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Information Sharing Procedure

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1 Introduction

Tees, Esk and Wear Valleys NHS Foundation Trust (the Trust) recognises that reliable information is a vital asset. Information governance (IG) defines how the Trust handles information, particularly personal and sensitive information about patients, service users, staff and confidential business information. This procedure should be read in conjunction with the Trust's Confidentiality and Information sharing policy. Our Journey To Change sets out why we do what we do, the kind of organisation we want to become and the way we will get there by living our values, all of the time. To achieve this, the Trust has committed to three goals. This procedure supports all three goals of Our Journey To Change.

1.1 Strategic goal 1: To co-create a great experience for patients, carers and families

Engaging patients in their own care can promote increased confidence and willingness to take control of their health, which ultimately can lead to healthier behaviours and improved outcomes. (Turakhia, P and Combs, B; 2017) The Data Protection Act 2018 and Freedom of Information Act 2000, which underpin all aspects of IG, give transparency to all aspects of the way that information is processed within the Trust. Implementing this procedure provides assurance to patients, families and staff that when the Trust is asked to share information with other agencies (Data Controllers) we make a thorough assessment of the objective that will be achieved by sharing and the minimum data that will be needed to achieve the sharing objective.

1.2 Maintaining good quality records has both immediate and long-term benefits for staff.

It can directly benefit them, for example in respect of safety. Records management promotes better communication as well as continuity, consistency, and efficiency, and reinforces professionalism. (Wood, C; 2003) Information Governance ensures that all colleagues understand their role around the use and sharing of information that is created or used by them. When staff understand their roles they become confident in their decision making.

1.3 Strategic goal 3: To be a great partner

Information and its governance is a key communication tool and is strategic in assisting the Trust when it works with key partners either to improve services or to jointly care for patients. When we tell our patients who we work with and have robust agreements about what is going to be shared we enable information to support outstanding care and service delivery with our partners.

1.4 Trust values and behaviours

Embedding good IG practice across all areas of the Trust enables us to evidence how we live our values of respect, compassion and responsibility in everything we do.

2 Purpose

Following this procedure will help the Trust to:-

- Understand what considerations are needed when entering into agreements to share information with other organisations
- To be able to assess the risks associated with such sharing
- To understand their ongoing duties to ensure any information shared is carried out safely and reviewed regularly
- To be confident in their decision making

3 Who this procedure applies to

All employees of the Trust, including temporary and bank staff, locums, contractors and volunteers.

4 Related documents

This procedure describes what you need to do to implement the Disclosure and Confidentiality section of the Information Governance Policy.



The Information Governance Policy defines the control objectives relating to information sharing which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:

- IT-0030-001 Data Protection Impact Assessment Procedure

5 Procedure

An Information Sharing Agreement (ISA) or a Data Sharing Agreement (DSA) is a document to govern the sharing of Personal Data with partner organisations who may also be data controllers or data processors on behalf of the Trust.

ISAs can take a variety of forms depending on the scale and complexity of the data sharing in question. However, the ISA is in principle a set of agreed rules binding all the organisations involved in a data sharing activity.

There will be agreements when the Trust is the lead organisation in data sharing and also where the Trust is a participant.

Information sharing must always be necessary, proportionate, relevant, accurate, timely and secure. A record should be kept of what has been shared, with whom and for what purpose and the reasoning behind it.

It is important that data which is shared is only used for the intended purpose. Information which has been shared with the Trust as part of an agreement should not be used for any other secondary purpose.

5.1 Identifying the need to share

If you are asked by one of our partners to share information about a patient or a group of patients it will be necessary to ask the following questions:

Is the information I am being asked to share personal data?

Personal data means data which can identify an individual such as name, address, etc. or data which is more sensitive which is referred to as special category data; this includes information about health.

Do I have the authority to share the data?

In smaller organisations this would be a decision made by the data controller and/ or the Information Asset Owner. You would typically be a data controller if you determine the uses of the personal data. If you are the Information Asset Owner (IAO) you will exercise control of the purpose and means of the processing of the personal data which you are being asked to share.

Many of the electronic systems used in the Trust which will provide the information to be shared or to which access will be granted to specific colleagues in other organisations

have an identified IAO. The IAO in this instance have a technical responsibility for the system. For the purpose of information sharing agreements the ownership of the document will sit with the service area wishing to share or receive information – they will be referred to as the data controller throughout this document.

Is there already a contract or an Information Sharing Agreement in place which will allow you to share this data?

Depending on the type of data being processed, the agreement which is implemented will need to reflect this including an appropriate legal basis. Where there is sharing of personal data as part of a contract a separate ISA should be in place. The ISA will govern the sharing of Personal Data with the partner organisations. All ISA are recorded on the TEWV ISA Register which is held and maintained by the Information Compliance Team.

The register can be found here:

S:_Information Management\Administration\Information Governance\Information sharing\ISA Register\ISA Register.xlsx

Please note: That where there is a controller /processor relationship as part of the NHS Standard Contract, an ISA is provided in the standard contract as schedule 6F along with a description of the data processing services at Annex A.

If an ISA is already in place you need to be satisfied that it:

- ✓ includes details of the data that you wish to share
- ✓ States the purpose for which you are sharing the data

If these conditions aren't satisfied then consideration whether to amend the ISA or create a new one needs to be given.

Does the patient know that we share their information in this way and with this organisation? TEWV have an outwardly facing Privacy Notice for patients and families. Some services we offer also have a local Privacy Notice. You should review these notices to ensure that the reason and organisations we are sharing data with is covered as per section 5.6

Has the patient expressed any objections to the sharing of their personal data? If the patient record indicates that permission to share data has been withdrawn this must be respected except in very extreme circumstances.

If the data has been obtained using consent you must consider the following:

- If the data has been collected using only consent as the basis for its collection, ensure that sharing the data is covered as part of the processing activity to which consent has been given.
- If the data has been obtained by consent, there are restrictions on its secondary use including sharing unless there is a lawful reason to do so.

5.2 What do you want to share?

You need to be clear about the purpose for sharing data and information and what you hope to achieve. To do this you should consider the following points:

- ✓ Have you assessed the potential benefits and risks to individuals and/or society of sharing or not sharing?
- ✓ Is it fair to share data in this way?
- ✓ Is the sharing necessary and proportionate to the issue you are addressing?
- ✓ What is the minimum data you can share to achieve the aim?
- ✓ Could the objective be achieved without sharing personal data, or by sharing less personal data?
- ✓ What safeguards can you put in place to minimise the risks or potential adverse effects of the sharing?
- ✓ Is there an applicable exemption in the Data Protection Act (DPA)2018?
- ✓ Are you confident that the recipient of the information understands their roles and responsibilities in relation to its use, storage and destruction of the data being shared?



Information must not be shared that identifies a person as transgender **unless** they have **explicitly consented** for you to do so. Contact Information Governance for advice if needed.

5.3 Consider if a Data Protection Impact Assessment is required

The production of a Data Protection Impact Assessment (DPIA) will assist with the identification and mitigation of the data protection risks of a new project or system or process change. This activity will amongst other tasks also identify the need to consider an ISA either as part of a contract or as a supplementary assurance tool.

A DPIA must be carried out whenever there is a change that is likely to involve a new use of personal data, change of process or significantly change the way in which personal data is handled.

Examples include:

- Redesign of an existing process or service
- Introduction of a new process or information asset
- Introducing a new purpose for sharing an information asset

To assist colleagues with the development of a DPIA there are several resources available:

- TEWV have developed a DPIA template and procedure which is available on the intranet
- Bespoke help can be sourced by emailing DPIA.TEWV@nhs.net

The DPIA is broken down into two parts the screening element and the full DPIA. Once you have populated the screening questions you are advised to contact the Information Governance Team for support. At this point the document will be reviewed and a recommendation made as to if a full DPIA is required.



Data Protection Impact Assessment is mandated by the Data Protection Act 2018. Failure to undertake a DPIA and introducing risk to the rights and freedoms of individuals may result in a fine equivalent to up to £17.5m.

5.4 Create or Amend an Information Sharing Agreement

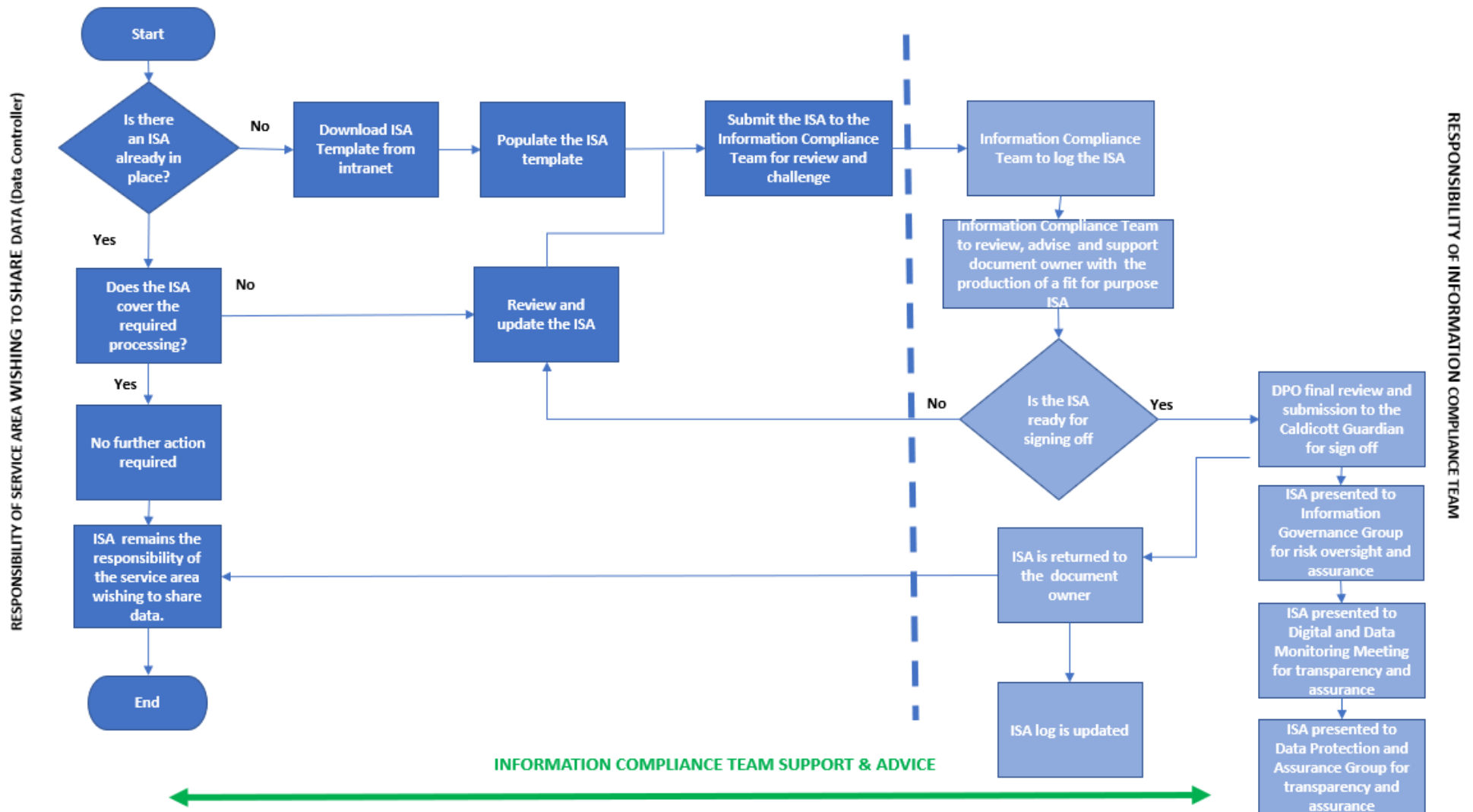
If a decision has been made to share information, and either the ISA in place needs to be reviewed or as part of the DPIA process an ISA needs to be created for agreement and signature by all partners involved, you should use the ISA Template. Email [\[insert ISA inbox email address\]](#) for a copy of the latest ISA template and for your draft ISA to be registered for governance purposes.

This will ensure that the agreement is drafted in a clear and concise language that is easily understood. It will identify the processes and standards required such as the Legal Basis for sharing the information and the Data Protection principles that are being adopted and how their adoption is achieved by each partner.

You should be aware that drafting and adhering to an agreement does not in itself provide any form of legal indemnity from action under Data Protection legislation or other law. However, an agreement will help us to justify our data sharing and to demonstrate that we have been mindful of, and have documented, the relevant compliance issues.

5.5 Information Sharing Agreement Approval Process Flow

(see over page)



- Step 1 – The ISA is updated or drafted by the data controller
- Step 2 – All parties involved in the sharing agree to the content
- Step 3 – ISA is shared with the Information Compliance Team for check and challenge
- Step 4 – DPO agrees to the sharing and facilitates the sign off with the Caldicott Guardian on behalf of TEWV
- Step 5 – The information Compliance Team update and record the ISA on the log
- Step 6 – The data controller is advised that the ISA is in place and data sharing can commence. They are also advised that they are the 'owner' of the ISA and that if processing changes the ISA should also be reviewed / updated alongside keeping their information data flows updated
- Step 7 – Information Governance Group are advised of the ISA and the associated risks /mitigations
- Step 8 – Digital Data and Monitoring Meeting are advised of the ISA for transparency and assurance
- Step 9 – Data Protection and Assurance Group are advised of the ISA for transparency, assurance and acceptance of the residual risks at an organisation level

It is good practice to include or reference the creation of an ISA within your DPIA where one exists. Your ISA should be reviewed periodically for appropriateness. The Information Compliance Team will review the ISA log at appropriate intervals so that any changes are reflected in a timely manner.

5.6 The Privacy Notice

The privacy notice is the public facing document that tells our staff and patients how we use and share their information. If the sharing that you are introducing involves a new partner or a new purpose for sharing data, then there needs to be an update to the privacy notice and we should explain the changes to new patients or staff as they come into the Trust. Existing patients and staff should be updated on a regular basis.

Liaise with the Information Governance team via tevv.informationsecurity@nhs.net for support with either creating a service specific notice or to arrange update to the Trust notice.

Privacy notices can be made available in different formats on request.

5.7 Ad hoc sharing requests

We may sometimes be asked to share data in ad hoc situations that are not covered by any routine arrangement or agreement. It is still possible to share data in this situation, but the risks must be carefully assessed every time.

Sometimes we may need to decide quickly about data sharing in conditions of real urgency, or in an emergency. You should not be put off from data sharing in a scenario like this; in an urgent situation, the information governance team will work with you to assess the risk and do what is necessary and proportionate.

Urgent or emergency situations can arise that you may not have envisaged, and you must deal with them on the spot. In an emergency, you should go ahead and share data as is necessary and proportionate. **Not every urgent situation is an emergency.**

An emergency includes:

- preventing serious physical harm to a person;
- preventing loss of human life;
- protection of public health;
- safeguarding vulnerable adults or children;
- responding to an emergency; or
- an immediate need to protect national security.

In these situations, it might be more harmful not to share data than to share it.

To raise a request, log a call via the service desk portal selecting the information sharing option, or email tewv.ig@nhs.net

Note: all ad hoc requests will be logged onto the portal. [The record will reflect](#) the reasons for the decision and the identity of all those involved in the decision-making thus maintaining a record of information sharing decisions and approvals.

5.8 Data Sharing for Research Purposes

Data from health records can be used for research purposes however to use any patient information without consent it must be completely anonymous. For support and advice on sharing data for research purposes within the trust and to ensure compliance with the UK Policy Framework for Health and Social Care Research please contact the research and development team via email: TEWV.ResearchAndDevelopment@nhs.net

6 Terms and definitions

Term	Definition
DPIA	Data Protection Impact Assessment – legislative documentation which considers the risk to data used by the organisation
DPA	The Data Protection Act 2018 is an act of parliament which controls how personal or customer information is used by organisations or government bodies
Ad hoc	Non-routine
Information Asset Owner (IAO)	An IAO will exercise control of the purpose and means of the processing of data. In the Trust an IAO may have the overall responsibility for a system however each clinical team contributing to the data input in those systems will have data controller responsibilities.
Data Controller	A data controller 'creates' data and determines what data to process and why
ISA	Information Sharing Agreement

7 How this procedure will be implemented

- This procedure will be published on the staff intranet and Trust website
- Line managers will disseminate this policy to all Trust employees through a line management briefing.

7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Ward/team managers, Modern Matron, Service Managers	Information sharing – eLearning for healthcare	30 minutes	Once
All staff	Mandatory Data Security and Protection Training	30 minutes	Annually

8 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Governance of ISAs	Monthly reporting/Head of Information Governance	Digital Performance and Assurance Group
2	ISA register review	Monthly	Information Governance Groups

9 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	19 November 2022
Next review date	31 May 2026
This document replaces	N/A
This document was approved by	Information Governance Group
This document was approved	16 November 2022
This document was ratified by	Digital and Data Management Meeting
This document was ratified	19 November 2022
An equality analysis was completed on this policy on	15 November 2022
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
1	19 Nov 2025	New procedure	Approved
1	24 Nov 2025	Review date extended to 31 May 2026	Approved

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Digital and Data Services
Title	Information Sharing Procedure
Type	Procedure
Geographical area covered	Trust-wide
Aims and objectives	<p>Following this procedure will help the Trust to:</p> <ul style="list-style-type: none"> • Understand what considerations are needed when entering into agreements to share information with other organisations • To be able to assess the risks associated with such sharing • To understand their ongoing duties to ensure any information shared is carried out safely and reviewed regularly • To be confident in their decision making
Start date of Equality Analysis Screening	January 2022
End date of Equality Analysis Screening	November 2022

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Staff, patients, partner agencies and their patients/service users
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO

Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Veterans (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	None
Describe any positive impacts	<p>Information sharing with partner organisations is important for the provision of safe and effective care. There will be information sharing agreements when the Trust is the lead organisation in data sharing and also where the Trust is a participant.</p> <p>This procedure provides assurance that all information sharing is considered, necessary, proportionate, relevant, accurate, timely and secure. A record is kept of what has been shared, with whom and for what purpose and the reasoning behind it. Data which is shared is only used for the intended purpose.</p>

Section 3	Research and involvement
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What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	NHSE guidance Data Protection Act 2018 and UK GDPR Information Commissioners Office (ICO) guidance
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No
If you answered Yes above, describe the engagement and involvement that has taken place	
If you answered No above, describe future plans that you may have to engage and involve people from different groups	Information sharing is described within the Trust's Privacy Notices. Privacy Notices are co-created, involving people from the different groups to whom they apply.

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	
Describe any training needs for patients	
Describe any training needs for contractors or other outside agencies	

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?		Yes
	Is it clear whether the document is a guideline, policy, protocol or standard?		Yes
2.	Rationale		
	Are reasons for development of the document stated?		Yes
3.	Development Process		
	Are people involved in the development identified?		Yes
	Has relevant expertise has been sought/used?		Yes
	Is there evidence of consultation with stakeholders and users?		Yes
	Have any related documents or documents that are impacted by this change been identified and updated?		Yes
4.	Content		
	Is the objective of the document clear?		Yes
	Is the target population clear and unambiguous?		Yes
	Are the intended outcomes described?		Yes
	Are the statements clear and unambiguous?		Yes
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?		Yes
	Are key references cited?		Yes
	Are supporting documents referenced?		Yes
6.	Training		
	Have training needs been considered?		Yes
	Are training needs included in the document?		Yes
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?		Yes

	Title of document being reviewed:	Yes / No / Not applicable	Comments
8.	Equality analysis		
	Has an equality analysis been completed for the document?		Yes
	Have Equality and Diversity reviewed and approved the equality analysis?		Yes
9.	Approval		
	Does the document identify which committee/group will approve it?		Yes
10.	Publication		
	Has the policy been reviewed for harm?		Yes
	Does the document identify whether it is private or public?		Yes
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?		N/A