

# **NHS Darlington Commissioning Group**

## **Information Governance Strategy**

### **2016/17**

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## 1.0 INTRODUCTION

- 1.1 Information is a vital asset within the CCG, in terms of the effective commissioning and management of services and resources. It plays a key part in clinical governance, service planning and performance management. It is important that information is managed within a framework that ensures it is appropriately managed and that policies, procedures, management accountability and structures are in place.
- 1.2 This strategy sets out the approach to be taken within the CCG to provide a robust Information Governance Framework and to fulfil its overall objectives. Information Governance requirements ensure that best practice is implemented and on-going awareness is evident across the CCG. The CCG is committed to ensuring that all records and information are dealt with legally, securely, efficiently and effectively.
- 1.3 Information Governance is “a framework for handling information in a confidential and secure manner to appropriate ethical and quality standards in modern health services”. It brings together within a singular cohesive framework the interdependent requirements and standards of practice. It is defined by the requirements within the Information Governance Toolkit against which the CCG is required to publish an annual self-assessment of compliance. This strategy is supported by an IG Toolkit Action Plan.
- 1.4 The Information Governance agenda encompasses the following areas:
- Caldicott
  - NHS Confidentiality Code of Practice
  - Data Protection Act 1998
  - Freedom of Information Act 2000
  - Health and Social Care Act 2012
  - Human Rights Act 1998
  - Care Act 2014
  - Records Management (Health, Business & Corporate)
  - Information Security
  - Information Quality
  - Confidentiality
  - Openness
  - Legal Compliance
  - Information Risk
- 1.5 Within this agenda the CCG will handle and protect many classes of information:
- Some information is confidential because it contains personal details. The CCG must comply with regulation which regulates the holding and sharing of confidential personal information. Changes to the way in which patient confidential data can be processed came about as a result of the Health & Social Care Act 2012. It is important that relevant, timely and accurate information is available to those who are involved in the care of

service users, but it is also important that personal information is not shared more widely than is necessary.

- Some information is non-confidential and is for the benefit of the CCG and the general public. The CCG and its employees share responsibility for ensuring that this type of information is accurate, up to date and easily accessible to the public.
- The majority of information about the CCG and its business should be open to public scrutiny although some, which is commercially sensitive, may need to be safeguarded.

1.6 Information can be in many forms, including (but not limited to):

- Structured record systems – paper and electronic
- Transmission of information – e-mail, post and telephone; and
- All information systems purchased, developed and managed by/or on behalf of the organisation

## **2.0 PURPOSE**

2.1 The Information Governance arrangements will underpin the CCG's strategic goals and ensure that the information needed to support and deliver their implementation is readily available, accurate and understandable. Information Governance has four fundamental aims:

- To support the provision of high quality care by promoting the effective and appropriate use of information
- To encourage responsible staff to work closely together, preventing duplication of effort and enabling efficient use of resources
- To develop support arrangements and provide staff with appropriate tools and support to enable them to carry out their responsibilities to consistently high standards
- To enable the CCG to understand its own performance and manage improvement in a systematic and effective manner

## **3.0 STRATEGIC AIMS**

3.1 The strategic aims will be achieved by ensuring the effective management of Information Governance by:

- Ensuring that the CCG meets its obligations under the Data Protection Act 1998, the Human Rights Act 1998, the Freedom of Information Act 2000 and the Health and Social Care Act 2012.
- Establishing, implementing and maintaining policies for the effective management of information
- Ensuring that information governance is a cohesive element of the internal control systems within the CCG

- Recognising the need for an appropriate balance between openness and confidentiality in the management of information
- Ensuring that information governance is an integral part of the CCG culture and its operating systems
- Ensuring maintenance of year on year improvement within the Information Governance Toolkit self-assessment
- Reducing duplication and looking at new ways of working effectively and efficiently
- Minimising the risk of breaches of personal data
- Minimising inappropriate uses of personal data
- Ensuring that Service Level Agreements, Information Sharing Agreements and Data Processing Agreements between the CCG and other organisations are managed and developed in accordance with Information Governance Principles
- Ensuring that contracted bodies are monitored against Information Governance standards.
- Protecting the services, staff, reputation and finances of the CCG through the process of early identification of information risks and where these risks are identified ensuring sufficient risk assessment, risk control and elimination are undertaken.
- Ensuring there is provision of sufficient training, instruction, supervision and information to enable all employees to operate within information governance requirements
- Ensuring that information governance is embedded within the CCG and monitored via regular checks.

## **4.0 ROLES & RESPONSIBILITIES**

- 4.1 The CCG has developed clear lines of accountability with defined responsibilities and objectives. The Governance, Audit & Risk Committee is chaired by the Lay Member and has responsibility for overseeing the implementation of this strategy.
- 4.2 The Governance, Audit & Risk Committee is accountable to the Governing Body and has responsibility for overseeing and reporting to the Governing Body and providing assurance on Governance and Risk Management, Information Governance, Research Governance and Equality & Diversity issues.
- 4.3 The Chief Officer has overall accountability and responsibility for Information Governance across the CCG and is required to provide assurance, through the Annual Governance Statement, that all risks to the CCG are mitigated.
- 4.4 The SIRO holds responsibility for ensuring that information is processed and held securely throughout the CCG. The role covers all the aspects of information risk, the confidentiality of patient and service user information and information sharing. The Information Governance Toolkit sets out clear responsibilities of the SIRO in relation to risks surrounding information and

information systems, which also extend to business continuity and the role of Information Asset Owners.

- 4.5 The Caldicott Guardian has an advisory role and is responsible for ensuring that the principles of confidentiality and data protection set out in the Caldicott Guidelines and the Data Protection Act are implemented systematically.
- 4.6 Information Governance expertise will be provided by the Senior Governance Manager (IG) and the Senior Governance Officer (IG), North of England Commissioning Support Unit, who will liaise directly with the responsible person within the CCG.

## **5.0 EQUALITY AND DIVERSITY STATEMENT**

5.1 The CCG is committed to promoting human rights and providing equality of opportunity; not only in employment practices, but also in the way services are commissioned. The CCG also values and respects the diversity of its employees and the communities it serves. In applying this policy, the organisation will have due regard for the need to:

- Promote human rights
- Eliminate unlawful discrimination
- Promote equality of opportunity
- Provide for good relations between people of diverse groups

5.2 This Strategy aims to be accessible to everyone regardless of age, disability (physical, mental or learning), gender (including transgender), race, sexual orientation, religion/belief or any other factor which may result in unfair treatment or inequalities in health or employment.

5.3 Throughout the development of this Strategy the CCG has sought to promote equality, human rights and tackling health inequalities by considering the impacts and implications when writing and reviewing the strategy. The impact of this strategy is subject to an on-going process of review which is closed by the formal Equality Impact Assessment when the strategy is due to be reviewed.

### **5.4 Equality impact assessment**

5.4.1 In accordance with equality duties an Equality Impact Assessment has been carried out on this strategy. There is no evidence to suggest that the strategy would have an adverse impact in relation to race, disability, gender, age, sexual orientation, religion and belief or infringe individuals' human rights.

## **6.0 TRAINING AND AWARENESS**

- 6.1 Training and education are key to the successful implementation of this Strategy and embedding a culture of information governance management in the organisation. Staff will have the opportunity to develop more detailed knowledge and appreciation of the role of information governance through:
- Policy/strategy
  - Induction
  - Line manager
  - Specific training courses
- 6.2 Mandatory training sessions are delivered online by the Health and Social Care Information Centre (formerly Connecting for Health) Information Governance Training Tool. The sessions are mandatory and must be updated every year.
- 6.3 Awareness will be monitored via regular checks and gaps in knowledge will be addressed via further bespoke training materials and/or targeted training sessions provided by the information governance service.

## **7.0 MONITORING**

### **7.1 Information Governance Toolkit**

- 7.1.1 The annual release of a new version of the Toolkit generally takes place in June. An updated action plan for improving and implementing the requirements of the toolkit will be submitted to the Governance, Audit & Risk Committee.
- 7.1.2 Monitoring reports will be routinely submitted to the Governance, Audit & Risk Committee. The CCG's progress will be reported to the Governing Body at regular intervals by the SIRO. The action plan and monitoring will be maintained by the Senior Governance Officer (IG), North of England Commissioning Support Unit.
- 7.1.3 The CCG will comply with the Health and Social Care Information Centre's deadlines for submission of updates and final assessment.
- 7.1.4 Annual IG performance will be summarised in the Information Governance Annual Report to be presented to the Governance, Audit & Risk Committee.
- 7.1.5 An internal audit of the IG Toolkit will take place in quarter 4 as part of the CCG's internal audit plan.

## **8.0 PERFORMANCE INDICATORS**

8.1 The Information Governance Toolkit submission is a mandatory annual return; the criteria for compliance are set out within the IG Toolkit. The successful implementation of Information Governance across the organisation will be reflected in the achievement level produced from the annual Toolkit submission.

## **9.0 ASSOCIATED DOCUMENTS**

9.1 This strategy should be read in conjunction with the following IG policies:-

- Information Governance & Information Risk Policy
- Confidentiality & Data Protection Policy
- Information Security Policy
- Information Access Policy
- Data Quality Policy
- Records Management Policy and Strategy

## **10.0 REVIEW**

10.1 This strategy will be updated at least annually and in accordance with the following as and when required:

- legislative changes
- as dictated by the IG Toolkit
- good practice guidance;
- case law;
- significant incidents reported;
- new vulnerabilities; and
- changes to organisational infrastructure.

10.2 This Strategy will be received by the Governance, Audit & Risk Committee for agreement prior to being received by the Governing Body for formal approval.