

BNSSG CCG Governing Body Meeting

Date: Tuesday 2nd June 2020

Time: 1:30pm

Location: Virtual meeting to be held via Webex. Details within the calendar invite

Agenda Number :	9.1
Title:	Information Governance Policy
Purpose: Decision	
Key Points for Discussion: IG Policy for approval	
<ul style="list-style-type: none"> - Information Governance Policy for approval - There have been no material changes to the previous policy - The Information Governance policy sets out the CCG's commitment to good information governance and compliance with data protection legislation. - The policy helps staff to understand their roles and how to look after the information they need and use to do their jobs, to protect this information on behalf of patients and to support legal compliance. 	
Recommendations:	To approve the Information Governance Policy
Previously Considered By and feedback :	Corporate Policy Review Group
Management of Declared Interest:	This policy is aligned to the CCG's legal obligations and does not give rise to any to potential or actual Conflicts of Interest.
Risk and Assurance:	There are no specific risks related to this policy, however complying with the policy itself will help reduce any risk of non-compliance with relevant legislation.
Financial / Resource Implications:	This policy related to legal compliance, there are no financial implications apart from reducing the possibility of fines for non-compliance.
Legal, Policy and Regulatory Requirements:	This policy supports the CCG's compliance with the General Data Protection Regulation (GDPR) 2016 and Data Protection Act 2018.
How does this reduce Health Inequalities:	This policy applies equally across all personal information held and processed by the CCG.



How does this impact on Equality & diversity	The Equality Impact Screening Assessment has not identified the need for a full assessment.
Patient and Public Involvement:	There has been no requirement for public involvement in this policy.
Communications and Engagement:	This policy will be accessible on the Hub, website and circulated via CCG communication channels to all staff.
Author(s):	Caroline Dominey-Strange, Information Governance Manager
Sponsoring Director / Clinical Lead / Lay Member:	Sarah Truelove, Chief Financial Officer

Agenda item: 9.1

Report title: Information Governance Policy

1. Background

Information is a vital asset. It plays a key part in ensuring the efficient management of service planning, resources and performance management. It is therefore of paramount importance to ensure that information is efficiently managed, and that appropriate policies, procedures and management accountability and structures provide a robust governance framework for information management. The attached Information Governance Policy provides a framework for managing information in accordance with data protection legislation.

2. Information Governance Policy

The attached Information Governance Policy is provided for approval.

3. Financial resource implications

There are no financial resource implications.

4. Legal implications

This policy sets out the CCG's policy to support and monitor compliance with data protection legislation.

5. Risk implications

This policy will help reduce and manage any risks associated with data protection and information governance.

6. How does this reduce health inequalities

There are no inequalities implications associated with this.

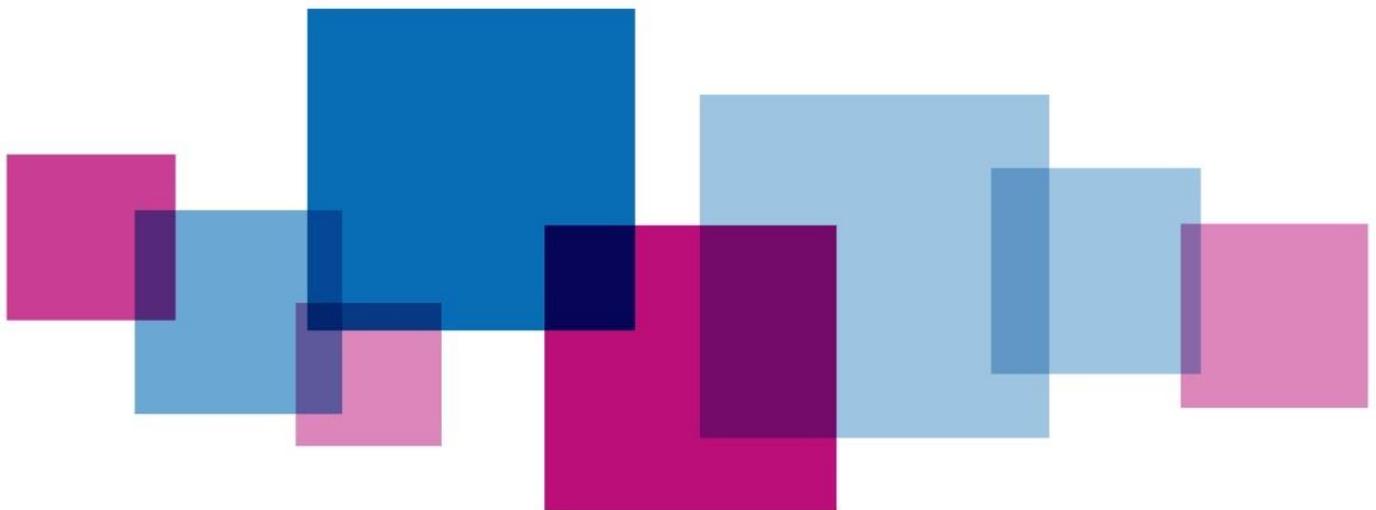
7. How does this impact on Equality and Diversity?

There are no inequalities implications associated with this.

8. Consultation and Communication including Public Involvement

There has been no requirement for public involvement

Information Governance Policy



Please complete the table below:

To be added by corporate team once policy approved and before placing on website

Policy ref no:	
Responsible Executive Director:	Sarah Truelove
Author and Job Title:	Information Governance Team, CSU
Date Approved:	
Approved by:	
Date of next review:	June 2020

	Yes/No/NA	Supporting information
Has an Equality Impact Assessment Screening been completed?	Yes	
Has the review taken account of latest Guidance/Legislation?	Yes	
Has legal advice been sought?	No	Policy provided by SCW IG Team
Has HR been consulted?	Yes	via Policy Review Group
Have training issues been addressed?	Yes	
Are there other HR related issues that need to be considered?	No	
Has the policy been reviewed by Staff Partnership Forum?	No	
Are there financial issues and have they been addressed?	No	
What engagement has there been with patients/members of the public in preparing this policy?	N/A	
Are there linked policies and procedures?	Yes	Data Security and Information Governance Handbook Acceptable Use of IT Policy Confidentiality and Security of Information Policy Individual Rights Policy
Has the lead Executive Director approved the policy?	Yes	Sarah Truelove to approve after Policy Review Group
Which Committees have assured the policy?		Policy Review Group Governing Body
Has an implementation plan been provided?	Yes	
How will the policy be shared with: <ul style="list-style-type: none"> Staff? 		Policy will be available via the organisation's website

<ul style="list-style-type: none"> • Patients? • Public? 		
Will an audit trail demonstrating receipt of policy by staff be required; how will this be done?	No	
Has a DPIA been considered in regards to this policy?	Yes	Not required
Have Data Protection implications have been considered?	Yes	

Version Control <i>please remove this box once approved and finalised</i>		
Version	Date	Consultation

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Information Governance Policy

1. Introduction

The role of the CCG is to support the commissioning of healthcare, both directly and indirectly, so that valuable public resources secure the best possible outcomes for patients. In doing so, the CCG will uphold the NHS Constitution. This policy is important because it will help ensure that the people who work for the CCG understand how to look after the information they need and use to do their jobs, to protect this information on behalf of patients and to support legal compliance.

1.1. BNSSG CCG Values

The Information Governance Policy sets out the CCGs position with regard to ensuring compliance with data protection legislation this demonstrates the CCG striving for excellence and to doing the right thing with regard to how confidential information is managed.

2. Purpose and scope

Information is a vital asset. It plays a key part in ensuring the efficient management of service planning, resources and performance management. It is therefore of paramount importance to ensure that information is efficiently managed, and that appropriate policies, procedures and management accountability and structures provide a robust governance framework for information management.

Information Governance looks at the way the NHS handles information about patients, staff, contractors and the healthcare provided, with particular consideration of personal and confidential information. Without access to information it would be impossible to provide quality healthcare and good corporate governance. A robust governance framework needs to be in place to manage this vital asset, providing a consistent way to deal with the many different information handling requirements including:

- Information Governance Management
- Confidentiality and Data Protection Legislation assurance
- Corporate Information assurance
- Information Security assurance
- Secondary Use assurance

The aims of this policy are to maximise the value of organisational assets by ensuring that information is:

- Held securely and confidentially
- Obtained fairly and efficiently
- Recorded accurately and reliably
- Used effectively and ethically
- Shared appropriately and lawfully

To protect the organisation's information assets from all threats, whether internal or external, deliberate or accidental, the CCG will ensure that:

- Information will be protected against unauthorised access
- Confidentiality of information will be assured
- Integrity of information will be maintained
- Information will be supported by the highest quality data
- Regulatory and legislative requirements will be met
- Business continuity plans will be produced, maintained and tested
- Information security training will be available to all staff

The scope of this document covers:

- All permanent employees of the CCG and;
- Staff working on behalf of the CCG (this includes contractors, temporary staff, and secondees).

The CCG recognises the need for an appropriate balance between openness and confidentiality in the management and use of information. The CCG fully supports the principles of corporate governance and recognises its public accountability, but equally places importance on the confidentiality of, and the security arrangements to safeguard information. The CCG also recognises the need to share information in a controlled manner. The CCG believes that accurate, timely and relevant information is essential to deliver the highest quality health care. As such it is the responsibility of managers and staff to ensure and promote the quality of information and to actively use information in decision making processes.

3. Duties – legal framework for this policy

The CCG regards all identifiable personal information as confidential except where national policy on accountability and openness requires otherwise.

The CCG will maintain policies to ensure compliance with Data Protection Legislation. This includes the General Data Protection Regulation (GDPR), the Data Protection Act (DPA) 2018, the Law Enforcement Directive (Directive (EU) 2016/680) (LED) and any applicable national Laws implementing them as amended from time to time.

In addition, consideration will also be given to all applicable Law concerning privacy, confidentiality, the processing and sharing of personal data including the Human Rights Act 1998, the Health and Social Care Act 2012 as amended by the Health and Social Care (Safety and Quality) Act 2015, the common law duty of confidentiality and the Privacy and Electronic Communications (EC Directive) Regulations.

The CCG, when acting as a Controller, will identify and record a condition for processing, as identified by the GDPR under Articles 6 and 9 (where appropriate), for each activity it undertakes. When relying on Article 6, 1 (e) 'processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the Controller', the CCG will identify the official authority (legal basis) and record this on relevant records of processing.

4. Responsibilities and Accountabilities

The CCG has a responsibility for ensuring that it meets its corporate and legal responsibilities and for the adoption of internal and external governance requirements. The CCG is also responsible for ensuring that sufficient resources are provided to support the requirements of the policy.

Executive Management Team

It is the role of the CCG Executive Management Team to define the CCG policy in respect of Information Governance, taking into account legislative and NHS requirements. The Executive Management Team is also responsible for ensuring that sufficient resources are provided to support the requirements of the policy.

Information Governance Group (IGG)

The CCG Information Governance Group is responsible for overseeing day to day Information Governance issues; developing and maintaining policies, standards, procedures and guidance; coordinating Information Governance in the CCG and raising awareness of Information Governance. The IGG will oversee work on the IG action plan

Accountable Officer

The CCG Accountable Officer has overall responsibility for Information Governance within the organisation. As Accountable Officer, they are responsible for the management of the organisation and for ensuring appropriate mechanisms are in place to support service delivery and continuity. The management of information risk and information governance practice is now required within the Statement of Internal Control which the Accountable Officer is required to sign annually.

Senior Information Risk Owner (SIRO)

The Senior Information Risk Owner for the CCG is an executive board member with allocated lead responsibility for the organisation's information risks and provides the focus for management of information risk at Board level. The SIRO must provide the Accountable Officer with assurance that information risk is being managed appropriately and effectively across the organisation and for any services contracted by the organisation. The SIRO will ensure that regular assessments and audits of Information Governance activities take place. The SCW Information Governance Manager will support the SIRO in fulfilling this role. In the absence of the SIRO there is a Deputy SIRO.

Caldicott Guardian

The Caldicott Guardian is the person within the CCG with overall responsibility for protecting the confidentiality of personal data and special categories of personal data (described as Personal Confidential Data (PCD)) in the Caldicott 2 report, and for ensuring it is shared appropriately and in a secure manner. This role has the responsibility to advise the CCG Board and relevant committees on confidentiality issues. The SCW Information Governance Manager will support the Caldicott Guardian in fulfilling this role.

Data Protection Officer

The Data Protection Officer (DPO) is the person that has been identified within the CCG that has the responsibilities as set out in the GDPR guidance, such as monitoring compliance with IG legislation, providing advice and recommendations on Data Protection Impact Assessments, giving due regard to the risks associated with the processing of data undertaken by the organisation and acting as the contact point with the and ICO



SCW Information Governance Manager

The SCW Information Governance (IG) Manager supports the CCG DPO in ensuring that the Information Governance programme is implemented throughout the CCG. The IG Manager is also responsible for co-ordinating a number of activities that contribute to the completion and annual submission of the Data Security and Protection Toolkit for the CCG. The IG Manager will support the CCG's SIRO, Caldicott Guardian and DPO in investigating Serious Incidents Requiring Investigation (SIRIs), offer advice and ensure the organisation complies with legislation, policies and protocols as per the SLA.

Information Asset Owners (IAO)

The SIRO is supported by Information Asset Owners (IAOs). The role of the IAO is to understand what information is held, what is added and what is removed, who has access and why in their own area. As a result they are able to understand and address risks to the information assets they 'own' and to provide assurance to the SIRO on the security and use of the assets. The IG Manager will support the IAOs in fulfilling their role.

Information Asset Administrators (IAA's)

This important role is required to support the IAO's and SIRO who will work with the Information Governance Team to ensure staff apply the Data Protection Legislation and Caldicott Principles within working practices. The IG Manager will provide local face to face IG training if required.

Managers

All managers are responsible for promoting good information governance within their team. This includes ensuring that staff members complete relevant induction training and annual Data Security and Awareness training. Managers must also support Information Asset Owners in their activities and identify any new or changes processes that require a Data Protection Impact Assessment.

All staff

All staff have responsibility for complying with this policy and with Data Protection Legislation and for completing annual Data Security and Awareness training.

5. Definitions/explanations of terms used

In order to assist staff with understanding their responsibilities under this policy, the following types of information and their definitions are applicable in all relevant policies and documents

Personal Data (derived from the GDPR)	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
'Special Categories' of Personal	'Special Categories' of Personal Data is different from Personal Data and consists of information relating to: (a) The racial or ethnic origin of the data subject (b) Their political opinions

Data (derived from the GDPR)	(c) Their religious beliefs or other beliefs of a similar nature (d) Whether a member of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1998 (e) Genetic data (f) Biometric data for the purpose of uniquely identifying a natural person (g) Their physical or mental health or condition (h) Their sexual life
Personal Confidential Data	Personal and Special Categories of Personal Data owed a duty of confidentiality (under the common law). This term describes personal information about identified or identifiable individuals, which should be kept private or secret. The definition includes dead as well as living people and 'confidential' includes information 'given in confidence' and 'that which is owed a duty of confidence'. The term is used in the Caldicott 2 Review: Information: to share or not to share (published March 2013).
Commercially confidential Information	Business/Commercial information, including that subject to statutory or regulatory obligations, which may be damaging to SCW CSU or a commercial partner if improperly accessed or shared. Also as defined in the Freedom of Information Act 2000 and the Environmental Information Regulations.

6. Information Governance

The CCG will ensure that it meets its national requirements in respect of its submission of the annual self-assessment Data Security and Protection Toolkit (DSPT).

Non-confidential information about the CCG and its services will be available to the public through a variety of media.

The CCG will maintain policies to ensure compliance with the Freedom of Information Act. Please refer to the Freedom of Information Policy.

The CCG will maintain clear procedures and arrangements for handling requests for information from the public. Please refer to the Individual Rights Policy in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act (DPA) 2018.

The CCG will maintain fair processing information and ensure that privacy notices are available to staff and member of the public as required.

The CCG will maintain policies to ensure compliance with the Records Management Code of Practice for Health and Social Care (2016). Please refer to The Records Management Policy.

The CCG will maintain policies for the effective and secure management of its information assets and resources.

The CCG will promote effective confidentiality and security practice to its staff through policies, procedures and training.

The CCG will adhere to the NHS Guidance for reporting, managing and investigating Information Governance and Cyber Security Serious Incidents Requiring Investigation (IG SIRI) and as part of this, will review and maintain incident reporting procedures and monitor and investigate all



reported instances of actual or potential breaches. Under Data Protection Legislation, where an incident is likely to result in a risk to the rights and freedoms of the Data Subject/individuals the Information Commissioner's Office (ICO) must be informed no later than 72 hours after the organisation becomes aware of the incident.

7. Information Quality Assurance

The CCG will maintain policies and procedures for information quality assurance and the effective management of records.

The CCG will undertake or commission annual assessments and audits of its information quality and records management arrangements.

Managers are expected to take ownership of, and seek to improve, the quality of information within their services.

Wherever possible, information quality should be assured at the point of collection.

Data standards will be set through clear and consistent definition of data items, in accordance with national standards.

8. Commissioning of new services and the use of data protection impact assessments

The Data Protection Officer should be consulted during the design phase of any new service, process or information asset and contribute to the statutory Data Protection Impact Assessment (DPIA) process when new processing of personal data or special categories of personal data is being considered. Responsibilities and procedures for the management and operation of all information assets should be defined and agreed by the CCG SIRO and the Information Asset Owner's.

All staff members who may be responsible for introducing changes to services, processes or information assets must be effectively informed about the requirement to complete a statutory DPIA and where required, seek review from the SCW IG Manager prior to approval or further work.

The CCG will maintain a DPIA framework that includes an approved template, guidance and supporting checklists.

9. Training requirements

All new starters to the CCG inclusive of temporary, bank staff and contractors must undertake Information Governance induction training via the ConsultOD portal, to evidence compliance with the Data Protection Legislation and the DSP Toolkit assertions as part of the induction process. Extra training will be given to those dealing with requests for information. A register will be maintained of all staff who have completed the online training and those who have attended face to face training sessions where these are offered.

Annual IG training should be undertaken by all staff via the ConsultOD portal or face to face training.



10. Equality Impact Assessment

Equality Impact Assessment (EIA) screening has been completed and a full assessment is not required. A copy of the EIA screening is attached at Appendix 14.1.

11. Implementation and Monitoring Compliance and Effectiveness

This policy will be monitored by SCW IG Manager and the IGG to ensure any legislative changes that occur before the review date are incorporated.

The CCG will ensure that information governance is part of its annual cycle of internal audit. The results of audits will be reported to the CCG Information Governance Steering Group along with relevant action plans which they will monitor. Reports will also be provided to the Corporate Governance & Assurance Group.

Compliance with the CCG policies is stipulated in staff contracts of employment. If staff members are **unable** to follow the CCG policies or the policy requirements cannot be applied in a specific set of circumstances, this must be immediately reported to the Line Manager, who should take appropriate action. Any non-compliance with the CCG policies or failure to report non-compliance may be treated as a disciplinary offence.

12. Countering Fraud

The CCG is committed to reducing fraud in the NHS to a minimum, keeping it at that level and putting funds stolen through fraud back into patient care. Therefore, the CCG will, in accordance with NHS Counter Fraud Authority Standards for Commissioners, provide the LCFS with access to the resources required to carry out their role professionally and efficiently.

Criminal investigations may require personal or identifiable information to be released to the Counter Fraud team and Information Governance legislation should not act as a barrier to release information for the purposes of preventing and detecting crime. All data requests submitted by the Counter Fraud team or other external law enforcement agencies should be forwarded to the Data Protection Officer for approval to release information.

13. References, acknowledgements and associated documents

- NHS Digital Codes of Practice
- <https://digital.nhs.uk/codes-of-practice-handling-information/confidential-information>
- Department of Health Code of Practice
<https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice>
- CQC Code of Practice
- <http://www.cqc.org.uk/sites/default/files/20160906%20Code%20of%20practice%20on%20CPI%202016%20FINAL.pdf>
- Health and Social Care (Safety and Quality) Act 2015
<http://www.legislation.gov.uk/ukpga/2015/28/contents/enacted>
- NHS England Policy <https://www.england.nhs.uk/publication/confidentiality-policy/>

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- All the CCG Policies, procedures and guidance relating to the management and processing of information within the organisation including:
 - Records Management Policy
 - Freedom of Information and SARs Policy
 - Confidentiality and Security of Information Policy
 - Incident Reporting Policy
 - Data Protection Act 2018
 - General Data Protection Regulation 2016

14. Appendices

14.1. Equality Impact Assessment Screening

Equality Impact Assessment Screening		
Query	Response	
What is the aim of the document?	The Information Governance Policy details how the CCG will meet its legal obligations and NHS requirements concerning the management of information and the governance arrangements in place to support this.	
Who is the target audience of the document (which staff groups)?	All staff	
Who is it likely to impact on and how?	Staff	X
	Patients	X
	Visitors	X
	Carers	X
	Other – governors, volunteers etc	X
Does the document affect one group more or less favourably than another based on the ‘protected characteristics’ in the Equality Act 2010:	Age (younger and older people)	
	Disability (includes physical and sensory impairments, learning disabilities, mental health)	
	Gender (men or women)	
	Pregnancy and maternity	
	Race (includes ethnicity as well as gypsy travellers)	
	Sexual Orientation (lesbian, gay and bisexual people)	
	Transgender people	
	Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)	
	Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)	

14.2. Implementation plan

Target Group	Implementation or Training	Method	Lead	Target start date	Target End date	Resources Required
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	objective					
Staff	To have policy available to all staff	To be published on the Hub	Comms/IG	31/07/2020	30/09/2020	Comms team
Staff	To ensure all staff are aware of the policy	To include summary of highlights in The Voice	Comms/IG	31/07/2020	30/09/2020	Comms team

14.3. Policy Statement on Data Definitions

In order to ensure compliance with the new General Data Protection Regulations which came into effect on 25th May 2018 a thorough review and update of SCW Policies, Procedures and Guidance has been undertaken. During the review it was found that there were multiple definitions used to describe personal and sensitive data, with very few policies including business or commercially

sensitive data. In order to ensure a consistent use of terminology across the suite of relevant documentation the following definitions and statement were proposed for use:

‘Personal Data’ as defined by GDPR

‘Sensitive Data’ to include:

- GDPR “Special Categories” of Personal Data
- Personal Confidential Data (NDG Review)
- Business / Commercially Sensitive Data

The organisation is now clearer as to the terminology to be used in the GDPR and the Data Protection Act 2018, the following amendments are proposed

‘Personal Data’ as defined by GDPR

‘Sensitive Data’ to be replaced by **‘Special Categories of Personal Data’** as defined by the GDPR

‘Commercially Sensitive Data’ to be replaced by **‘Commercially confidential information’**

‘Personal Confidential Data’ to be retained but the definition enhanced to describe the considerations needed where ‘data owed a duty of confidentiality (under the common law)’ is involved and where implicit/explicit consent may be applicable.

The rationale behind this is due to the continued use of ‘Sensitive’ data within the Data Protection Act 2018 but not in relation to the processing of health data. Categories of data previously considered as ‘sensitive’ are included as ‘Special Categories of Personal Data’ with the addition of Genetic and Biometric data. It does not however include information that is processed for the purposes of law enforcement or for the intelligence services as it did previously. These are covered in part 3 and part 4 of the Data Protection Act 2018 as these are Member State derogations not derived from the GDPR.

Under Part 3 – Law enforcement processing, Chapter 2, section 35, subsection 8, the Data Protection Act 2018 refers to ‘sensitive processing’ and not ‘sensitive data’. The categories of data included in what is considered ‘sensitive processing’ are the same as those defined as ‘Special Categories of Personal Data’ but it is the act of processing that is defined as sensitive and not the category of data.

Under Part 4 – Intelligence services processing, Chapter 2, section 86, subsection 7, the Data Protection Act 2018 also refers to ‘sensitive processing’ and not ‘sensitive data’. In addition to those categories already recognised as ‘Special Categories of Personal Data’, it also includes (i) the commission or alleged commission of an offence or (ii) proceedings for an offence, disposal of proceedings or sentence.

Due to the continued use of ‘sensitive’ as a term but used contextually differently under the new legislation, it is proposed to discontinue use of it except in relation to the processing of data for law enforcement and intelligence services purposes. This is likely to be outside of the majority of processing activities undertaken by the BNSSG and other health partners as they do not fulfil the criteria of a ‘competent authority’ as defined in the act.

Definitions to be included in Policies

Personal Data	Any information relating to an identified or identifiable natural
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	<p>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</p>
<p>'Special Categories' of Personal Data</p>	<p>'Special Categories' of Personal Data is different from Personal Data and consists of information relating to:</p> <ul style="list-style-type: none"> (i) The racial or ethnic origin of the data subject (j) Their political opinions (k) Their religious beliefs or other beliefs of a similar nature (l) Whether a member of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1998 (m) Genetic data (n) Biometric data for the purpose of uniquely identifying a natural person (o) Their physical or mental health or condition (p) Their sexual life
<p>Personal Confidential Data</p>	<p>Personal and Special Categories of Personal Data owed a duty of confidentiality (under the common law). This term describes personal information about identified or identifiable individuals, which should be kept private or secret. The definition includes dead as well as living people and 'confidential' includes information 'given in confidence' and 'that which is owed a duty of confidence'. The term is used in the Caldicott 2 Review: Information: to share or not to share (published March 2013).</p>
<p>Commercially confidential Information</p>	<p>Business/Commercial information, including that subject to statutory or regulatory obligations, which may be damaging to SCW CSU or a commercial partner if improperly accessed or shared. Also as defined in the Freedom of Information Act 2000 and the Environmental Information Regulations.</p>