



*North East Hampshire and Farnham
Clinical Commissioning Group*

INFORMATION GOVERNANCE POLICY

Document information

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Author:	Information Governance Team NHS North East Hampshire and Farnham Clinical Commissioning Group.
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For action by:	All NHS North East Hampshire and Farnham Clinical Commissioning Group staff and those individuals working alongside NHS North East Hampshire and Farnham Clinical Commissioning Group without a formal contract of employment; for example – contractor or temporary members of staff.
Policy statement:	This policy supports NHS North East Hampshire and Farnham Clinical Commissioning Group in achieving best practice in the area of Information Governance and in meeting the requirements of the IG Toolkit.
Responsibility for dissemination to new staff:	The policy will be disseminated via the approved Policy implementation process for NHS North East Hampshire and Farnham Clinical Commissioning Group
Training Implications:	All staff should be aware of the content of this policy.
Further details and additional copies available from:	Governance Team
Equality Impact Assessment Completed?	The content of this policy does not raise any equality and diversity issues in relation to the protected characteristics
Consultation Process	Corporate Review Group Audit & Risk Committee
Approved by:	Audit & Risk Committee
Date approved:	7 th September 2016

Amendments Summary:

Amend No	Issued	Page(s)	Subject	Action Date
1		6	Include gender reassignment information	November 2015
2		11	Include Gender Reassignment legislation	November 2015
3		11	Include equality, diversity and mental capacity section	November 2015
		13	Equality Impact Assessment reviewed	November 2015
1.V3		Page 11 Pages 7 & 11 Appendix 1	Annual review in line with CCG and IG Toolkit requirements. Minor amendments to include Code of Practices on confidentiality, HSCIC name change to NHS Digital and Equality Impact Assessment reviewed.	August 2016

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Name of Reviewer	Ratification Process	Notes
2	November 2015	Jackie Thomas, Information Governance Manager, SCW CSU		
3	August 2016	Jackie Thomas, Information Governance Manager, SCW CSU		

Summary

This Policy is written to give NHS North East Hampshire and Farnham Clinical Commissioning Group (CCG) a clear Information Governance framework which includes advice and guidance and to inform staff of their operational and legal responsibilities.

Consultation

The Policy has been considered by the CCG Audit and Risk Committee. Comments have been incorporated as appropriate.

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1. Introduction

1.1 Information is a vital asset. It plays a key part in ensuring the efficient management of service planning, resources and performance management.

1.2 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.

1.3 Information Governance looks at the way the NHS handles information about patients, staff, contractors and the healthcare provided, with particular consideration of personal and sensitive information. Without access to information it would be impossible to provide quality healthcare. 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
- Clinical Information assurance for Safe Patient Care
- Confidentiality and Data Protection assurance
- Corporate Information assurance
- Information Security assurance
- Secondary Use assurance

1.4 The aims of this document 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

2. Scope and Definitions

2.1 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, both personal and commercially sensitive information. The CCG also recognises the need to share information in a controlled manner consistent with the law, interests of the patient and in some circumstances, the public interest.

2.2 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.

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

- Openness

- Legal compliance
- Information security
- Quality assurance

3. Processes/Requirements

- 3.1 The CCG will ensure that it meets its national requirements in respect of its submission of the annual self-assessment Information Governance Toolkit.
- 3.2 Non-confidential information about the CCG and its services will be available to the public through a variety of media.
- 3.3 The CCG will establish and maintain policies to ensure compliance with the Freedom of Information Act. Please refer to the CCG Freedom of Information Policy.
- 3.4 The CCG will have clear procedures and arrangements for liaison with the press and broadcasting media. Please refer to the CCG Communications Strategy.
- 3.5 The CCG will have clear procedures and arrangements for handling requests for information from the public. Please refer to the Confidentiality Policy in accordance with the Data Protection Act 1998.
- 3.6 The CCG will establish and maintain policies to ensure compliance with the Code of Practice for Records Management. Please refer to the CCG Records Management Policy.

4. Legal Compliance

- 4.1 The CCG regards all identifiable personal information as confidential except where national policy on accountability and openness requires otherwise.
- 4.2 The CCG will establish and maintain policies to ensure compliance with the Data Protection Act, Human Rights Act and the common law confidentiality.
- 4.3 The CCG will establish and maintain protocols for the controlled and appropriate sharing of information with other agencies, taking account of relevant legislation (e.g. Health and Social Care Act, Crime and Disorder Act, Protection of Children Act)
- 4.4 The CCG regards all identifiable personal information relating to staff as confidential except where national policy on accountability and openness requires otherwise.
- 4.5 The CCG will establish and maintain protocols for managing protected information about transsexual people. Section 22 of the Gender Recognition Act 2004 states that:

'It is an offence for a person who has acquired protected information in an official capacity to disclose the information to any other person.'

'Protected information' means information which relates to a person who has made an application under the Gender Recognition Act. This covers both the application itself and, if the application was successful, and that the individual was previously of the opposite gender to the one in which they are now legally recognised. See Confidentiality Policy Appendix 1 for more information.

5. Information Security

- 5.1 The CCG will establish and maintain policies for the effective and secure management of its information assets and resources.
- 5.2 The CCG will promote effective confidentiality and security practice to its staff through policies, procedures and training. Please refer to the CCG Information Security, Email, Portable Devices and Internet policies.
- 5.3 The CCG will adhere to the NHS Digital (previously Health and Social Care Information Centre, HSCIC) serious incident requiring investigation (SIRI) reporting process and will also establish and maintain incident reporting procedures and will monitor and investigate all reported instances of actual or potential breaches. Please refer to the CCG IG Serious Incident Requiring Investigation Policy.

6. Information Quality Assurance

- 6.1 The CCG Corporate Review Group will establish and maintain policies and procedures for information quality assurance and the effective management of records. Please see the associated policies.
- 6.2 The CCG will undertake or commission annual assessments and audits of its information quality and records management arrangements.
- 6.3 Managers are expected to take ownership of, and seek to improve, the quality of information within their services.
- 6.4 Wherever possible, information quality should be assured at the point of collection.
- 6.5 Data standards will be set through clear and consistent definition of data items, in accordance with national standards.

7. Commissioning of New Services

- 7.1 The Senior Information Risk Owner (SIRO), Associate Director of IT (CSU) and the Head of Information Governance (CSU) should be engaged during the design phase of any new service, process or information asset so that they can decide if a privacy impact assessment is required for a particular project or plan.

7.2 Responsibilities and procedures for the management and operation of all information assets should be defined and agreed by the CCG SIRO and the appropriate Information Asset Owner.

7.3 All staff members who may be responsible for introducing changes to services, processes or information assets must be effectively informed about the requirement to notify the NHS South, Central and West Commissioning Support Unit Information Governance Privacy Impact Assessment Panel that considers information governance compliance issues.

8. Responsibilities

8.1 The CCG has a particular responsibility for ensuring that it meets its corporate and legal responsibilities, and for the adoption of internal and external governance requirements. The CCG Audit and Risk Committee is responsible for overseeing the Information Governance arrangements on behalf of the CCG's Governing Body.

8.2 NHS North East Hampshire and Farnham Clinical Commissioning Group Chief Officer

8.2.1 The CCG Chief Officer has overall responsibility for governance in the CCG. As Accountable Officer he/she is responsible for the management of the organisation and for ensuring appropriate mechanisms are in place to support service delivery and continuity.

8.3 NHS North East Hampshire and Farnham Clinical Commissioning Group Caldicott Guardian

8.3.1 NHS North East Hampshire and Farnham CCG's Caldicott Guardian is seen as the 'conscience' of the organisation regarding the use of personal confidential data. They are responsible for ensuring all personal confidential data is shared in an appropriate and secure manner.

8.4 NHS North East Hampshire and Farnham Clinical Commissioning Group Senior Information Risk Owner

8.4.1 The CCG Senior Information Risk Owner (SIRO) is responsible for leading on Information Risk and for overseeing the development of an Information Risk Policy. For ensuring the Corporate Risk Management process includes all aspects of Information risk. The SIRO also maintains responsibility for ensuring the CCG Audit and Risk Committee is adequately briefed on information risk issues.

8.5 NHS South, Central and West Commissioning Support Unit Head of Information Governance

8.5.1 The Head of Information Governance is responsible for ensuring that this policy is implemented and that Information Governance systems and processes are developed and training is available and is also responsible for

the overall development and maintenance of information management practices throughout the CCG.

8.6 NHS South, Central and West Commissioning Support Unit Associate Director of IT

8.6.1 The CCG Associate Director for IT (CSU) is responsible for all aspects of Information Governance relating to IT systems including the production of all relevant IT policies and for the monitoring and audit of the CCG's hosted IT provider.

8.7 NHS North East Hampshire and Farnham Clinical Commissioning Group Data Custodians

8.7.1 To raise the profile of Information Governance throughout the CCG and to provide local 'champions', the CCG has established a network of Data Custodians. These individuals are directly accountable to the SIRO and will provide assurance that information risk is being managed effectively for their assigned information assets and for ensuring all staff complete the appropriate modules of the Information Governance Training Toolkit. This role is in addition to their duties and should be fully supported by their manager and recognised in their job description.

8.7.2 Data Custodians will also, on an annual basis, be responsible for local assessment of data collections to establish an Information Assets Register (IAR) and also audit staff compliance with Information handling requirements. This important task provides a CCG wide inventory to inform the annual registration with the Information Commissioner and highlights potential risk areas that may need risk management intervention. Information Assets (IAs) should include any operating systems, infrastructure, business applications, off-the-shelf products, services, user-developed applications, records and information held.

8.7.3 The Data Custodians will be briefed on Information Governance developments and receive specific training.

8.7.4 Support in the role is available at any time from the CSU Information Governance Team. The CCG values staff comments regarding Information handling arrangements and training and it is hoped that each Data Custodian will act as a further conduit to voice these comments.

8.8 NHS North East Hampshire and Farnham Clinical Commissioning Group Audit and Risk Committee

8.8.1 It is the role of the CCG Audit and Risk Committee to define the CCG policy in respect of Information Governance, taking into account legal and NHS requirements.

8.9 NHS North East Hampshire and Farnham Clinical Commissioning Group Senior Management Team/Corporate Review Group.

8.9.1 The NHS North East Hampshire and Farnham Clinical Commissioning Group, Senior Management Team 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.

8.10 NHS North East Hampshire and Farnham Clinical Commissioning Group Service Leads

8.10.1 Service Leads are responsible for ensuring that the policy and its supporting standards and guidelines are built into local processes and that there is ongoing compliance. Part of this obligation is to ensure that all staff are trained and made aware of confidentiality requirements and procedures. Data Custodians are responsible for carrying out annual audits and to implement local remedial actions in response to audit findings.

8.11 NHS North East Hampshire and Farnham Clinical Commissioning Group Staff

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

9. Training

9.1 The CCG are required to comply with the CCG IG Staff Guidance which stresses the importance of appropriate information handling which incorporates statutory, common law and best practice requirements. As Information Governance is a framework drawing these requirements together, it is important that staff receive the appropriate training.

9.2 The NHS Operating Framework 'Informatics Planning' requires that the CCG ensures all staff receives annual basic Information Governance training appropriate to their role through the online NHS Information Governance Training Tool. Managers are responsible for monitoring staff compliance.

9.3 On joining the organisation, CCG staff will receive a copy of the Information Governance staff guidance booklet and will be required to sign and return a receipt to the CSU IG Team.

9.4 All staff are required to undertake Information Governance Training annually. The Information Governance Training Tool should be used wherever possible.

9.5 Any training undertaken will also be carried out in conjunction with the NHS South, Central and West Commissioning Support Unit Learning and Development team.

10. Success Criteria

- 10.1 The CCG IG action plan, along with regular progress reports will be monitored by the Senior Management Team with all exceptions being reported to the Audit and Risk Committee.
- 10.2 Compliance with the Information Governance Toolkit will be assessed by NHS Digital including a review of evidence, as part of the CCG performance assessment.
- 10.3 The CCG will ensure that information governance is part of its annual cycle of its programme of internal audit. The Audit will generate recommendations to improve Information Governance management which will be monitored by the NHS North East Hampshire and Farnham CCG Senior Management Team.
- 10.4 The results of audits will be reported to NHS North East Hampshire and Farnham CCG Audit and Risk Committee.
- 10.5 Compliance with CCG policies is required as stipulated in staff contracts of employment. If staff members are unable to follow 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.
- 10.6 Any non-compliance with CCG policies or failure to report non-compliance may be treated as a disciplinary offence.

11. Reference Documentation

- Data Protection Act 1998
- Human Rights Act 1998
- Health and Social Care Act 2012
- Protection of Children Act 1999
- CCG Freedom of Information Policy
- CCG Confidentiality and Data Protection Policy
- CCG Information Security Policy
- SCW CSU IT Services Policies
- CCG Remote Working and Portable Devices Policy
- CCG Risk Management Policy (including SIRI guidance)
- CCG Subject Access Request Guidance - Release of Personal confidential data
- Section 22 of the Gender Recognition Act 2004

Other

- CQC Code of Practice on Confidential Personal Information
- Guide to Confidentiality in Health and Social Care
- NHS England Confidentiality Policy

12. Equality, diversity and mental capacity

12.1 This policy was assessed against the CCG Impact Needs Requirement Assessment (INRA) tool to ensure that it does not introduce any unexpected or unwarranted equality and diversity disparities. The assessment confirmed that no amendments are required at this time.

12.2 This policy has been assessed and meets the requirements of the Mental Capacity Act 2005.

12.3 The CCG collects and analyses equalities information (age group, gender, ethnicity, disability status, religion or belief and sexual orientation) about staff and patients in order to comply with the specific duties of the public sector equality duty. This information is anonymised before use and where less than five individuals the information is redacted to prevent potential identification of any individual.

13. Consultation and trials

13.1 This policy review has taken into account comments received from the Audit and Risk Committee.

14. Communication and dissemination

14.1 This policy will be communicated and disseminated by means of the CCG Internet. Additional/alternative dissemination arrangements will be included as they become available.

15. Monitoring and Audit

15.1 This policy will be monitored and reviewed by the Corporate Review Group to ensure any legislative changes that occur before the review date are incorporated. All exceptions will be reported to the Audit and Risk Committee. This policy will also be reviewed annually in line the IG Toolkit requirements.

APPENDIX 1 – EQUALITY IMPACT ASSESSMENT

Analysing the Impact on Equality

<p>1. Title of policy/ programme/ framework being analysed</p> <p>Information Governance Policy</p>
<p>2. Please state the aims and objectives of this work and the <i>intended equality outcomes</i>. How is this proposal linked to the organisation's business plan and strategic equality objectives?</p> <p>To provide NHS North East Hampshire & Farnham CCG Clinical Commissioning Group's (CCG) staff with a clear Information Governance framework which includes advice and guidance and to inform staff of their operational and legal responsibilities.</p>
<p>3. Who is likely to be affected? e.g. staff, patients, service users, carers</p> <p>Staff, patients, service users, carers</p>
<p>4. What evidence do you have of the potential impact (positive and negative)?</p> <p>If CCG staff, data custodians and the CSU IG Team handle information about staff and patients in line with this and related policies there will be a positive impact for people protected by the Equality Act 2010. Breaches of this policy could have a negative impact. The CCG collects and analyses equality information about staff and patients to enable it to comply with the specific duties of the public sector equality duty. This information is anonymised before use and where the number of individuals is less than 5, the data is redacted to avoid potential identification of individuals.</p>
<p>4.1 Disability (Consider attitudinal, physical and social barriers) Positive impact if this and related policies are followed</p>
<p>4.2 Sex (Impact on men and women, potential link to carers below) Positive impact if this and related policies are followed</p>
<p>4.3 Race (Consider different ethnic groups, nationalities, Roma Gypsies, Irish) Positive impact if this and related policies are followed</p>
<p>4.4 Age (Consider across age ranges, on old and younger people. This can include safeguarding, consent and child welfare). Positive impact if this and related policies are followed</p>
<p>4.5 Gender reassignment (Consider impact on transgender and transsexual people. This can include issues such as privacy of data and harassment). Positive impact if this and related policies are followed. Note particular requirements under Section 22 of the Gender Recognition Act 2004 outlined in this policy and Confidentiality Policy</p>
<p>4.6 Sexual orientation (This will include lesbian, gay and bi-sexual people as well as heterosexual people). Positive impact if this and related policies are followed</p>
<p>4.7 Religion or belief (Consider impact on people with different religions, beliefs)</p>

<p>or no belief) Positive impact if this and related policies are followed</p>
<p>4.8 Marriage and Civil Partnership Positive impact if this and related policies are followed</p>
<p>4.9 Pregnancy and maternity (This can include impact on working arrangements, part-time working, infant caring responsibilities). Positive impact if this and related policies are followed</p>
<p>4.10 Carers (This can include impact on part-time working, shift-patterns, general caring responsibilities, access to health services, 'by association' protection under equality legislation). Positive impact if this and related policies are followed</p>
<p>4.11 Additional significant evidence (See Guidance Note) Give details of any evidence on other groups experiencing disadvantage and barriers to access due to:</p> <ul style="list-style-type: none"> • socio-economic status • location (e.g. living in areas of multiple deprivation) • resident status (migrants) • multiple discrimination • homelessness <p>Positive impact if this and related policies are followed</p>
<p>5 Action planning for improvement (See Guidance Note) Please give an outline of the key action points based on any gaps, challenges and opportunities you have identified. An Action Plan template is appended for specific action planning. None identified</p>
<p>Name of person who carried out this analysis Jackie Thomas, Information Governance Manager, South, Central and West CSU</p>
<p>Date analysis completed 25 August 2015</p>