



Guidance on Information Sharing

December 2016

Sharing the right information, at the right time, with the right people, is fundamental to good practice in safeguarding adults, though this is often complex. The Care Act 2014 emphasises the need to empower people, to balance choice and control for individuals against preventing harm and reducing risk, and to respond proportionately to safeguarding concerns.

This guidance is aimed at supporting partner organisations to understand their roles and responsibilities and to co-operate with one another to share information for safeguarding purposes in accordance with the statutory guidance provided by the Act.

The 4LSAB and their partner agencies also acknowledge their role in sharing strategic information to improve local safeguarding practice and highlight the responsibilities of partner agencies and others to comply with requests for information from the Board (Section 45 'the supply of information'). This guidance covers information sharing in a range of contexts relating to adult safeguarding including:

- Raising concerns about abuse or neglect (or risk of this of an adult with care and support needs)
- Undertaken and sharing the outcomes of safeguarding enquiries
- Responsibilities to share information and make referrals to DBS and/or professional bodies
- Exchange information in the context of allegation management with the relevant SAMA
- Exchange information between the SAMA and the Local Authority Designated Officer concerning children
- Share information arising from the context of a Safeguarding Adult Review or other form of multi agency learning review.

Key messages

When sharing people's information, recognise that:

- Adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances
- Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent
- The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified
- The law does not prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented
- The Data Protection Act enables the lawful sharing of information
- There should be a local agreements or protocols in place setting out the processes and principles for sharing information between agencies
- An individual employee cannot give a personal assurance of confidentiality

- Frontline staff and volunteers should always report safeguarding concerns in line with their organisation's policy – this is usually to their line manager in the first instance except in emergency situations
- It is good practice to try to gain the person's consent to share information
- As long as it does not increase risk, practitioners should inform the person if they need to share their information without consent
- Organisational policies should have clear routes for escalation where a member of staff feels a manager has not responded appropriately to a safeguarding concern
- All agencies **must** have a whistleblowing policy
- The management interests of an organisation should not override the need to share information to safeguard adults at risk of abuse
- All staff, in all partner agencies, should understand the importance of sharing safeguarding information and the potential risks of not sharing it
- All staff should understand when to raise a concern with Adult Services
- The six safeguarding principles should underpin all safeguarding practice, including information sharing.

The seven golden rules to sharing information

- Remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately
- Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so
- Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible
- Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared
- Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions
- Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles)
- Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Powers or obligations to share information for adult safeguarding

Referring to the Disclosure and Barring Service

The Safeguarding Vulnerable Groups Act (2006) places specific duties on those providing 'regulated' health and social care activities. They must refer to the Disclosure and Barring Service (DBS) anyone who has been dismissed or removed from their role because they are thought to have harmed, or pose a risk of harm to, a child or adult with care and support needs. This applies even if they have left their job and regardless of whether they have been convicted of a related crime. The statutory guidance to the Care Act 2014 requires Designated Adult Safeguarding Managers to work with partner agencies to ensure that referral of individual employees to the DBS is carried out promptly and appropriately.

Professional codes of practice

Many professionals, including those in health and social care, are registered with a body and governed by a code of practice or conduct. These codes often require those professionals to report any safeguarding concerns in line with legislation. The statutory guidance to the Care Act 2014 requires all organisations in contact with people with care and support needs to have in place an allegations management process that enables referrals of individual employees to regulatory bodies are made promptly and appropriately.

The Health Care Professions Council (HCPC) is the Professional Body that regulates social workers and allied health professionals. HCPC professional standards were amended in Jan 2016 to require all those registered with that body to comply with a professional DUTY to take appropriate action to address and report concerns about safety or wellbeing of people using services, follow up concerns and be open and honest if things go wrong.

Duty of Candour

The Duty of Candour requires all health and adult social care providers registered with CQC to be open with people when things go wrong. The regulations impose a specific and detailed duty on all providers where any harm to a service user from their care or treatment is above a certain harm threshold.

The Duty of Candour is a legal requirement and CQC will be able to take enforcement action when it finds breaches. The Duty requires providers to offer an apology and state what further action the provider intends to take in this situation. In practice, this means that care providers are open and honest with patients when things go wrong with their care and treatment.

If the provider fails to comply with the Duty, CQC can move directly to prosecution without first serving a warning notice. This policy embraces this Duty in relation to safeguarding adults, and all Section 42 enquiries and safeguarding processes must check that this Duty has been fulfilled.

The regulations also include a more general obligation on CQC registered providers to "act in an open and transparent way in relation to service user care and treatment". This means that the default position should be to be open, honest and candid, unless there are

justifiable reasons for not being so – for example because the service user actively says that they do not want further information about the incident. However, these circumstances should be the exception rather than the norm. Further information can be found at [Duty of Candour](#).¹

Commissioners

Those commissioning services should consider whether contracts should place an obligation on service providers to share safeguarding information. Any specifications would need to be in line with policy, regulation and the law.

Sharing information on prisoners

The statutory guidance to the Care Act 2014 requires Local Authorities to share information about people with care and support needs in, or in transition from or to, prison or custodial settings. This includes ‘the sharing of information about risk to the prisoner and others where this is relevant’.

Sharing information on those who may pose a risk to others

The Police can keep records on any person known to be a target or perpetrator of abuse and share such information with safeguarding partners for the purposes of protection ‘under Section 115 of the Crime and Disorder Act 1998, and the Data Protection Act 1998, provided that criteria outlined in the legislation are met’. All police forces now have IT systems in place to help identify repeat and vulnerable victims of antisocial behaviour.

The statutory guidance to the Care Act 2014 states that Safeguarding Adults Boards should have a ‘framework and process for any organisation under the umbrella of the SAB to respond to allegations and issues of concern that are raised about a person who may have harmed or who may pose a risk to adults’. Designated Adult Safeguarding Managers should ‘ensure the control of information in respect of individual cases is in accordance with accepted Data Protection and Confidentiality requirements’.

Multi Agency Safeguarding Hubs

The establishment of Multi Agency Safeguarding Hubs (MASH) formalise arrangements for information sharing in the safeguarding context. The purpose is to ensure that relevant information about potential safeguarding concerns in respect of adults and children is shared appropriately by the partner agencies where necessary. This enables the level of risk to be assessed appropriately and allows for suitable responses to be agreed.

As the MASH model is implemented more widely locally, separate information sharing agreements and protocols will need to be put in place to provide the basis for sharing information between the agencies engaged in the MASH in order to facilitate and govern the efficient, effective and secure sharing of timely and accurate information. It is acknowledged that the disclosure of any personal data must be bound to both common law

¹ http://www.cqc.org.uk/sites/default/files/20140725_nhs_fppr_and_doc_consultation_final.pdf

Multi –Agency Safeguarding Policy and Guidance 2nd Edition December 2016

and statute, for example defamation, the common law duty of confidence, the Data Protection Act 1998 and the Human Rights Act 1998.

Information sharing agreements or protocols

This framework acknowledges that information sharing agreements and/or protocols are useful tools which enable inter-agency communication, facilitate effective partnership working and support decision making. Local agencies will put in place appropriate agreements to address key points from the Data Sharing Code of Practice including:

- The information that needs to be shared
- The justification for sharing personal information
- Organisations that will be involved
- What people need to be told about the data sharing and how this information will be communicated
- Measures to ensure adequate security is in place to protect the data
- Arrangements to provide individuals with access to their personal data if requested
- Agreed common retention periods for the data
- Processes to ensure secure deletion takes place.

Key principles in line with Care Act 2014

Record-keeping

Good record keeping is a vital component of professional practice. Whenever a complaint or allegation of abuse is made, all agencies should keep clear and accurate records and each agency should identify procedures for incorporating, on receipt of a complaint or allegation, all relevant records into a file to record all action taken. When abuse or neglect is raised managers need to look for past incidents, concerns, risks and patterns. We know that in many situations, abuse and neglect arise from a range of incidents over a period of time.

In the case of providers registered with CQC, records of these should be available to service commissioners and the CQC so they can take the necessary action. Staff should be given clear direction as to what information should be recorded and in what format.

The following questions are a guide to recording practice:

- What information do staff need to know in order to provide a high quality response to the adult concerned?
- What information do staff need to know in order to keep adults safe under the service's duty to protect people from harm?
- What information is not necessary?
- What is the basis for any decision to share (or not) information with a third party?

Records should be kept in such a way that the information can easily be collated for local use and national data collections.

All agencies should identify arrangements, consistent with principles and rules of fairness, confidentiality and data protection for making records available to those adults affected by, and subject to, an enquiry. If the alleged abuser is using care and support themselves then

information about their involvement in an adult safeguarding enquiry, including the outcome, should be included in their case record. If it is assessed that the individual continues to pose a threat to other people then this should be included in any information that is passed on to service providers or other people who need to know.

The Care Act 2014 establishes the importance of organisations sharing vital information related to abuse or neglect with the Safeguarding Adult Board (SAB). In order to carry out its functions effectively, the SAB may need access to information that a wide number of people or other organisations hold in order to enable or assist the SAB to do its job.

Section 45 of the Act ensures that if the SAB requests information from a body or person who is likely to have information they MUST share what they know with the SAB at its request. However, the information requested must be for the purpose of enabling or assisting the SAB to perform its functions. The body or person requested to supply the information must have functions or engage in activities of a nature that the SAB considers it's likely they have information relevant to a function of the SAB.

Confidentiality

Agencies should draw up a common agreement relating to confidentiality and setting out the principles governing the sharing of information, based on the welfare of the adult or of other potentially affected adults. Any agreement should be consistent with the principles set out in the Caldicott Review published 2013 ensuring that:

- Information will only be shared on a 'need to know' basis when it is in the interests of the adult
- Confidentiality must not be confused with secrecy
- Informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement; and
- It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.

Where an adult has refused to consent to information being disclosed for these purposes, then practitioners must consider whether there is an overriding public interest that would justify information sharing (e.g. because there is a risk that others are at risk of serious harm) and wherever possible, the appropriate Caldicott Guardian should be involved in the decision-making. In these circumstances it would be good practice to only share information without consent in the context of a documented risk assessment.

Decisions about who needs to know and what needs to be known should be taken on a case by case basis, within agency policies and the constraints of the legal framework. Principles of confidentiality designed to safeguard and promote the interests of an adult should not be confused with those designed to protect the management interests of an organisation. These have a legitimate role but must never be allowed to conflict with the welfare of an adult. If it appears to an employee or person in a similar role that such confidentiality rules may be operating against the interests of the adult then a duty arises to make full disclosure in the public interest.

Exchange or disclosure of personal information must be made in accordance with the law on confidentiality and the Data Protection Act 1998 where this applies. The Home Office and

the Office of the Information Commissioner have issued general guidance on the preparation and use of information sharing protocols. The Caldicott principles provide the basis of ethical and appropriate information sharing.

The Caldicott Principles

Based on the findings of the Information Governance Review – To Share or Not to Share?

- Justify the purpose(s). Every proposed use or transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed, by an appropriate guardian.
- Don't use personal confidential data unless it is absolutely necessary. Personal confidential data items should not be included unless it is essential for the specified purpose(s) of that flow. The need for adults to be identified should be considered at each stage of satisfying the purpose(s).
- Use the minimum necessary personal confidential data. Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data is transferred or accessible as is necessary for a given function to be carried out.
- Access to personal confidential data should be on a strict need-to-know basis. Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.
- Everyone with access to personal confidential data should be aware of their responsibilities. Action should be taken to ensure that all those handling personal confidential data are made fully aware of their responsibilities and obligations to respect individuals' confidentiality.
- Comply with the law. Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.

The duty to share information can be as important as the duty to protect confidentiality. Health and social care professionals and other staff should have the confidence to share information in the best interests of adults within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

Links to relevant information

For more information on information sharing please use the links below:

[SCIE Guidance on Information Sharing](http://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/?dm_i=405,35JEP,1Q7ZG2,BAT11,1)²

[Government Guidance on Information Sharing](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417696/Archived-information_sharing_guidance_for_practitioners_and_managers.pdf)³

² http://www.scie.org.uk/care-act-2014/safeguarding-adults/sharing-information/?dm_i=405,35JEP,1Q7ZG2,BAT11,1

³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417696/Archived-information_sharing_guidance_for_practitioners_and_managers.pdf

Multi –Agency Safeguarding Policy and Guidance 2nd Edition December 2016