

Respecting patient confidentiality is an essential part of holistic care; this applies when the patient is a child or young person as well as when the patient is an adult. Without the trust that confidentiality brings, children and young people might not seek medical care and advice, or they might not state all the facts needed to provide good care.

It also must be remembered that information sharing is vital to safeguarding and promoting the welfare of children and young people. A key factor in many serious case reviews has been a failure to record information, to share it, to understand its significance and then take appropriate action.

This guidance is written to help clinicians try to find a balance between those two considerations. If you are ever in doubt just speak to the DSL (Designated Safeguarding Lead)

The Doctors and Nurses have a legal duty of confidentiality to their patients and will follow these principles:

- Pupils will always be asked for consent before sharing information where appropriate, making it clear who the information is being shared with and how that information will be used
- All children aged 16 and over are deemed to have capacity to consent
- Children under 16 years may be able to consent and the medical team makes assessment using the Gillick Competency assessment and Fraser Guidelines where applicable.
- Children are encouraged to discuss health issues with their parents and to involve them in decisions about treatment even if they have capacity to consent by themselves
- The medical team will also consider involvement of members of the school pastoral team if this will be useful to the care, as well as the designated safeguarding lead if required.
- School may need to be involved in planning shared care and information will be shared on a “need to know” basis with consent in this situation
- The medical team may need to share information without consent in certain circumstances, for instance if concerned about a safeguarding issue, but the pupil will always be made aware that this is being done
- Any medical information shared **should not** be disseminated further without discussion

“All medical information about pupils is confidential, whatever their age. Consultations with the School Counsellor are similarly confidential. On occasions, it may be necessary for the Medical Centre staff or the Counsellor to pass on information to parents, Housemaster or Housemistress or other staff where the safety of a pupil or of other pupils might be compromised, or where there is a statutory duty to report. Wherever possible, however, information is passed on with the pupil’s consent. “

### Medical Information may be shared in the following ways:

#### Preadmission Medical information

- Disclosure of information from an interested parent to the Admissions Department
- Admissions Department immediately informs DSL, Senior Nurse Manager or school Medical Officer (MO)
- MO will decide if further action is needed. This usually involves discussion with parents, pupil, current medical team, Admissions Department and future Housemaster

### **Information from the Health History Form**

- All health history forms are sent to the Nursing Team, preferably before the start of term
- NHS computer notes are created in the surgery on receipt of an NHS registration form using the demographic information and NHS number.
- The Nursing Team will highlight on the form and create a list of significant medical problems which is passed to the medical team
- The House nurse will meet the pupil and draw up an agreed care plan for them as necessary, which will be shared with House, parents, medical centre and school staff as appropriate (agreed by students)

### **Consultations with School Health Professionals (Medical Officer, School Nurse)**

- Matrons are requested to provide the medical team with as much information as possible, particularly any homely remedy already administered via the “medicines record” under the “medical” tab on the school computer system (iSams)
- Pupils are welcome to bring an adult (for instance House matron or parent) with them to their consultation if they wish
- Pupils may ask for a chaperone to be present for all or part of their consultation.
- With the agreement of the pupil, the MO or Nurse communicates as much information as will be useful for the House team to be aware of including diagnosis, treatment and follow up appointments
- This is entered by school medical staff on “referral record” under the “medical” tab on the school computer system (iSams)
- Matrons will be alerted to medication being delivered to the Medical Centre unless the pupil does not consent.
- In this case the MO will clearly indicate to Medical Centre staff that the pupil is collecting medication themselves
- The medical team will sometimes find it useful to discuss the medical problem with parents; sometimes parents request this by phone or email.
- The pupil will be asked for consent to do this first where appropriate .It is not done routinely for all consultations.
- If the MO is considering referral to secondary care they will contact the parents directly (usually by email) and ensure House Master and Matron is aware of the plans
- If the medical team recommends an urgent referral to secondary care (e.g. A&E or X-ray dept) the Parents, House Master and House Matron will be alerted immediately.
- Written information will be given to the House Matron or whoever escorts the pupil, to be given to the receiving medical team.
- In the event of a concussion or head injury information about a Graduated Return To Play level will be emailed to the Director of Sport to be disseminated to the appropriate sports’ coaches. This information is also recorded on iSams.

### **Letters from outside medical agencies (e.g. A&E, outpatient consultations, CAMHS)**

- These are usually sent directly to the MO at Brackley Medical Centre and stored in the pupil’s NHS record

## Sharing Medical Information

- If they show any change in the management of the pupil or any significant health problem the MO will initially consult the pupil and discuss sharing of this information with their House team or the Designated Safeguarding Lead (DSL) as appropriate

## Care plans

- All pupils with long term health conditions will have a care plan drawn up in consultation with their House nurse. This will involve discussion and agreement with pupil, parents and MO
- The agreed plan will be shared with Parents, House Master, House Matron and sometimes the team from secondary care (hospital)
- If there is a safeguarding or child protection concern this will also be shared with the Designated Safeguarding Lead with the pupil's consent where possible
- New pupils should have a care plan drawn up before the end of Michaelmas term, service demand allowing; however, the Nursing team will always liaise with school staff and the multi-agency team to keep children safe where this has not been possible
- Care plans will be reviewed annually

## School computerised record system (iSams)

- No clinical records will be held on this system
- The School MO and nursing team hold all clinical records securely within the pupils' NHS electronic GP record (System1)
- The nurses are all trained in current Information Governance policy.
- A confidential area will record health information on a need-to-know basis with consent of the pupil
- This area can only be accessed by authorised members of staff from counselling, medical safeguarding and pastoral teams.
- This area will include agreed care plans
- The "off games" decisions are entered under the "absences" tab and accessible to all members of staff.

## Children of Concern

- Details about children with a safeguarding concern who are not at immediate risk/harm yet need further support are held on a Welfare Register
- This is held and maintained by the Designated Safeguarding Lead
- Access to this register is strictly controlled on a need-to-know basis
- Any addition to the Welfare Register will be communicated to the MO and Senior Nurse Manager
- If there is a safeguarding concern about a child on this Register the nurse should alert the MO or Snr Nurse Manager who may wish to discuss the case with the Designated Safeguarding Lead. The DSL/DDSL should be contacted immediately if the Senior Nurse Manager or MO is unavailable.
- A meeting is held every 2 weeks during term time between the Designated Safeguarding Lead, MO, Snr Nurse Manager and School Counsellor to review this register and the care of the children listed

## Safeguarding and Child protection issues

- If a health professional feels that a safeguarding issue is brought up during a consultation they will make sure the pupil is aware of their concern

## Stowe School

### Sharing Medical Information

- They will make sure that the pupil understands that this information needs to be shared, usually initially with the Designated Safeguarding Lead and request consent to do so. If consent is withheld, the health professional will explain to the child that the information will still be shared and why, adhering to the 7 rules of information sharing.
- The practitioner will record contemporaneously as per their code of conduct