## Cavell Court Project – Information Sharing Protocol

Health & Social Care Information Sharing Agreement West, South and North Norfolk and Norwich STP Partners (ISA) is not a legally enforceable document or a contract. The overarching agreement identifies best practice for systematic data sharing of health and social care information between signatories and this Information Sharing Protocol sits beneath the ISA and intends to provide granular detail of specific sharing initiatives agreed to by the parties involved.

The ISP is provided to all parties to support risk mitigation and to provide a consistent approach to managing data flows that are already routinely occurring.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  | | |  |
| Name of Project | | |  | Cavell Court Care Home | | |
|  | | |  |  | | |  |
| Description of Routine Sharing Practice | | |  | This document provides a formal agreement and associated actions in relation to the sharing of personal and sensitive (special category data) patient data between NNUH, Cavell Court and one of the following four practices: Bacon Road, St Stephen’s Gate, Castle Partnership & Humbleyard Practice. The purpose of the service is to establish a means for Cavell Court to submit a referral to the four GP Practices which support residents residing at Cavell Court. Eligibility for the referral will be limited to patients who have been discharged from the NNUH on a CHC Fast Track pathway, to ensure that they receive an expedient package of care to support their end of life care provision.   * Patient is admitted to NNUH * Patient transferred to Cavell Court for palliative and end of life care. * Cavell Court will make direct contact (email or telephone) with one of the four above practices so that a clinician can be involved in care and patient can continue to receive any prescribed medication * NNUH will send a discharge letter to the care home and GP (possibly registered GP) * GP will visit care home within 24 – 48 hours (often much sooner due to immediate care needs) * GP will access the hospital records that have been transferred with the patient (likely hard copy folder) * GP will refer to any necessary additional services and will view and add to records * Practice will undertake weekly round at the care home to visit the patients. Senior care home staff member will be present * GP recording outcomes in health record and providing written summary to Cavell Court * Where necessary GP Practice will liaise with Medicines Management team at CCG | | |  |
|  | | |  |  | | |  |
| Agreed Data Set | | |  | As per proforma (see attached)   1. Discharge folder from hospital (data set defined by disclosing Controller) 2. Patient registration with one of 4 practices by Cavell Court – Name, NHS Number, DOB, Hospital No Address, condition, length of stay, treatment plan (will be part of an e-referral form moving forward) 3. GP will access Cavell Court records in accordance with health and care needs (minimised through clinician adherence to Caldicott Principles) 4. Outcome summaries will include data in accordance with patient care needs and in adherence with Caldicott Principles) 5. Any onward disclosures / referrals to health / care partners will be in accordance with health and care needs (minimised through clinician adherence to Caldicott Principles | | |  |
|  | | |  |  | | |  |
| Preferred Secure Transfer Method 1 | | |  | Referral sent via nhs.net both GPs and care home is on nhs.net | | |  |
| Preferred Secure Transfer Method 2 | | |  | Phone call or letter to practice in rare event nhs.net not working. | | |
| Other Methods | | |  | Direct access to paper records | | |
|  | | |  |  | | |
| Secure Storage | | |  | Cavell Court as a distinct Controller are responsible for secure storage of held records  S1 data will remain in situ  Possibly encrypted Dictaphones | | |
|  |
| Retention Periods | | |  | Each controller has their own retention schedule.  GP Practices, Care home adhere to NHS Records Management Code of practice. | | |  |
|  | | |  |  | | |  |
| Legal Relationships | | |  | The process will involve sharing information from one Controller to another.  “Where the same personal data is processed by a series of parties in sequence, each using the data for a different purpose then they will remain separate controllers ...” (ICO Guidance)  The CCG is the Commissioner of the service | | |  |
|  | | |  |  | | |  |
| Fair Processing  / Right to Be Informed | | |  | In order to satisfy the common law duty of confidentiality and the data protection legislation “right to be informed” there is a requirement to ensure that patients are provided with sufficient information. Individuals must “reasonably expect” disclosures of their confidential information.  The parties must each include information about this initiative in their privacy notices and displayed in situ at all premises that provide information about their rights – including their right to object. | | |
|  | | |  |  | | |
| Data Security | | |  | All signatories must;  All signatures have completed a Data Security Protection Toolkit and have:  Implement appropriate technical and organisational measures to protect the Shared Personal Data in their possession against unauthorised or unlawful processing and against accidental loss, destruction, damage, alteration or disclosure, including but not limited to:   * Ensuring IT equipment, including portable equipment, is kept in lockable areas when unattended and is encrypted. * Ensuring that all paper records are transferred securely and not left in vehicle unattended * ensuring that staff use appropriate secure passwords for logging into systems or databases containing the Personal Data; * ensuring that all IT equipment is protected by antivirus software, firewalls, passwords and suitable encryption devices; * Ensuring all staff handling Personal Data have been made aware of their responsibilities with regards to handling of the data, have a copy of this protocol and have undergone Data Protection and Security Training in the last 12 months | | |
|  | | |  |  | | |
| Lawful Basis | | |  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Purpose** | **DPA 2018 (personal data)** | **DPA 2018 (special cat)** | **GDPR (personal data)** | **GDPR (special cat)** | **ECHR Art 8** | **Common Law Duty of Confidentiality** | | Direct care to individual | Sch 9 s 5 (e) Public Task | Sch 10 s 10 8(1) Medical Purposes | Art 6 (1) (e) Public Task | Art 9 (2) (h) Medical Purposes | In accordance with the law  Proportionate | Established through raising patient expectations through privacy materials | | | |

|  |  |  |
| --- | --- | --- |
| Patient Right to Object (Information Sharing Scripts) |  | N/A |

|  |  |  |
| --- | --- | --- |
| Incidents report to: |  | GP & NNUH report SI to CCG and CSU, / Care homes have own internal incident process also N&W QIR process applies to all |
| Access Rights Requests reported to: |  | The Parties agree that the responsibility for complying with a request from a data subject falls on the Party receiving the request in respect of the Personal Data held by that Party.  The Parties agree to provide reasonable and prompt assistance (within 5 working days of such a request for assistance) as is necessary to each other to enable them to comply with a Data Subject Request and to respond to any other queries or complaints from Data Subjects. – This would revert to individual providers |
| Approved by: |  | A copy of this document should be provided to all staff involved in the project at NNUH, Cavell Court and participating practices and should be logged with the Information Governance Lead / DPO for each participating partner organisation. |
| Approval date: |  | February 2020 |
| Review date |  | 3 – 6 months from approval or at any time due to changes in legislation |
| In case of queries about the content of this document contact: |  | Emma.cooper@kafico.co.uk |