



**PROTOCOL FOR THE EXCHANGE OF INFORMATION
BETWEEN THE
REGULATION AND QUALITY IMPROVEMENT AUTHORITY
(RQIA)
AND THE
NORTHERN IRELAND SOCIAL CARE COUNCIL (NISCC)**

**Author: Theresa Nixon
Presented by: Theresa Nixon**

Aim and Purpose

The attached protocol for the exchange of information has been updated to reflect the proposed areas of collaboration, co-operation and exchange of information relating to each body's respective responsibilities for regulating the social care workforce and regulating social services.

This protocol defines the circumstances and processes through which the RQIA and NISCC will co-operate when carrying out their respective functions. Nothing in this protocol restricts the exercise by each body of their respective functions.

**OLIVE MACLEOD
Chief Executive**

August 2018

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PROTOCOL FOR THE EXCHANGE OF INFORMATION BETWEEN THE NORTHERN IRELAND SOCIAL CARE COUNCIL (NISCC) AND THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

1. Introduction

The objective of this Protocol is to establish the framework that the Northern Ireland Social Care Council (NISCC) and the Regulation and Quality Improvement Authority (RQIA) have agreed for cooperation and the exchange of information relating to each body's respective responsibilities for regulating the social care workforce and regulating social services.

This Protocol does not affect existing statutory functions or supersede any policies or agreements relating to the activities of NISCC and RQIA. It does not imply any transfer of responsibility from one Agency to another, nor does it imply any sharing of statutory responsibilities.

Nothing in this protocol restricts the exercise of each body's respective statutory responsibilities.

This Protocol is not enforceable by law. However, NISCC and RQIA agree to adhere to its principles and to show due regard for each other's activities.

2. Principles of cooperation

RQIA and the NISCC are committed to an inspection and regulation system for social care in Northern Ireland which is transparent, accountable, proportionate, consistent and targeted.

RQIA and the NISCC intend their working relationship will be characterised by the following principles:

- The need to make decisions which promote people's safety and a high quality of social care.
- Respect for each organisations independent status.
- The need to maintain public and professional confidence in the two organisations and the regulatory process.
- Openness and transparency between the two organisations as to when cooperation is and is not considered necessary or appropriate.
- The need to use resources effectively and efficiently

3. Areas of Cooperation

The working relationship between RQIA and the NISCC involves cooperation in the following areas:

- Cross referral of emerging urgent concerns
- Routine sharing of fitness to practise information
- Sharing of feedback about particular social care services
- Risk summits
- Media and publications
- Joint working projects

4. Routine information sharing

- a. The working relationship between RQIA and NISCC shall be characterised by regular on-going contact and exchange of information, and liaison on issues requiring cooperation and joint action.
- b. Annual meetings will be held between the Chief Executive of the two organisations. Each organisation will ensure their staffs are aware of the content of this protocol and the responsibilities it places on individual members of staff. Responsibility for ensuring that each organisation understands the other's respective regulatory responsibilities rests with the Chief Executive of the two organisations.

- c. The Director of Regulation and Standards at NISCC, and the Director of Assurance at RQIA, will meet six monthly.
- d. NISCC will ensure the decisions of Fitness to Practise hearings are notified to the RQIA.
- e. RQIA will notify NISCC of any enforcement action which could have direct implications for individuals on the Social Care/Social Work Register.

5. Cross-referral of concerns

Where RQIA and the NISCC encounter concerns which they believe may fall into the remit of the other body, they will convey concerns and supporting information at the earliest opportunity. **The referring organisation will not wait until its own review or investigation has concluded**, and will do so in the interests of safety and protection and to uphold the principles of cooperation agreed between the two bodies.

In particular:

- NISCC will be advised of any RQIA Review Reports or reports of Clinical and Social Care Governance Reviews that have relevance to the work of NISCC. These can be accessed via the RQIA website.
- There shall be coordination of training programmes for appropriate staff, particularly those involved in registration and fitness to practise within NISCC, and regulatory functions within RQIA.
- Each organisation will notify the other of any concerns they receive about persons or services that fall within their respective responsibilities. This includes anonymous or unsubstantiated reports, for example; if NISCC receive information about a service that appears to be operating illegally, or as an unregistered setting. This will also apply if RQIA becomes aware of employees who continue to practise following the elapse of their registration.

6. Exchange of Information

a. **NISCC's Responsibilities in sharing information**

The Director for Regulation and Standards decides on a case by case basis to disclose to RQIA any information which it considers being necessary for the protection of the public and/or is in the public interest to disclose. Where it is deemed that disclosure should be made, the relevant information should be passed to the Chief Executive of RQIA. Examples of this include:

- Information NISCC receives which casts doubt upon the suitability of an individual providing services or working in registered settings, including a referral to the Disclosure and Barring Service.

- Information NISCC receives about a Registered Provider which casts doubt upon their practices and/or their effectiveness in implementing NISCC's Standards for Employers.
- Information discovered in the course of a fitness to practise investigation, or collected in connection with an application for registration which casts doubt upon the suitability of individuals to work in a regulated setting or agency or on the practices of Registered Persons

b. RQIA's responsibilities in sharing information

The Director of Assurance of RQIA decides on a case by case basis to disclose to NISCC any information which it considers to be necessary for the protection of the public or rests in the public interest to disclose. Where it is determined that disclosure should be made, the relevant information should be passed to the Chief Executive of NISCC. Examples of this include:

- Information received by RQIA which casts doubt upon the suitability of a Registered Person to also be registered with NISCC, including a Notice that proposes the cancellation of a person's registration or a referral to the Disclosure and Barring Service.
- Information RQIA receives about a Registered Person which casts doubt upon their practices and/or their effectiveness in implementing NISCC's Standards for Employers.
- Information RQIA receives in the course of an inspection or investigation, or collected in connection with an application for registration, which casts doubt upon the suitability of a Registered Person to be registered with NISCC.

RQIA will expect the Registered Person(s) / Responsible Individual(s) to refer any issues that raise concerns about the fitness to practise of Social Workers or Social or Social Care Workers to NISCC.

Where RQIA has considered that the Registered Person(s) / Responsible Individual(s) is obliged to report an issue to NISCC and they have failed to do so, RQIA will advise NISCC accordingly. RQIA may do this in addition to considering taking regulatory action under the Health and Personal Social Services (Quality, improvement and Regulation) Order (NI) 2003.

c. Examples of how the two organisations will communicate in order to promote consistency of advice on matters for external consideration will include:

- Both organisations consulting each other in relation to reports or guidance issued by on body that refers to the functions and responsibilities of the other

- Involving each other, as appropriate, in conferences and other public discussions about their respective roles and other matters of mutual interest
- Assisting each other to disseminate information about good practice in social care
- Involving each other as appropriate in working groups, meetings and discussions with other relevant organisations in relation to education, training and standards for social care service delivery.

d. It is possible that an investigation by NISCC into an individual's practice could coincide with an inspection of a registered establishment or agency by RQIA. It is also possible in some circumstances that other statutory agencies are involved. If this is the case, the following protocol will be followed:

- RQIA and NISCC will ensure proper liaison between each other
- The relevant Director(s) of RQIA, along with the Director of Regulation and Standards of NISCC may participate in a bilateral discussion or meeting to consider the roles that other investigating bodies may play
- Both parties shall coordinate their activities so that, wherever possible, they are complimentary, and keeping one another informed of outcomes.
- Care shall be taken at all times not to contaminate a trail of evidence which is the subject of the other party's enquiries.

RQIA and NISCC will clarify the respective roles and responsibilities for such inspections/investigations. Those conducting the inspection/investigation will work closely and effectively together, keeping their respective processes separate.

e. Normally the NISCC and RQIA will not disclose the content of Medical Reports or Criminal Record Certificates in order to confirm suitability for registration, save with the consent of the individual concerned. However, where disclosure of such information is necessary for the protection of the public or for the performance of a task carried out in the public interest, consent will not be the overriding factor and paragraphs 6.1 & 6.2 will instead apply. The processing of information on these basis is consistent with articles 6(1d - 'Vital interests') and 6 (1e – 'public task) of GDPR.

7. Media Publications and Governmental Committee Interactions

Each organisation will liaise with the other to determine how any media interest relating to a mutual concern is handled. This also applies following interactions with Government Committees.

- RQIA and NISCC will seek to give each other adequate warning (at least 24 hours where possible) and sufficient information about any planned press releases and announcements to the public that may be of relevance to the other organisation.
- RQIA and NISCC will, when appropriate, share with each other details of relevant evidence to committees or interactions with the Northern Ireland Government or Parliament
- RQIA and NISCC will respect the confidentiality of any documents shared in advance of publication and any associated embargo.

8. Data Protection and Human Rights

The cooperation methods outlined above will require the exchange of information and data. All arrangements for collaboration and exchange of information set out in this Protocol and any supplementary agreements will take account of and comply with; the Data Protection Act (2018), the Freedom of Information Act (2000) and any applicable codes of practice or policies relating to confidential personal information held by RQIA or NISCC.

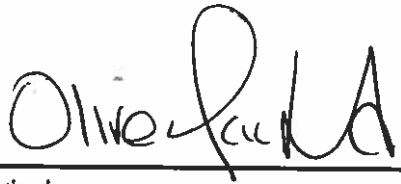
Both organisations are content that the arrangements set out in this Protocol are compliant with the Data Protection Act and Freedom of Information Act, and acknowledge that both bodies are obliged to act in a way which is compatible to the Human Rights Act (1998).

9. Reconciliation of Disagreement

Both organisations will seek to resolve any disagreements amicably at a working level between the relevant officials. If this is not possible, it may be referred upwards through those responsible for operating this information sharing Protocol, up to and including the Chief Executive of the respective organisation who will be responsible for ensuring a mutually satisfactory resolution.

10. Review

This Protocol may be reviewed annually and revised as necessary.

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Olive Macleod
Chief Executive RQIA

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Colum Conway
Chief Executive NISCC

ANNEX A

Responsibilities and Functions

RQIA and NISCC acknowledge the responsibilities and functions of the other and will take account of these when working together.

Northern Ireland Social Care Council

NISCC is a non-departmental public body, established under the Health and Personal Social Services Act (NI 2001).

The aim of NISCC is to protect the public through improving safeguards, raising the standards of social care, and strengthening the professionalism of the workforce.

NISCC's key responsibilities include:

- Registering all social workers and social care workers
- Setting standards of conduct and practice for social care workers and their employers through Standards of Conduct and Practice
- Setting standards of training, including post registration training and learning
- Dealing with complaints against social workers and social care workers
- Regulating social work education at qualifying and post qualifying level.

NISCC has a statutory responsibility to maintain a register of social workers and social care workers. In order to be registered, social workers and social care workers must meet a number of requirements for entry onto the register; including requirements relating to good character, health and training. Once registered, social workers and social care workers must abide by the standards set in NISCC's Standards of Conduct and Practice for Social Workers and Social Care Workers, and continue to meet the requirements for registration. NISCC is also required to publish standards for employers of social workers and social care workers.

NISCC has a statutory responsibility to investigate complaints about registrants, received from any source. NISCC has published Fitness to Practise rules which set out its regulatory procedures. It has the power to issue a warning to a registrant, place conditions on a registrant, and suspend or remove a registrant from the register.

Regulation and Quality Improvement Authority

RQIA is an independent body established by the Department of Health and Social Services and Public Safety in April 2005, under the Health and Personal Social Services (Quality, Improvement and Regulation) Order (2003 NI).

- Under the provision of The Order (2003) the RQIA is required to keep the department informed about the provision, availability and quality of services; and also encourage improvement in the delivery of services.
- RQIA has powers to conduct reviews and carry out investigations/inspections into the management, provision, quality of or access to and availability of HSC services; including clinical and social care governance arrangements.
- Any person who carries on or manages an establishment or agency must make an application to RQIA to register. Once granted, RQIA issues a certificate of registration to the applicant. RQIA maintains a register of all approved establishments and Agencies.
- Under the Mental Health Order (1986 NI) RQIA undertakes a range of responsibilities for people with a mental illness and those with a learning disability.
- RQIA is designated as a National Preventative Mechanism (NPM) under the Optional Protocol to the Convention against Torture and other Cruel, Inhumane or Degrading Treatment or Punishment (OPCAT); an international human rights treaty designed to strengthen protection for people deprived of their liberty. OPCAT requires NPMs to carry out visits to places of detention to monitor the treatment of and conditions for detainees and to make recommendations regarding the prevention of ill-treatment.

RQIA and NISCC are prescribed bodies under the provision of the Public Interest Disclosure (NI) Order (1998)* to which workers who are concerned about wrongdoing or failures in the workplace can make a protected disclosure.

*amended January 2011.

ANNEX B

Lead Contacts

Regulation and Quality Improvement Authority 9 th Floor, Riverside Tower 5 Lanyon Place Belfast BT1 3BT Tel: 028 9051 7500	Northern Ireland Social Care Council Millennium House 19-25 Great Victoria St Belfast BT2 7AQ Tel: 028 9536 2600
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Chief Executives

RQIA Olive MacLeod Email: olive.macleod@rqia.org.uk	NISCC Colum Conway Email:
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Operational Contacts

RQIA Theresa Nixon: Director of Assurance Email: theresa.nixon@rqia.org.uk	NISCC Patricia Higgins: Director of Regulation and Standards Email: patricia.higgins@niscc.hscni.net
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ANNEX C

Data Access Agreement



DATA ACCESS AGREEMENT Version 3.0 – February 2018

This Data Access Agreement (DAA) template should be completed where personal identifiable data is shared for a secondary purpose (e.g. not for direct care or for a reason other than the initial purpose for which the data was collected). 'Identifiable' means data which could lead to any individual being identified and includes pseudonymised data. (See Section A)

It is important that you consider what type of data meets your requirements and that you complete section A before proceeding with this DAA.

Introduction

All Health and Social Care organisations (HSC) must ensure that when sharing HSC data for non-direct care (secondary purposes), assurances are provided by the requesting organisations that they comply with data protection (DP) legislation and that staff are aware of the relevant DP policies and procedures in place.

Researchers undertaking studies and who require access to patient identifiable information and / or anonymous HSC data should follow the research protocol (Research Governance Framework for Health and Social Care in Northern Ireland).

Please be aware that it may be more appropriate to make use of the Honest Broker Service (HBS) rather than completing a Data Access Agreement. The HBS will enable the provision of anonymised, aggregated and in some cases pseudonymised health and social care data to the Department of Health (DoH), HSC organisations and in the case of anonymised data for approved Health and Social care related research.

Arrangement for access to personal data may already be covered by a contract (e.g. a contract for supplier support on an information system) therefore organisations need to be clear that any proposed data sharing is either covered adequately by that contract or make sure that a Data Access Agreement is completed.

The following Data Access Agreement must be completed and signed by any organisation wishing to access HSC identifiable data not already covered by a contract

or research application. It must be considered for approval and signed by the owner organisation's Personal Data Guardian or Senior Information Risk Owner (SIRO).

In the event of a breach of this agreement which results in a financial penalty, claim or proceedings, the parties agree to co-operate to identify and apportion responsibility for the breach and the defaulting party will accept responsibility for any such claim.

Please refer to Appendix 2, 'Principles Governing Information Sharing' for guidance.

The form is divided into Sections (A-I) as detailed below:

- Section A:** Classification of data required
- Section B:** Title of Agreement and Details of Requesting / Commissioning Organisation(s)
- Section C:** Details of Identifiable Data Items required and rationale
- Section D:** Consent issues
- Section E:** Data Protection
- Section F:** Measures to prevent disclosure of Personal Identifiable Information
- Section G:** Data Retention
- Section H:** Declaration: Requesting Organisation
- Section I:** Declaration: Owner Organisation

Appendix 1: Data Destruction Notification

Appendix 2: Principles Governing Information Sharing

Appendix 3: Definitions

Appendix 4: Contact Details

Please ensure that the completed / signed form is returned to the relevant contact in each organisation (**see attached Appendix 4 for contact details**)

*******IMPORTANT*******

PLEASE REVIEW AND COMPLETE SECTION A BEFORE PROCEEDING

(A) Classification of data required		
Identifiable data	The data to be shared with our organisation will contain Client Identifiable Details i.e. any of the following: Name, Address, Full Postcode, Date of Birth, HSC Number; Case-note Number; or other unique identifier that would link the data to identifiable details	Yes <input type="checkbox"/> Please complete ALL sections of this DAA
Pseudonymous data	The data to be shared with our organisation contain no personal identifiers (as described above); however a unique code or key will be included that allows the possibility of linking this in future to a specific data subject. The pseudonymisation process will be completed at source by the HSC organisation who alone will securely retain the key to re-identify the data.	Yes <input type="checkbox"/> Please complete sections B, C, G and H of this DAA
Anonymous data	The data to be shared with our organisation will contain NO identifiable data items (as described above). At no stage will any party be able to link the data to an identified or identifiable natural person.	Yes <input type="checkbox"/> A DAA is not required

(B) Title of Agreement / Organisations to which the data will be shared

Title of Agreement	DAA between NISCC and RQIA 2018-21
Date of Request	07.08.18

An update of an earlier extract New application

Date Access to Begin: 07.08.18

Date Access Ends: 07.08.21

Review date if on-going agreement: 07.08.21

Details of Requesting Organisation	
Name of Requesting Organisation: Please note that the Data Access Agreement will be immediately returned unless the requesting organisation has signed section H.	
Northern Ireland Social Care Council	
Name of Authorised Officer Requesting Access to Trust Data (please print)	
Position/Status	
Address	
Postcode	
Sector of the requesting organisation e.g. Voluntary, Public, Private etc	
Telephone Number	
Email Address	
Name and Telephone Number of Organisation's Personal Data Guardian/Caldicott Guardian	

If you require the data to carry out work on behalf of another organisation, please complete the additional Table below. If not, please go straight to section (C).

Commissioning Organisation (if relevant)	
Name of Commissioning Organisation	N/A
Contact Name	
Title	
Contact Number	
Email Address	

(C) Details of Identifiable Data Items required and rationale	
Please provide a list of the <u>identifiable</u> data being requested (see section A for examples)	Please indicate the reasons for requiring each of these data items
<p>1 Information RQIA receives which casts doubt upon the suitability of a registered person to also be registered with NISCC</p> <p>2 Information that may have a bearing on a Registered Person's registration status with NISCC, including a referral to the Independent Safeguarding Authority</p> <p>3 Information RQIA receives about a Registered Person which casts doubt upon their practices and/or their effectiveness in implementing NISCC's Code of Practice for Employers</p> <p>4 Information discovered in the course of an inspection or investigation, or collected in connection with an application for registration which casts doubt upon the suitability of a Registered Person to be registered with NISCC</p>	<p>1 To ensure profession accreditation</p> <p>2 To ensure profession accreditation and protection of vulnerable adults and children</p> <p>3 To ensure profession accreditation, protection of vulnerable adults and children, compliance with regulations and code of practice</p> <p>4 To ensure profession accreditation and compliance with regulations</p> <p style="text-align: center;">Continue on separate sheet if necessary</p>

Continue on separate sheet if necessary	
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Processing of information

Please state in as much detail as possible the purpose for which the data is required and how you propose to process the data once received. Please include details of any record linking or matching to other data sources.

(please continue on a separate sheet if necessary or attach any relevant documentation)

Relevant information will be shared by encrypted email over a secure HSC network.

System(s) from which data is to be extracted (if known) for Example PAS, SOS CARE, PARIS etc. Please also include sites or geographical locations (if known)

RQIA Register and NISCC Register

Frequency of transfers <i>(Please Tick)</i>	Once <input type="checkbox"/>
	Other <input checked="" type="checkbox"/> (Please specify) On a case by case basis

(D) Consent Issues

If you are requesting personal identifiable/sensitive data for secondary purposes, there is an expectation that you will have explicit written consent from the service user(s) to access their information. Consent means offering individuals genuine choice and control. This will require a very clear and specific statement of consent, which should be in writing and held on the service users file. It should be clear to the individual what they are consenting to and who will have access to their information. It should be easy for individuals to withdraw consent and they should be made aware that they can do this at any time.

Do you have the individuals' consent?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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If yes, please provide a copy of the Consent Form	Consent Form attached - Yes <input type="checkbox"/> <i>(if Yes, proceed to section E)</i>
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If no, why have you not been able to obtain	IN these cases the need for both NISCC
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consent?	and RQIA to conduct their statutory functions outweighs the need to obtain consent.
If no consent, what other lawful basis are you relying on to obtain the data? <i>(please consult DP legislation or discuss with your Data Protection Officer / department)</i>	Underpinning legislation of both regulatory boadies.
In the absence of consent or any other lawful basis, it will only be appropriate to share anonymous data or pseudonymous data (data pseudonymised at source). Please indicate which is required.	I require anonymous data only <input type="checkbox"/> <i>(no DAA required)</i> I require pseudonymous data <input type="checkbox"/> <i>(proceed to complete the declaration at section H)</i>

(E) Data Protection (of Requesting Organisation)	
Do you have a confidentiality / privacy policy which complies with Data Protection legislation?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are confidentiality clauses included within contracts of all staff with access to the person identifiable information?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are all staff trained and aware of their responsibilities under Data Protection legislation and adhere to the Data Protection Principles?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Provide details /copy of your ICT security policy	
You must be registered with the Information Commissioner's Office (ICO) to process personal data. Please provide your ICO registration number	RQIA's ICO registration Z158869X NISCC ICO registration Z1715830
Have you conducted a Privacy Impact Assessment?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes please include a copy with this form.

(F) Measures to Prevent Disclosure of Person Identifiable Information (of Requesting Organisation)	
Is the data to be viewed only (v); or Viewed and updated (U); or Transferred and Viewed	Please specify: <u> T </u>

(T)?	
How will the information provided be securely transferred to your organisation?	By encrypted and password protected email attachments over the secure HSC network.
Describe the physical security arrangements for the location where person identifiable data is to be: - processed; and - stored (if different to above).	As above
Will this data be accessed or transferred by you to another organisation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If Yes, please give details including in what country it will be stored)
If applicable, how will you secure information provided being transferred by you to another organisation?	N/A
Is a separate agreement in place to ensure the security of the data held by the 3 rd party?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

System Information

Provide details of access and/or firewall controls implemented on the system, and measures to encrypt which are in place.	Both organisations are part of the Secure HSC Network
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(G) Data Retention (of requesting Organisation)

Please state the date by which you will be finished using the data. If this is not applicable you need to explain why?	On a case by case basis
If the data retention period is greater than two years, please indicate the reasons for this. (The maximum data retention period is 2 years, after this time a review of this agreement is required)	Both organisations adhere to the DoH Good Management Good Records Minimum Retention Periods

Describe the method of data destruction you will employ when you have completed your work using person identifiable data	Third party confidential shredding of paper and electronic deletion.
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When appropriate, please ensure that the Data Destruction Notification (Appendix 1) is completed within the specified retention period and returned to the appropriate contact person (see Appendix 4).

(H) Declaration: Requesting Organisation

Data Protection Undertaking on Behalf of the Organisation Wishing to Access the Data

My organisation requires access to the data specified and will conform to Data Protection legislation; the Information Commissioner's Data Sharing Code of Practice; and the guidelines issued by the Department of Health in January 2012 in *"The Code of Practice on Protecting the Confidentiality of Service User Information"*.

I confirm that the information requested, and any information extracted from it,

- Is relevant to and not excessive for the stated purpose
- Will be used only for the stated purpose
- Will be stored securely
- Will be held no longer than is necessary for the stated purpose
- Will be disposed of fully and in such a way that it is not possible to reconstitute it
- That all measures will be taken to ensure personal identifiable data will not be disclosed to third parties
- Where appropriate, the Health and Social Care organisation will be informed of the identifiable data being deleted / destroyed (see Appendix 1)
- In the case of pseudonymised data, the process of de-identifying data will be completed at source. The key to re-identification will be held only by the Trust and at no stage will the data we receive be attributed to an identified or identifiable natural person

I (*name:printed*) _____ Bendan Johnston _____, as the Authorised Officer of (*Organisation*) _NISCC_____, declare that I have read and understand my obligations and adhere to the conditions contained in this Data Access Agreement.

Signed: _____
(Personal Data Guardian)

Signed: _____
(IAO/SIRO)

Date: _____

(I) Declaration – Owner Organisation (XXXXXX HSC Trust)

DATA ACCESS AGREEMENT

I CONFIRM THAT:

1. The

_____ consents to the disclosure of the data specified, to the organisation identified in Section B of this form.

The disclosure of the data conforms to the guidelines issued by the Department of Health Code of Practice on Protecting Confidentiality of Service User Information, January 2012; and the Information Commissioner's Data Sharing Code of Practice.

Signed: _____ *(Trust internal use)*
(Information Governance and / or ICT Security)

Signed: _____
(Personal Data Guardian) OR (Senior Information Risk Owner SIRO)

Date: _____

Please note that this organisation has the right to inspect the premises and processes of the requesting organisation to ensure that they meet the requirements set out in the agreement.

Any loss, theft or corruption of the shared data by the requesting organisation must be immediately reported to the Personal Data Guardian of the owning organisation. Please also note that any serious breaches, data loss, theft or corruption should also be reported to the ICO by the Data Controller.

Appendix 1

Data Destruction Notification

(to be completed on all occasions when data is transferred external to HSC NI)

Authorised users of the person identifiable data have, under the terms and conditions of the Data Access Agreement, a requirement to destroy the data on or before the retention date stated in Section (H).

This form should be completed on destruction of the data and returned to the Personal Data Guardian.

This form should be completed on destruction of the data, and returned to the relevant Trust contact (see Appendix 4):-

Data Destruction Notification	
Name of Organisation	
Name of Authorised Officer (please print)	
Position/Status	
Address	
Telephone Number	
Mobile Number (Optional)	
Fax Number	
Email Address	
Title of Agreement	
Date Declaration Signed	
Date Data Received	
Date Data Destroyed	

Signature	
Date	

Appendix 2 - Principles Governing Information Sharing¹

Code of Practice 8 Good Practice Principles ²	DPA 1998 Principles ⁴	GDPR Principles ⁴	Caldicott Principles ³
<ol style="list-style-type: none"> 1. All organisations seeking to use confidential service user information should provide information to service users describing the information they want to use, why they need it and the choices the users may have. 2. Where an organisation has a direct relationship with a service user then it should be aiming to implement procedures for obtaining the express consent of the service user. 3. Where consent is being sought this should be by health and social care staff who have a direct relationship with the individual service user. 4. 'Third Party' organisations seeking information other than for direct care should be seeking anonymised or pseudonymised data. 5. Any proposed use must be of clear general good or of benefit to service users. 6. Organisations should not collect secondary data on service users who opt out by specifically refusing consent. 7. Service users and/or service user organisations should be involved in the development of any project involving the use of confidential information and the associated policies. 8. To assist the process of pseudonymisation, 	<ol style="list-style-type: none"> 1. Data should be processed fairly and lawfully. 2. Data should be processed for limited, specified and lawful purposes and not further processed in any manner incompatible with those purposes. 3. Processing should be adequate, relevant and not excessive. 4. Data must be accurate and kept up to date. 5. Data must not be kept longer than necessary. 6. Data must be processed in line with the data subject's rights (including confidentiality rights and rights under article 8 of the Human Rights Act). 7. Data must be kept secure and protected against unauthorised access. 8. Data should not be transferred to other countries without 	<ol style="list-style-type: none"> 1. processed lawfully, fairly and in a transparent manner 2. Purpose limitation - collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes 3. Data minimisation - adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed 4. Data Quality - accurate and, where necessary, kept up to date 5. Storage Limitation - kept for no longer than is necessary. 6. Integrity and Confidentiality - processed in a manner that ensures appropriate security of the personal data <p>Principles relating to individuals' rights and overseas transfers of personal data are specifically addressed in separate GDPR articles.</p>	<ol style="list-style-type: none"> 1. Justify the purpose(s) for using confidential information. 2. Only use it when absolutely necessary. 3. Use the minimum that is required. 4. Access should be on a strict need-to-know basis. 5. Everyone must understand his or her responsibilities. 6. Understand and comply with the law. 7. The duty to share information can be as important as the duty to protect patient confidentiality

¹ These principles must be followed by health and social care organisations when considering use and disclosure of service user information.

² Code of Practice, paragraph 3.17.

³ PDG Principles are adopted from the Caldicott Principles (revised September 2013) established in England and Wales.

⁴ GDPR Principles apply from 25th May 2018 replacing the Data Protection Act 1998 (DPA)

the Health and Care Number should be used wherever possible.	adequate protection.		
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Appendix 3- Definitions

Personal Data

'Personal data' means any information relating to an identified or identifiable natural person ('data subject'); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person;

Consent

'Consent' of the data subject means any freely given, specific, informed and unambiguous indication of the data subject's wishes by which he or she, by a statement or by a clear affirmative action, signifies agreement to the processing of personal data relating to him or her;

Processing

'Processing' 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;

Pseudonymisation

'Pseudonymisation' means the processing of personal data in such a manner that the personal data can no longer be attributed to a specific data subject without the use of additional information, provided that such additional information is kept separately and is subject to technical and organisational measures to ensure that the personal data are not attributed to an identified or identifiable natural person;

Data Controller

'Controller' means the natural or legal person, public authority, agency or other body which, alone or jointly with others, determines the purposes and means of the processing of personal data; where the purposes and means of such processing are determined by Union or Member State law, the controller or the specific criteria for its nomination may be provided for by Union or Member State law;

Data Processor

'Processor' means a natural or legal person, public authority, agency or other body which processes personal data on behalf of the controller;

Third party

'Third party' means a natural or legal person, public authority, agency or body other than the data subject, controller, processor and persons who, under the direct authority of the controller or processor, are authorised to process personal data;

[Type text]



Appendix 4 - Contact details

NISCC - info@niscc.hscni.net

RQIA - info@rqia.org.uk