The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

INFORMATION GOVERNANCE STRATEGY 2018 - 2019

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Ratifying Committee	Information Governance Committee
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Owner's Job Title	Director of Strategy & IT Services

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Related Policies	Information Governance Policy Information Security Policy Management of Adverse Events Policy and Procedure

Stakeholders	Information Governance Committee

Version	Date	Author	Author's Job Title	Changes
V1	January 2010	Nic McCullagh	Information Governance Manager	New document
V2	February 2012	Phil Cottis	Information Governance Manager	Annual review
V3	November 2013	Phil Cottis	Information Governance & RA Manager	Annual review and format change
V4	November 2014	Phil Cottis	Information Governance & RA Manager	Annual review
V4.1	September 2015	Phil Cottis	Information Governance & RA Manager	Extension until March 2016
V5	September 2016	Phil Cottis	Information Governance & RA Manager	Annual review
V6	February 2017	Phil Cottis	Information Governance & RA Manager	Annual review
V7	January 2018	Phil Cottis	Head of Health Records & IG	Annual review – major changes

Summary of the strategy
The purpose of this strategy is to set out the approach to be taken within the Trust to provide a robust Information Governance framework for the current and future management of information to ensure compliance with all appropriate legislation, standards and best practice.

Key words to assist the search engine
Caldicott, Confidentiality, Information, Information Governance, Security, Sharing.

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INFORMATION GOVERNANCE STRATEGY

1 INTRODUCTION

1.1 The Information Governance Strategy cannot be seen in isolation as information plays a key part in corporate governance, clinical governance, risk management, service planning, informatics, performance and business management. The strategy is, therefore, closely linked with other strategies to ensure integration with all aspects of the Trust's business activities.

1.2 IG should be viewed in the overall context of Governance within the Trust as a vital component of both planning and healthcare. IG is a component of performance management, i.e. ensuring that IG is central to the working lives of all staff will be a part of each manager's personal objectives.

1.3 The two key components underpinning this strategy are:

- The Trust's IG Policy, which outlines the objectives for information governance; and
- An annual IG Action Plan arising from a base line assessment against the standards and controls set out in the NHS Digital Information Governance Toolkit

1.4 The over-riding critical success factor for effective IG will be to develop and maintain a culture of good management of data & information, information systems, information security, information quality assurance, data protection and records management. This will be achieved primarily by an effective programme of IG awareness, training and education.

2 PURPOSE

2.1 The purpose of this strategy is to set out the approach to be taken within the Trust to provide a robust Information Governance Management Framework for the current and future management of information to ensure compliance with all appropriate legislation, standards and best practice.

2.2 The Trust aims to achieve a standard of excellence in information governance by ensuring information is dealt with legally, securely, efficiently and effectively in the course of Trust business, in order to support high quality patient care.

2.3 All information processing will be undertaken in accordance with relevant legislation and best practice. The Trust will set policies and procedures to ensure that appropriate standards are defined, implemented and maintained.

2.4 The Trust aims to minimise the risks arising from information handling processes, these are:

- Legal action due to non-compliance with statutory and regulatory requirements;
- Loss of public confidence in the Trust; and
- Contribution to clinical or corporate negligence.

2.5 The Trust also aims to provide support to its staff to be consistent in the way they

handle personal information and to avoid duplication of effort. This will lead to improvements in:

- Information handling activities;
- Patient confidence in the NHS and the Trust; and
- Staff training and development.

3 DEFINITIONS

3.1 Breach of Confidentiality

A breach of confidentiality is the unauthorized disclosure of personal information provided in confidence.

3.2 Confidential Information

Confidential information can be anything that relates to patients, staff or any other information (such as contracts, tenders etc) held in any form (such as paper or other forms like electronic, microfilm, audio or video) howsoever stored (such as patient records, paper diaries, computer or on portable devices such as laptops, PDAs, BlackBerrys, mobile telephones) or even passed by word of mouth.

3.3 Corporate Information

Corporate information refers to information generated by the Trust, other than clinical or patient information and describes the records generated by an organisation's business activities.

3.4 Disclosure

This is the divulging or provision of access to data.

3.5 Information

Information is a corporate asset. Whilst all records are information, not all information is a record.

3.6 Personal Confidential Data

Personal confidential data is information that can be used to uniquely identify, contact, or locate a single person or can be used with other sources to uniquely identify a single individual.

3.7 Public Interest

Exceptional circumstances that justify overruling the right of an individual to confidentiality in order to serve a broader societal interest. Decisions about the public interest are complex and must take account of both the potential harm that disclosure may cause and the interest of society in the continued provision of confidential health services.

3.8 Sensitive Data

Data held about an individual which contains both personal and sensitive information. There are only seven types of information detailed in the Data Protection Act 1998 that are deemed as sensitive:

- Racial or ethnic origin;
- Religious or other beliefs;
- Political opinions;
- Trade union membership;

- Physical or mental health;
- Sexual life; and
- Criminal proceedings or convictions.

4 RESPONSIBILITIES

4.1 Chief Executive

The Chief Executive has overall responsibility the establishment of policy governing access to, and the use of personal confidential data and where appropriate, the transfer of that information across organisational boundaries. As accounting officer the Chief Executive is responsible for the management of the organisation and for ensuring appropriate mechanisms are in place to support service delivery and continuity. Maintaining confidentiality is pivotal to the Trust being able to supply a first class confidential service that provides the highest quality patient care. The Trust has a particular responsibility for ensuring that it corporately meets its legal responsibilities, and for the adoption of internal and external governance requirements.

4.2 Senior Information Risk Owner

An Executive Director has been appointed as the Senior Information Risk Owner (SIRO) with overall responsibility for information governance, of which confidentiality is a key part.

4.3 Caldicott Guardian

The Trust's Caldicott Guardian has a particular responsibility for reflecting patients' interests regarding the use of patient identifiable information. The Caldicott Guardian is responsible for ensuring patient identifiable information is shared in an appropriate and secure manner.

4.4 Information Governance Committee

The Information Governance Committee is responsible for ensuring that this strategy is implemented, including any supporting guidance and training deemed necessary to support the implementation, and for monitoring and providing Board assurance in this respect.

4.5 Head of Health Records & IG

Head of Health Records & IG is responsible for maintaining the currency of this strategy, providing advice on request to any member of staff on the issues covered within it, and ensuring that training is provided for all staff groups to further their understanding of the principles and their application.

4.6 Senior Managers

Senior Managers are responsible for ensuring that the strategy and its supporting standards and guidelines are built into local processes and that there is on-going compliance. They must ensure that any breaches of the strategy are reported, investigated and acted upon via the Incident Reporting Procedure.

4.7 All Staff

All employees and anyone working on behalf of the Trust, involved in the receipt, handling or communication of personal confidential data, must adhere to this strategy to support the reputation of the Trust and where relevant of their profession. Everyone has a duty to respect a data subjects rights to confidentiality.

5 INFORMATION GOVERNANCE STRATEGY

5.1 ***The Trust will establish a robust information governance process conforming to the NHS Digital standards and the objectives in the Trust's Information Governance Policy. It is the responsibility of all organisations to comply with relevant legislation.***

5.1.1 The Department of Health has developed the following five broad standards to ensure that information is:

- Held securely and confidentially;
- Obtained fairly and efficiently;
- Recorded accurately and reliably;
- Used effectively and ethically; and
- Shared appropriately and lawfully.

5.2 ***All staff must understand and apply best practice and the principles of information governance to manage all information to support the business activities of the Trust.***

5.2.1 The Trust will ensure:

- All staff involved in the administration of information governance receive Senior Management backing, training and encouragement to be aware of developments in information governance and any relevant information handling issues that will affect them;
- Delivery of mandated information governance induction and update training for all staff;
- Regular communications to staff using broadcast emails, intranet, staff briefings and IG Newsletters; and
- Confidentiality clauses within all staff contracts.

5.3 ***The Trust will undertake regular reviews and audits of how information is processed.***

5.3.1 This is to be achieved through:

- Mapping of data flows;
- Reviews of reported information incidents;
- Confidentiality audits;
- Record audits.

5.4 ***The Trust will develop and maintain a robust management and responsibility reporting structure to ensure that information governance and associated risks are appropriately managed to support the overall risk management function within the Trust.***

5.4.1 This is to be achieved through:

- Regular Information Governance Committee meetings;
- Appointment of key roles and responsibilities eg SIRO, Caldicott Guardian etc;

- Informing staff of the key personnel and their responsibility;
- Provision of clear advice and guidance networks throughout the Trust;
- Implementation of defined information incident reporting and investigating procedures linked to the risk management process; and
- Information Governance policies and procedures will be developed, regularly reviewed and maintained to reflect current standards.

5.5 ***Identifying where there are common areas of work will help all employees to work in a cohesive fashion towards a common goal, to the benefit of the patient.***

5.5.1 This is to be achieved through encouraging multi-disciplinary teams to work more closely together to reduce repetitive practices by seamlessly sharing relevant information and standardising practices and procedures.

5.6 ***The Trust will involve patients and staff in the development of information that is used to improve services.***

5.6.1 This is to be achieved through involving patients and staff in surveys, forums and groups in order to seek the opinions of the service users and where appropriate to act on those views.

5.7 ***The Trust will ensure that clear advice and guidance are made available through information leaflets and awareness posters to patients, families and carers about how their personal information is used.***

5.7.1 This is to be achieved through:

- Making information available in various formats explaining how information is recorded and shared and how any concerns may be raised. Information will also be provided on Subject Access Requests under the Data Protection Act 1998; and
- Patients will be made aware of the importance of providing accurate and up to date information about themselves so that appropriate care is given to the correct patient and to manage the resources adequately.

6 TRAINING

6.1 Support to implement this strategy will be provided through Induction Training and by mandatory annual IG Training Workbooks.

7 DISSEMINATION OF DOCUMENT

7.1 Following approval by the Information Governance Committee, this strategy will be uploaded onto the Information Governance intranet page and notification of publication will be through the IG & RA Newsletter.

8 REFERENCES

8.1 **References to Standards**

- Information Governance Toolkit v.14.1

8.2 **Legislation**

- Abortion Regulations 1991 and subsequent amendments
- Access to Health Records Act 1990
- Computer Misuse Act 1990
- Data Protection Act 1998
- Electronic Communications Act 2000
- Freedom of Information Act 2000
- Health and Social Care Act 2008
- Human Fertilisation and Embryology Act 1990
- Human Rights Act 1998
- Mental Capacity Act 2005
- NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) Directions 2000
- Re-use of Public Sector Information Regulations 2005

8.3 **Guidance**

- Caldicott Guardian Manual 2010
- Caldicott Reports 1997 & 2013
- Care Quality Commission / Monitor
- Care Record Guarantee 2009
- Code of Practice on Confidential Information 2014
- Health Service Circular 1999/012
- Information Security Management: NHS Code of Practice 2007
- NHS Information Governance: Guidance on Legal and Professional Obligations 2007
- NHS Litigation Agency Risk Management Standards
- Records Management Code of Practice for Health and Social Care

9 EQUALITY IMPACT STATEMENT

9.1 A Stage 1 (Screening) - Equality Impact Assessment has been undertaken and no negative impact on any group was indicated (see Appendix 1).

10 MONITORING COMPLIANCE

10.1 Compliance with this strategy will be monitored in the following manner (see table below):

Key elements (Minimum Requirements)	Process for Monitoring (e.g. audit)	By Whom (Individual / group /committee)	Frequency of monitoring
Roles and responsibilities	Monitored at appraisal,	Line	Annually

	following review of the individual's knowledge & skills framework (KSF) together with the job description.	manager	
How the organisation provides IG Training. In house training sessions are delivered regularly throughout the year to meet the needs of the Trust	Electronic Staff Record (ESR) is utilised to identify all staff who are non-compliant	IG Team	Monthly
Reducing the number of Information Governance breaches	Management of incidents relating to Information Governance	IG Team	Monthly
Ensuring best practice across the Trust	Undertaking Confidentiality Audits	IG Team	Monthly

APPENDIX 1

EQUALITY IMPACT ASSESSMENT
Equality Impact Assessment Tool
(To be completed and attached to any policy document when submitted to the appropriate committee for ratification.)

STAGE 1 - SCREENING

Name & Job Title of Assessor: Phil Cottis – IG & RA Manager	**Date of Initial Screening: 04/01/10**
Policy or Function to be assessed: Information Governance Strategy	

		Yes/No	**Comments**
1.	**Does the policy, function, service or project affect one group more or less favourably than another on the basis of:**		
	• Race & Ethnic background	No	
	• Gender including transgender	No	
	• Disability:- This will include consideration in terms of impact to persons with learning disabilities, autism or on individuals who may have a cognitive impairment or lack capacity to make decisions about their care	No	
	• Religion or belief	No	
	• Sexual orientation	No	
	• Age	No	
2.	**Does the public have a perception/concern regarding the potential for discrimination?**	No	

Signature of Assessor: Phil Cottis **Date: 19th January 2018**
Head of Health Records & IG

Signature of Line Manager: Jon Wade **Date: 19th January 2018**
Director of Strategy and IT Services