

INFORMATION GOVERNANCE POLICY EQUALITY IMPACT ASSESSMENT

Section A: Assessment

Name of Policy: Information Governance Policy

Person/persons conducting this assessment with Contact Details:

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1. The Policy

Is this a new or existing policy?

This is a new policy. However it is an overarching policy that covers the areas of:

- Records Management where a policy is in place
- IT security/ Data Protection, where a DPA policy in place and the IT security policies are to be completed in 2014
- Information/Data Quality, where a data quality policy in development
- Information Sharing where an information sharing policy is in development
- Freedom of Information, where the policy is under review.

What is the purpose of the policy?

The purpose of the policy is to articulate how the UHB will manage information governance specifically how it will meet its legal obligations and deliver high quality information (or data) services that will effectively and efficiently support operational and corporate services. This overarching policy will be supported by a range of policies and operational procedures that protect individuals' rights under various strands of legislation.

How do the aims of the policy fit in with corporate priorities? i.e. Corporate Plan

Effective delivery of information governance is fundamental to running the healthcare business both in operational day to day patient care and non patient

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corporate business functions. It underpins all corporate plans by addressing legal, regulatory and operational arrangements.

The Health Board will discharge their obligations in regard to information governance to the highest standards recognising the need to continuously support its staff to enable them to achieve operational compliance in the creation, storage, access, use and disposal of information.

High quality information management will enable and support exemplary patient experience and outcomes and optimum business decision-making and outcomes.

The specific objectives of this policy are to:

- Obtain information fairly and efficiently
- To record information accurately and reliably
- Hold information securely and confidentially
- To use information effectively and ethically
- To share information appropriately and lawfully

Who will benefit from the policy?

The successful delivery of the aims and objectives of this policy will benefit all staff that process and use information (or data) and those who we hold information about in patient and non patient areas. Successful application of the policy will benefit:

- Patients by providing a better healthcare experience linked to the efficient, safe and confidential management of their records
- Clinicians by providing good quality information (or data) to better inform their clinical judgement
- Managers by providing accurate and comprehensive information (or data) to better analyse activity and develop services.
- Administrators by providing accurate and timely information (or data) to better steer the patient through their pathway
- The general public by providing accurate, comprehensive and timely information about healthcare provided by the UHB
- “The business” by providing accurate, comprehensive and timely information for the operational management and development of non patient services.

What outcomes are wanted from this policy?

The key outcome is to be able to demonstrate that the UHB has:

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- Robust arrangements in place to ensure that its information management meets legal obligations and patient expectations.
- Trained staff to a level of full understanding and awareness of operational procedures and the wider information governance requirements and has refresher systems in place.
- A continuous improvement plan to ensure that good information management is maintained and improved within a controlled environment.
- A process whereby any breach of information governance is escalated to the appropriate level in the UHB
- Considered all issues related to communication/language difficulties or inability to access electronic documents through the UHBs website and has developed an appropriate action plan to address them
- A means through monitoring and audit to demonstrate that the 5 points above are working as required.

Are there any factors that might prevent outcomes being achieved? (e.g. Training/practice/culture/human or financial resources)

There are a number of factors that might **slow** but not stop the implementation to the level and scope across the organisation.

- Lack of resources to generate the procedures and guidance required and
- Lack of resource to provide the corporate advisory service and training needed.

2. Data Collection

What qualitative data do you have about the policy relating to equalities groups (e.g. monitoring data on proportions of service users compared to proportions in the population)?

In search of qualitative data, this assessment together with the policy will be posted on the intranet for a consultation period of one month. It will also be sent to:

- All IG network leads for discussion within the UHB services.
- The equality leads and patient representatives in the UHB.
- The concerns and patient safety managers to find out if any proposals in this Policy have had an impact upon the groups in question in the past.
- The Information Governance Sub Committee members
- The corporate communications team

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What quantitative data do you have on the different groups¹⁶ (e.g. findings from discussion groups, information from comparator authorities)?

No impact has been identified by the general circulation in the first consultation in May 2014. The author has researched the internet to identify approved Information Governance Policies primarily in the NHS for the sake of consistency and comparison in February 2014. This includes a range of acute and community care NHS services, university, local authority and others. Thirty comparator NHS and Local Authority organisations policies have been looked at. The list of organisations researched is provided in appendix 5. An internet search took place in February 2014. The list below, though not exhaustive represents the impact that was found in regard to a policy of this nature. All have judged their Information Governance Policy as having no impact on equality groups. However, some did point to issues of communications that would require attention. This is looked at more closely in section 3 and also within in the action plan and mitigating aspects in section 4.

Please indicate the source of the data gathered? (E.g. Concerns/Service/Department/Team/Other)

The author has requested views from:

UHB intranet previous formal consultation

Concerns team

Patient Safety

Welsh Language Officer

Lesbian, Bisexual, Gay, and Transgender

Information Governance network leads (Heads of Operations and Delivery)

NHS Trusts, Local Authorities, and other comparable organisations.

Advice has been taken from the Equality Manager

Advice has been sought from the Information Governance Sub Committee

What gaps in data have you identified? (Please put actions to address this in your action plan?)

The UHB will need to demonstrate that people with communication issues and sensory impairments and disabilities can:

- Directly access information in particular what information we have about them, why we have it and what we do with it.
- Access advice and support in gaining access should that be required.

3. Impact

Please answer the following

Consider the information gathered in section 2 above of this assessment form, comparing monitoring information with census data as appropriate (see www.ons.gov.uk Office National Statistics website) and considering any other

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earlier research or consultation. You should also look at the guidance in Appendix 1 with regard to the protected characteristics **stating the impact and giving the key reasons for your decision.**

Do you think that the policy impacts on people because of their age? (This includes children and young people up to 18 and older people)

In respect of communication, children who are too young to read and/or understand issues around their information will need to be supported by parents or carers and clinical teams.

In terms of older people we know from the evidence provided that there is a likelihood that this group may suffer from long term health conditions that may include sensory loss issues. With this in mind we will need to take account of communication issues in regards to disability. See disability section below. The source information can be found in the Health Boards Integrated Medium Term Plan at <http://www.cardiffandvaleuhb.wales.nhs.uk/opendoc/238332>

Do you think that the policy impacts on people because of their caring responsibilities?

In respect of communication, carers may require access to information in appropriate media formats in order to support family members/patients with disabilities

Do you think that the policy impacts on people because of their disability? (This includes Visual impairment, hearing impairment, physically disabled, Learning disability, some mental health issues, HIV positive, multiple sclerosis, cancer, diabetes and epilepsy.)

In respect of communication the UHB will need to ensure, in conjunction with its interpretation and translation policy, that it is possible to:

- Direct access to information in particular what information we have about them, why we have it and what we do with it is provided in a range of formats and
- Access advice and support in gaining access is available.

The Interpretation and Translation policy can be found at <http://www.cardiffandvaleuhb.wales.nhs.uk/opendoc/243152>

Do you think that the policy impacts on people because of Gender reassignment? (This includes Trans transgender and transvestites).

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The policy applies equally to all data subjects. Its application requires strict adherence to legal obligations, regulations and guidance in respect of information governance management. The evidence suggests that it has no impact on this equality group.

Do you think that the policy impacts on people because of their being married or in a civil partnership?

The policy applies equally to all data subjects. Its application requires strict adherence to legal obligations, regulations and guidance in respect of information governance management. The evidence suggests that it has no impact on this equality group.

Do you think that the policy impacts on people because of their being pregnant or just having had a baby?

The policy applies equally to all data subjects. Its application requires strict adherence to legal obligations, regulations and guidance in respect of information governance management. The evidence suggests that it has no impact on this equality group.

Do you think that the policy impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities.)

In respect of communication the UHB will need to ensure that people who do not speak English or can not understand it sufficiently have an alternative means of accessing and understanding UHB information. Any impact on these groups is likely to be related to language or disability or culture. The UHB will need to consider how it will meet any impact associated with these issues. For example, it will make available translated copies of the policy on request See also Welsh Language section below.

Do you think that the policy impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range of groupings the most of which are Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs. Consider these categories individually and collectively when considering impacts)

The policy applies equally to all data subjects. Its application requires strict adherence to legal obligations, regulations and guidance in respect of information governance management. The evidence suggests that it has no impact on this equality group.

Do you think that the policy impacts on men and woman in different ways?

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The policy applies equally to all data subjects. Its application requires strict adherence to legal obligations, regulations and guidance in respect of information governance management. The evidence suggests that it has no impact on this equality group.

Do you think that the policy impacts on people because of their sexual orientation? (This includes Gay men, heterosexuals, lesbians and bisexuals)

The policy applies equally to all data subjects. Its application requires strict adherence to legal obligations, regulations and guidance in respect of information governance management. The evidence suggests that it has no impact on this equality group.

Do you think that the policy impacts on people because of their Welsh language?

In respect of communication the UHB will need to ensure that people who wish to communicate in the Welsh medium have a means to do so as referred to in our Welsh Language Scheme. This can be found on the UHB website.

[http://nww.cardiffandvale.wales.nhs.uk/pls/portal/docs/PAGE/CARDIFF_AND_VALE_INTRANET/CORPORATE/EQUALITY/WELSH/WELSH%20LANGUAGE%20SCHEME%20APPROVED%20VERSION%20\(ENGLISH\).PDF](http://nww.cardiffandvale.wales.nhs.uk/pls/portal/docs/PAGE/CARDIFF_AND_VALE_INTRANET/CORPORATE/EQUALITY/WELSH/WELSH%20LANGUAGE%20SCHEME%20APPROVED%20VERSION%20(ENGLISH).PDF)MORE FULLER STATEMENT

4. Summary.

The Information Governance Policy has been assessed. One theme that impacts negatively on several equality groups is identified that is; the need for written communication to be available in a range of formats, media and languages and the availability of advisory services to give face to face personal advice.

A draft action plan has been developed in Appendix 3, section B.

Please record details of where and when EQIA results will be published

This assessment will be presented to the Information Governance Sub Committee together with the Information Governance Policy following the consultation period. The policy and EQIA will then be presented to the People Performance and Delivery Committee for formal approval.

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Please record below when the EQIA will be subject to review.

The EQIA will be reviewed at the same time as the policy in three years following the approval date or earlier should there be a change to legislation.

Name of person completing __Marie Mantle_____

Signed _____

Date: _____

Name of Responsible Executive/Clinical Board Director Authorising Assessment and Action Plan for publication _____

Dr Graham Shortland, Medical Director and Caldicott Guardian

Signed: _____

Date: _____

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Appendix 3

Cardiff and Vale University Health Board Action Plan

Section B: Action

5. Please complete your action plan below. Issues you are likely to need to address include

•What **consultation** needs to take place with equality groups (bearing in mind any relevant consultation already done and any planned corporate consultation activities?) In search of qualitative data, this assessment together with the policy will be posted on the intranet for a consultation period of three weeks. It will also be sent to:

- All IG network leads for discussion within the UHB services.
- The equality leads and patient representatives in the UHB.
- The concerns and patient safety managers to find out if any proposals in this Policy have had an impact upon the groups in question in the past.
- The Information Governance Sub Committee members
- The corporate communications team

• What **monitoring/evaluation** will be required to further assess the impact of any changes on equality target groups? The Information Governance Steering Group will receive an update of progress against the action plan and any emerging issues at the bi-monthly meetings. The actions are linked to the “Your Information, Your Rights” communication programme.

Equalities Impact Assessment Implementation Mitigation/Action Plan

The action plan below sets out the high level aims and actions. Each area will require a focussed action plan driven by appropriate people skilled in those areas. These key personnel will need to be identified as a first step.

Issue to be addressed	Responsible Officer	Action Required	Timescale for completion	Action Taken	Comments
Communication – Carer’s and clinical staff responsibilities for children with disabilities/sensory loss		Ensure that carers and clinical staff have information in an appropriate range of media and formats Develop a	March 2015		

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		detailed work plan			
Communication – Carer’s and clinical staff responsibilities for adults with disabilities/sensory loss		Ensure that carers and clinical staff have information in an appropriate range of media and formats Develop a detailed work plan	March 2015		
Communication - race, culture and language		Ensure that carers and clinical staff have information in an appropriate range of media and for Develop a detailed work plan mats	March 2015		
Communication – Welsh Language Scheme		Apply the UHBs Welsh Language Scheme Develop a detailed work plan	March 2015		

6. Report, publication and Review

Please record details of the report or file note which records the outcome of the EQIA together with any actions / recommendations being pursued (date, type of report etc)

This refers to the minute in the IGSC papers noting approval. The minute will also note how the EQIA action plan will be monitored through updates to the IGSC.

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Appendix 4

Executive Summary

A comprehensive assessment has been undertaken of the potential impact of the how the Information Governance Policy will work. Consultation was undertaken with a range of key personnel. See below for consultation.

Internet research has been undertaken of around 30 comparable organisations in the NHS, Local Authorities and others many of which have not published EQIA or equivalent assessment. Of the thirty found to have assessed and published 100% have reported neutral or no impact. However we have found that there will be some issues in regard to communication protected characteristic groups.

Background

The aim of the policy

The Health Board is will discharge their obligations in regard to information governance to the highest standards recognising the need to continuously support its staff to enable them to achieve operational compliance in the creation, storage, access, use and disposal of information.

High quality information management will enable and support exemplary patient experience and outcomes and optimum business decision-making and outcomes.

Objectives

The specific objectives of this policy are to:

- Obtain information fairly and efficiently
- To record information accurately and reliably
- Hold information securely and confidentially
- To use information effectively and ethically
- To share information appropriately and lawfully

The context

Information Governance (IG) relates to the rules and regulations that should be followed when we process information and data (hereafter know as "information"). It allows organisations and individuals to ensure information is processed legally, securely, efficiently and effectively. It is an umbrella term that covers a number of areas i.e.

- Records
- Data quality

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- Information security
- Information Sharing Protocols [Welsh Accord for Sharing Information]
- Freedom of Information
- Data Protection
- The common law duty of confidentiality
- Caldicott standards

Involvement

The policy and EQIA was widely consulted upon. Consultation included:

- Via the intranet – all staff
- By the Information Governance Network (Heads of Operations and Delivery) for cascade to all services
- Concerns and Patient Safety were separately e-mailed
- Welsh Language and
- UHBs Lesbian, Gay, Bisexual and Transgender Rainbow Network were separately
- UHB corporate Communications Team

The author has worked closely with the Equality Manager throughout the process.

The scope of the EQIA

The likely effects were assessed by reference to the comments from internal staff and the outcomes of the research.

Internal consultation and internet research of published policies and associated EQIAs or equivalent.

The assessment looked at of the potential impact of the how the Information Governance Policy will work. Consultation was undertaken with a range of key personnel including:

- Concerns team
- Patient Safety
- Welsh Language Officer
- Lesbian, Bisexual, Gay, and Transgender Rainbow Network
- Information Governance network leads (Heads of Operations and Delivery)

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Key findings

The EQIA found that there is overall there was a neutral impact with the exception of communication issues for the protected characteristics of disability and age and race. An action plan has been developed to mitigate against this impact.

Conclusions

It is concluded that no changes are required to the proposed policy as a result of the EQIA.

Recommendations

It is recommended that the Policy should be approved.

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Appendix 5

INFORMATION GOVERNANCE POLICY EQUALTY IMPACT ASSESSMENT

Date of EQIA or equivalent.	Organisation	EQIA	Outcome/ Date of policy approval where no EQIA
1). 4/9/2009	Bradford teaching Hospitals	Stage one: no further assessment required	No impact
2) 2/4/2009	Tees, Esk and Wear Valleys NHS Foundation Trust.	Stage one: no further assessment required Reviewed 2011	No impact
3). 30/3/10	NHS Orkney	30/3/10	Policy approved
4.) 14/11/12	NHS Shetland	14/11/12	No equality implications
5). 29/3/11	Peterborough and Stamford Hospitals NHS Foundation Trust	Stage one: no further assessment required	No equality implications
6). 0/9/11	North East London	EQIA carried out September 2011	Broad equality statement in policy
7).	NHS Business Services Authority	None noted	
8). 0/10/10	NHS North Lancashire Primary Care PCT	None noted	No reference in an otherwise comprehensive policy There is a paragraph on accessibility re: language and available formats on the front page of the policy. Approval October 2010
9). 20/10/10	NHS Telford and Wrekin	Carried out 20/10/10	No further reference in policy
10). 0/10/10	Torbay Council	None noted	Policy approved October 2012
11).	Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust*	Stage one: no further assessment required	No impact
12. 25/6/12	East of England Ambulance Service	EQIA summary statement included. No impact 25/6/12	Policy approved 30/6/12 Equality statement on front page of policy
13).	Cambridge University NHS Trust	None noted	
14).	National Institute for Health and clinical excellence	None noted	

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15).	Wandsworth Clinical Commissioning Group*	Stage one: no further assessment required	No impact
16).	Doncaster and Bassetlaw Hospitals	None noted	
17).0/3/08	Wrightington, Wigan and Leigh NHS Trust	No impact assessment included	Equality statement in section 13. Accessibility section of Policy Policy approved March 2008
18).	Rotheram Primary Care Trust	None noted	
19).	Slough Borough Council	None noted	
20).	University of Salford	None noted	No overarching IG policy. No reference in other policies
21). 23/4/13	Nottingham University Hospitals*	Section 8.1. No impact	Appendix b. EQIA completed template. N/A across the board
22).	Royal College of Psychiatrists	None noted	Approved 5/2/10
23).	Warrington Clinical Commissioning Group	None noted	Approved 27 th November 2013
24).	Cumbria Partnership NHS Trust	EQIA noted in the table of contents but error shown in the document so no evidence	Approved 15 th July 2013
25).14/12/11	Wirral University Teaching Hospital NHS Foundation Trust	Stage one: no further assessment required	No impact
26).	Stockport NHS Foundation Trust	None noted	Policy approved October 2011
27).	North West Surrey Clinical Commissioning Group	EQIA template shown in appendix but it is not completed	Equality statement at the beginning of the document Approved October 2013
28).	University Hospital Southampton	EQIA 10/5/2010 stated in version control section. No evidence included.	Approved 30 th April 2012
29).	Royal Marsden NHS Foundation Trust	None noted	Approved 31/1/2014
30). 16/8/2011	Pennine Care NHS Foundation Trust	Equality Relevance Assessment carried out Approved by Equality Impact Assessment Work Group. No detail published.	Policy approved 13/7/11 and implemented 24/11/2011