

Information Governance (IG) Strategy & Framework

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Accountable Director:	Director of Quality & Governance		
Ratifying Committee(s) and Date:	Clinical Quality & Risk Committee Governing Body		
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Available On:	Intranet		Website
Related Documents:	<ul style="list-style-type: none"> • Information Governance Policy • Information Security Policy • Information Management Policy • Confidentiality and Disclosure of Information Policy • Calendar Email & Internet Policy • NHS Information Risk Management Guidance 		
Applies / Disseminated To:	All staff		
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Document Control

Date	Version	Action	Amendments
06/08/2013	0.1	New strategy written for Barnet CCG	
10/12/2014	0.2	Revision of strategy	Limited to adding plan as Appendix and updating dates and adding reference to second year of 3 year strategy in section 1 on Page 3.

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1. Introduction

In the NHS, information is a vital yet potentially vulnerable asset, both in terms of the clinical management of individual patients and the efficient commissioning and 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 and structures provide a robust information governance framework for information management.

The following document outlines how Barnet Clinical Commissioning Group (CCG) will address the Information Governance (IG) agenda.

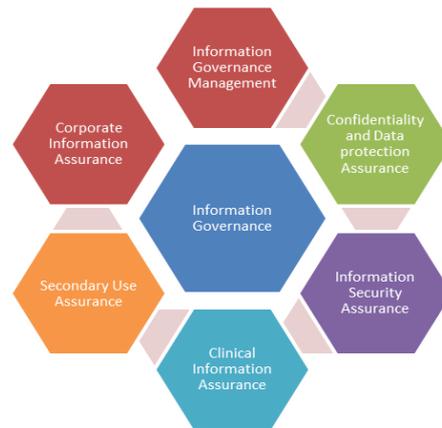
This strategy is in the second year of a 3 year long term vision for Information Governance. The NHS has gone through a period of radical change. As a result, this long term strategy will be supported by an annual improvement IG Toolkit plan focussing on changing compliance framework requirements, new legislation and areas specifically identified for improvement by the CCG.

The strategy is also supported by the Information Governance Policy which covers all aspects of holding, obtaining, recording, using, sharing and disclosing of data/information or records, held in a manual/paper or electronic format, by or on behalf of the CCG.

2. Information Governance (IG) defined

IG can be defined as the discipline of ensuring that the NHS complies with its statutory obligations to protect patient privacy including its obligation of ensuring confidentiality in the collection, processing and management of data and information.

IG is defined by the requirements that the organisation is required to demonstrate compliance with as part of the IG Toolkit Annual Assessment, these include the following domains to the right.



3. Objectives

An outline of the high-level IG organisational objectives that we seek to achieve is as follows:

- Comply with the relevant information privacy and confidentiality laws and regulations as well as contractual requirements and internal policies on information and systems security and protection, and provide transparency on the level of compliance via the IG Toolkit;
- Maintain information risk at acceptable levels and protect information against unauthorised disclosure, unauthorised or inadvertent modifications, and possible intrusions;
- Address the increasing potential for civil or legal liability impacting the organisation as a result of information breaches through efficient and effective risk management, process improvement and rapid incident management;

- Provide confidence in interactions with key external organisations – for example, Royal Free Hospital, Royal National Orthopaedic Hospital, Community Providers and neighbouring CCGs such as North and East London Commissioning Support Unit (NEL CSU), customers, NHS England, the Health and Social Care Information Centre (HSCIC) and healthcare providers;
- Create, maintain and continuously improve trust from customers and the public;
- Provide accountability for safeguarding patient and other critical information ; and
- Protect the organisation’s reputation.

4. Roles and Responsibilities

Role	Summary	Who
Director for Quality & Governance	Has overall accountability and responsibility for governance within the organisation. Is provided with assurance, that all risks to the organisation, including those relating to information, are effectively managed and mitigated.	Chief Financial Officer
Senior Information Risk Owner (SIRO)	<p>Has overall responsibility for ensuring that effective systems and processes are in place to address the Information Governance agenda.</p> <ul style="list-style-type: none"> • Foster a culture for protecting and using data. • Ensure information risk requirements are included in the Corporate Risk Management Policy. • Ensure Information Asset Owners (IAOs) undertake risk assessments of their assets. • Be responsible for the Incident Management process ensuring identified information security risks are followed up, incidents managed and lessons learnt. • Provide a focal point for the management, resolution and/or discussion of information risk issues. • Ensure that the CCGs approach to information risk is effective in its deployment in terms of resource, commitment and execution and that this is communicated to all staff. • Ensure the organisation is adequately briefed on information risk issues. • Be accountable for information risk. <p>The SIRO roles and responsibilities are defined in Appendix A of the NHS Information Risk Management Guidance. The role holder will be supported and advised by the IG Team at NEL CSU</p>	Director of Quality and Governance
Caldicott Guardian	<p>The role of the Caldicott Guardian is an advisory role acting as the conscience of the organisation for management of patient information and a focal point for patient confidentiality & information sharing issues. It should be noted this is limited to where the CCG CSU owns the data.</p> <p>The Caldicott Guardian is supported in this role by the NEL CSU IG Team.</p>	GP Lead for Clinical and Quality

Role	Summary	Who
Information Asset Owners (IAOs)	<p>All senior staff at Director level are required to act as Information Asset Owners (IAO) for the information assets within their remit. They will provide assurance to the SIRO that information risk is managed effectively for the information assets identified as within their remit.</p> <ul style="list-style-type: none"> • Ensure all Information Assets and flows of data within their remit are identified and logged ensuring each has a legal basis to be processed. • Identify, manage and escalate all information security (for example, dependencies and access control) and information risks as appropriate. <p>The IAOs will be supported by Information Asset Administrators who will ensure the above takes place. The detailed roles and responsibilities are defined in Appendix A of the NHS Information Risk Management Guidance</p>	Directors
Information Asset Administrators (IAA)	<p>Information Asset Administrators (IAAs) are the most senior individual user or direct users of systems and have an understanding as to how it works and how it is used. They will ensure there are procedures for using them, control access to them and understand their limitations. The detailed roles and responsibilities are defined in Appendix A of the NHS Information Risk Management Guidance</p>	Senior Managers
Information Governance Lead at the CCG	<p>CCG IG Lead working with CSU IG Lead to jointly cover and deliver the IG Agenda and IG Plan for the CCG. The IG Lead at the CCG acting as the first point of call for the CSU IG Lead and responsible for cascading information to colleagues in the CCG and for improving IG awareness and compliance in the CCG.</p> <p>IG Lead at the CCG responsible for helping co-ordinate Data Handling Review (covers Data Mapping) and for delivering key IG messages within CCG</p>	Governance and Risk Manager
All Staff	<p>All those working for the CCG have legal obligations, under the Data Protection Act, common law of confidentiality, and professional obligations, for example the Confidentiality NHS Code of Practice and professional codes of conduct. These are in addition to their contractual obligations which include adherence to policy, and confidentiality clauses in their contract.</p>	All Staff
Third parties	<p>The same responsibilities apply to those working on behalf of the organisations whether they are volunteers, students, work placements, contractors or temporary employees. Those working on behalf of the organisation are required to sign a third party agreement outlining their duties and obligations.</p>	All third parties

5. Information Governance Plan

An overarching annual IG work plan will be overseen by Clinical Quality & Risk Group. It will require active engagement with all areas of the organisation.

The plan will ensure compliance with the Information Governance Toolkit assessment to level 2 (satisfactory), as part of best practice. A summary of the activities required to be undertaken is contained within the IG work plan which is available on the network at N:\BarnetCCG\QualityAndGovernance\Policies_Strategies\IG_Policies

The IG Toolkit report will be submitted to the Clinical Quality & Risk Group on a quarterly basis and the Governing Body will receive a 6 monthly IG update report. Detailed planning will be included in the Information Governance Toolkit working documents and plans.

6. IG Incidents

Barnet CCG will put in place suitable mechanisms to ensure staff identify and manage information risks in line with existing risk management policy and processes.

All information incidents must be reported as soon as the issue is detected in accordance with Barnet CCG's Incidents and Serious Incidents reporting, Investigating and Management Policy.

7. Training and Staff Support

Barnet CCG will ensure that all staff are provided with relevant training and support to ensure that information risks are minimised. Barnet CCG will achieve this by:

Mandate that all staff, as a minimum, undertake the "Introduction to Information Governance" e-learning module once followed by the "Information Governance Refresher" on an annual basis. Undertake additional training needs analysis and any recommendations identified will be complied by staff

Keep all staff informed of compliance and standards set to support this strategy via staff bulletins and where necessary Information Governance specific messages

NEL CSU Information Governance Team will be a focal point and provide authoritative advice and guidance regarding the legal use of data in particular personal confidential data. They will be available via information.governance@nelcsu.nhs.uk

8. Implementation

The implementation of this IG strategy and IG Toolkit plan will ensure that information is more effectively managed in the CCG. To support this strategy, Barnet CCG will implement key IG policies and will ensure that staff abide by these. These policies are:

- IG Policy
- Information Security Policy
- Information Management
- Confidentiality and Data Protection Act
- Internet & Email

Each year the IG strategy will be reviewed and a revised IG Toolkit plan will be developed against the IG Toolkit attainment levels and scores, thus identifying the key areas for a programme of continuous improvement.

9. Policy, Protocol and Procedure Distribution

All employee based policies, protocols and procedures will be made available on the CCG intranet and will be highlighted in staff briefings.

Knowledge of the key details of Information Governance related policies will be tested through the use of the online [Information Governance training tool](#), and the use of staff surveys to test knowledge in particular areas.

10. Monitoring and Review

Performance against this strategy will be monitored against the IG Toolkit requirements. These will be reported quarterly to the relevant governance group.

This policy will be reviewed on an annual basis, and in accordance with the following on an as and when required basis:

- Legislative or case law changes;
- changes or release of good practice or statutory guidance;
- identified deficiencies, risks or following significant incidents reported;
- Changes to organisational infrastructure.

11. Key Legislation and Guidance

Access to Health Records Act 1990

Computer Misuse Act 1990

Data Protection Act 1998

Fraud Act 2006

NHS Act 2006

Regulation of Investigatory Powers Act 2000

Appendix A: NHS Barnet CCG IG Plan 2014-2015

based on IG Toolkit version 12

Req No	Description	Past (2012/13) Level	Current (2013/14) Level	Target Level	RAG	Exec Lead	Op Lead	Current Status	Proposed completion Date
12-130	There is an adequate Information Governance Management Framework to support the current and evolving Information Governance agenda	2	2	2		SIRO	IAOs CCG IG Lead supported by CSU IG Team	IG Framework being reviewed in conjunction with policy reviews.	End Sept 2014
12-131	There are approved and comprehensive Information Governance Policies with associated strategies and/or improvement plans	2	2	2		SIRO	CCG IG Lead/ SIRO supported by CSU IG Team	IG Policy, IS Policy and other relevant policies being reviewed. Communicating these to staff covered in recommendation 4.1.6 of 2013/2014 DFM report Data Flow Mapping report recommendation 4.1.9 requires IAOs to assume responsibility for all reviews of assets.	End Sept 2014
12-132	Formal contractual arrangements that include compliance with information governance requirements, are in place with all contractors and support organisations	1	2	2		SIRO	All Directors; IAOs; CSU Procurement	Contracted service – CSU IG team reviewing arrangements with CSU Procurement Team.	Initial action end Oct 2014
12-133	Employment contracts which include compliance with	2	2	2		SIRO	CSU HR Team	CSU IG Team reviewing of CSU HR Contracts and IG standards.	Initial action end Oct 2014

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Req No	Description	Past (2012/13) Level	Current (2013/14) Level	Target Level	RAG	Exec Lead	Op Lead	Current Status	Proposed completion Date
	information governance standards are in place for all individuals carrying out work on behalf of the organisation								
12-134	Information Governance awareness and mandatory training procedures are in place and all staff are appropriately trained.	2	2	2		SIRO	CCG IG LEAD CSU IG TEAM SIRO, CG, IAOs.	Data Flow Mapping report recommendation 4.1.10. Revised training needs work in hand by CCG IG Team. All staff to complete "IG The Refresher Module" by end Oct 2014 if already completed Intro IG. New entrants to complete "Intro to IG" with 2 months of joining. Data Flow Mapping recommendation 4.1.11: SIROs, CG, IAOs and IAAs to complete appropriate training packages as advised. 4.1.12	End Oct 2014
12-230	The Information Governance agenda is supported by adequate confidentiality and data protection skills, knowledge and experience which meet the organisation's assessed needs	2	2	2		SIRO	CCG IG LEAD CSU IG TEAM	As for 12-134 above plus CCG IG team JDs and qualifications plus framework review	End of Oct 2014

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Req No	Description	Past (2012/13) Level	Current (2013/14) Level	Target Level	RAG	Exec Lead	Op Lead	Current Status	Proposed completion Date
12-231	Staff are provided with clear guidance on keeping personal information secure and on respecting the confidentiality of service users	2	2	2		SIRO	CCG IG LEAD CSU IG TEAM	Booklet/webpage resources drafted by CCG IG Team as at Aug 2014. This item also covers Data Flow Mapping 2013/2014 review recommendation 4.1.8 (Regular reminders to staff) as part of CCG support for internal communications on IG ongoing throughout year. Other support includes newsletter/internal communications brief	To be circulated Aug 2014
12-232	Personal information is only used in ways that do not directly contribute to the delivery of care services where there is a lawful basis to do so and objections to the disclosure of confidential personal information are appropriately respected	2	2	2		SIRO	All Directors (IAOs) CSU IG Team	Data Flow Mapping 2014/5 review will address this Privacy Impact Assessments used to check this. Covers requirement 4.1.3, 4.1.4, 4.1.7, 4.1.9, 4.1.13 of 2013/4 Data Flow Mapping Review	To complete Sept 2014
12-234	There are appropriate procedures for recognising and responding to individuals' requests for access to their personal data	2	2	2		SIRO	CSU IG Team CCG IG Lead	Need to review SARs process. Action due to start by end Aug 2014 . Links with DFM report recommendation 4.1.15. and should include other disclosure issues and link with 12-234 below	Start initial actions by end of Aug 2014 Final completion due Nov 14 to Jan 14

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Req No	Description	Past (2012/13) Level	Current (2013/14) Level	Target Level	RAG	Exec Lead	Op Lead	Current Status	Proposed completion Date
12-235	There are appropriate confidentiality audit procedures to monitor access to confidential personal information	2	2	2		SIRO	CSU IG Team IAOs	Links with Data Flow Mapping recommendations 4.1.2, 4.1.3, 4.1.9, 4.1.15, 4.1.16, 4.1.17 (?) 4.1.18. - Need to develop processes for physical assets, paper records and/or IT files - e.g. examine role based access controls etc.	Nov - Jan 2015
12-236	All person identifiable data processed outside of the UK complies with the Data Protection Act 1998 and Department of Health guidelines	2	2	2		SIRO	All Directors (IAOs) CSU IG Team	Review of data flow mapping in hand. 4.1.2Information Commissioners Office (ICO) Data Protection registration renewal and review of classes of data in hand. Also new PIAs as for 12-237 below	Renewal completed July 2014 Other tasks due end Nov 2014
12-237	All new processes, services, information systems, and other relevant information assets are developed and implemented in a secure and structured manner, and comply with IG security accreditation, information quality and confidentiality and data protection requirements	2	2	2		SIRO	All Directors (IAOs) CSU IG Team	DFM Recommendation 4.1.7. needs to be addressed as part of policy review but also need evidence obtained via PIAs, CSU IG Team advise on any notification of this from CCGs and DFM review will show any new flows 4.1.9, 4.1.13.	End Nov 2014

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Req No	Description	Past (2012/13) Level	Current (2013/14) Level	Target Level	RAG	Exec Lead	Op Lead	Current Status	Proposed completion Date
12-250	Individuals are informed about the proposed uses of their personal information	1	2	2		SIRO	CCG IG LEAD CSU IG TEAM	Fair processing notices (patients/staff/others) to be reviewed. DFM 2013/4 recommendations 4.1.7, 4.1.13, 4.1.15	Nov 2014/Jan 2015
12-340	The Information Governance agenda is supported by adequate information security skills, knowledge and experience which meet the organisation's assessed needs	2	2	2		SIRO	CSU IG Team CCG IG Lead Directors as IAOs	As for Data Flow Mapping report recommendation 4.1.10. Revised training needs work in hand by CCG IG Team. All staff to complete "IG The Refresher Module" by Oct 2014 if already completed Intro IG. New entrants complete "Intro to IG" with 2 months of joining. Data Flow Mapping recommendation 4.1.11: SIROs, CG, IAOs and IAAs to complete appropriate training packages as advised. 4.1.12	End Oct 2014
12-342	There are established business processes and procedures that satisfy the organisation's obligations as a Registration Authority	2	2	2		SIRO	CSU RA Team	In hand. CCG IG Team consulting with RA Team who will in turn consult CCG stakeholders over revised RA Smartcard procedures.	Work for completion by Sept 2014.
12-343	Monitoring and enforcement processes are in place to ensure NHS national application	2	2	2		SIRO	Directors as IAOs & IAAs NELCSU IT Dept & RA	In hand. Reviews should be brought within scope of procedures of DFM 2013/4 Report recommendations 4.1.14.	Work for completion by Dec 2014

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Req No	Description	Past (2012/13) Level	Current (2013/14) Level	Target Level	RAG	Exec Lead	Op Lead	Current Status	Proposed completion Date
	Smartcard users comply with the terms and conditions of use						Team	Potential exempt item for CCG requirements, but need to confirm CSU providing service.	
12-344	Operating and application information systems (under the organisation's control) support appropriate access control functionality and documented and managed access rights are in place for all users of these systems	2	2	2		SIRO	CSU IG Team CCG IG Lead Directors as IAOs	In hand. IT is provided by CCG as a contracted service, so most actions here lie with CSU. Need to ensure cross documentation with CCG.	Action due by Dec 2014
12-345	An effectively supported Senior Information Risk Owner takes ownership of the organisation's information risk policy and information risk management strategy	2	2	2		SIRO	SIRO; IG lead supported by CSU IG Team	In hand. Links with DFM review recommendation 4.1.5. Need to review SIRO, training and role.	Action due end Aug 2014
12-346	Business continuity plans are up to date and tested for all critical information assets (data processing facilities, communications services and data) and service - specific measures are in	1	2	2		SIRO	Directors as IAOs NELCSU IT Dept. CSU IG Team	Paragraph 7 of DFM report recommends assets are captured in BCPs. CCG BCP/BCPs need to be reviewed and amended appropriately.	Action due by Nov 2014/Jan 2015

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Req No	Description	Past (2012/13) Level	Current (2013/14) Level	Target Level	RAG	Exec Lead	Op Lead	Current Status	Proposed completion Date
	place								
12-347	Policy and procedures are in place to ensure that Information Communication Technology (ICT) networks operate securely	1	2	2		SIRO	Directors as IAOs NELCSU IT Dept. CSU IG Team	Links DFM report Rec 4.1.6. Actions lie with CSU IT Team as IT provided as contracted service. Potential exempt item for CCG requirements, but need to confirm CSU providing service.	Due Dec 2014
12-348	Policy and procedures ensure that mobile computing and teleworking are secure	1	2	2		SIRO	CSU IG Team CCG IG Lead Directors as IAOs	DFM recommendation. 4.1.6. Actions partly lie with CSU IT Team as IT provided as contracted service for VPN use however CCGs may have a local mobile devices and teleworking policy -.need to confirm CCG compliance.	Due Nov 2014/Dec 2014
12-349	There are documented incident management and reporting procedures	2	2	2		SIRO	CSU IG Team CCG IG Lead Directors as IAOs	Links with DFM review recommendation 4.1.5.	Local CCG IG Lead to advise on action due by end Aug 2014. Review policy as part of policy review by end Sept 2014
12-350	All transfers of hardcopy and digital personal and sensitive information	1	2	2		SIRO	CSU IG Team CCG IG Lead Directors	In hand. Revised annual Data Flow Mapping (DFM) exercise recommended as part of DFM	This needs to be completed by Jan 2015

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Req No	Description	Past (2012/13) Level	Current (2013/14) Level	Target Level	RAG	Exec Lead	Op Lead	Current Status	Proposed completion Date
	have been identified, mapped and risk assessed; technical and organisational measures adequately secure these transfers						as IAOs	review in 2013/2014 at recs 4.1.2, 4.1.4, 4.1.6 4.1.9, 4.1.13 and 4.1.18.	
12-420	The Information Governance agenda is supported by adequate information quality and records management skills, knowledge and experience	2	2	2		SIRO	CCG IG LEAD CSU IG TEAM	Data Flow Mapping report recommendation 4.1.10. Revised training needs work in hand by CCG IG Team. All staff to complete "IG The Refresher Module" by end Oct 2014 if already completed Intro IG. New entrants complete "Intro to IG" with 2 months of joining. Data Flow Mapping recommendation 4.1.11: SIROs, CG, IAOs and IAAs to complete appropriate training packages as advised. 4.1.12	IG Refresher Training to be done end Oct 14. Need job descriptions and framework reviewed as well - ideally by end Sept 2014
12-421	There is consistent and comprehensive use of the NHS Number in line with National Patient Safety Agency requirements	1	EX	EX		SIRO CG	CSU IG Team CCG IG Lead Directors as IAOs	N/A. Exemption being sought from HSCIC	