



# INFORMATION GOVERNANCE POLICY

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## 1.0 Introduction

Information Governance is a national framework for handling information in a confidential and secure manner to appropriate ethical and quality standards.

The purpose of this policy is to provide the employees of NHS Greater Glasgow & Clyde (NHSGG&C) with a simple framework through which the required elements of Information Governance will be met.

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 efficiently managed, and that appropriate policies, procedures and management accountability provide a robust governance framework for information management.

### Associated Legislation:

- The Data Protection Act 1998
- The Computer Misuse Act 1990
- The Copyright, Design and Patents Act 1988
- The Access to Health Records Act 1990
- The RIP Act 2000
- The RIP(S) Act 2000
- Freedom of Information Act 2000
- Freedom of Information (Scotland) Act 2002
- The Telecommunications (Lawful Business Practice) (Interception of Communications) Regulations 2000
- Human Rights Act (2000)
- The Privacy and Electronic Communication (EC Directive) Regulations (2003)

### Associated Policies and Procedures:

- Caldicott, Confidentiality and Data Protection Policy
- Clinical Communications Email Policy
- Email Acceptable Use Policy
- Internet Acceptable Use Policy
- Mobile Devices and Media Policy
- Information Technology Security Policy

## **2.0 Scope**

This policy covers all aspects of information within NHSGG&C, including but not limited to:

- Patient/client/service user information
- Personnel information
- Organisational information

This policy applies to all staff employed by NHS Greater Glasgow & Clyde. It also applies to contractors, partnership organisations and visitors not employed by NHS Greater Glasgow & Clyde but engaged to work with, or who have access to, confidential, sensitive or identifiable information.

## **3.0 Roles and Responsibilities**

### **3.1 Role of Chief Executive**

The Chief Executive has overall responsibility for Information Governance. The Director of Health, Information and Technology has delegated functional responsibility for Information Governance.

### **3.2 Role of Caldicott Guardian**

The Caldicott Guardian is the named individual within the Board who is responsible and accountable for the Board's compliance with the Caldicott principles. This position is currently held by the Director of Health, Information and Technology and supported by the Boards Medical Director and Director of Public Health.

### **3.3 Role of Information Governance Manager**

The Information Governance Manager has responsibility for advising staff on relevant legislation, policies and guidance procedures for information security across NHS Greater Glasgow & Clyde, reporting to the Caldicott Guardian and the Information Governance Steering Group, on confidentiality issues.

### **3.4 Role of Information Governance Steering Group**

The Information Governance Steering Group will oversee the implementation of this agenda.

### **3.5 Role of Directors and Heads of Departments**

Directors and Heads of Departments are responsible for ensuring that staff within their own directorates and departments work in a manner consistent with the principles outlined in the Policy.

### **3.6 Role of Staff**

It is the responsibility of all staff to ensure they have read and understood this Policy and to ensure high standards of confidentiality are met.

### **4.0 Principles**

NHSGG&C recognise the need for an appropriate balance between openness and confidentiality in the management and use of information. NHSGG&C fully support the principles of corporate governance and recognise its public accountability, but place equal importance on the confidentiality and security of both personal information about patients and staff and commercially sensitive information. NHSGG&C also recognise 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.

There are four key interlinked strands to the information governance policy:

- Openness
- Legal compliance
- Information security
- Quality assurance

### **5.0 Openness**

Non-confidential information relating to NHSGG&C and its services will be available to the public through a variety of media, including its Publication Scheme.

NHSGG&C will establish and maintain policies to ensure compliance with the Freedom of Information (Scotland) Act 2002.

NHSGG&C will undertake or commission annual assessments and audits of its policies and arrangements for openness.

Patients should have ready access to information relating to their own health care, their options for treatment and their rights as patients.

NHSGG&C will have clear procedures and arrangements for handling queries from patients and the public.

## **6.0 Legal Compliance**

NHSGG&C regard all identifiable personal information relating to patients as confidential.

NHSGG&C will undertake or commission annual assessments and audits of its compliance with legal requirements.

NHSGG&C regard all identifiable personal information relating to staff as confidential, except where national policy on accountability and openness requires otherwise.

NHSGG&C will establish and maintain policies to ensure compliance with the Data Protection Act, Human Rights Act and the common law of confidentiality.

NHSGG&C will establish and maintain 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, Children's Act).

## **7.0 Information Security**

NHSGG&C will establish and maintain policies for the effective and secure management of its information assets and resources.

NHSGG&C will undertake or commission annual assessments and audits of its information and IM&T security arrangements.

NHSGG&C will promote effective confidentiality and security practice to its staff through policies, procedures and training. They will establish and maintain incident reporting procedures and will monitor and investigate all reported instances of actual or potential breaches of confidentiality and security.

## **8.0 Information Quality Assurance**

NHSGG&C will establish and maintain policies and procedures for information quality assurance and the effective management of records.

NHSGG&C will undertake or commission annual assessments and audits of its information quality and records management arrangements.

Managers are expected to take ownership of, and seek to improve, the quality of information within their services.

Wherever possible, information quality should be assured at the point of collection.

Data standards will be set through clear and consistent definition of data items, in accordance with national standards.

NHSGG&C will promote information quality and effective records management through policies, procedures/user manuals and training.

## **9.0 Policy Review**

This policy will be reviewed on an annual basis, unless the introduction of any new or amended relevant legislation warrants an earlier review.

## **10.0 Communication and Implementation**

This Policy will be communicated through the Information Governance and IT Security Framework.

## **11.0 Further Advice**

For further advice on this Policy please contact the Information Governance Manager.

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