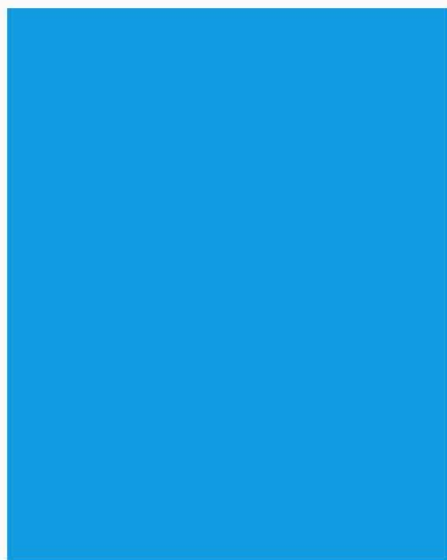


**NHS Commissioning Board:  
Information governance policy**



<b>DOCUMENT STATUS:</b>	<b>Approved</b>
<b>DOCUMENT RATIFIED BY:</b>	<b>NHS CB Board</b>
<b>DATE ISSUED:</b>	<b>October 2012</b>
<b>DATE TO BE REVIEWED:</b>	<b>April 2013</b>

**AMENDMENT HISTORY:**

VERSION	DATE	AMENDMENT HISTORY


**REVIEWERS:**

This document has been reviewed by:

NAME	TITLE / RESPONSIBILITY	DATE	VERSION

**APPROVALS:**

This document has been approved by:

NAME	SIGNATURE	TITLE / RESPONSIBILITY	DATE	VERSION
Bill McCarthy		National Director: Policy	1 October 2012	1.0

NB. The version of the policy posted on the intranet must be a PDF copy of the signed approved version.

**DOCUMENT STATUS:**

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**RELATED DOCUMENTS:**

These documents will provide additional information.

REF NO	DOC REFERENCE NUMBER	TITLE	VERSION

**GLOSSARY OF TERMS:**

TERM	ACRONYM	DEFINITION

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## 1. Introduction and aims

- 1.1. The role of the NHS Commissioning Board (NHS CB) is to commission healthcare, both directly and indirectly, so that valuable public resources secure the best possible outcomes for patients. In doing so, the NHS CB will seek to meet the objectives prescribed in the mandate and to uphold the NHS Constitution. This policy is important because it will help the people who work for the NHS CB understand how to look after the information they need to do their jobs, and to protect this information on behalf of patients.
- 1.2. The purpose of this document is to provide guidance to all NHS CB staff on Information governance.
- 1.3. Information governance is a framework for handling personal information in a confidential and secure manner to appropriate ethical and quality standards in a modern health service. It also provides a consistent way for employees to deal with the many different information handling requirements including:
  - information governance management;
  - clinical information assurance;
  - confidentiality and data protection assurance;
  - corporate information assurance;
  - information security assurance; and
  - secondary use assurance.
- 1.4. The aims of this document are:
  - to maximise the value of organisational assets by ensuring that data is:
    - held securely and confidentially;
    - obtained fairly and lawfully;
    - recorded accurately and reliably;
    - used effectively and ethically; and
    - shared and disclosed appropriately and lawfully.
  - to protect the organisations information assets from all threats, whether internal or external, deliberate or accidental. The NHS CB will ensure:
    - information will be protected against unauthorised access;
    - confidentiality of information will be assured;
    - integrity of information will be maintained;
    - information will be supported by the highest quality data;
    - regulatory and legislative requirements will be met;
    - business continuity plans will produced, maintained and tested;
    - information security training will be available to all staff; and
    - all breaches of information security, actual or suspected, will be reported to, and investigated by the Head of Information Governance.

## **2. Scope**

- 2.1. This policy applies to those members of staff that are directly employed by the NHS CB and for whom the NHS CB has legal responsibility. For those staff covered by a letter of authority/honorary contract or work experience the organisation's policies are also applicable whilst undertaking duties for or on behalf of the NHS CB. Further, this policy applies to all third parties and others authorised to undertake work on behalf of the NHS CB.

## **3. Information governance policy handbook**

- 3.1. An Information governance user handbook will be developed that provides a brief introduction to Information governance and summarises the key user requirements that support NHS CB Information governance policies.

## **4. Information governance and records management**

- 4.1. The Records Management: NHS Code of Practice has been published by the Department of Health as a guide to the required standards of practice in the management of records for those who work within or under contract to NHS organisations in England. It is based on current legal requirements and professional best practice. We will adhere to this Code of Practice.
- 4.2. NHS CB will establish an information governance and records management group to monitor and co-ordinate implementation of the information governance policy and the information governance toolkit requirements.

## **5. Information governance team**

- 5.1. The information governance team will provide expert advice and guidance to all staff on all elements of Information governance. The team is responsible for:
- providing advice and guidance on information governance to all staff;
  - ensuring the consistency of information governance across the organisation;
  - developing information governance policies and procedures;
  - establishing protocols on how information is to be shared;
  - developing information governance awareness and training programmes;
  - ensuring compliance with Data Protection, and other information security related legislation;
  - providing support to the team who handle freedom of information requests;
  - implementing DH/ NHS CB system wide information governance guidance and policy; and
  - providing support to the Caldicott Guardian and Senior Information Risk Owner (SIRO).

## 6. Accountability, responsibilities and training

- 6.1. Overall accountability for procedural documents across the organisation lies with the Chief Executive who has overall responsibility for establishing and maintaining an effective document management system, for meeting all statutory requirements and adhering to guidance issued in respect of procedural documents.
- 6.2. Responsibilities will be given to:
- Sir Bruce Keogh, the NHS CB Medical Director, has been appointed Caldicott Guardian. He will:
    - ensure that the NHS CB satisfies the highest practical standards for handling patient identifiable information;
    - facilitate and enable information sharing and advise on options for lawful and ethical processing of information;
    - represent and champion information governance requirements and issues at Board level;
    - ensure that confidentiality issues are appropriately reflected in organisational strategies, policies and working procedures for staff; and
    - oversee all arrangements, protocols and procedures where confidential patient information may be shared with external bodies both within, and outside, the NHS.
  - Bill McCarthy, the NHS CB National Director: Policy, has been nominated Senior Information Risk Owner (SIRO). He will:
    - take overall ownership of the organisation's information risk policy;
    - act as champion for information risk on the Board and provide written advice to the Accounting Officer on the content of the organisation's statement of internal control in regard to information risk;
    - understand how the strategic business goals of the NHS CB and how other NHS organisations' business goals may be impacted by information risks, and how those risks may be managed;
    - implement and lead the NHS information governance risk assessment and management processes within NHS CB;
    - advise the Board on the effectiveness of information risk management across the NHS CB; and
    - receive training as necessary to ensure they remain effective in their role as SIRO.
  - Information Asset Owners (IAO) will:
    - lead and foster a culture that values, protects and uses information for the benefit of patients;
    - know what information comprises or is associated with the asset, and understands the nature and justification of information flows to and from the asset;

- know who has access to the asset, whether system or information, and why, and ensures access is monitored and compliant with policy; and
  - understand and address risks to the asset, and providing assurance to the SIRO.
- The Head of Information Governance (to be appointed) will:
    - maintain an awareness of information governance issues within the NHS CB;
    - review and update the information governance policy in line with local and national requirements;
    - review and audit all procedures relating to this policy where appropriate on an ad-hoc basis; and
    - ensure that line managers are aware of the requirements of the policy.
  - The Head of IT (to be appointed) is responsible for:
    - the formulation and implementation of IT related policies and the creation of supporting procedures, and ensuring these are embedded within the service developing, implementing and managing robust IT security arrangements in line with best industry practice;
    - effective management and security of the NHS CB IT resources, for example, infrastructure and equipment;
    - developing and implementing a robust IT disaster recovery plan;
    - ensuring that IT security levels required by NHS Statement of Compliance are met;
    - ensuring the maintenance of all firewalls and secure access servers are in place at all times; and
    - acting as the information asset owner for the IT infrastructure with specific accountability for computer and telephone equipment and services that are operated by corporate and clinical work force, e.g. personal computers, laptops, personal digital assistants and related computing devices, held as a NHS asset.

6.3. Line managers will take responsibility for ensuring that the information governance policy is implemented within their group or directorate.

6.4. It is the responsibility of each employee to adhere to the policy.

6.5. Staff will receive instruction and direction regarding the policy from a number of sources:

- policy/strategy and procedure manuals;
- line manager;
- specific training course;
- other communication methods, for example, team meetings; and



- staff Intranet.
- 6.6. All staff are mandated to undertake the 'Introduction to Information Governance' e-learning module. Information governance training is required to be undertaken on an annual basis.
- 6.7. All staff must make sure that they use the organisation's IT systems appropriately, and adhere to the principles in paragraphs 6.8 to 6.10.
- 6.8. The NHS CB email is primarily for business use. Occasional personal use is permitted provided it does not interfere with someone effectively carrying out their duties and is in line with the NHS CB contract of employment.
- 6.9. Staff should not initiate or continue forwarding chain letters, junk mail and/or jokes.
- 6.10. It is prohibited to use NHS CB email for the purpose of advertising, gambling, selling goods or services for personal gain or profit, indecent, subversive or criminal data, and promoting any kind of business or business activity.
- 6.11. Email usage and content is monitored for the purposes of:
- providing evidence of communication;
  - ensuring adherence or compliance with the NHS CB's business standards, policies, procedures and contractual agreements;
  - ensuring compliance with legal obligations such as the Freedom of Information Act and the Data Protection Act;
  - monitoring standard of service, employee's performance and as a tool for employee training;
  - preventing or detecting unauthorised use of the NHS CB's communication systems;
  - identification, detection, quarantine and removal of malicious software or programs; and
  - reporting of offensive emails.
- 6.12. The NHS CB prohibits access to websites deemed inappropriate and monitors access and usage. The monitoring information may be used to support disciplinary action. Sites deemed inappropriate are those with material that is defamatory, pornographic, sexist, racist, on-line gambling, terrorism and/or such sites whose publication is illegal or risks causing offence. Users must not circumvent, cause to circumvent or use tools to circumvent prohibited website controls. If a user inadvertently accesses an inappropriate website, the user must immediately inform their line manager or the IT Service Desk.

## **7. Monitoring and review**

- 7.1. Performance against key performance indicators will be reviewed on an annual basis and used to inform the development of future procedural documents.

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

- legislative changes;
- good practice guidance;
- case law;
- significant incidents reported;
- new vulnerabilities; and
- changes to organisational infrastructure.

7.3. Equality impact assessment:

- The NHS CB aims to design and implement services, policies and measures that are fair and equitable. As part of its development, this policy and its impact on staff, patients and the public have been reviewed in line with the NHS CB's Legal Equality Duties. The purpose of the assessment is to improve service delivery by minimising and if possible removing any disproportionate adverse impact on employees, patients and the public on the grounds of race, socially excluded groups, gender, disability, age, sexual orientation or religion/ belief.
- The equality impact assessment has been completed and has identified impact or potential impact as "no impact".

7.4. The NHS CB will endeavour to make sure this policy supports its diverse workforce look after the information the organisation needs to conduct its business. It will also endeavour to make sure that this information is protected on behalf of patients regardless of race, social exclusion, gender, disability, age, sexual orientation or religion/belief.

## **8. Legislation and related documents**

8.1. A set of procedural document manuals will be made available via the NHS CB staff intranet.

8.2. Staff will be made aware of procedural document updates as they occur via team briefs, team meetings and notification via the NHS CB staff intranet.