

## INFORMATION GOVERNANCE POLICY

**Executive Sponsor & Function:**

Board Secretary

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**Approved by:**

Executive Team

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**Equality Impact Assessment Outcome:**

This policy has been screened for relevance to equality. No potential negative impact has been identified so a full equality impact assessment is not required.

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May 2022

**Version: v1**

## EXECUTIVE SUMMARY

### INFORMATION GOVERNANCE POLICY

<b>Overview:</b>	To provide a statement on the use and management of information within Health Education Improvement Wales (HEIW) and describe the arrangements for providing assurance that Information Governance (IG) standards are defined and met and IG incidents appropriately managed. It aligns with policies in relation to Information Security and Records Management
<b>Who is the policy intended for:</b>	Everyone working for or engaged by HEIW including part time workers, temporary and agency workers and those holding honorary contracts.
<b>Key Messages included within the policy:</b>	<p>The key objectives of the policy is to:</p> <ul style="list-style-type: none"> <li>• Advise staff of their responsibilities in relation to managing data quality and promoting the effective, appropriate and secure use of information during the course of their work.</li> <li>• Highlight the monitoring mechanisms in place to provide oversight of the policy.</li> </ul>
<p style="text-align: center;"><b>PLEASE NOTE THIS IS ONLY A SUMMARY OF THE POLICY AND SHOULD BE READ IN CONJUNCTION WITH THE FULL POLICY DOCUMENT</b></p>	

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## **1. Policy Statement**

It is the policy of HEIW to comply with the various applicable Information Governance (IG) obligations and best practice, including:

- legal obligations;
- protocols, guidelines, standards etc issued by the Department of Health (DH), Welsh Government (WG), professional bodies and other relevant agencies;
- contractual obligations and agreements reached with partner organisations; and
- our obligations relating to the Information Commissioners Office, and the following of best practice advice.

This Policy sets out the high level intent of HEIW.

## **2. Purpose**

HEIW recognises the vital contribution that reliable and accurate information makes to the information management relating to all individuals

The Information Governance Policy sets out the framework for ensuring that information is used effectively, efficiently, securely, responsibly and legally.

## **3. Scope of the Policy**

Information Governance is formed by those elements of law and policy from which applicable IG standards are derived. It encompasses legal requirements, central guidance and best practice in information handling including:

- The common law duty of confidentiality
- Data Protection Legislation
- Human Rights Act
- Information Security
- Information Quality

This policy covers the use and management of information in all formats, both paper based and electronically held, including the collection, processing, storage, communication and disposal of information.

The policy applies to everyone working for or engaged by HEIW including part time workers, temporary and agency workers and those holding honorary contracts.

## **4. Aims of the Information Governance Policy**

The HEIW Information Governance Policy is a high level statement of intent and aims to provide everyone working in HEIW with a framework in which all personal data is acquired, stored, processed and transferred in accordance with Data Protection Legislation, the Caldicott Principles, and associated Information Commissioners Office, Department of Health and Welsh Government guidance.

In order to implement the policy a series of Information Governance protocols, supported by procedures, standards, and guidelines will be established and maintained at departmental level to ensure that:

#### **4.1 Key Principles of the Policy**

The key principle of the policy is to provide a statement on the use and management of information within HEIW and describe the arrangements for providing assurance to the HEIW Board that Information Governance (IG) standards are defined and met and IG incidents appropriately managed.

### **5. Information Governance Management Framework**

This framework sets out the process, governance arrangements and policy framework for the delivery of safe and effective information governance within HEIW. Information Governance has four fundamental aims:

- to support the provision of high quality safe care by promoting the effective and appropriate use of information;
- to encourage responsible staff to work closely together, preventing duplication of effort and enabling more efficient use of resources;
- to develop support arrangements and provide staff/trainees with appropriate tools and support to enable them to discharge their responsibilities to consistently high standards; and
- to ensure that all information is properly managed in line with legislative requirements and to uphold the rights of the individual and the organisation.

This framework sets out how the HEIW will achieve these aims.

Information assets encompassed by this framework will be any identifiable and definable assets owned or contracted by the HEIW which are deemed 'valuable' to it including (but not limited to):

- personal and other information relating to the workforce and the organisation (in electronic and paper form);
- software;
- hardware; and
- system / process documentation.

This framework also covers all aspects of handling information, including (but not limited to):

- structured record systems – paper and electronic; and
- transmission of information – such as by fax, email, post, text and email.

HEIW has established an approach to information governance that ensures the organisation – from HEIW Board level down – has the ability to fully comply with its requirements in terms of data protection and confidentiality.

Critically, it is also essential to ensure that the Board and the senior management of the organisation can be assured of continued compliance, and in particular, changes in performance can be monitored and managed.

## **5.1 Principles**

Information Governance provides a framework for managing information about employees and rainness, with a particular emphasis on the processing of all personal and/or special categories of personal data.

Robust Information Governance requires clear and effective management and accountability structures, governance processes, documented policies and procedures, trained staff/trainees and adequate resources. As a set of principles:

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- there should be proactive use of information within the organisation, for service management as determined by law, statute and best practice
- there should be proactive use of information between HEIW, other NHS and partner organisations as determined by law, statute and best practice
- HEIW will establish and maintain policies and procedures.
- HEIW will follow a program of continual improvement to increase IG compliance in the HEIW year on year
- individual members of staff will be provided with the opportunity to attend training and awareness sessions to equip them to meet their individual responsibilities in relation to IG
- where appropriate the principles of information management and handling outlined in this policy are to be applied to personal data about HEIW staff as well as service users
- all new developments and changes to policies and procedures will be assessed to identify any impact of information handling and information quality
- HEIW will establish a privacy by design approach that promotes data protection compliance within the early adoption design and development stages of projects, processes, products and/or systems.

## **5.2 Records Management**

HEIW is committed to a systematic and planned approach to the management of records within the organisation, from their creation to their ultimate disposal. This commitment is demonstrated within HEIW Records Management Policy. This will ensure that the HEIW can control the quality and quantity of the information that it generates, can maintain that information in an effective manner, and can dispose of the information efficiently when it is no longer required and outside the retention period.

HEIW will present a Records Management Policy that provides a basis on how specific types of information should be retained and disposed. It is also the responsibility of the respective areas of HEIW to ensure that robust procedures are in place to make sure all staff/trainees are aware of their responsibilities at the appropriate level.

Administrative systems contain vital records on which service users, trainees, staff and service provision depend. HEIW will ensure that staff/trainees are fully aware of their responsibilities in maintaining and improving the quality of data used within e HEIW and that which contributes to the collation of all Wales datasets. Staff/trainees should also be fully aware of the measures that are necessary to comply with current Information Governance best practice.

### **5.2.1 Development of Electronic Records**

HEIW recognises the development of an electronic record as key in continuing with the organisations drive to increase the quality, accessibility and accountability of the services it provides to its entire staff/trainees.

Ever changing pace within the NHS and political and economic landscapes of recent times will have significant and ongoing effects; however HEIW and all its associated areas must ensure that the development of any electronic record appropriate access and confidentiality requirements are maintained.

### **5.3 Information Security**

HEIW will maintain the appropriate availability and security of its information and information services, and manage the risks from internal and external threats.

HEIW will promote good security practice and awareness. All employees will use NHS Wales's computers and respective HEIW networks responsibly and will comply with the HEIW Information Security policy together with any relevant directions and guidance produced by associated areas of the HEIW.

Encryption should be used as extensively as possible within the HEIW in order to minimize the impact of unauthorised access and inappropriate disclosure of personal data.

HEIW will commit to complying with the relevant industry standards and guidance in relation to a strong encryption strategy. It is also the responsibility of each area

of HEIW to ensure that all services have sufficient encryption strategies in place and to evaluate the risk attached to each process within the service.

#### **5.4 Confidentiality and Sharing of Information**

HEIW has adopted the NHS Confidentiality Code of Practice. This is required practice for all HEIW staff/trainees, contractors and partner organisations that have access to, disclose and share any NHS Wales information. Appropriate information will be shared safely with other NHS and partner organisations in the interests of service management.

#### **5.5 Service Level Agreements and Information Sharing Protocols**

Key responsibilities for Information Governance will be included in service level agreements and Information Sharing Protocols (ISP's) between the respective directorates of the HEIW, hosted organisations, departments, partner organisations, and external providers.

The Wales Accord for the Sharing of Personal Information (WASPI) is a framework under which information sharing protocols are formed where a regular sharing of personal data is to take place. The HEIW has 'signed up' to use this framework and therefore in all instances of regular information sharing an Information Sharing Protocol must be adopted using the WASPI model.

#### **5.6 Training and Awareness**

HEIW will ensure that all employees have the appropriate levels of awareness and training to comply with the Information Governance policy. All new staff/trainees will attend training in Information Governance as part of their induction or as soon after the new member of staff has been placed within his/her designated position. This training will be delivered in various ways (group sessions, self-learning via Intranet, etc).

#### **5.7 Openness**

HEIW recognises the need for an appropriate balance between openness and confidentiality in the management and use of information.

Information will be defined and where appropriate kept confidential, underpinning the principles of Caldicott and the regulations outlined in Data Protection Legislation and the Freedom of Information Act 2000.

Non-confidential information on HEIW and its services will be available to the public through a variety of means including the procedures established to meet requirements in the Freedom of Information Act 2000. HEIW will follow established procedures to deal with queries from the public and will have clear procedures via appropriate department for liaison with the press and broadcasting media.



## 6. Responsibilities

HEIW has the responsibility to ensure that all staff/trainees including contractors, and individuals on temporary placements are aware of the requirements incumbent upon them.

### 7.1 Managerial Accountability and Responsibility

The **Chief Executive** of HEIW has overall responsibility for ensuring compliance with applicable legislation and regulation

The **SIRO** shall represent and undertake any relevant tasks to ensure the organisation remains informed, advised and monitored on its compliance with Data Protection Legislation obligations.

**Directors** within HEIW are responsible for ensuring that the policy is implemented within their individual teams.

**Everyone** working for or engaged by Health Education and Improvement Wales (HEIW) including part time workers, temporary and agency workers and those holding honorary contracts operating under the auspices of the HEIW are required to comply with this Policy in their day to day working practice.

Non-compliance with the Information Governance policy and associated protocols/procedures will be taken seriously by the HEIW and may result in disciplinary and/or legal action.

## 7. Data Protection Impact Assessment

Also known as a Privacy Impact Assessment (PIA), the objective of a PIA is to ensure all new projects, processes and systems comply with confidentiality, privacy and data protection requirements. The purpose of the PIA is to highlight to the organisation any associated privacy risks.

A PIA is a structured assessment of the potential impact on privacy for new or significantly changed processes. The PIA should form part of the overall risk assessment of any process or project and should be undertaken at the start of a project, before new processes or systems are introduced.

HEIW is fully committed in complying with relevant industry standards and NHS guidance in relation to carrying out PIA's and recommends that each directorate takes responsibility in developing an appropriate process to ensure a PIA can be undertaken at the start of a project, and before new processes or systems are introduced.

It is recommended that the ICO Code of Practice on Conducting Privacy Impact Assessments is referred to for guidance. It is available using the following link: <https://ico.org.uk/media/about-the-ico/consultations/2052/draft-conducting-privacyimpact-assessments-code-of-practice.pdf>

## **8. Available Guidance**

Guidance on the procedures necessary to comply with this policy should be made available from the respective directorates of the HEIW or on its web pages. Managers will be responsible for ensuring that all their staff/trainees are made aware of HEIW policies and standards.

Links to the Information Commissioner's Office (ICO) [website](#) also provide a valuable source of information.

## **9. Monitoring**

Compliance with this policy will be monitored by the Information Governance department within HEIW. The policy will be reviewed every 3 years, unless where it will be affected by major internal or external changes such as:

- Legislation;
- Practice change or change in system/technology; or
- Changing methodology.

## **10. Equality**

In accordance with HEIW's Equality policy, this policy will not discriminate, either directly or indirectly, on the grounds of gender, race, colour, ethnic or national origin, sexual orientation, marital status, religion or belief, age, union membership, disability, carers status, offending background or any other personal characteristic.

## **11. Contacts**

For further advice and/or assistance on how to ensure individual and directorate compliance with this policy, please contact HEIW's Information Governance Manager.

## **12. Further Information**

This policy should be read in conjunction with the following HEIW policies:

- Data Protection & Confidentiality Policy
- Records Management Policy
- Freedom of Information Act Policy
- Confidentiality Breach Reporting policy
- Data Quality Policy

- Information Security Policy
- Photography, Video & Audio Recordings of Service Users Policy
- Email Policy
- Internet Use Policy
- Social Media Policy

Additional Information/Guidelines:

- Information Commissioners Office - <https://ico.org.uk/>
- NHS Wales Leaflet - [Your Information Your Rights - What you need to know](#)