

Policy Title And ID number	Information Governance Policy ID Code: GEN 6.47		
Sponsoring Director:	Director of Quality and Standards		
Implementation Lead:	Information Governance Manager		
Impact:	(a) To patients		
	(b) To Staff	✓	
	(c) Financial		
	(d) Equality Impact Assessment (EIA)	Completed: Yes	
	(e) Other		
Additional Costs:			Budget Code
	(a) Training:	£ N/A	Revenue or Non Revenue
	(b) Implementation:	£ N/A	
	(c) Capital:	£ N/A	
Training implications:	(d) Other	£ N/A	
	To be incorporated into induction: No	Other:	
Date of consultation at:	Board of Directors		
	Executive Team		
	Divisional Medical Directors/Clinical Directors		
	Assistant Divisional Directors/Heads of Department		
	Board Committee		
	Joint Partnership Forum		
	Local Negotiating Committee		
	Infection Control Committee:		
	Health & Safety Committee		
Alignment	Other (state name/s): Non Clinical Governance and Risk committee	Feb 2011	
	HR:		
	Strategic Direction:	Yes	
	Board Assurance:		
Date of Final Draft:	Clinical Governance:		
	February 2011	Issue Number:	
Date of Final Approval:	February 2011	Approved by:	
Implementation Date:	February 2011		
Date of last review:	December 2009	Date of next review:	February 2013
Circulation Date:			
Circulation:		Yes	Comment
	Directors		
	Non Executive Directors		
	Divisional Medical Directors/Clinical Directors		
	Medical Staff Committee/SMSF		
	Assistant Divisional Directors		
	Assistant Nursing Directors		
	Heads of Department		
	H&S Committee Members		
	Policy database/warehouse	Yes	
Others (to be listed):			

Information Governance Policy

1. 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.

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.

2. Principles

The Trust recognises the need for an appropriate balance between openness and confidentiality in the management and use of information. The Trust fully supports the principles of corporate governance and recognises its public accountability, but equally places importance on the confidentiality of, and the security arrangements to safeguard, both personal information about patients and staff and commercially sensitive information. The Trust also 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 Trust believes that accurate, timely and relevant information is essential to deliver the highest quality health care. 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
- Quality assurance

2.1. Openness

- Non-confidential information on the Trust and its services should be available to the public through a variety of media, in line with the Trust's code of openness
- The Trust will establish and maintain policies to ensure compliance with the Freedom of Information Act
- The Trust 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 Trust will have clear procedures and arrangements for liaison with the press and broadcasting media

- The Trust will have clear procedures and arrangements for handling queries from patients and the public

2.2. Legal Compliance

- The Trust regards all identifiable personal information relating to patients as confidential
- The Trust will undertake or commission annual assessments and audits of its compliance with legal requirements
- The Trust regards all identifiable personal information relating to staff as confidential except where national policy on accountability and openness requires otherwise
- The Trust will establish and maintain policies to ensure compliance with the Data Protection Act, Human Rights Act and the common law confidentiality
- The Trust will establish and maintain policies for the controlled and appropriate sharing of patient information with other agencies, taking account of relevant legislation (e.g. Health and Social Care Act, Crime and Disorder Act, Protection of Children Act)

2.3. Information Security

- The Trust will establish and maintain policies for the effective and secure management of its information assets and resources
- The Trust will undertake or commission annual assessments and audits of its information and IT security arrangements
- The Trust will promote effective confidentiality and security practice to its staff through policies, procedures and training
- The Trust will establish and maintain incident reporting procedures and will monitor and investigate all reported instances of actual or potential breaches of confidentiality and security

2.4. Information Quality Assurance

- The Trust will establish and maintain policies and procedures for information quality assurance and the effective management of records
- The Trust 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 Trust will promote information quality and effective records management through policies, procedures/user manuals and training

3. Responsibilities

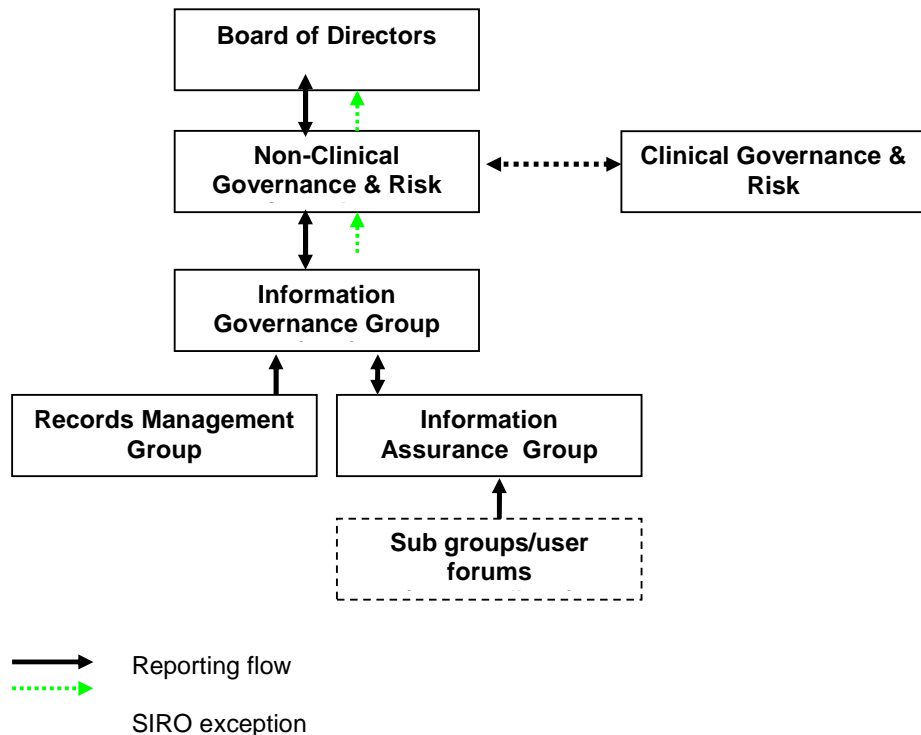
It is the role of the Trust Board to define the Trust's policy in respect of Information Governance, taking into account legal and NHS requirements. The Board is also responsible for ensuring that sufficient resources are provided to support the requirements of the policy.

The Barnsley Information Governance Group is responsible for overseeing day to day Information Governance issues; developing and maintaining policies, standards, procedures and guidance, coordinating Information Governance in the Trust and raising awareness of Information Governance.

Managers within the Trust are responsible for ensuring that the policy and its supporting standards and guidelines are built into local processes and that there is on-going compliance.

All staff, whether permanent, temporary or contracted, and contractors are responsible for ensuring that they are aware of the requirements incumbent upon them and for ensuring that they comply with these on a day to day basis.

4. The IG Framework



5. Legal and Trust Related Policies

The Trust has a comprehensive range of policies supporting the information governance agenda; reference must be made to these alongside this policy (see below). Legal and professional guidance should also be considered where appropriate.

- Information Security policy
- Records Management policy
- Data Protection policy
- Information Disclosure policy
- Communications policy
- Freedom of Information policy
- Confidentiality policy
- Whistleblowing Policy
- Fraud Policy and Response Plan

6. Year on Year Improvement Plan and Assessment

An assessment of compliance with requirements, within the Information Governance Toolkit (IGT), will be undertaken each year. Annual reports and proposed action/development plans will be presented to the Information Governance Group (IGG) for approval prior to submission to the IGT.

7. Training

All staff should attend as part of their induction, a training session on Information Governance. Furthermore mandatory Information Governance training is taken by all staff bi-annually.