

Confidentiality Policy for North West London CCGs

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Introduction

- 1.1 The purpose of this Confidentiality Policy is to lay down the principles that must be observed by all who work within the CCG and have access to person-identifiable information or confidential information. All staff needs to be aware of their responsibilities for safeguarding confidentiality and preserving information security.
- 1.2 All employees working in the NHS are bound by a legal duty of confidence to protect personal information they may come into contact with during the course of their work. This is not just a requirement of their contractual responsibilities but also a requirement within the common law duty of confidence and the Data Protection Act 2018. It is also a requirement within the NHS Care Record Guarantee, produced to assure patients regarding the use of their information.
- 1.3 It is important that the CCG protects and safeguards person - identifiable and confidential business information that it gathers, creates processes and discloses, in order to comply with the law, relevant NHS mandatory requirements and to provide assurance to staff, patients and the public.
- 1.4 This policy sets out the requirements placed on all staff when sharing information within the NHS and between NHS and non NHS organisations.
- 1.5 Person-identifiable information is anything that contains the means to identify a person, e.g. name, address, postcode, date of birth, NHS number and must not be stored on removable media unless it is encrypted as per current NHS Encryption Guidance or a business case has been approved by the Senior Management Team/Governing Body.
- 1.6 Confidential information within the NHS is commonly thought of as health information; however, it can also include information that is private and not public knowledge or information that an individual would not expect to be shared. It can take many forms including patient level health information, employee records, occupational health records, etc. It also includes the CCG's confidential business information.
- 1.7 Information can relate to patients and staff (including temporary staff), however stored. Information may be held on paper, CD/DVD, USB sticks,

Computer file or printout, laptops, palmtops, mobile phones, digital cameras or even heard by word of mouth.

- 1.8 A summary of Confidentiality Do's and Don'ts can be found at Appendix A.
- 1.9 The Legal and NHS Mandated Framework for confidentiality which forms the key guiding principles of this policy can be found in Appendix B.
- 1.10 How to report a breach of this policy and what should be reported can be found in Appendix C.
- 1.11 Definitions of confidential information can be found in Appendix D.

2. Scope

- 2.1 Staff of the following the CCGs areas are within the scope of this document:

- Brent CCG;
- Harrow CCG;
- Hillingdon CCG;
- Central London CCG
- West London CCG;
- Hammersmith & Fulham CCG;
- Hounslow CCG;
- Ealing CCG;
- Staff working in or on behalf of the CCG (this includes contractors, temporary staff, seconders and all permanent employees).

3. Roles and Responsibilities

3.1 The Accountable Officer

The Accountable Officer has overall responsibility for strategic and operational management, including ensuring that the CCG's policies comply with all legal, statutory and good practice guidance requirements.

3.2 The Caldicott Guardian

- 3.2.1 The Caldicott Guardian is responsible for ensuring implementation of the Caldicott Principles with respect to patient-identifiable information.

3.3 The Information Governance & Cyber security Group

- 3.3.1 An Information Governance Group oversees the development and implementation of Information Governance in the CCG and ensure

that the organisation complies with supporting the Legal and NHS Mandatory Framework with regard to Information Governance & Cyber security.

3.4 Director with responsibility for HR

3.4.1 The Director with responsibility for HR is responsible for ensuring that the contracts of all staff (permanent and temporary) are compliant with the requirements of the policy and that confidentiality is included in corporate inductions for all staff.

3.5 Senior Managers

3.5.1 Senior Managers are responsible for ensuring that the policy and its supporting standards and guidelines are built into local processes and that there is on-going compliance. They must ensure that any breaches of the policy are reported, investigated and acted upon via the Information Security Incident Reporting Procedure.

3.6 Corporate Information Governance

3.6.1 The Information Governance Manager and the DPO are responsible for maintaining this policy, providing advice on request to any member of staff on the issues covered within it, and ensuring that training is provided for all staff groups to further their understanding of the principles and their application.

3.7 All staff

3.7.1 Confidentiality is an obligation for all staff. Staff should note that they are bound by the Confidentiality: NHS Code of Practice 2003. There is a Confidentiality clause in their contract and that they are expected to participate in induction, training and 'awareness raising' sessions carried out to inform and update staff on confidentiality issues.

3.7.2 Any breach of confidentiality, inappropriate use of health, staff records or business sensitive/confidential information, or abuse of computer systems is a disciplinary offence, which could result in dismissal or termination of employment contract, and must be reported.

4. Corporate Level Procedures

4.1 Principles

4.1.1 All staff must ensure that the following principles are adhered to:-

- Person-identifiable or confidential information must be effectively protected against improper disclosure when it is received, stored, transmitted or disposed of.
- Access to person-identifiable or confidential information must be on a need-to-know basis.
- Disclosure of person identifiable or confidential information must be limited to that purpose for which it is required.
- Recipients of disclosed information must respect that it is given to them in confidence.
- If the decision is taken to disclose information, that decision must be justified and documented.
- Any concerns about disclosure of information must be discussed with either your Line Manager and the Information Governance Leads and the DPO.

4.1.2 The CCGs are responsible for protecting all the information it holds and must always be able to justify any decision to share information.

4.1.3 Person-identifiable information, wherever possible, must be anonymised by removing as many identifiers as possible whilst not unduly compromising the utility of the data.

4.1.4 Access to rooms and offices where terminals are present or person-identifiable or confidential information is stored must be controlled. Doors must be locked with keys, keypads or accessed by swipe card. In mixed office environments measures should be in place to prevent oversight of person-identifiable information by unauthorised parties.

4.1.5 All staff should clear their desks at the end of each day. In particular they must keep all records containing person-identifiable or confidential information in recognised filing and storage places that are locked.

4.1.6 Unwanted printouts containing person-identifiable or confidential information must be put into a confidential waste bin. Discs, tapes,

and Printouts must not be left lying around but be filed and locked away when not in use.

- 4.1.7 Your Contract of Employment includes a commitment to confidentiality. Breaches of confidentiality could be regarded as gross misconduct and may result in serious disciplinary action up to and including dismissal.

4.2 Disclosing Personal/Confidential Information

4.2.1 To ensure that information is only shared with the appropriate people in appropriate circumstances, care must be taken to check they have a legal basis for access to the information before releasing it.

4.2.2 It is important to consider how much confidential information is needed before disclosing it and only the minimal amount necessary is disclosed.

4.2.3 Information can be disclosed:

- When effectively anonymised in accordance with the Information Commissioners Officer Anonymisation Code of Practice.
- When the information is required by law or under a court order. In this situation staff must discuss with their Line Manager and Information Governance leads before disclosing, who will inform and obtain approval of the DPO and or the Caldicott Guardian.
- In identifiable form, when it is required for a specific purpose, with the individual's written consent or with support under the Health Service (Control of patient information) regulations 2002, obtained via application to the Confidentiality Advisory Group (CAG) within the Health Research Authority¹. Referred to as approval under s251 of the NHS Act 2006.
- In Child Protection proceedings if it is considered that the information required is in the public or child's interest. In this situation staff must discuss with their Line Manager and Information Governance staff before disclosing, who will inform and obtain the approval of the DPO and or the Caldicott Guardian.

- The CCG regards all identifiable personal information as confidential. Confidential information will not be disclosed without appropriate consent or other Legal basis as required by (Articles 6(1) for confidential Information and Articles 9(2) for “Special Categories of data”, unless national policy requires otherwise, or where this is requested by legal authorities. Where Law enforcement requests confidential information, the request must be from a police rank of Inspector and above. The CCG reserves the right not to release confidential information without appropriate authorisation such as a power of attorney or court order.

- 4.2.4 If staff has any concerns about disclosing information they must discuss this with their Line Manager and Information Governance staff or with the DPO.
- 4.2.5 Care must be taken in transferring information to ensure that the method used is as secure as it can be. In most instances a Data Sharing/Information Sharing, Data Re-Use or Data Transfer Agreement will have been completed before any information is transferred. The Agreement will set out any conditions for use and identify the mode of transfer. For further information on Data Sharing Agreements contact the Information Governance team or see the CCG’s Information Sharing Procedures.
- 4.2.6 Staff must ensure that appropriate standards and safeguards are in place in respect of telephone enquiries, e-mails, and surface mail. See the Safe Haven Procedure for guidance on the safe transfer of confidential or person-identifiable information.
- 4.2.7 Transferring patient information by email to anyone outside the CCG’s network may only be undertaken by using encryption as per the current NHS Encryption Guidance or through an exchange within the NHS Mail system (i.e. from one NHS.net account to another NHS.net account or to a secure government domain e.g. gsi.gov.uk), since this ensures that mandatory government standards on encryption are met. Sending information via email to patients is permissible, provided the risks of using unencrypted email have been explained to them, they have given their consent and the information is not person-identifiable or confidential information.

4.3 Working Away from the Office Environment

- 4.3.1 There will be times when staff may need to work from another location or whilst travelling. This means that these staff may need to carry the CCG's information with them which could be confidential in nature e.g. on a laptop, USB stick or paper documents.
- 4.3.2 Taking home/ removing paper documents that contain person-identifiable or confidential information from the CCG's premises is discouraged.
- 4.3.3 To ensure safety of confidential information staff must keep them on their person at all times whilst travelling and ensure that they are kept in a secure place if they take them home or to another location. Confidential information must be safeguarded at all times and kept in lockable locations.
- 4.3.4 When working away from the CCG's locations staff must ensure that their working practice complies with the CCG's policies and procedures. Any electronic removable media must be encrypted as per the current NHS Encryption Guidance.
- 4.3.5 Staff must minimise the amount of person-identifiable information that is taken away from the CCG's premises.
- 4.3.6 If staff do need to carry person-identifiable or confidential information they must ensure the following:
- Any personal information is in a sealed non-transparent container i.e. windowless envelope, suitable bag, etc. prior to being taken out of the CCG's buildings.
 - Confidential information is kept out of sight whilst being transported.
- 4.3.7 If staff does need to take person-identifiable or confidential information home they have personal responsibility to ensure the information is kept secure and confidential. This means that other members of their family and/or their friends/colleagues must not be able to see the content or have any access to the information.
- 4.3.8 Staff must NOT forward any person-identifiable or confidential information via email to their home e-mail account. Staff must not use or store person-identifiable or confidential information on a privately owned computer or device.

4.4 Carelessness

- 4.4.1 All staff have a legal duty of confidence to keep person-identifiable or confidential information private and not to divulge information accidentally.

Staff may be held personally liable for a breach of confidence and must not:

- Talk about person-identifiable or confidential information in public places or where they can be overheard.
- Leave any person-identifiable or confidential information lying around unattended, this includes telephone messages, computer printouts, faxes and other documents, and
- Leave a computer terminal logged on to a system where person-identifiable or confidential information can be accessed, unattended

4.4.2 Steps must be taken to ensure physical safety and security of person-identifiable or business confidential information held in paper format and on computers.

4.4.3 Passwords must be kept secure and must not be disclosed to unauthorised persons. Staff must not use someone else's password to gain access to information. Action of this kind will be viewed as a serious breach of confidentiality. If you allow another person to use your password to access the network, this constitutes a disciplinary offence and is gross misconduct which may result in your summary dismissal.

4.5 Abuse of Privilege

4.5.1 It is strictly forbidden for employees to knowingly browse, search for or look at any personal or confidential information relating to themselves, their own family, friends or other persons, without a legitimate purpose. Action of this kind will be viewed as a breach of confidentiality and of the Data Protection Act.

4.5.2 When dealing with person-identifiable or confidential information of any nature, staff must be aware of their personal responsibility, contractual obligations and undertake to abide by the policies and procedures of the CCG.

4.5.3 If staff has concerns about this issue they should discuss it with their Line Manager and Information Governance staff or the DPO.

4.6 Confidentiality Audits

- 4.6.1 Good practice requires that all organisations that handle person-identifiable or confidential information put in place processes to highlight actual or potential confidentiality breaches in their systems, and also procedures to evaluate the effectiveness of controls within these systems. This function will be coordinated by the Information Governance Manager and DPO through a programme of audits.

5. Distribution and Implementation

5.1 Distribution Plan

- 5.1.1 This document will be made available to all Staff via the CCG's internet/Extranet sites.
- 5.1.2 A global notice will be sent to all Staff notifying them of the release of this document.
- 5.1.3 A link to this document will be provided from the Comms Team Communications Department); as well as being available on the Extranet/intranet sites.

5.2 Training Plan

- 5.2.1 A training needs analysis will be undertaken with Staff affected by this document.
- 5.2.2 Based on the findings of that analysis appropriate training will be provided to Staff as necessary.
- 5.2.3 Guidance will be provided on the Informatics Directorate intranet site.

6. Monitoring

- 6.1 Compliance with the policies and procedures laid down in this document will be monitored via the Information Governance Manager and the DPO, together with independent reviews by both Internal and External Audit on a periodic basis.

6.2 The Information Governance Manager is responsible for the monitoring, revision and updating of this document on a yearly basis or sooner if the need arises.

7. Equality Impact Assessment

7.1 This document forms part of the CCG’s commitment to create a positive culture of respect for all staff and service users. The intention is to identify, remove or minimise discriminatory practice in relation to the protected characteristics (race, disability, gender, sexual orientation, age, religious or other belief, marriage and civil partnership, gender reassignment and pregnancy and maternity), as well as to promote positive practice and value the diversity of all individuals and communities.

7.2 As part of its development this document and its impact on equality has been analysed and no detriment identified.

8. Associated Documents

8.1 The following documents will provide additional information:

REF NO	DOC REFERENCE NUMBER	TITLE
		Freedom of Information Policy
		Records Management & Retention Policy
		Information Security Policy
		Safe Haven Procedures
		Information Governance User Handbook

Appendix A: Confidentiality Dos and Don'ts

Dos

- Do safeguard the confidentiality of all person-identifiable or confidential information that you come into contact with. This is a statutory obligation on everyone working on or behalf of the CCG.
- Do clear your desk at the end of each day, keeping all portable records containing person-identifiable or confidential information in recognised filing and storage places that are locked at times when access is not directly controlled or supervised.
- Do switch off computers with access to person-identifiable or business confidential information, or put them into a password-protected mode, if you leave your desk for any length of time.
- Do ensure that you cannot be overheard when discussing confidential matters.
- Do challenge and verify where necessary the identity of any person who is making a request for person-identifiable or confidential information and ensure they have a need to know.
- Do share only the minimum information necessary.
- Do transfer person-identifiable or confidential information securely when necessary i.e. use an nhs.net email account to send confidential information to another nhs.net email account or to a secure government domain e.g. gsi.gov.uk.
- Do seek advice if you need to share patient/person-identifiable information without the consent of the patient/identifiable person's consent, and record the decision and any action taken.

- Do report any actual or suspected breaches of confidentiality.
- Do participate in induction, training and 'awareness raising' sessions on confidentiality issues.

Don'ts

- Don't share passwords or leave them lying around for others to see.
- Don't share information without the consent of the person to which the information relates, unless there are statutory grounds to do so.
- Don't use person-identifiable information unless absolutely necessary, anonymise the information where possible.
- Don't collect, hold or process more information than you need, and do not keep it for longer than necessary.

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Appendix B: Summary of Legal and NHS Mandated Frameworks

The CCG is obliged to abide by all relevant UK and European Union legislation. The requirement to comply with this legislation shall be devolved to employees and agents of the CCG, who may be held personally accountable for any breaches of information security for which they may be held responsible. The CCG shall comply with the following legislation and guidance as appropriate:

The **Data Protection Act 2018** and the General Data Protection Regulation 2016 (GDPR) controls how your personal information is used by organisations. They must make sure the information is used fairly, lawfully and transparently. The Data Protection Act 2018 replaces the Data Protection Act 1998.

The CCGs, as Data Controllers, must comply with the seven key Data Protection Principles set out in the Act and under the General Data Protection Regulation (GDPR). In summary, these state that personal data shall:

- Be processed lawfully, fairly and in a transparent manner in relation to individuals ('lawfulness, fairness and transparency')
- Be collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes; further processing for archiving purposes in public interest, scientific or historical research purposes or statistical purposes shall not be considered to be incompatible with the initial purposes ('Purpose limitation')
- Be adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed (data minimisation)
- Be accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay ('accuracy');
- Kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed; personal data may be stored for longer periods in so far as the personal data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes subject to implementation of the appropriate technical and organisational measures required by the GDPR in order to safeguard the rights and freedoms of individuals ('storage limitation')
- Processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures ('integrity and confidentiality')

- The Controller shall be responsible for, and be able to demonstrate compliance ('accountability')

[Click here for an online link to the Data Protection Act 2018](#)

The Caldicott Report (1997) and subsequent Caldicott or National Data Guardian reviews) recommended that a series of principles be applied when considering whether confidential patient-identifiable information should be shared:

- Justify the purpose for using patient-identifiable information.
- Don't use patient identifiable information unless it is absolutely necessary.
- Use the minimum necessary patient-identifiable information.
- Access to patient-identifiable information should be on a strict need to know basis
- Everyone should be aware of their responsibilities
- Understand and comply with the law.
- The duty to share information can be as important as the duty to protect patient confidentiality

<https://www.gov.uk/government/publications/the-information-governance-review>

<https://www.gov.uk/government/publications/caldicott-information-governance-review-department-of-health-response>

Article 8 of the **Human Rights Act (1998)** refers to an individual's "right to respect for their private and family life, for their home and for their correspondence". This means that public authorities should take care that their actions do not interfere with these aspects of an individual's life.

[Click here for an online link to the Human Rights Act 1998](#)

The **Computer Misuse Act (1990)** makes it illegal to access data or computer programs without Authorisation and establishes three offences:

1. Unauthorised access data or programs held on computer e.g. to view test results on a patient whose care you are not directly involved in or to obtain or view information about friends and relatives.
 2. Unauthorised access with the intent to commit or facilitate further offences e.g. to commit fraud or blackmail.
 3. Unauthorised acts the intent to impair, or with recklessness so as to impair, the operation of a computer e.g. to modify data or programs held on computer without Authorisation.
- Making, supplying or obtaining articles for use in offences

1-3 [Click here for an online link to the Computer Misuse Act](#)

[1990](#)

The **NHS Confidentiality Code of Practice (2003)** outlines for main requirements that must be met in order to provide patients with a confidential service:

- Protect patient information.
- Inform patients of how their information is used.
- Allow patients to decide whether their information can be shared.
- Look for improved ways to protect, inform and provide choice to patients.

[Click here for an online link to NHS Confidentiality Code of Practice 2003](#)

Common Law Duty of Confidentiality

Information given in confidence must not be disclosed without consent unless there is a justifiable reason e.g. a requirement of law or there is an overriding public interest to do so.

Administrative Law

Administrative law governs the actions of public authorities. According to well established rules a public authority must possess the power to carry out what it intends to do. If not, its action is “ultra vires”, i.e. beyond its lawful powers.

The NHS Care Record Guarantee

The Care Record Guarantee sets out twelve high-level commitments for protecting and safeguarding patient information, particularly in regard to: patients’ rights to access their information, how information will be shared both within and outside of the NHS and how decisions on sharing information will be made. The most relevant are:

Commitment 3 - We will not share information (particularly with other government agencies) that identifies you for any reason, unless:

- You ask us to do so.
- We ask and you give us specific permission.
- We have to do this by law.
- We have special permission for health or research purposes; or
- We have special permission because the public good is thought to be of greater importance than your confidentiality, and
- If we share information without your permission, we will make sure that we keep to the Data Protection Act, EU General Data Protection Regulation (GDPR); ((EU) 2016/679), the NHS Confidentiality Code of Practice and other national guidelines on best practice

Commitment 9 - We will make sure, through contract terms and staff training, that everyone who works in or on behalf of the NHS understands their duty of confidentiality, what it means in practice and how it applies to all parts of their work.

Organisations under contract to the NHS must follow the same policies and controls as the NHS does. We will enforce this duty at all times.

[Click here for an online link to NHS Care Record Guarantee](#)

Appendix C: Reporting of Policy Breaches

What should be reported?

Misuse of personal data and security incidents must be reported so that steps can be taken to rectify the problem and to ensure that the same problem does not occur again.

All breaches should be reported to the Information Governance Team and the Data Protection Officer (DPO). If staff is unsure as to whether a particular activity amounts to a breach of the policy, they should discuss their concerns with their Line Manager or Information Governance team or the DPO. The following list gives examples of breaches of this policy which should be reported:

- Sharing of passwords.
- Unauthorised access to the CCG's systems either by staff or a third party.
- Unauthorised access to person-identifiable information where the member of staff does not have a need to know.
- Disclosure of person-identifiable information to a third party where there is no justification and you have concerns that it is not in accordance with the Data Protection Act and NHS Code of Confidentiality.
- Sending person-identifiable or confidential information in a way that breaches confidentiality.
- Leaving person-identifiable or confidential information lying around in public area.
- Theft or loss of person-identifiable or confidential information.
- Disposal of person-identifiable or confidential information in a way that breaches confidentiality i.e. disposing off person-identifiable information in ordinary waste paper bin.

Seeking Guidance

It is not possible to provide detailed guidance for every eventuality. Therefore, where further clarity is needed, the advice of a Senior Manager or Information Governance staff should be sought.

Reporting of Breaches

A regular report on breaches of confidentiality of person-identifiable or confidential information shall be presented to the CCG's Information Governance & Cyber security Steering Group. The information will enable the monitoring of compliance and improvements to be made to the policy and procedures.

Staff must complete a data incident/breach reporting form for all data incidents and information Governance breaches; this should be submitted to the generic NWL email address: nwlccgs.igenquiries@nhs.net and copy sent to the Information Governance team/DPO. A copy of the form can be found on the intranet under Information Governance.

For IT incidents/breaches, staff must complete the NWLCCG IT Security Incident Reporting form; this should be submitted to the IT security team generic email address: nwlccgs.security@nhs.net. A copy of the form can be found on the intranet under Informatics/IT Security and Cyber security. (Please refer to the NWLCCG IT Security Incident Reporting Policy and Procedure)

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Appendix D: Definitions

The following types of information are classed as confidential. This list is not exhaustive:

Person-identifiable information is anything that contains the means to identify a person, e.g. name, address, postcode, date of birth, NHS number, National Insurance number etc. Even a visual image (e.g. photograph) is sufficient to identify an individual. Any data or combination of data and other information, which can indirectly identify the person, will also fall into this definition.

Sensitive/confidential personal information as defined by the Data Protection Act 2018 refers to personal information about:

- Race or ethnic origin
- Political opinions
- Religious or similar beliefs
- Trade union membership
- Physical or mental health or condition
- Sexual life
- Commission or alleged commission of any offence, or
- Any proceedings for any offence committed or alleged to have been committed, the disposal of such proceedings or the sentence of any court in such proceedings

Non-person-identifiable information can also be classed as confidential such as confidential business information e.g. financial reports; commercially sensitive information e.g. contracts, trade secrets, procurement information, which should also be treated with the same degree of care.

Appendix E: Equality Impact Assessment Tool for Policies (Equality Analysis)

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/ No	Comments
1	Does the policy/guidance disadvantage one group or more than another on the basis of:		
	• Race (including colour, culture, ethnicity, nationality or national origin and the travelling community)	N	
	• Religion or Belief	N	
	• Sex (e.g. male or female)	N	
	• Marriage or Civil Partnership	N	
	• Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual)	N	
	• Gender reassignment (e.g. someone who 'is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.')	N	
	• Disability (e.g. learning disabilities, physical disability, sensory impairment, mental health problems etc.)	N	
	• Pregnancy and Maternity	N	
	• Age (children, young adolescent, older people etc.)	N	
2	Is the policy/guidance/strategy more favourably towards one group on the basis of:		
	• Race	N	
	• Religion or Belief	N	
	• Sex	N	
	• Marriage or Civil Partnership	N	
	• Sexual Orientation	N	

	<ul style="list-style-type: none"> • Gender reassignment 	N	
	<ul style="list-style-type: none"> • Disability (e.g. learning disabilities, physical disability, sensory impairment, mental health problems etc.) 	N	
	<ul style="list-style-type: none"> • Pregnancy and Maternity 	N	
	<ul style="list-style-type: none"> • Age (e.g. children, young adolescent, older people etc.) 	N	
3	If you have identified potential discrimination in the policy/guidance are there any valid, legal and/or justifiable exceptions? Please list any exceptions.	N/A	
4	Is the policy/guidance likely to have a negative/adverse impact on any of the above group(s)?	N/A	
5	If so, how would you address the impact? Please explain.	N/A	
6	What are the associated objectives to the policy/guidance?		See section 2 of policy

If you have identified a potential discriminatory impact in this document, please refer to the author(s) of the policy/guidance, together with any suggestions required to address the impact.

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