

Information Governance Management Framework



Information Governance Management Framework For Walsall Clinical Commissioning Group

The Audit and Governance Committee approved this document on:

Date: 17 September 2018

Signed:

Signed:

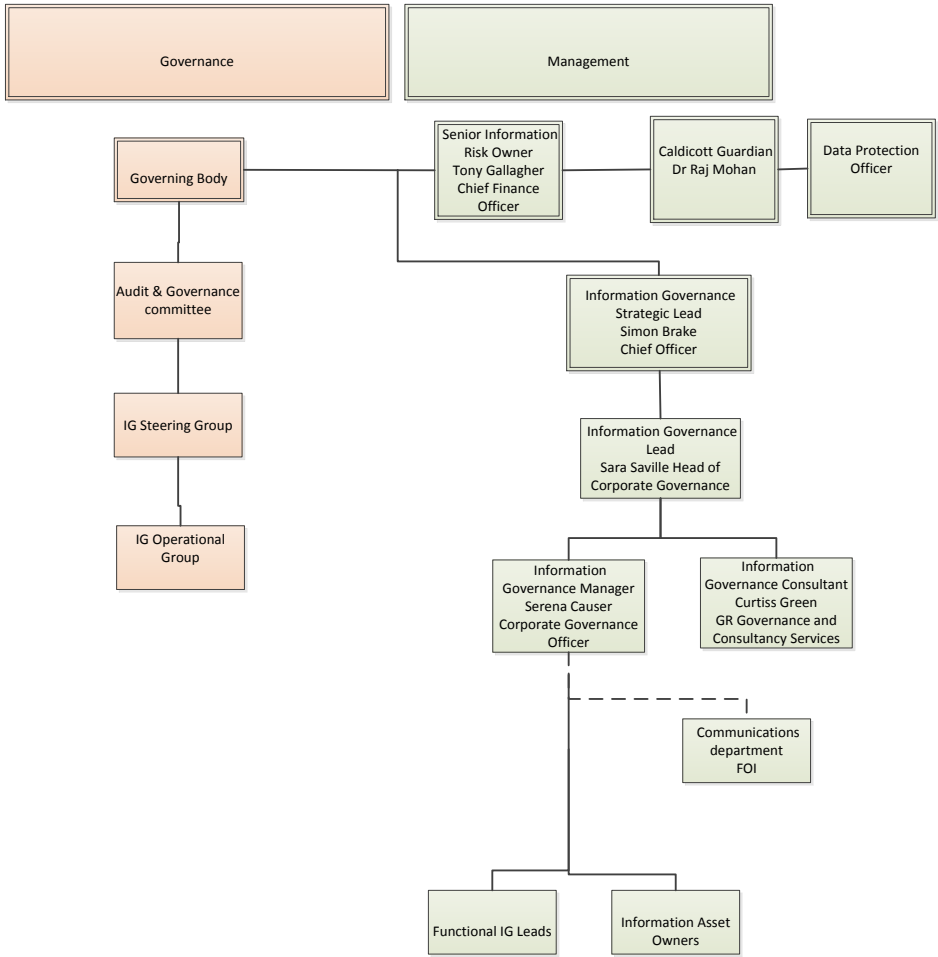
Chair of the committee

Designated Senior Officer



Robust information governance requires clear and effective management and accountability structures, governance processes, documented policies and procedures, trained staff and adequate resources.

This is set out in the Information Governance Management Framework. It will provide a summary overview of how Walsall CCG is addressing the Information Governance agenda and describes where the capacity and capability sits within the structure of the organisation.



Internal Governance and Management Structures
Governance

The Audit and Governance Committee (A&G) is the Governing Body committee that has responsibility and appropriate authority for the IG agenda.

The Information Governance Lead presents regular assurance reports to the Governing Body as part of the A&G assurance report on the activity of Information Governance. The Information Governance Lead attends the A&G committee to present the Information Governance reports. Any escalation of Information Governance risks or issues can be taken through this route or if a more timely response is required the SIRO will take the decision. The SIRO will be informed of the IG report through email as necessary.

IG template report for each quarter

<i>IG Leads Meeting</i>	<i>Quarterly Report</i>	<i>Report Detail</i>
Quarter one	April - June 2018	IG standard report Q4 IG Toolkit outcome
Quarter two	July – August 2018	IG standard report New version, Data Security and Protection Toolkit Plan
Quarter three	September - December 2018	IG standard report IG Management Framework Policy and IG training
Quarter four	January – March 2019	IG standard report IG Action Plan Update on Data Security and Protection Toolkit Plan

Management

The SIRO and Caldicott Guardian are both members of the Governing Body. The Information Governance Lead has direct access to the SIRO and any Information Governance issues can be reported to the Governing Body directly.

The Information Governance Lead has the support of an Information Governance Consultant when required. The Information Governance Consultant communicates any Information Governance updates to the lead on a regular basis and provides independent assurance on the validation of the Data Security and Protection Toolkit prior to submission to the Internal Auditors.

The Information Governance Manager will support the lead in the day to day operational IG requirements which are managed throughout the organisation via a network of Information Governance Leads for each function. Communication and sharing of information is either by email or meetings which are arranged on a quarterly and an ad hoc basis when required. Any media Freedom of Information Requests received are shared with the communications department which helps to strengthen the process.

The information asset owners are identified throughout the organisation.

Resources

The Chief Officer holds the budget for the internal Information Governance function. There is a potential for additional resources, such as the paper lite project as a corporate development.

The Information Governance Lead is responsible for highlighting any resource issues or development needs either in year or at year end.

1.0 Roles and Responsibilities

<i>IG Function</i>	<i>Lead</i>	<i>Job Title</i>
Senior Information Risk Owner (SIRO)	Tony Gallagher	Chief Finance Officer
Caldicott Guardian	Dr R Mohan	Clinical Lead for Quality and Safety
Data Protection Officer	GR Governance & Consultancy	Data Protection Officer
Lead Director	Simon Brake	Chief Officer
IG Lead	Sara Saville	Head of Corporate Governance
IG Manager	Serena Causer	Corporate Governance Officer
IG Consultant	Curtiss Green	IG Consultant
FOI	Serena Causer	Corporate Governance Officer
General Data Protection Regulation	Sara Saville/Serena Causer	Head of Corporate Governance /Corporate Governance Officer
Data Protection Act 2018	Sara Saville/Serena Causer	Head of Corporate Governance /Corporate Governance Officer
<i>Functional IG Leads¹</i>		
Governance Directorate	Sara Saville Serena Causer Lee Dukes	Head of Corporate Governance Corporate Governance Officer PMO & QIPP Manager
Quality Directorate	Bilal Jeewa Louisa Wright Nicky Warrilow Sara Jones	Quality & Safety Officer CHC Administration Manager Children's Mental Health and Complex Care Commissioner Deputy Designated Nurse for Safeguarding Children and Children Looked After
Finance Directorate	Kevin McGovern Gary Arnold/Alex Clarke	Head of Finance Information Head of Contracting & Procurement/Contracts & Procurement Manager
Primary Care & Integration	Rupesh Thakkar	Prescribing Adviser

Directorate		
Commissioning Directorate	Commissioning Manager	Commissioning Manager
<i>Information Asset Owners</i>		
Governance Directorate	Sara Saville	Head of Corporate Governance
Governance Directorate	Lee Dukes	PMO & QIPP Manager
Finance Directorate	Julie Hewitt	Information Intelligence Manager
Finance Directorate	Kevin McGovern	Head of Finance - Information
Finance Directorate	Alex Clark	Contracts and Procurement Manager
Primary Care Directorate	Wendy Bagnall	Medicines Management Technician
Quality Directorate	Tracey Everitt	Senior Commissioner for Continuing Healthcare
Quality Directorate	Jo-Anne Ricketts	Complex Needs and Learning Disabilities Commissioning Manager

2.0 Caldicott Function

Whilst it is recognised that Walsall CCG holds little patient identifiable information in line with the recommendations from the Caldicott Review, Walsall CCG Caldicott Guardian is a Governing Body member appointed to the role and he has been added to the National Caldicott Guardian register. Any issues, incidents and strategy relating to this function will be managed through the internal Information Governance management arrangements. A Caldicott Guardian log is kept within the IG team to record the activity and decision making. This will be included in the regular reports to A&G.

Data Protection Officer

WCCG have appointed a Data Protection Officer (DPO) whose role it is to identify and mitigate any risks to the protection of personal data, to act in an advisory capacity to the business, its employees and upper management and to actively stay informed and up-to-date with all legislation and changes relating to data protection.

The DPO will work in conjunction with others to ensure that all processes, systems and staff are operating compliantly and within the requirements of the GDPR and its principles.

The DPO has overall responsibility for due diligence, Data Protection impact assessments, risk analysis and data transfers where personal data is involved and will also maintain adequate and effective records and management reports in accordance with the GDPR and our own internal objectives and obligations.

The Data Protection Officer has assumed the below duties in compliance with GDPR Article 39: -

- To inform and advise WCCG and any employees carrying out processing, of their obligations pursuant to the GDPR, the Supervisory Authorities guidelines and any associated data protection provisions
- To monitor compliance with the GDPR, associated data protection provisions and WCCG's own data protection policies, procedures and objectives
- To oversee the assignment of responsibilities, awareness-raising and training of staff involved in processing operations
- To carry out and review audits of the above-mentioned policies, procedures, employee duties and training programs
- To co-operate with the Supervisory Authority where required
- To act as the point of contact for the Supervisory Authority on issues relating to processing, including the prior consultation referred to in Article 36, and to consult, where appropriate, with regard to any other matter
- In accordance with Article 35 (type of processing is likely to result in a high risk to the rights and freedoms of natural persons), the DPO will provide advice where requested with regards to any data protection impact assessment and monitor its performance pursuant
- Have due regard to, and be aware of, the risk associated with processing operations, considering the nature, scope, context and purposes of processing

3.0 Subject Access Requests

It is recognised that Walsall CCG does not hold patient records. There is the potential that patient personal information may be stored from complaints, research or investigations. The organisation will also hold personal information on the staff employed. The Subject Access Request procedure details the process for these requests.

4.0 Key Policies

Walsall CCG requires clear policies and strategies covering all aspects of Information Governance so that staff understands the detail of what they are expected to do.

Walsall CCG Information Governance Strategy and Improvement Plan v6.0

This policy is subject to further revision and will be reviewed on a six monthly basis

The majority of Information Governance policies have been reviewed, the changes were minimal and in line with DH and ICO policy and NHS England guidance.

Walsall CCG has an SLA with the Walsall Informatics Shared Service at Walsall Healthcare Trust (WHT). The Information Governance procedures for the informatics function are detailed in the Walsall CCG Information Management and Technology Policy which was ratified July 2015. The document covers the informatics procedures that Walsall CCG will continue to comply with. The IM&T policy is comprehensive and a summary version is available to staff with the key messages.

All Walsall CCG IG policies have previously been ratified by Audit & Governance Committee. Consultation has included the Governing Body members, strategic leads, functional Information Governance Leads and senior managers. Senior managers and functional Information Governance Leads are required to disseminate to staff within their team and discuss any issues with local implementation..

Policy Table

<i>Information Governance Policies</i>	<i>Ratified date</i>	<i>Review date</i>
Freedom of Information v5.0	Sept 2018	February 2019
Staff code of conduct on confidentiality of Information v5.0	Sept 2018	February 2019
Corporate Records v5.0	Sept 2018	February 2019
Information Governance Policy v5.0	Sept 2018	February 2019
Safe Haven v3.0	Sept 2018	February 2019
Information Governance Management Framework v5.0	Sept 2018	February 2019
Risk Management Strategy and Risk Management Plan v3.0	Sept 2018	February 2019
Information Governance Strategy v3.0	Sept 2018	February 2019
Management of Procedural Document v3.0	Sept 2018	February 2019
Subject Access Request v3.0	Sept 2018	February 2019
Information Management and Technology Policy v 2.0	WHNHST currently working on	February 2019
Non health records retention schedule DH	Jan 2009	National
Registration Authority Policy v2.0	Sept 2018	February 2019

5.0 Training

To ensure organisational compliance with the law and central guidelines relating to Information Governance, staff must receive appropriate training. Walsall CCG has made Information Governance training mandatory for all staff. Walsall CCG aim to

ensure that all staff receives annual Information Governance training appropriate to their role Through ESR.

The Information Governance Manager is responsible for driving the Information Governance training agenda and reporting compliance to A&G in regular reports.

The staff with specialist IG training requirements have been identified as requiring the training as detailed in the table below.

Training Table

<i>Staff</i>	<i>Annual HSCIC Training Module</i>
Governing Body Members	IGTT Introduction to IG
Governing Body Committee Members	IGTT Introduction to IG
All Staff	IGTT Introduction to IG
IG Strategic Lead	IGTT Introduction to IG
IG Lead	IGTT Information Security Modules (5) IGTT Patient Confidentiality IGTT Information Risk Management for SIRO and IAO Certificate in Information Governance
IG Manager	IGTT Information Security Modules (5) IGTT Patient Confidentiality IGTT Records Management and the NHS Code of Practice Certificate in Information Governance
SIRO	IGTT Information Risk Management for SIRO and IAO
Caldicott Guardian	IGTT The Role of Caldicott Guardian in the NHS
DPA	IGTT Patient Confidentiality
FOI Lead	Certificate in Information Governance
Internal information security	IGTT Information Security modules (5)
Records Management	IGTT Records Management and the NHS Code of Practice
Information Asset Owners	IGTT Information Risk Management for SIRO and IAO

In house Induction

All new staff will receive an in-house induction session; the induction policy is available on the intranet. This includes the required Information Governance awareness that all staff complete on an annual basis. It is the responsibility of the manager to ensure that the new staff member successfully completes the Information Governance Toolkit training. If staff have difficulties in passing the information governance training module, further support can be sought from the Corporate Governance Officer. In addition to this if their specific role includes any individual

Walsall CCG Information Governance Strategy and Improvement Plan v6.0

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responsibilities for example as an information asset owner the in-house induction should fully cover these responsibilities. The DH booklet 'What you should know about Information Governance' will be part of the induction pack. Appointing Managers will be responsible for making new staff aware of the corporate policies including Information Governance and where they can be accessed. Induction Information Governance materials are available from the intranet.

6.0 Staff Guidance

The Information Governance policies are detailed and staff should always refer to the relevant policy for clarification of Information Governance procedure or position. Additional support can be obtained from the IG lead and manager. However it is accepted good practice to offer staff additional material to raise awareness of the individual's requirements for compliance across the most common aspects of Information Governance. An assessment of the staffs needs in terms of compliance with the Data Protection Act 2018, General Data Protection Regulation and Common Law Duty of Confidence concluded that the information in the DH booklet 'What you should know about IG' is appropriate and sufficient for the majority of the staff. The specific roles that require additional information and support have been identified in the training needs analysis.

7.0 Incident Management

Walsall CCG has included information security risk assessment and management within its Risk Management Strategy and Risk Management Plan. This gives information risk management equal status as all other areas of risk management and ensures that the organisation is focused on the management of risk, not just pockets of activity. This approach is intended to increase the reporting of Information Governance incidents as staff will be confident that they understand the processes for risk management and can participate as part of daily practice.

The 'Checklist for Reporting, Managing and Investigating Information Governance Serious Incidents is incorporated into the Risk Management Plan and the management of Information Governance SIs is in-line with the guidance in the checklist.

All Information governance serious incidents are reported to NHS Digital and publically in the CCG annual report. There were no reportable incidents for 2017/18.

8.0 Assurance

The A&G committee will receive regular assurance reports on the appropriate management and accountability arrangements for Information Governance. This will include updates on the reporting, investigation and learning of Information

Governance incidents as well as progress against the Information Governance Improvement Plan.