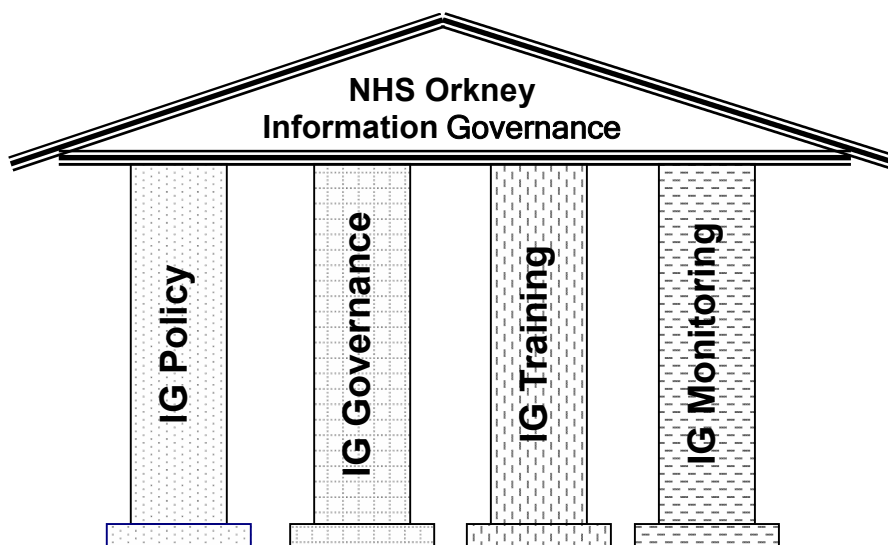


INFORMATION GOVERNANCE STRATEGY



The 4 pillars of NHS Orkney Information Governance (IG)

Finalised	:
Adopted by NHS Orkney Board	:
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INFORMATION GOVERNANCE STRATEGY

1. Introduction

- 1.1** The NHS Orkney has a statutory responsibility to patients, public, and NHS staff to ensure that it has effective processes, policies and people in place to deliver its objectives in relation to holding and processing of information in a confidential, reliable and available manner.
- 1.2** The objectives in relation to processing information are collected in so called Information Governance which currently encompasses the following initiatives or work areas:
- Data Protection Act 1998
 - Freedom of Information Act 2000
 - The Confidentiality Code of Practice
 - Information Security Management – ISO 27001
 - Records Management: NHS Code of Practice, March 2006
 - Caldicott Guardian principles
 - Information Governance Management (IG Toolkit)
- Others may be included as Information Governance develops.
- 1.3** Information Governance (IG) is a framework for handling information in a confidential and secure manner to appropriate ethical and quality standards.
- 1.4** Performance of organisations relates to a number of core standards in the developing 'Standards for Better Health' from the Healthcare Commission from 2006. Compliance to Information Governance is one of the core standards.
- 1.5** This Strategy sets out the approach for the NHS Orkney to provide a robust Information Governance framework for the management of information.
- 1.6** This Strategy cannot be seen in isolation as holding and processing of information plays a key part in corporate governance, strategic risk, clinical governance, service planning, performance and business management. Information Governance compliance therefore should be reflected in their respective strategies.

2. IG Framework

The four key components underpinning the NHS Orkney IG strategy are:

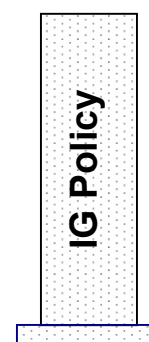
1. **IG Policy**, endorsed by the NHS Orkney Board, outlining the objectives for information governance.
2. **IG Governance**¹, consisting of the Quality and Improvement Committee and the NHS Orkney IG Lead (the Medical Director) to ensure that effective reporting structures exist for IG risks and responsibilities are allocated to control these risks.

¹ IG Governance intends to describe how the subject of Information Governance is governed within NHS Orkney.

3. **IG Training** to ensure that awareness is created across all NHS Orkney staff and specialist training is provided to the departmental heads.
4. **IG Monitoring** to ensure continuous NHS Orkney compliance with IG Policy and IG standards.

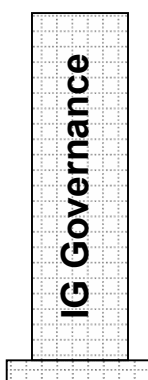
2.1 IG Policy

- The NHS Orkney IG Policy, once endorsed by the NHS Orkney Board, is the basis for the objectives to be achieved by all staff processing and storing information. The IG Policy will be available to all staff.



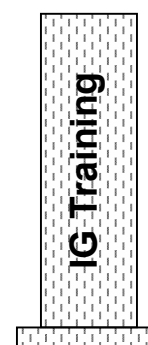
2.2 IG Governance

- To ensure effective reporting structures and responsibilities for IG risks NHS Orkney has established an IG Lead and the Quality and Improvement Committee which has delegated authority from the Board for IG issues.
- The Quality and Improvement Committee has specific terms of reference and membership includes representatives from both the CHP and the hospital.
- The Information Governance Lead is a member of the NHS Orkney Management Team. The Commissioning Manager is the senior manager responsible for IG and will project manage the IG work on behalf of the Quality and Improvement Committee.



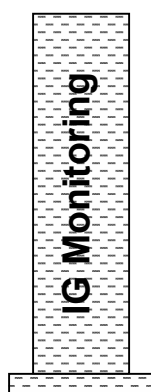
2.3 IG Training

- The over-riding critical success factor for effective Information Governance will be to develop a staff culture of good management of information, information systems and records. This will primarily be achieved by a corporate programme of awareness and training.



2.4 IG Monitoring

- The UK Department of Health have set IG standards and a measure of compliance within the IG Toolkit. The implementation of an annual Action Plan arising from a baseline assessment against the standards will be monitored by the Clinical Governance Committee.
- The Quality and Improvement Committee will also be responsible for the review of the strategy and associated policies, and overseeing any changes.
- The Commissioning Manager will monitor and review occurrences and incidents relating to IG and seek approval from the Quality and Improvement Committee for effective remedial and preventative action to be taken.



- Any associated resource implications incurred by the implementation of the Information Governance Policy and Action Plan will be identified to the Quality and Improvement Committee. Business cases will be developed and submitted to appropriate level of management for approval.

3. Responsibilities

- 3.1** The ultimate responsibility for Information Governance in the NHS Orkney lies with the NHS Orkney Board. The Quality and Improvement Committee will have delegated authority from the Board to discharge its functions in this respect.
- 3.2** Accountability to the NHS Orkney Board will be through the IG Lead, who is the Medical Director and a member of the Board's management team, and the Quality and Improvement Committee. Reporting will occur to the NHS Orkney Management Team.
- 3.3** The Quality and Improvement Committee has overall responsibility for overseeing the development and implementation of this strategy, the Information Governance Policy and the Information Governance Action Plan. These will be subject to a periodic review and progress reports to the Management Team.
- 3.4** The Quality and Improvement Committee will approve policies and guidance on areas of Information Governance as required.
- 3.5** The membership of the Quality and Improvement Committee will include the NHS Orkney IG Lead, with the NHS Orkney Commissioning Manager in attendance.
- 3.6** All NHS Orkney staff have the responsibility to ensure they comply with the Information Governance Strategy and any associated Policies and Procedures. Team compliance to the NHS Orkney IG Policy is part of each manager's objective.
- 3.7** The process of maintaining NHS Orkney IG compliance will be monitored by the Quality and Improvement Committee. The self assessment results will be submitted, after Quality and Improvement Committee approval, to the QIS Peer Review Group on an annual basis by the NHS Orkney Head of eHealth and Risk Management.

4. Objectives and Action Plan

See Information Governance Action Plan 2010.doc