



RADLEY

Medical Confidentiality & Information Sharing Policy

October 2025

Medical Confidentiality and Information Sharing

Introduction

1. Sharing information is vital in safeguarding pupils and promoting their continuing health and wellbeing. It enables the pupil to receive the most appropriate care at the right time.
2. All pupils at Radley College are registered with the NHS. The Nurses working at the Health Centre are employed by the College but practice within their professional responsibilities and the NMC Code of Professional Standards (the Code, effective 31 March 2015, updated October 2018).
3. All staff working in the Health Centre are subject to the common law duty of confidentiality and must abide by it. The NHS Code of Practice on Confidential Information (NHS Digital, latest version) sets out how organisations must handle confidential information. Nursing and medical staff adhere to professional Codes of Conduct, which make them accountable to children and young people in offering confidential health advice and treatment. For medical staff, the GMC guidance *_0–18 Years: Guidance for All Doctors* (updated 2018) outlines expectations around confidentiality, consent, capacity, and information sharing with children and young people.
4. Health care practitioners and those involved in pupil care should, where feasible, obtain permission from the pupil before sharing information with others—unless doing so would place the pupil at risk of harm. Professional codes emphasise the importance of obtaining consent prior to disclosing personal information (GMC *_0–18 Years_*, NMC Code).
5. Children and young people are entitled to the same duty of confidentiality as adults, provided they have sufficient ability to understand the choices and consequences. The GMC *_0–18 Years_* guidance confirms that the same principles of confidentiality apply to children and young people as to adults, with additional care to assess capacity and maturity individually. Confidentiality is recognised as a significant factor influencing whether young people access health services, as reflected in NHS confidentiality guidance.
6. All staff have a duty to understand and meet their legal responsibilities under the Children Act 1989 (as amended). Pupils have a right to expect that information about them will be appropriately held in confidence. However, in safeguarding cases, staff may have a duty to share information without consent; when that occurs, the pupil should be informed and involved as far as possible.
7. This policy outlines the procedures and principles for sharing information and respecting confidentiality, aligned with legal obligations (common law duty of confidentiality, the Children Acts, Data Protection Act 2018, and GDPR) and health sector frameworks such as the NHS Code of Practice on Confidential Information and *A Guide to Confidentiality in Health and Social Care* (NHS Digital).

8. This policy should be read alongside the school's Safeguarding Policy, Managing and Administering Medications Policy, and Medical Conditions Management Policy.

9. All pupils at Radley College are registered with Long Furlong Medical Centre, unless otherwise instructed. Radley College Health Centre and Long Furlong Medical Centre will share data, for medical care purposes, in line with GDPR and the Data Protection Act 2018, and always in the best interests of the pupil.

Policy Statement

9. Registered nurses at the Health Centre will work within their Code of Professional Conduct in offering all pupils a confidential service. Information will be shared outside the team with the knowledge and consent of the pupil. If consent is refused this will be respected unless the individual practitioner considers the pupil or another person's welfare or safety to be put at risk by non-disclosure. If information is shared without consent, the pupil will be informed of this.
10. Parents, Pastoral House Mistresses (PHMs), Tutors and other school staff will share relevant information about the pupil with staff at the Health Centre, with the knowledge and consent of the pupil, to ensure safety and continuity of care.

Scope

11. This policy applies to all staff members that have a duty of care for the pupils at Radley College.
12. This policy is applicable to all pupils at Radley College.
13. This policy is relevant to all parents of the pupils at Radley College.

Aim

14. The aim of the policy is to clarify the responsibilities of health care practitioners, PHMs, Tutors and parents in sharing information
- 14.1. To ensure the medical and nursing staff maintain access to information about a pupil when he has been referred to another professional until they are satisfied that appropriate action has been taken
- 14.2. To protect the rights of young people, in statute and common law, to make their own decisions about procedures and treatment and to have those decisions kept confidential
- 14.3. To protect the rights of health care professionals by ensuring they act within the law when disclosing or not disclosing information in all circumstances
- 14.4. To identify when a child has particular needs and to seek advice about those needs in order to promote the child's wellbeing and welfare
- 14.5. To identify when a pupil might be at risk of harm and therefore in need of protection, and to ensure appropriate action is taken promptly to safeguard the child
- 14.6. To comply with GDPR guidance at all times

Definitions

For the purpose of this policy:

15. Information-sharing refers to the exchange of information about an episode of treatment, an investigation or an interaction that a pupil has undergone or will undergo associated with his physical, mental and/or emotional welfare. This interaction will take place between a health care professional and a Tutor, the School Designated Safeguarding Lead (DSL), a PHM, parent, other relevant school staff or another health care agency.
16. Confidentiality is about protecting information given to you and using it only for the purposes it was intended.

Consent

17. The permission of pupils needs to be sought, where appropriate, before sharing information with others, unless seeking this will place the child at risk of harm (DOH 2004). This means that staff within the Health Centre will not disclose information without the informed consent of the pupil concerned, unless there are statutory grounds and an overriding justification for doing so.
18. Any member of staff who seeks consent from a pupil to share information with others will explain the reason for doing so. There will be documentation of the consent given.
19. The disclosure of personal information by Health Centre staff without consent must be justifiable on statutory grounds. If information is disclosed without consent, then details will be recorded about this (DOH 2003).
20. If consent to share information is obtained from a pupil and medical information is shared with someone outside the Health Centre, the expectation that confidentiality is maintained with them will be clearly expressed and expected, despite that individual not being bound by the professional boundaries of medical confidentiality.

Disclosure of information without consent

20. Keeping children safe from harm depends on professionals and others sharing information. There may be a conflict between the need to share information and the normal duty of confidentiality. The common law permits the disclosure of confidential information necessary to safeguard a child in the public interest: that is, the public interest in child protection may override a person's right to confidentiality.
21. Article 8 of the European Convention on Human Rights states that disclosures of information must be justifiable in each case. The Data Protection Act allows for disclosure without consent for the purposes of the prevention of detection of crime or the apprehension or prosecution of offenders.
22. Disclosure of information without consent should be appropriate for the purpose and only to the extent necessary to achieve that purpose.

Information Sharing Procedures

Pupils living in a Boarding School cannot receive the same degree of autonomy relating to confidentiality, in matters relating to their health, as they would in a Primary Care setting. This is from the recognition that those providing their day-to-day care have a responsibility to the institution that is the school in ensuring not only the pupil's safety but also the safety of others. The procedures for information sharing and an 'Institutional need to know' are identified in Appendix 1. The four main areas are:

- Medication - This is covered in the Managing and Administering medication policy.
- Where pupils are - the 'school' needs to account for where pupils are at all times. Pupils' attendance at the Health Centre will be confirmed if requested. The reason for attendance will not be shared, except with the pupil's knowledge and consent; similarly with the on-site Physiotherapy and Counselling service. There is a 'chit' system to inform teachers if a pupil has attended the Health Centre during lesson time.
- If a pupil is admitted to the Health Centre under the influence of alcohol or illegal drugs their Tutor will be informed. The Tutor will contact parents about the admission. This is a Safeguarding issue.
- Off Games - Pupils cannot have confidentiality about off games decisions. This information is shared to ensure pupils aren't selected for teams when they are identified as being medically unfit. This protects the pupil and the institution.

Providing an Integrated Support Service

23. The Children's Bill (2004) requires all local authorities to provide integrated working between agencies through locality teams to promote the outcomes for all children, identified in the Every Child Matters: Change for Children (2004) programme. The five aspects to this are Staying Safe, Being Healthy, Enjoying and Achieving, making a Positive Contribution and Achieving Economic wellbeing
24. Addressing the needs of children and young people who have specific health, education and/or social needs requires services to work together with the child or young person and their family to provide appropriate and identified support putting the child or young person's needs at the centre of any provision
25. The College is sustaining links with Locality Services to ensure it is providing a similar approach and staff are trained in providing an integrated support service for pupils. This includes NHS services such as CAMHS and the local Sexual Health services, which pupils can access independently, or through the Health Centre

References

1. **Children Act 1989**
The Children Act 1989 remains in force with all changes known to be in effect as of 8 October 2025.
[View on legislation.gov.uk](#)
2. **Children Act 2004**
The Children Act 2004 is the latest version, with no newer legislation replacing it.
[View on legislation.gov.uk](#)
3. **Confidentiality: NHS Code of Practice (2003)**
This code has not been updated since its publication.
[View on gov.uk](#)
4. **National Service Framework for Children, Young People and Maternity Services (2004)**
This framework has not been superseded by a more recent version.
[View on gov.uk](#)
5. **Every Child Matters: Change for Children (2004)**
This document has not been updated or replaced by a newer version.
[View on gov.uk](#)
6. **Data Protection Act 1998**
This Act has been replaced by the Data Protection Act 2018, which aligns with the UK's implementation of the General Data Protection Regulation (GDPR).
[View on legislation.gov.uk](#)
7. **European Convention on Human Rights (1950)**
The convention has been amended by Protocols Nos. 11, 14, and 15, with the latest amendment entering into force on 1 August 2021.
[View on echr.coe.int](#)
8. **Good Medical Practice (GMC, 2006)**
This version was withdrawn in 2013 and replaced by a new edition.
[View on gmc-uk.org](#)
9. **Code of Professional Conduct: Standards for Conduct, Performance and Ethics (NMC, 2015)**
This code remains in effect; however, the Nursing and Midwifery Council has introduced additional guidance and standards since its publication.
10. **Oxfordshire Area Child Protection Committee: Information Sharing Protocol (2004)**
This protocol has not been updated or replaced by a newer version.

Key Documents

1. **Information Sharing: Practitioners Guide (2006)**
This guide has not been updated or replaced by a newer version.
2. **Information Sharing: Further Guidance on Legal Issues (2006)**
This guidance has not been updated or replaced by a newer version.
3. **The Common Assessment Framework for Children & Young People: Practitioners Guide (2006)**
This guide has not been updated or replaced by a newer version.
4. **Oxfordshire Children & Young People's Board: Information Sharing Toolkit**
This toolkit has not been updated or replaced by a newer version.
5. **Guide to the General Data Protection Regulation (GDPR), ICO, 2018**
This guide remains relevant; however, the Information Commissioner's Office has published additional resources and updates since its publication.

Appendix 1

HEALTH CENTRE COMMUNICATION AND INFORMATION SHARING PROCEDURES outside the Nursing and Medical team.

Following an injury that requires referral to MIU, A&E

- Inform PHM, Tutor & Parents. If PHM is off duty, ensure she is kept informed via email
- Check, and if parents separated or divorced phone or email both parents unless otherwise specified on medical form/computer. Document contact on computer
- Identify to PHM accompanying the pupil any special home circumstances and what contact has been made. Provide phone numbers for them to continue contact with parents if more appropriate. Document on computer
- Identify to PHM full details about the pupil including; DOB, address, allergies, medical history, immunisations, any current medication. (Print summary from medical notes on EMIS)
- If admission/referral to hospital is recommended and not an emergency check parents' preference for Private or NHS treatment and inform PHM. Document on computer.

Admission to Health Centre

- Put on school database.
- Nurse to speak to/email parents & then handover to pupil, or pupil to contact parents and offer contact with a nurse. Document in inpatient record.
- If pupils are admitted due to the effects of alcohol or illegal drugs Tutors must be informed. Document in inpatient record. ('Institutional need to know.')
- The reason for other admissions will usually be informed openly but discussion should take place with the pupil, who may request that limited information is given in exceptional circumstances. Document in inpatient record. ('Institutional need to know.')

Doctors' Surgeries

For all pupils:

- **Prescriptions:** Nurse to notify PHM (& parents if appropriate) unless confidentiality requested of the prescribing doctor. (See Managing and Administering Medication Policy.) Discuss with pupil how much information he wishes shared i.e. diagnosis, presenting symptoms, history etc. Document on computer.
- **Referral to x-ray:** Nurse to notify PHM/Parents. Discuss with pupil. ('Institutional need to know.') Document on computer.
- **Off Games:** Nurse to put on School IT system. Document on Health Centre spreadsheet, shared on OneDrive with Nurses and Rehab team, with an end or review date. If it is a late decision, i.e., morning of a match, cc to Games Coach where possible. Advise pupil that this is the procedure and who will have access to the information. ('Institutional need to know.')

Discuss with pupil the inclusion of information relating to the reason & consent to discuss with others outside the Health Centre. Document on computer.

- **Investigations:** (i.e., bloods) Nurse to inform PHM & parents but through discussion with and consent of pupil. Document on computer.
- **Investigation results:** To be informed to the pupil. Discuss with pupil and obtain consent, either verbal, direct or via email, information sharing with PHM and parents. If the pupil is emailed results no information should be given to anyone until they have confirmed that they have read and given consent. Document on computer.
- **Referral to Specialist:** Preferably nurses to inform PHM & parents after discussion & consent of pupil. Acknowledgement should be made to the age of the pupil. If a pupil requests a confidential NHS referral, he will be made aware that he will have to inform his Tutor/Boarding staff about any absence from school during term time. Document on computer.
- **Referral to Physio:** Preferably Nurses to inform PHMs & parents. This will be in consultation with the pupil and acknowledgement given to the age of the pupil. Attendance at a Physio appointment will be considered as an 'Institutional need to know'. Document on computer.
- **Follow Up appointments:** Preferably nurses to inform PHMs after discussion with and consent of pupil. Document on computer.

Nurse Consultations

- **Homely Medication:** Nurses should inform PHMs of any medication given, to include dose and time, via School IT system. Pupils should be informed that this is procedure ('Institutional need to know', see also Managing and Administering Medication Policy) Informing PHMs of the reason should be after discussion with and consent of the pupil. Document on NHS computer and School IT system.
- **Ongoing treatment:** Discuss with pupil. If consent given, nurse to inform PHMs of any proposed ongoing treatment required in Social with diagnosis, Nurse's prescribed treatment and review day. Document on NHS computer and School IT system.
- **Follow Up:** As with doctors' surgeries.

Sensitive Information

- For example: Problems at school or home, ongoing health issues of a pupil or someone close to them, bereavement etc. The nursing staff at the Health Centre can provide emotional support within a confidential environment. If, however, a pupil requests confidentiality (and it is not a Safeguarding issue) but the nurse considers it would be in their best interest to involve the Tutor or PHM, then this will need to be negotiated with the pupil individually.
- The nurse will offer to be an advocate for, or facilitator, with and between them and their Tutor and PHM. If information is to be shared with the Tutor/PHM without the pupil present, they should be involved in the decision about what information is to be shared and with whom. If the nurse decides to share information without consent the pupil should be given

her reason for doing so. The nurse is accountable for this decision and needs to maintain detailed & contemporaneous documentation on computer records.

Safeguarding & Child Protection

- All staff have a duty to share confidential information without consent in issues relating to Safeguarding, although the pupil should be informed and involved in the process. Bullying is a Safeguarding issue & the pupil's Tutor/PHM should be informed at the earliest opportunity. The Designated Safeguarding Lead (DSL) should also be informed. For detailed & contemporaneous documentation on computer records.
- If a pupil discloses information to a nurse that suggests they may be at risk of physical, emotional or sexual abuse, or neglect, the Designated Safeguarding Lead (DSL), or a deputy (DDSL) in his absence, should be contacted immediately. As with all Safeguarding disclosures the pupil should be listened to but not questioned and should be informed of the need to share information with the DSL. Nobody outside the Health Centre nursing or medical team should be informed or any information given until the DSL has been contacted and has responded (that includes Tutor & parents). The pupil should be informed that the DSL will be contacted. The Lead Nurse should be contacted and informed at the earliest opportunity. If the pupil is considered to be at immediate risk, then he should remain in the Health Centre as a place of safety. For detailed & contemporaneous documentation on computer records.