

**MERTHYR AND RHONDDA CYNON TAF  
GEOGRAPHICAL AREA**

**UNIFIED ASSESSMENT INFORMATION  
SHARING PROCEDURE 2005**

**Partner Declaration**

**I confirm that:**

Insert logo and name of organisation here
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**is a full partner in the above procedure and will ensure  
all sharing of identifiable information with partner  
organisations will be carried out under the conditions  
of the procedure**

**Signatory to the Procedure**

Signature:

Name:

Designation:

Date:

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**(Insert name), (Insert Designation – Divisional Director /  
Caldicott Guardian / LHB *Chief Executive or equivalent*), on  
behalf of**

(Insert organisation name)

## CONTENTS

CONTENTS.....	2
Introduction .....	3
Purpose of the Procedure .....	3
Aim.....	3
Principles for the lawful sharing of personal information.....	4
Information to be shared .....	5
Purposes for which information may be shared.....	5
Consent to share data .....	6
Capacity .....	6
Where consent is refused .....	7
Exceptional Circumstances.....	7
Exchange of Information .....	7
Transfer of Data.....	8
Computerised data .....	8
Manual records .....	8
Transfer of information by fax .....	8
Verbal transfer of information .....	9
Transfer of information by post .....	9
Adoption of the Procedure .....	9
Organisations with whom partners contract .....	9
Dates of Procedure Operation and Review .....	10
Schedule of Partners .....	10
Appendix 1.....	11

## **Introduction**

The Welsh Assembly Government Circular (April 2002) "Health and Social Care for Adults: Creating a unified and fair system for assessing and managing care" places a strong emphasis on the need to share information across organisational and professional boundaries, in order to ensure effective assessment and the co-ordination and integration of services. Much of the information that needs to be shared involves personal information about patient / client and their needs. The Welsh Assembly Government has also emphasised the importance of security and confidentiality in relation to the sharing of personal information.

This procedure document will:

- outline the terms and conditions agreed between partner agencies under which personal information will be lawfully shared for the Unified Assessment process;
- enable the exchange of confidential information to ensure agencies do not duplicate assessments;
- allow contributions to assessments to be shared in an effective manner.

The procedure, which has been developed by a multidisciplinary team of health and social care professionals, relates to confidential personal information about people who reside in the geographical area of Merthyr Tydfil and Rhondda Cynon Taf.

## **Purpose of the Procedure**

The purpose of the procedure is to provide a framework for the secure and confidential sharing of information between organisations for the purposes of Unified Assessment.

## **Aim**

The aim of the procedure is to facilitate the exchange and sharing of confidential personal information in a way that is:

- lawful;
- respectful of the individual's right to confidentiality;
- in keeping with the individual's expressed permission to share certain pieces of relevant or pertinent information;
- on a need to know basis, that is, shared with those who have a legitimate interest and appropriate level of access to the information;
- consistent;
- meaningful to those who require it.

It should safeguard professionals by providing guidance that will allow access to confidential personal information about people within given parameters.

### **Principles for the lawful sharing of personal information**

- The partners will agree that information will be processed (including sharing) for the purposes of the Unified Assessment.
- All parties and their employees will abide by the Data Protection 1998, the Common Law Duty of Confidence, the Human Rights Act 1998, (in particular Article 8), Caldicott guidance and Welsh Assembly guidance on confidentiality and information sharing.
- Partners must be fully committed to ensuring that they process information in accordance with each of the above.
- Only information that has been fairly and lawfully obtained can be shared.
- Where they have the capacity to do so, patients / clients must give informed consent prior to their information being shared for the purposes of Unified Assessment.
- Information will be shared on a need to know basis only.
- Partners must respect confidentiality and apply organisational security measures as required by Principle 7 of the Data Protection Act 1998.
- Partners will ensure that relevant staff are aware of and comply with their organisation's policies with regard to confidentiality and information security
- Personal information, including health information, must be treated with the utmost respect and confidentiality, with high standards of control on the flow of information being demonstrated and maintained at all stages of the process.
- The employment contract of every member of staff should contain a confidentiality clause.
- All staff, whether substantive post holders, temporary or agency staff, must accept their professional and contractual duty of confidentiality and treat personal information with the utmost respect and confidentiality; they must employ the strictest rules of confidentiality when processing personal information about patients / clients.
- When requesting release and disclosure of information from members of partner agencies, staff must not seek to override

any procedures which are in place to ensure that information is not disclosed illegally or inappropriately.

- All staff must be informed that any breach of confidentiality could be a matter for disciplinary action or could provide grounds for a complaint against them on an individual basis.
- Each partner should have in place procedures to address any complaints that may arise in relation to reported breaches of confidentiality or unauthorised disclosures of personal information.

### **Information to be shared**

In a multi agency care situation, organisations party to this agreement may share personal, identifiable information from the following list,

Contact assessment

Overview assessment

Summary record

Care plan

Service plan

Reviews

Examples of shared documentation agreed to date may be found in Appendix 1.

At this stage, specialist assessments will not be shared, however, the reference to their existence in the overview assessment will be shared. The only exceptions being the single assessment for Continuing Healthcare and CPA Standard and Enhanced Assessments.

The level of information shared will be proportionate to the person's needs and relevant to a particular assessment or service provision; the full document set automatically being sent.

All personal data, regardless of the format in which it is stored, is included within the scope of this procedure and will include information held in computer systems, in relevant filing systems, in manual or electronic format.

### **Purposes for which information may be shared**

- to contribute to a person centred approach to assessment and proportionate to need;

- to avoid duplication when obtaining information, assessing need or creating records;
- to facilitate the co-ordination, integration and provision of services

### **Consent to share data**

Personal data directly related to the unified assessment process will usually be 'identifiable'. It must only be shared after rigorous scrutiny as outlined below:

- the requested use or purpose of processing the personal information is within the uses and purposes for which the data has been obtained; and
- the explicit (express) consent of the patient / client or their lawful representative has been obtained after an informed process.

The process to satisfy the above requires partners to:

- **clearly inform** their patient / clients (or their lawful representative) of the reasons why their information will be shared. The client will be provided with an information leaflet to supplement the verbal information given.
- satisfy themselves that the patient / client (or their lawful representative) have **understood** the reasons why their information will be shared;
- **obtain** the signature of the patient / client (or their lawful representative).

**Clients will be asked to give their consent for information to be shared every time an assessment is made.** This will ensure that consent is current and that clients are aware of the information they are agreeing to share.

A copy of the current assessment should be offered to the client at each stage. The summary record will be updated to reflect information captured at each stage of involvement. In adopting such good practice an audit trail will also be created.

It should be noted that the patient / client can withdraw consent at any time.

### ***Capacity***

If a patient / client has been assessed as not having the mental capacity to give 'informed consent', then the decision to share will be made in the best interests of the patient / client. The decision will be made by the carer who provides a substantial amount of care on a regular basis in consultation with an appropriately qualified

professional. The reasons for taking the decision must be clearly documented on the relevant assessment tool.

### ***Where consent is refused***

Individuals have the right to refuse consent to the sharing of their information. Where an individual states that they do not want their information to be shared, then their information should not be shared. The consequences of withholding information should be explained fully to the patient / client.

### ***Exceptional Circumstances***

Information can be lawfully shared without consent where an appropriate senior professional has taken the view that the duty of confidentiality can be breached because of a wider public interest, or because of the overriding obligation to comply with some other legislation. In forming a judgement, the appropriate professional will need to comply with the principles of the Data Protection Act 1998.

Staff are also permitted to disclose personal information in order to:

- prevent and support detection, investigation and punishment of **serious** crime;
- prevent abuse or serious harm to others where they judge, on a case by case basis, that the public good that would be achieved by the disclosure outweighs both the obligation of confidentiality to the individual patient concerned and the broader public interest in the provision of a confidential service.

Where information is supplied to another party without informing the client (as referred to above) the reasons for doing so must be clearly recorded together with the outcome of the request.

### **Exchange of Information**

Requests for information should be made to an individual's Care Co-ordinator. In their absence, their Manager or colleagues performing similar Care Co-ordinator roles may consider the request depending on its urgency and when the Care Co-ordinator will next be available.

On some occasions the Care Co-ordinator will request information for other partners whose involvement they have become aware of. The Care Co-ordinator is the central point for requests and exchange of information.

Requests for information will be considered from those practitioners and assessors who are currently involved in the planning, delivering and assessment of an individual's health and social care needs.

Care Co-ordinators are responsible for recording details of requests for and provision of information on the Summary Record. Details should cover:

- who has requested information
- what information has been requested
- why it has been requested
- when the request was received
- the outcome of the request

### **Transfer of Data**

Before transferring data, it will be necessary for the Care Co-ordinator to establish the preferred media for accessing the information with the person requesting it, as partner agencies will hold information in different formats.

The Care Co-ordinator may delegate the responsibility for dispatching the information to an appropriate person. However before doing this, the Care Co-ordinator must:

- select only the relevant information to be shared
- be satisfied that the procedures to be followed are understood and will be adhered to.

### ***Computerised data***

At present e-mail may not be used to share personal identifiable information. This is because personal identifiable information must not be shared via an unsecured electronic link until nationally or locally agreed high level encryption techniques are made available. The exchange media for sharing computerised data will be password protected files on either floppy disk or CD-ROM, delivered person to person. Passwords will be exchanged at the handover of data.

### ***Manual records***

When Information contained in unified assessment documentation needs to be shared, only items of information deemed relevant and necessary should be exchanged. Utmost care should be taken to ensure that the patient / client has given their informed consent to share the required items of information, and that the consent is current and has not been withdrawn. The Care Co-ordinator is responsible for updating the Summary Record in this respect.

### ***Transfer of information by fax***

When information is being sent by fax, the agreed Protocol for the Safe Transmission of Manual Faxes must be used at all times.

### ***Verbal transfer of information***

Mobile phones should not be used to exchange information.

When information is conveyed verbally via the telephone, the person giving the information should read the information verbatim from the file. The following should be recorded:

- name of person with whom the information was shared
- the date that it was shared
- which pieces of information were shared

The person receiving the information over the telephone should note down the information given. For record purposes, a paper copy should be forwarded to the person who has received the information over the telephone. This paper will replace the notes made at the time of the verbal transfer.

### ***Transfer of information by post***

Information sent by post should be marked Private and Confidential for the attention of a named individual or their administrative support. The commercial postal service may be used however the courier service is the preferred method of exchange. There are a number of joint bases across the County Borough where the courier routes of partners overlap.

### ***Adoption of the Procedure***

The parties to this procedure agree that the guidance detailed in the document will provide a secure and lawful framework for the sharing of information for the purposes of unified assessment.

Partner organisations agree to:

- facilitate the sharing of information given that it is lawful to do so;
- implement the procedure;
- raise staff awareness of the procedure and train and support them in its implementation and use;
- work towards monitoring and recording compliance with the procedure and provide reports to The Merthyr Tydfil and Rhondda Cynon Taf Steering Group.

### **Organisations with whom partners contract**

The procedure extends to those organisations providing services to a number of patient / client through contractual arrangements with the aforementioned parties.

The Data Protection Act 1998 stipulates that organisations must satisfy themselves that the agencies they share information with have the necessary procedures in place to comply with the Act's requirements.

Contracts and Service Level Agreements must therefore reflect and enforce the requirements of this procedure.

In signing the Merthyr and Rhondda Cynon Taf Geographical Area Information Sharing Procedure, signatories confirm that they will comply with legislation and guidance.

### **Dates of Procedure Operation and Review**

The procedure will operate from 31<sup>st</sup> March 2005 and will be audited and reviewed in April 2006 by the Merthyr and Rhondda Cynon Taf Geographical Area Unified Assessment Steering Group

### **Schedule of Partners**

This section lists the Partners to date to this procedure.

North Glamorgan NHS Trust

Pontypridd and Rhondda NHS Trust

Merthyr County Borough Council

Rhondda Cynon Taf County Borough Council

Rhondda Cynon Taf Local Health Board

Merthyr Local Health Board

Bro Morgannwg NHS Trust

## Appendix 1