

**CALDERDALE, KIRKLEES AND WAKEFIELD-WIDE
INTERAGENCY FRAMEWORK
FOR SHARING INFORMATION**

March 2004

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Calderdale, Kirklees and Wakefield-wide Inter-Agency Framework For Sharing Information

1. Purpose of the Framework

Local agencies increasingly need to work together across the previous boundaries of Calderdale, Kirklees and Wakefield. To work together effectively agencies need to be able to share information about the services they provide and the people they provide their services to.

The purpose of this framework is:

- To provide the basis for an agreement between the local agencies, and other associated organisations, in Calderdale, Kirklees and Wakefield to facilitate and govern the effective and efficient sharing of information. Such information sharing is necessary to ensure that individuals, and the population as a whole, can and do receive the care, protection and support they may require.
- To identify the purposes for which information may be shared and the policies or procedures required within each agency to support the secure and confidential sharing of such information.
- To promote and establish a consistent approach between the agencies to the development and implementation of information sharing protocols and procedures.

As such this document:

- **Informs the public** about the reasons why information about them may need to be shared and how this sharing will be managed and controlled by the agencies concerned.
- **Identifies the local agencies** that are party to this agreement.
- **Sets out the principles** that underpin the exchange of information between agencies.
- **Defines the purposes** for which agencies have agreed to share information.
- **Describes the policies and procedures** that support the sharing of information between agencies and will ensure that such sharing is in line with legal, statutory and common law responsibilities.
- **Promotes a standard approach** to the development of information sharing protocols and procedures.
- **Sets out the process** for the implementation, monitoring and review of the agreement.

2. BACKGROUND

2.1 Policy Context

The aim of public policy is to ensure that the population receives the services - for example child protection, employment, housing, health, police, probation, and social care - that they need. The fact that such services are provided by different agencies should not impede or reduce the quality of the service provision.

To achieve this aim agencies increasingly must work together to tailor their services to the particular circumstances of individuals. Sharing information about an individual between partner agencies is now vital to the provision of co-ordinated, seamless and appropriate services to that individual.

Sharing anonymised information between agencies presents relatively few problems. The sharing of an individual's personal information must however only take place within the legislative, statutory and common law context that affects all agencies.

Barriers to information sharing have existed between agencies at both operational and managerial levels. These impediments may well have been linked to different legal requirements or particular ethical standards that had to be satisfied. Sometimes impediments have also focused on personal, inter-professional and inter-organisational mistrust; sometimes on worries about responsibility and accountability for personal information; sometimes on the absence of enabling mechanisms; and sometimes on technical matters.

Where information sharing has occurred, its value has often been reduced by such problems as misunderstandings in the use of language or inefficiencies in the communication channel. These barriers have led to concerns and to uncertainties about the circumstances under which information sharing can and should take place.

In order to address the duties, responsibilities and concerns implicit within a culture that increasingly needs to share information, agencies have been required to establish inter-agency information sharing protocols and contracts.

The overarching aim of this framework is to enable and support local agencies to develop effective, efficient and consistent arrangements for the sharing of appropriate information to assist in meeting the care, protection and support needs of individuals and the public as a whole.

2.2 Local Context

All agencies face similar requirements with regards to the development of information sharing agreements with their local partners. While the requirements remain similar the number of partners with which an agency must have such agreements differs. This number is dependent on the size of the "patch" covered by an agency and the nature of its work.

This framework is a recognition that consistent information sharing agreements now need to exist across the boundaries of Calderdale, Kirklees and Wakefield.

Various information sharing agreements already exist in Calderdale, Kirklees and Wakefield but these are by no means comprehensive or consistent. Appendix I provides summary details. The re-organisation of local health care services has also meant that existing agreements need to be revised.

The intention of this framework is to support and build on existing agreements in order to provide a common process for the development and implementation of future information sharing protocols across the previous boundaries.

The framework is aimed at the information sharing agreements required of the following agencies:

- Calderdale and Huddersfield Trust
- Calderdale Metropolitan Borough Council
- Calderdale Primary Care Trust
- Eastern Wakefield Primary Care Trust
- Huddersfield Central Primary Care Trust
- Huddersfield South Primary Care Trust
- Kirklees Metropolitan Council
- Mid Yorkshire Hospitals NHS Trust
- North Kirklees Primary Care Trust
- South West Yorkshire Mental Health Trust
- Wakefield West Primary Care Trust
- Wakefield Metropolitan District Council
- West Yorkshire Police Force
- National Probation Service (West Yorkshire Board)
- NHS Direct
- WYMAS

The framework identifies the common principles and procedures to be adopted wherever, and whenever these agencies share information.

The framework will be supplemented by service specific agreements where these are appropriate.

2.3 Legislative context

All agencies are subject to a variety of legal, statutory and other guidance in relation to the sharing of person- identifiable or anonymised information.

For all agencies the key legislation and guidance affecting the sharing and disclosure of information includes:-

- Access to Health Records 1990
- Data Protection Act 1998
- Crime and Disorder 1998

- Human Rights Act 1998
- Freedom of Information Act 2000

Health and Local Authority agencies are also subject to the confidentiality guidance resultant from the Caldicott Report 1997.

Appendix II provides summary details of the above-mentioned, and related, legislation and guidance.

3. Principles guiding the sharing of information

The following key principles guide the sharing of information between the agencies:

3.1 Agencies in Calderdale, Kirklees and Wakefield endorse, support and promote the accurate, timely, secure and confidential sharing of both person identifiable and anonymised information where such information sharing is essential for the provision of effective and efficient services to the local population.

3.2 Agencies are fully committed to ensuring that if they share information it is in accordance with their legal, statutory and common law duties, and, that it meets the requirements of any additional guidance.

“All organisations/agencies recognise the requirements that Caldicott imposes on NHS organisations and Social Services departments and will ensure that requests for information from these organisations are dealt with in a manner compatible with these requirements”.

3.3 All agencies have in place policies and procedures to meet the requirements for Data Protection, Security and Confidentiality. The existence of, and adherence to, such policies provides all agencies with confidence that information shared will be transferred, received, used, held and disposed of appropriately.

3.4.1 Agencies may be subject to different degrees of responsibility and accountability with regards to their ability to share information. These differences, where identified, will be acknowledged within the relevant information sharing protocols and respected.

“Services users in contact with organisations/agencies will be fully informed about the type of information that is recorded about them”.

3.5 Agencies acknowledge their ‘Duty of Confidentiality’ to the people they serve. In requesting release and disclosure of information from other agencies staff will respect this responsibility and not seek to override the procedures which each organisation has in place to ensure that information is not disclosed illegally or inappropriately. This responsibility also extends to third party disclosures.

3.6 As a **minimum**, individuals will be informed that information may be shared and the circumstances in which this could happen. Agencies will be working towards a position where consent is sought before sharing information on individuals.

- 3.7** An individual’s personal information will only be disclosed where the purpose for which it has been agreed to share clearly requires that this is necessary. For all other purposes information should be anonymised.
- 3.8** Where it is agreed to be necessary for information to be shared, only the information needed will be shared and that would only be on a “need to know” basis.
- 3.9** When disclosing information about an individual, agencies will clearly state whether the information being supplied is fact, opinion, or a combination of the two.
- 3.10** Agencies recognise that, subject to the appropriate safeguards, individuals have a right to know and be fully informed about information that is recorded about them.
- 3.11** Occasions will arise where agencies may request that information supplied by them be kept confidential from the person concerned. Decisions of this kind will only be taken on statutory grounds and must be linked to a detrimental effect on the physical or mental wellbeing of that individual or other parties involved with that individual. The outcome of such requests and the reasons for taking such decision will be recorded.
- 3.12** Careful consideration will be given to the disclosure of information concerning a deceased person, and if necessary, further advice should be sought before such information is released.
- 3.13** Agencies will ensure that all relevant staff are aware of, and comply with, their responsibilities in regard both to the confidentiality of information about people who are in contact with their agency and to the commitment of the agencies to share information.
- 3.14.1** All staff will be made aware that disclosure of personal information, which cannot be justified on legal or statutory grounds, whether inadvertently or intentionally could be subject to disciplinary action.

“Organisations/agencies are committed to putting in place effective procedures to address complaints relating to the disclosure of information, and information about these procedures will be available to service users”.

4. Purposes for which information may be shared

This framework applies to the sharing of information between the above-mentioned agencies for the following purposes:

- Provision of appropriate care services
- Improving the health of the population
- Protecting people and communities
- Supporting people in need
- Managing and planning services
- Commissioning and contracting services
- Developing inter-agency strategies

- Performance management and audit
- Research
- Investigating complaints or serious incidents
- Reducing risk to individuals, service providers and the public as a whole
- Clinical Audit
- Monitoring and protecting public health
- Staff management and protection

If, as a result of policy changes or other developments, additional information sharing requirements arise these will be added to the framework agreement.

5. SUPPORTING POLICIES AND PROCEDURES

5.1 Supporting policies

For members of the public and staff from different agencies to have confidence that information sharing takes place legally, securely and within relevant guidance all agencies have in place policies which meet the requirements for:

- Data Protection
- Confidentiality
- Security
- Caldicott (where applicable)

These policies cover both manual and computer-based information.

Processes are in place within agencies to regularly monitor and improve the effectiveness of these policies.

5.2 Access and Security Procedures

Linked to the above-mentioned policies are the procedures relating to the secure transfer, receipt, access to, storage and disposal of shared information.

Agencies have in place policies or procedures covering:

- Communication by fax
- Communication by phone
- Electronic communication
- Verbal communication
- Written communication
- Use of personal information for purposes other than that agreed
- Access arrangements to shared records and databases
- Secure storage and disposal of confidential information

These policies or procedures are subject to regular monitoring.

5.3 Induction and training

To support the implementation of the above-mentioned policies and procedures appropriate staff induction and training programmes are available within the agencies.

5.4 Developing information sharing protocols and procedures

Information sharing requirements between the agencies are more likely to increase than decrease in the future. The implementation of effective information sharing protocols should create manageable gateways through which information can be safely delivered to those who need it while protecting it from those who don't.

Clear benefits can be gained by agencies adopting a consistent approach to the development of the protocols and procedures that govern their exchanges of information. Such an approach, building on existing good practice, would avoid re-inventing the wheel each time a new protocol is required and establish the information sharing standards that the agencies wish to work towards.

Appendix III provides summary details of the basic requirements of a standard information sharing protocol.

5.5 Disclosure of Information

Disclosure requiring informed consent

Disclosure of personal information will be on the basis of informed consent where the disclosure is necessary for medical purposes and is undertaken by a health professional or a person owing an equivalent duty of confidentiality.' (Medical purposes' includes preventative medicine, medical diagnosis, medical research the provision of care and treatment, and the management of healthcare services)

6. Next steps – approval, implementation and review

6.1 Agreeing the framework

This Framework proposes a consistent approach to the development of information sharing agreements and protocols across the wide variety of agencies that work together in Calderdale, Kirklees and Wakefield. As such the content of the Framework represents a high-level information sharing agreement between the participating agencies.

The Framework has been revised and further developed following consultation across the agencies concerned. A process of formal agreement to the Framework by each participating agency is underway.

App IV provides outline of the formal agreement format.

6.2 Making it happen

Following approval of the framework agencies will need to take action, either individually or jointly, on the following issues:

Agencies	Actions
All agencies	<ul style="list-style-type: none"> • Promoting ownership • Ensuring dissemination • Reviewing existing support policies and procedures • Agreeing training programmes • Implementation • Monitoring implementation/compliance • Establishing review processes • Joint work to develop standard service specific protocols • Ensuring amendments to existing protocols • Agreeing audit processes. • Agreeing new protocols
Chief Officers/Boards of each organisation or department/Caldicott Guardians	<ul style="list-style-type: none"> • Annual review

6.3 Monitoring and review processes

Subject to the outcome of further discussions in-year monitoring would normally take the form of exception reporting. Where not already in place processes will be set up in each agency to adopt a risk management approach to breaches/problems in relation to the implementation of this agreement.

It is proposed that the first formal review of the framework and subsequent action will be held six months following the date of adoption of the agreement. Thereafter, formal reviews would be held at twelve monthly intervals unless legislative changes required immediate action.

Prior to the review date, agencies would submit feedback on the use of the agreement and propose options for addressing problems or amending procedures.

It is proposed that reviews would, in the first instance, be co-ordinated through the Calderdale, Kirklees and Wakefield Caldicott Guardian Group along with appropriate representation from those agencies not subject to the Caldicott guidance.

7. Conclusion

All agencies are in the position of having to balance the conflicting demands of the need and requirement to share information with other agencies with the responsibility to maintain highest level of confidentiality.

This framework acknowledges these competing demands and provides a means whereby members of the public, staff and the agencies can be confident that where information is shared it is done so appropriately and securely.

APRIL 2003

APPENDIX I

EXISTING INFORMATION SHARING AGREEMENTS/PROTOCOLS

Information sharing protocol for Youth Offending Teams and partner agencies
(Draft – November 1999 – National document for local adaption)

Kirklees Community Safety Partnership – Joint protocol on Information exchange
(5 July 1999) (Revised draft - October 2002)

Calderdale and Huddersfield NHS Trust – Mental Health Directorate – Confidentiality and
Information Sharing (September 1998)

Dewsbury Mental Health Directorate – Confidentiality Guidelines for staff (Reviewed March
2002)

Kirklees Youth Offending Services – Information sharing policy and practice (2002)

NHS Direct Information Sharing Agreement – Mental Health (2002 – Nationally produced
pilot version)

Information sharing agreement between West Yorkshire Police and South West Yorkshire
Mental Health Trust (Huddersfield) (2001)

Mental Health Services Confidentiality and Information Sharing – Kirklees MC Guidance for
staff – Social Services (August 2000)

Wakefield District Interagency Information Sharing Protocol (Wakefield and Pontefract
Community Health Trust and Wakefield MDC) (2001)

Wakefield Area Child Protection Committee’s Inter-Agency procedures to safeguard and
promote the welfare of children

Wakefield Information Sharing Protocol for Child Protection Purposes

Wakefield West Primary Care Trust – Rapid Response Information Sharing Protocol (2003)

Wakefield and Pontefract Community Health Trust/Wakefield Metropolitan District Council
-
Wakefield Community Mental Health Teams and Community Teams for Learning
Disabilities – Protection and sharing of information protocol (2001)

Memorandum of understanding on sharing personal data – report to Kirklees Health and
Social Care Board (Kirklees MC – Social Services, Police, all Health Trusts in Kirklees)
(January 2003)

Protocol for the sharing of Personal Care Programme Approach/mental health information
through oral reports (Wakefield and Pontefract Community NHS Trust and NHS Direct West
Yorkshire) (2001)

Joint Protocol between South West Yorkshire Mental Health Trust and Wakefield MDC
(Housing and Social Care Department) – Protection and Sharing Information Protocol
(August 2002)

APPENDIX II

SUMMARY OF KEY LEGISLATION AND GUIDANCE

(detailed guidance should be available in all agencies for staff)

Access to Health Records Act 1990

This Act provides rights of access to the health records of deceased individuals for their personal representatives and others having a claim on the deceased's estate. In other circumstances, disclosure of health records relating to the deceased should satisfy common law duty of confidence requirements. The Data Protection Act 1998 supersedes the Access to Health Records Act 1990 apart from the sections dealing with access to information about the deceased

Data Protection Act 1998

The key legislation governing the protection and use of identifiable patient/client information (Personal Data) is the Data Protection Act 1998. The Act does not apply to information relating to the deceased.

This Act gives seven rights to individuals in respect of their own personal data held by others. They are:

- Right of subject access
- Right to prevent processing likely to cause damage or distress
- Right to prevent processing for the purposes of direct marketing
- Rights in relation to automated decision making
- Right to take action for compensation if the individual suffers damage
- Right to take action to rectify, block, erase or destroy inaccurate data
- Right to make a request to the Commissioner for an assessment to be made as to whether any provision of the Act has been contravened.

In addition, the Act stipulates that anyone processing personal data comply with eight principles of good practice. These principles are legally enforceable.

Principle 1 – Personal data shall be processed fairly and lawfully

Principle 2 – Personal data shall be obtained only for one or more specified lawful purposes

Principle 3 – Personal data shall be adequate, relevant and not excessive in relation to the purposes for which they are processed.

Principle 4 – Personal data shall be accurate and, where necessary, kept up to date.

Principle 5 – Personal data processed for any purpose or purposes shall not be kept longer than is necessary for that or those purposes.

Principle 6 – Personal data shall be processed in accordance with the rights of data subjects under this Act, including the right to access their own record.

Principle 7 – Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss.

Principle 8 – Data shall not be transferred outside of the European Economic Area

Detailed information for staff about the requirements of the Act in relation to information sharing are available in each agency.

Crime and Disorder Act 1998

The Crime and Disorder Act 1998 introduces measures to reduce crime and disorder, including the introduction of local crime partnerships around local authority boundaries to formulate and implement strategies for reducing crime and disorder in the local area. Section 115 of the Act provides that any person has the power to lawfully disclose information to the police, local authorities, probation service or health authorities (or persons acting on their behalf) where they do not otherwise have the power but only where it is necessary and expedient for the purposes of the Act. However, whilst all agencies have the power to disclose, Section 115 does not impose a requirement on them to exchange information and responsibility for the disclosure remains with the agency that holds the data. It should be noted, however, that this does not exempt the provider from the requirements of the 2nd Data Protection principle.

The Criminal Procedures and Investigations Act 1996 requires the police to record in durable form any information that is relevant to an investigation. The information must be disclosed to the Crown Prosecution Service, who must in turn disclose it to the defence at the relevant time if it might undermine the prosecution case. In cases where the information is deemed to be of a sensitive nature then the CPS can apply to a judge or magistrate for a ruling as to whether it should be disclosed.

Human Rights Act 1998

Article 8.1 of the Human Rights Act 1998 provides that “everyone has the right to respect for his private and family life, his home and his correspondence”. This is however, a qualified right i.e., there are specified grounds upon which it may be legitimate for authorities to infringe or limit those rights and Article 8.2 provides “there shall be no interference by a public authority with the exercise of this right as it is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety, or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals or for the protection of the rights and freedom of others”.

In the event of a claim arising from the Act that an organisation has acted in a way which is incompatible with the Convention rights, a key factor will be whether the organisation can show in relation to its decision to take a particular course of action:-

- That it has taken these rights into account
- That it considered whether any breach may result, directly or indirectly, from the action, or lack of action
- If there was the possibility of a breach, whether the particular rights which might be breached were absolute rights or qualified rights
- Whether one of the permitted grounds for interference could be relied upon
- Whether there was proportionality

The Act also requires public bodies to read and give effect to other legislation in a way which is compatible with these rights and makes it unlawful to act incompatibly with them. As a result these rights still need to be considered, even when there are special statutory powers to share information.

Common law duty of Confidentiality

All staff working in both the statutory and independent sector are aware that they are subject to a common law Duty of Confidentiality and must abide by this. The duty of confidence only applies to identifiable information and not to aggregate data derived from such information or to information that has otherwise been effectively anonymised i.e., it is not possible for anyone to link the information to a specified individual.

The Duty of Confidentiality requires that unless there is a statutory requirement to use information that has been provided in confidence it should only be used for purposes that the subject has been informed about and has consented to. This duty is not absolute but should only be overridden if the holder of the information can justify disclosure as being in the public interest (e.g., to protect others from harm). Whilst it is not entirely clear under law whether or not a common law Duty of Confidence extends to the deceased, the Department of Health and professional bodies responsible for setting ethical standards for health professionals accept that this is the case.

Unless there is a sufficiently robust public interest justification for using identifiable information that has been provided in confidence then the consent of the individual concerned should be gained (deceased individuals may have provided their consent prior to death). Schedules 2 and 3 of the Data Protection Act 1998 apply whether or not the information was provided in confidence.

Where it is judged that an individual is unable to provide consent (for example due to mental incapacity or unconsciousness) other conditions in schedule 2 and 3 of the Data Protection Act 1998 must be satisfied (processing will normally need to be in the vital interest of the individual).

Whilst under current law, no-one can provide consent on behalf of an adult in order to satisfy the common law requirement, it is generally accepted that decisions about treatment and the disclosure of information should be made by those responsible for providing care and that they should be in the best interests of the individual concerned.

All agencies are subject to their own codes or standards relating to confidentiality.

Caldicott Report 1997

The Caldicott Committee (which reported in 1997) recommended a series of principles that should be applied when considering whether confidential information should be shared. The principles have been developed with the aim of establishing the highest practical standards for handling confidential information. They apply equally to all routine and ad hoc flows of patient information whether clinical or non-clinical, in manual or electronic format. The principles are:

- Justify the purpose(s) for using confidential information

Every proposed use or transfer of patient-identifiable information within or from an organisation should be clearly defined and scrutinised, with continuing uses regularly reviewed, by an appropriate guardian.

- Only transfer/use patient-identifiable information when absolutely necessary

Patient-identifiable information items should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose.

- Use the minimum identifiable information that is required

Where use of patient-identifiable information is considered to be essential, the inclusion of each individual item should be considered and justified so that the minimum amount of identifiable information is transferred or accessible as is necessary for a given function to be carried out.

- Access should be on a strict need to know basis

Only those individuals who need access to patient-identifiable information should have access to it. They should only have access to the information items that they need to see. This may mean introducing access controls or splitting information flows where one flow is used for several purposes.

- Everyone with access to identifiable information must understand his or her responsibilities

Action should be taken to ensure that those handling patient-identifiable information, both clinical and non-clinical staff, are made fully aware of their responsibilities and obligations to respect patient confidentiality.

- Understand and comply with the law

Every use of patient-identifiable information must be lawful. Someone in each organisation handling patient information should be responsible for ensuring that the organisation complies with legal requirements.

All NHS and Social Services Department are now required to apply these principles and to nominate a senior person to act as a **Caldicott Guardian** responsible for safeguarding the confidentiality of patient information.

Freedom of Information Act 2000

This Act provides clear statutory rights for those requesting information together with a strong enforcement regime. Under the terms of the Act, any member of the public will be able to apply for access to information held by bodies across the public sector. The release of personal information remains protected by the Data protection Act 1998.

Other relevant legislation – summary details not provided

Criminal Procedures and Investigations Act 1996

Regulation of Investigatory Powers Act 2000

Health and Social Care Act 2001 (Section 60)

There are statutory restrictions on passing on information linked to:

NHS (Venereal Disease) Regulations 1974

Human Fertilisation and Embryology Act 1990

Abortion Regulations 1991

Third Party Disclosures

This applies when information is shared between organisations/agencies for a defined purpose then passed onto either another agency without consent or used for a different purpose without securing the consent from the original provider.

APPENDIX III

STANDARD REQUIREMENTS FOR AN INFORMATION PROTOCOL

This outline identifies the standard requirements of any information sharing protocol. The content can be amended to meet local circumstances by agreement between the agencies concerned.

This standard protocol has been developed assuming that a high level information sharing agreement exists between the agencies party to the protocol. The existence of such an agreement obviates the need for the protocol to contain general details as to the benefits of information sharing, principles espoused etc. The protocol is to support staff working in day to day contact with other agencies.

The approach to producing the standard protocol is based on the simple process of the content being able to answer key questions - who, why, what, how, when – and to ensure that the parties to the protocol have identified and discussed any risks or additional requirements related to the sharing of the information specified in that particular protocol.

DRAFT INFORMATION SHARING PROTOCOL OUTLINE

1. Parties to this protocol

Agency name				
Team/location				
Responsible managers				
Other named staff who will have access to or use the information				
Contact details				
Information source?	YES / NO	YES / NO	YES / NO	YES / NO
Information recipient?	YES / NO	YES / NO	YES / NO	YES / NO

2. Purpose(s) for which the information sharing is required (specify)

EG: Provision of appropriate inter-agency care services
EG: Public protection
EG: Emergency life-threatening situations
EG: Missing persons

3.Type and status of information shared

Person identifiable	YES / NO
Express consent (person agrees to sharing)	YES / NO
Implied consent (person should be reasonably aware sharing may take place)	YES / NO
Anonymised	YES / NO
Manual	YES / NO
Computerised	YES / NO

4. Information items shared (tick and/or add as appropriate)

(The content of these boxes are examples only and do not reflect the range of items which are required for all protocols.)

Forename	Initials	Surname	Address lines	Postcode
DoB	Sex	Marital status	Dependents details	Next of Kin and/or carer
Phone number	Ethnicity	Religion	Previous names	Aliases
NHS number	GP's name	GP Practice	Hospital identifier	Clinical diagnosis
Procedure codes	Attendance dates	Clinical details	Drugs details	Mental Health status
Date of death	Place of death	Cause of death		
Occupation	NI number			
Education	Special needs	Truancy details		
Known to Police	Offending history	Previous convictions	Previous victim details	Sex Offender details

5. Data sharing restrictions (specify)

EG: Legal or statutory restrictions specific to an agency
EG: Limited access to data outside normal office hours
EG: Breaches an agency's current procedures

6. Information transfer method and frequency of transfer

All parties to this protocol are responsible for ensuring that appropriate security and confidentiality procedures are in place to protect the transfer and use of the shared, person identifiable information.

Face to face	Telephone	Fax	Electronically	Post
Disk	Other	Other	Other	Other

Regular (specify frequency)	Ad hoc (estimate frequency)
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7. Specific risks associated with the sharing of information for this protocol (specify)

<p>EG: If ad hoc transfer by fax – must check fax number is still correct.</p> <p>EG: Does information have to be current - would historical be misleading?</p> <p>EG: Is there a risk of sharing third party information?</p>

8. Length of time shared information is held by each agency

All parties to this protocol are responsible for ensuring that appropriate security procedures are in place to protect the confidentiality of the shared, person identifiable information stored and/or disposed of by their agency.

Agreed disposal date				
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9. Authorisation, audit and review

Audit process (to be agreed and then specified)				
Audit dates (as above)				
Audit Outcomes				

Protocol authorized by				
Date				
Protocol review date				

APPENDIX IV

CALDERDALE, KIRKLESS AND WAKEFIELD-WIDE INTER-AGENCY FRAMEWORK FOR SHARING INFORMATION

MEMORANDUM OF AGREEMENT

Between:

- Calderdale and Huddersfield NHS Trust
- Calderdale Metropolitan Borough Council
- Calderdale Primary Care Trust
- Eastern Wakefield Primary Care Trust
- Huddersfield Central Primary Care Trust
- Huddersfield South Primary Care Trust
- Kirklees Metropolitan Council
- Mid Yorkshire Hospitals NHS Trust
- North Kirklees Primary Care Trust
- South West Yorkshire Mental Health Trust
- Wakefield West Primary Care Trust
- Wakefield Metropolitan District Council
- West Yorkshire Police Force
- National Probation Service (West Yorkshire Board)
- NHS Direct
- WYMAS

The signatory agencies to this agreement endorse the vital importance of the sharing of information between the agencies to support the provision of effective and efficient services to the populations of Calderdale, Kirklees and Wakefield.

The signatory agencies are committed to working in partnership on this and future information sharing activities and recognise that without such sharing the increasing amount of initiatives requiring a multi-agency approach cannot be fully achieved.

The signatory agencies accept and support the principles and processes identified in the Calderdale, Kirklees and Wakefield-wide Inter-Agency Framework Agreement for Sharing Information.

The signatory agencies are committed to ensuring that their agencies have in place the appropriate policies, procedures and training to maintain the security and confidentiality of shared information.

The signatory agencies are committed to the monitoring and review of the information sharing processes arising from this agreement .

Agency	Nominated Officer	Signature	Date
Calderdale and Huddersfield NHS Trust			
Calderdale Metropolitan Borough Council			
Calderdale Primary Care Trust			
Eastern Wakefield Primary Care Trust			
Huddersfield Central Primary Care Trust			
Huddersfield South Primary Care Trust			
Kirklees Metropolitan Council			
Mid Yorkshire Hospitals NHS Trust			
National Probation Service (West Yorkshire Board)			
NHS Direct			
North Kirklees Primary Care Trust			
South West Yorkshire Mental Health NHS Trust			
Wakefield Metropolitan District Council			
Wakefield West Primary Care Trust			
West Yorkshire Police Force			
WYMAS			