

group policies and procedures

# information governance policy

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| Category | Corporate Governance |
| Author | Castleman Healthcare Ltd |
| Responsible Director | Fiona Pickering |
| Date of issue | September 2016 |
| Next review date | April 19 |
| Document ref & version | V2 September 2016 |

**Related policies and guidance**

1. **Confidentiality Policy**
2. **Records Management Policy**
3. **Data Protection Policy**

**Document revision and approval history**

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| Version | Date | Author | Approved by | Comments |
| V2 Sept 16 | September 16 | FC |  | Reviewed by FP – minor edits made – ready for final approval |
| Final | Sept 16 |  |  |  |
|  | April 18 |  |  | Reviewed by JL with addition of GDPR legislation. |

# aim

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 Clinical Governance, service planning and performance management.

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

Senior level ownership of information risk is a key factor in successfully raising the profile of information risks and to embedding information risk management into the overall risk management culture of Castleman Healthcare Ltd.

This policy gives assurance to Castleman Healthcare Ltd and to individuals that personal information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care.

Castleman Healthcare Ltd has established and maintained policies and procedures to ensure compliance with requirements contained in the NHS Connecting for Health Information Governance Toolkit.

This policy, and its supporting standards and instructions are routinely presented to the Castleman Healthcare board for approval.

# Scope

This policy applies to:

1. All Castleman Healthcare Ltd staff.
2. All data handling activities that relate to (but not limited to) service user, patient, client

Information and personnel and organisational information.

1. All formats and modes of information processing, including (but not limited to) Structured

record systems – paper and electronic; transmission of information – fax, email, post and telephone.

1. All information systems purchased, developed and managed by or on behalf of the

Castleman Healthcare Ltd, and any individual directly employed or otherwise by Castleman Healthcare Ltd.

# Principles

Castleman Healthcare Ltd recognises the need for an appropriate balance between openness and confidentiality in the management and use of information.

Castleman Healthcare Ltd fully supports the principles of corporate governance and recognises its public accountability, but equally places importance on the confidentiality of, and the security arrangements to safeguard, both personal information about patients and staff and commercially sensitive information.

Castleman Healthcare Ltd 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.

Castleman Healthcare Ltd believes that accurate, timely and relevant information is essential to deliver the highest quality health care. As such it is the responsibility of all clinicians and managers to ensure and promote the quality of information and to actively use information in decision-making processes.

# Strands

**There are 4 key interlinked strands to the information governance policy:**

1. Openness and transparency
2. Legal compliance
3. Information security
4. Quality assurance
5. **Openness and Transparency**
   1. Castleman Healthcare Ltd recognises the need for an appropriate balance between openness and confidentiality in the management and use of information.
   2. Information is defined and, where appropriate, kept confidential, thus underpinning the principles of Caldicott and the regulations outlined in the Data Protection Act. Non- Confidential information about Castleman Healthcare Ltd and its services will be available to the public through a variety of means in compliance with the Freedom of Information Act, Freedom of Information Policy, Code of Conduct for Confidentiality, Data Protection Act and Access to Records Policy and the GDPR Subject Access Request.
   3. Patients can have access to information relating to their own health care, options for treatment and their rights as patients. There are clear procedures and arrangements for handling queries from patients and the public.
   4. Castleman Healthcare Ltd has clear procedures and arrangements for liaison with the press and broadcasting media.
   5. Integrity of information is, monitored and maintained to ensure that it is appropriate for the purposes intended.
   6. Availability of information for operational purposes is maintained within set parameters relating to its importance via appropriate procedures and computer system resilience.
   7. Castleman Healthcare Ltd regards all identifiable personal information relating to patients as confidential. Compliance with legal and regulatory framework has been achieved through training, and is maintained through annual updates.
   8. Castleman Healthcare Ltd regards all identifiable personal information relating to staff as confidential except where national policy on accountability and openness requires otherwise.
6. **Legal Compliance**
   1. Castleman Healthcare Ltd regards all identifiable personal information relating to patients as confidential.
   2. Castleman Healthcare Ltd undertakes an annual assessment of its compliance with legal requirements through the IG Toolkit.
   3. Castleman Healthcare Ltd regards all identifiable personal information relating to staff as confidential except where national policy on accountability and openness requires otherwise.
   4. Castleman Healthcare Ltd has established and maintains policies to ensure compliance with the Data Protection Act, Human Rights Act, GDPR and common law confidentiality.
   5. Castleman Healthcare Ltd has established and maintains 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, Crime and Disorder Act, Protection of Children Act).
   6. Castleman Healthcare Ltd has a comprehensive range of policies supporting the information governance agenda.
7. **Information Security**
8. Castleman Healthcare Ltd has established and maintains policies for the effective and secure management of its information assets and resources.
9. Castleman Healthcare Ltd undertakes an annual assessments and audits of its information and IT security arrangements through the IG Toolkit framework.
10. Castleman Healthcare Ltd promotes effective confidentiality and security practice to its staff through policies, procedures and training.
11. Castleman Healthcare Ltd has established and maintains incident reporting procedures and will monitor and investigate all reported instances of actual or potential breaches of confidentiality and security.
12. **Information Quality Assurance**

1. Castleman Healthcare Ltd has established and maintains policies and procedures for information quality assurance and the effective management of records.
2. Castleman Healthcare Ltd undertakes an assessment of its information quality and records management arrangements in line with the IG Toolkit requirements.
3. Managers are expected to take ownership of, and seek to improve, the quality of information within their services.
4. Wherever possible, information quality should be assured at the point of collection.
5. Data standards are set through clear and consistent definition of data items, in accordance with national standards.
6. Castleman Healthcare Ltd promotes information quality and effective records management through policies, procedures/user manuals and training.

# Responsibilities

**The Board**

It is the role of Castleman Healthcare Ltd Board to define Castleman Healthcare Ltd’s Information Governance framework, taking into account legal and NHS requirements. The Board is also responsible for ensuring that sufficient resources are provided to support the requirements of the framework, taking advice as and when required from the Information Governance Lead and any Quality and Safety sub-committees that may be operational.

**Information Governance Lead**

The Director responsible with overall accountability and responsibility for co-ordination and management of Information Governance at Castleman Healthcare Ltd is Fiona Pickering, Finance Director. The post holder is the first point of contact for all IG issues and will ensure that all activities relating to Information Governance are properly carried out in line with NHS England guidelines. In addition, the post holder co-ordinates a review of the Castleman Healthcare Ltd’s current management and accountability arrangements for Information Governance. Other duties include overseeing the writing and updating of policies/processes/protocols, reporting and monitoring, planning and implementation, training and informing. The post holder is also responsible for overseeing the activities required to provide assurances on the IG toolkit.

**Caldicott Guardian**

The Chair/Medical Director is Castleman Healthcare Ltd’s Caldicott Guardian. The Caldicott Guardian is responsible for issues relating to patient’s confidentiality and related patient services.

**Managers**

All Managers within Castleman Healthcare Ltd are responsible for ensuring that the policy and its supporting standards and guidelines are built into local processes and that there is on-going compliance. Line Managers must ensure that staff are adequately trained and apply the appropriate guidelines.

**Data Protection Lead**

The role of the Data Protection Lead is to ensure that the organisation complies with the Data Protection Act 1998, and to ensure that employees are fully informed of their own responsibilities for acting within the law and that the public, including employees, are informed of their rights under the Act. The role of Data Protection Officer is delegated to the Information Governance Lead.

**Freedom of Information Officer**

The role of the Freedom of Information officer (delegated to the Information Lead) is to ensure the Company complies with the requirements to requests made under the Freedom of Information (FOI) Act by coordinating and responding to requests made (under the Act) by:

* + - Establishing the duty to comply.
      * Co-coordinating the response to the information requested in accordance with the Act.
      * Implement processes to ensure response times are met, escalating when breaches may occur.
      * Ensuring the Organisation adjusts to meet amendments to any FOI legislation / schemes, maintaining an awareness of changes to FOI Legislation and working the IG Lead to ensure process reflects legal requirement.

**Staff**

All other staff, whether permanent, temporary or contracted, are responsible for ensuring that they are aware of the requirements incumbent upon them and for ensuring that they comply with these on a day to day basis.

# Training

Considerations following training needs analysis and assessment of resource implications inform the long-term development of an Information Governance training programme for staff. The following training programmes are to be implemented by Castleman Healthcare Ltd.

1. An initial induction to Information Governance is provided to all new starters. The aim of this is to give a general overview of Information Governance, raising awareness with all staff and providing contact details of key personnel in the relevant areas. IG Training should be implemented in all induction plans for new starters and all contractors working on – site.
2. Information Governance Training Tool Modules: This online training programme is provided to all staff and is mandatory for all staff.
3. Annual refresher training should be provided to all staff as prescribed in IG Training Tool Module
4. Training Requirements should be reviewed on annual basis by IGC and signed off by IG Lead

# Non-compliance with the Policy

Failure to observe this policy may be regarded by Castleman Healthcare Ltd as gross misconduct. Disciplinary procedures, civil action or criminal proceedings may be instigated as a consequence of damage caused to an individual, Castleman Healthcare Ltd or its partner organisations by non-compliance with this policy.

# Risk Management and what to do in breach of the Policy

Castleman Healthcare Ltd’s approach to controlling risk, set out within the Risk Management policy informs the control of risk for Information Governance related activities.

Exceptions to the implementation of this policy should be reported to the Head of Performance and Information on 0207 535 8306 where they will be escalated to the Quality and Safety sub-committee. Log of Exceptions will also be reported in quarterly reports to the SIRO.

# Monitoring / Audit

1. Castleman Healthcare Ltd monitors this policy and related strategies, policies and guidance through the Information Governance Committee.
2. An assessment of compliance with requirements, within the Information Governance Toolkit (IGT) is undertaken each year.
3. The Information Governance IG Committee ensures implementation of the Information Governance Action Plan.
4. It is assumed that both Internal and External Audit will review this and associated procedures.
5. Castleman Healthcare Ltd monitors compliance with the core CQC registration Standards (Records) as related to information governance, even though currently not registered with the CQC.
6. Castleman Healthcare Ltd ensures that the support infrastructure for the SIRO is in place, and is kept under regular review.

# Information Governance Management

Information Governance management across the organisation is coordinated by the Information Governance Director and managed at Board level and via any sub committees for IG and quality purposes as designated by the Board when needed.

# Information Governance Advice

All routine and ad hoc requests for advice on Information Governance issues must be channelled through the Head of Performance and Information (Castleman Healthcare Ltd’s IG Manager).

# Introducing New Processes and Procedures

All new or proposed changes to organisational processes or information assets should be identified and forwarded to the IG Committee for evaluation to assess the impact on Information Security confidentiality and data protection, and information quality before making decisions about whether to permit implementation of a new process or information asset

# Review

The Director is responsible for advising on the implementation of this policy and other Information Governance Related Policies and Procedures. It ensures that clear formal guidelines have been provided to staff on all aspects of Information Governance.

This Policy will be subjected to an annual review. The Quality and Safety sub-committee in conjunction with the Head of Performance and Information will carry out the review.

An earlier review may be warranted if one or one of the following occurs:

# Appendix 1 – References

1. Data Protection Act 1998 <http://www.legislation.gov.uk/ukpga/1998/29/contents>
2. Human Rights Act 1998 <http://www.legislation.gov.uk/ukpga/1998/42/contents>
3. Freedom of Information Act 2000 <http://www.legislation.gov.uk/ukpga/2000/36/contents>
4. Health and Social Care Act 2012 <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>
5. Crime and Disorder Act 1998 <http://www.legislation.gov.uk/ukpga/1998/37/contents>
6. Protection of Children Act 1999 <http://www.legislation.gov.uk/ukpga/1999/14/contents>
7. Information Governance – Health and Social Care Information Centre <http://systems.hscic.gov.uk/infogov>