Information Governance Policy

<table>
<thead>
<tr>
<th>POLICY REFERENCE NUMBER</th>
<th>VERSION 1</th>
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<tbody>
<tr>
<td>APPROVAL/RATIFYING COMMITTEE/S DATE</td>
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<tr>
<td>Information Governance Steering Group 4 October 2007</td>
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<td>Integrated Governance Committee 9th November 2007</td>
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<td>PLANNED IMPLEMENTATION DATE</td>
<td>November 2007</td>
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<tr>
<td>REVIEWED by IGSG</td>
<td>December 2010</td>
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<td>December 2011</td>
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ACCOUNTABLE DIRECTOR

Celia McGruer, Director of Professional and Clinical Development

LEAD POLICY AUTHOR

Jill Pearse, Head of Information & Performance
## Record of Amendments

<table>
<thead>
<tr>
<th>Date of Amendment</th>
<th>Amendment required</th>
<th>Page/Paragraph No(s)</th>
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<tr>
<td>November 2010</td>
<td>Update</td>
<td>Front Page</td>
<td>Update Logo, Organisation Name, Review and version details</td>
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<td></td>
<td>Update</td>
<td>Page 3</td>
<td>Review details added</td>
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<tr>
<td></td>
<td>Update</td>
<td>4.1</td>
<td>Job title updated Add General practice to areas covered</td>
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<td></td>
<td>Update</td>
<td>6.2; 7.2; 8.1; Appendix 1</td>
<td>Update organisation name to NHS Kingston</td>
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<td></td>
<td>Revision</td>
<td>7.1</td>
<td>Training section updated to reflect new national requirements</td>
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<td></td>
<td>Addition</td>
<td>8.1</td>
<td>IG Training reports to directors and IGSG added</td>
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Policy Development

Membership of Original Policy Development Group

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
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<tbody>
<tr>
<td>Jill Pearse</td>
<td>Head of Information &amp; Performance</td>
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<tr>
<td>Mike McSweeney</td>
<td>Information Manager</td>
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<tr>
<td>Edward Montgomery</td>
<td>Information Technology Manager</td>
</tr>
<tr>
<td>Vince Lowe</td>
<td>Health Records Manager</td>
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Consultation
This policy was distributed to the following people during the consultation phase.

<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
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<tbody>
<tr>
<td>Lin Phillips</td>
<td>Customer Services Manager RBK</td>
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<tr>
<td>Michael Humphries</td>
<td>Senior HR Manager</td>
</tr>
<tr>
<td>Sundus Hashim</td>
<td>Associate Director of Public Health</td>
</tr>
<tr>
<td>Kay Lynn</td>
<td>Corporate Affairs Manager</td>
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<tr>
<td>Stuart Rees</td>
<td>Deputy Director of Finance</td>
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<tr>
<td>Jacky Walters</td>
<td>Primary Care Lead</td>
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Peer Review
Peer reviewed for specialist content by:
Ms Janice Sorrell, Information Governance Manager 06.08.07
Kingston Hospital NHS Trust

Peer reviewed for required policy components by:
Sarah Robinson, Integrated Governance Manager 02.11.07

Review November 2010
Review conducted by Jill Pearse, Head of Governance & Performance
Agreed by Information Governance Steering Group (09.12.10)
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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 corporate governance, clinical governance, service planning and performance management.

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

This policy
- outlines the principles and components of information governance
- describes the management of, and responsibilities for, information governance within the Trust.
- supports compliance with the requirements contained in the National Health Service Information Authority’s (NHSIA) Information Governance Toolkit.

1.1 **Rationale**

1.1.1 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, and need for openness and honesty. However, the Trust 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.

1.1.2 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 staff, clinicians and managers to ensure and promote the quality of information and to actively use information in decision making processes.

1.1.3 The purpose of this policy is to ensure that Trust policies and procedures support compliance with requirements contained in the National Health Service Information Authority’s (NHSIA) Information Governance Toolkit.
1.2. Principles

1.2.1 There are 4 key principles which underpin this information governance policy:
- Openness
- Legal compliance
- Information security
- Quality assurance

1.2.2 The Trust has a comprehensive range of policies supporting the information governance agenda (Appendix 1); reference must be made to these alongside this policy. Legal and professional guidance must also be followed. (Appendix 2)

1.3 Scope

1.3.1 This policy covers all aspects of information within the organisation, relating to all PCT functions including commissioning, service provision and corporate functions, including (but not limited to):
- Patient/Client/Service User information
- Personnel information
- Organisational information

1.3.2 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

1.3.3 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.

1.3.4 This policy applies to all staff employed by the Trust, and includes contractors, sessional, locum and bank staff and volunteers. It extends to cover all areas where the Trust owes a statutory duty of care and responsibility to employees, patients and visitors.

2. POLICY

2.1 Openness

2.1.1 Non-confidential information on the Trust and its services should be available to the public through a variety of media, in line with the Trust’s code of openness

2.1.2 The Trust will maintain and update policies to ensure compliance with the Freedom of Information Act
2.1.3 The Trust will undertake or commission regular assessments and audits of its policies and arrangements for openness

2.1.4 Patients should have ready access to information relating to their own health care, their options for treatment and their rights as patients

2.1.5 The Trust will have clear procedures and arrangements for liaison with the press and broadcasting (see communications toolkit on KPCT Intranet)

2.1.6 The Trust will have clear procedures and arrangements for handling queries from patients and the public, via the Patient Advice & Liaison Service (PALS)

2.2 Legal Compliance

2.2.1 The Trust regards all identifiable personal information relating to patients as confidential

2.2.2 The Trust will undertake or commission regular assessments and audits of its compliance with legal requirements

2.2.3 The Trust regards all identifiable personal information relating to staff as confidential except where national policy on accountability and openness requires otherwise

2.2.4 The Trust will establish and maintain policies to ensure compliance with the Data Protection Act, Human Rights Act and the common law confidentiality

2.2.5 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 2001; Crime and Disorder Act 1998, Children Act 2004)

2.3 Information Security

2.3.1 The Trust will establish and maintain policies for the effective and secure management of its information assets and resources

2.3.2 The Trust will undertake or commission regular assessments and audits of its information and IT security arrangements

2.3.3 The Trust will promote effective confidentiality and security practice to its staff through policies, procedures and training

2.3.4 The Trust will establish and maintain robust incident reporting procedures and will monitor and investigate all reported instances of actual or potential breaches of confidentiality and security

2.4 Information Quality Assurance

2.4.1 The Trust will establish and maintain policies and procedures for information quality assurance and the effective management of records

2.4.2 The Trust will undertake or commission regular assessments and audits of its information quality and records management arrangements
2.4.3 Managers are expected to take ownership of, and seek to improve, the quality of information within their services

2.4.4 Wherever possible, information quality should be assured at the point of collection

2.4.5 Data standards will be set through clear and consistent definition of data items, in accordance with national standards.

2.4.6 The Trust will promote information quality and effective records management through policies, procedures (see appendix 1) and training

3. **Assessment and Improvement Plan**

3.1 An assessment of compliance with requirements, within the Information Governance Toolkit (IGT), will be undertaken each year. Annual reports and proposed action/development plans will be developed through the Information Governance Steering Group and will be presented to the Integrated Governance Committee for approval prior to submission.

3.2 The IGT requirements are grouped into the following initiatives:
   - Information Governance Management
   - Confidentiality and Data Protection Assurance
   - Information Security Assurance
   - Clinical Information Assurance
   - Secondary Use Assurance
   - Corporate Information Assurance

3.3 Progress on implementing action plans will be monitored and risks assessed through the Information Governance Steering Group and overseen by the Integrated Governance Committee.

4. **Information Governance Management**

4.1 Information governance management across the organisation will be co-ordinated by the Information Governance Steering Group which will be chaired by the Director of Clinical Development (Caldicott Guardian and SIRO). The membership will include representation at senior management level from the following areas
   - Performance
   - Information
   - Information Technology
   - Public Health
   - Primary Care
   - Human resources
   - Finance
   - Community Health Services
   - Social Services
   - Acute Services
• General Practice

4.2 The Information Governance Steering Group is responsible for ensuring that the Primary Care Trust (PCT) complies with the legal, ethical and quality standards with regard to obtaining, holding, recording, using and sharing information. It is responsible for ensuring that robust structures, policies, systems and processes are developed and maintained to underpin sound information governance (see terms of reference Appendix 3).

5 Responsibilities

5.1 It is the role of the Trust Board to ratify the Trust’s policy in respect of Information Governance, taking into account legal and NHS requirements. The Board is also responsible for overseeing resources to support the requirements of the policy.

5.2 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.

5.3 Managers within the Trust are responsible for overseeing and promoting effective information governance, ensuring that legislative requirements and the policies are built into local processes, and for monitoring compliance and learning.

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

6. Implementation

6.1 Staff will be made aware of this policy through daily round up and staff briefing.

6.2 This policy, and any updates will be made available on the NHS Kingston Intranet.

6.3 Managers will ensure that staff are made aware of this policy and any applicable updates or amendments.

7. Training

7.1 All staff must complete, as a minimum, the mandated information governance module(s) on the NHS IG Training Tool prior to being given network access.

7.2 All staff will complete basic IG training through the online NHS IG Training Tool on an annual basis.
7.3 Staff will complete further training appropriate to their role. This will be based on a training needs analysis carried out as part of the annual appraisal process and consisting of the following steps:

a. an assessment of the IG knowledge and skills required to perform a particular job,

b. an assessment of the IG knowledge and skills of the staff member performing the job,

c. a comparison of the two assessments and identification of any gaps

d. identification of appropriate training to meet the skills/competency gap, e.g. specialist modules in the NHS Information Governance Training Tool.

8. Audit and review

8.1 The Information Governance Steering Group will be responsible for ensuring that regular audits of NHS Kingston information governance policies [see appendix 1] are completed.

8.2 Details of the uptake of online IG training will be provided to Directors and regular reports presented to the IGSG

8.3 This policy will be reviewed on an annual basis or earlier at the discretion of the accountable director
Appendix 1: Related NHS Kingston Policies and documents

Please note that current documents can be found on the NHS Kingston Intranet

- Data Protection Policy
- General Computer usage Policy
- Email and Internet usage Policy
- Policy Management Policy
- Information Security Policy
- Retention & Destruction Policy
- Safe Fax Procedure
- Data Sharing Protocol RBK
- Joint Policy and Procedure on Recording in Community Learning Disability Team
- Joint information sharing protocol
- Records Management Strategy
- Health Records Policy
- Policy and Guidance for Patient Health Record Keeping
- Freedom of Information Policy
- Registration Authority Policy
- Access to Health Records Policy
- Communications Arrangements & toolkit
- Clinical Records Keeping Policy includes RiO
- Confidentiality - staff code of conduct Data Protection Policy
- Crime and Disorder Information Sharing Agreement
- Information Risk Policy
- Information Security Management
- Removable Media Policy
- Records Management Policy
- Safe Haven policy June 2010
- Safe Guarding Children Information Sharing Agreement
- SWL Cardiac Network Info Sharing Protocol Nov 07
Appendix 2: Legal Acts and National Guidance

- Data Protection Act 1998
- Human Rights Act 1998
- Health and Social Care Act 2001
- Freedom of Information Act 2000
- Access to Health Records Act 1990 (where not superseded by the Data Protection Act)
- Computer Misuse Act 1990
- Copyright, designs and patents Act 1988 (as amended by the Copyright Computer programs regulations 1992
- Crime and Disorder Act 1998
- Electronic Communications Act 2000
- Children Act 2004
- Caldicott Guardian Manual 2006
- Confidentiality NHS Code of Practice 2003
Appendix 3

Terms of Reference
Information Governance Steering Group
December 2010

Purpose
The Information Governance Steering Group is responsible for ensuring that the NHS Kingston complies with the legal, ethical and quality standards with regard to obtaining, holding, recording, using and sharing information. It is responsible for ensuring that robust structures, policies, systems and processes are developed to underpin sound information governance.

Key responsibilities of the Information Governance Steering Group

- To inform the review of the PCT’s management and accountability arrangements for information governance.
- To develop an IG policy and associated IG implementation strategy and/or maintain the currency of the policy.
- To prepare the annual information governance assessment for sign off by the Board.
- To develop the PCT’s Information Governance work programme.
- To ensure that the PCT’s approach to information handling is communicated to all staff and made available to the public.
- To coordinate the activities of staff given data protection, confidentiality, security, information quality, records management and Freedom of Information responsibilities.
- To monitor the PCT’s information handling activities to ensure compliance with law and guidance.
- To ensure that training made available by the PCT is taken up by staff as necessary to support their role.
- Provide a focal point for the resolution and/or discussion of Information Governance issues.
- To monitor Information Governance toolkit deliverables.

Authority & Delegated Powers
The Group has the authority to approve Information strategies, policies, assessments, information sharing agreements, reports and action plans prior to formal ratification by the Integrated Governance Committee.

The Group receives its general authority to take decisions from the Integrated Governance Committee and specifically delegated authority from the Trust Board from time to time. The Integrated Governance Committee shall review the group’s role authority & delegated powers at least annually.

The group has the authority to monitor contractors providing services to the PCT.

Accountability
Accountable to Integrated Governance Committee
**Reporting**
Formal report to the Integrated Governance Committee annually. Reports, papers, recommendations & action plans etc, as approved by Group, to be sent to IGC for ratification. Minutes of each meeting to forwarded to chair of IGC for information.

**Permanency**
Permanent

**Membership**
- Caldicott Guardian and SIRO(Chair) –Director of Director of Clinical Development
- Information Governance Lead & Data Protection Officer: Head of Governance & Performance
- Information Quality Lead –Information Manager
- IT Security Management Lead(Provided under SLA with Your Healthcare): Your Healthcare Board Lead, IT and PMO
- Health Records Lead (Provided under SLA with Your Healthcare) –Board Lead Business Development, Performance and Assurance
- Associate Director of Public Health
- Registration Authority Manager
- Primary Care Records Management Lead –Primary Care lead
- Governance Support Officer
- Senior Manager Finance
- Freedom of Information & Corporate Records Lead – Corporate Affairs Manager
- Representatives from General Practice: Practice Manager & IT Manager
- Kingston Hospital Representative - KHT Information Governance Manager
- Your Healthcare Representative –YHC Caldicott Guardian
- Royal Borough of Kingston Representative RBK Caldicott Guardian
- Kingston Collaborative Initiative Representative –KCI Service Manager

Members are expected to send deputies if they are unable to attend. Others are welcome to attend meetings at the request of regular group members for relevant agenda items.

**Chairmanship:** Director of Clinical Development (Caldicott Guardian/SIRO)

**Quoracy**
The Group shall be quorate if five or more members are present. One of the five members shall be elected Chair for that meeting if the standing Chairman cannot be present.
**Frequency of meetings:**
The Group shall meet at intervals of 6 to 12 weeks. The date of the next meeting(s) shall be agreed whilst the Group is in session.

**Papers**
One week in advance electronically and hard copy only when required

**Openness**
Policy decisions published on the internet. Minutes to be made available on request

**Director lead**
Director of Clinical Development (Caldicott Guardian)

**Management & administration**
Agenda to be drawn up by Head of Governance & Performance in agreement with Director Lead. Agenda items to be forwarded to Head of Governance & Performance at least one week in advance of meeting. Agenda & papers to be sent out at least 3 working days prior to meeting.
Minutes and meetings to be arranged by the Governance Support Officer.

**Review of the terms of reference**
The approved terms of reference shall be reviewed and amended as necessary after one calendar year.