
**Care Quality Commission (CQC)
FUNDAMENTAL STANDARDS**

Policy title:	Information governance.
Outcome:	Information, including personal and sensitive information, is handled effectively, in order to deliver the best possible healthcare.
Authorised by:	Liz Adams, CEO (CQC Nominated Individual & Registered Manager)
Approved by:	Dr Katharine Orton, Chair
Issue date:	1 June 2018
Review date:	31 July 2019 (or before if there is a change in practice or circumstances)

Information Governance Manager – Katherine Smith, Business Manager

Senior Information Risk Officer (SIRO) – Liz Adams, CEO

Caldicott Guardian – Dr Katharine Orton

1. Policy statement

- 1.1 It is the policy of the Uttlesford Health independent healthcare service to ensure that that information, including personal and sensitive information is handled legally, securely, efficiently and effectively, in order to deliver the best possible healthcare.
- 1.2 This policy enables Uttlesford Health to put in place processes and procedures for handling information that supports the efficient storage and retrieval of all types of records including patients' healthcare records and business operational records.
- 1.3 Information governance has the following aims:

- to support the provision of high quality care at Uttlesford Health by promoting the effective and appropriate use of information, and
- to encourage staff to work closely together when handling information, minimising duplication of effort, and enabling a more efficient use of resources.

1.4 A range of components fall under Information Governance as it combines both Clinical Governance and Corporate Governance. Key areas of Information Governance include:

- Records Management
- Information Risk
- Information Security
- Freedom of Information Act 2000
- General Data Protection Regulation (GDPR)
- NHS Codes of Practice

2. Risk

2.1 Uttlesford Health ensures that it operates within a robust information governance framework to reduce the risk of threats such as potential litigation, data breaches, and any compromise to patient care.

Risk assessments will be carried out in the individual component areas as required by the Information Governance Toolkit.

Risk assessments will be undertaken as per the Risk Management Policy with additional Information Governance risk assessments performed if required.

3. Responsibilities

3.1 **The Chief Executive Officer** (CEO) of Uttlesford Health has overall responsibility for information governance. The CEO is responsible for:

- ensuring that this policy is disseminated to all staff
- striving to improve the quality of information within the Uttlesford Health, and
- ensuring that staff (now or in the future) whether permanent, temporary, fixed term, full-time, part-time or used on a sessional basis are aware of their responsibilities when handling information.

3.2 **Information Governance Manager**

- Uttlesford Health has an Information Governance Manager to manage all aspects of information governance. The Information Governance Manager supports the Caldicott Guardian.

3.3 **Caldicott Guardian**

- Uttlesford Health has a Caldicott Guardian and has, on behalf of the Board, responsibility to act as the guardian of patient-identifiable information.

3.4 **Senior Information Risk Officer (SIRO)**

- The SIRO is responsible for taking forward the Uttlesford Health information risk agenda and act as advocate for information risk at board level.

3.5 **All individual members of staff** whether permanent, temporary, fixed term, full-time, part-time or used on a sessional basis including students and other learners are responsible for:

- understanding Uttlesford Health' requirements for information governance
- ensuring that they comply with this policy, and
- ensuring that they promote the use of high quality information within the the Uttlesford Health independent healthcare service.

Staff should be aware that if they are found to have made an unauthorised disclosure of information, they may face disciplinary action which could lead to dismissal.

4. **Openness**

4.1 Uttlesford Health will establish and maintain policies to ensure compliance with the Freedom of Information Act.

4.2 Uttlesford Health will respond to requests from patients who request access to information relating to their healthcare, their options for care and treatment, and their rights as patients.

4.3 Uttlesford Health will have clear procedures and arrangements for handling queries from the public. Non-confidential information about Uttlesford Health and the healthcare service it provides should be available to the public through different information media.

4.4 Uttlesford Health will have clear procedures and arrangements for liaison with the press and broadcasting media.

4.5 Uttlesford Health will undertake or commission annual assessments and audits of its policies and arrangements for openness.

5. Legal compliance

- 5.1 Uttlesford Health regards all identifiable personal information relating to patients as confidential.
- 5.2 Uttlesford Health regards all identifiable personal information relating to members of staff as confidential, except where there is a requirement for disclosure by law.
- 5.3 Uttlesford Health will establish and maintain policies to ensure compliance with data protection, the Human Rights Act and common law confidentiality.
- 5.4 Uttlesford Health 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, Protection of Children Act.
- 5.5 Uttlesford Health will undertake or commission annual assessments and audits of its compliance with legal requirements as per the annual audit plan set out by the Operations Director.

6. Information security

- 6.1 Uttlesford Health will establish and maintain policies for the effective and secure management of its information assets and resources, and for the effective management of records and record keeping.
- 6.2 Uttlesford Health will promote effective confidentiality and security practice to its staff through policies and training.
- 6.3 Uttlesford Health will establish and maintain incident reporting procedures and will monitor and investigate all reported instances of actual or potential breaches of confidentiality and security.
- 6.4 Uttlesford Health will undertake or commission annual assessments and audits of its information and security arrangements as per audit plan set out by Directors.

7. Information quality assurance

- 7.1 Uttlesford Health will establish and maintain policies and procedures for information quality assurance and the effective management of records.
- 7.2 Uttlesford Health 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 to the point of collection.
- 7.3 Uttlesford Health will promote information quality and effective records management through policies, procedures/user manuals and training.

- 7.4 Uttlesford Health will undertake or commission annual assessments and audits of its information quality and records management arrangements, as per Audit plan set out by Directors annually.

8. Information Commissioner's Office

- 8.1 Uttlesford Health is formally registered with the Information Commissioner's Office (ICO) as an organisation that processes personal data.
- 8.2 Uttlesford Health abides by all ICO policies, procedures and guidance relating to the handling of personal sensitive data so that as an organisation, Uttlesford Health meets its information rights obligations.
- 8.3 Uttlesford Health has arrangements in place to report any breaches of confidentiality and information handling to the ICO without delay.

9. Use of data at Uttlesford Health

- 9.1 Data, whether relating to patients' healthcare records, staff records, premises' records, or other business records, must not be transferred onto removable media such as a USB pen drive, or any form of media from Uttlesford Health' computers, or copied onto paper, unless there is a legitimate reason which has been authorised by the CEO.
- 9.2 Any data that can be accessed from outside the Uttlesford Health premises via secure and password protected online access will be strictly controlled and approved by the CEO.
- 9.3 Data must not be removed from Uttlesford Health in any form, without authorisation from the CEO.

10. Incident management

- 10.1 All information governance incidents including breaches of confidentiality, and loss of data, will be managed through the Uttlesford Health incident reporting procedure.

11. Staff training / awareness

- 11.1 All Uttlesford Health staff must:
- complete training (relevant to their job role) on information governance as part of their induction to Uttlesford Health, and
 - complete refresher training on an annual basis, or at an agreed frequency by the line manager.

11.2 Information governance will be included as a discussion topic at staff meetings.

12. Review of the policy

12.1 Uttlesford Health will review this policy on annual basis. Any changes made to the policy will be communicated to all staff.

13. Guidance and further reading

- Caldicott Guardian Manual 2006 (DH, 2006)
- Care Quality Commission (Registration) Regulations 2009 <http://www.legislation.gov.uk/uksi/2009/3112/contents/made>
- Confidentiality: NHS code of practice (DH, 2003)
- Employment Rights Act 1996 <http://www.legislation.gov.uk/ukpga/1996/18/contents>
- Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents>
- Freedom of Information Act 2000 <http://www.legislation.gov.uk/ukpga/2000/36/contents>
- General Data Protection Regulation (GDPR) <https://www.eugdpr.org/>
<https://ico.org.uk/for-organisations/guide-to-the-general-dataprotectionregulationgdpr/>
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 <http://www.legislation.gov.uk/uksi/2014/2936/contents/made>
- Health Professional Council – legal framework <http://www.hpc-uk.org/aboutus/legislation/>
- Health and Safety at Work etc. Act 1974 <http://www.legislation.gov.uk/ukpga/1974/37/contents>
- Information security management: NHS code of practice (DH, 2007)
- Mental Capacity Act 2005 and associated code of practice <http://www.legislation.gov.uk/ukpga/2005/9/contents>
<https://www.gov.uk/government/publications/mental-capacity-act-code-ofpractice>
- Mental Health Act 1983 <http://www.legislation.gov.uk/ukpga/1983/20/contents>
- Mental Health Act 2007 <http://www.legislation.gov.uk/ukpga/2007/12/contents>

- NHS Information Governance: Guidance on Legal and Professional Obligations (DH, 2007)
- Records management: NHS code of practice (DH, 2006),
- Relevant professional guidance and codes of conduct and practice relating to record keeping published by professional bodies and registration councils including the General Medical Council, Nursing & Midwifery Council, General Social Care Council, BMA, RCN, Health and Care Professions Council, Royal College of Physicians and the Academy of Medical Royal Colleges
- Safeguarding Vulnerable Groups Act 2006
<http://www.legislation.gov.uk/ukpga/2006/47/contents>
- The EU General Data Protection Regulation <https://www.eugdpr.org/>

Signature **Date**

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Signature Date 20/06/18.....

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