South Warwickshire
Clinical Commissioning Group

Information Governance Strategy

better healthcare for everyone

CONTENTS

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Version Control

Date	Version	Comment / Update
7/2/13	Version 1	Judith Jordan
03/07/2018	1.1	Amendment made by Claire Jones, Corporate Governance Manager, to update year of Data Protection Act to 2018, update logo and correct job titles.
24/10/2018	1.1	Reviewed and approved by Clinical Quality and Governance Committee.
21/11/2018	2.0	Approved by Governing Body.

The purpose of this strategy is to set out the approach taken within South Warwickshire CCG (here after known as SWCCG) to provide a robust framework for future management of information governance.

The document outlines NHS South Warwickshire CCG's overarching IG arrangements and the relationships between NHS South Warwickshire CCG and Arden Commissioning Support. Arden Commissioning Support is responsible for providing NHS South Warwickshire CCG with Information Governance services, operating within the NHS framework for information governance and are formally appointed as data processors.

1. Introduction

1.1 There are two key components underpinning this strategy which are:

- A focus on the risk associated with all information assets.
- Annual action plan arising from a baseline assessment set out in the IGT.

1.2 Information in all its forms is vital to all aspects of the activities of the CCG whether it be for the management of individuals, or the efficient management of services and resources.

1.3 It is paramount that information is handled efficiently, legally, securely and effectively. Information Governance provides a framework to bring together all the legal rules, NHS standards, guidance and best practice that apply to the processing of personal or organisational information. Good information governance ensures safeguards for, and the appropriate use of, personal information.

1.4 Information Governance is part of the CCG's overall corporate governance function and a key part of strategic risk, clinical governance, service planning, informatics, performance and business management.

1.5 The legislation and guidance most relevant to Information Governance is listed in Appendix 1 and 2.

1.6 The CCG is fully committed to effective Information Governance, and within all organisations from whom services are commissioned.

2. Objectives

2.1 To set out the approach the CCG will take to ensure that there is a robust framework for the processing of information, which puts in place the necessary people, resources, policies and procedures.

2.2 To deliver a pragmatic and effective multi-disciplinary approach to Information Governance, which is underpinned by a clear accountability structure from Board to practitioner level.

2.3 To promote awareness of the need to achieve the highest standards of practice in the processing of information.

2.4 To ensure year on year improvement in our information processing activities.

2.5 To develop awareness throughout the CCG's of the roles and responsibilities of individuals, departments, services.

2.6 To create an environment where information governance best practice is embedded in the culture and not seen as an additional burden.

2.7 To support the activities of the both CCGs and the IT service providers.

3. Scope

3.1 This strategy is relevant to all information in all formats, whether electronic or manual.

3.2 This strategy is relevant to all types of information whether personal (as defined below), or corporate/organisational information.

4. Definitions

4.1 For the purposes of this strategy, "**data**" and "**information**" are synonymous.

4.2 **Personal information** – personal information/data is information which relates to an individual who can be identified from that data, or from that data and any other information which is in the possession of, or is likely to come into the possession of the data controller. A more detailed definition of personal information can be found in the CRCCG Confidentiality and Data Protection Policy.

4.3 **Processing** – as defined in the Data Protection Act 2018, includes everything that we do with information, i.e. obtaining, recording, using, holding, disclosing, sharing and disposing.

4.4 **Data subject** – the living individual who is the subject of the personal information/data.

5. Strategic Objectives

5.1 To establish a robust information governance framework conforming to the Department of Health standards that will provide efficient, effective, secure and legal processing of all information.

5.2 To ensure adequacy of systems, procedures and working practices during the period of transition which is currently occurring within the NHS.

5.3 Maintain a clear outline of responsibilities and reporting structure for all information governance functions.

5.4 To ensure that the Governing Body is appraised of the Information Governance agenda, receives periodic assurance that management and accountability arrangements are adequate and assurance that the CCG is fulfilling their obligations.

5.5 To use the Information Governance Toolkit as the driver for the main Information Governance work programme but combined with the business needs of the CCG and any other national requirements such as the Informatics Planning document, or other

special directives issued by the Department of Health.

5.6 To ensure that there is a suite of policies that encompasses all the elements of information processing (as defined in 4.3) that comply with legal and ethical requirements and best practice.

5.7 To ensure that there are clearly defined processes in place to support the policies.

5.8 To ensure that clear advice and guidance is available for staff and to ensure that they understand and apply Information Governance in their daily working practice.

5.9 To ensure that measures are in place to ensure that information is of the highest possible quality.

5.10 To undertake regular reviews and audits on the various aspects of information processing. To ensure that such reviews and audits are used to identify good practice and opportunities for improvement.

5.11 To ensure that all policies and procedures are monitored and reviewed regularly to ensure that they are adhered to and are effective.

5.12 To ensure that all staff, service users and the general public will have confidence in the way that we process their information.

5.13 To ensure that clear advice is given to all data subjects (see 4.4 for definition) about how their personal information is processed, and to ensure that there is a mechanism to deal with all enquiries.

5.14 To ensure that when service developments or modifications are undertaken, that a review is undertaken of all aspects of information governance arrangements to ensure that they are robust and effective.

5.15 To continuously improve the information governance culture across the CCG through training and awareness campaigns.

5.16 To ensure that there is a comprehensive proactive information risk management programme.

5.17 To ensure that all information governance incidents or near misses are notified, investigated and actioned appropriately in accordance with the policy of the CCG to which the incident or near miss relates

5.18 To ensure that all information governance incidents, complaints and audits are monitored by the Information Governance Steering Group.

5.19 To encourage service user participation in information governance developments.

5.20 To self-assess our information governance performance using the Department of Health's Information Governance Toolkit.

5.21 To strive for year-on-year improvements in compliance with the Information Governance Toolkit standards across the CCG.

5.22 To provide support to independent contractors in complying with the requirements of their Information Governance Toolkit submissions and to monitor their completion.

5.23 To provide support to independent contractors in complying with information governance standards and to strive for year-on-year improvements.

5.24 To support the commitments of the NHS Care Record Guarantee.

6. Key Policies

6.1 CCG staff are bound by the policies of their employing CCG. The following policies will be available to support the Information Governance function:

Access to Health Records Policy
Confidentiality and Data Protection Policy
Data Encryption Policy
Email Usage Policy
Freedom of Information Policy
Information Governance Policy
Information Risk Policy
Information Security Policy
Internet Usage Policy
Records Management Policy
Safe Haven Policy

7. Responsibilities and Key Roles

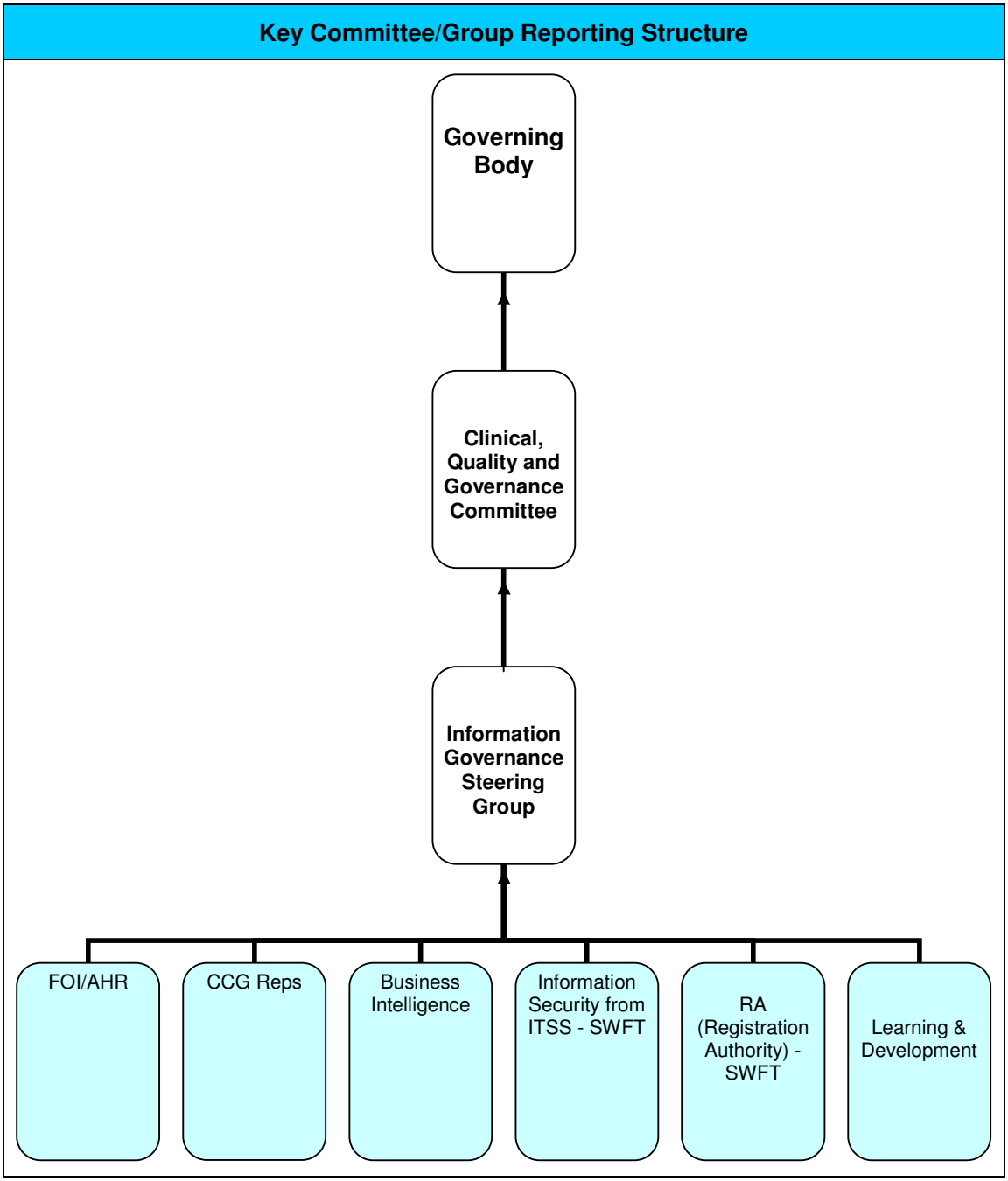
7.1 **Senior Management responsibilities – IG Leads with Board level responsibility** for ensuring effective management, accountability, compliance and assurance for all aspects of Information Governance

IG Initiatives within the Information Governance Toolkit	Information Governance Management	Chief Transformation Officer
	Confidentiality and Data Protection Assurance	Chief Transformation Officer
	Information Security Assurance	Chief Transformation Officer
	Clinical Information Assurance	Chief Transformation Officer
	Secondary Use Assurance	Chief Transformation Officer
	Corporate Information Assurance	Chief Transformation Officer
Senior Supporting Roles	Caldicott Guardian	GP
	Senior Information Risk Owner (SIRO)	Chief Transformation Officer
	Data Protection Officer	GP

7.2 Key Information Governance Roles

Information Governance Leads	Compliance Lead	Arden Commissioning Support
	Primary Care Information Specialist	Arden Commissioning Support
Information Security		
	General Manager of IT Operations, from the IT Shared Services, via an SLA with South Warwickshire NHS Foundation Trust.	Arden Commissioning Support, via SLA
Registration Authority	Registration Authority Manager, from the IT Shared Services, via an SLA with South Warwickshire NHS Foundation Trust.	Arden Commissioning Support, via SLA
Records Management	Compliance Lead	Arden Commissioning Support
Information/Data Quality Leads	Head of Information Analysis	Arden Commissioning Support
	General Practice - Primary Care Information Specialist	Arden Commissioning Support

8. Committee/Group Reporting Structure



9. Information Governance Training

9.1 Fundamental to the success of delivering the Information Governance strategy is the continued development of an information governance culture within the CCG. The Governing body is committed to support this by providing adequate opportunities for staff to benefit from a training and awareness campaign.

9.2 Information Governance training forms part of the Learning and Development framework for the Education, Learning and Development programme.

9.3 Core Information Governance training will be designated as mandatory, in accordance with the standards recommended by the Department of Health (DH).

9.4 Each CCG will ensure that information governance training opportunities are available to all staff relevant to their job role. This will consist of:

9.4.1 induction training;
9.4.2 core training during the first year of employment;
9.4.3 refresher training to a standard and frequency that at least meets the minimum DH requirements.

9.5 The CCG will endeavour to ensure that the entire workforce will have received introductory and core IG training, i.e. employed staff, contracted staff, volunteers, temporary staff, students and the like. Core modules will be tailored to job role.

9.6 The CCG will endeavour to ensure that annual refresher training is undertaken by the entire workforce, that at least meets the minimum DH requirements.

9.7 More specialised training will be made available for key staff where appropriate.

9.8 A training plan specific to IG training will be developed and monitored by the ACS Information Governance Steering Group.

10. Work/Improvement Programme

10.1 The Information Governance work/improvement plan will focus on ensuring compliance with the Information Governance Toolkit standards at the minimum of level 2 and that there is robust evidence available to support the score.

10.2 The following will be the key priorities of the CCG:

10.2.1 **Information Governance Management**

- Review and update the Information Governance Management arrangements to ensure that they are adequate to meet the needs.
- To ensure that the existing standards are maintained and strengthened wherever necessary.
- Review induction procedures to ensure that all new starters undergo Information Governance training within one month.
- Evaluate training needs and ensure that appropriate opportunities are available for the entire workforce.
- To ensure that all policies are up to date
- To ensure that all third party contracts have adequate information governance clauses. Where necessary the CCG's "Confidentiality and Information Agreement" template will be used to supplement a contract document.

10.2.2 **Confidentiality and Data Protection Assurance**

- Maintain and strengthen existing confidentiality and data protection standards.
- Ensure that information sharing/processing agreements are in

- To promote staff awareness of requirements in relation to sharing/processing information on a CCG basis.
- Ensure that all information disclosures without data subject consent are approved by the Caldicott Guardian (with the exception of operational safeguarding disclosures).
- To ensure that information is available to all service users on how and why we use their information and how we protect it.
- To promote staff awareness on confidentiality and data protection issues.
- To review data flows into, out of and within the CCG to ensure that appropriate standards are in place for the safe and appropriate transmission of data.
- To ensure continued adherence to the requirement that identifiable data is not used for secondary purposes (i.e. purposes which do not directly contribute to the delivery of safe care), through adherence to the safe haven and pseudonymisation procedures which were created through the pseudonymisation project.

10.2.3 **Information Security Assurance**

- Ensure that the integrity of the network is maintained and that procedures are in place to prevent information processing being interrupted, disrupted or corrupted.
- Ensure that the encryption safeguards implemented over the last 2 years are embedded and functioning as they should.
- To ensure that the CCG technical infrastructure is created and used in a way that meets DH requirements and the CCG policies.
- To enhance and expand the information asset register.
- To carry out proactive risk assessments.
- To ensure that all Information Asset Owners and Administrators have been identified, have undergone appropriate training and are aware of their responsibilities.
- To ensure that all information security and Registration Authority standards that are already in place, are maintained and strengthened where possible/necessary.

10.2.4 **Clinical Information Assurance**

- To develop an information quality strategy and policy.
- To develop documented processes for the information quality activity that is currently undertaken.
- To ensure that information quality activity is adequate to meet business needs and to achieve of minimum of level 2 in the Information Governance Toolkit standards.

10.2.5 **Secondary Use Assurance**

- Ensure that standard definitions are used in all key systems.
- To develop documented procedures for a data quality audit programme and implement these.
- To continue development of additional information flows to support contract performance measures.
- To extend and consolidate existing suite of corporate performance dashboards.

10.2.6 **Corporate Information Assurance**

- To identify corporate records leads in each department.

10.2.7 **Information Governance Toolkit**

- To review the impact of the Transforming Community Services split and removal of provider arm functions.
- To review compliance against the criteria in the current version of the toolkit.
- Produce detailed action plans to ensure that a minimum of level 2 will be achieved in all standards by the final submission date.

11. Equality

The CCG recognises the diversity of the local communities and those in their employ. The aim is therefore to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need.

The CCG recognises that equality impacts on all aspects of its day to day operations and has produced an equality impact assessment tool (EIA) to assess and address any potential or actual adverse effects. This is in respect of local communities and staff we employ. All policies, procedures and functions have a comprehensive impact assessment to determine the level and extent of the potential or actual adverse effects and remedial solutions to them.

12. Freedom of Information Act 2000

Any information that belongs to the CCG may be subject to disclosure under the Freedom of Information Act 2000. From 1 January 2005, the Freedom of Information Act 2000 allowed anyone, anywhere to ask for information held by public authorities to be disclosed (subject to limited exemptions). Further information is available in the Freedom of Information Act 2000 Policy.

13. Strategy Review

The strategy will be reviewed in three years. However, the strategy will be reviewed prior to this in response to any relevant changes in legislation or guidance, organisational change or any other exceptional circumstance.

14. Appendix 1 - Most Relevant Legislation

1. The Data Protection Act 2018
2. The Common Law Duty of Confidence
3. The Data Protection (Processing of Sensitive Personal Data Order 2000)
4. The Human Rights Act 1998
5. The Freedom of Information Act
6. Computer Misuse Act 1990
7. The Copyright, Designs and Patents Act 1988
8. Regulation of Investigatory Powers Act 2000
9. Access to Health Records Act 1990
10. The Children Acts 1989 and 2004
11. The Education Act 1944
12. The Crime and Disorder Act 1998

15. Appendix 2 - Most Relevant Standards and Guidelines

- NHS Connecting for Health (2010) *Information Governance Toolkit.* Available from: https://www.igt.connectingforhealth.nhs.uk/RequirementsList.aspx?tk=408257975913684&lnv=2&cb=49c3cc5a-172d-48b1-b1ad-3cca13d464dd&sViewOrgType=23&sDesc=PCT%20Cluster

- NHS Operating Framework for England http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110107

- Department of Health Informatics Planning http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110335

- Department of Health (2007) *Information Security Management: NHS Code of Practice.* Gateway Ref: 7974, London: HMSO. Available from: http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_074141.pdf

- Department of Health (2003) *Confidentiality: NHS Code of Practice.* Gateway Ref: 1656, London: HMSO. Available from: http://www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/PatientConfidentialityAndCaldicottGuardians/DH_4100550

- Department of Health (2009) *Records Management NHS Code of Practice, Part 2* http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_093025.doc

- The NHS Care Record Guarantee for England http://www.nigb.nhs.uk/guarantee

- International Standards Organisation (ISO 27001) – Information Security Management

- The international information security standard: ISO/IEC 27002

- British Standard 10008 (BS10008) - Legal Admissibility of Electronic Records

16. Appendix 3 - Equality Impact Assessment

Directorate		Team	**Information Governance**	Name of lead person	

Piece of work being assessed	**Information Governance Strategy**
Aims of this piece of work	**To set out the CCG strategy for information governance, within the bounds of legal and professional obligations**

Date of EIA		Other partners/stakeholders involved	**Information Governance Steering Group members, consultation respondents.**

Who will be affected by this piece of work?	All staff and data subjects

Single Equality Scheme Strand	**Baseline data and research on the population that this piece of work will affect.** What is available? Eg population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. **Include consultation with service users wherever possible**	**Is there likely to be a differential impact?** Yes, no, unknown
Gender	This strategy applies to both genders and there is no evidence or informal intelligence to suggest that either will be disadvantaged more than the other in applying this strategy	No
Race	This strategy applies to all races and there is no evidence or informal intelligence to suggest that any race will be disadvantaged more than the other in applying this strategy	No
Disability	This strategy applies to all staff and there is no evidence or informal intelligence to suggest that anyone with a disability would be disadvantaged more than someone who didn't have a disability.	No
Religion/ belief	This strategy applies to all staff irrespective of their religion/religious beliefs and there is no evidence or informal intelligence to suggest that people holding differing religious beliefs would be disadvantaged more than another in applying this strategy	No
Sexual	There is no evidence or informal intelligence to suggest that people of differing sexual orientation will be	No

orientation	disadvantaged more than another in applying this strategy	
Age	This strategy applies to the staff of both PCTs of all ages. There is no evidence or informal intelligence to suggest that differing ages would cause anyone to be disadvantaged more than another in applying this strategy	No
Social deprivation	This strategy applies to the staff of both PCTs irrespective of social status. There is no evidence or informal intelligence to suggest that people of differing social status would be disadvantaged more than another in applying this strategy	No
Careers	This strategy applies to the staff of both PCTs staff irrespective of carer responsibilities. There is no evidence or informal intelligence to suggest that people with carer responsibilities would be disadvantaged more than someone who didn't	No
Human rights	This strategy is intended to protect the human rights of everyone and there is no evidence to suggest that it would disadvantage anyone who wishes to abide by the terms and conditions of employment and other legal requirements such as the Data Protection Act 2018 and the Freedom of Information Act 2000	No

Equality Impact Assessment Action Plan

Strand	Issue	Action required	How will you measure the outcome/impact	Timescale	Lead
Not required					

17. Appendix 4 - Checklist for the Review and Approval of Procedural Documents

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval. The example below is taken from documentation produced by The Cambridgeshire and Peterborough Mental Health Partnership NHS Trust.

	Information Governance Strategy:	Yes/No / Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is the method described in brief?	Yes	
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?		Information Governance Steering Group members
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	N/A	
	Are key references cited?	N/A	
	Are the references cited in full?	N/A	
	Are supporting documents referenced?	N/A	
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary	Yes	

	Information Governance Strategy:	Yes/No / Unsure	Comments
	training/support to ensure compliance?		
8.	Document Control		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	

Individual Approval			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name		**Date**	
Signature			
Committee Approval			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name	Clinical, Safety and Governance Committee	**Date**	
Signature			
Ratified by:			
Name	Governing Body	**Date**	

18. Appendix 5 - Version Control Sheet

Version	Date	Author	Status	Comment
Version 1	7/2/13	Judith Jordan		

19. Appendix 6 - Plan for Dissemination of Procedural Documents

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval. Acknowledgement: University Hospitals of Leicester NHS Trust.

Title of document:	Information Governance Strategy		
Date finalised:		**Dissemination lead: Print name and contact details**	Marie Matthews CCH x 46123 Judith Jordan WGH x 287
Previous document already being used?	IG Strategy Sept 2010 – NHSC and IG Strategy IG Strategy May2010 - NHSW		
If yes, in what format and where?	Electronic – available on the intranet		
Proposed action to retrieve out-of-date copies of the document:	N/A		

To be disseminated to:	**How will it be disseminated, who will do it and when?**	**Paper or Electronic**	**Comments**
All staff	E-Bulletin	Electronic	Will be available via the Information Folder on the intranet.

Dissemination Record - to be used once document is approved

Date put on register / library of procedural documents		**Date due to be reviewed**	

Disseminated to: (either directly or via meetings, etc)	**Format (i.e. paper or electronic)**	**Date Disseminated**	**No. of Copies Sent**	**Contact Details / Comments**

End of document