

## INFORMATION GOVERNANCE POLICY

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Policy owner:	Information Governance Domain Lead
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Approved by:	Integrated Governance Committee
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Target audience:	All staff

Version Number	Issue Date	Revision from previous issue
1.0	February 2018	Full review and rationalisation of policies by IG Support Company (combined IG, Records Management & Information Security policies)
1.1	February 2019	Addition of EQIA Replaced 1998 DPA with 2018 Act.
2.0	February 2020	Full review by IG Support Company – no amendments required

## CONTENTS

1	Introduction .....	3
2	Statutory Mandatory Framework .....	4
3	Accountable Parties .....	4
4	Openness.....	5
5	Privacy & Information Rights .....	6
6	Information Security .....	6
7	Information Quality and Records Management.....	6
8	Associated Protocols.....	7
9	Audit Schedule .....	7
10	Review .....	8
	Appendix 1: Equality Impact Assessment Form .....	9

## **EQUALITY and DIVERSITY IMPACT STATEMENT**

All policies, procedures, guidelines and other approved documents of Suffolk GP Federation are formulated to comply with the overarching requirements of legislation, policies or other overarching standards relating to equality and diversity

Suffolk GP Federation welcomes feedback on this document and the way it operates and needs to be informed of any possible or actual adverse impact that it may have on any groups listed below. This document has been screened to determine equality relevance for the following dimensions:

- \* Age
- \* Gender
- \* Disability
- \* Race
- \* Religion/ belief
- \* Sexual Orientation
- \* Transgender/ transsexual
- \* Other characteristics

### **1 Introduction**

- 1.1. Information Governance (IG) is a set of multi-disciplinary structures, policies, procedures, processes and controls implemented to manage information at an organisational level. Information Governance supports Suffolk GP Federation's immediate and future regulatory, legal, risk, environmental and operational requirements.
- 1.2. Information is a vital asset, both in terms of the commercial development and the efficient management of services and resources. It plays a key part in governance, service planning and performance management.
- 1.3. It is therefore of critical importance to ensure that information is appropriately managed, and that policies, procedures and management accountability and structures provide a robust governance framework for information management.
- 1.4. Suffolk GP Federation recognises the need for an appropriate balance between openness and confidentiality in the management and use of information. Suffolk GP Federation's fully supports the principles of clinical and corporate governance and recognises the power of public accountability, but equally places importance on the confidentiality of, and the security arrangements to safeguard, both personal information about patients, staff and the public and commercially sensitive information. Suffolk GP Federation also recognises the need to share information with customers and third parties in a controlled manner consistent with the lawful basis.
- 1.5. This overarching Information Governance Policy sets out Suffolk GP Federation policy with respect to the governance of;
  - Privacy
  - Information and Cyber Security
  - Data Quality and Records Management

## 2 Statutory Mandatory Framework

- 2.1. This policy serves to support Suffolk GP Federation to navigate and comply with the complex framework within which Information Governance operates.
- 2.2. This framework includes but is not limited to;
- NHS Act 2006
  - Health and Social Care Act 2012
  - Data Protection Act 2018
  - Human Rights Act 1998
  - Common Law Duty of Confidence
  - Computer Misuse Act 1990
  - General Data Protection Regulations (EU) 2016/679)
  - Mental Health Capacity Act 2005
  - Children Act 1989
  - DH Records Management Code of Practice
  - DH Information Security Code of Practice
  - DH Confidentiality Code of Practice

## 3 Accountable Parties

### 3.1. Chief Executive/ COO

The Chief Executive Officer has overall responsibility for Information Governance in Suffolk GP Federation. As accountable officer, he/she is responsible for the management of the organisation and for ensuring appropriate mechanisms are in place to provide the necessary assurance to internal and external stakeholders.

Suffolk GP Federation has a particular responsibility for ensuring that it meets its corporate legal responsibilities, and for the adoption of internal and external governance requirements.

### 3.2. Senior Information Risk Officer (SIRO)

The SIRO;

- leads and fosters a culture that values, protects and uses information for the success of the organisation and benefit of its customers.
- owns the organisation's overall information risk policy and risk assessment processes and ensuring they are implemented consistently by Information Asset Owners / Administrators. The assists the Chief Executive or relevant accounting officer on the information risk aspects of his/her statement on internal controls
- Owns the organisation's information incident management framework

### 3.3. Information Asset Owners

The IAO will;

- Hold local responsibility for information risk management, devolved to the relevant directors, directorate managers and department managers by the SIRO. Heads of Departments, other units and business functions within Suffolk GP Federation have overall responsibility for the management of risks generated by their information assets and are supported on a daily basis by Information Asset Administrators.

### 3.4. Caldicott Guardian Function

The Caldicott Guardian will;

- Produce procedures, guidelines and protocols to support staff in the appropriate management of patient information
- Provide a point of escalation and specialist advice for staff with respect to information sharing, acting as the conscience of the organisation
- Bring to the attention of the relevant manager any occasion where the appropriate procedures, guidelines and protocols may have not been followed and raise concerns about any inappropriate uses made of patient information where necessary.

Caldicott Officer will;

- Hold local responsibility for the appropriate management of patient information, devolved to the relevant individual by the Caldicott Guardian.

### 3.5. Data Protection Officer (DPO)

The DPO will;

- inform and advise the organisation and its employees about their obligations to comply with the GDPR and other data protection laws.
- monitor compliance with the GDPR and other data protection laws, including managing internal data protection activities, advise on data protection impact assessments; train staff and conduct internal audits.
- be the first point of contact for supervisory authorities and for individuals whose data is processed (employees, customers etc).

### 3.6. All Staff

All staff, whether management or administrative, who create, receive and use data have information governance responsibilities. Employees have a contractual and legal obligation to read and comply with all company policies and to attend mandatory training to support the appropriate management of information.

## 4 Openness

- 4.1. Non-confidential information related to Suffolk GP Federation and its services will be available to the public through a variety of media, in line with Suffolk GP Federation overall commitment to transparency
- 4.2. Suffolk GP Federation will adopt and maintain clear procedures and arrangements for liaison with the press and broadcasting media

- 4.3. Suffolk GP Federation will adopt and maintain an Information Rights and Access Protocol and a Freedom of Information Protocol to provide guidance for handling queries from data subjects and the public.

## **5 Privacy & Information Rights**

- 5.1. Suffolk GP Federation is committed to the privacy of its staff, patients and the public. Suffolk GP Federation will undertake or commission annual assessments and audits of its compliance with privacy legislation and will adopt and maintain protocol for completion of Data Protection Impact Assessments.
- 5.2. Suffolk GP Federation regards all Personal Data relating to staff as confidential except where national policy on accountability and openness requires otherwise
- 5.3. Suffolk GP Federation will adopt and maintain protocols to ensure compliance with the Data Protection Act, General Data Protection Regulations, Human Rights Act and the common-law confidentiality
- 5.4. Suffolk GP Federation will establish and maintain protocols for the controlled and appropriate sharing of personal information with other agencies, taking account of relevant legislation (e.g. Data Protection Act, Human Rights Act).
- 5.5. Suffolk GP Federation will ensure that contractual or best practice documents are in place for routine sharing of information between sharing partners.

## **6 Information Security**

- 6.1. Suffolk GP Federation will adopt and maintain protocols for the effective and secure management of its information assets and resources
- 6.2. Suffolk GP Federation will undertake or commission annual assessments and audits of its information and IT security arrangements
- 6.3. Suffolk GP Federation will promote effective information and cyber security practice to its staff through policies, procedures and training
- 6.4. Suffolk GP Federation will establish and maintain incident reporting procedures and will monitor and investigate all reported instances of actual or potential breaches of information and cyber security

## **7 Information Quality and Records Management**

- 7.1. Suffolk GP Federation will establish and maintain protocols and procedures for information quality assurance and the effective management of records
- 7.2. Suffolk GP Federation will undertake or commission annual assessments and audits of its information quality and records management arrangements
- 7.3. Managers will be expected to take ownership of, and seek to improve, the quality of information within their services
- 7.4. Wherever possible, information quality will be assured at the point of collection
- 7.5. Data standards will be set through clear and consistent definition of data items, in accordance with national standards.

7.6. Suffolk GP Federation will promote information quality and effective records management through protocols, procedures/user manuals and training

## 8 Associated Protocols

8.1. This policy should be read in conjunction with;

- Risk Management Policy
- Change Management Policy
- Information Rights and Access Protocol
- Information Sharing and Privacy Protocol
- Information Lifecycle and Data Quality Protocol
- Information / Cyber Security Protocol
- Information Incident Protocol
- Information Risk and Audit Protocol
- Data Protection Impact Assessment Protocol
- Freedom of Information Protocol

## 9 Audit Schedule

9.1. Compliance with this policy will be audited and the results fed into the Plan, Do, Check, Act Cycle described in the Information Risk and Audit Protocol.

Policy Section	Compliance Evidence	Monitoring Method	Frequency
<b>4 Accountable Parties</b>	The most senior members of the organisation are regularly appraised of internal and external governance status and requirements including resource requirements	IG Audit	Quarterly
<b>4 Data Protection Officer</b>	Changes within the organisation are subject to a Data Protection Impact Assessment	IG Audit	Quarterly
<b>4 Data Protection Officer</b>	The DPO is being made aware of all processing activities across the organisation	Processing Activities Log	Quarterly
<b>6 Privacy and Information Rights</b>	The organisation has an effective infrastructure in place to ensure privacy and to give effect to the information rights of individuals	IG Audit	Quarterly
<b>7 Information Security</b>	The organisation has an effective infrastructure in place to ensure information security	IG Audit	Quarterly

<b>8 Information Quality and Records Management</b>	The organisation has an effective infrastructure in place to ensure information security	IG Audit	Quarterly
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## 10 Review

This policy will be reviewed every two years or sooner where necessary.



## Appendix 1: Equality Impact Assessment Form

Any identified a potential discriminatory impact must be identified with a mitigating action plan to address avoidance/reduction of this impact. This tool must be completed and attached to any Suffolk GP Federation approved document when submitted to the appropriate committee for consideration and approval.

Name of Document: Information Governance Policy			
Equality Impact Assessment Tool		Yes/No/NA	Comments
1.	Does the document affect one group less or more favourably than another on the basis of?	No	
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	NA	
4.	Is the impact of the document/guidance likely to be negative?	No	
5.	If so, can the impact be avoided?	NA	
6.	What alternatives are there to achieving the policy/guidance without the impact?	NA	
7.	Can we reduce the impact by taking different action?	NA	