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Information (Data) Sharing Agreements Policy

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Document Information

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Author:	Information Governance Officer		
Director Responsible	Director of Corporate Governance & Trust Secretary		
Approval Route			
Approved By:		Date Approved:	
Information Governance Operational Group			
Information Governance Steering Group		February 2025	
Information Governance Steering Group		February 2024	
Information Governance Steering Group		February 2023	
Links or overlaps with other policies:			
<p>We are committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.</p> <p>We are committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy.</p>			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
0.1	Draft	Sept 2020	New policy	Information Governance Steering Group
2	Final	July 2021	No change	Information Governance Steering Group
2.1	Final	Nov 2021	Removal of duplication	Information Governance Steering Group
2.2	Final	Feb 2023	No change	Information Governance Steering Group
3	Final	Feb 2024	Minor updates	Information Governance Steering Group
4	Final	Jan 2025	No change	Information Governance Steering Group
5	Final (this version)	Feb 2026	Update to assurance routes to reflect new Trust structures	Information Governance Operational Group

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1. Introduction

- 1.1 Sharing information between partner organisations is vital to the provision of coordinated and seamless services. In addition, the sharing of information can help to meet the requirements of statutory and local initiatives.
- 1.2 The purpose of an Information Sharing Agreement is to document the aspects of the information sharing which in the future may be subject to challenge or misinterpretation. The information should be entered in sufficient detail to provide a clear record of the agreement for future reference.

2. Managing Information Sharing Agreements

- 2.1 To ensure that information sharing agreements remain relevant, it must be reviewed them at regular intervals and when changes occur. Enter the date or agreed period after which the protocol will be reviewed by the participating signatories or designated officer. A new information sharing protocol should be drawn up when changes are necessary.
- 2.2 All Data Sharing Agreements must be held in a central library by the IG team tsdft.igteam@nhs.net and must be reviewed by the service/team responsible for the DSA on an annual basis.
- 2.3 Details of sharing agreements between parties should be made publicly available on the Trust's website.

3. Revocation of an agreement

- 3.1 Agreements can be revoked at any time in writing to the signatories of the agreement.
- 3.2 Once revoked, no further information should be shared without explicit consent and / or reinstatement of sharing arrangements.

4. Distribution

- 4.1 This policy document will be made available to staff via ICON, the Trust Website and signposted in the Staff Bulletin.
- 4.2 Awareness will be raised through Equality Impact Assessment training, all ratifying committees/groups, policies and procedures training and ICON.

5. Key Contacts

Contact	Email	Phone
Data Protection Officer	Tsdft.dpo@nhs.net	07393 799539
Information Governance Team	tsdft.igteam@nhs.net	01803 654868
Data Access & Disclosure Office	tsdft.dataprotection@nhs.net	01803 654868
Senior Information Risk Officer	tsdft.siro@nhs.net	
Caldicott Guardian	tsdft.caldicottguardian@nhs.net	
Freedom of Information Team	tsdft.foirequests@nhs.net	

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6. Appendices

Appendix 1: Rapid Equality Impact Assessment

Appendix 1

Rapid Equality Impact Assessment (for use when writing policies and procedures)

Policy Title (and number)	Information (Data) Sharing Agreements Policy		Version and Date	5	
Policy Author	Information Governance Officer				
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are the services outlined in the policy/procedure fully accessible ⁶ ?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Does the policy/procedure encourage individualised and person-centered care?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If 'Yes', how will you mitigate this risk to ensure fair and equal access?					
EXTERNAL FACTORS					
Is the policy/procedure a result of national legislation which cannot be modified in any way?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
To facilitate a standardized approach to policy documents across the Trust					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
ACTION PLAN: Please list all actions identified to address any impacts					
Action	Person responsible		Completion date		
AUTHORISATION: By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
AUTHORISATION: By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form	Information Governance Officer	Signature			
Validated by (line manager)	Data Protection Officer	Signature			

Any issues Please contact Diversity & Inclusion Lead

For Torbay and South Devon NHS Trusts, please email tsdft.diversityandinclusion@nhs.net

¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
² Travellers may not be registered with a GP - consider how they may access/ be aware of services available to them
³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated
⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives
⁶ Consider both physical access to services and how information/ communication is available in an accessible format

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⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy