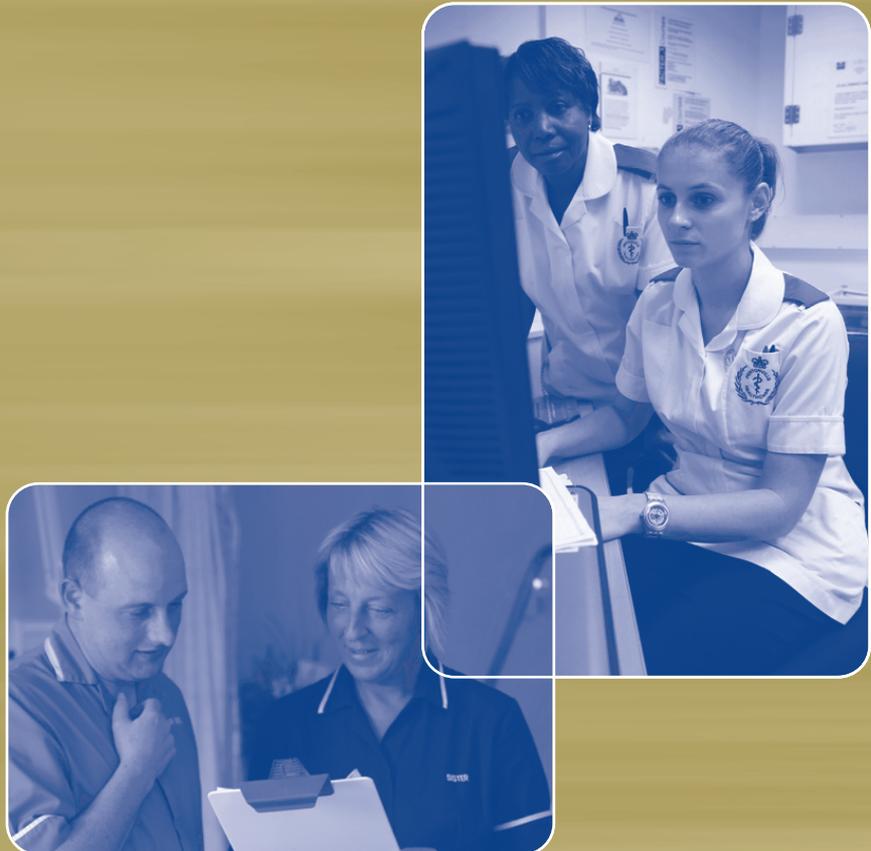


## Competencies:

an integrated career and  
competency framework for  
information sharing in nursing practice



## Contributors

The competency framework was developed by Marina Copping, Clinical Information Manager, NHS Lothian, on behalf of the Royal College of Nursing (RCN).

It was reviewed by a number of external experts and RCN members and staff.

**Note:** For ease of reading, 'patients and/or clients' are referred to simply as 'patients' in this document.

---

### RCN Legal Disclaimer

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK.

The information in this booklet has been compiled from professional sources, but its accuracy is not guaranteed. Whilst every effort has been made to ensure the RCN provides accurate and expert information and guidance, it is impossible to predict all the circumstances in which it may be used. Accordingly, the RCN shall not be liable to any person or entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by what is contained in or left out of this website information and guidance.

Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN

© 2006 Royal College of Nursing. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise, without prior permission of the Publishers or a licence permitting restricted copying issued by the Copyright Licensing Agency, 90 Tottenham Court Road, London W1T 4LP. This publication may not be lent, resold, hired out or otherwise disposed of by ways of trade in any form of binding or cover other than that in which it is published, without the prior consent of the Publishers.

# Competencies:

*an integrated career and competency framework  
for information sharing in nursing practice*

Approved until November 2007

## Contents

1. Introduction	2
– Purpose and scope	2
– Information sharing in context	2
– Legislation, policy and practice	3
2. Sources and related work	4
3. Overview of the framework	5
4. The RCN competency framework for information sharing in nursing practice	6
5. References	15
6. Other resources	16
Appendix 1: Abbreviations and useful definitions	17

## 1

## Introduction

Recent changes in Government policy on the exchange of health information coincide with ongoing plans to make patients' health records more easily accessible, using electronic means. Easier access to health care data from a single source shared by everyone could improve the quality and efficiency of care services, reduce the burden of paperwork and even save lives.

Easy data access, however, also makes patients more vulnerable – which highlights the importance of high professional practice standards through a framework for governing clinical information. Nurses will easily relate to core standards in this framework such as confidentiality, security and consent, but debate at a recent RCN congress showed members' concerns about nurses' knowledge and skills in this complex area of practice.

This document has been produced in response to these concerns, with the twin aims of improving the profession's understanding of this critical element of practice and of supporting action by nurses, managers, educators and others to work towards improved competence in information sharing practice.

### Purpose and scope of this framework

The development of the competency framework for information sharing in nursing practice is based on the following position statement:

- ◆ to fulfil their professional responsibilities, nurses must have the knowledge and skills to hold, obtain, share, use and store information about patients (information management)
- ◆ nurses must share information about patients within legal, professional and common law frameworks, placing the needs and preferences of the patient at the centre of care
- ◆ nurses should be confident that patients fully understand their rights and any implications of information sharing, before asking a patient to consent to such sharing (and in most cases before asking them to provide sensitive information).

Information sharing competencies span all areas of nursing practice and apply also to health care assistants,

nurse researchers and others who may have occasion to share information about patients. Every effort has been made to ensure that the RCN framework is applicable across all four countries of the UK – legislative and organisational differences are noted where relevant.

The specific purposes of this competency framework are to:

- ◆ aid practitioners with professional development, helping them to identify gaps in competence and specific training needs
- ◆ provide a basis for assessment of information sharing competence
- ◆ inform the commissioning, development and delivery of education and training on information management and information sharing
- ◆ contribute to developments related to Agenda for Change, Skills for Health and other initiatives, by providing a professional nursing view of this core clinical competence.

### Information sharing in context

For the purpose of this framework, information sharing is defined as: *“the transfer of information about an individual verbally, in writing, electronically, as images or video from one person/place to another.”*

This definition applies to information about staff as well as about patients, relatives and carers, but while the principles set out in the framework apply to all these groups, the primary focus here is on patients.

Information sharing is a part of information management and is central to clinical communication, supporting the provision of safe, effective and efficient services. It helps ensure continuity, saves time and avoids duplication. Such benefits, however, must be balanced against a person's right to privacy.

In health and social care, most information about an individual that in any way identifies them is defined as sensitive in nature by the *Data Protection Act 1998* (Parliament, 2000). Before sharing such information, there must be clear understanding and agreement about who is sharing what information, for what specific purpose, and over what time period. The information itself needs to be

complete, accurate and not excessive for the agreed purpose. Crucially, in most instances, sharing of information should only be done with the explicit consent of the patient.

## Legislation, policy and practice

There is now increased focus on information and communications technology and on better management of information in general. New legislation has been enacted in the UK similar to laws already in place across Europe, Canada, Australia and New Zealand. The *Data Protection Act 1998*, *Human Rights Act 2000*, *Freedom of Information Act 2002* and *Children Act 2004* are driving changes in practice and in organisational culture concerning information sharing.

New ways of working prompted by recent health policies such as patient choice, single assessment and *Every Child Matters* (DfES, 2004) have introduced challenges for nursing practice as well as for organisations. Inter-agency working is a policy priority as is the breaking down of barriers between primary, community and secondary health care. Person-centred care pathways are increasingly cited in service standards and frameworks as the best way to deliver effective, equitable health care. As these changes are implemented they are further exposing the poor practice in information sharing which was already highlighted in reports such as the Laming Inquiry (2002) into the death of Victoria Climbié in England and the Kennedy Inquiry (2002) into the death of baby Caleb Ness in Scotland.

At practice level there is greater emphasis on integrated assessments, particularly in services for children and older people. Alongside the development of common assessment frameworks, protocols are being written to support information sharing between professionals, often focusing on the specifics of the *Data Protection Act 1998* (Parliament, 2000). However, issues of information sharing in nursing go much wider than this Act. Nurses work with all patient groups including vulnerable adults, children and people with mental health problems; these groups are the subject of additional legislation, knowledge of which forms part of the competencies required for nursing practice.

The rapid spread of information and communications technology throughout the UK health sector is also bringing information sharing issues to the fore. As local services develop their systems, the interfaces required to support communication between providers and locations become even more obvious, as do the challenges to be overcome.

## 2

## Sources and related work

The RCN competency framework for information sharing in nursing practice is an extension of the *RCN core competency framework* (RCN, 2005) and is linked to the RCN Learning Zone development on information sharing, consent and confidentiality.

Clinical information sharing competencies are grounded most often in statute, policy guidance and professional codes of practice and these are the main sources for this framework. The framework is based on previous work on health information sharing, specifically the NHS Information Authority project *Learning to Manage Information* (NHSIA, 1999) and the *NHS Knowledge and Skills Framework (KSF)* (DH, 2004). It expands on these by giving more detail of specific nursing and midwifery knowledge and practice competency requirements at different career levels.

Links to the competencies defined in the NHS KSF are made explicit in the competency tables shown in this document. Learning outcomes have been defined wherever possible using the outcomes defined in the KSF. Where relevant, references are made in the competency tables to the appropriate level of KSF core competencies, KSF information and knowledge competences (IK) and KSF health and wellbeing competencies (HWB). Occasional reference is made to the *Learning to Manage Health Information* (NHSIA, 1999) document (LTM).

## 3

# Overview of the framework

Like other RCN competency frameworks, this one reflects the belief that cognitive, psychomotor and affective attributes define clinical competence for holistic nursing practice. The framework has four levels (competency) and fourteen domains (activity areas).

## Levels of competence

Levels of competence defined in the framework reflect the career structure for nursing defined in *Making a difference: strengthening the nursing and midwifery and health visiting contribution to health and health care* (DH, 1999) and are cumulative – higher levels of practice build on earlier competence. Empty cells in the tables indicate no higher (or lower) competency requirement.

### Level 1: Health care support workers

Health care assistants (and other nursing support roles) are central to direct patient care. As the KSF makes clear, all members of the health care team must have core competencies in communication. Safe, effective management of information is also a base competency for staff.

### Level 2: Registered practitioner/competent nurse

The competencies specified at this level are the minimum required of all nurses and midwives on the Nursing and Midwifery Council (NMC) register. These competencies are transferable to any setting and are required in all areas of general and specialist practice.

### Level 3: Senior registered practitioner/experienced nurse

### Level 4: Nurse consultant

## Domains

1. Effective communication and information exchange with children, patients, carers.
2. Shared meaning for inter-professional communication.
3. Communication arrangements between different professionals in a team and in related services.
4. Treating patient information with confidentiality, respecting the right to dignity, privacy and integrity.
5. The role of the Caldicott Guardians in the NHS and their specific remit in relation to information sharing.
6. Core principles of the Data Protection Act 1998.
7. Other relevant legislation – rights, children, vulnerable adults etc.
8. Consent.
9. Nursing codes of conduct and policy/protocols for sharing information.
10. Electronic and paper patient information.
11. Information sharing and record-keeping.
12. Inadvertent sharing and information security processes.
13. Mandatory information sharing.
14. Secondary uses of clinical data and information.

## 4

# The RCN competency framework for information sharing in nursing practice

## 1 Effective communication and information exchange with children, patients and carers

### KSF core dimension 1 – Communication

Level 1 Health care assistant	Level 2 RCN Competent	Level 3 RCN Experienced	Level 4 RCN Expert
<b>Core 1 – level 1</b>	<b>Core 1 – level 3</b>	<b>Core 1 – level 3</b>	<b>Core 1 – level 4</b>
Demonstrates empathy, understanding, respect and honesty	Manages communication with carer and families	Monitors communication processes in the care situation	Reviews and evaluates communication issues identified in team, ward communication and through patients' complaints
	Demonstrates active listening – check understanding	Coordinates communication training plans	
Demonstrates understanding of non-verbal communication	Promotes open, two-way communication in care processes	Anticipates barrier to communication and takes action to improve communication	
Demonstrates active listening			

## 2. Shared meaning for interprofessional communication (source: LTM)

### KSF core dimension 1 – Communication

	<b>Core 1 – level 4</b>	<b>Core 1 – level 4</b>	<b>Core 1 – level 4</b>
	Checks on clarity of reception and transmission, and interprets the clinical information during interprofessional exchanges	Reviews care for issues of shared understanding	Reviews and develops work on shared definition of care processes

## 3. A11 Communication arrangements between different professionals in a team and in related services

### KSF core dimension 1 – Communication

Core 1- level 2	Core 1 – level 3	Core 1 – level 3	Core 1 – level 4
Relates to other members of the team in a competent manner, demonstrating correct use of information	Relates to other members of the team and ensures clear communication within the team	Acts as a role model and motivator for others in interprofessional /interagency care	Facilitates the development of self awareness in others in the team through reflection
Reflects on own belief and how this could influence communication	Is aware of how issues of trust and respect can affect team communication	Uses reflective practice to explore perceptions/value /trust of other care team providers, both within/outside the organisation	Facilitates learning opportunities for staff to understand their roles
		Able to send and receive information effectively from other professionals in written or electronic formats within guidelines of confidentiality and security	
	Able to send and receive information effectively from other professionals in written or electronic formats		

#### 4. A34 Treating patient information with confidentiality, respecting the right to privacy, dignity and integrity

##### KSF core dimension 1 – Communication

Level 1 Health care assistant	Level 2 RCN Competent	Level 3 RCN Experienced	Level 4 RCN Expert
Core 1- level 1	Core 1 – level 2	Core 1 – level 3	Core 1 – level 4
Understands that the patient has a right to dignity and respect and that patient information is ultimately 'owned' by the patient		Demonstrates clear understanding of the ethics of care in team management	Leads on ensuring all new staff, including nurses from overseas, are developing a safe culture of information sharing
Is aware of the importance of using patient information sources which are validated by the organisation/trust	Ensures patient has relevant information, presented by means that meet the patient's needs (e.g. verbal, written, own language), before seeking consent	Ensures patient information leaflets are available and that staff are aware of their obligation to distribute these before they gain consent	Leads, researches and evaluates development and deployment of information resources to meet patient needs
	Demonstrates the importance of cultural/educational/language issues in gaining informed consent	Evaluates patient information for suitability for the patient group	
	Provides information tools suitable for individual patients' needs	Ensures staff are aware of different communication strategies/tools and of how to use tools which are appropriate to patient, eg. written, verbal, pictorial, appropriate language	
	Is aware of diversity issues in gaining consent	Ensures that the needs of those with disabilities e.g. visual, hearing or intellectual impairment, are met in gaining consent	
	Demonstrates knowledge of suite of tools which can help gain informed consent	Ensures posters etc are displayed to raise awareness of confidentiality rights	

#### 5. A42 The role of Caldicott Guardians in the NHS and their specific remit in relation to information sharing

##### KSF core dimension 1 – Communication

	Core 1 – level 2	Core 1 – level 3	Core 1 – level 4
	Can identify Caldicott Guardian and understand function	Initiates contact with Data Protection Officer /Caldicott Guardian concerning any new information flows	Use analytical skills to evaluate new ways of working to reduce risks to privacy. Seeks Caldicott Guardian to sign off to developments

## 6. A44 Core principles of Data Protection Act (DPA) 1998

### KSF core dimension 1 – Communication

Level 1 Health care assistant	Level 2 RCN Competent	Level 3 RCN Experienced	Level 4 RCN Expert
Core 1- level 1	Core 1 – level 1	Core 1 – level 1	Core 1 – level 1
Demonstrates good knowledge of the core principles of the Data Protection Act 1998		Has knowledge of information security policy	Manages risk assessment of current processes and recommends and delivers change
Demonstrates knowledge and understanding of the role of Data Protection principles in maintaining patient confidentiality. (Knowledge gained at staff induction.)	Understands legal responsibility of organisation to ensure that all patient information management complies with the Data Protection Act 1998		Reviews and ensures that staff are aware of duty of confidence as defined in all staff contracts. Ensures that staff are aware of disciplinary procedure in relation to confidentiality before they sign employment contracts
Understands the constituent parts of confidential and sensitive data	Demonstrates practical management of the Data Protection Act 1998 and defined sensitive information (most NHS data falls within this category)		
	Demonstrates consideration for clarifying purpose of sharing	Demonstrates consideration for clarifying purpose of sharing	Demonstrates consideration for clarifying purpose of sharing
Demonstrates understanding of the importance of sharing when appropriate	Demonstrates awareness of proportionality: information being shared is proportionate to the need. (Assessed as part of the Data Protection Act 1998 training.)		
Demonstrates knowledge of legal constituent parts of care record e.g. paper notes, images, video clips, electronic records, test results etc	Demonstrates understanding of data ownership		

## 7. A57 Other key legislation – rights, children, vulnerable adults etc

### KSF core dimension 1 – Communication

Level 1 Health care assistant	Level 2 RCN Competent	Level 3 RCN Experienced	Level 4 RCN Expert
Core 1 – level 2		Core 1 – level 3	Core 1 – level 4
	Demonstrates clear understanding of the link between care and the Human Rights Act (1998)	Demonstrates clear understanding of the link between care and the Human Rights Act (1998)	
	Demonstrates understanding that the Children's Act (1989), care of vulnerable adults, and crime and disorder legislation differ across the UK	Demonstrates understanding that the Children's Act (1989), care of vulnerable adults, and crime and disorder legislation differ across the UK	
	Demonstrates understanding of relevant Children's Act in the four UK countries	Demonstrates understanding of relevant Children's Act in the four UK countries	
	Demonstrates understanding of Age of Legal Capacity Act (Scotland) (1991)	Demonstrates understanding of Age of Legal Capacity Act (Scotland) (1991)	
	Demonstrates understanding of legislation related to vulnerable adults		
	Understands the key principles of the Freedom of Information Act (2002)	Understands process flow when presented with a freedom of information request	Monitors and manages freedom of information requests to ensure 20 day compliance with request
	Understand the rights of the unborn child		
	Understand what information can be shared about the deceased (Health Records Act 1990)		
Understands the need to act with supervision when dealing with patient information	Understand the legal basis for sharing /obtaining information		

## 8. Consent

### KSF core dimension 1 – Communication

Level 1 Health care assistant	Level 2 RCN Competent	Level 3 RCN Experienced	Level 4 RCN Expert
Core 1 – level 1	Core 1 – level 2	Core 1 – level 3	Core 1 – level 4
	Demonstrates clear understanding of what constitutes consent	Co-ordinates delivery of information sharing guidance	Monitors and evaluates current practice
	Demonstrates understanding of the types of consent		Identifies and agrees partnerships with others
	Demonstrates understanding of how long consent lasts for		
Can describe communication process regarding trained staff gaining informed consent	Understands need for consent and refers on when consent not able/chosen to be given		
	Demonstrates understanding and importance of gaining consent, and understanding of implicit/explicit consent issues		
	Demonstrates clear understanding of the need to obtain patients' consent prior to sharing information		
	Understands the legal requirement to record patients' views about consent		
	Understands who can give consent for sharing for a patient		
	Understands consent rights of children		
	Understands who can give consent for sharing on behalf of a child		
	Understands the importance and recording of who has parental responsibility for the child		
	Understands who can give consent on behalf of a vulnerable adult		
	Provides patients with information about consent to share their information		
	Is able to understand the concept and practice of informed consent		
	Is able to carry out 'informed consent' with patient		
	Communicates effectively with patient and carers, ensuring clarity of transmission of information		

## 9. Nursing Codes of Conduct and policy/protocols for sharing patient information KSF core dimension 1 – Communication

Level 1 Health care assistant	Level 2 RCN Competent	Level 3 RCN Experienced	Level 4 RCN Expert
Core 1 – level 1	Core 1 – level 2	Core 1 – level 3	Core 1 – level 4
Can describe types of patient information which is covered by the Data Protection Act 1998	Demonstrates a clear understanding of the NMC Guidelines on Record Keeping 2004		
Clearly understands reporting structure if they feel that confidentiality is/has been breached	Demonstrates a clear understanding of <i>NMC Code of Conduct 2004</i>	Manages process when there are allegations/incidence of confidentiality breaches	Influences policy guidelines on dealing with breaches of security and confidentiality
Uses tools provided within standards set	Follows NMC and local policies in care setting	Reviews quality standards for effectiveness	Evaluates current practice and defines improvement plans
	Understands and applies the principles of effective quality control and validation of information on own practice		

## 10. Electronic and paper patient information KSF core dimension 1 – Communication

Core 1 – level 1	Core 1 – level 2	Core 1 – level 3	Core 1 – level 4
Describes electronic information as part of care records	Follows NMC guidelines and regards electronic information as having the same legal standing as patient paper record		

## 11. Information sharing and record keeping KSF core dimension 1 – Communication

Core 1 – level 1	Core 1 – level 2	Core 1 – level 3	Core 1 – level 4
	Uses the NMC Guidelines on Record Keeping (2004) in managing records	Develops record management practice guidelines	
	Maintains accurate, complete and timely records		
	Audits and evaluates records to support multidisciplinary care		
	Understands the needs under the Data Protection Act 1998 for records to be complete, accurate and timely		

## 12. Inadvertant information sharing and information security processes

### KSF core dimension 1 – Communication

Level 1 Health care assistant	Level 2 RCN Competent	Level 3 RCN Experienced	Level 4 RCN Expert
Core 1 – level 1	Core 1 – level 2	Core 1 – level 3	Core 1 – level 4
Demonstrates knowledge and skills in maintaining physical security e.g. locking doors etc	Manages ward environment to manage risk		
Understands management of telephone messages	Manages the use of telephone call protocol in a clinical setting	Ensures protocols for managing telephone calls are adhered to	Influences and develops workable protocols for telephone contacts, call back procedures, identification of caller
Understands what constitutes acceptable sharing within NHS and differences with non-NHS organisations	Understands information sharing protocols for non-NHS organisations	Demonstrates knowledge of NHS/local protocol in managing patient-identifiable information with non-NHS agencies	Understands and develops procedures for managing information sharing processes with non-NHS agencies e.g. cleaning agencies, building work, computer administration
	Demonstrates knowledge of confidentiality processes expected for non-NHS organisation	Ensures that non-NHS organisations are compliant with the Data Protection Act 1998	Manages privacy impact/confidentiality agreement with other organisations
Understands computer password management	Understands and applies policies on computer log-on /log-off procedures		
Understands protocol for use of email	Understands legal and local protocols on the use of email for clinical communication	Manages and reviews knowledge/skills/attitudes of staff about email/internet compliance	
Understands management of answer phone messages	Understands the importance of location for answer phones, including safe haven/local procedures	Develops and reviews use/location/and recording of answer phone messages	
Understands their role, and the risk to patient privacy, in sending fax messages, including use of headed paper/distribution etc	Understands the protocols/guidance on use of fax machines, including safe haven/local procedures	Manages location and use of fax machines in a clinical setting, and training in these procedures	
	Demonstrates ability to explain local policies and practices to patients or their representatives who request access to their health record and related information		
	Is able to make appropriate requests for access to health records containing patient identifiable information, acting within polices and guidelines	Ensures staff are aware of disclosure policies, providing support to staff requiring clarity	
	Understands the nurse's role in the process of sharing patient information for legal enquires e.g. personal injuries, insurance claims	Demonstrates clear understanding that guidance from legal teams is available to staff on information sharing. Supports staff in following procedures	Provides training and support in management of such patient information

### 13. Mandatory information sharing

#### KSF core dimension 1 – Communication

Level 1 Health care assistant	Level 2 RCN Competent	Level 3 RCN Experienced	Level 4 RCN Expert
Core 1 – level 1	Core 1 – level 2	Core 1 – level 3	Core 1 – level 4
	Demonstrates understanding of disclosure policy	Demonstrates knowledge and understanding of when information should be released e.g. prevention/detection of crime	Manages release of patient information as part of the prevention and detection of crime
	Demonstrates understanding of process for sharing in issues of child protection	Manages child protection process in a shift work area	Reviews child protection guidance issued to staff
	Is able to access local child protection protocol	Initiates in child protection investigations	Involved in child protection investigations
	Understands that child protection protocols provide a local and not a national or UK-wide process	Supports colleagues in child protection investigation	Ensures child protection guidelines are available and known to staff
Knows they should contact line manager with child protection concerns	Participates in child protection process		
		Demonstrates knowledge and understanding about when information should be released as part of a court order	Manages release of patient information as part of a court order
		Demonstrates knowledge and understanding about when information should be released due to significant public interest (e.g. prevention of serious crime)	Manages process of disclosure with Caldicott Guardian
	Demonstrates awareness of notifiable disease process	Demonstrates knowledge and understanding about when information should be released for protection of the public from serious disease (excluding HIV)	Manages notification with organisation's medical director
	Demonstrates knowledge of nurses' actions in relation to child protection	Manages requests for information for prevention or detection of crime, under the Data Protection Act 1998 or crime and disorder legislation	Ensures policies are in place to manage the sharing out of information where consent to use data has been given
	Knows that information must be shared for the purpose of protection against crime and disorder or protection of state and country		

## 14. Secondary use of clinical data and information

### KSF core dimension 1 – Communication

Level 1 Health care assistant	Level 2 RCN Competent	Level 3 RCN Experienced	Level 4 RCN Expert
Core 1 – level 1	Core 1 – level 2	Core 1 – level 3	Core 1 – level 4
	Understands the difference between audit and research		
	Understands the issues of sharing patient identifiable data in research and audit – and patients' right to refuse		
	Understand the issues of sharing patient identifiable information for education, publication and presentation		
	Understands the range, purposes, benefits and potential hazards of aggregating clinical data		
	Understands the need to obtain patient consent for use of data in research		
	Understands the NHS guidance on consent for using anonymised patient data		
	Clearly defines anonymised data		
	Can identify risks in pseudoanonymisation		
	Understands the need for Central Office for Research Ethics Committees (COREC) approval for NHS research		

## 5

## References

- Department for Education and Skills (2004) *Every child matters: change for children*. Available from: [www.everychildmatters.gov.uk/](http://www.everychildmatters.gov.uk/) (accessed 16.06.05) (Internet).
- Department of Health, *Questions and answers on the Human Rights Act 1998*, London: DH. Available from: [www.dh.gov.uk](http://www.dh.gov.uk) (accessed 31 July 2006). (Internet)
- Department of Health (1999) *Making a difference: strengthening the nursing, midwifery and health visiting contribution to health and health care*, London: DH. Available from: [www.dh.gov.uk](http://www.dh.gov.uk) (accessed 31 July 2006) (Internet).
- Department of Health (2003) *Confidentiality: NHS Code of Practice*, London: DH. Available from: [www.dh.gov.uk](http://www.dh.gov.uk) (accessed 31 July 2006) (Internet).
- Department of Health (2004) *The NHS Knowledge and Skills Framework (NHS KSF) and the development review process*, London: DH. Available from: [www.dh.gov.uk](http://www.dh.gov.uk) (accessed 31 July 2005) (Internet).
- Edinburgh and Lothians Child Protection Committee (2003) *The report of the death of Caleb Ness*, Edinburgh: The City of Edinburgh Council. Available from: [www.edinburgh.gov.uk](http://www.edinburgh.gov.uk) (accessed 31 July 2006) (Internet).
- NHS Information Authority (1999) *Learning to manage health information – A theme for clinical education: moving ahead*, Birmingham: NHSIA. Available from: [www.ic.nhs.uk](http://www.ic.nhs.uk) (Internet).
- NHS Scotland (2003) *NHS Code of Practice on Protecting Patient Confidentiality*, Edinburgh: Scottish Executive. Available from: <http://www.confidentiality.scot.nhs.uk/staffguidance.htm> (accessed 31 July 2006) (Internet).
- Nursing and Midwifery Council (2004) *Code of Professional Conduct: standards for conduct, performance and ethics*, London: NMC. Available from [www.nmc-uk.org/aDisplayDocument.aspx?DocumentID=201](http://www.nmc-uk.org/aDisplayDocument.aspx?DocumentID=201) (accessed 31 July 2006) (Internet).
- Nursing and Midwifery Council (2005) *Guidelines for records and record keeping*, London: NMC. Available from: [www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=609](http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=609) (accessed 31 July 2006) (Internet).
- Parliament (1990) Access to Health Records Act 1990, London: TSO. Available at : [www.opsi.gov.uk/acts/acts1990/ukpga\\_19900023\\_en\\_1.htm](http://www.opsi.gov.uk/acts/acts1990/ukpga_19900023_en_1.htm) (accessed 1 December 2006) (Internet).
- Parliament (1991) Age of legal capacity (Scotland) Act 1991, London: TSO. Available at : [www.opsi.gov.uk/acts/acts1991/ukpga\\_19910050\\_en\\_1.htm](http://www.opsi.gov.uk/acts/acts1991/ukpga_19910050_en_1.htm) (accessed 1 December 2006) (Internet).
- Parliament (2000) *Data Protection Act 1998*, London: TSO. Available at: [www.ico.gov.uk/eventual.aspx](http://www.ico.gov.uk/eventual.aspx) (accessed 31 July 2006) (Internet).
- Parliament (2000) *Freedom of Information Act*, London: TSO. Available at: [www.foi.nhs.uk/home.html](http://www.foi.nhs.uk/home.html) (accessed 31 July 2006) (Internet).
- Parliament (2000) *Human Rights Act 1998: Chapter 42*, London: TSO. Available at: [www.opsi.gov.uk/ACTS/acts1998/19980042.htm](http://www.opsi.gov.uk/ACTS/acts1998/19980042.htm) (accessed 31 July 2006) (Internet).
- Parliament (2004) *Children Act 2004*, London: TSO. Available at: [www.dfes.gov.uk/publications/childrenactreport](http://www.dfes.gov.uk/publications/childrenactreport) (accessed 31 July 2006) (Internet).
- Royal College of Nursing (2005) *RCN core career and competency framework*. Available at: [www.rcn.org.uk/resources/corecompetences/](http://www.rcn.org.uk/resources/corecompetences/) (accessed 12 October 2006)
- Secretary of State for Health and Secretary of State for the Home Department (2003) *The Victoria Climbié inquiry: report of an inquiry by Lord Laming*, London: TSO.

## 6

## Other resources

Cabinet Office and Department of Health (2006) *Making a difference: safe and secure data sharing between health and adult social care staff*. London: Better Regulation Executive. Available from: [www.cabinetoffice.gov.uk/regulation/documents/mad/data\\_sharing.pdf](http://www.cabinetoffice.gov.uk/regulation/documents/mad/data_sharing.pdf) (accessed 31 July 2006) (Internet).

Department for Constitutional Affairs (2004) *A toolkit for data sharing*. London: DCA. Available from: [www.dca.gov.uk/foi/sharing/toolkit/index.htm](http://www.dca.gov.uk/foi/sharing/toolkit/index.htm) (accessed 31 July 2006) (Internet).

Department of Health (2006) *The care record guarantee*. Available from: [www.connectingforhealth.nhs.uk/crdb/docs/crs\\_guarantee.pdf](http://www.connectingforhealth.nhs.uk/crdb/docs/crs_guarantee.pdf)

NHS Information Standards Board (2005) *NHS health record and communication practice standards for team-based care*. London: NHS. Available from: [www.isb.nhs.uk/about-isib/isb-publications/isb-publications#record](http://www.isb.nhs.uk/about-isib/isb-publications/isb-publications#record) (accessed 31 July 2006) (Internet).

NHS Scotland data protection and confidentiality website (Scotland): [www.show.scot.nhs.uk/confidentiality](http://www.show.scot.nhs.uk/confidentiality) (accessed 31 July 2006) (Internet).

NHS Wales – *Informing Health Care website*. Available from: [www.wales.nhs.uk/sites3/home.cfm?OrgID=365](http://www.wales.nhs.uk/sites3/home.cfm?OrgID=365) (accessed 31 July 2006) (Internet).

Parliament (1990) Census (confidentiality) Act 1991, London: TSO. Available at [www.opsi.gov.uk/acts/acts1991/ukpga\\_19910006\\_en\\_1.htm](http://www.opsi.gov.uk/acts/acts1991/ukpga_19910006_en_1.htm) (accessed 1 December 2006) (Internet).

Parliament (1991) The Abortion Regulations 1991, London: TSO. Available at [www.opsi.gov.uk/si/si1991.uksi\\_19910499\\_en\\_1.htm](http://www.opsi.gov.uk/si/si1991.uksi_19910499_en_1.htm) (accessed 1 December 2006) (Internet).

Parliament (2002) The Abortion (Amendment) (England) Regulations 2002, London: TSO. Available at [www.opsi.gov.uk/si/si2002/20020887.htm](http://www.opsi.gov.uk/si/si2002/20020887.htm) (accessed 1 December 2006) (Internet).

Scottish Executive (July 2005) *How to see your own record*. Available from: [www.scotconsumer.org.uk/hris/leaflets/other2.htm](http://www.scotconsumer.org.uk/hris/leaflets/other2.htm) (accessed 31 July 2006) (Internet).

Department of Health, Social Services and Public Safety (March 2005) *Northern Ireland Health and Social Care IM&T Strategy*. Available from: [www.dhsspsni.gov.uk/ict-strategy.pdf](http://www.dhsspsni.gov.uk/ict-strategy.pdf) Chapters 5-6 cover issues of consent and confidentiality.

# Appendix 1:

## Abbreviations and useful definitions

### Abbreviations used in the framework

BMA	British Medical Association	NHS	National Health Service
DH	Department of Health	NMC	Nursing and Midwifery Council
GMC	General Medical Council	PIAG	Patient Information Advisory Group
IT	Information technology		

<b>Patient identifiable information</b>	Information which on its own or in combination can identify an individual. Includes: <ul style="list-style-type: none"> <li>patient's name, address, full post code, date of birth</li> <li>pictures, photographs, videos, audio-tapes or other images of patients</li> <li>NHS number and local patient identifiable codes</li> <li>anything else that may be used to identify a patient directly or indirectly. For example, rare diseases, drug treatments or statistical analyses which have very small numbers within a small population may allow individuals to be identified.</li> </ul>
<b>Anonymised information</b>	Information which does not identify an individual directly, and which cannot reasonably be used to determine identity. Anonymisation requires the removal of name, address, full post code and any other detail or combination of details that might support identification.
<b>Pseudonymisation</b>	Similar to anonymised information, in that in the possession of the holder it cannot reasonably be used by the holder to identify an individual. However, in this case the original provider of the information may retain a means of identifying individuals. For example, codes or other unique references are often attached to information in place of names, so that the data will only be identifiable to those who have access to the key or index of names. Pseudonymisation allows information about the same individual to be linked in a way that true anonymisation does not.
<b>Consent:</b>	
<b>1. Explicit or Express consent</b>	Articulated patient agreement. The terms 'explicit' and 'express' are interchangeable. Both mean a clear and voluntary indication of preference or choice, usually given orally or in writing by a patient and freely given in circumstances where the available options and the consequences have been made clear to that patient.
<b>2. Implied consent</b>	Agreement that has been signalled by behaviour of an informed patient.
<b>Disclosure</b>	Divulging or provision of access to information.
<b>Health care purposes</b>	Activities 'for health care purposes' include all activities that directly contribute to the diagnosis, care and treatment of an individual and to the audit/assurance of the quality of the health care provided. They do not include research, teaching, financial audit and other management activities.
<b>Information sharing protocol</b>	Documented rules and procedures for the disclosure and use of patient information between two or more organisations or agencies, which specifically relate to security, confidentiality and data destruction.
<b>Public interest</b>	Exceptional circumstances that justify over-ruling the right of an individual to confidentiality, in order to serve a broader societal interest. Decisions about the public interest are complex and must take account of both the potential harm that disclosure may cause and the interest of society in the continued provision of confidential health services.
<b>Social care</b>	Social care is the support provided for vulnerable people, children or adults, including those with disabilities and sensory impairments. It excludes 'pure' health care (hospitals) and community care (e.g. district nurses), but may include provision such as respite care. There is no clear demarcation between health and social care. Social care also covers services provided by others where these are commissioned by councils with social service responsibilities (CSSRs).
<b>Common Law duty of confidence</b>	The Common Law duty of confidence arises when a person receives information in circumstances where he or she knows, or can be taken to know, that the information is to be treated in confidence.



Royal College  
of Nursing

**December 2006**

Published by the Royal College of Nursing  
20 Cavendish Square  
London  
W1G 0RN

020 7409 3333

**RCNONLINE**  
[www.rcn.org.uk](http://www.rcn.org.uk)

**RCNDIRECT**  
[www.rcn.org.uk/direct](http://www.rcn.org.uk/direct)  
**0845 772 6100**

The RCN represents nurses and nursing,  
promotes excellence in practice and shapes  
health policies

Publication code 003 082

ISBN 1-904114-28-8

**Approved by the RCN Accreditation Unit  
until November 2007**