

INFORMATION GOVERNANCE POLICY

AUTHOR(S):

Name: Mary Mitchell
Job Title: ASP Information governance & Legal Manager

KEY DIRECTORS

Name: Tom Dening
Job Title: Medical Director

RATIFIED BY

Forum: Healthcare Governance Committee

IMPLEMENTATION

Date: 5 March 2008

REVIEW

Date: 5 March 2009

Signed on behalf of the Trust :
Karen Bell, Chief Executive

Information Governance Policy

Table of Contents

1.	Introduction	3
2.	Scope	3
3.	Principles	3
3.1	Openness & Transparency.....	4
3.2	Legal Compliance.....	5
3.3	Information Security	5
3.4	Information Quality Assurance	6
4.	Responsibilities.....	6
5.	Training/Awareness	7
6.	Monitoring/Audit.....	7
7.	Information Governance Management	7
8.	Review	8
9.	Appendix 1 Trust Related Policies	9
10.	Appendix 2 Information Governance Responsibilities	10
11.	Appendix 3 Information Governance Steering Group Terms of Reference.....	11

Information Governance Policy

1. Introduction

Information is a vital asset, both in terms of the clinical management of individual patients and the efficient management of services and resources. It plays a key part in Clinical Governance, service planning and performance management.

It is therefore of paramount importance to ensure that information is effectively managed and that appropriate policies, procedures and management accountability and structures provide robust governance framework for information management.

This policy gives assurance to the Trust and to individuals that personal information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care.

The Trust will establish and maintain policies and procedures to ensure compliance with requirements contained in the National Health Service Connecting for Health Information Governance Toolkit.

This policy, and its supporting standards and work instruction, are fully endorsed by the Board through the production of these documents and their minuted approval.

2. Scope

This policy covers all aspects of information within the organisation, including but not limited to:

- Patient/client/service user information
- Personnel information
- Organisational information

This policy covers all aspects of handling information, including (but not limited to):

- Structured record systems – paper and electronic
- Transmission of information – fax, e-mail, post and telephone

This policy covers all information systems purchased, developed and managed by or on behalf of the organisation, and any individual directly employed or otherwise by the organisation.

3. Principles

The Trust recognises the need for an appropriate balance between openness and confidentiality in the management and use of information.

The Trust 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, both personal information about patients and staff and commercially sensitive information.

The Trust also recognises the need to share patient information with other health organisations and other agencies in a controlled manner consistent with the interests of the patient and, in some circumstances, the public interest.

The Trust believes that accurate, timely and relevant information is essential to deliver the highest quality health care. As such it is the responsibility of all clinicians and managers to ensure and promote the quality of information and to actively use information in decision making processes.

There are 4 key interlinked strands to the information governance policy:

- Openness Transparency and Traceability
- Legal compliance
- Information security
- Quality assurance

3.1 Openness & Transparency

- The Trust recognises the need for an appropriate balance between openness and confidentiality in the management and use of information.
- Information will be defined and where appropriate kept confidential, underpinning the principles of Caldicott and the regulations outlined in the Data Protection Act. Non-confidential information on the Trust and services will be available to the public through a variety of means, in line with the Trust's code of openness and compliance with the Freedom of Information Act.
- Patients will have access to information relating to their own health care, options for treatment and their rights as patients. There will be clear procedures and arrangements for handling queries from patients and the public.
- The Trust will have clear procedures and arrangements for liaison with the press and broadcasting media.
- Integrity of information will be developed, monitored and maintained to ensure that it is appropriate for the purposes intended.
- Availability of information for operational purposes will be maintained within set parameters relating to its importance via appropriate procedures and computer system resilience.

- The Trust regards all identifiable personal information relating to patients as confidential, compliance with legal and regulatory framework will be achieved, monitored and maintained.
- The Trust regards all identifiable personal information relating to staff as confidential except where national policy on accountability and openness requires otherwise.
- The Trust will establish and maintain policies and procedures to ensure compliance with the Data Protection Act, Human Rights Act, the common law duty of confidentiality and the Freedom of Information Act.
- Information Governance training including awareness and understanding of Caldicott principles and confidentiality, information security and data protection will be mandatory training for all staff. Information governance will be included in induction training for all new staff. The necessity and frequency of any further training will be appraisal based.

3.2 Legal Compliance

- The Trust regards all identifiable personal information relating to patients as confidential
- The Trust will undertake or commission annual assessments and audits of its compliance with legal requirements
- The Trust regards all identifiable personal information relating to staff as confidential except where national policy on accountability and openness requires otherwise
- The Trust will establish and maintain policies to ensure compliance with the Data Protection Act, Human Rights Act and common law confidentiality
- The Trust will establish and maintain policies for the controlled and appropriate sharing of patient information with other agencies, taking account of relevant legislation (e.g. Health and Social Care Act, Crime and Disorder Act, Protection of Children Act)
- The Trust has a comprehensive range of policies supporting the information governance agenda; reference must be made to these alongside this policy. Legal and professional guidance should also be considered where appropriate (Appendix 1)

3.3 Information Security

- The Trust will establish and maintain policies for the effective and secure management of its information assets and resources
- The Trust will undertake or commission annual assessments and audits of its information and IT security arrangements

- The Trust will promote effective confidentiality and security practice to its staff through policies, procedures and training
- The Trust will establish and maintain incident reporting procedures and will monitor and investigate all reported instances of actual or potential breaches of confidentiality and security

3.4 Information Quality Assurance

- The Trust will establish and maintain policies and procedures for information quality assurance and the effective management of records
- The Trust 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.
- The Trust will promote information quality and effective records management through policies, procedures/user manuals and training
- The Trust will promote information quality and effective records management through policies, procedures/user manuals and training.

4. Responsibilities

It is the role of the Trust Board to define the Trust's policy in respect of Information Governance, taking into account legal and NHS requirements. The Board is also responsible for ensuring that sufficient resources are provided to support the requirements of the policy.

The Information Governance Steering Group is responsible for overseeing day to day Information Governance issues; developing and maintaining policies, standards, procedures and guidance, coordinating Information Governance in the Trust and raising awareness of Information Governance.

Managers within the Trust are responsible for ensuring that the policy and its supporting standards and guidelines are built into local processes and that there is on-going compliance.

All staff, whether permanent, temporary or contracted, and contractors are responsible for ensuring that they are aware of the requirements incumbent upon them and for ensuring that they comply with these on a day to day basis.

5. Training/Awareness

Information governance will be a part of induction training. All new staff will receive awareness training and information on information governance, which will include Caldicott and confidentiality, data protection, information security and Freedom of Information.

Information Governance training including awareness and understanding of Caldicott principles and confidentiality, information security and data protection will be mandatory training for all staff . The frequency of any further information governance training will be appraisal based.

6. Monitoring/Audit

- The Trust will monitor this policy and related strategies, policies and guidance through the Information Governance Toolkit.
- As assessment of compliance with requirements, within the Information Governance Toolkit (IGT) will be undertaken each year. The Trust will identify staff to undertake Administrator, Reviewer and User roles as described in the IGT
- The Information Governance Steering Group will ensure implementation of the Information Governance Action Plan.
- Annual reports and proposed action/development plans will be presented to the Trust's Board for approval prior to submission to the IGT.
- It is assumed that both Internal and External Audit will review this and associated procedures.
- The Trust will monitor compliance with the core Standards for Better Health as related to information governance, in particular the core standards C9 and C7b and ensure progress towards the relevant developmental standards, in particular D6.

7. Information Governance Management

Information Governance management across the organisation will be co-ordinated by the Information Governance Steering Group. The structure and Terms of Reference of this Committee are shown in Appendix 3.

The responsibilities of the Information Governance Steering Group will include, but not limited to:

- Recommending for approval, by the appropriate Trust board, related policies and procedures.

- Recommending for approval to the Trust Board the annual submission of compliance with requirements in the IGT and related action plan.
- To co ordinate and monitor the Information Governance strategy across the organisation.
- The Information Governance Steering group will report to the Board via the Healthcare Governance Committee and individual items of action may be included within the Board Assurance Framework (BAF) for regular monitoring.

The Information Governance Steering Group will endorse Information Governance strategy for the Trust and utilise joint and collaborative working provided by ASP Information Governance Forum.

8. Review

This policy and associated strategy will be reviewed in January 2009 or earlier if appropriate, to take into account any changes to legislation that may occur, and/or guidance from the Department of Health and/or the NHS Executive.

9. Appendix 1 Trust Related Policies

Trust Related Policies

- Cambridgeshire NHS & Health and Social Care Information Community – General protocol for protecting and using personal information within Cambridgeshire and Peterborough
- Information and Data Quality Policy-Currently under review
- Data Protection and Access to Records policy
- E-mail and Internet policy
- Freedom of Information Act policy
- IT security policy
- Medical Records policy
- Professional codes of conduct from the BMA, GMC and NMC and others including Allied Health Professionals, Finance Professionals and NHS Managers
- Clinical Record Keeping Policy
- Research Governance policy
- Safe Haven policy

Legal Acts

- Data Protection Act 1998
- Human Rights Act 1998
- Freedom of Information Act 2000
- Access to Health Records Act 1990 (where not superseded by the Data Protection Act 1998)
- Computer Misuse Act
- Copyright, designs and patents Act 1988 (as amended by the copyright computer programmes regulations 1992)
- Crime and Disorder Act 1998
- Electronic Communications Act 2000
- Regulations of Investigatory Powers Act 2000 (RIPA)
- Mental Capacity Act 2005

Supporting Documents

- Information Security Management: NHS Code of Practice April 2007
- UK Strategy for Information Assurance:
Protecting our information systems CSIA Cabinet Office 2004
- Lord Chancellor's code of practice on the management of records under section 46 of the Freedom of information act 2000 - November 2002

10. Appendix 2 Information Governance Responsibilities Information Governance Responsibilities

Caldicott Guardian

Medical Director – Dr Tom Dening

Information Governance Lead:

Governance Responsibilities

Information governance management

Registration Authority Manager -

Clinical Information Manager -

Business Continuity -

Head of NPfIT-

IT Infrastructure - ASP

Information Governance Manager ASP - Mary Mitchell

Confidentiality and data protection assurance

Information Governance Manager ASP - Mary Mitchell

Information security assurance

IT Infrastructure - ASP

Registration Authority Manager –

ASP Registration Manager - David Smith

Head of NPfIT-

Clinical information assurance

Clinical and Practice Governance Manager

Corporate information assurance

Linda Aschettino

11. Appendix 3 Information Governance Steering Group Terms of Reference

Responsibility

To co-ordinate information governance strategies and policies across the Trust, to ensure consistent and high standards of record-keeping and information-handling, in accordance with statutory and legal requirements, and to support the Trust's objectives in the delivery of high quality patient care.

Duties

1. To oversee the implementation and action plans of the Trust's Information Governance Toolkit which includes Freedom of Information, Data Protection, Information Quality Assurance, Health Records, Confidentiality Code of Practice, Information Security, Information Governance Management and National Programme initiatives.
2. To work with the Caldicott Guardian in the introduction of robust measures to ensure confidentiality of patient-identifiable information.
3. To ensure that the Trust undertakes annual assessments and audits of its Information Governance policies and arrangements via the Information Governance Toolkit.
4. To establish an annual Information Governance Improvement Plan, secure the necessary implementation resources, and monitor the implementation of that plan.
5. To provide the forum and focus for the direction, development, promotion and monitoring of information governance in keeping with the following guiding principles: safe; legal; accurate; moveable; accessible; accountable.
6. To produce a strategy covering general and long term issues which guides the values, behaviour and arrangements necessary to manage information governance to optimum levels, having regard to cost, safety and quality of service provision.
7. To advise the Research Governance Committee on information governance requirements for the Trust Research Governance strategy.
8. To develop and promote a consistent countywide incident reporting mechanism and then receive and consider reports into breaches of confidentiality and security and where appropriate undertake or recommend remedial action.

9. Identify training and development requirements in priority areas and support effective implementation of recommendations.
10. To liaise with other Trust committees working groups and programme boards in order to promote Information Governance and update on recent Information Governance issues.
11. To establish communication channels to promote sound information governance principles and effective working arrangements with key stakeholders, including our staff, provider services, independent NHS contractors and shared services.

Attendance at Meetings

The Steering Group can invite people whose attendance is relevant to matters to be discussed. All other attendance will be at specific invitation of the Group. The principle of arranging a 'deputy' to attend the Group meetings on behalf of members who are unable to attend will apply.

Authority

The ultimate responsibility for Information Governance in the Trust lies with the Trust Board. The Information Governance Steering Group has delegated authority from the Board to discharge its functions in this respect. The Information Governance Steering Group is accountable through the Healthcare Governance Committee to the Trust Board.

Relationship with other groups

The Information Governance Steering Group will report to the Healthcare Governance Committee and the Trust IM&T/NPIT Committee with regular updates, exception reports, policies and strategies for approval. An annual report will be produced for the Trust Board regarding Information Governance activities and the results of the annual toolkit submission.