

Information Governance Strategy and Improvement Plan



Information Governance Strategy and Improvement Plan For Walsall Clinical Commissioning Group

The Audit and Governance Committee approved this document on:

Date: 17 September 2018

Signed:

Signed:

Chair of the committee

Designated Senior Officer



Please note that the Intranet version of this document is the only version that is maintained. Any printed versions should therefore be viewed as 'uncontrolled' and may not be the most up-to-date.

Version:	V 5.0
Status	Ratified
CCG Lead	Sara Saville, Head of Corporate Governance
Senior Officer responsible	Chief Officer, Simon Brake
Ratified by:	Audit & Governance committee
Date ratified:	17 September 2018
Date Policy is Effective From	Date of ratification
Review date:	February 2019
Expiry date:	March 2019
Date of Equality and Diversity Impact Assessment	
Date of Health Inequalities Impact Assessment	
Target audience:	CCG staff and staff working for the CCG
National Documents	<ul style="list-style-type: none"> - Data Protection Act 2018 - General Data Protection Regulation (GDPR) - Human Rights Act 1998 - Freedom of Information 2000 - Access to Health Records Act 1990 (where not superseded by the Data Protection Act) - Computer Misuse Act - Copyright, designs and patents Act 1988 (as amended by the -Copyright Computer programs regulations 1992 - Crime and Disorder Act - Electronic Communications Act 2000 - Regulation of Investigatory Powers Act 2000 - Common Law Duty of Confidentiality
CCG linked documents	<ul style="list-style-type: none"> - Freedom of Information Policy - Subject Access Request Procedure - Staff code of Conduct on Confidentiality - IG Policy - Safe Haven Policy - IMT policy
Distribution of the document	Intranet and reception
Implementation of the document	
Document Control and	Obsolete or superseded documents will be removed

Walsall CCG Information Governance Strategy and Improvement Plan v 5.0
This policy is subject to further revision and will be reviewed on a six monthly basis

Archiving	from the intranet and where relevant replaced with an updated version. Previous versions will be archived in the safeguard system in accordance with the Records Management NHS Code of Practice; disposal and retention schedule.
Monitoring Compliance and Effectiveness	
References	Portsmouth Hospitals NHS Trust IG Strategy NHS Bolton IG Strategy NHS East and West Midlands IG Strategy and Policy

CONTRIBUTION LIST

Key individuals involved in developing the document

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Circulated to the following for consultation

Name/Committee/Group/	Designation
Quality & Safety Committee	
IG function leads	
Audit & Governance Committee (A&G)	

Comments received from consultation

Name/Committee/Group	Comments
SIRO	Reword the second aim

Version Control Summary

Significant or Substantive Changes from Previous Version

Version	Date	Comments on Changes	Author
V4.1	May 2018	Reflect General Data Protection Regulation	Serena Ellis
V4.2	August 2018	Reflect Data Protection Act 2018 and General Data Protection Regulation	Serena Ellis

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1.0 Introduction

Information governance addresses the requirements that law, ethics and policy place upon information management and processing, holding, obtaining, recording, using and sharing of information. It is a framework which establishes good practice, promotes a culture of awareness and quality improvement.

Information governance plays an important part in supporting service planning and performance management as well as giving assurance to individuals who deal with Walsall CCG that information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care and to meet its legal responsibilities as set out in the WCCG Constitution. There is a requirement in the NHS constitution regarding peoples' rights which states 'you can expect the NHS to keep your confidential information safe and secure.'

Walsall CCG recognises the importance of reliable information for the effective management of commissioning services and resources.

The Information Governance agenda encompasses the following areas:

1. Calidocott
2. NHS Confidentiality Code of Practice
3. Data Protection Act 2018
4. General Data Protection Regulation
5. Freedom of Information Act 2000
6. Records management
7. Information security
8. Information quality
9. Confidentiality
10. Openness
11. Legal compliance

2.0 Scope of the Strategy

This document covers all aspects of information within the organisation including but not limited to:

1. Patient/client/service user/public information
2. Staff information
3. Organisational information

This document covers all aspects of handling information including but not limited to:

1. Structured record systems both paper and electronic
2. Transmission of information including facsimile, email, post and telephone

There are various policies underpinning this strategy:

1. Freedom of Information Policy
2. Risk Strategy and Risk Management Plan
3. Subject Access Request Procedure
4. Staff code of Conduct on Confidentiality
5. IG Policy
6. Safe Haven Policy
7. IMT policy
8. Corporate Records Policy
9. Non Health Records retention schedule DH

The Audit and Governance Committee have overall responsibility as described in its terms of reference for the implementation of this strategy and all the above policies. All these documents are subject to a periodic review and monitoring as detailed within the policy.

3.0 Aims of the Strategy

There are three aims of this strategy:

1. To support the provision of high quality commissioning by promoting the effective and appropriate use of information
2. To provide staff with the appropriate tools to ensure that the Clinical Commissioning Group delivers on its duty for Information Governance
3. To enable the CCG to understand its own performance against the Data Security and Protection Toolkit thereby managing improvements in a systematic and effective manner to reduce information governance risks and increase compliance.

4.0 Strategic Objectives

The strategic objectives for 2018 – 2023

Objective	Requirement/Plan	Monitoring/Assessment	Lead/Target date
To comply with the Data Security and Protection Toolkit , NHS Digital	The action plan is the self assessment against the toolkit sequences which are progressed throughout the year and reported to A&G with the final submission by the 31 st March	The internal auditors review the self assessment and report on the robustness of the evidence	Information Governance Manager
Provide role specific IG training to all staff	Detailed in the IGMF training table	Regular review of the update reported to A&G	Information Governance Manager

		IG survey	
Identify and reduce information risks and reduce the potential impact of information governance incidents by disseminating the learning from reported incidents	Compliance with the risk management strategy and risk management plan Regular reporting from information asset owners to the SIRO and A&G	Annual IG report Annual governance report to the Governing Body Regular risk management reports to A&G	SIRO Head of Corporate Governance Ongoing work programme
Promote a culture of openness and transparency in line with the spirit of the Freedom of Information Act and the governments transparency agenda	Maintain compliance with the FOI requests Proactively publish information in line with matters of public interest and the governments transparency agenda	Regular IG reports to A&G	Information Governance manager Ongoing
To comply with the national requirement of moving towards a Paperlite organisation	To move towards a paperless organisation by 2018	Ensure that clear plans are in to enable staff to follow the process. Updates will be provided in regular updates to A&G	Ongoing Information Governance Manager
General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA)	To ensure that the organisation is compliant with GDPR and the DPA 2018	To ensure that clear plans are in place, to progress new changes.	On-going

5.0 Strategy implementation

The strategy is under pinned through the development, monitoring and enhancement of the following measures:

1. Information Governance Management Framework
2. Information Governance Policies
3. Information Governance Training and Assessment programme
4. Governance arrangements
5. Information Governance work programmes

6. Information Governance Risk management
7. Information Governance resources

6.0 Monitoring

The policy will be monitored through the information governance report received by Audit and Governance Committee.