

Information Governance Policy

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Related Policies & Guidelines:

- Confidentiality Policy
- Records Management Policy
- Information Security Policy

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Amendment History

Version	Status	Date	Reason for Change	Authorised
1.0	Approved	01.03.2014	Policy review Replaced “Standards for Better Health” with “core CQC registration Standards (records)”	

1.2	Approved	07.05.2014	<ul style="list-style-type: none"> • Updated roles and responsibilities in line with new company structures • Updated section: Training; responsibility for training needs reviews was assigned to IGC • Added requirement for annual IG Training updates for all staff and contractors • Replaced IG Steering Group with IG Committee • Replaced working Group with IG Committee 	
1.3		December 2014	Review and formatting	Q&SC

1. Policy Summary

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 a robust governance framework for information management.

Senior level ownership of information risk is a key factor in successfully raising the profile of information risks and to embedding information risk management into the overall risk management culture of Central London Healthcare.

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

Central London Healthcare CIC has established and maintained policies and procedures to ensure compliance with requirements contained in the NHS Connecting for Health Information Governance Toolkit.

This policy, and its supporting standards and instructions are routinely presented to the Executive board for approval.

2. Scope

This policy applies to:

- All Central London Healthcare CIC staff
- All data handling activities that relate to (but not limited to) service user, patient, client information; personnel and organisational information
- All formats and modes of information processing, including (but not limited to) Structured record systems – paper and electronic; transmission of information – fax, email, post and telephone
- All information systems purchased, developed and managed by or on behalf of the Central London Healthcare, and any individual directly employed or otherwise by Central London Healthcare

3. Principles

Central London Healthcare CIC recognises the need for an appropriate balance between openness and confidentiality in the management and use of information.

Central London Healthcare CIC 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.

Central London Healthcare CIC 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.

Central London Healthcare CIC 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:

1. Openness and transparency
2. Legal compliance
3. Information security
4. Quality assurance

3.1 Openness and Transparency

- Central London Healthcare CIC recognises the need for an appropriate balance between openness and confidentiality in the management and use of information.
- Information is defined and, where appropriate, kept confidential, thus underpinning the principles of Caldicott and the regulations outlined in the Data Protection Act. Non-Confidential information about Central London Healthcare CIC and its services will be available to the public through a variety of means in compliance with the Freedom of Information Act, Freedom of Information Policy, Code of Conduct for Confidentiality, Data Protection Act and Access to Records Policy.
- Patients can have access to information relating to their own health care, options for treatment and their rights as patients. There are clear procedures and arrangements for handling queries from patients and the public.
- Central London Healthcare CIC has clear procedures and arrangements for liaison with the press and broadcasting media. The Communications Lead is the Stakeholder Engagement Officer.
- Integrity of information is, monitored and maintained to ensure that it is appropriate for the purposes intended.
- Availability of information for operational purposes is maintained within set parameters relating to its importance via appropriate procedures and computer system resilience.
- Central London Healthcare CIC regards all identifiable personal information relating to patients as confidential. Compliance with legal and regulatory framework has been achieved through training, and is maintained through annual updates.
- Central London Healthcare CIC regards all identifiable personal information relating to staff as confidential except where national policy on accountability and openness requires otherwise.

- Central London Healthcare CIC 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 is mandatory for all staff. Information governance is included in induction training for all new staff.

3.2 Legal Compliance

- Central London Healthcare CIC regards all identifiable personal information relating to patients as confidential.
- Central London Healthcare CIC undertakes an annual assessment of its compliance with legal requirements through the IG Toolkit.
- Central London Healthcare CIC regards all identifiable personal information relating to staff as confidential except where national policy on accountability and openness requires otherwise.
- Central London Healthcare CIC has established and maintains policies to ensure compliance with the Data Protection Act, Human Rights Act and common law confidentiality.
- Central London Healthcare CIC has established and maintains 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).
- Central London Healthcare CIC has a comprehensive range of policies supporting the information governance agenda.

3.3 Information Security

- Central London Healthcare CIC has established and maintains policies for the effective and secure management of its information assets and resources.
- Central London Healthcare CIC undertakes an annual assessments and audits of its information and IT security arrangements through the IG Toolkit framework.
- Central London Healthcare CIC promotes effective confidentiality and security practice to its staff through policies, procedures and training.
- Central London Healthcare CIC has established and maintains incident reporting procedures and will monitor and investigate all reported instances of actual or potential breaches of confidentiality and security.

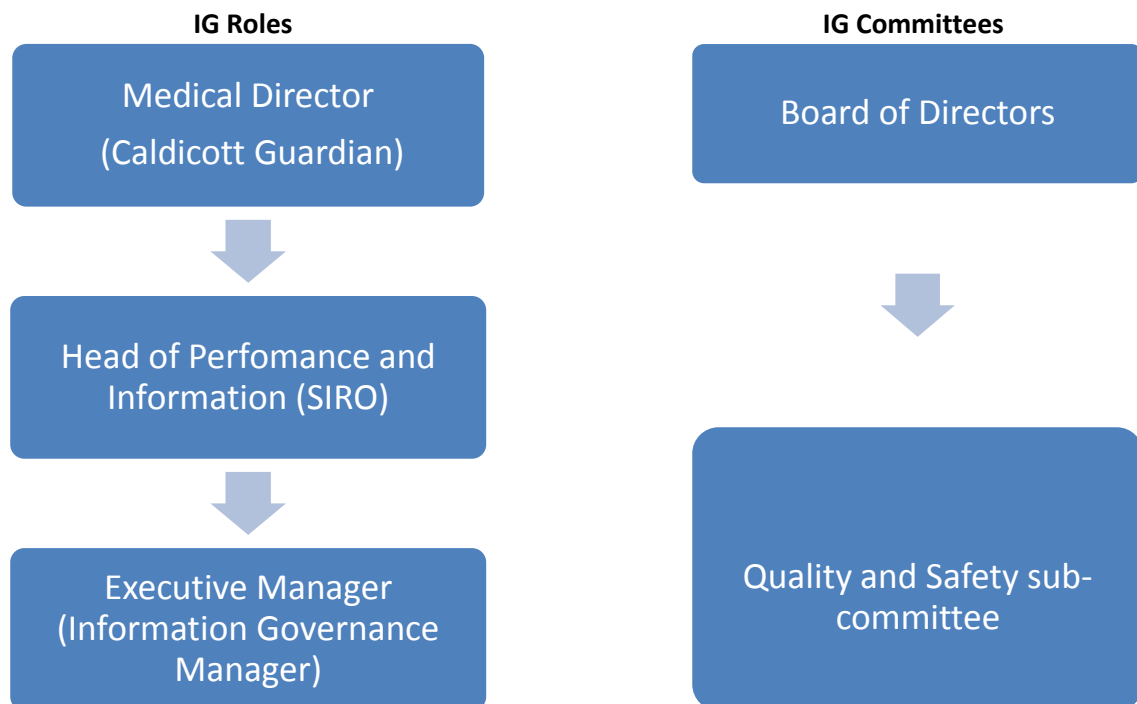
3.4 Information Quality Assurance

- Central London Healthcare CIC has established and maintains policies and procedures for information quality assurance and the effective management of records.

- Central London Healthcare CIC undertakes an assessment of its information quality and records management arrangements in line with the IG Toolkit requirements.
- 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 are set through clear and consistent definition of data items, in accordance with national standards.
- Central London Healthcare CIC promotes information quality and effective records management through policies, procedures/user manuals and training.

4. Responsibilities

Central London Healthcare CIC IG Responsibility Structure



4.1 The Board

It is the role of Central London Healthcare CIC Board to define Central London Healthcare's IG framework, 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 framework, taking advice as and when required from the Quality and Safety sub-committee

4.2 Information Governance Lead

The **Medical Director** of Central London Healthcare CIC has overall accountability and responsibility for Information Governance within Central London Healthcare CIC and is required to provide assurance that all risks to Central London Healthcare, including those relating to information, are effectively managed and mitigated.

4.3 Head of Performance and Information (in capacity of Senior Information Risk Officer)

The Head of Performance and Information in their capacity as Senior Information Risk Officer is expected to understand how the strategic business goals of Central London Healthcare CIC may be impacted by information risks. The SIRO acts as an advocate for information risk on the Board, and provides an essential role in ensuring that identified information security threats are followed up and incidents managed. The role is supported by the Caldicott Guardian and Managing Director, although ownership of the Information Governance policy and risk assessment process will remain with the SIRO.

4.4 Quality and Safety sub-committee

The Integrated Governance Committee is responsible for overseeing day to day Information Governance issues; developing and maintaining policies, standards, procedures and guidance, coordinating Information Governance within the organisation and raising awareness of Information Governance within Central London Healthcare. The Quality and Safety sub-committee reports to the Executive Board.

4.5 Information Governance Lead

The Medical Director is the person responsible for the co-ordination and management of Information Governance at Central London Healthcare. The post holder is the first point of contact for all IG issues and will ensure that all activities relating to Information Governance are properly carried out in line with DOH guidelines. The IG Lead also confirms the levels the organisation attained on the IG toolkit before final submission for assessment. In addition, the post holder co-ordinates a review of the Central London Healthcare's current management and accountability arrangements for Information Governance. Other duties include overseeing the writing and updating of policies/processes/protocols, reporting and monitoring, planning and implementation, training and informing. The post holder is also responsible for overseeing the activities required to provide assurances on the IG toolkit.

4.6 Caldicott Guardian

The Chair/Medical Director is Central London Healthcare's Caldicott Guardian. The Caldicott Guardian is responsible for issues relating to patients confidentiality and related patient services.

4.7 Managers

All Managers within Central London Healthcare CIC 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. Line Managers must ensure that staff are adequately trained and apply the appropriate guidelines.

4.8 Data Protection Lead/Officer

The role of the Data Protection Lead (Head of Performance and Information) is to ensure that the organisation complies with the Data Protection Act 1998, and to ensure that employees are fully informed of their own responsibilities for acting within the law and that the public, including employees, are informed of their rights under the Act. The role of Data Protection Officer is assigned to Head of Performance and Information.

4.9 Freedom of Information Officer

The role of the Freedom of Information officer (Head of Performance and Information) is to ensure CLH CIC complies with the requirements to requests made under the Freedom of Information (FOI) Act by co-ordinating and responding to requests made (under the Act) by:

- Establishing the duty to comply.

- Co-ordinating the response to the information requested in accordance with the Act.
- Implement processes to ensure response times are met, escalating when breaches may occur.
- Ensuring the Organisation adjusts to meet amendments to any FOI legislation / schemes, maintaining an awareness of changes to FOI Legislation and working the IG Lead to ensure process reflects legal requirement.

4.10 Staff

All staff, whether permanent, temporary or contracted, 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

Considerations following training needs analysis and assessment of resource implications inform the long-term development of an Information Governance training programme for staff. The following training programmes are to be implemented by Central London Healthcare.

- An initial induction to Information Governance is provided to all new starters. The aim of this is to give a general overview of Information Governance, raising awareness with all staff and providing contact details of key personnel in the relevant areas. IG Training should be implemented in all induction plans for new starters and all contractors working on – site.
- Information Governance Training Tool Modules: This online training programme is provided to all staff and is mandatory for all staff.
- Annual refresher training should be provided to all staff as prescribed in IG Training Tool Module
- Training Requirements should be reviewed on annual basis by IGC and signed off by IG Lead

5.1 Non-compliance with the Policy

Failure to observe this policy may be regarded by Central London Healthcare CIC as gross misconduct. Disciplinary procedures, civil action or criminal proceedings may be instigated as a consequence of damage caused to an individual, Central London Healthcare CIC or its partner organisations by non-compliance with this policy.

5.2 Risk Management and what to do in breach of the Policy

Central London Healthcare's approach to controlling risk, set out within the Risk Management policy informs the control of risk for Information Governance related activities.

Exceptions to the implementation of this policy should be reported to the Head of Performance and Information on 0207 535 8306 where they will be escalated to the Quality and Safety sub-committee. Log of Exceptions will also be reported in quarterly reports to the SIRO.

6. Monitoring / Audit

- Central London Healthcare CIC monitors this policy and related strategies, policies and guidance through the Information Governance Committee.
- An assessment of compliance with requirements, within the Information Governance Toolkit (IGT) is undertaken each year.
- The Information Governance IG Committee ensures implementation of the Information Governance Action Plan.
- It is assumed that both Internal and External Audit will review this and associated procedures.
- Central London Healthcare CIC monitors compliance with the core CQC registration Standards (Records) as related to information governance, even though currently not registered with the CQC.
- Central London Healthcare CIC ensures that the support infrastructure for the SIRO is in place, and is kept under regular review.

7. Information Governance Management

Information Governance management across the organisation is co-ordinated by the Quality and Safety sub-committee.

7.1 Information Governance Advice

All routine and ad hoc requests for advice on Information Governance issues must be channelled through the Head of Performance and Information (Central London Healthcare's IG Manager).

8. Introducing New Processes and Procedures

All new or proposed changes to organisational processes or information assets should be identified and forwarded to the IG Committee for evaluation to assess the impact on Information Security confidentiality and data protection, and information quality before making decisions about whether to permit implementation of a new process or information asset

9. Review

The Quality and Safety sub-committee is responsible for advising on the implementation of this policy and other Information Governance related Policies and Procedures. It ensures that clear formal guidelines have been provided to staff on all aspects of Information Governance.

This Policy will be subjected to an annual review. The Quality and Safety sub-committee in conjunction with the Head of Performance and Information will carry out the review.

An earlier review may be warranted if one or one of the following occurs:

- As a result of regulatory/statutory changes or developments
- As a result of NHS policy changes or developments
- For any other relevant or compelling reason

Appendix 1 – References

Data Protection Act 1998

<http://www.legislation.gov.uk/ukpga/1998/29/contents>

Human Rights Act 1998

<http://www.legislation.gov.uk/ukpga/1998/42/contents>

Freedom of Information Act 2000

<http://www.legislation.gov.uk/ukpga/2000/36/contents>

Health and Social Care Act 2012

<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

Crime and Disorder Act 1998

<http://www.legislation.gov.uk/ukpga/1998/37/contents>

Protection of Children Act 1999

<http://www.legislation.gov.uk/ukpga/1999/14/contents>

Information Governance – Health and Social Care Information Centre

<http://systems.hscic.gov.uk/infogov>