



THE STATE HOSPITALS BOARD FOR SCOTLAND

INFORMATION GOVERNANCE

CONFIDENTIALITY IN COMMUNICATIONS POLICY

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Advisory Group	Information Governance Group	
Approval Group	Policy Approval Group	
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Accountable Executive Director	Director of Finance and eHealth	

The date for review detailed on the front of all State Hospital policies/ procedures/ guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy/ procedure/ guidance at any time due to organisational/legal changes.

Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies/ procedures/ guidance can be found on the intranet:

<http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx>

REVIEW SUMMARY SHEET

No changes required to policy (evidence base checked)

Changes required to policy (evidence base checked)

Summary of changes within policy:

Policy wide –

- “Finance and Performance Management Director” replaced with “Director of Finance and eHealth”.
- Data Protection email address changed to TSH.DataProtection@nhs.scot

Section 6 – Updated text to clarify when Caldicott Guardian approval is required.

Section 7 – Updated to reflect the change from @nhs.net email to @nhs.scot email.

Section 11 – Changed from “Format” to “Equality and Diversity”. Text changed to reflect current advice.

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1. Introduction / Purpose

Information governance legislation imposes obligations on the use of all personal data held by The State Hospital (TSH), whether it relates to patients and their families, employees, complainants, contractors or any other individual who comes into contact with the organisation.

TSH and its employees are bound by a legal duty of confidentiality to all data subjects which can only be set aside to meet an overriding public interest, legal obligation, or similar duty.

This policy sets out how TSH can meet some of its legal obligations and requirements under confidentiality, data protection and information security standards.

2. Scope

This policy applies to all staff, contractors and volunteers at TSH.

3. General Working Practices

TSH needs to process confidential information for a wide range of activities on a daily basis, without which it would not be possible to effectively manage staff employment or deliver patient care.

4. Emergencies

The duty to share information, particularly where doing so protects the vital interests of an individual, can be as important as the duty of confidence.

Staff following Information Governance procedures (and where appropriate, The Caldicott Principles) should have confidence in sharing information during an emergency.

5. Telephones

Patient identifiable information should only be divulged by telephone where:

- The identity of the requestor has been clarified, and
- There is a genuine reason for requiring the information

Personal identifiable information should only be divulged by telephone where:

- The identity of the requestor has been clarified, and
- There is a genuine reason for requiring the information

When an unknown caller is requesting information, staff should independently obtain a land line main switchboard number to confirm the identity of the individual/organisation requesting the information by calling the person back on the land line. Mobile numbers are not acceptable for purposes of clarification of identity.

Where an individual only has a mobile number another method of clarification of identity should be used, such as email.

5.1 Answering Machines / Voice Mail

Care should be taken when leaving messages on answer machines or vocal mail so that personal information is not inadvertently divulged and distress is not caused to recipients.

Messages should only be left where the identity of the owner of the voice mail or answer machine is known.

A message should give the name of the staff member calling, the name of the organisation they are calling on behalf of and a contact telephone number. If leaving these details could cause distress, **do not leave a message**.

6. Fax Machines

The use of fax machines in NHS Scotland for sending and receiving personal identifiable information has been withdrawn.

Where there is no alternative to using a fax machine, strict protocols and procedures should be put in place. These controls must be approved by the Senior Information Risk Owner prior to transmissions commencing.

If patient information is to be transmitted both the Senior Information Risk Owner and the Caldicott Guardian must approve the controls prior to transmissions commencing.

7. Emails

TSH uses NHS Scotland email as its email service.

NHS Scotland email is the only authorised method of sending patient confidential information to other NHS Scotland email accounts.

For further information about the Information Security & Governance is available from; <https://scottish.sharepoint.com/sites/Office365Champions/SitePages/Information%20Security%20%26%20Governance.aspx>

7.1 Email Disclaimer

It is good practice to include a disclaimer at the end of the emails which give brief description of actions to be taken if a recipient receives the email in error.

When sending emails between @nhs.scot, NHS Scotland mail does not automatically attach a disclaimer.

An example disclaimer:

“This message may contain confidential information. If you are not the intended recipient, please inform the sender that you have received the message in error before deleting it. Please do not disclose, copy or distribute information in this e-mail or take any action in relation to its contents. To do so is strictly prohibited and may be unlawful. Thank you for your co-operation.”

NHS Scotland email is the secure email available for all NHS staff in Scotland. NHS Scotland email is approved for exchanging patient data and other sensitive information with NHS Scotland email and other accredited email services.”

8. Direct Disclosure

Patient identifiable information should only be divulged directly where:

- The identity of the requestor has been clarified, and
- There is a genuine reason for requiring the information

Personal identifiable information should only be divulged directly where:

- The identity of the requestor has been clarified, and
- There is a genuine reason for requiring the information

At times direct requests for confidential information can be challenging because of the circumstances in which they occur. Appendix 1 shows a flowchart of decisions for verbal requests for confidential information.

9. Hospital Radios

Under normal circumstances confidential information, such as patient names, should not be transmitted via the hospital's radio system.

In exceptional circumstances (e.g. the telephone system failing) it may be necessary to transmit confidential information to protect the vital interests of staff, visitors, volunteers and patients. When doing so only use the minimum amount of information required. Where possible, other more secure methods of communication should be used.

10. Advice and Guidance

Members of the Hospital's Information Governance Team are available to provide specific advice on good practice on request.

Please contact the team via email at TSH.DataProtection@nhs.scot or by phone on Extension 2113.

11. Equality and Diversity

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Carers / Named Persons are encouraged to highlight any barriers to communication, physical disability or anything else which would prevent them from being meaningfully involved in the patient's care (where the patient has consented) and / or other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy".

The volunteer recruitment and induction process supports volunteers to highlight any barriers to communication, physical disability or anything else which would prevent them from contributing meaningfully to patient care and / or engage in other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

12. Stakeholder Engagement

Key Stakeholders	Consulted (Y/N)
Patients	N
Staff	Y
TSH Board	Y
Carers	N
Volunteers	Y

13. Communication, Implementation, Monitoring and Review of Policy

This policy will be communicated to all stakeholders within The State Hospital via the intranet and through the staff bulletin.

The Information Governance Group will be responsible for the implementation and monitoring of this policy.

This policy will be reviewed every three years, and when appropriate to take into account changes to legislation that may occur, and/or guidance from the Government and/or the Information Commissioner's Office.

Appendix 1 - Verbal Request for Confidential Information

