

Corporate	ICBP012 Electronic Signature
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V3	July 2024	July 2026

Prepared By:	Senior Governance Manager, NECS
Consultation Process:	Integrated Governance Workstream
Formally Approved:	July 2024
Approved By:	Executive Committee

EQUALITY IMPACT ASSESSMENT

Date	Issues
May 2024	None

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 NECSU.comms@nhs.net

Version Control

Version	Release Date	Author	Update comments
1.0	July 2022	Senior Governance Manager, NECS	First Issue
2.0	October 2022	Senior Governance Manager, NECS	Initial 6 monthly review following ICB establishment, no updates required
3.0	July 2024	Senior Governance Manager, NECS	Review of content and the addition of paragraph numbering

Approval

Role	Name	Date
Approver	Executive Committee	July 2022
Approver	Executive Committee	October 2022
Approver	Executive Committee	July 2024

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1. Introduction

The ICB 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 ICB 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 the North East and North Cumbria ICB.

The ICB has a duty to meet local and national requirements in relation to the security and integrity of information. As the ICB 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 a Corporate policy.

1.2 Purpose and scope

1.2.1 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.

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

1.2.3 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.

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

1.2.5 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

2.1.1 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.

2.1.2 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.

2.1.3 For the ICB 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.

2.1.4 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.

2.1.5 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

2.2.1 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. Electronic Signature Requirements

3.1 Function of a signature

3.1.1 A signature is only as good as the business process and technology used to create it. 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.

3.1.2 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.

3.1.3 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.

3.1.4 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.

3.1.5 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.

3.1.6 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.

3.1.7 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.

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

3.1.9 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.

3.2 Scanned image of a handwritten signature

3.2.1 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.

3.2.2 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.

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

3.2.4 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.

3.3 Incident Reporting

3.3.1 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.

3.3.2 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

4. Implementation

- 4.1 This policy will be available to all staff for use in relation to the specific function of the policy.
- 4.2 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.

5. Training Implications

5.1 It has been determined that there are no specific training requirements associated with this policy/procedure.

6. Documentation

6.1 Other related policy documents.

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

6.2 Legislation and statutory requirements

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

Electronic Communications Act 2000 and Electronic Signatures Regulations 2002

6.3 Best practice recommendations

None.

7. Monitoring, Review and Archiving

7.1 Monitoring

The ICB Board will agree with the Director of Corporate Governance, Communications and Engagement a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

7.2 **Review**

- 7.2.1 The ICB Board 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.
- 7.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Executive director will then consider the need to review the policy or procedure outside of the agreed timescale for revision.
- 7.2.3 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 Executive director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

7.3 **Archiving**

The ICB Board will ensure that archived copies of superseded policy documents are retained in accordance with the NHS Records Management Code of Practice 2021.

Schedule of Duties and Responsibilities

Through day to day work, employees are in the best position to recognise any specific fraud risks within their own areas of responsibility. They also have a duty to ensure that those risks, however large or small, are identified and eliminated. Where it is believed fraud, bribery or corruption could occur, or has occurred, this should be reported to the Counter Fraud Authority or Executive Director of Finance immediately.

ICB Board	The ICB Board has responsibility for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
Chief Executive	The Chief Executive has overall responsibility for the strategic direction and operational management, including ensuring that ICB process documents comply with all legal, statutory and good practice guidance requirements.
Senior Governance Manager – Information Governance	The Senior Governance Manager for information governance will update this policy in line with legislation, guidance and best practice.
Commissioning Support Staff.	Whilst working on behalf of the ICB NECS staff will be expected to comply with all policies, procedures and expected standards of behaviour within the ICB, however they will continue to be governed by all policies and procedures of their employing organisation.

All Staff	<p>All staff, including temporary and agency staff, are responsible for:</p> <ul style="list-style-type: none">• Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken.• Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities.• Identifying 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.• Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.• Attending training / awareness sessions when provided.
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Appendix A – Equality Impact Assessment

Equality Impact Assessment Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Liane Cotterill

Job Title: Senior Governance Manager

Organisation: North of England CSU

Title of the service/project or policy: [Click here to enter text.](#)

Is this a;

Strategy / Policy

Service Review

Project

Other [Click here to enter text.](#)

What are the aim(s) and objectives of the service, project or policy:

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.

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**

- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing quality of opportunity • Fostering good relations between protected and non-protected groups in either the workforce or community 	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

The policy is for the use of electronic signatures on documents and does not impact on equality.

If you have answered yes to any of the above, please now complete the ‘STEP 2 Equality Impact Assessment’ document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation: “If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (ENTER CONTACT DETAILS HERE)”		
If any of the above have not been implemented, please state the reason: Click here to enter text.		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Executive Committee	Approver	TBC

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.

**Please send a copy of this screening documentation to:
NECSU.Equality@nhs.net for audit purposes.**