

Confidentiality and Data Protection Policy

Policy Title	Confidentiality and Data Protection
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Key Contact	Caitlin Da Souza
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This policy outlines the duty and responsibility of staff, volunteers, and Board members working on behalf of Healthwatch Greenwich in relation to confidentiality and data protection.	
This policy can be supplied in different formats: Tel: 020 8301 8340 or email: info@healthwatchgreenwich.co.uk	

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1. Introduction

- 1.1. This policy applies to all members of Healthwatch Greenwich (HWG), which includes members of the Board, staff and volunteers.
- 1.2. This document sets out the position of HWG on confidentiality and protecting the data that it holds. The purpose of this policy document is to establish a clear and agreed understanding of what confidentiality means.
- 1.3. HWG is committed to equality and diversity. It will never use any information it receives to discriminate against staff or volunteers or the wider community, or use information for any other purpose than that stated to the person who gave it.

2. Responsibilities

- 2.1. **HWG Board** – Have overall responsibility for staff and volunteers within HWG.
- 2.2. **HWG Chief Executive Officer (CEO)** – HWG Board has delegated to the HWG CEO the responsibility for developing a strategy, policies and procedures at HWG and to ensure these are implemented effectively.
- 2.3. **HWG Staff and volunteers** – All HWG staff and volunteers are required to read and implement this policy, supporting policies and procedures. This policy will enable staff/volunteers to make informed and confident responses to confidentiality and data protection issues.
- 2.4. HWG will review and approve this policy biannually.
- 2.5. HWG has a legal and moral obligation to ensure that specific personal information given to it is treated confidentially.

- 2.6. Under the Data Protection Act 2018, HWG has a responsibility to ensure that all data it holds on individuals or groups must be held for valid reasons and must be held in a safe and secure manner.
- 2.7. HWG ensures compliance with the UK GDPR and Data Protection Act 2018 by processing personal data lawfully, fairly, and transparently. Information is collected only for specified, explicit purposes and is not kept longer than necessary. Individuals have the right to access, rectify, or erase their data.
- 2.8. All staff and volunteers of HWG are committed to ensuring that HWG's Confidentiality and Data Protection policy is applied to all aspects of the organisation's existence and work. It is the responsibility of each HWG staff member and volunteer to be familiar with this policy, and to act in accordance with its aims and objectives.

3. Context

- 3.1. For the purposes of this policy HWG believes that confidentiality extends to any sensitive information that Healthwatch is party to in the course of its activities. This includes information passed on in writing and verbally.
- 3.2. Data protection relates to the storage, access, and control of personal information held for HWG and with the permission of the person to whom those details relate.

4. Why information is kept

- 4.1. HWG gathers the views and experiences of people living, working or using health and care services within the borough of Greenwich about health

and social care services, and then ensuring that those views and experiences are taken into account by the providers and commissioners of health and social care operating within the Borough. To do this, Healthwatch will be party to and may record information that could be considered confidential.

4.2. HWG believes that in relation to its work, confidentiality can take two forms:

4.2.1. **Sensitivity related confidentiality (i.e. the type of information) -**

Individuals, groups or communities may disclose to HWG information that is of a sensitive nature and is passed on in confidence. Sensitive information may be passed on to HWG, staff or volunteers to highlight a particular issue. This could include for example:

- 4.2.1.1. details of treatment received for a medical condition to demonstrate an experience of accessing a service;
- 4.2.1.2. or a service user might talk about personal circumstance;
- 4.2.1.3. experiences of a personal nature;
- 4.2.1.4. complaints made;
- 4.2.1.5. cases of mistreatment or discrimination;
- 4.2.1.6. or a combination of personal details which may allow them to be identified, such as their age or post code.

4.2.2. **Safety related confidentiality (i.e. the handling of information) -** This

relates to how confidential information given to HWG is stored. For example, how a person's contact details are recorded and protected so only those authorised to access them are able to and how data from surveys and interviews with service users is kept.

- 4.3. Use and storage of information given in confidence – when an individual, or group passes on information that is of a personal nature, it is HWG’s responsibility to ensure that this information is used in accordance with the wishes of those giving the information.
- 4.4. Community engagement and research – HWG carries out community engagement work and research into peoples’ views on health and social care services. When meeting with an individual or group it is the responsibility of the Healthwatch volunteer or staff member conducting the meeting to make clear what will happen with any information given and to ensure that those taking part are comfortable with how any information given will be recorded and used.
- 4.5. HWG may not always be able to help with specific problems or individual complaints about services. In such instances HWG will endeavour to signpost to the appropriate body that can help. HWG cannot normally act as an advocate on behalf of individuals.
- 4.6. When confidential information is passed to HWG as evidence of a wider issue, HWG will take steps to protect the identity of the person giving the information . HWG aims to feedback to those individuals, groups, or communities that provided information on what happened as a result. Therefore, it will be necessary to keep contact details and a record of involvement to facilitate this. Access to this confidential information will be restricted.

5. Legal Framework

- 5.1. This guidance reflects the principles contained within the Data Protection Act 2018, The Human Rights Act 1998 and the Public Interest Disclosure Act 2012. HWG ensures compliance with the UK GDPR and Data Protection Act 2018 by processing personal data lawfully, fairly, and transparently. Information is collected only for specified, explicit purposes and is not kept longer than necessary. Individuals have the right to access, rectify, or erase their data.

6. Data Protection

- 6.1. HWG may keep anonymous information indefinitely so that trends in health and social care provision can be monitored. Information that is considered confidential will be stored for a relevant period of time (for example completed questionnaires will be kept for up to six years to allow for any queries to be raised with the conclusions drawn from the data), unless a request for it to be destroyed is received by the person to whom the information relates.
- 6.2. Reports created by Healthwatch Greenwich that contain evidence gathered from community engagement activities or research will not contain the names or any other identifying details of those that took part unless previously agreed.

- 6.3. **Contacts database** – HWG maintains a database of contact details of those who have asked to be kept informed of its work. All details are stored by HWG, which acts as the data controller. Any information stored within the contact database is with the knowledge and consent of those to whom it relates, or is taken from the public domain where that person has freely placed it.
- 6.4. HWG respects people's rights to privacy and to their right to change their mind about having their information kept in the contact database. Anyone wishing to know what information is stored about them within the contact database may do so by contacting HWG (contact details below) in line with the Data protection Act 2018. Anyone wishing to have their information removed from the contact database may do so by contacting HWG. All requests must be in writing via an email to the official HWG email address (info@healthwatchgreenwich.co.uk) or by post to HWG at the official office address.
- 6.5. HWG only uses the information stored within its contact database to pass on information relating to its work. HWG will not pass on any confidential information from its contact database without consent from the person to whom the information relates.
- 6.6. Consent to pass on details must be in written form, sent either by email or by post. Where there is dispute about consent, HWG may request proof of identification to be given.
- 6.7. Should HWG cease to be involved in the delivery of support, then confidential information held by it will only be passed on to any other organisation with the consent of those to whom the information relates.

Should permission not be given for this information to be passed on then it will be destroyed.

7. Monitoring information

- 7.1. HWG reports on its contract to the Royal Borough of Greenwich and keeps a range of paper and electronic information to facilitate this. Individuals are not identified in such reports without their explicit consent.

8. Confidentiality

- 8.1. HWG works to ensure that it provides information to the community about its work through different mechanisms including but not limited to a website, newsletter and annual report. Healthwatch will ensure that confidential information is not passed on without consent.
- 8.2. HWG collects ethnic and other demographic monitoring information to ensure that it is facilitating diverse involvement in its work.
- 8.3. **Possible circumstances for breaching confidentiality** – HWG will not disclose sensitive information to a third party without the individual's consent except in a situation where there is a considerable or significant risk of harm to an individual or to others, or where there is a legal duty to do so. There is a legal duty to breach confidentiality in cases of:
 - 8.3.1. Suspected or disclosed child or vulnerable adult abuse, in which case a report will be made to the relevant Social Services Department;
 - 8.3.2. To prevent crime for example: drug trafficking, modern slavery, money laundering, acts of terrorism or treason, in which case a report will be made to the relevant police force.

- 8.4. Should a situation arise where a HWG, staff member or volunteer feels information they have received fulfils the condition for breach of confidentiality, as outlined in the Human Rights Act 1998, or is covered by the Public Interest Disclosure Act 2012, they have a duty to report the information to the Chief Executive of HWG (CEO) (contact details in Appendix 1).
- 8.5. If a staff member or volunteer is unsure whether a breach of confidentiality needs to occur, then they must discuss the matter with the HWG CEO, who will then make a decision as to whether to proceed further in reporting the matter to any authorities.
- 8.6. Any information passed to the CEO for possible confidentiality breach will be assessed according to the Human Rights Act 1998, the Public Interest Disclosure Act 2012, and any other relevant legislation.
- 8.7. Should a breach of confidentiality be required then the HWG CEO will pass the information on to the appropriate body.
- 8.8. Any confidential information passed to the CEO that is assessed as not needing to be passed on under these acts will be destroyed or stored depending on its value to HWG and in accordance with this policy.
- 8.9. Individuals can also raise concerns direct with the Information Commissioner's Officer (ICO) (see appendix 1).

9. Confidentiality and safeguarding

- 9.1. Child protection and protecting vulnerable adults raises issues of confidentiality which should be clearly understood by all. Staff and volunteers have a professional as well as a statutory responsibility to share

relevant information about the protection of vulnerable groups with other professionals, particularly investigative agencies.

- 9.2. As part of this policy, the Safeguarding Children and Young People policy and the Safeguarding Adults policy, clear boundaries of confidentiality will be communicated to all staff and volunteers within HWG. All personal information regarding a service user will be kept confidential except when it is suspected that a child under 18 years or vulnerable adult is a victim of abuse.
- 9.3. If a child or vulnerable adult confides in a member of staff or volunteer and requests that the information is kept secret, it is important that the member of staff or volunteer tells the individual sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies for the individual's own safety. However, they should be assured that the matter will be disclosed only to people who need to know about it and whom can help.
- 9.4. Where possible, consent should be obtained from the individual before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the individual is the priority.
- 9.5. Where a disclosure has been made, staff should let the child, young person or vulnerable adult know the position regarding their role and what action they will have to take as a result. Staff should assure the service user that they will keep them informed of any action to be taken and why. The individual's involvement in the process of sharing information should be fully considered and their wishes and feelings taken into account.

- 9.6. Safeguarding issues are highly sensitive and staff and volunteers who receive information about children, vulnerable adults or their families in the course of their work should share that information only within appropriate professional contexts.
- 9.7. All records must be kept secure – in a locked filing cabinet in the HWG office, or stored securely online. Email inboxes should not be considered a secure long term storage for this purpose.
- 9.8. Confidential records must not be taken home unless absolutely necessary and only with the explicit written permission of the CEO.

10. Duty of Care and Position of Trust

- 10.1. In part, the duty of care is exercised through the development of respectful and caring relationships. It is also exercised by staff and volunteers taking all reasonable steps to ensure the safety, confidentiality and well-being of those they are responsible for in the course of their work.
- 10.2. All HWG staff and volunteers must understand and acknowledge the responsibilities and trust inherent in their role and must always maintain professional boundaries. They must avoid behaviour which might be misinterpreted.

11. Suggestions and Complaints

- 11.1. HWG's complaints procedure must be publicly available and passed to anyone who requests it. When someone wishes to make a complaint or suggestion, they will be taken seriously and HWG will endeavour to resolve matters promptly. All complaints and suggestions will be followed up by a

written response to the issue that has been raised and will be recorded and stored appropriately.

11.2. The above refers to complaints about HWG of a general nature only.

Complaints regarding potential safeguarding issues are covered by the Safeguarding Adults and Safeguarding Children and young People policies.

12. Training

12.1. Confidentiality and Data Protection training will be mandatory for all staff and volunteers and be considered a core element of the training programme and staff and volunteers will not be eligible to undertake visits or act on behalf of HWG until it has been completed.

12.2. Annual refresher courses are required to ensure continued compliance.

Appendix 1 – Contact Information

HWG CEO:

Name: Joy Beishon

Title: Chief Executive – Healthwatch Greenwich

Address:

Gunnery Works,
9-11 Gunnery Terrace,
Royal Arsenal,
SE18 6SW

Telephone: 020 8301 8340

Email: joy@healthwatchgreenwich.co.uk

Secondary email (not confidential): info@healthwatchgreenwich.co.uk

Office of the information Commissioner:

To report a concern:

W: www.ico.org.uk/concerns

T: 0303 123 1113

Appendix 2 – Equality Impact Assessment Form

EIA screening determines whether the policy has any relevance for equality, i.e. is there any impact on one or more of the protected characteristics as defined by the Equality Act 2010. These are:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or belief Including lack of belief)
- Sex
- Sexual Orientation

1 Name of policy/procedure being assessed:	Confidentiality and Data Protection Policy
2. Is this a new or existing policy/procedure?	Existing (revised)
3. What is the function of the policy/procedure?	<p>To support the confidentiality and data security of service users throughout their interactions with HWG.</p> <p>To guide staff, volunteers, and Board members on HWG's responsibilities regarding data protection and confidentiality.</p>
4. What is it trying to achieve and why?	Ensure that all service users are treated with respect, their personal information is kept secure and confidential and that all HWG staff and volunteers are aware of their legal duties.
5. Who is intended to benefit and how?	Services users in their engagement with HWG

6. Is there any potential for differential impact (negative or positive) on any of the protected characteristics?	<p>Ethnicity : There might not be an awareness of GDPR and confidentiality rules amongst non-English speakers that might lead to hesitation sharing information with us. <i>Action: Take steps to ensure information on confidentiality is made clear, accessible and understandable.</i></p> <p>Disability: Format of information might not be suitable for people with support/special needs <i>Action: To use easy read or other methods wherever required</i></p>
7. Is there any possibility of discriminating unlawfully, directly or indirectly, against people from any protected characteristic?	<p>No</p>
8. Could there be an effect on relations between certain groups?	<p>No</p>
9. Does the policy explicitly involve or focus on a particular equalities group i.e. because they have particular needs?	<p>No</p>
Designated responsible officer of the policy under review Name: Joy Beishon Position: Chief Executive Date: December 2024	

