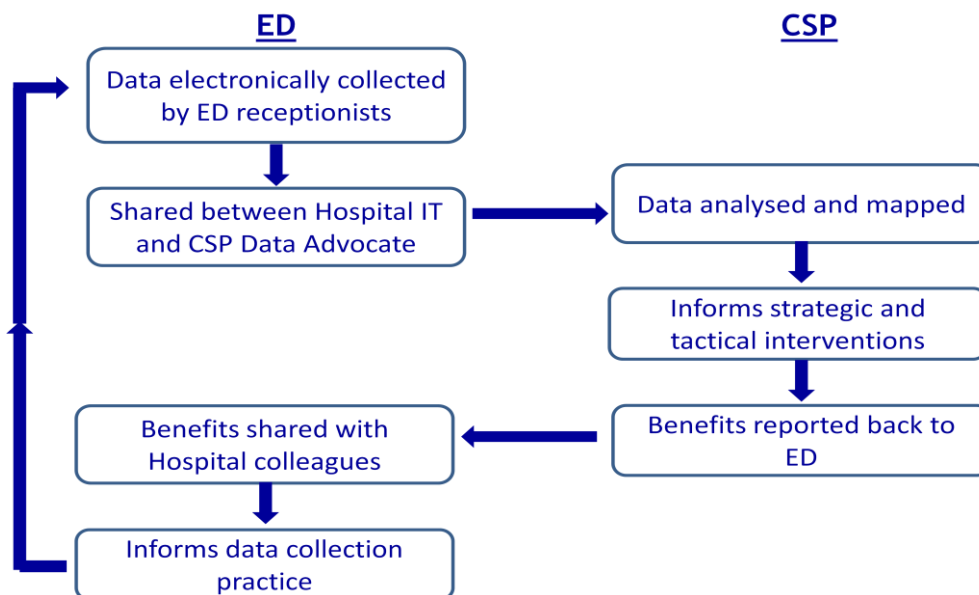


Confidentiality and Sharing Data

This is the process flowchart for data collection, analysis and feedback.



Using the data collected within the CoEM Minimum Dataset described in the previous section, anonymous data needs to be shared monthly between ED and local crime analysts. This informs targeted policing of ‘problem premises’ and violence hotspots.

This six step approach demonstrates the timelines

- Step One: 24 hour electronic data collection (precise violence location, time and weapon) by ED reception staff when patients first attend
- Step Two: Monthly anonymised collection and data sharing by hospital IT staff with the local CSP crime analyst
- Step Three: Monthly combination of police and ED data by analyst
- Step Four: Regular summary of violence times, locations and weapons by analyst
- Step Five: Continuous implementation and updating of prevention action plan
- Step Six: Continuous tracking of violence trends

Confidentiality

The following statutory instruments and legal principles provide the framework for the governance of data exchange between agencies:

- Section 115 of the Crime and Disorder Act 1998
<http://www.legislation.gov.uk/ukpga/1998/37/contents>
- The Data Protection Act 1998
<http://www.legislation.gov.uk/ukpga/1998/29/contents>
- The Human Rights Act 1998
<http://www.legislation.gov.uk/ukpga/1998/42/contents>
- The Local Government Act 2000
<http://www.legislation.gov.uk/ukpga/2000/22/contents>
- The Freedom of Information Act 2000
<http://www.legislation.gov.uk/ukpga/2000/36/contents>
- Crime and Disorder Regulations 2007
<http://www.legislation.gov.uk/uksi/2007/1831/contents/made>

The CoEM Minimum Dataset does not include data that identifies the victim of assault. As such it is depersonalised data and can be shared with other agencies without consent from the patient. The Crime and Disorder Regulations 2007 place a duty on police forces, fire and rescue authorities, local authorities and primary care trusts to share depersonalised information held in electronic form.

Section 115 of the Crime and Disorder Act gives public bodies the power to share information in so far as doing so is aimed at reducing crime and disorder in accordance with the provisions of the Act.

Local Agreements to facilitate datasharing

Regardless of the legislative permissions many practitioners, particularly those in the NHS, are conscious of their commitments to patient confidentiality. In many areas local Information Sharing Protocols are signed between the key agencies. Many CSP's will already have Protocols in place, to which local NHS partner(s) will be signatories.

Locally the Caldicott Guardian¹ of the hospital or NHS Trust should be involved in helping to broker any blockages around confidentiality in establishing ED data sharing. The Caldicott Guardian role is to develop knowledge of confidentiality and data protection matters, drawing upon support staff working within an organisation but also on external sources of advice and guidance where available. The Caldicott Manual is guidance that takes account of developments in information management in the NHS & in Councils with Social Care responsibilities.²

¹http://www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/Patientconfidentialityandcaldicottguardians/DH_4100563

²http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_114506.pdf