



Please Note: This policy is currently under review and is still fit for purpose.

Information Governance Strategy

This procedural document supersedes: CORP/ICT 16 v.3 – Information Governance Strategy



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Approved by (Committee/Group):	Information Governance Group
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Target audience:	All staff, Trust-wide

Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 4	2 April 2015	<ul style="list-style-type: none"> • Tri-annual review with minor changes • Policy Reformat • Amendments to Monitoring arrangements 	Head of Information Governance
Version 3	January 2013	Review date changed from January 2013 to January 2015	Head of Information Governance
Version 3	February 2012	<ul style="list-style-type: none"> • CaSC → Audit and Non Clinical Risk sub Committee (A&NCRsC) • Changes to IG Training Strategy 	Head of Information Governance
Version 2	July 2008	<ul style="list-style-type: none"> • Changes to Information Governance Toolkit Standard 107 • Changes to reporting authority 	Head of Information Governance

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1. INTRODUCTION

The Information Governance Strategy sets out the approach to be taken within the Trust to provide a robust Information Governance Framework for the future management of information.

Important Note

It is essential that any activities undertaken in line with this strategy are done so in a lawful manner and that personal information is processed, in accordance with the Data Protection Act 1998¹.

This strategy does not alter any other procedures and practices laid down for staff who deal with confidential information, for instance, the Caldicott Principles.

2. THE SCOPE OF THE STRATEGY

Key Components

There are four key components underpinning this strategy which are:-

1. The Trust Information Governance Policy², which outlines the objectives for information governance;
2. The Information Governance Assurance Framework reported to and approved annually by the Trust Audit & Non Clinical Risk sub Committee;
3. An annual action plan arising from a base line assessment against the standards set out by the National Programme for Information Technology (NPfIT) Information Governance Toolkit (IGT); and
4. The mandated Information Governance Training programme³

3. DUTIES & RESPONSIBILITIES

The Trust Information Governance Strategy Group

The Trust Information Governance Strategy Group has overall responsibility for overseeing the implementation of this strategy, the Information Governance policy, and the Information Governance action plan following the baseline assessment against the standards set out in the

¹ Please note that the Data Protection Act 1998 legislates for both manual and electronic records held about patients and staff.

² CORP/ICT 9

³ The Training programme is defined in Trust IG Policy: CORP/ICT 9

annually revised Information Governance Toolkit. Periodic audit, review, and progress will be made to the A&NCRsC through the minutes and actions of Information Governance Group. There is representation on the Information Governance Group from across the Trust to ensure that Information Governance is embedded within the organisational structure.

The Medical Director

The Medical Director is the named Executive Director on the Board of Directors with responsibility for Information Governance (IG). The Medical Director is the Trust's Caldicott Guardian.

The Trust Senior Information Risk Owner (SIRO)

The Trust Senior Information Risk Owner (SIRO), is the Finance Director.

The Head of Information Governance deputises and assists both these key roles, and is also the senior manager responsible for managing the Information Governance agenda and action plans.

This strategy cannot be seen in isolation, as information plays a key part in supporting clinical governance, strategic risk, service planning and performance management. The IG strategy therefore links into all of these aspects of the organisation and is reflected in the Risk Management Framework. Fundamental to the success of delivering the Information Governance strategy is developing the Information Governance culture and training programme within the Trust. Awareness and training is offered to all staff at induction and subsequently as part of a rolling programme³.

The Trust Information Governance Group

The Information Governance Group (IGG) is responsible and accountable to the Audit & Non Clinical Risk sub Committee (A&NCRsC), who then assure the Trust Board of Directors. Through the IG Toolkit (IGT) standards, the IGG will monitor performance and report progress against actions to the Trust A&NCRsC. An annual return on progress will be submitted to the Department of Health⁴ in line with the original implementation of the IGT. The A&NCRsC will be requested to approve the annual return prior to submission⁵. They will also receive periodic copy of the IG Group minutes and also the IM&T Risk Log, which can then be integrated, at an appropriate level, into the Corporate Risk Framework.

Each **Care Group/Department General Manager** should ensure that all staff are aware of their responsibilities concerning the handling of confidential or sensitive information and should ensure that the guidance within this strategy is adhered to.

Staff involved in the handling of confidential and sensitive information have a duty to respect a data subjects rights to confidentiality and to follow the guidance in this strategy.

⁴ The Department of Health manage the Information Governance Toolkit in co-operation with Connecting for Health.

⁵ By the 31st March for any financial year end

4. CONCLUSION

The implementation of the Information Governance strategy, policy and action plan will ensure that information is effectively managed at the Doncaster & Bassetlaw Hospitals NHS Foundation Trust in line with MONITOR's Compliance Framework.

The strategy will be reviewed annually and action plans developed against the IGT returns to identify key areas for action, to ensure ongoing and continuous improvement.

5. MONITORING

The implementation of the Information Governance Strategy will be monitored and reported on by the Information Governance Strategy Group.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
<p>The Trust Information Governance Policy⁶ outlines the objectives for information governance</p> <p>The Information Governance Assurance Framework is reported to and approved annually by the Trust Audit & Non Clinical Risk sub Committee</p> <p>An annual action work plan is actioned throughout the reporting year</p> <p>There is a mandated Information Governance Training programme⁷</p>	The Trust IG Group	Annually	The Trust IG Group reports to the Audit & Non Clinical Risk sub Committee in its Annual Report

⁶ CORP/ICT 9

⁷ The Training programme is defined in Trust IG Policy: CORP/ICT 9

6. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (see Appendix 1).

7. REFERENCES

NHS Chief Executive's Information Governance letters and directives
MONITOR's Compliance Framework
The Information Governance Assurance Framework
The Information Governance Toolkit (HSCIC IGT) Standards
The Caldicott Report 1997

APPENDIX 1 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	CSU/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Information Governance Strategy	Finance & Infrastructure	Head of Information Governance	Existing Policy	24/3/2015
1) Who is responsible for this policy? Name of Care Group/Directorate: Finance & Infrastructure				
2) Describe the purpose of the service / function / policy / project/ strategy? To lay out the IG Strategy – through the Annual IG Report – to the trust BoD				
3) Are there any associated objectives? The IG Toolkit and Monitor’s Compliance Framework				
4) What factors contribute or detract from achieving intended outcomes? IG Group good practice and involvement				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? NO				
<ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] 				
6) Is there any scope for new measures which would promote equality? NO				
7) Are any of the following groups adversely affected by the policy? NO				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4</i>				
Date for next review: February 2015				
Checked by: Head of Information Governance			Date: 24/3/2015	