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INFORMATION GOVERNANCE

NGH-PO-233

Ratified By:	Procedural Document Group
Date Ratified:	February 2015
Version No:	4
Supercedes Document No:	N/A
Previous Versions Ratified by:	Procedural Document Group
Next Review Date:	February 2018
Responsibility for Review:	Information Governance Manager
Contributors:	Information Governance Manager

POLICY

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Version Control Summary

Version	Date	Author	Status	Comment
1.0	January 2008	Data Protection & Confidentiality Manager	Final	
2.0	January 2009	Data Protection & Confidentiality Manager	Final	Policy annual review
2.1	January 2014	Information Governance Manager	Draft	Revised and transferred to new trust policy template
2.2	March 2014	Information Governance Manager	Draft	Additions based on comments from the policy consultation process
3	March 2014	Information Governance Manager	Ratified	
3.1	January 2015	Information Governance Manager	Draft	Reviewed and addition of the IG Management Framework (Appendix A)
4	March 2015	Information Governance Manager	Ratified	

SUMMARY

This policy, supported by a series of policies and procedures, management accountability and structures, provides a robust Information Governance (IG) framework for information management including of non-clinical documentation. All of the other policies which fall into the various areas of IG are Data Protection, Confidentiality, Information Security, Freedom of Information, Records Management are traceable up to the IG Policy.

This overarching policy provides a framework to bring together all of the requirements, standards and best practice that apply to the handling of information allowing:

- Implementation of central advice and guidance
- Compliance with the law
- Year on year improvement plans
- Self-assessment audits and assurance processes to measure and report performance
- Public assurance and confidence in the Trust's management of personal data

1. INTRODUCTION

The Information Governance Policy sets out Northampton General Hospital NHS Trust's (the Trust) approach for the governance of information within the organisation particularly personal and/or sensitive information such as patient and staff data. It also enables the Trust to ensure that all confidential information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care to our patients.

Information is a vital asset and plays a key part in clinical governance, corporate governance, and 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.

The Trust recognises the need for an appropriate balance between openness and confidentiality in the management and use of information, thus ensuring we can account for our actions as a Public Authority by routinely making certain information available to the public whilst equally preserving the confidentiality of personal information about individuals, and commercially sensitive information. The Trust also recognises the need to share identifiable personal information with other health organisations and agencies in a controlled manner consistent with the interests of the individual and, in some circumstances, in 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 staff members to ensure and promote the quality of information as this is often used in decision making processes.

2. PURPOSE

This policy has been written to include all information necessary to form the Trust's Information Governance Management Framework (Appendix 1) as detailed in the Department of Health Information Governance Toolkit Requirement 101.

This policy sets out the high level policy framework and principles adopted by the Trust to govern the appropriate use of information, i.e. Information Governance within the environments it delivers its services.

It is to ensure that:

- Compliance with legal and regulatory frameworks will be achieved, monitored and maintained.
- Information will be classified and where appropriate, kept confidential (entrusted to those with a justified "need to know")
- Integrity of information will be developed, monitored and maintained to ensure that it is of sufficient quality for use within the purpose it was collected.
- Availability of information for operational purposes will be maintained within set parameters relating to its importance via appropriate procedures and computer system reliance

- Awareness and understanding of all staff, with regard to their responsibilities, will be routinely assessed and appropriate education and awareness provided.
- Accurate, timely and relevant information supports the delivery 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.
- Risk assessment in conjunction with overall priority planning will be undertaken to determine appropriate, effective and affordable governance controls are in place.

3. SCOPE

This policy applies to all employees that have a contract of employment with Northampton General Hospital (either as an individual or through a third party supplier). Includes students, bank staff and agency staff.
This policy covers all aspects of information within the Trust, including, but not limited to:

- Patient/employee/Trust corporate information
- Health Records information
- Human Resources information
- Organisational information
- Training information
- Research, audit and reporting information

This Policy covers all aspects of information processing, including, but not limited to:

- Structured documentation & record systems – paper and electronic
- Unstructured documentation & record systems – paper and electronic
- Transmission of information – fax, e-mail, post and telephone
- All information systems owned, developed, leased or managed by/or on behalf of, the Trust and any individuals directly employed by the Trust.

4. COMPLIANCE STATEMENTS

Equality & Diversity
This policy has been designed to support the Trust's effort to promote Equality and Human Rights in the work place and has been assessed for any adverse impact using the Trust's Equality Impact assessment tool as required by the Trust's Equality and Human Rights Strategy. It is considered to be compliant with equality legislation and to uphold the implementation of Equality and Human Rights in practice.
NHS Constitution
The contents of this document incorporates the NHS Constitution and sets out the rights, to which, where applicable, patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with the responsibilities which, where applicable, public, patients and staff owe to one another. The foundation of this document is based on the Principals and Values of the NHS along with the Vision and Values of Northampton General Hospital NHS Trust.

5. DEFINITIONS

Third Party	Any person, agency/ organisation authorised by the data controller to process data for a specified purpose on their behalf
NGH	Northampton General Hospital NHS Trust
Data Subject	The person to whom identifiable information relates
IGLB	Information Governance Leads Board
CQEG	Clinical Quality Effectiveness Group
LSCB	Local Safeguarding Childrens Board
Data Controller	The Trust is the Data Controller for the purpose of the Data Protection Act 1998. As Data Controller the Trust must: • Maintain an up-to-date notification (registration) with the Information Commissioner's Office which detail how the Trust will process varying categories of personal data • Ensure compliance with principles of the Data Protection Act 1998 • Ensure the development of relevant data protection practices are instigated within the Trust • Ensure that advice is readily available to staff on data protection issues • Ensure that breaches of the Act are investigated, reported as necessary and that learning outcomes are initiated across the Trust.

6. ROLES & RESPONSIBILITIES

ROLE	RESPONSIBILITY
Chief Executive and the Trust Board	Chief Executive and Trust Board have ultimate accountability for actions and inactions in relation to this policy
Senior Information Risk Officer (SIRO)	It is the responsibility of the SIRO to take forward the Trust's information risk agenda and act as advocate for information risk at board level. The SIRO is the Director for Strategy and Partnerships
Caldicott Guardian	The Caldicott Guardian has responsibility for ensuring that there are adequate standards for protecting patient information and that all data transfers are undertaken in accordance with safe haven guidelines and the Caldicott principles. Caldicott Guardian is the Medical Director

<table>
<tr><td>Information Governance Manager</td><td>The Information Governance Manager is responsible for the completion of the annual Department of Health Information Governance Toolkit self-assessment.

The IG Manager supports the Caldicott Guardian and the SIRO to ensure the Trust meets the highest standards for appropriate governance of information in accordance with the Health and Social Care Information Standards and Care Quality Commission regulations.

The IG Manager is responsible for overseeing day to day issues regarding confidentiality, information security and records management.

The IG Manager will provide mandatory staff training at induction and during employment.</td></tr>
<tr><td>Line Managers</td><td>Line Managers will take responsibility for ensuring their staff who have a contract of employment with NGH are aware of:
Information Governance policies applicable in their work areas.
Understand their Personal responsibilities for information governance.
How to access advice on information governance matters.
Ensure that their staff complete the Trust's annual mandatory IG training.
Ensuring that the Policy and its supporting standards and guidelines are built into local processes and that there is on-going compliance.</td></tr>
<tr><td>All Trust Employees</td><td>All staff have a personal responsibility for recorded information that they create or that they have some impact upon, whether clinical or corporate, and for adhering to the Trust's suite of Information Governance policy's principles and procedures to help maintain the availability, effectiveness, security and confidentiality of documentation and recorded information.

Every member of staff is responsible for ensuring that they comply with this policy at all times, and for reporting any breaches through the appropriate incident reporting system (i.e. Datix).
Have a responsibility to:
Support the Trust to achieve its Vision and Values
Follow duties and expectations of staff as detailed in the NHS Constitution – Staff Responsibilities</td></tr>
</table>

7. SUBSTANTIVE CONTENT

There are 4 key interlinked strands to the IG Policy:

- Openness
- Legal Compliance
- Information Security
- Information Quality Assurance

7.1. Openness

Non-confidential information of the Trust and its services should be made routinely available to the public in accordance with the Freedom of Information Act 2000.
The Trust's Freedom of Information Policy (NGH-PO-096) is the record, which guides staff members in the process of making non-confidential information available to members of the public via the Trust's Publication Scheme and individual requests received. This policy also guides staff members on what Freedom of Information requests are and how they should be dealt with within the organisation.

The Trust will undertake assessments and audits of its policies and arrangements for openness

Patients will have ready access to information relating to their own health care, their options for treatment and their rights as patients

Procedures and arrangements for handling queries from patients and the public will be managed by Patient Advise and Liaison Services (PALS)

7.2. Legal Compliance

The Trust regards all personal data about individuals and commercially sensitive data as confidential. Confidential data must be processed in accordance with the Human Rights Act 1998, Data Protection Act 1998 and the Common Law Duty of Confidentiality.

The Trust will regard 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 common-law confidentiality. The Data Protection and Confidentiality Policy (NGH-PO-334) is the record which guides staff members in the legal framework that the organisation must comply with when processing confidential information.

The Trust will establish and maintain policies for the controlled and appropriate sharing of patient and staff information with other agencies, taking account of relevant legislation (e, g. Health & Social Care Act, Crime and Disorder Act, Children Act 1989 and 2004).
Sharing of information for the safeguarding of children; under Section 11 of the Children Act 2004 key people and bodies have the duty to make arrangements which ensure their functions are discharged with regard to the need to safeguard and promote the welfare of children. This extends to the member agencies of the LSCB and the services they commission. Information sharing is fundamental for complying with this statutory regulation.
Where staff are concerned about sharing patient information relating to a safeguarding concern they can contact the safeguarding children team for advice.

7.3. Information Security

Information Security is fundamental to the operation of the Trust due to the confidential data it processes and the reliance on information systems to process and transmit data to the organisation's stakeholders. A risk based approach to information security is adopted by the Trust in line with the requirements laid down by BS ISO/IEC 27001:2013, the British Standard for Information Security Management.

The Trust's Information Security Policy (NGH-PO-11) is the record which guides staff members in the information security policy framework. Responsibility for the implementation of this policy lies with the Information Governance Manager and the IT Service Delivery Manager

7.3.1. Incident Management

The Information Security Policy and Information Incident Management Procedures (NGH-PT-575) describe Incident Management and Reporting in particular:

- Breaches must be reported and managed in line with the Trust's Adverse Incident Management Policy and related procedures.
- All staff must raise information security concerns with the appropriate manager such as the Head of department, the Information Governance Manager and the IT Service Delivery Manager
- Breach of data protection, confidentiality or information security rules; including misuse of or failure to safeguard confidential information and / or patient data is regarded by the Trust as gross misconduct and may be deemed as a disciplinary offence in accordance with the Trust Disciplinary Policy (NGH-PO-028)

7.4. Information Quality Assurance

All staff members are expected to take ownership of, and seek to improve, the quality of information used within their business area. Wherever possible, information should be accurate and up-to-date, free from duplication and quality 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 data and information quality and effective records management through policies, procedures/user manuals and training

The Corporate Documentation Management (Information Lifecycle [NGH-PO-123]), Health Records Management (NGH-PO-058) are the records which define our Records Management (RM) policy and guides staff members in the process of how to manage records during their lifecycle from initial creation, filing, tracking, retention, storage and disposal of records, in a way that is administratively and legally sound.

The Data Quality Strategy (NGH-SY-798) establishes a framework in which the quality of the Trust's data can be effectively managed and monitored

8. IMPLEMENTATION & TRAINING

To help to ensure effective implementation of this policy, the Trust's Training Needs Analysis (TNA) should be followed. Information Governance training shall be undertaken annually by all staff and included in the staff induction process.

9. MONITORING & REVIEW

Progress in all aspects of Information Governance will be measured by annual self-assessment with the Information Governance Toolkit. This policy links to the following standards within The Health and Social Care Information Governance Toolkit:

- "Requirement 101. There is an adequate Information Governance Management Framework to support the current and evolving Information Governance Agenda."
- "Requirement 105. There are approved and comprehensive Information Governance Policies with associated strategies and/or improvement plans."

Minimum policy requirement to be monitored	Process for monitoring	Responsible individual/ group/ committee	Frequency of monitoring	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for development of action plan	Responsible individual/ group/ committee for monitoring of action plan
Progress in all aspects of Information Governance	Self-assessment of Information Governance Toolkit.	IG Manager	Bi-Annually	IG Manager/ Learning and Development	IG Manager/ Learning and Development	CQEG
IG Training Assessments	Training courses completed, pass mark and certification as proof of successful completion.	IG Manager/ Learning and Development	Annually	IG Manager/ Learning and Development	IG Manager/ Learning and Development	IGLB

10. REFERENCES & ASSOCIATED DOCUMENTATION

British Standards Institute (2013) BS ISO/IEC 27001:2013 *Information technology. Security techniques. Information security management systems. Requirements*. Milton Keynes: BSI

Children Act 2004 (c.31) London: HMSO

Computer Misuse Act 1990. (c.18). [online] London: HMSO. Available from http://www.legislation.gov.uk/ukpga/1990/18/contents [Accessed 25 March 2014]

Crime and Disorder Act 1998 (c.37). [online]. London: HMSO. Available from: http://www.legislation.gov.uk/ukpga/1998/37/introduction [Accessed 12th February 2014]

Data Protection Act 1998 (c.29) [online] London, HMSO. Available from: http://www.legislation.gov.uk/ukpga/1998/29 [Accessed 15 January 2014]

Department of Health (2013). *NHS Constitution: the NHS belongs to us all*. [online]. London. Department of Health. Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170656/NHS_Constitution.pdf [Accessed 1 June 2013]

Department of Health (2009) *Records Management: NHS Code of Practice: Part 2*. 2nd ed. [online]. London: DH. Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200139/Records_Management_-_NHS_Code_of_Practice_Part_2_second_edition.pdf [Accessed 15 January 2014]

Department of Health (2006) *Records Management: NHS Code of Practice: Part 1*. [online]. London: DH. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/200138/Records_Management_-_NHS_Code_of_Practice_Part_1.pdf [Accessed 17th February 2014]

Department of Health (n.d) *Information Governance Toolkit: Homepage*. [online]. Available from: https://nww.igt.hscic.gov.uk/ [Accessed 17th February 2014]

Department of Health, Social Services and Public Safety (2013) *The Common Law Duty of Confidentiality*. [online]. Available from: http://www.dhsspsni.gov.uk/gmgr-annexe-c8 [Accessed 17th February 2014].

Freedom of Information Act 2000 (c.36) [online] London. HMSO. Available from: http://www.legislation.gov.uk/ukpga/2000/36/contents [Accessed 15 January 2014]

Health and Safety at Work etc. Act 1974. (c.37). [online] London: HMSO. Available from http://www.legislation.gov.uk/ukpga/1974/37 [Accessed 25 March 2014]

Health and Social Care Act 2012 (c.7). London: HMSO. Available from: http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted [Accessed 12th February 2015]

Human Rights Act 1998. (c.42). [online] London: HMSO. Available from http://www.legislation.gov.uk/ukpga/1998/42/contents [Accessed 25 March 2014]

Northampton General Hospital NHS Trust (2015) *Data protection and confidentiality.* NGH-PO-334. Northampton: NGHT

Northampton General Hospital NHS Trust (2013) *Data quality strategy, information & data quality department.* NGH-SY-798. Northampton: NGHT

Northampton General Hospital NHS Trust (2013) *Equality and human rights strategy 2013-16.* NGH-SY-814. Northampton: NGHT

Northampton General Hospital NHS Trust (2014) *Information incident management procedures.* NGH-PT-575. Northampton: NGHT

Northampton General Hospital NHS Trust (2014) *Information lifecycle policy: records management.* NGH-PO-123. Northampton: NGHT

Northampton General Hospital NHS Trust (2014) *Information security policy.* NGH-PO-11. Northampton: NGHT

Northampton General Hospital NHS Trust (2014) *Freedom of Information Act 2000: policy and procedure.* NGH-PO-096. Northampton: NGHT

Northampton General Hospital NHS Trust (2014) *Health records management.* NGH-PO-058. Northampton: NGHT

Northampton General Hospital NHS Trust (2014) *Disciplinary.* NGH-PO-028. Northampton: NGHT

Northampton General Hospital NHS Trust (2014) *Transmission of confidential information (Safe Haven).* NGH-PO-066. Northampton: NGHT

Northampton General Hospital NHS Trust (2012) *Safeguarding children.* NGH-PO-243. Northampton: NGHT

11. APPENDICES

Appendix 1: INFORMATION GOVERNANCE MANAGEMENT FRAMEWORK

INFORMATION GOVERNANCE MANAGEMENT FRAMEWORK		
Heading	**Requirement**	**Notes**
IG Management Roles	• Senior Information Risk Owner (SIRO): Director of Strategy and Partnerships • Caldicott Guardian: NGH Medical Director • Head of Information and Data Quality • Information Governance Manager	The SIRO takes ownership of Trust's IG agenda, information risk and security management, acting as an advocate for information risk on the Board and provides written advice to the Accounting Officer on the content of the Statement on Internal Control in regard to information risk. The Caldicott Guardian has responsibility for ensuring that there are adequate standards for protecting patient information and that all data transfers are undertaken in accordance with safe haven guidelines and the Caldicott principles
Key Policies	• NGH Overarching IG Policy • Data Protection and Confidentiality Policy • Information Security Policy • Information Lifecycle Management Policy • Freedom of Information Policy • Transmission of Confidential Information (Safe Haven) Policy • Electronic mail and Internet (including Social networking) policy • Information Governance Incident management protocols	These policies set out scope and intent of the Trust's IG Agenda. The over-arching IG policy references the three supporting confidentiality, security and records management policies. These policies are reviewed annually to reflect changes to laws and national guidelines. They go through consultation and policy ratification process before final approval by the Procedural Documents Group (PDG)
Key Governance Bodies	• IG Leads Programme Board • Integrated Governance Group • Risk Management group. • Clinical Quality and Effectiveness Group (CQEG) • The Executive Members Group	These groups have joint responsibility for oversight of the IG agenda.

INFORMATION GOVERNANCE MANAGEMENT FRAMEWORK		
Heading	**Requirement**	**Notes**
Resources	• IT Service Delivery Manager • ICT Service Development Manager • Information & Data Quality Manager • Clinical Audit Manager • Clinical Coding Manager • Head Of Cancer And Medical Records • Learning & Development Manager • ICT Development Team Leader	NGH key staff involved in the IG agenda have been identified with a description of their roles and responsibilities have been appropriately noted. Any dedicated budgets and high level plans for expenditure in-year will be identified and reported via the IG Leads Programme Board, this including outsourcing to external resources or contractors.
Governance Framework	• This specifies how responsibility and accountability for IG is cascaded through the organisation.	Confidentiality clauses in staff contracts, staff sign the NHS Code of Practice document, staff sign compliance undertakings for Information Security and the Use of NGH Internet and Email. Contracts and Information Sharing Agreements with third parties, Information Asset Owner arrangements, Departmental leads on aspects of IG.
Training & Guidance	• Staff Code of Conduct • Training for all staff • Organisation Security Policy • Training for specialist IG roles	All Staff get IG training on Induction with an annual mandatory training programme available via e-learning, the IG workbook and Classroom sessions where their knowledge is assessed. IG has a dedicated page on the staff intranet with guidance documents and a host of NGH policies and external links for their reference. Staff know the consequences of failing to follow policies and procedures. Additional IG training needs for staff in specific roles or with special IG responsibilities is provided and refreshed annually.

INFORMATION GOVERNANCE MANAGEMENT FRAMEWORK		
Heading	**Requirement**	**Notes**
Incident Management	• Incident management procedures and protocols	The Trust has clear guidance on incident management and procedures in place on how incidents should be handled. Staff are fully aware of all incident policies where to find them and how to implement them.

FORM 1a- RATIFICATION FORM - FOR COMPLETION BY DOCUMENT LEAD Note: Delegated ratification groups may use alternative ratification documents approved by the procedural document groups.	
DOCUMENT DETAILS	
Document Name:	Information Governance Policy
Is the document new?	No
If yes a new number will be allocated by Governance	N/A
If No - quote old Document Reference Number	NGH-PO-233
This Version Number:	**Version: 4**
Date originally ratified:	
Date reviewed:	February 2015
Date of next review: a 3 year date will be given unless you specify different	**February 2018 (3 Years)**
If a Policy has the document been Equality & Diversity Impact Assessed? (please attach the electronic copy)	Yes
DETAILS OF NOMINATED LEAD	
Full Name:	Kehinde Okesola
Job Title:	Information Governance Manager
Directorate:	Strategy and Partnerships
Email Address:	Kehinde.okesola@ngh.nhs.uk
Ext No:	3881
DOCUMENT IDENTIFICATION	
Keywords: **please give up to 10** – to assist a search on intranet	information security, confidentiality, information, personal information, quality assurance, FOI, Legal Compliance

GROUPS WHO THIS DOCUMENT WILL AFFECT? **(please highlight the Directorates below who will need to take note of this updated / new Document)**		
Anaesthetics & Critical Care	General Medicine & Emergency Care	Medical Physics
Child Health	Gynaecology	Nursing & Patient Services
Corporate Affairs	Haematology & Oncology	Obstetrics
Diagnostics	Head & Neck	Ophthalmology
Estates & Facilities	Human Resources	Planning & Development
Finance	Infection Control	Trauma & Orthopaedics
General Surgery	Information Governance	Trust Wide

TO BE DISSEMINATED TO: NB – **if Trust wide document it should be electronically disseminated to Head Nurses/ Dm's and CD's .List below all additional ways you as document lead intend to implement this policy such as; as presentations at groups, forums, meetings, workshops, The Point, Insight, newsletters, training etc below:**		
Where	When	Who
Training	Mandatory Training and Induction	All staff
Presentations	As and when scheduled	Target staff groups

FORM 2 - RATIFICATION FORM to be completed by the document lead **Please Note:** Document will not be uploaded onto the intranet without completion of this form			
CONSULTATION PROCESS *NB: You MUST request and record a response from those you consult, even if their response requires no changes. Consider* Relevant staff groups that the document affects/ will be used by, Directorate Managers, Head of Department ,CDs, Head Nurses , NGH library regarding References made, Staff Side (Unions), HR Others please specify			
Name, Committee or Group Consulted	Date Policy Sent for Consultation	Amendments requested?	Amendments Made - Comments
Julie Quincey - Safeguarding Children	21 January 2015	I felt it necessary to put some definition into when to share information for safeguarding purposes, please see my addition it would be also good to link your policy to the safeguarding children policy.	Accepted Safeguarding children policy added to references.
Elizabeth Tee- Oncology	21 January 2015	None	
Julie Wilson – R&D	21 January 2015	None	
Fiona Barnes - Patient & Nursing Services	21 January 2015	None	

Existing document only - FOR COMPLETION BY DOCUMENT LEAD		
Have there been any significant changes to this document? *if no you do not need to complete a consultation process*		YES / NO
Sections Amended:	YES / NO	**Specific area amended within this section**
Re-formatted into current Trust format	YES / NO	
Summary/ Introduction/Purpose	YES / NO	
Scope	YES / NO	
Definitions	YES / NO	
Roles and responsibilities	YES / NO	
Substantive content	YES / NO	**Sharing of information for safeguarding purposes**
Monitoring	YES / NO	
Refs & Assoc Docs	YES / NO	**Addition of the safeguarding children policy**
Appendices	YES / NO	**Addition of the IG management framework**

INFORMATION GOVERNANCE
#NGH-PO-233

Area of Work
Governance

Person Responsible
Jessica Busuttil

Created
26th March, 2014

Last Review
26th March, 2014

Status
Complete

Next Review
28th February, 2018

Screening Data

Name, job title, department and telephone number of the person completing this Equality Impact Assessment

Sue Cross on behalf of Kehinde Okesola
Information Governance Manager
Strategy and Partnerships
Kehinde.okesola@ngh.nhs.uk
3881

What is the title and number of this policy/procedure/guideline?

INFORMATION GOVERNANCE POLICY
NGH-PO-233

What are the main aims, objectives or purpose of this policy/procedure/guideline?

Who is intended to benefit from this policy/procedure/guideline?

This policy sets out the high level policy framework and principles adopted by the
Trust to govern the appropriate use of information, i.e. Information Governance within the environments it delivers its services.

Is this a Trustwide, Directorate only or Department only policy/procedure/guideline?

Trustwide

Who is responsible for the implementation of the policy/procedure/guideline?

This policy applies to all Northampton General Hospital staff members, employees that have a contract of employment with Northampton General Hospital.whether permanent, temporary or contracted in Â (either as an individual or through a third party supplier). Â Include students, bank staff and agency staff
Policy covers all aspects of information within the Trust, including, but not limited to:
â€¢ Patient/employee/Trust corporate information
â€¢ Health Records information
â€¢ Human Resources information
â€¢ Organisational information
â€¢ Training information

â€¢ Research, audit and reporting information

Recommend this EA for Full Analysis?

No

Comments

This policy is relevant to all

Rate this EA

Low

Organisation Sign-off Data

If the policy is implemented what is the potential risk of it having an adverse effect on equality?

Low Risk - probably will not have an adverse effect on equality

If the policy is implemented what is the potential of it having a positive effect on equality and relations?

Low Potential - probably will not promote equality or good relations

If the potential for risk or positive effect occurred what would be the potential number of people it effected?

A low number of people would be affected

Based on the answers to questions 1 - 3 will this policy promote equality and diversity?

Yes

n/a

Do you have any additional comments or observations about the policy?

This policy is relevant to all and has no impact

How will the results of the Equality Impact Assessment will be published?

With the policy under procedural documents within the street.

Have you completed any Action Boxes with recommended actions or changes for completion?

No

If 'Yes' please print off an action plan report along with a copy of the Equality Impact Assessment report to the policy/procedure/guidelines owner, and record below who it has been sent to

Governance Department for uploading

If 'No' please print off a copy of the Equality Impact Assessment report to the policy/procedure/guidelines owner, and record below who it has been sent to

n/a

Please give details of the monitoring arrangements

see section 8 of the policy

Comments

â€¢ This policy is relevant to all and has no impact

Next Review Date

2018-02-28

Outstanding Actions

No outstanding actions

Northampton General Hospital NHS
NHS Trust

FORM 3- RATIFICATION FORM (FOR PROCEDURAL DOCUMENTS GROUP USE ONLY) **Read in conjunction with FORM 2**			
Document Name:	**Information Governance**	**Document No:**	**NGH-PO-233**
Overall Comments from PDG			
	YES / NO / NA	**Recommendations**	**Recommendations completed**
Consultation Do you feel that a reasonable attempt has been made to ensure relevant expertise has been used?	**YES / NO / NA**		
Title -Is the title clear and unambiguous?	**YES / NO / NA**	Remove sentence from front cover, shouldn't be there	Completed
Is it clear whether the document is a strategy, policy, protocol, guideline or standard?	**YES / NO / NA**		
Summary Is it brief and to the point?	**YES / NO / NA**		
Introduction Is it brief and to the point?	**YES / NO / NA**	Moved last paragraph to purpose	Completed
Purpose Is the purpose for the development of the document clearly stated?	**YES / NO / NA**	Delete last paragraph	Completed
Scope -Is the target audience clear and unambiguous?	**YES / NO / NA**		
Compliance statements – Is it the latest version?	**YES / NO / NA**		
Definitions –is it clear what definitions have been used in the	**YES / NO / NA**	LSCB has been defined	Completed
Roles & Responsibilities Do the individuals listed understand about their role in managing and implementing the policy?	**YES / NO / NA**		
Substantive Content is the Information presented clear/concise and sufficient?	**YES / NO / NA**	Move section 7.5 to monitoring and review section	Completed
Implementation & Training – is it clear how this will procedural document will be implemented and what training is required?	**YES / NO / NA**		
Monitoring & Review (policy only) -Are you satisfied that the information given will in fact monitor compliance with the policy?	**YES / NO / NA**		
References & Associated Documentation / Appendices- are these up to date and in Harvard Format? Does the information provide provide a clear evidence base?	**YES / NO / NA**	Appendix – You cannot include future dates so the group felt it best to remove dates. The library have provided updated references	Completed Completed
Are the keywords relevant	**YES / NO / NA**		

Name of Ratification Group: **Procedural Document Group**	**Ratified** **Ratified subject to minor amendments and chair approval**	**Date of Meeting:** **19/2/2015**
	Chair approved	**02/03/2015**