

# Information Governance Strategy, Framework and Policy

Document Reference:	GOV14
Document Title:	Information Governance Strategy, Framework and Policy
Version:	2.0
Supersedes:	1.0
Owner:	Karen Sharrocks
Owners Designation:	Head of Strategy and Corporate Services
Consultation Group:	Audit Committee
Date Ratified:	January 2015
Review Date:	January 2018

## Version Control

Version	Date	Author	Status	Comment / Details of Amendments
0.1	18.10.13	LCSU	Draft	Document drafted
0.2	25.10.13	CCG	Draft	Formatting amends
0.3	28.10.13	LSCU	Draft	Amendments
0.4	31.10.13	CCG	Draft	Issued to Audit Committee
1.0	08.11.13	CCG	Final	Approved by Audit Committee
1.1	11.12.14	CCG	Draft	Amendments
2.0	09.01.15	CCG	Final	Approved by Audit Committee

## Circulation List

Prior to approval, this Policy was circulated to the following for consultation:

- Head of Strategy and Corporate Services
- Corporate Affairs and Governance Manager
- Corporate Business Manager
- Lancashire CSU IG Team
- Audit Committee

Following Approval this Policy Document will be circulated to:

- All CCG staff

## Equality Impact Assessment

This document forms part of the CCG's commitment to create a positive culture of respect for all staff and service users. The intention is to identify, remove or minimise discriminatory practice in relation to the protected characteristics (race, disability, gender, sexual orientation, age, religious or other belief, marriage and civil partnership, gender reassignment and pregnancy and maternity), as well as to promote positive practice and value the diversity of all individuals and communities.

As part of its development this document and its impact on equality has been analysed and no detriment identified.

## Contents

1.0	Introduction.....	4
2.0	Scope .....	4
3.0	Roles and Responsibilities .....	4
4.0	Strategic Aims .....	4
5.0	Information Governance Strategy.....	5
6.0	Information Governance Toolkit .....	5
7.0	Information Governance Management Framework .....	5
	The Governing Body .....	6
	Senior Information Risk Owner (SIRO).....	6
	Caldicott Guardian (CG) .....	6
	Information Asset Owners (IAO) and Information Asset Administrators (IAA) ....	6
	Information Governance Group .....	7
8.0	Information Governance Assurance Work Plan.....	7
9.0	Information Governance Policy .....	7
10.0	Training .....	9
11.0	Review.....	9
12.0	Implementation and dissemination of document .....	9
13.0	Associated Documents.....	9
14.0	References .....	9

## **1.0 Introduction**

1.1 This document describes an overarching framework for information governance assurance and management, setting out key objectives for the Clinical Commissioning Group (CCG). It defines:

- a strategy for improving the quality, availability and effective use of information within the CCG and provides a strategic framework that aligns corporate objectives to information governance assurance;
- a framework that sets out how assurance will be sought, the roles and responsibility and the expectations on those working on behalf of the organisation; and
- the policy through which the CCG will deliver its objectives.

## **2.0 Scope**

2.1 This strategy relates to:

- all information that is processed or held in the course of CCG business or on its behalf by key providers;
- the handling of all information through all recognised means; and
- all information systems purchased, developed and managed by or on behalf of the CCG.

2.2 It also applies to all members of staff employed by, or working on behalf of the CCG, including contracted, non-contracted, temporary, honorary, secondments, bank, agency, students, volunteers, locums or third parties.

## **3.0 Roles and Responsibilities**

3.1 The Chief Officer has overall responsibility for Information Governance and is responsible for:

- defining the CCG's policy in respect of Information Governance and records management, taking into account legal and NHS requirements;
- ensuring that information risks are assessed and mitigated to an acceptable level and that they are handled in a similar manner to other major risks such as financial, legal and reputational risks; and
- ensuring that sufficient resources are provided to support Information Governance.

3.2 In addition, there are specific roles and responsibilities that the CCG has assigned to ensure the information governance agenda is delivered, which are outlined as part of its IG framework at section 7.

## **4.0 Strategic Aims**

4.1 The aims of the CCG Information Governance Strategy are to ensure:

- The CCG complies with all statutory requirements.

- The CCG has an information governance strategy that supports the achievement of corporate objectives.
- The CCG can demonstrate an effective framework for managing information governance assurance.
- The framework is able to respond to any change required by external bodies and any challenges emerging from changes to the information governance landscape.
- Staff are aware of their responsibilities and the importance of information governance.
- Information governance becomes a systematic, efficient and effective part of business as usual for the organisation.
- Information governance is integrated into the change control process.
- That there are effective methods for seeking assurance across the organisation and with its key partners.
- That the organisation can demonstrate that the information governance arrangements of organisations it commissions services from across healthcare and commissioning support are adequate.

## **5.0 Information Governance Strategy**

5.1 The Information Governance Strategy of the CCG is to recognise that the CCG is a relatively new organisation working within a new and rapidly changing commissioning and information governance landscape. As such the CCG's strategy is focused on setting up and embedding the required governance arrangements, and doing this in such a way that the CCG retains the maximum flexibility and resilience so that it can adapt to this environment.

5.2 The key elements and resources to support the delivery of this strategy are

- The Information Governance Toolkit;
- Information Governance Framework;
- Information Governance Work Plan;
- Information Governance Policy.

## **6.0 Information Governance Toolkit**

6.1 A key element of the CCGs approach to achieving these objectives is the use of the Information Governance Toolkit. The IG Toolkit covers most statutory, common law and professional requirements, as well as training, assurance processes and change control processes.

6.2 Compliance with the IG Toolkit will provide assurance to the Governing Body of the CCG that the majority of strategic information governance objectives are being met.

## **7.0 Information Governance Management Framework**

7.1 The information governance management framework sets out how assurance will be sought, the roles and responsibility and the expectations on those working on behalf of the organisation.

7.2 The information governance management framework for the CCG is:

### **The Governing Body**

7.3 It is the role of the Governing body to define the CCG's strategy, policy and responsibilities in relation to Information Governance, taking into account the relevant legal and NHS requirements.

7.4 The Governing Body has delegated its responsibility for Information Governance to the Audit Committee.

### **Senior Information Risk Owner (SIRO)**

7.5 The Senior Information Risk Owner (SIRO) will:

- understand how strategic business goals of the CCG may be impacted by information risks and act as advocate for information risk on the Governing Body;
- take ownership of information risk assessment processes, including the review of the annual information risk assessment and agree actions in respect of any risks identified;
- ensure that the CCG's approach to information risk is effective in terms of resources, commitment and execution and that this is communicated to all staff.

### **Caldicott Guardian (CG)**

7.6 The Caldicott Guardian (CG) is responsible for :

- ensuring that the CCG satisfies the highest practical standards for handling patient information;
- ensuring confidentiality is reflected appropriately in the CCG's policies and procedures to support the lawful and ethical processing of information;
- acting as the 'conscience' of the CCG;
- ensuring that staff comply with Caldicott Principles and the guidance contained in the NHS Confidentiality Code of Practice;
- facilitating, enabling and overseeing information sharing agreements and arrangements put in place to share personal confidential data with external bodies.

7.7 The CCG Caldicott Guardian will be supported by the CSU Caldicott Guardian who is the Senior Executive for Corporate Governance

### **Information Asset Owners (IAO) and Information Asset Administrators (IAA)**

7.8 The Information Asset Owners (IAO) and Information Asset Administrators (IAA) will:

- lead and foster a culture that values, protects and uses information for the benefit and success of the CCG;
- ensure that information risk assessments are performed on all information assets where they have been assigned 'ownership' and provide assurance to the SIRO on the security and use of these assets;
- know what information is held and for what purpose;
- ensure that policies and procedures are followed.

## **Operational Governance Group**

7.9 The Operational Governance Group will

- be accountable to the Audit Committee;
- support the CCG SIRO and CCG Caldicott Guardian in their roles;
- monitor information governance performance annually using the Information Governance Toolkit hosted by the Health and Social Care Information Centre (HSCIC);
- provide audited IG toolkit Results to the Audit Committee for approval prior to final submission to the HSCIC;
- be responsible for overseeing operational information governance issues;
- develop and maintain policies, standards, procedures and guidance;
- co-ordinate and monitor the implementation of the information governance strategy, framework and policy across the CCG;
- consists of the CSU IG Lead, CSU IG Support, and appropriate representation from the CCG and meets at least 6 times per annum;
- provide updates for acceptance at Audit Committee meetings, for onward reporting of assurance to the Governing Body.

## **8.0 Information Governance Assurance Work Plan**

8.1 The Information Governance Framework is enacted through the Information Governance Work Plan. This covers major elements of information governance implementation, including:

- Completion of the IG Toolkit
- Implementation of relevant policies and procedures
- Information flow mapping
- Information asset register
- Annual assurance statements from IAOs to the SIRO

## **9.0 Information Governance Policy**

9.1 The CCG is committed to ensuring that its policy follows the HORUS model as proposed by the Department of Health to ensure compliance with legislation, including the data Protection Act.

9.2 The principles of this model are that information is:

- Held safely and confidentially
- Obtained fairly and lawfully
- Recorded accurately and reliably
- Used effectively and ethically
- Shared and disclosed appropriately and lawfully.

9.3 In order that this model is followed the CCG will ensure that the following inter-linked areas are adhered to:

- Openness and transparency

- Legal compliance
- Information security
- Quality assurance.

#### 9.4 The CCG will ensure this by ensuring:

- policies and procedures are in place to facilitate compliance with all relevant legislation, regulations and duties;
- complying with the data protection Act 1998 when handling Personal Confidential Data, except where there is a legal requirement to override the Act;
- information is appropriate for the purpose intended and that at all times the integrity of information is developed, monitored and maintained;
- information made available for operational purposes is maintained within set parameters relating to its importance via appropriate procedures and computer resilience systems;
- all identifiable information relating to patients is regarded as confidential;
- all identifiable information relating to staff is regarded as confidential, except where national policy on accountability and openness requires otherwise;
- when person identifiable data is shared, the sharing complies with the law, guidance and best practice and both service user rights and public interest are respected;
- non-confidential information relating to the CCG and its services is made available to the public through a variety of media, in line with the Freedom of Information Act and Environmental Information Regulations;
- will have clear procedures and arrangements for liaison with the press and broadcasting media;
- patients and service users will have access to information relating to their own health care, options and treatment and their rights as patients;
- undertake or commission annual audits of compliance with legal requirements, information and IT security, information quality and record management requirements in accordance with the IG Toolkit ;
- the roles and responsibilities identified within the IG Framework are integrated and embed within the organisation;
- establish and maintain procedures for the effective and secure management of its information assets and resources;
- information is managed throughout its lifecycle of creation, retention, maintenance, use and disposal;
- establish and maintain procedures for information quality assurance and the effective management of records;
- information is effectively managed so that it is accurate, up-to-date, secure, retrievable and available when required;
- establish and maintain incident reporting procedures, which includes the investigation of all reported instances of actual or potential breaches of confidentiality and security; This will include reporting via the Information Governance Toolkit Reporting Tool from 2013 deemed level 2 or above;
- establish and maintain Risk Management and reporting procedures and will have in place risk control and monitor all reported information risks;
- provide relevant instruction and training to all staff through induction and thereafter annually in relation to this policy.

## **10.0 Training**

- 10.1 All staff will be expected to undertake the mandatory modules of the Information Governance Training Tool on an annual basis.
- 10.2 Staff who undertake a designated IG role such as SIRO, Caldicott or Information Asset Owner will undertake relevant additional training.

## **11.0 Review**

- 11.1 This document will be reviewed every three years until rescinded or superseded.
- 11.2 An earlier review of this document may be undertaken if new legislation, codes of practice or national standards significantly impact upon the Strategies objectives.

## **12.0 Implementation and dissemination of document**

- 12.1 This document, once approved by the CCG's Governing Body, or delegated group, will be shared with all members of staff.

## **13.0 Associated Documents**

- 13.1 This document should be read in conjunction with the Information Governance Handbook which outlines the procedures in relation to:
- Confidentiality and Data Protection
  - Code of Conduct (in respect of confidentiality)
  - IG Training
  - Information Sharing
  - Privacy Impact Assessments
  - Information Security / Safe have procedures
  - Information Risk assessment and Management Programme
  - Records Management
  - Subject Access Requests
  - IG Incident Management
  - Mobile Media / Social Networking
  - Freedom of Information

## **14.0 References**

- 14.1 The following references can be accessed via the links provided:
- Data Protection Act 1998 available from [www.opsi.go.uk](http://www.opsi.go.uk)
  - Access to Health Records Act 1990 available from [www.opsi.go.uk](http://www.opsi.go.uk)
  - Human Rights Act 1998 available from [www.opsi.go.uk](http://www.opsi.go.uk)
  - Freedom of Information available from [www.opsi.go.uk](http://www.opsi.go.uk)
  - Environmental Information Regulations  
[http://www.ico.org.uk/for\\_organisations/environmental\\_information/guide](http://www.ico.org.uk/for_organisations/environmental_information/guide)

- Record Management available from <http://www.nationalarchives.gov.uk/information-management/projects-and-work/information-records-management.htm>
- Common Law of Confidentiality
- NHS Confidentiality- code of practice available from <https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice>
- Caldicott Report available from <https://www.gov.uk/government/publications/the-information-governance-review>
- The Health and Social Care Act <http://www.legislation.gov.uk/ukdsi/2013/9780111533055>
- 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>