Secure transfer of Data Policy

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REVISION SUMMARY

Version	Comments	Author	Date
V 1	Implementation of new policy for Healthshare.	IG Lead	22/02/2022

1 STATEMENT OF PURPOSE

The purpose of this document is to provide guidance to all Healthshare staff on the secure transfers of data/ information, specifically where this is personal data and/or business sensitive data.

When transferring data/information staff need to take into account the nature of the information to be transferred and ensure that it has the necessary protection to ensure its security. This is especially important when information contains personal, confidential or special category data. This procedure sets out different types of transfer and security requirements. However, please seek the advice from the Data Protection Officer /Information Governance (IG) Team if a transfer method is not included here to assess the most secure option for your transfer of data.

2 RATIFICATION

To ensure compliance with GDPR routine transfers of personal data and business sensitive data must be logged on Healthshare's Data Flow Mapping Register. This then enables Healthshare to provide transparency and demonstrate integrity regarding the data flows it processes and how these are transferred securely to ensure that patients and staff trust us to process their data.

3 SCOPE

This procedure applies to those members of staff who are directly employed by Healthshare and any other 3rd Party contractor, Agency/Bank staff.

When information is being transferred from one Healthshare location to another staff must ensure that this is transported securely particularly when this is personal data and/or business sensitive data. This procedure sets out a framework to inform staff who are responsible for transporting routine flows of personal data, special category data, personal staff information, business sensitive and/or commercial in confidence information and any other similar exchanges must adhere to.

All Healthshare staff must maintain the confidentiality of personal data when processing this including the transportation of this.

4 CONFIDENTIALITY, INTEGRITY & SECURITY

Data Security can be broken down into three areas: Confidentiality, Integrity and Availability and these are fundamental when transferring/accessing data.

4.1 **Confidentiality** is about privacy and ensuring information is kept confidential and only available to those with a proven need to see it. This data must not be disclosed to others unless a legal statute or patient/public interest applies. It would be unacceptable for a perfect stranger to be able to access personal data from a laptop simply by lifting the lid and switching it on. That's why a laptop should be password-protected and the data on it encrypted when switched off and also when this information is transferred it must be done so following secure transfer processes.

4.2 **Integrity** is about information stored in, for example, a database being consistent and unmodified. Systems must be designed so that the input and management of information is not prone to human error and that the flow of information does not result in loss or alteration. Secure transfer processes such as encryption must be followed when transferring information to ensure this remains secure.

4.3 **Availability** is about information being there when needed. System design must include appropriate

access controls and checks so that the information in the system has consistency and accuracy, can be trusted as correct and can be relied on when providing health or care.

5 DEFINITIONS

5.1 **Personal Data** - This contains details that identify individuals even from one data item or a combination of data items. The following are demographic data items that are considered identifiable such as name, address, NHS Number, full postcode, date of birth. Under GDPR, this now includes location data and online identifiers.

5.2 **Special Category Data** - This is personal data consisting of information regarding: race, ethnic origin, political opinions, health, religious beliefs, trade union membership, sexual life and previous criminal convictions. Under GDPR, this now includes biometric data and genetic data.

For more information about special category data please refer to the ICO guide at: https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/special-category-data/.

5.3 **Business Sensitive Information -** This is information that if disclosed could harm or damage the reputation or image of an organisation.

5.4 **Personal Confidential Data** - This term came from the Caldicott review undertaken in 2013 and describes personal information about identified or identifiable individuals, which should be kept private or secret. It includes personal data and special category data but it is adapted to include dead as well as living people and 'confidential' includes both information 'given in confidence' and 'that which is owed a duty of confidence'.

5.5 **Processing** – This means any operation or set of operations which is performed on personal data or on sets of personal data, whether or not by automated means, such as collection, recording, organisation, structuring, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transmission, dissemination or otherwise making available, alignment or combination, restriction, erasure or destruction.

6 RESPONSIBILITIES

6.1 **Chief Operations Officer** - has overall responsibility for the implementations of the provisions of this procedure. As the Accountable Officer, they are responsible for the management of the organisation and for ensuring that the appropriate mechanisms are in place to support service delivery and continuity.

6.2 **Caldicott Guardian -** has responsibility for ensuring secure transfers of data procedures are in place throughout the organisation, particularly where the data concerns patients. The Information Governance (IG) Lead along with the Data Protection Officer (DPO) will monitor and investigate any secure transfers of data breaches and seek guidance from the Caldicott Guardian when a breach concerns patient data.

6.3 **Senior Risk Information Officer (SIRO)** - with support of the Information Asset Owners, Executive Directors and Operation Directors has responsibility for ensuring that all staff are aware of the secure transfer of data/information procedures and the importance of understanding the key information assets within their departments and the type of data flowing in and out.

6.4 **Data Protection Officer (DPO) -** is the person that has been assigned the responsibilities set out in the GDPR, such as monitoring and assuring Healthshare compliance with Data Protection legislation, therefore will ensure that staff are provided with advice and guidance, via this procedure and other associated IG policies on how to ensure data is transferred securely, adhering to the GDPR Principal f – the security principle.

6.5 **All Staff** - have a responsibility for ensuring the information is handled, used, stored and shared confidentially and appropriately. If in doubt individuals should seek guidance from their line manager in the first instance, the IG Lead or the DPO.

7 KEY LEGISLATION/GUIDANCE RELATING TO SECURE TRANSFERS OF DATA

7.1 A number of acts and guidance dictate the need for secure transfer arrangements to be set in place; they include (but are not restricted to):

- General Data Protection Regulation (GDPR) 2016
- Data Protection Act (2018)
- National Data Guardian Data Security Standards

Article 5 of GDPR sets out seven key principles, these principles, in particular Art 5(f), along with the 10 Data Security Standards (detailed below) are integral to the safe and secure transfer of information.

7.2 General Data Protection Regulation 2016 (GDPR)/the Data Protection Act May 2018

The GDPR and the Data Protection Act 2018 (DPA) are the data protection legislations that sit side by side and provide a legal framework protecting individual's personal data. Any organisation that processes personal data must ensure they comply with the legislation to avoid investigation by the Information Commissioner's Office (ICO).

The aim of the GDPR is to protect the fundamental rights and freedoms of natural persons with regard to the processing of personal data and the rules enabling the free movement of Personal Data.

GDPR Principles

All staff must adhere to the principles of the GDPR when processing personal and/or special category data and demonstrate compliance with these.

Article 5 of GDPR sets out seven key principles which lie at the heart of this data protection regime. Principle (f) is also referred to as the 'security' principle and includes ensuring the secure transfer of information.

Article 5 of the GDPR states that personal data must be:

- Processed lawfully, fairly and in a transparent manner in relation to individuals ('lawfulness, fairness and transparency');
- Collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes; further processing for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes shall not be considered to be incompatible with the initial purposes ('purpose limitation');
- Adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed ('data minimisation');

- Accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay ('accuracy');
- Kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed; personal data may be stored for longer periods insofar as the personal data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes subject to implementation of the appropriate technical and organisational measures required by the GDPR in order to safeguard the rights and freedoms of individuals ('storage limitation');
- Processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures ('integrity and confidentiality')."
- The seventh principle relates to "accountability" which makes Healthshare responsible for complying with the GDPR and says that Healthshare must be able to demonstrate compliance.

7.3 National Data Guardian Data Security Standards

The National Data Guardian (NDG) Data Security Standards have been developed as a result of the National Data Guardian Review of Data Security, Consent and Opt-outs. These outline measures to ensure information at rest and in transit is secure. There are 10 standards which are clustered under 3 leadership obligations to address people, process and technology issues.

Data Security Standard 1. All staff ensure that personal confidential data is handled, stored and transmitted securely, whether in electronic or paper form. Personal confidential data is only shared for lawful and appropriate purposes – this standard ensures the secure transfer of information.

For more information on all the 10 Data Security Standards please refer to:
https://www.gov.uk/government/publications/review-of-data-security-consent-and-opt-outs

7.4 The Caldicott Principles

Before using or sharing confidential information, the Caldicott Principles ask that staff consider; whether they need to actually access the information, if they do how they handle the information whilst in their possession and a reminder that sharing information (principle 7) can be just as important, as long as principles 1 - 6 have been considered:

- Principle 1 - Justify the purpose(s) for using confidential information
  Every proposed use or transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed, by an appropriate guardian.
- Principle 2 - Don't use personal confidential data unless it is absolutely necessary
  Personal confidential data items should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose(s).
- Principle 3 - Use the minimum necessary personal confidential data
  Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data is transferred or accessible as is necessary for a given function to be carried out.
- Principle 4 - Access to personal confidential data should be on a strict need-to-know basis
  Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.

- Principle 5 - Everyone with access to personal confidential data should be aware of their responsibilities
  Action should be taken to ensure that those handling personal confidential data - both clinical and non-clinical staff - are made fully aware of their responsibilities and obligations to respect patient confidentiality.
- Principle 6 - Comply with the law
  Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.
- Principle 7 - The duty to share information can be as important as the duty to protect patient confidentiality
  Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies

8 DATA SECURITY IN THE WORK ENVIRONMENT

Secure Transfer of Data procedures should be in place in any location/office environment where confidential data is being processed and transferred/transmitted especially where the data is personal data/special category data or business sensitive.

When choosing such an environment, the follow factors must be considered:

- The office or workspace must be lockable and/or accessible via a coded key pad (or similar device) and be accessible only to authorised staff.
- If the office or workspace is sited on the ground floor, windows must be lockable and screens must be located so they cannot be seen by unauthorised personnel through the windows.
- Locked doors should not be propped open.
- Escort visitors and check they are authorised.
- Computers must not be left on view so that members of the general public or staff who do not have a justified need to view the information can see personal data.
- If moving away from a computer/laptop the screen must be locked. Select CONTROL + ALT + DELETE and hit the enter key. Or select the WINDOWS KEY + L to quickly lock a screen.
- If a colleague's device has been left open and unlocked, it should be locked on their behalf and a reminder left for them not to do so in future.
- Computers/laptops must be switched off when not in use.
- Only laptops/desktops are to be used which include encryption software.
- Information must be held on the Healthshare secure network and not on desktops (e.g., C: Drives).
- Passwords/passphrases must not be shared. Strong passwords must be used on all your devices to prevent unauthorised access. Different passwords should be used for each account. Creating strong passwords is not a daunting task if simple guidelines are followed, see IMG 006 IT User Access Control and Password Policy.
- Manual paper records containing confidential data must be stored in locked cabinets when not in use and securely stored when the office/workstation is left unattended. Make documents are locked away if the desk is unoccupied during the day, evenings and weekends;
- Documents should not be left unattended for any significant period of time e.g., post should not be left unattended in post trays or on desks;
- Post trays should be situated away from any unauthorised access and situated where they can be monitored and mail must be disseminated to the addressee as soon as possible;
- Secure printing facility enabled on all printers used by Healthshare staff.

9 TRANSFERS OF DATA BY EMAIL

Personal data and/or business sensitive data must always be sent via NHSmail or an NHS approved encrypted email system. NHSmail accounts have the suffix @nhs.net. (firstname.secondname@nhs.net), emails will be sent/received via the encrypted NHSmail service.

When you enter **[secure]** in the subject line of the email and click send, the email is encrypted and protected with a digital signature on the NHSmail platform within the UK. The recipient will be asked to authenticate to the service (they will receive an alert from the Egress Web Portal and be asked to 'Open Message' where they will need to enter their password). The recipient will be able to reply, forward the email on and it will still remain secure and encrypted. Attachments can be included.

Healthshare is looking at achieving NHS Digital Secure Email Standard (DCB1596), meaning once achieved the organisation will be able to email securely from their email accounts. Organisations looking to become accredited are required to undergo a vigorous assessment by NHS Digital and once passed they receive a Conformance statement for NHSmail.

Always check the recipients email address is correct before you press send.

10 TELEPHONE DISCLOSURES

There will be occasions when telephone enquiries are received asking for disclosure of personal data. Staff are expected to apply common sense with regard to the open plan office and use an available private room for telephone conversations that are highly confidential. When the disclosure is legally justified and the caller has a legal right to access that information, the following rules should be adhered to:

- Verify personal details including the name, job title and organisation of the person requesting information.
- Obtain and record enquiries telephone number.
- Conduct the call-in area that is private/confidential where staff/public cannot overhear – you could be talking about a relative/neighbour of a work colleague who is listening to your conversation.
- Any notes made during the calls should be kept in a secure place (locked away) and not left on any desk.
- If in doubt, the caller should be advised that they will be called back and where necessary, a senior manager or the designated authority for confidentiality issues should be consulted if necessary.
- Any suspect bogus enquiries should be referred immediately to the IG Lead or DPO as soon as possible and an incident logged.
- Always provide the minimum amount of information that is necessary.
- Provide the information only to the person who requested it and do not leave a message.

11 TRANSFER OF DATA BY POST

The following rules must be followed when sending/receiving personal data via post:

Incoming:

- Ensure incoming post is received in an environment away from/unauthorised public interference e.g., not left on desks or in a waiting/public area.
- Open incoming mail away from public areas.

- Ensure if post is sorted for onward distribution that it is stored securely prior to dissemination and regular deliveries are made so there is no delay in receipt of the information for the receiver and is picked up frequently.

Outgoing:

- Check if you need to use a courier/"signed for" Royal Mail service to post to ensure receipt of delivery.
- Always double check the contact details/address of the recipient or the recipient's representative.
- Ensure the recipient's contact details are clearly labelled on the envelope/package.
- If the envelope contains confidential data, mark the envelope clearly as 'Private and Confidential';
- Use a Healthshare letter headed front page or compliment slip.
- Use a secure robust envelope, include a return address where appropriate.
- For important letters/parcels, ask for confirmation of safe arrival.

12 MANUAL TRANSFERS OF PAPER/HARDCOPY DOCUMENTATION

Paper records/documents/hard copies of electronic information may be required for investigation or to refer to as part of patient's care. The following rules must be followed regarding confidential paper documentation:

- Paper documents that contain confidential information must be stored in a lockable cupboard or cabinet prior to sending (if they have to be stored).
- Lockable crates must be used to move bulk hardcopy information.
- Only take off site, the minimum amount of paper documentation that is necessary.
- Record what paper documentation is taken off site/from a department (particularly if this is patient information), and if applicable, where and whom the information has gone to, perhaps keep a logbook.
- Ensure documents such as case notes are properly 'booked out' of any relevant filing system if this system is in place.
- Never leave personal/sensitive/confidential records/documents unattended – ensure they are always stored securely when not required.
- Ensure the information is returned as soon as possible and record that the information has been returned in the log. Or if you no longer need the paper documentation, ensure this is confidential disposed of using Healthshare's confidential waste processes.

For further information on the security of paper documentation please refer to Healthshare's Records Management and Life Cycle Policy (located on the Intranet).

13 TRANSFERS OF DATA TO PHOTOCOPIERS/PRINTERS

Healthshare has secure printers/photocopiers which requires you to put in a pin code in order for you to collect your printed documents. Please ensure that when you have printed your documents particularly if these contain confidential information/personal data that you check the output tray and do not leave any documentation behind. If there is no secure printing facility available do not print unless this you are in a secure environment where unauthorised access to the printed material cannot occur.

14 TRANSFERS OF DATA VIA TEXT MESSAGE

Text messaging is becoming increasingly popular between staff. The following must be considered before any text messages are used:

- Check the mobile number is correct and be confident that the person using the recipient's mobile is the person to whom the message is intended.
- Keep messages short.
- Do not transfer business sensitive or personal data via text.
- Mobile phone networks may be open to additional risks of eaves dropping or interception.
- Remember data sent via text message could be released via a subject access request.

15 TRANSFERS OF DATA USING PORTABLE DEVICES

The use of portable devices such as laptops, mobile phones, smartphones/tablets, USB memory sticks to transfer and store information for work purposes must be in line with other Healthshare's policies and authorised by the IT Team.

- Only portable devices that are approved by Healthshare and are encrypted to Military Grade standards (and where appropriate have up to date anti-virus software) can be used for work purposes to transfer data with and or store data.
- Personally owned portable devices such as laptops, smart phones, tablet devices must not contain work related information/information assets and must not be directly connected to the corporate network either by a direct network cable connection or Wi-Fi connection. However, such devices may be connected to the Healthshare's 'guest' Wi-Fi service but only if in accordance with the full suite of IT/Data Security/Information governance policies and procedures.
- Data on laptops must always be stored on the secure network folders. When off site, you can access this via VPN/remote access token. Never store data on the local drive of a laptop, this is insecure.
- In order to be issued with a portable device a member of staff must complete the required approval forms and have it authorised by their Line Manager.
- All security and encryption features on portable devices must be utilised such as username and password authentication. Where additional safeguards can be put in place they must be done so such as a minimum of a 8 digit PIN being allocated to a mobile phone.
- For any issues related to use of the portable device such as malfunction - staff members should contact IT Support.
- When staff leave Healthshare they must return any equipment provided to their line manager.

16 TRANSFERS OF DATA BY THE NHS SECURE ELECTRONIC FILE TRANSFER (SEFT) SERVICE

Secure Electronic File Transfer (SEFT) works by providing a secure wrapper around any file, regardless of its size, structure or data content. SEFT provides data security during transmission (by using a 256-bit AES encryption mechanism). The data are held securely and only people who are authorised to process the data are allowed access. SEFT can only be accessed by registered and approved users.

17 TRANSFER OF INFORMATION TO CLOUD STORAGE

'Cloud storage' is where you can upload documents, photos, videos and other files to a website to share with others or to act as a backup copy. These files can then be accessed from any location or any type of device (laptop, mobile phone, tablet etc.). Any changes made to these files are automatically copied across and immediately accessible from other devices you may have.

For work purposes, all data must be stored securely on network folders and these can be accessed remotely via VPN when off site. However, there may be occasions when you may need to use cloud storage. Always check with the IT Lead to see if this can be approved and also which cloud storage providers can be used as not all are approved for use in Healthshare. This is important as when data is stored in a cloud that this means they

are really just stored on servers controlled by the service provider. Some providers of cloud services may also use the cloud services of another organisation. Therefore, it is essential that the security and availability of the service is right for the types of files you want to upload.

18 TRANSFERS OF DATA VIA SOCIAL MEDIA PLATFORMS

Transfers of business confidential information/personal data to social media platforms is not permitted. Only approved information by Healthshare is published on social media platforms such as Twitter and Facebook. These platforms must not be used to transfer/store business information or to discuss any work-related issues.

19 TRANSFERS OF DATA VIA AUDIO RECORDINGS

The recording of audio is a useful tool to record an event, for example, to record minutes of a meeting or review in order for accurate minutes/reports to be produced from this. If any meetings are to be recorded then only approved Healthshare equipment must be used and those in attendance at the meeting must be informed. The recording must be deleted from the audio recording device as soon as practicable and the device must always be locked away when not in use.

20 TRANSFERS OF DATA VIA PHOTOGRAPHY AND VIDEO EQUIPMENT

Use of digital photography and video recording provide a permanent record of an event for a range of different purposes. Such devices rarely contain the ability to encrypt images stored on the device. As a result, there is a risk of unauthorised access if the device, or a removable memory card, is lost or stolen. Therefore, it is important that images/recordings from a camera/recording device are transferred to a secure location on the network and the remaining content deleted from the memory card/device as soon as is practical.

21 TRANSFERS OF DATA OVERSEAS

If there are any occasions when you need to transfer business sensitive/personal data overseas, always seek the advice from the IG Lead or DPO in the first instance. The security of the transfer and the recipient arrangements for security must be checked prior to any transfers being made.

22 IMAGE EXCHANGE PORTAL (IEP)

The Image Exchange Portal (IEP) is a web-based application that allows healthcare professionals to securely transfer patient images from one hospital to another. This is the only application to be used to transfer patient images to a Trust.

23 DISPOSAL/DELETION OF DATA

All users must ensure that, where equipment is being disposed of, all data on the equipment/device is securely destroyed; this can be arranged by contacting Healthshare's IT Support Desk.
Any paper documentation that is no longer required following transfer must either be filed away securely and/ or securely disposed of using the confidential waste bins/containers situated across the Healthshare offices/Clinics. Please ensure that you inform the Operation Team if the confidential waste bins/containers are full so these can be emptied as soon as possible. For further information regarding records management, please see Healthshare's Records Management and Life Cycle Policy.
When staff use portable devices to transfer/temporarily store data, for example, via USB devices, the data must be deleted as soon as no longer required.

24 MONITORING AND AUDIT

Monitoring/audit arrangements	Methodology	Reporting		
		Source	Committee	Frequency
Compliance with this policy	Internal audit	IG Lead	IT Steering Group	Annually
Access control processes to be monitored to detect non compliance	Risk	IG Lead	IT Steering Group	Annually
Information Transfer	BSI external audit report	IG Lead	IT Steering Group	Annually
Governance Assurance	Internal audit	SIRO/DPO	IT Steering Group	Quarterly
Governance Assurance	Internal audit	SIRO	Group Board	Biannual

25 EQUALITY IMPACT STATEMENT

During the development of this policy the Company has considered the needs of each protected characteristic as outlined in the Equality Act (2010) with the aim of minimising and if possible, remove any disproportionate impact on employees for each of the protected characteristics, age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation.

If staff become aware of any clinical exclusions that impact on the delivery of care an incident form would need to be completed and an appropriate action plan put in place

25.1 Equality Impact Assessment

The Company aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. The Equality Impact Assessment tool assesses the impact of this policy.

		Yes/No	Comments
1.	Does the document/project affect any group less or more favourably than another on the basis of:		
	• Disability	No	
	• Sex	No	
	• Race	No	
	• Age	No	
	• Gender Reassignment (including transgender)	No	
	• Sexual orientation	No	
	• Pregnancy & Maternity	No	
	• Other identified groups	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are there exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the document/project likely to be negative?	No	
5.	If so, can the impact be avoided?	NA	

6.	What alternative is there to achieving the document/project without impact?	NA	
4.	Can we reduce the impact by taking different action?	NA	

Completed by:

Name	**Position**	**Date Completed:**
Les De-Lara	**IG Lead**	**25/02/2022**

26 REFERENCES

REFERENCES	General Data Protection Regulation 2016 Data Protection Act 2018 The National Data Guardian Data Security Standards Confidentiality: NHS Code of Practice Common Law Duty of Confidence Human Rights Act 1998 Computer Misuse 1998 Electronic Communications Act 2000 ISO 27001 Audit
RELATED POLICIES	Information Governance Policy IT Network Security Policy Records Management and Life Cycle Policy Incident Reporting policy ISO 27001:2013