



## Tower Hamlets GP Care Group Information Governance Framework

Date Issued	September 2017
Date to be reviewed	Periodically or if statutory changes are required
Title	Information Governance Framework
Supersedes	All previous Policies
This policy will impact on	All staff
Financial Implications	No change
Policy Area	Information Governance
Version No	3.0
Issued By	Ruth Walters
Author	Ruth Walters
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### Approval Record

	Committees / Groups / Individual	Date
Consultation	Governance Committee	August 2017
Approved by	Dr Joe Hall, Chair, Governance Committee Tower Hamlets GP Care Group Board	September 2017



# Information Governance Framework

## 1- Introduction

Robust Information Governance (IG) requires clear and effective management and accountability structures, governance processes, documented policies and procedures, trained staff and adequate resources. The way an organisation chooses to deliver against these requirements is referred to within the Department of Health Information Governance Toolkit as the organisation's Information Governance Management Framework.

This framework includes detail of:

- Senior Roles
- Key Policies
- Key Governance Bodies
- Resources
- Governance Framework
- Training & Guidance
- Incident Management

## 2-Senior Roles

Role	Filled by	Details
<b>Accountable Officer</b>	Chief Executive Officer Chris Banks	Overall responsibility for all aspects of Information Governance. The Chief Executive Officer is required to provide assurance, through the Statement of Internal Control that all risks to the THGPCG, including those relating to information, are effectively managed and mitigated.
<b>Senior Information Risk Owner (SIRO)</b>	Ruth Walters, Director of Quality & Assurance	Acts as the lead for information risk on the Board and will provide written advice to the Accountable Officer on the content of the annual Statement of Internal Control. The SIRO has essential role in ensuring that identified information security risks are managed and incidents fully investigated.
<b>Information Governance Lead (s)</b>	Dr Joe Hall Chair, Governance Group  Ruth Walters, Director of Quality &	The strategic responsibility for Information Governance has been delegated to the Chair of the Governance Group.  The Chair of the Governance Group is the nominated Data Protection Officer (DPO) for THGPCG. The DPO is responsible for ensuring THGPCG notification is up to date, and complies with all aspects of the Data Protection Act 1998.  The Director of Quality & Assurance is accountable for ensuring effective



	Assurance	management, accountability, compliance and providing assurance for all aspects of IG. Acts as Caldicott Guardian and Deputy SIRO for THGPCG
<b>Caldicott Guardian</b>	Dr Phil Bennett-Richards Medical Director	Key role in ensuring that the THGPCG satisfies the highest practical standards for handling patient identifiable information. Acts as the conscience of the organisation. The Caldicott Guardian actively supports working to enable information sharing where it is appropriate, and advises on options for lawful and ethical processing of information. The Caldicott Guardian also has a strategic role, which involves representing and championing confidentiality and information sharing requirements and issues at senior management level and, where appropriate, at a range of levels as specified within the organisation's overall governance framework.

### 3- Key Policies

<b>Policy Name</b>	<b>Policy Owner (Responsible Officer)</b>	<b>Ratify Bodies and dates ratified</b>
<b>Confidentiality Code of Practice</b>	Chair, Clinical Governance Group	Governance Group August 2014
<b>Health Records Management Policy (including retention and disposal)</b>	Director of Quality & Assurance	THGPCG Board May 2015
<b>Information Security Policy</b>	Director of Quality & Assurance	March 2017
<b>Serious Incident Policy</b>	Director of Quality & Assurance	February 2017
<b>Risk Management Policy</b>	Director of Quality & Assurance	March 2017



#### 4-Key Governance Bodies

<b>Quality, Safety &amp; Governance Committee</b>	<b>THGPCG Board</b>	<p>To oversee the work that is being done around Information Governance and to report to the THGPCG Board performance against all Information Governance requirements</p> <p>To ensure cross THGPCG engagement (e.g. data mapping and pseudonymisation) and to monitor plans to ensure that all areas of the organisation complete this work effectively and efficiently.</p> <p>The group is also responsible for disseminating up to date guidance, changes in procedures and policies happening in Information Governance.</p>
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#### 5 Staffing

##### Information Governance Group

- Information Governance Manager - Board Director (Assistant Governance Lead)
- Corporate Records Manager – Network Manager Governance Representative

The Governance Group is responsible for

- Ensuring Information Governance is embedded in the day to day work of all colleagues clinical and non-clinical
- Providing Assurance of effective management of Information Governance to the THGPCG Board
- Supporting the Caldicott Guardian and the Senior Information Risk Officer
- Providing expertise advice advising on confidentiality, Information Risk, the Data Protection Act and Freedom of Information Act
- Providing expertise advice advising on the management of corporate and health records, including the retention and disposal records
- Ensuring the delivery of Information Governance training to all staff
- Providing expertise advice advising on projects across the THGPCG services

#### 6. Governance Framework

##### Staff Contracts

All THGPCG staff contracts contain Information Governance related clauses.

##### Bank & Locum Staff Contracts

All Bank & Locum staff contracts contain a confidentiality clause.

##### Third Party Confidentiality Agreement

Any Third Party with whom the organisation contracts should include as a minimum a confidentiality clause or sign the third party confidentiality agreement. Where required third party organisation will complete the Privacy Impact Assessment and the national information Governance toolkit.



## **Information Assets and Asset Owners**

The organisation holds a register of all information assets. The register is regularly reviewed and updated. Each of these assets have been allocated an Information Asset Owner (IAO) and an Information Asset Administrator (IAA). The assets will be analysed to identify the information contained in the assets, the users of the information, the uses of the information and whether the information will require pseudonymisation for those uses.

## **7. Training & Guidance**

### **Training**

THGPCG includes Information Governance as part of its mandatory training for all staff annually.

All new staff are required to attend orientation training when they first join THGPCG.

THGPCG will be offering different methods for basic Information Governance and update training. The options available to staff are:

- Online, using the IG training tool modules via Blue Stream e-learning
- National IG Training eLearning

THGPCG has identified other modules of the online IG Training Tool modules that those with roles relating to Information Governance will be required to undertake. Those staff members involved will be informed of the additional modules that they are required to complete.

In addition to the above any member of staff involved in an Information Governance related incident may be required to undertake one or more modules of the online IG Training Tool, the modules to be taken will depend on the type of incident and the outcomes of any investigations into the incident.

### **Guidance**

THGPCG currently uses the Confidentiality NHS Code of Practice 2003 for guidance on confidentiality for all staff. Further guidance for staff is in the THGPCG's Information Governance related policies.

## **8. Incident Management**

The THGPCG has a Serious Incident Policy that includes within it the procedure for handling information related incidents. All staff are made aware of the policy during their induction training sessions. Any updates to the policy are taken to the Information Governance Committee who will disseminate this to all services within THGPCG

Any information governance incidents reported using the THGPCG incident reporting process will be reviewed to identify breaches and investigated as appropriate. All data breaches reported via Datix will be immediately actioned in accordance with the adverse incident policy. From June 2013, all Information Governance related incidents assessed at a level 2 or above will be reported on the Information Governance toolkit, which will subsequently be escalated to the Information Commissioner's Office, Care Quality Commission, Monitor, and the Department of Health.