



GIG
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WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

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**Information Governance
Operational Management and Responsibilities Procedure**

Introduction and Aim

The University Health Board (UHB) has an Information Governance Policy that was developed by the Information Governance Sub Committee (IGSC) and approved by the People, Performance and Delivery (PPD) Committee.

This procedure translates the principles in that policy into more detailed guidance including individual responsibilities. It clearly sets out the organisation and responsibilities of staff in the day to day management of information governance (IG) to ensure that all information processed in all formats is dealt with and handled legally, securely efficiently and effectively in order to deliver the best possible care. This procedure has been approved by the Information Governance Sub Committee (IGSC).

Commitment

Employees must ensure that:

- Information is held securely and confidentially
- Information is obtained fairly and efficiently
- Information is recorded accurately, reliably and is up to date
- Information is used effectively and ethically
- Information is shared appropriately and lawfully
- Information is retained only for as long as is legally necessary
- Information is held and disposed of appropriately and lawfully

All employees are required to adhere to this guidance. Inappropriate management of data and information may lead to disciplinary action. Serious breaches, for example disclosure of person identifiable information, theft and misuse of information technology through acts and omissions of staff may constitute gross misconduct and lead to dismissal and possibly police involvement. All staff, whether permanent, temporary or contracted (including students, contractors or volunteers and those on honorary contracts) are responsible for ensuring they are aware of IG requirements and that they comply with these on a daily basis.

Who is responsible for what?

Senior Information Risk Officer (SIRO) - The SIRO is the Board Secretary with accountability at Board level and will:

- Act as an advocate for information risk on the Board and in internal discussions
- Ensure that security risks and incidents are managed
- Own the Information Risk Policy and associated Risk Management Plan.
- Ensure that the Board is adequately briefed on information risk issues

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Caldicott Guardian (Medical Director) – responsible for ensuring that the UHB operational systems and processes satisfy the highest practical standards for processing personal identifiable information (PII). The Medical Director also has an executive lead for information governance.

Information Governance Sub Committee (IGSC)

The purpose of the IGSC is to:

- Provide evidence based and timely **advice** to the SIRO to assist in discharging their functions and meeting their responsibilities.
- It will have particular regard to:
 - Data Protection, Confidentiality and Privacy
 - Information Security
 - Data Quality Assurance and Secondary Uses in particular communication to Welsh Government and other third parties
 - Records Management
 - Freedom of Information
 - Information sharing protocols
- **Gain assurance** from the Clinical Boards and corporate services that they have systems in place so that the Chair of the IGSC can give assurance to the PPD Committee in relation to the UHB's arrangements for creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of information in accordance with its:
 - Stated objectives;
 - Legislative responsibilities, e.g., the Data Protection Act (DPA), Freedom of Information Act (FOI), Health Records Act and
 - Relevant requirements and standards determined for the NHS in Wales.

The IGSC will require four reports as standing items:

- Serious incidents as reported to the Information Commissioner and Welsh Government
- Sensitive information breaches ["breakglass"]
- Inappropriate use of UHB's e-mail system
- FOI activity

These reports will be generated by the Information Governance Team and shared routinely with the Clinical Boards and corporate services for information and action. Summary reports will be presented routinely to the IGSC for assurance.

Data Quality Sub Group (DQSG)–The Group reports to the IGSC. The purpose of the DQSG is to provide a corporate forum for the coordination of all activities related to data quality, data collection and data entry working practices across the UHB. These activities must comply with requirements mandated by Welsh Government WG and other third parties as appropriate.

Information Governance Team – Responsible for advising on a strategic direction,

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Information Governance compliance and development of policy and guidance. The Head of Information Governance leads a team of named specialists in general IG matters, DPA and FOI. They provide advice on IG and liaise closely with the Clinical Boards and corporate services. There are dedicated resources undertaking monitoring of data protection breaches.

The Information Governance Communication Network. Effective communication between the Clinical Boards and corporate services and the Information Governance Team is achieved through this network that ensures two way communication flows through which incidents, alerts, bulletins, consultations and general communication is passed.

Information Governance: Operational management

Information governance is managed through the delegated powers given by the Chief Executive who is the Accountable Officer to the Board Secretary as the Senior Information Risk officer (SIRO). The Clinical Boards and corporate services are accountable to the SIRO for information governance. The Head of Information Governance and team are responsible for advising on strategic direction, Information Governance compliance and development of policy and guidance.

Clinical Boards Clinical Board Directors are the Accountable Officers and act as deputies to the SIRO for their areas. The Clinical Directors discharge the role of Information Asset Owners (IAOs) and Directorate Managers Information Asset Administrators (IAAs)

Corporate Services Corporate Directors are the Accountable Officers and deputies to the SIRO. The Assistant Directors or equivalent discharge the role of Information Asset Owners (IAOs) and Section Managers Information Asset Administrators (IAAs)

The data owner/information asset owner is responsible for ensuring that specific information assets are handled and managed appropriately. This means making sure that information assets are properly protected and that their value to the organisation is fully exploited. They usually will

- Lead and foster a culture that values, protects and uses information for the public good
- Know what information the asset holds, and what information is transferred in or out of it
- Know who has access and why, and ensure their use of the asset is monitored
- Understand and address risks to the asset, and provide assurance to the SIRO
- Ensure the asset is fully used for the public good, including responding to access requests

Corporate Information Services. The role of Corporate Information is to ensure that the information service consistently provides accurate, timely and appropriate information in accordance with nationally mandated requirements. It advises healthcare professionals on their information requirements to support service delivery and assists them use information to gain the maximum benefit from departmental systems. It is professionally responsible for data standards across the UHB and advises on areas of non-compliance.

The Work of the Clinical Boards and Corporate Services. Arrangements shall be in

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place to achieve the UHB's objectives. The key responsibilities are to ensure that:

- Operational processes and procedures are documented and embedded
- Routine monitoring and audit are in place to include agreed standards
- Effective training both induction and re-fresher is in place
- Incident reporting systems are understood, used and lessons learned
- Risk assessments and registers are in place and actively managed
- Patient communication "Your Information, Your Rights" is widely promoted
- Year on year improvement plans are produced and actively managed

The deputy SIROs will periodically give assurance to the IGSC that they have these arrangements in place and they will produce an annual performance report for integration into a corporate report. This process will be clearly tied into the performance reporting schedules required by the Health Systems Management Board (HSMB) for Clinical Boards.

Reporting Process for Incidents and / or Breaches

During office hours:

DPA related incidents: Follow incident reporting procedure and contact the Information Governance Team who will ensure that the Caldicott Guardian is informed.

Outside office hours:

DPA related incidents: Follow the incident reporting procedure. Escalate to the Executive Director on call who is responsible for ensuring that the Caldicott Guardian is informed.

Performance

Performance against a set of agreed corporate standards shall be measured, monitored and acted upon and reported to the Quality and Safety Committees within the Clinical Boards and corporate services. Routine performance reports shall be reported at the HSMB and periodically provided to the IGSC for assurance purposes.

What are the Monitoring Arrangements? The UHB shall routinely monitor its performance for.

- Overall compliance – the SIRO
- Local compliance - Clinical Boards and corporate services
- Corporate arrangements - the IGSC
- Compliance by formal assessment–
 - Healthcare Standards Wales 19 and 20 or any future equivalent standard
 - Caldicott annual assessment
 - Internal Audits sponsored by the IGSC
 - Annual and specific audits by the Wales Audit Office
 - Any other audits or assessments directed by the Welsh Government

The UHB shall use the Information Governance Toolkit to inform it's controlled documents framework and move towards annual assessment against its requirements.

Scope

This procedure applies to all UHB staff in all locations including those with Honorary Contracts.

Equality Impact

An Equality Impact Assessment has been completed. The

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Assessment	assessment found that there was some impact on the equality groups mentioned in relation to communication. An action plan has been developed to address those areas.
Documents to read alongside this Procedure	All controlled documents that sit within the information governance policy framework i.e. the IG Policy and all associated policy statements and procedures and guidelines that refer to the areas stated in the commitment section in this procedure.
Approved by	People, Performance and Delivery Committee
Accountable Executive or Clinical Board Director	Medical Director
Author(s)	Head of Information Governance and Assurance
Disclaimer	
If the review date of this document has passed please ensure that the version you are using is the most to date either by contacting the document author or the Governance Directorate .	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	19/01/2016	17/05/2016	

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