

Corporate	CCG CO21 Electronic Signature
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Version Number	Date Issued	Review Date
V1.1	January 2022	01 June 2022 (or in line with Integrated Care Board establishment)

Prepared By:	Governance & Assurance Manager, North of England Commissioning Support
Consultation Process:	Head of Corporate Affairs Executive Committee
Formally Approved:	January 2022
Approved By:	Executive Committee
Policy Adopted From:	CO26: Electronic Signature (1)

Equality Impact Assessment

Date	Issues
May 2018	See Section 21

POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3 year period.

Accessible Information Standards

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact cdccg.enquiries@nhs.net

Version Control

Version	Release Date	Author	Update comments
V1	April 2020	Governance & Assurance Manager, North of England Commissioning Support	New policy template.
V1.2	January 2022	Governance & Assurance Manager, North of England Commissioning Support	Policy extended in light of ICB establishment

Approval

Role	Name	Date
Approval	Combined Management Group	March 2020
Approval	Executive Committee	11 January 2022

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1. Introduction

NHS County Durham Clinical Commissioning Group (CCG) aspires to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients their carers, public, staff, stakeholders and the use of public resources. In order to provide clear and consistent guidance, the CCG will develop documents to fulfil all statutory, organisational and best practice requirements and support the principles of equal opportunity for all.

This document sets out the principles of the Electronic Signature Policy for County Durham CCG.

The CCG has a duty to meet local and national requirements in relation to the security and integrity of information. As the CCG requires electronic signatures which can be used in place of written signatures in order to increase the efficiency of its business processes, it is important that they fulfil the same functions as written signatures and provide the appropriate levels of authentication, integrity and non-repudiation to a document.

This policy sets out the functional requirements for electronic signatures and defines acceptable uses of electronic signatures for signing documents, electronically as an equivalent to a hand written signature.

1.1. Status

This policy is an Information Governance policy.

1.2. Background, Purpose and scope

1.2.1 Background

Manual signatures can be captured by various types of equipment including scanners, photocopiers and fax machines. Once acquired, signatures can be transmitted electronically and copied between files, as well as being printed on paper documents.

An electronic document, such as an email, Word file or fax, containing a digitised signature is nowadays considered to be no different from a paper one which has been signed manually.

It is therefore important that individuals use images of their own signatures with care and that there are controls over the use of other people's digitised signatures. From a legal perspective there is normally no need to include an image of a signature in a document; the (typed) text at the end of an email acts as a signature if it meets the requirements above. However electronic signatures should not be used in transactions where there is a legal requirement for a written signature.

1.2.2 Purpose

To provide guidance to CCG staff on the use of electronic signatures and to ensure that neither the CCG nor any individual:

- is misrepresented;
- suffers loss of reputation;
- is exposed to any liability or other adverse consequence

through the unauthorised use of electronic signatures. Following the requirements of this policy is essential and any breach may lead to disciplinary action being taken or legal proceedings, for example where a signature has been used fraudulently.

1.2.3 Scope

This policy applies to those members of staff that are employed, either permanently or temporarily, by the CCG and for whom the CCG has legal responsibility.

This policy sets out when electronic signatures will be acceptable for internal processes and the necessary supporting conditions. Electronic signatures may be used to make agreements with third parties where this is acceptable to the third party and appropriate.

2. Definitions

The following terms are used in this document:

2.1 Electronic Signature

The Electronic Communications Act 2000 and Electronic Signatures Regulations 2002 defines it as:

anything in electronic form which is:

- (a) Incorporated into or otherwise logically associated with any electronic communication or electronic data; and
- (b) Purports to be so incorporated or associated for the purpose of being used in establishing the authenticity of a communication or data, the integrity of the communication or data, or both.

It also states, "Electronic signature" means "data in electronic form which are attached to or logically associated with other electronic data and which serve as a method of authentication". This may include a scanned image of a handwritten signature, a typewritten signature in an email or a ticked box on an electronic form.

For the CCG this means that an email address, any email sent with a typewritten signature or automatic email signature, any scanned image of a handwritten signature or a ticked box on an electronic form will be classed as an electronic signature.

Digital signatures, which use cryptographic techniques and protect an entire document by detecting any change at all after "signature", are not covered by this policy.

The following are all examples of an electronic signature

- Typed name
- E-mail address
- Scanned image of a signature
- Automatic e-mail signature

2.2 Non repudiation

In reference to digital security, non-repudiation means to ensure that a transferred message has been sent and received by the parties claiming to have sent and received the message. Non repudiation is a way to guarantee that the sender of a message cannot later deny having sent the message and that the recipient cannot deny having received the message.

3. The function of a signature

A signature is only as good as the business process and technology used to create it¹. Any electronic signatures used therefore must meet the functional requirements needed from a signature in the business process. Staff implementing electronic signatures must ensure that the appropriate form of electronic signature is used to meet the requirements. The functional requirements of a signature include:

- confirming originality and authenticity of a document;
- demonstrating a document has not been altered;
- indicating a signer's understanding and/or approval;
- indicating a signer's authorisation;
- identifying the signatory and ensuring non-repudiation of a document.

4. Requirements

Images of signatures should be used only where a clear audit trail of authorisation including written permission has been granted by the signatory. Though it is only a small deterrent to copying images of signatures, they should be sent outside the organisation in PDF files rather than emails, Word documents or spreadsheets. The PDF files should be created with the highest levels of protection.

Documents containing the image of another person's signature must not be sent without a clear audit trail of authorisation including written permission of the person concerned, unless prior delegation and clearance procedures have been agreed. In such cases:

- such agreement, including the list of recipients, must be obtained in advance for each document.
- the content of the document must not be changed after authorisation to issue it has been obtained
- once such a document has been sent, it must not be sent again (or to additional recipients) without further explicit authorisation.

All staff who allow a proxy to access their email account or scanned signature must ensure that the proxy is informed of the limits of their authority in the sending of emails or signing documents on behalf of the member of staff.

Electronic signatures should not be used in transactions where there is a legal requirement for a written signature, for example in the signing of a deed or other document where the signature is required to be witnessed.

Responsibility for authorisations made by email remains with the email account holder however the account holder will not be held responsible for any malicious, fraudulent or negligent activity carried out by the proxy.

The selection of an 'I agree' option (e.g. tick box or button) on an electronic form can be used as an equivalent to a written signature for internal purposes where it meets the appropriate functional requirements and the technology used records that the form has been signed and clearly identifies (e.g. by recording the username) the person who has 'signed' the form in this manner. The audit trail recording that the form has been signed and the signatory's identity must be accessible for the length of the retention period required for the form.

If the contents of a document change then the signature will be invalidated and a new signature sought.

The person signing the form should be able to access a copy of the submitted signed form for as long as it is required for reference purposes.

4.1 Scanned image of a handwritten signature

As is current practice, a scanned image of a handwritten signature can be used as an equivalent to a written signature where it meets the appropriate functional requirements.

Scanned images must only be used where express permission has been granted by the author and are therefore more likely to be acceptable for high volume processes such as mass mailings.

Scanned images of signatures must be kept securely to prevent unauthorised access and use.

Responsibility for authorisations made by scanned signature remains with the signature's author however the author will not be held responsible for any malicious, fraudulent or negligent activity carried out by the proxy.

5. Incident Reporting

Incidents may be reported to any member of staff where they feel that there is a mis-use of an electronic signature. Incidents are to be reported by completing an incident form and advising the line manager.

Examples of incidents are:

- Misuse of electronic signature, such as the use of somebody else's electronic signature purporting to be that other person
- Non-compliance to this Policy

6. Implementation and Distribution

This policy is available for all staff to access via the Intranet.

All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

Line managers have a role to play in ensuring staff are aware of this policy and its implications.

7. Training Implications

No specific training requirements in relation to this policy have been identified.

8. Documentation

NHS England Tackling Fraud, Bribery and Corruption: Policy and Procedures

9. References

The major references consulted in preparing this document are described below.

Electronic Communications Act 2000 and Electronic Signatures Regulations 2002

10. Monitoring, Review and Archiving

10.1 Monitoring

The Governing Body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

10.2 Review

The Governing Body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governing Body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

10.3 Archiving

The Governing Body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2016.

11. Equality Analysis

As part of its development this document and its impact on equality has been analysed and no detriment identified. The analysis follows.



North of England
Commissioning Support

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Introduction - Equality Impact Assessment

An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

Policy	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
Service	A system or organisation that provides for a public need.
Process	Any of a group of related actions contributing to a larger action.



STEP 1 - EVIDENCE GATHERING

Name of person completing EIA:	Aimee Tunney, Governance & Assurance Manager, NECS.
Title of service/policy/process:	Electronic Signature Policy
Existing: <input type="checkbox"/> New/proposed: <input checked="" type="checkbox"/> Changed: <input type="checkbox"/>	
What are the intended outcomes of this policy/service/process? Include outline of objectives and aims	
<p>The CCG has a duty to meet local and national requirements in relation to the security and integrity of information. As the CCG requires electronic signatures which can be used in place of written signatures in order to increase the efficiency of its business processes, it is important that they fulfil the same functions as written signatures and provide the appropriate levels of authentication, integrity and non-repudiation to a document.</p> <p>This policy sets out the functional requirements for electronic signatures and defines acceptable uses of electronic signatures for signing documents, electronically as an equivalent to a hand written signature.</p>	
Who will be affected by this policy/service /process? (please tick)	
<input checked="" type="checkbox"/> Staff members <input type="checkbox"/> Other	
If other please state:	
What is your source of feedback/existing evidence? (please tick)	
<input checked="" type="checkbox"/> National Reports <input type="checkbox"/> Staff Profiles <input type="checkbox"/> Staff Surveys <input type="checkbox"/> Complaints/Incidents <input type="checkbox"/> Focus Groups <input type="checkbox"/> Previous EIAs <input type="checkbox"/> Other	

Evidence	What does it tell me? (about the existing policy/process? Is there anything suggest there may be challenges when designing something new?)
National Reports	No challenges identified
Staff Profiles	No challenges identified
Staff Surveys	No challenges identified
Complaints and Incidents	No challenges identified
Staff focus groups	No challenges identified
Previous EIA's	No challenges identified
Other evidence (please describe)	None applicable



STEP 2 - IMPACT ASSESSMENT

What impact will the new policy/system/process have on the following staff characteristics: (Please refer to the 'EIA Impact Questions to Ask' document for reference)
Age A person belonging to a particular age No implications identified
Disability A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities No implications identified
Gender reassignment (including transgender) Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception. No implications identified
Marriage and civil partnership Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters No implications identified
Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. No implications identified
Race It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities. No implications identified
Religion or belief Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. No implications identified
Sex/Gender A man or a woman. No implications identified
Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes No implications identified
Carers A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person No implications identified



STEP 3 - ENGAGEMENT AND INVOLVEMENT

How have you engaged with staff in testing the policy or process proposals including the impact on protected characteristics?
Shared with the Head of Corporate Affairs.
Please state how staff engagement will take place:
As above.



STEP 4 - METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform staff of the policy?
<input checked="" type="checkbox"/> Verbal – through focus groups and/or meetings <input type="checkbox"/> Verbal - Telephone <input type="checkbox"/> Written – Letter <input type="checkbox"/> Written – Leaflets/guidance booklets <input type="checkbox"/> Email <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Other
If other please state:



STEP 5 - SUMMARY OF POTENTIAL CHALLENGES

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
1 Workforce characteristics	May need to consider other formats for dissemination such as braille or signing.
2 Part-time working and staff members not in role due to sickness absence or maternity leave.	Accessibility for face to face training events for part-time staff.



STEP 6- ACTION PLAN

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date
1.	Staff unable to access or utilize policy	Age, disability	Age, disability	All staff can access and use the policy	Head of Corporate Affairs	On publication and on receipt of individual request



SIGN OFF

Completed by:	Governance & Assurance Manager
Date:	November 2017
Signed:	
Presented to: (appropriate committee)	Executive In Common
Publication date:	December 2017

Duties and Responsibilities

<p>Accountable Officer</p>	<p>The Accountable Officer has overall responsibility for ensuring that information is handled appropriately in order to protect information from unauthorised disclosure or misuse. This role is usually carried out by the Chief Operating Officer.</p>
<p>Line Managers</p>	<p>Line Managers have a responsibility to:</p> <ul style="list-style-type: none"> • Develop and support the implementation of the Policy and ensure the CCG meets national and local requirements
<p>All staff</p>	<p>All staff have a responsibility to:</p> <ul style="list-style-type: none"> • Make themselves familiar with and adhere to this Policy. Failure to comply may result in disciplinary action being taken. • Bring to managers' attention areas of concern regarding any issues associated with use of electronic signatures • Seek advice from the NECS Information Governance service as necessary. • Co-operate with the development and implementation of policies and procedures and as part of their normal duties and responsibilities. • Identify the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly. • Identify training needs in respect of policies and procedures and bringing them to the attention of their line manager. • Attending training / awareness sessions when provided. • Where signatories are to be inserted as 'on behalf of', obtain authorisation from main signatory. All staff must ensure there is a clear audit trail of authorisation and that written permission is obtained from main signatory, prior to correspondence being sent or circulated.