



Data Breach Policy and Process

Guidance on how data breaches should be handled and reported and to identify the roles and responsibilities of key personnel in the investigation of such incidents.

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Document History

| Version | Version Date | Author | Summary of Changes |
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| V1.0 | 27 th March 2018 | Director of Operations | New draft policy – v1 |
| V2.0 | 16 th April 2018 | Director of Operations | Revised in consultation with Director of IT |
| V3.0 | April 2020 | Head of Governance | <p>Policy renamed from Information Security Incident Management Policy. Summarised the introduction section. Added reporting requirements in section 5.1. Included role of Lead Investigation Office in 5.2. Expanded who should be notified in section 5.3. Added section 6. Evaluation and response. Role of the Local Data Protection Officer added to Appendix 1.</p> <p>Other minor amendments to wording and terminology</p> |
| V3.1 | November 2020 | Head of Governance | Updated branding |

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1. Introduction

Discovery Schools Trust has a responsibility to ensure that data is protected.

Data breaches will vary in impact and risk depending on the content and quantity of data involved, the circumstances of the loss and the speed of response to the incident. By managing all perceived data security breaches in a timely manner it may be possible to contain and recover the data before it an actual breach occurs, reducing the risks and impact to both individuals and the Trust.

2. Purpose

The purpose of this policy is to provide guidance on how data breaches should be handled and reported and to identify the roles and responsibilities of key personnel in the investigation of such incidents. The aim of this document is to ensure that relevant and prompt action is taken on actual or suspected data breaches to minimise their impact and the risk of recurrence.

3. Scope

The policy applies to:

- All employees, contractors, partners and suppliers.

A data breach is considered to be any loss of, or unauthorised access to data, normally involving personal or confidential information, this can include the following: -

- The loss or unauthorised disclosure of personal or sensitive information.
- Transfer of sensitive information to those who have no need to see it.
- Attempts (failed or successful) to gain unauthorised access to information or a computer system.
- Unauthorised changes to information or system hardware/software.
- Loss or theft of ICT equipment including peripheral storage items
- Unauthorised use of a system (electronic or manual) for processing/ storage of data by any person.

4. Roles and responsibilities

[Appendix 1](#) highlights the key roles and responsibilities for managing data breaches within the organisation.

5. Data Breach Process

The Data Breach Process is detailed below and illustrated in [Appendix 4](#).

5.1 Incident Reporting

Reports of a data breach may come from an internal or external source.

Any individual who accesses, uses or manages the organisation's information is responsible for reporting an actual or suspected data breach immediately to their Local Data Protection Officer.

The Local Data Protection Officer will report the incident to the Director of Operations (DoO) and complete a 'Data Breach Form' (see [Appendix 3](#)) within 24 hours of the incident so that the incident can be further investigated.

Incidents related to IT, e.g. an actual or suspected technical attack on systems or the loss of IT equipment, will be notified by the DoO to the Director of ICT.

All staff should be aware that any breach of Data Protection legislation may result in disciplinary procedures being instigated.

5.2 Investigation

An initial assessment will be made by the DoO to establish the severity of the breach – [Appendix 2](#) . Where it is determined that further investigation is warranted a Lead Investigation Officer will be appointed, this will depend on the nature of the breach and in some cases it could be the DoO.

The Lead Investigation Officer (LIO) will:

- Establish whether there is anything that can be done to recover any losses and limit the damage the breach could cause
- Ensure that personnel with the appropriate knowledge and technical expertise are involved where there is a requirement for retrieval of information or recovery of systems/ equipment.
- Determine whether there are any third parties involved or affected by the incident e.g. other authorities, suppliers, etc.
- In liaison with the DoO determine the suitable course of action to be taken to resolve the incident
- Prepare an investigation report for review by the DoO and escalation to the Trust Leader and Board of Trustees where relevant.
- Liaise with HR to consider whether an investigation under the disciplinary procedure is appropriate and required.

5.3 Notification

Where an incident is deemed to be serious, this would need to be reported to the Trust Leader and the Board of Trustees.

The LIO in consultation with the DoO will establish whether the Information Commissioner's Office will need to be notified of the breach, and if so, notify them within 72 hours of becoming aware of the breach, where feasible.

Individuals whose personal data has been affected by the incident, and where it has been considered likely to result in a high risk of adversely affecting that individual's rights and freedoms, will be informed without undue delay. Notification will include a description of how and when the breach occurred, and the data involved. Specific and clear advice will be given on what they can do to protect themselves and include what action has already been taken to mitigate the risks.

The LIO and / or the DoO must consider notifying third parties such as the police, insurers, banks or credit card companies, and trade unions. This would be appropriate where illegal activity is known or is believed to have occurred, or where there is a risk that illegal activity might occur in the future.

5.4 Incident log

A record will be kept of any incident, regardless of whether notification was required. A Data Breach log is updated and maintained by each school and the central office and is used for trend analysis and wider summarised reporting conducted by the DoD. The log categorises incidents to enable meaningful reporting.

6. Evaluation and response

Once the initial incident is contained, the **DoO** will carry out a full review of the causes of the breach; the effectiveness of the response(s) and whether any changes to systems, policies and procedures should be undertaken.

Existing controls will be reviewed to determine their adequacy, and whether any corrective action should be taken to minimise the risk of similar incidents occurring.

The review will consider:

- where and how personal data is held and where and how it is stored;
- where the biggest risks lie including identifying potential weak points within existing security measures;
- whether methods of transmission are secure; sharing minimum amount of data necessary;
- staff awareness.

7. Policy review

This policy will be updated as necessary to reflect best practice and to ensure compliance with any changes or amendments to relevant legislation. A formal review will be completed every three years.

This policy was last reviewed in April 2020. The policy was approved by the Board of Trustees in May 2020.

Appendix 1: Roles and Responsibilities

| Role | Responsibilities |
|---|--|
| All employees | <ul style="list-style-type: none"> • Comply with Trust policy and legal requirements relating to information security and GDPR regulations. • Report any incidents/ potential incidents likely to cause a breach of the organisations’s policies and/or legislation. • Raise any unusual security-related occurrences with their relevant line manager. • Contribute to investigations as and when required. • Ensure evidence of an information breach is not damaged. |
| Headteacher & Trust Executive Team | <ul style="list-style-type: none"> • Accountable for ensuring all staff they are responsible for are aware of the Data Breach Policy Process. • Implement controls as suggested in order to prevent/minimise the risk of incidents reoccurring. • Review and amend policies and procedures to reduce the risk of incidents occurring • Seek security advice from DoO and the Director of IT where required • Ensure all other relevant stakeholders are kept informed throughout the incident process • Liaise with central HR to determine if an investigation under the disciplinary procedure is required. |
| Local Data Protection Officer This is the Office Manager in schools and the Director of Operations for the Central Team. | <ul style="list-style-type: none"> • Ensure all staff are aware of the Data Breach Policy and Process locally. • In the event of an incident, notify the Headteacher or relevant senior leader and formally report (i.e. complete the incident form) and submit this to the Director of Operations – dprep@discoveryschoolstrust.org.uk • Manage the data breach process and contribute to the investigation • Maintain the data breach log of the incident. • Keep stakeholders informed throughout the process as required. • Update the Headteacher/relevant senior leader. |
| Lead Investigation Officer (LIO) | <ul style="list-style-type: none"> • Undertake the investigation • Complete an incident report for submission to the DoO • Involve key stakeholders in the investigation as and when required and keep them informed • Seek advice from specialist areas where required |
| ICT Services | <ul style="list-style-type: none"> • Monitor technical facilities to detect potential security incidents. • Implement the Incident Process or Major Incident Process if warranted by the incident. • Conduct technical investigations and recovery of information systems following a data breach. • Regularly review procedures and technical configurations to reduce the risk of incidents occurring. • Implement controls as recommended. • Communicate any system down time/ issues to users. |
| DPO | <ul style="list-style-type: none"> • Provide support to relevant stakeholders as appropriate during investigations. • Support Director of Operations when reporting to ICO. • Share best practice. |

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| | <ul style="list-style-type: none"> • Undertake reviews to ensure controls are working as intended. |
| Central HR / Legal | <ul style="list-style-type: none"> • Support managers on any HR/legal issues when undertaking investigations. • Liaise with key stakeholders as appropriate during investigations. • Work with DoO to help improve controls, policies and procedures. |
| Director of Operations | <ul style="list-style-type: none"> • Co-ordinate/undertake investigation when required. • Provide advice to the nominated officer undertaking the investigation. • Keep the incident log up to date and track the tasks delegated to officers. • Keep all other relevant stakeholders informed throughout the incident process. • Where applicable, report incidents to the Information Commissioner's Office once agreed with the Trust Leader • Ensure follow up actions from incidents are being completed • Regularly review and update this policy • Advise on mitigating controls that can be implemented to prevent reoccurrence of incidents • Provide advice on the data breach process and ensure relevant documentation is completed in the event of an incident |
| Trust Leader | <ul style="list-style-type: none"> • Be made aware of incidents, outcomes and recommendations. • Obtain assurances that follow up actions are carried out. • Acts as appropriate on issues encountered within investigations or in implementing remedial recommendations. • Authorise the reporting to the Information Commissioner where required |
| Board of Trustees | <ul style="list-style-type: none"> • Receives a summarised list of incidents, outcomes and recommendations for scrutiny • Approve the Data Breach Policy and Process • Be made aware of serious incidents, their outcomes, recommendations and completion of actions where there is a possible requirement to report to the ICO |

Appendix 2: Severity Table

NB: This table only gives broad guidelines on the severity of incidents. Each case may differ depending on other variables e.g. the number of people affected, the type of information concerned etc. The severity of each incident should therefore be considered on an individual basis.

| Incident Type | Breach of (Confidentiality, Integrity, Availability & Accountability) | Severity |
|--|---|--|
| Unauthorised access to Network/ Systems/ Applications/ Email | Integrity/ Confidentiality/ Availability & Accountability | Moderate to Major depending on the level of information accessed |
| Sending information | | |
| Information sent to the wrong recipient (internally), disclosing information that is neither confidential nor personal | Integrity | Minor |
| Information sent to various recipients (including external recipients) disclosing non confidential or non-personal information | Integrity | Moderate |
| Information sent to an unauthorised recipient(s) containing confidential and sensitive personal information (whether Internal or External) | Integrity/Confidentiality | Major |
| Loss of equipment | | |
| Loss or theft of equipment containing no confidential and/or personal information | Availability | Minor/ Moderate |
| Loss and theft of equipment containing confidential and/or personal information but with encryption software installed on the equipment | Availability/ Confidentiality | Moderate |
| Loss and theft of equipment containing confidential and/or sensitive personal information where equipment has no encryption software installed | Availability/ Confidentiality | Major |
| Inappropriate material found on PC | Accountability | Minor to Major depending on the type of material found on the PC |
| Illegal material found on PC | Accountability | Major |
| Inappropriate/unauthorised use of the network/software leading to a disruption of services | Availability | Major |
| Inappropriate use of the internet or email as defined within the AUP Policy | Accountability/ Availability | Minor to Major depending on the circumstances |
| Passwords written down leading to unauthorised access | Integrity/ Confidentiality/ Availability & Accountability | Moderate/ Major depending on the type of information and system and impact of the incident |
| Offensive emails being sent | Accountability | Moderate to Major depending on content of the email |
| Spam or 'phishing' emails | Availability | Minor to Moderate depending on the impact and number of users affected. |
| Information sent externally or internally by fax, post or hand (containing no confidential or personal | Availability | Moderate |

| | | |
|--|---|---|
| information) is lost | | |
| Information sent externally or internally by fax, post or hand (containing confidential or sensitive personal information) is lost | Integrity/ Confidentiality/ Availability & Accountability | Major |
| Unintentional corruption of data | Availability | Moderate/Major depending on the amount of data and type of data corrupted |
| Intentional corruption of data | Availability and Accountability | Major |
| Password sharing | Accountability/ Integrity/ Confidentiality | Moderate to Major depending the type of data in question |
| Downloading or copying of unlicensed software | Accountability | Major |
| Information/ data deleted or amended from a database in error | Accountability/ Integrity & Availability | Moderate |
| Information/ data deleted or amended from a database maliciously | Accountability/ Integrity & Availability | Major |
| Confidential information disposed of inappropriately | Accountability | Major |
| Website Hacked | Availability/ Integrity | Moderate to Major depending on the criticality of the system |
| Misuse of Telephony Service | Accountability | Minor to Major on the level of misuse |

Appendix 3 – Data Breach Reporting Form

Data Breach Incident Reporting Form

Email completed forms as soon as possible to dprep@discoveryschoolstrust.org.uk

Provide as much information as you can, but do not delay sending in the form.

For **urgent incidents** (e.g. virus infection), contact the IT Helpdesk straightaway.

| GENERAL DETAILS | | |
|---|--|--------|
| Incident number: | <i>To be added by DoO for easy reference</i> | |
| School/ location: | | |
| LDPR: | | |
| Investigated by: | | |
| Contact number: | | |
| Date form completed: | | |
| Date of incident: | | |
| ABOUT THE INCIDENT | | |
| Incident description. What has happened? | | |
| How was the incident identified? | | |
| What information does it relate to? e.g. a file containing details of 100 service users name, address, direct debit details. | | |
| What medium was the information held on? <ul style="list-style-type: none"> • Paper • Memory stick • laptop, etc | | |
| If electronic, was the data encrypted? | | |
| Dealing with the current incident: Please list initial actions: - <ul style="list-style-type: none"> • Who has been informed? • What has been done? | | |
| Are further actions planned? If so, what? | | |
| Have the staff involved in the security incident done any Data Protection Training? | Yes / No | |
| If so, what and when? (Please list) | | |
| Preventing a recurrence: Has any action been taken to prevent recurrence? | | |
| Are further actions planned? If so, what? | | |
| IMPACT ASSESSMENT QUESTIONS | | |
| 1. | Was any data lost or compromised in the incident? e.g. loss of an encrypted laptop will not actually have compromised any information, unless e.g. the user was logged in when they lost it. | Yes/No |
| 2. | Was personal data lost or compromised? | Yes/No |

| | | |
|-----|--|---------|
| | This is data about living individuals such employees, pupils and parents. This could be a breach of the Data Protection Act 1998. | |
| 3. | If yes, was <u>sensitive</u> personal data compromised? This is data relating to health, ethnicity, sexual life, trade union membership, political or religious beliefs, potential or actual criminal offences. This could be a serious breach of the Data Protection Act 1998. | Yes/No |
| 4. | Was safeguarding, Child Protection data involved? | Yes/No |
| 5. | What is the number of people whose data was affected by the incident? | |
| 6. | Is the data breach <u>unlikely</u> to result in a <u>risk</u> to the individual/individuals? Physically, materially, or morally? Example - physical harm, fraud, reputation, financial loss, | Yes/No |
| 7. | Did people affected by the incident give the information to the organisation in confidence? (i.e. with an expectation that it would be kept confidential) | Yes/ No |
| 8. | Is there a risk that the incident could lead to damage to individuals eg. via identity theft/ fraud? E.g. loss of bank details, NI numbers etc. | Yes/No |
| 9. | Could the incident damage an individual's reputation, or cause hurt, distress or humiliation e.g. loss of medical records, disciplinary records etc.? | Yes/No |
| 10. | Can the incident have a serious impact on the school or Trust's reputation? | Yes/No |
| 11. | Has any similar incident happened before at this location? | Yes/No |
| 13. | If this incident involves the loss or theft of IT Equipment please confirm you have logged a call on the ICT Help & Support helpdesk? | Yes/No |

| FURTHER ACTION: (to be completed by Director of Operations) | | |
|---|--|--------|
| Completed by: | | |
| Is further action required? | | Yes/No |
| Has the case been discussed with the Executive Team? | | Yes/No |
| Have data subjects been informed? | | Yes/No |
| Have key stakeholders been informed? | | Yes/No |
| Have control weaknesses been highlighted and recommendations made? | | Yes/No |
| Has sufficient and appropriate action been taken? | | Yes/No |
| Does the incident need reporting to the ICO? | | Yes/No |
| Has the Incident Log been updated? | | Yes/No |
| Further investigation undertaken by:- | | |
| Date incident closed:- | | |

You can also contact the following people for advice:

Nathan Thirlby – Director of IT

Appendix 4: Data Breach Process diagram

