

Lambeth Information Sharing and Assessment

# ‘LISA in action’



Sponsored by Lambeth Children & Young People’s Strategic Partnership



### 1. Introduction

Effective information sharing and information governance are a key aspect of the work of all public sector organisations. It is therefore important that partner agencies in Lambeth commit to mechanisms that help remove potential barriers to information sharing. Establishing an agreed overarching inter-agency information sharing protocol is one such mechanism.

This Protocol is jointly approved by Lambeth Council and its partner agencies.

The Protocol document is a high level written commitment outlining the framework and principles for sharing information about service users, agreed between party agencies in the London Borough of Lambeth in order to support, protect and care for local individuals and communities.

The Protocol is signed by those senior officers and Children and Young People Board members with authority to bind their agencies to such standards and enable the implementation of these standards in their agencies.

### Adoption of the Protocol

By adopting this Protocol, the Agencies agree and accept that the principles outlined in the document provide a secure overarching framework for the sharing of information between the respective organisations, in compliance with their statutory and professional responsibilities.

### Signatories

This overarching interagency Information Sharing Protocol is signed by each partner agency who sit on the Children and Young People's Strategic Partnership (CYPSP) Board and the Chair of the CYPSP Board.

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#### Board Members

<b>Kevin Barton</b>	Chief Executive, Primary Care Trust (PCT)
<b>Judith Bowden</b>	Head of Child and Adolescent Services (SLAM)
<b>David Boyle</b>	Headteacher, Dunraven Secondary School
<b>Martin Bridger</b>	Chief Superintendent, Metropolitan Police
<b>Steve Crow</b>	Learning Skills Council (LSC)
<b>Phyllis Dunipace</b>	Executive Director CYPS, Lambeth
<b>Ian Jackson</b>	Local Strategic Partnership Manager
<b>Mary Lynch</b>	Interim Deputy Executive Director of Housing
<b>Sally Prentice</b>	Executive Member for CYPS
<b>Jane Ramsey</b>	Chair of the Primary Care Trust
<b>Mike Richardson</b>	Lambeth Governors Forum/Loughborough School Governor
<b>Ruth Vincent</b>	Interim Executive Director Adult and Community Services, Lambeth
<b>Anita Wright</b>	Chair of Headteachers Council

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## **2. Background and Summary**

### ***2.1 Why is sharing information so important?***

Information sharing and governance have increasingly been emerging as high priority in many government initiatives e.g. the Single Assessment Process (SAP) which allows health and social care agencies to work together to benefit users and carers. The Caldicott Report (1997) outlined principles regarding the flows of person identifiable information in the NHS. More recent developments have given a renewed emphasis to the importance of inter-agency information sharing, namely, the Bichard inquiry and the Children Act 2004.

There is an obligation for all local authorities to commit themselves and partner agencies to local mechanisms that help remove barriers to sharing information and further put in place structures to support information governance arrangements. Establishing an agreed overarching inter-agency protocol for sharing information is one step closer to good practice around improving information sharing arrangements.

Current practice on the ground in relation to information sharing varies considerably. Some staff may be reluctant to share information about service users because of uncertainties about current legislation and guidance. Other staff may be continuing to share information on the basis of informal arrangements.

Government requirement and good practice recommends that agencies draw up and implement inter-agency information sharing policies, setting the standards for and stating the legislative framework that will facilitate the transfer of information on a need to know basis for justifiable purposes.

### ***2.2 Benefits of the Information Sharing Protocol***

This overarching Protocol is a high level commitment, outlining the framework and standards between party organisations in the London Borough of Lambeth that are sharing information to protect, support and care for local individuals and communities. Without such formal arrangements, organisations can often find themselves falling short of common standards and confused over responsibilities.

The framework and standards outlined in this document are intended to be a tool – not a bureaucratic hurdle to be overcome. The purpose of the Protocol is to set out the overarching ground rules for sharing information that all partner agencies agree to. This will encourage staff to share information based on the knowledge that an inter-agency approved framework is in place.

## Lambeth Information Sharing Protocol

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Note:

- This overarching Protocol needs to be supported by service specific Information Sharing Agreements (ISAs), where necessary. The ISAs become the practical implementation of the overarching Protocol by stating specifically what, when, how, and between whom the information will be exchanged.

### 3. LAMBETH INFORMATION SHARING PROTOCOL

This section is based on legal guidance issued by the Government's Children and Young Person's Department (CYPD). The Guidance is entitled "IRT Information Sharing to Improve Services For Children: Guidance on Information Sharing". This section is also based on 'Public Sector Data Sharing, Guidance on the Law, November 2003' produced by the Department for Constitutional Affairs (DCA). It is intended to be a fairly concise, easily assimilated piece, setting out the general approach of the Agencies to Information Sharing. This Protocol has been prepared against the backdrop of the Children Act 2004.

**Sections 10, 11 & 12 of this Act place specific duties upon practitioners to:**

- **make and sustain arrangements to promote co-operation between the authority and its partner organisations to improve the well being of children in the authority's area.**
- **make arrangements to ensure the authority's functions are discharged having regard to the need to safeguard children and promote their welfare.**
- **to establish, maintain and operate an index of basic information on all children in the authority or, if the duty to create an index or indexes is placed on another body, to participate in its operation.**

The Act includes the establishment of local, regional and national indices to help safeguard and promote the welfare of children, including information as to the existence of any cause for concern, and information about services provided to children. The Government is expecting these indices will be universal i.e. they will cover all children. Where a relevant practitioner has a concern about a child, the fact (but not the nature) of the concern shall be registered to facilitate effective communication among practitioners about the totality of a child's needs and enable preventative action. The Government expects that Primary Care Trusts, Local Education Authorities and Connexions will be required to provide certain data they hold on any child. Other agencies will be required to supply data if requested, namely local authorities, police authorities, local probation boards, strategic health authorities, learning and skills councils, NHS trusts, youth offending teams, prison governors, maintained schools, FE Colleges, and registered independent schools. Other agencies will be permitted by the Government to supply data, including voluntary organizations working with children, registered social landlords, and registered childminders and day care providers.

In current practice person identifiable data is held by the Agencies in both manual and electronic record format. This information is collected in order that children and young people requiring services ("service users") receive proper care and treatment from the Agencies.

## **Lambeth Information Sharing Protocol**

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The Agencies acknowledge that under certain circumstances there is a need to disclose personal information and data between each other to ensure that the on-going care of any service user is not compromised yet ensuring confidentiality is maintained at all times.

This protocol outlines the terms and conditions agreed between the Agencies under which personal information can be shared and the safeguards that must be implemented.

### ***3.1 Purposes and Objectives of this Protocol***

The purposes of this protocol are:

- To provide a framework for the lawful, secure and confidential sharing of information between agencies involved in the Lambeth area (and beyond where appropriate) to enable them to meet the needs, protection and support of service users in accordance with national and local policy and legislative requirements
- To inform people who use the children's services provided by the Agencies of the reasons why information about them may need to be shared and how this sharing will be managed

The section provides the following outcomes:

- Sets out the principles which underpin the exchange of information between the Agencies
- Defines the specific purposes for which these agencies have agreed to share information about service users
- Describes the roles and structures which will support the exchange of information between agencies
- Describes the procedures which will ensure that information is disclosed in line with statutory responsibilities
- Describes the arrangements which have been agreed for exchanging information
- Describes the security procedures necessary to ensure that the confidentiality of information exchanged is maintained
- Sets out the responsibilities of agencies to implement internal arrangements to meet the requirements of the protocol
- Sets out the responsibilities for agencies to implement detailed information sharing arrangements specifically on a bilateral basis
- Describes how this protocol will be implemented, monitored and reviewed.

### ***3.2 General Principles***

This protocol has been drawn up taking into account the following legislation and guidance documents.

- Data Protection Act 1998
- Access to Health Records Act 1990

- Crime and Disorder Act 1998
- European Convention on Human Rights (given effect via the Human Rights Act 1998)
- Caldicott guidelines
- Freedom of Information Act 2000
- Regulation of Investigatory Powers Act 2000
- Children Act 1989
- Common Law Duty of Confidentiality

(These Acts of Parliament can be accessed via the OPSI web site, and the above materials are described in greater detail in the CYPD legal guidelines referred to at 3.1 above.)

In order to ensure service users receive their proper care and protection it is vital that information is shared (with consent where necessary) and that those concerned with that care have ready access to information they need to fulfil their duties under the Children Act 2004. However, service users must have confidence that their personal information will be kept secure and confidential and that their privacy is respected. at all times.

All practitioners and other staff from their agencies have an obligation to safeguard the confidentiality of personal information. This is governed by law (Data Protection Act 1998 and common law duty of confidentiality), contracts of employment and also by professional codes of conduct.

### ***3.3 Legal gateways for sharing information***

#### **3.3.1 Common law duty of confidentiality**

Prior to examining the statutory provisions that may permit data sharing it is necessary to consider the common law position.

A duty of confidence arises when one person (the “confidant”) is provided with information by another (the “confider”) in the expectation that the information will only be used or disclosed in accordance with the wishes of the confider. If there is a breach of confidence, the confider or any other party affected (for instance a person whose details were included in the information provided) may have the right to take action through the courts.

#### **3.3.2 Exemptions to the duty of confidentiality**

The duty of confidence is not absolute and the courts have recognised three broad circumstances under which confidential information may be disclosed. These are as follows:

- Disclosures with consent. If the person to whom the obligation of confidentiality is owed (whether an individual or an organisation)

consents to the disclosure this will not lead to an actionable breach of confidence.

- Disclosures which are required by law. “Law” in this context includes statute, rules of law, court orders etc.
- Disclosures where there is an overriding public interest.

The courts have generally taken the view that the grounds for breaching confidentiality must be strong ones.

### 3.3.3 Statutory gateways for data sharing

#### Children’s Act 2004 s10, s11 and s12

The duties in section 10 (co-operation to improve well-being) and section 11 (arrangements to safeguard and promote welfare) underpin a duty for practitioners to share information when judged to be in the best interests of the child. That is, those bodies bound by the duties should share information about children as part of furthering those duties. The Children Act 2004 has added to and reinforced the existing body of legislation that gives (usually in an implied way) legal foundation to information sharing when the interests of a child require it. It provides the opportunity to strengthen, through guidance and other supporting material, the message that appropriate information sharing is an important part of delivering effective services to children across the whole spectrum of children’s services agencies and disciplines.

Whilst sections 10 and 11 of the Act create an implicit duty to share information, section 12 of the Act provides an explicit duty to create a child index and share the basic information contained on the index with other Children’s Services Authorities (CSAs) on a regular basis. The explanatory notes to the Act further outline that the purpose of the Child database “is to facilitate contact between professionals who are supporting individual children or who have concerns about their development, well being or welfare with the aim of securing early, coherent, intervention.” The basic set of information that is to be included in the child database is defined within section 12.

It is envisaged that the information sharing that takes place under the implicit duty contained within section 10 and 11 would be done on an ad-hoc basis where it is deemed necessary in the particular circumstances of the case to share more personal data than that which is contained within the child index.

Regulations that are to be brought in under section 12 and the accompanying guidance will greatly inform how CSAs are expected to fulfil their duties under section 10 and 11.

### **3.3.4 How do these duties to share information under the Children Act impact on the common law duty of confidentiality?**

Given that section 12 provides a specific duty to share the data contained within the Children's index, the disclosure of this information would normally be allowed (See 3.4.1 below), as there is an appropriate defence to the duty of confidentiality (i.e. the disclosure is required by law).

The gateways provided by sections 10 and 11 of the Children Act 2004 do not alter the way in which consent and confidentiality issues need to be considered when sharing information about individual children. The implied duty to share information does not have the same effect as an explicit statutory obligation to provide certain information (such as the duties that may be placed on bodies in respect of the indexes to be set up under section 12) so it cannot be relied on as a defence of breach of confidence.

What this means is that when considering if it is appropriate to make an ad-hoc disclosure under section 10 or 11 of the Act, you will still have to consider if consent is required or if a defence to the duty of confidentiality is applicable (see 3.4.4 below).

### **3.3.5 How do these duties to share information under the Children Act fit with the Data Protection Act?**

The sharing of information in pursuance of the section 10,11 and 12 duties must comply with the Data Protection Act 1998 and in particular, the eight data protection principles.

In terms of the first data Protection principle, we consider that the implicit duty to share under sections 10 and 11 and the explicit duty to share information under section 12 are sufficient to satisfy paragraph 5(b) of schedule 2 (and paragraph 7(b) of schedule 3 in the case of sensitive personal data) to the Data Protection Act.

Whilst consent may not always be required, in order to comply with the fairness element of the first data protection principle each CSA must ensure that they make the data subject aware of their intention to disclose their personal data and the reason for the disclosure, prior to the disclosure occurring. There are exemptions to this requirement to notify the service user prior to the disclosure (e.g. where notifying the service user at that stage is likely to prejudice an ongoing criminal investigation).

It is important to recognise that the condition that allows for disclosures in these circumstances (Para 5(b) of Schedule 2 and paragraph (7)(b) of Schedule 3) state that "the processing is necessary for the exercise of any functions conferred on any person by or under any enactment". The inclusion of the word "necessary" means that the information that is to be shared must

be limited to that information which is needed in order to enable the CSAs to fulfil their duties under the Children Act 2004.

### **3.3.6 How do these duties to share information under the Children Act relate to the Human Rights Act 1998?**

The Human Rights Act provides individuals with a right to privacy. This right is qualified and the Human Rights Act allows for interference providing that the disclosure is

- (a) in accordance with the law;
- (b) In the pursuit of a legitimate aim; and
- (c) Necessary in a democratic society.

Prior to disclosing information under section 10 and 11 of the Children Act it is necessary to consider the proportionality of each disclosure of information. This means that the relevant CSA making a disclosure under section 10 and 11 must be satisfied that such a disclosure is proportionate to the purposes for which it is made. Further guidance in this area will be provided within the ISAs.

### **3.4 Further guidance on the duties under section 10-12 of the Children Act 2004**

Further guidance supporting section 10 will make clear that strategic managers in partner organisations should ensure that information sharing is properly addressed in their own organisations, and the Children's Services Authority should ensure that all:

- organisations' change strategies and service delivery plans incorporate effective and clearly understood mechanisms for sharing information across service and professional boundaries;
- relevant managers and practitioners receive adequate training on information sharing;
- managers, practitioners and other staff understand the legal basis on which information can be shared;
- information sharing becomes an integral part of the way in which practitioners fulfil their duties;
- strategic managers are familiar with the guidance that their managers in children's services should follow; and
- information sharing indexes are established and operated as set out in regulations made under section 12 of the Children Act 2004 and accompanying guidance.

### **3.4.1 What help will the guidance be?**

The statutory guidance on sections 10 and 11 will have a strong influence on organisations in that they cannot just ignore the guidance – they would have to have a persuasive reason for not following it and putting in place arrangements, training and protocols accordingly. National standards will be established to aid consistency, by supporting agencies on how to put in place what the guidance say should be implemented.

Government plans for new practice guidance to include drawing from the helpful comments that they have received about the weakness of current arrangements. CYPFD have launched a new project to work across Government to provide new information sharing guidance for practitioners across services to children and young people covering education, health, social care, and youth offending.

### **3.5 *Joint Procedures***

Each agency will adhere to all joint policies and procedures formally agreed and authorised by the Agencies, to which it is a party.

### **3.6 *Disclosure Of Personal Information***

#### **3.6.1 Obtaining Express Consent**

Any member of staff, who may have to seek the express consent of service users to share information about them, will present and explain the issues to these service users, will request their consent to share information for above-mentioned purposes with other agencies and will explain the consequences if consent is not given.

Consent is not normally necessary where the information in question is that which is required for the Children's Index under section 12 (as there is an explicit duty under the Children's Act to share this information). However, in the case of sensitive services (e.g. sexual health) the child/young person will have to give their consent for the details of that service/their practitioner's involvement to be put on the index.

Even if consent is not required to place information on the index, the service user (and where applicable their parent) must still be made aware of the purposes for which their information will be used and whom it may be shared with for these purposes.

Explicit consent is given by a service user agreeing actively, usually orally sometimes in writing, to a particular use or disclosure of information. Consent should be obtained in writing wherever possible. Where the service user only provides consent orally, a written record should be made by the person to whom it is given.

Explicit consent will be sought at the earliest opportunity. This should be, if possible, at the first contact with the service user concerned unless the individual is unable, at that time, to fully comprehend the implications or make an informed judgement. If, in the professional judgement of the staff member(s) concerned, it would be detrimental to the service user concerned to address these issues at that time, then the reason for not doing so should be recorded and arrangements agreed to complete this task at the first available opportunity.

It is the responsibility of agencies to ensure that explicit consent is given on an informed basis. This means that express consent should only be given with the full understanding of what information will be shared, with whom and for what purpose.

Where service users state that they do not want their personal information divulged the individual's wish should be respected unless there are exceptional circumstances (see 3.4.5). The consequences of withholding information for care or planning must be explained fully to the service user but the final decision should still rest with that individual.

### **3.6.2 Capacity to Make an Informed Decision**

If a young person is considered to be Gillick Competent, consent for sharing of information should be sought directly from them. (The Courts have stated that under 16 year olds can give valid consent if they have sufficient understanding, maturity and intelligence to enable him or her to understand fully what is proposed). A young person may be considered to be Gillick Competent at about 12 years but this will vary in individual children, if in doubt seek advice from a person who has close knowledge of the child and also take legal advice.

### **3.6.3 Recording Consent**

Although written or signed consent is not a strict legal requirement, it is always advisable as it contains a facility for service users or any person acting on their behalf to confirm that information has been made available to them. The consent form should be stored in the service user's personal record file and the file marked to indicate that consent forms are present. A copy of the consent form should be made available to the service user or any person acting on their behalf.

If a service user or any person acting on their behalf limits the disclosure of information in any way, then this must be flagged both on the consent form and on the agency records in such a manner that any member of staff subsequently involved with that person, is alerted to this limitation of consent. Information which is held with this limitation should be stored in such a manner that access can be controlled. Inclusion of a limitation of access to information by a particular agency should not normally stop that agency from placing the relevant information on the Children's Index as there is an explicit duty to share this base level information under section 12 of the Children's Act 2004 (however consent is required where the information relates to sensitive services, such as sexual health advice). Any limitation of consent must be

considered if a wider disclosure of information is requested from a partner organisation. This limitation of consent should be recorded whether or not a decision is taken to disclose without consent.

If the service user or any person acting on their behalf withdraws consent in the interim period a record must be kept of the date on which consent was given, the date on which it is due to expire and the date on which it was withdrawn, if applicable. If at any time following the withdrawal or expiry of consent, an agency wishes to disclose that information for the same or another purpose, then consent will need to be sought again.

### **3.6.4 Checking for Consent**

It is essential that a member of staff receiving a request for personal information about a service user first checks that consent does not contradict any previous consent agreements held in their case file. Any contradictions must be resolved before information is released and should be notified to the person responsible for controlling access to information. If the consent provided is more than three years old, then consent should be re-sought.

### **3.6.5 Disclosing Information without consent**

There are exceptional circumstances in which a service user's right may be overridden, for example:

- (a) if a child is believed to be at serious risk of harm, or
- (b) if there is evidence of serious public harm or risk of harm to others, or
- (c) if there is evidence of a serious health risk to an individual, or
- (d) if the non-disclosure would significantly prejudice the prevention, detection or prosecution of a crime.
- (e) if instructed to do so by a court

The decision to release information under these circumstances can only be made by the nominated senior practitioner of the agencies defined in this protocol.

If information is disclosed without consent, then full details will be recorded about the information disclosed, the reasons why the decision to disclose was taken, the person who authorised the disclosure and the person(s) to whom it was disclosed.

When disclosing information about individual service users, agencies must indicate to what extent this information is current, is factual or an expression of opinion and whether it has been confirmed as correct by the service user.

A record of the disclosure will be made in the service user's case file and the service user must be informed if they have the capacity to understand, or if they do not have the capacity then any person acting on their behalf must be informed. If information is disclosed without consent, there may be some exceptional circumstances (particularly in the context of child protection work)

where it may not be appropriate to inform the service user of the disclosure of information. This situation could arise where the safety of a child (or possibly sometimes of an adult) would be jeopardized by informing the service user of such disclosure. In many such situations it will not be a case of never informing the service user, but rather delaying informing them until further enquiries have been made. Any decision not to inform, or to delay informing, should be recorded on the service user's case file, clearly stating the reasons for the decision, and the person making that decision.

In deciding whether or not disclosure of information given in confidence is justified it is necessary to weigh the harm that would result from breach of confidence against the harm that might result if you fail to disclose the information.

The interests of the child are the primary consideration. The key factor in deciding whether or not to disclose confidential information is "proportionality": is the proposed disclosure a proportionate response to the need to protect the welfare of the child? The amount of confidential information disclosed, and the number of people to whom it is disclosed, should be no more than is necessary to meet the duty to protect the health and well-being of the child. The more sensitive the information is, the greater the child-focussed need must be to justify disclosure and the greater the need to ensure that only those practitioners who have to be informed receive the material.

### **3.6.6 Maintaining Contact Details**

All Agencies will maintain a list of the staff who have been trained to seek consent.

Agencies will keep a central record, and disclose upon request to each other, the names and contact details of members of staff (or contractors):

- To whom requests for information for particular purposes should be directed
- Who can authorise disclosure in respect of individual ISAs
- Who will provide legal advice in respect of the disclosure of information concerning a particular client group
- Who is authorised to receive confidential information in respect of a particular purpose

## **3.7 Access and Security Procedures**

### **3.7.1 Transfer of Personal Information**

It is recognised that in urgent cases, information about service users may have to be requested or provided via the telephone. The Agencies will ensure that staff take appropriate steps to satisfy themselves of the identities and bona fides of those requesting information to ensure that data is not released inappropriately. All Agencies should ensure that their internal procedures reflect this protocol. Detailed records of any telephone disclosures that take place should be taken and retained on the service user's personal record file.

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As a minimum the following information should be recorded following a telephone disclosure: Date and time of the call, name of the caller, organisation that they are calling from, what information they have requested and why, a detailed description of the information disclosed to them and why.

Written communications containing personal information should be transferred securely. All agencies should satisfy themselves of the local practical details and ensure that adequate information about arrangements is available to senders. For example, where an agency has a general practice that all mail is to be opened at a central point, prior to delivery to the named recipient, then this policy must be made clear to all partner Agencies, so that they may make alternative means of transfer where it is essential that the information is restricted specifically to those who have a need to know. For example sealed envelopes should be clearly marked "To be opened by Addressee Only."

Service user's information must only be sent via the Internet if encrypted. It is preferable to transmit data under controlled circumstances such as via the NHS net or directly to agencies using secure data links.

Faxes are vulnerable to security failures and should only be used if urgency is required and if no other method of communication is available. Fax machines should be sited in 'safe havens' to which only appropriate staff may have access and fax numbers should be double checked prior to dispatching personal or confidential information.

### **3.7.2 Use of Personal Information for Purposes Other Than Agreed**

Staff wishing to use that information for any other purpose, or who wish to disclose that information to any person other than those authorised to receive the information, must submit a formal application to the data subject. It is the responsibility of the person making the application to provide sufficient information to justify why that information should be disclosed/used for that purpose. It is the responsibility of the staff member to obtain the informed consent of the service user or any person acting on their behalf to the further use of that information or to decide whether the reason the information is required justifies disclosure without consent.

Information must not be disclosed to any non-agency body or person without first obtaining the consent of the data subject and seeking legal advice.

### **3.7.3 Restrictions on the use of Statistical and Anonymous data**

Anonymised data can be used for statistical purposes. Care must be taken to remove all possible identifiers from this type of information.

## **3.8 Protocol Management Procedures**

### **3.8.1 Formal Approval and Adoption**

The Chief Executives of the Agencies are ultimately responsible for ensuring staff adhere to the terms of this protocol.

### **3.8.2 Dissemination / Circulation of Protocol**

Protocols will be introduced to managers and fieldworkers following internal agency training plans and procedures.

### **3.8.3 Monitoring and Reviewing Procedures**

All protocols will be subject to regular formal review.

Legal advice will always be sought before any major changes to protocols are considered.

### **3.8.4 Reporting Breaches of the Protocol**

Any breaches of the protocol must be brought to the immediate attention of the line manager responsible for the day-to-day management of the protocol.

## **3.9 *Guidance on the Meaning of 'Need To Know'***

The purpose of this section is to offer some guidance on what the concept of 'need to know' means in practice. This could be useful in devising or agreeing 'local' or service-specific ISAs between teams or units within or across agencies, or for helping practitioners decide whether or not to share information in situations not covered by such ISAs.

Two levels of information sharing can be identified:

Type A information. Information that uniquely identifies a particular service user and identifies those staff/teams/units involved with the patient/user

Type B information. More detailed personal information about the service user such as diagnosis, medical and social history, criminal record, etc.

Person identifiable information (Type A) supplied by the agencies must be restricted to staff on a need-to-know basis, in order to perform their duties in connection with one or more of the purposes outlined above or within individual ISAs. Clinical and practitioner details (Type B) should be available only to those involved in the care of the individual, also on a need to know basis.

## **3.10 *If in Doubt Seek Legal Advice***

Every case is different and this protocol cannot cover every situation. It is however essential to have regard to it. Whenever you share information in the course of your work you will need to apply the principles to each situation on a case by case basis exercising your professional judgment. More detailed guidance is available in the CYPFD publication "Guidance on Information Sharing" and DCA's "Public Sector Data Sharing, Guidance on the Law". If in doubt about the appropriate action to take advice should be sought from the Data Protection Officer or Legal Adviser for your organisation.

### **4. FREEDOM OF INFORMATION ACT REQUESTS**

Each of the CSA's are "public authorities" for the purposes of the Freedom of Information Act 2000 (FOI). This means that they could receive requests for information relating to the information sharing activities under this protocol or resultant ISA (e.g. statistics on the amount of data sharing being undertaken or the general nature of the data sharing). The CSA that receives the FOI request must make the other CSAs aware of the nature of the request and their intended response.