



Information Governance Policy



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1 INTRODUCTION

1.1 Information Governance Framework

This policy seeks to help staff at focus to understand how to look after the information they need to do their jobs and to protect this information on behalf of service users and carers. The purpose of the document is to provide guidance to all focus staff on Information Governance.

Information Governance is a framework for handling personal information in a confidential and secure manner to appropriate ethical and quality standards. It provides a consistent way for employees and others (contractors, agency staff etc.) to deal with the many different information handling requirements. The framework also compliments the local Integrated Urgent Care (IUC) Alliance Information Governance Management Framework.

1.2 Policy Aims

The aims of this document are to maximise the value of organisational assets by ensuring that data is:

- Held securely and confidentially
- Obtained fairly and lawfully
- Recorded accurately and reliably
- Used effectively and ethically
- Shared and disclosed appropriately and lawfully
- To protect the organisation's information assets from all threats, whether internal or external, deliberate or accidental.
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- focus will ensure:
 - Information will be protected against unauthorised access
 - Confidentiality of information will be assured.
 - Integrity of information will be maintained
 - Information will be supported by the highest quality data
 - Regulatory and legislative requirements will be met
 - Business continuity plans will be produced, maintained and tested.
 - Information security training will be available to all staff
 - All breaches of information security, actual or suspected, will be reported via the focus accident and incident reporting system and investigated by the Head of Business and Governance

2 ROLES AND RESPONSIBILITIES

2.1 Chief Executive / Caldicott Guardian

The Chief Executive has overall responsibility and is accountable to the board of Governors for all aspects of Information Governance in focus and compliance with legislation and statutory guidance.

The Chief Executive will be the focus Caldicott Guardian. They will:

- Ensure focus satisfies the highest practical standards for handling personally identifiable information
- Facilitate and enable appropriate information sharing and make decisions on behalf of focus following advice on options for lawful and ethical processing of information, in particular in relation to disclosure.
- Represent and champion information governance requirements and issues at Board level
- Facilitate and enable appropriate information sharing and make decisions on behalf of focus following advice on options for lawful and ethical processing of information, in particular in relation to disclosures.
- Ensure that confidentiality issues are appropriately reflected in organisational strategies, policies and working procedures for staff
- Oversee all arrangements, protocols and procedures where confidential patient information may be shared with external bodies
- Co-ordinate the Information Governance Policy and its implementation

This function is delegated to the Head of Business and Governance.

2.2 Senior Information Risk Officer (SIRO) Head of Business and Governance

The Head of Business and Governance will be responsible for:

- Acting as champion for information risk and advising the Board on the effectiveness of information risk management across focus
- Promoting the effective and appropriate use of information
- Monitor focus' information handling activities to ensure compliance with the law and guidance.

2.3 Data Protection Officer/Head of Information & Security

The Head of Information & Security will be responsible for:

- Ensuring a yearly baseline assessment is undertaken using the NHS Data Security & Protection Toolkit (DSPT), along with the production and monitoring of action plans in relation to any gaps
- Ensure policies in relation to Information Governance remain up to date, reflect national guidance and are in operational use throughout focus.
- Monitor organisational compliance with the GDPR/Data Protection Act
- Provide advice and assistance with regards to the completion of Privacy Impact Assessments
- Act as a contact point for the Information Commissioners Office (ICO), members of the public and organisational staff on matters relating to GDPR/Data Protection Act and the protection of personal information

Assist in implementing essential elements of the GDPR/Data Protection Act such as the principles of data processing, data subjects' rights, privacy impact assessments, records

of processing activities, security of processing and notification and communication of data breaches

2.4 All Supervising Staff

Supervisors will take responsibility for ensuring that the Information Governance Policy is implemented within their staff teams, ensuring that their staff, both permanent and temporary, are aware of:

- all information security policies and guidance and their responsibility to comply with them;
- their personal responsibilities for information security;
- where to access advice on matters relating to security and confidentiality; and
- the security of their physical environments where information is processed or stored.

2.5 All Staff

It is the responsibility of each employee of focus to adhere to the policy. Staff will receive instruction and direction regarding the policy from a number of sources including:

- Business Procedures
- Supervisor
- Specific training course
- Other communication methods, for example, team meetings
- Information on Workplace

Individual employees have a responsibility to ensure they are aware of all information security policies and guidance and comply with them. Staff must be aware of their personal responsibility for the security and confidentiality of information which they use. Staff are responsible for reporting any possible or potential issues whereby a breach of security may occur.

3 INFORMATION GOVERNANCE MANAGEMENT FRAMEWORK (IGMF)

3.1 Policies

focus has developed a framework for its Information Governance Policy. This is supported by a set of information governance policies and related procedures to cover all aspects of information governance. The key information governance policies are:

Data Protection Policy: This policy sets out the roles and responsibilities for compliance with the GDPR/Data Protection Act.

Confidentiality Policy: The policy lays down the principles that must be observed by all who work within focus and have access to personal or confidential business information. All

staff must be aware of their responsibilities for safeguarding confidentiality and preserving information securely in order to comply with common law obligations of confidentiality and the Social Care Record Guarantee. It ensures that information held or processed by focus is made available subject to appropriate protection of confidentiality and in line with the terms and conditions under which the data has been shared with focus.

Information Security Policy: This policy is to protect to a consistently high standard all information assets. The policy defines security measures applied through technology and encompasses the expected behaviour of those who manage information within the organisation.

Records Management and Data Quality Policy: This policy is to promote the effective management and use of information recognising its value and importance as a resource for the delivery of corporate and service objectives.

Social Media Policy: This policy recognises that many employees enjoy using social media within their personal lives and, more recently, as a means of networking or sharing knowledge in their working lives. This policy will aim to ensure that all employees across the member organisations enjoy the benefits of social media, whilst understanding their obligations and responsibilities to their employer, colleagues, service users and carers.

3.2 Monitoring Compliance

focus will monitor compliance with Information Governance requirements by:

- Reviewing the systems in place to develop and implement the Information Governance and related policies. Internal audit will support this process as appropriate.
- Including the reporting and investigation of Information Governance incidents within its incident reporting procedures
- Reviewing Information Governance requirements on a regular basis
- Undertaking an annual self-assessment using the NHS Data Security & Protection Toolkit (DSPT) and on-going monitoring of resulting action plans.

3.3 Risk Management

All Information Governance incidents (e.g. disclosure of confidential information, theft of laptop, and unauthorised access to applications) must be reported through focus' accident / incident reporting procedure and in accordance with the IUC Alliance Risk Management Model Framework. The Head of Business and Governance will co-ordinate any investigations. The investigation and results will be discussed by the leadership Group and/or where appropriate Professional Practice Governance Committee. Learning from risks and incidents is an important part of focus' approach to quality assurance.

Information Asset Owners (IAO) and the DPO are expected to undertake risk assessments on data flows or information assets; ideally, but not exclusively within an Information Asset Register (IAR) to identify and report risks to the [SIRO](#).

4 REVIEW AND MONITORING

This policy will be reviewed if there are changes to legislation and/or difficulties in practical application.

5 IMPACT ANALYSIS

This policy will pay due regard to the following impacts:

5.1 Equality

In developing this policy, an equality impact assessment has been completed ([See focus IGME](#)). A full equalities impact assessment was deemed not to be required. This is because the policy is formatted in a way that is easy to read and can be made available on request in other formats and in other languages from the author of this framework. Arrangements can be made for members of staff with disabilities who wish to access information in a different format.

As a result of performing the analysis, the policy does not appear to have any adverse effects on people who share Protected Characteristics and no further actions are recommended at this stage.

5.2 Sustainability

The policy will pay due regard to any requirements during their activity and tendering of the sustainability Impact Assessment, undertaking where appropriate.

5.3 Bribery Act 2010

Focus will need to fully and be careful to ensure that under the Bribery Act 2010, it is a criminal offence to:

- Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and

- Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.

These offences can be committed directly or by and through a third person and, in many cases, it does not matter whether the person knows or believes that the performance of the function or activity is improper. It is therefore, extremely important that staff adhere to this and other related policies and documentation outlined within their organisation, such as a Gifts and Hospitality Policy when considering whether to offer or accept gifts and hospitality and/or other incentives.

6 REFERENCE MATERIAL

External

- [Current Data Protection Legislation](#)
- [General Data Protection Regulations \(EU\) 2016/679](#)
- [The Computer Misuse Act \(1990\)](#)
- [Human Rights Act 1998 \(Specifically Article 8\)](#)
- [Care Act 2014](#)
- [The Data Protection \(Processing of Sensitive Personal Data\) Order \(2000\)](#)
- [The Copyright, Designs and Patents Act \(1988\)](#)
- [The Health and Safety at Work Act \(1974\)](#)
- [Regulation of Investigatory Powers Act \(2000\)](#)
- [The Public Records Act \(1958\)](#)
- [NHS Code of Practice, The Common Law Duty of Confidentiality](#)
- [Mental Capacity Act \(2005\)](#)
- [NHS Information Governance: Guidance on Legal and Professional Obligations.](#)
- [Report on the Review of Patient-Identifiable Information 1997 \(Caldicott Report\)](#)
- [Report of the Caldicott2 Review - Information: To share or not to share? The Information Governance Review 2013](#)
- [NHS England: Everyone Counts: Planning for Patients 2014/15 to 2018/19](#)
- [NHS Digital: A guide to confidentiality in health and social care: Treating confidential information with respect - September 2013](#)
- [National Information Board and DH: Personalised Health and Care 2020](#)
- [NHS England: NHS Standard Contract](#)
- [Information Commissioner: Data Sharing Code of Practice](#)
- [Information Commissioner: Privacy Impact Assessment Code of Practice](#)