no patient or otherwise sensitive data should be loaded or stored on your personal computer; any alterations should be carried out on the USB Stick.
- Where a Trust Laptop Computer is to be used at home, you must ensure that this has been encrypted by the IT Department before removing it from the Trust.
- Ensure information held on any media (paper or electronic) is placed in a secure container prior to them being transported.
- Ensure such containers are stored in the boot of your car or are carried on your person whilst being transported.
- While at home, you have personal responsibility to ensure the records are kept secure and confidential. This applies equally to paper and electronic records. You must not let anyone else have any access to the records. Particular care is required for a personal computer shared by a household.
- When returning any paper-based documents, ensure there is a record that you have returned these documents.
- Trust systems will scan any updates made to electronic records on your USB Memory Stick for virus or other infections before you will be able to access the files from a Trust computer. Store updated documents on Trust Servers to ensure that they are backup up appropriately.

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Appendix A - Information relating to Children

Young people aged 16 or 17 are presumed to be competent for the purposes of consent to treatment and are therefore entitled to the same duty of confidentiality as adults.

Children under the age of 16 who have the capacity and understanding to take decisions about their own treatment are also entitled to make decisions about the use and disclosure of information they have provided in confidence (e.g. they may be receiving treatment or counseling about which they do not want their parents to know).

In other cases, agreement should be sought from a person with 'parental responsibility' (details of this person would normally be in the patient's Health Care Files). The child's parent/s will always have parental responsibility for the child (unless in an emergency and parent cannot easily be found). For any child under a Care Order or Interim Care Order, the Local Authority can act (they would normally discuss this with parents first).

Sharing Information in Child Protection Cases

The Children's Act 1989 places a statutory duty on health, education and other services to help Local Authorities in carrying out their social services functions under Part III of the Children Act 1989.

The DoH paper 'Working Together to Safeguard Children (2010)' identifies that keeping children safe from harm requires health professionals and others to share information about:

- A child's health and development and exposure to possible harm
- A parent who may need help or may not be able to care for a child adequately and safely
- Those who may pose a risk of harm to children

In child protection cases, the overriding principle must be to secure the best interests of the child. Staff should refer to the 'Child Protection Trust Strategy & Policy' (available on the Intranet) and seek advice from the Trust's Named Nurse for Safeguarding Children (Trish Hagan on extension 3644) or the Duty Manager (if outside of office hours).

In the event of any complaint or dispute, Staff should also advise the Trust's Complaints and Legal Service on extension: 3964 with the following details (if out of office hours, please leave a message):

- Name and hospital number of patient
- Name and contact number of staff involved
- Brief explanation of circumstances

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Appendix B - Equality Impact Assessment

Policy or function being assessed: PATIENT CONFIDENTIALITY POLICY
Assessment completed by: RUSSELL CRAWFORD

Department/Service: CORPORATE
Date of assessment: 03 NOVEMBER 2010

1.	Describe the aim, objective and purpose of this policy or function.	The purpose of this document is to define the Trust's policy for ensuring that patients are aware of the Trust's need to collect and store personal information about them, and the use that the Trust may make of that information.		
2i.	Who is intended to benefit from the policy?	Staff <input checked="" type="checkbox"/> Patients <input type="checkbox"/> Public <input type="checkbox"/> Organisation <input checked="" type="checkbox"/>		
2ii	How are they likely to benefit?	All employees are bound by a legal duty of confidence to protect personal information they may come into contact with during the course of their work. This is not just a requirement of their contractual responsibilities but also a requirement within the Data Protection Act 1998 and, in addition, for health and other professionals through their own profession's Code of Conduct.		
2iii	What outcomes are wanted from this policy?	To provide guidance material for all staff to ensure that they are aware of their legal responsibilities and apply best practice to maintaining patient confidentiality at all times.		
For Questions 3-8 below, please specify whether the policy/function does or could have an impact in relation to each of the six equality strand headings:				
3.	Are there concerns that the policy does or could have a detrimental impact on people due to their race/ethnicity ?		N	If yes, what evidence do you have of this? Eg. Complaints/Feedback/Research/Data
4.	Are there concerns that the policy does or could have a detrimental impact on people due to their gender ?		N	If yes, what evidence do you have of this? Eg. Complaints/Feedback/Research/Data
5.	Are there concerns that the policy does or could have a detrimental impact on people due to their disability ?		N	If yes, what evidence do you have of this? Eg. Complaints/Feedback/Research/Data

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6.	Are there concerns that the policy does or could have a detrimental impact on people due to their sexual orientation and/or transgender?		N	If yes, what evidence do you have of this? Eg. Complaints/Feedback/Research/Data
7.	Are there concerns that the policy does or could have a detrimental impact on people due to their age?		N	If yes, what evidence do you have of this? Eg. Complaints/Feedback/Research/Data
8.	Are there concerns that the policy does or could have a detrimental impact on people due to their religious belief?		N	If yes, what evidence do you have of this? Eg. Complaints/Feedback/Research/Data
9.	Could the impact identified in Q.3-8 above, amount to there being the potential for a disadvantage and/or detrimental impact in this policy?		N	
10.	Can this detrimental impact on one or more of the above groups be justified on the grounds of promoting equality of opportunity for another group? Or for any other reason? Eg. Providing specific training to a particular group.		N	<i>Where the detrimental impact is unlawful, the policy or the element of it that is unlawful must be changed or abandoned. If a detrimental impact is unavoidable, then it must be justified, as outlined in the question above.</i>
11.	Specific Issues Identified			
	Please list the specific issues that have been identified as being discriminatory/promoting detrimental treatment			Page/paragraph/section of policy that issue relates to
	1. Not applicable			1.
	2. Not applicable			2
	3. Not applicable			3
12.	Proposals			
	How could the identified detrimental impact be minimised or eradicated?	Not applicable		
	If such changes were made, would this have repercussions/negative effects on other groups		N	

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	as detailed in Q. 3-8?		
13.	Given this Equality Impact Assessment, does the policy need to be reconsidered/redrafted?		N
14.	Policy/Practice Implementation		
	<p>Upon consideration of the information gathered within the equality impact assessment, the Director/Head of Service agrees that the policy/practice should be adopted by the Trust.</p> <p>Please print:</p> <p>Name of Director/Head of Service: MARK MADDEN Title: DIRECTOR OF FINANCE & PERFORMANCE Date: 03 NOVEMBER 2010</p> <p>Name of Policy Author: RUSSELL CRAWFORD Title: INFORMATION GOVERNANCE MANAGER Date: 03 NOVEMBER 2010</p> <p>(A paper copy of the EIA which has been signed is available on request).</p>		
15.	Proposed Date for Policy/Practice Review		
	Please detail the date for policy review (usually within 3 years): NOVEMBER 2013		
16.	Explain how you plan to publish the result of the assessment? <i>(Completed E.I.A's must be published on the Equality pages of the Trust's website).</i>		
	Standard Trust process		
17.	The Trust Values		
	In addition to the Equality and Diversity considerations detailed above, I can confirm that the four core Trust Values are embedded in all policies and procedures.		

JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
PATIENT CONFIDENTIALITY POLICY

They are that all staff intend to do their best by:

Putting patients first, and they will:

- Provide the best possible care in a safe clean and friendly environment,
- Treat everybody with courtesy and respect,
- Act appropriately with everyone.

Aiming to get it right, and they will:

- Commit to their own personal development,
- Understand theirs and others roles and responsibilities,
- Contribute to the development of services

Recognising that everyone counts, and they will:

- Value the contribution and skills of others,
- Treat everyone fairly,
- Support the development of colleagues.

Doing everything openly and honestly, and they will:

- Be clear about what they are trying to achieve,
- Share information appropriately and effectively,
- Admit to and learn from mistakes.

I confirm that this policy does not conflict with these values. ✓