



Information Governance

Information Governance Policy

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Introduction

Ozone Health Ltd is the overarching board and governance for Ozone Health Ltd (OHL) Partnership (CP) & The World Healthnet Ltd (WHN). Ozone Health Group aims to ensure that all the health and IT services it provides, commissions, contracts for and maintains are of the highest quality and good customer care is at the heart of the group's success.

Summary

Information is a vital asset, both in terms of the clinical management of individual patients and the efficient management of services and resources. It plays a key part in clinical governance, service planning and performance management. Information Governance is concerned with the way NHS organisations handle information about patients/clients and employees, in particular personal and sensitive information. It allows organisations and individuals to ensure that personal information is dealt with legally, securely, efficiently and effectively in order to deliver the best possible care. Information Governance is a framework that brings together all the requirements, standards and best practice that apply to the handling of personal information.

It is therefore of paramount importance to ensure that information is efficiently managed, and that appropriate policies, procedures and management accountability and structures provide a robust governance framework for information management.

Principles

Ozone Health Group recognises the need to share patient information with other health organisations and other agencies in a controlled manner consistent with the interests of the patient and, in some circumstances, the public interest.

The Group believes that accurate, timely and relevant information is essential to deliver the highest quality health care and Healthcare IT services. As such it is the responsibility of all clinicians and managers to ensure and promote the quality of information and to actively use information in decision making processes.

There are 4 key interlinked strands to the Information Governance Policy:

- Openness;
- Legal compliance;
- Information security; and
- Quality assurance.

Openness

Non-confidential information on the Group and its services should be available to the public through a variety of media including the Group's company websites.

The Group will undertake or commission annual assessments and audits of its policies and arrangements for openness;

Patients should have ready access to information relating to their own health care, their options for treatment and their rights as patients;

The Group will have clear procedures and arrangements for handling queries from patients and the public.

Legal Compliance

The Group regards all identifiable personal information relating to patients as confidential;

The Group will undertake or commission annual assessments and audits of its compliance with legal requirements;

The Group regards all identifiable personal information relating to staff as confidential except where national policy on accountability and openness requires otherwise;

The Group will establish and maintain policies to ensure compliance with the Data Protection Act, Human Rights Act and the Common Law Duty of Confidentiality;

Information Security

The Group will establish and maintain policies for the effective and secure management of its information assets and resources;

The Group will undertake or commission annual assessments and audits of its information and IT security arrangements;

The Group will promote effective confidentiality and security practice to its staff through policies, procedures and training;

The Group will establish and maintain a robust incident reporting procedures and will monitor and investigate all reported instances of actual or potential breaches of confidentiality and security. All actual or potential breach of confidentiality and information security must be reported to the Information Governance Team on 01482 908208 option 5.

Information Quality Assurance

The Group will establish and maintain policies and procedures for information quality assurance and the effective management of records;

The Group will undertake or commission annual assessments and audits of its information quality and records management arrangements;

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 at the point of collection; Data standards will be set through clear and consistent definition of data items, in accordance with national standards;

The Group will promote information quality and effective records management through policies, procedures/user manuals and training.

Information Risk Management

The Group will appoint a Senior Information Risk Officer (SIRO) with responsibility to the Governing Body for reporting information risks.

The Group will ensure that asset owners are established for all information assets. Asset owners will be at a senior level, and will understand how to assess and address risks associated with their assets.

The assets owners will undertake annual online training. Their assets register will be updated annually, and they will produce an annual information asset report for the SIRO.

The Group will ensure that it operates within a robust Information Governance framework to reduce the risk of both potential litigation and compromise to patient care. Risk assessments will be carried out in the individual component areas as required by the DSP Toolkit.

Management of Third Parties

The Group will ensure that contracts and protocols with partners and suppliers where necessary include suitable statements relating to Information Governance.

The Group will, where necessary, require that Agency workers, Volunteers and contractors are adequately trained in Information Governance prior to their gaining access Group information.

The Group will establish a procedure and update registers of all third parties with whom PCD has been shared e.g. via databases. There will also be a data sharing agreement signed by all relevant parties for each instance of data sharing.

Roles and Responsibilities

The **SIRO** is the named director with responsibility and this Policy has been ratified by the IG team.

The **Information Assurance Director** is responsible for ensuring the policy and its supporting standards and guidelines are built into the local processes and that there is ongoing compliance.

The **Caldicott Guardian** will be the senior responsible person for providing advice on the lawful and ethical processing of the personal information of patients or service users and will ensure appropriate sharing/disclosure of information. The Caldicott Guardian will also be responsible for granting permission to access or disclose personal information.

It is the responsibility of **all staff and contractors** to familiarise themselves with this policy and all related Informatics policies and documentation where applicable. Staff must ensure at all times that high standards of information quality, data protection, integrity, confidentiality and records management are met in compliance with the relevant legislation. Clinicians and managers must promote high standards of Information Governance.

Training & Resources

The implementation of policies in this area will be carried out across the Group by all involved staff and will be led by the Information Assurance Director & Caldicott Guardian.

Information Governance elements will be included in standard induction, mandatory training programmes, specific data protection training packages and electronic learning packages. Managers will ensure that the relevant paragraphs are included in staff job descriptions.

Monitoring and Audit

The Information Governance team is the committee with responsibility for the ratification of Information Governance Policies and approval of work programmes. This group has senior level representation, chaired by the Caldicott guardian. It receives regular reports from the Information Assurance Director and responsible staff dealing with all aspects of the agenda as outlined above, and approves central returns required by the DSP Toolkit. The DSP will be used by the organisation to conduct baseline audit and construct action plans for future compliance with this agenda.

This policy and associated strategy and procedures will be reviewed at least every 2 years or earlier if appropriate, to take into account any relevant changes in legislation or guidance, organisational change or any other exceptional circumstance

Awareness

All policies and associated changes will be shared via newsletters and training in and made available for future reference on the policy and procedure area of the sharepoint.

Associated documentation and references

This policy should be read in conjunction with all Informatics policies, which include:

- Information Access & Security Policy
- Patient Safety Incident Response Policy
- Password Policy
- Data Protection & Confidentiality Policy
- Records Management & Lifecycle Policy

Legislation to restrict disclosure of personal identifiable information:

- The Freedom of Information Act 2000
- The General Data Protection Regulation 2018
- Human Rights Act 1998
- The NHS Code of Confidentiality
- DSP Toolkit
- UK General Data Protection Regulation

Equality and Diversity

The group committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality and diversity principles through its policies, procedures and processes.

Title of Service/Policy
Information Governance Policy
Is this a new or existing Policy/service?
New

1. Would this service or policy be aimed at any particular equality group?			
	Yes	No	If yes.....
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Gender Identity (transgender)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Marriage and Civil Partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Pregnancy and Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Religion and Belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sex (Gender)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Social Exclusion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Economic Deprivation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Rural Isolation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Social Stigma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

2. Would the service/policy potentially exclude or have a negative impact on any of the equality groups?			
	Yes	No	If yes.....
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Gender Identity (transgender)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Marriage and Civil Partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Pregnancy and Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Religion and Belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sex (Gender)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Social Exclusion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Economic Deprivation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Rural Isolation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Social Stigma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

3. Are there any known barriers which would obstruct access to this service/pathway			
	Yes	No	Barriers can include physical, geographical, communication.
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Gender Identity (transgender)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Marriage and Civil Partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Pregnancy and Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Religion and Belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sex (Gender)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Social Exclusion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Economic Deprivation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Rural Isolation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Social Stigma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

4. What evidence has been used to assist you to make the judgements in questions 1–3?		
Demographic data and other status including census findings.	<input type="checkbox"/>	
Result of research findings including studies of deprivation.	<input type="checkbox"/>	
Results of recent consultations and surveys.	<input type="checkbox"/>	
Results of ethnic monitoring data and any equalities data from Local Authority/Public Health etc.	<input type="checkbox"/>	
Information from other agencies or group	<input type="checkbox"/>	
Comparisons between similar policies/services	<input checked="" type="checkbox"/>	
Analysis of Patient and Public Involvement	<input type="checkbox"/>	
Analysis of audit reports and review.	<input type="checkbox"/>	
Community Engagement and consultation events.	<input type="checkbox"/>	
CHECKLIST for board sign off Please complete all the below relevant tick boxes		

	Yes	No	Comments
By completing and submitting this EIA we agree to all contents being published on the group website.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
By signing this EIA we confirm that we have made all the necessary enquiries in relation to this service and in good faith that relevant steps and plans are in place to mitigate any potential discrimination in the service we provide.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
We understand that if we identify an action this is absolutely fine and demonstrate that we are willing to review our service and tailor it to the needs of the community.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
We understand that progress on any identified actions will be discussed at the contract review meetings. If required we will ensure that all action plans are available for review at these meetings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
We understand that this EIA relates to a particular service. Our Equality and Diversity policy may also be requested in order for us to demonstrate our commitment to equality legislation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
We are aware of the new Equality Act 2010 and are committed to ensuring that all our policies and procedures reflect the legislation. Full details can be found at:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Date of Screening	October 2022
Risk identified in EIA	None
Review Date	October 2025
Title of person conducting the review	Information Assurance Director
Signature	Holly Hellstrom
Full Assessment Review Date	N/a
Board sign off Date and Committee	IGT – October 2022