

**Information Governance  
Policy and Process**

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Responsible Person	Julie Carden Tongue Tie Practitioner
Title	IT Governance
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Policy No and Version	S06 Version 01
References	Queen Elizabeth Hospital Kings Lynn Cambridgeshire & Peterborough Mental Health Partnership NHS Trust Policy C03 Patient Confidentiality
Appendix	No1 Transfer of patient information No2 CheckList for review & approval of procedural documents
Scope	<i>Julie Carden Tongue Tie Practitioner – Sole Trader</i>

## **Introduction**

Information is a vital asset, both in terms of the clinical management of individual patients and the efficient management of services and resources. It plays a key part in clinical governance, service planning and performance management.

It is of paramount importance to ensure that information is effectively and efficiently managed, and that appropriate policies, procedures and management accountability provide a robust governance framework for information management.

The policy is intended to be fully consistent and compatible with the policies and practices throughout Julie Carden's strategy for Information Governance and is developed to achieve compliance to the Care Quality Commission Outcomes.

**NOTE: With the introduction of GDPR if there is ANY doubt about sharing, sending or storing patient information you must seek advice from the BMA, GMC, or medical indemnity organisation (MDU, MPS etc.).**

## **Purpose**

The purpose of this policy is to provide details of the framework for implementation of the Information Governance (IG) strategy to enable the tongue tie practitioner to meet its responsibilities for the management of information assets and resources.

This policy applies to:

- All information used by Julie Carden
- All information systems managed by Julie Carden
- Any individual using information 'owned' by Julie Carden
- Any individual requiring access to information 'owned' by Julie Carden

## **Definitions**

### **Breach of Confidentiality**

A breach of confidentiality is the unauthorised disclosure of personal information provided in confidence.

### **Confidential Information**

Confidential information can be anything that relates to parents and babies (clients or patients) or any other information held in any form (such as paper or other forms like electronic, microfilm, audio or video) howsoever stored (such as patient records, paper diaries, computer or on portable devices such as laptops, tablets, smartphones) or even passed by word of mouth. Person identifiable information is anything that contains the means to identify an individual.

### **Disclosure**

This is the divulging or provision of access to data.

### **Patient identifiable Information**

Key identifiable information includes:

- Patient's name, address, full post code, date of birth;
- Pictures, photographs, videos, audio-tapes or other images of patients;
- Anything else that may be used to identify a patient directly or indirectly.

### **Public Interest**

Exceptional circumstances that justify overruling the right of an individual to confidentiality in order to serve a broader societal interest. Decisions about the public interest are complex and must take account of both the potential harm that disclosure may cause and the interest of society in the continued provision of confidential health services.

### **Sensitive Data**

Data held about an individual which contains both personal and sensitive information. There are only seven types of information detailed in the Data Protection Act 1998 that are deemed as sensitive:

- Racial or ethnic origin
- Religious or other beliefs
- Political opinions
- Trade union membership
- Physical or mental health
- Sexual life
- Criminal proceedings or convictions

### **Responsibilities**

**Julie Carden** is the accountable practitioner responsible for ensuring appropriate mechanisms are in place to support service delivery and continuity. Maintaining confidentiality is pivotal to Julie Carden being able to supply a first class confidential service that provides the highest quality patient care. Julie Carden has a particular responsibility for ensuring that her service corporately meets its legal responsibilities, and for the adoption of internal and external governance requirements.

### **Caldicott Guardian**

Julie Carden, as Caldicott Guardian has a particular responsibility for reflecting patients' interests regarding the use of patient identifiable information. The Caldicott Guardian is responsible for ensuring patient identifiable information is shared in an appropriate and secure manner.

### **Registered Manager**

It is the responsibility of Julie Carden to ensure the implementation of policies throughout her area of responsibility. Any other staff in the clinical area should also react in an appropriate manner when informed of instances where behaviour is not in accordance with the policy that is set out herein.

### **All Staff**

Anyone working on behalf of Julie Carden, involved in the receipt, handling or communication of person identifiable information, must adhere to this policy to support the reputation of Julie Carden and where relevant of her profession. Everyone has a duty to respect a data subjects rights to confidentiality.

### **Aim**

Julie Carden's Information Governance aims are to:

- Hold information securely and confidentially
- Obtain information fairly and efficiently
- Record information accurately and reliably
- Use information effectively and ethically
- Share information appropriately and lawfully
- Encourage best practice

### **Information Governance principles**

Julie Carden recognises the need for an appropriate balance between openness and confidentiality in the management and use of information. Julie Carden fully supports the principles of corporate governance and recognises its public accountability, but equally places importance on the confidentiality of, and the security arrangements to safeguard, both personal information about patients and staff and commercially sensitive information.

Julie Carden also recognises the need to share patient information with other health providers and other agencies in a controlled manner consistent with the interests of the patient and, in some circumstances, the public interest.

Julie Carden 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 to ensure and promote the quality of information and to actively use information in decision making processes. (Appendix no2)

### **Responsibilities**

All information used by Julie Carden that may be subject to handling by individuals - it is necessary for these individuals to be clear about their responsibilities and for Julie Carden to provide and support appropriate education and training.

Julie Carden must ensure legal requirements are met.

To manage necessary obligations, Julie Carden will issue and support standards, policies and procedures ensuring information is held, obtained, recorded, used and shared correctly.

Julie Carden will ensure an Information Governance audit is carried out at least annually.

Julie Carden as user of information must:

- Be aware of her responsibilities, both legal and other
- Comply with policies and procedures
- Work within the principles outlined in the Information Governance framework;
- Undertake annual Information Governance training

## **KEY ELEMENTS OF THE INFORMATION GOVERNANCE FRAMEWORK**

### **Legal Compliance**

- Julie Carden regards all identifiable personal information relating to patients as confidential
- Julie Carden will undertake annual audits of compliance with legal requirements
- Julie Carden regards all identifiable personal information as confidential except where national policy on accountability and openness requires otherwise
- Julie Carden has established and will maintain policies to ensure compliance with GDPR, the Data Protection Act and Caldicott Guardian
- Julie Carden has established and will maintain policies for the controlled and appropriate sharing of patient information with other agencies, and destruction of medical records taking account of relevant legislation (e.g. Health and Social Care Act)
- The Information Governance legal compliance requirements are linked to Julie Carden's confidentiality procedures as appropriate

### **Information Security**

- Julie Carden has appointed herself to oversee information security
- Julie Carden has appointed an external IT advisor whose remit includes IT security for website design, social media.
- Julie Carden has established and will maintain standards and policies for the effective and secure use and management of her information assets and resources
- Julie Carden has established and will maintain standards and guidance for the effective and secure transfer of information between herself and clients.
- Julie Carden has established and will maintain standards and policies for the disclosure of information
- Julie Carden will undertake annual assessments and audits of its information and IT security arrangements

- Julie Carden promotes effective confidentiality and security practice through policies, procedures and training
- Julie Carden has established and will maintain incident reporting procedures, and monitors and investigates all reported instances of actual or potential breaches of confidentiality and security

#### **Information Quality Assurance**

- Julie Carden will establish and maintain policies and procedures for information quality assurance
- Julie Carden will undertake annual assessments and audits of its information quality
- Wherever possible, information quality should be assured at the point of collection
- Julie Carden will promote information quality through policies, procedures/user manuals and training

#### **Records Management**

- Julie Carden has established and will maintain policies and procedures for the effective management of records including transfer internally and externally (Appendix no1)
- Julie Carden will undertake annual assessments and audits of records management
- Julie Carden promotes records management through policies, procedures and training

#### **Information Governance Training**

- Julie Carden will maintain yearly Information Governance Training to keep updated and provide best practice
  
- Julie Carden provides general Information Governance awareness on a regular basis through peer meetings etc.

**END**

## **TRANSFER OF PATIENT INFORMATION INTERNALLY**

- Confidentiality is paramount when discussing patient information
- Information should only be transferred on a need to know basis
- Third parties should not be used unless absolutely necessary
- Patient records should be filed away and stored securely as soon as possible
- Patient records should not be on display
- Patient details should not be left on unattended computer screens
- Systems should be fully logged out when not in use
- Ensure all password changes are completed on a frequent basis

## **TRANSFER OF PATIENT INFORMATION EXTERNALLY**

### **By Phone**

- Patient information should never be relayed without the express consent of the patient. Information between primary & secondary or community should always be on a need to know basis. Always check the validity of the caller by ringing back (not to a direct line) other providers of care work to the same guidance and should not mind such checks being made. If you are in doubt check with the general manager.

### **By Fax**

- Sending – Make sure that you have the correct fax number. Check new numbers by sending a test fax.
- Ensure that the information has been retrieved and not hanging around somewhere, ask recipient to telephone back on receipt.
- Always use a fax cover sheet stating for whose attention – status (urgent etc) and required response. Do not use patient name on cover sheet.
- Receiving - Check that we are intended recipient if sent in error fax back immediately to sender.
- Immediately secure either in notes by scanning and saving on to patient's notes on to computer system
- Contact sender to acknowledge receipt
- Always ensure that adequate paper & ink are in fax and that fax cover sheets are available.

*REMEMBER FAX IS PROBABLY THE LEAST SECURE METHOD OF TRANSPORTING PATIENT INFORMATION. ASK YOURSELF DOES IT NEED TO BE FAXED OR IS THERE AN ALTERNATIVE*

### **By Post**

- Check address against notes
- Ensure that the correct letter goes in the correct envelope
- Do not use envelopes with Julie Carden Tongue Tie Practitioner details on
- Ensure that envelopes are sealed tightly

**REMEMBER ALL TRANSFER OF INFORMATION SHOULD BE NECESSARY AND AS SECURE AS POSSIBLE. USE REFERENCE NUMBER RATHER THAN NAMES WHEREVER POSSIBLE.**

### **By Internet (electronically)**

- Patients' records are safely stored on Computer system. Only Julie Carden authorised user has access to Computer system.
- Sensitive information is saved on password protected folders on AR secure drive.
- When emailing patients' electronic records externally to a health provider/hospital, files should be password protected. to insure maximum levels of security at all times.

- Only use secure company email accounts.
- Make sure recipient's email is correct before sending patient's details.

## Appendix No 2

### CHECKLIST FOR THE REVIEW AND APPROVAL OF PROCEDURAL DOCUMENTS

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document being reviewed			
1	<b>Title</b>	Yes/No/Unsure	Comments
	Is the title clear and unambiguous?		
	Is it clear whether the document is a guideline, policy, protocol or standard?		
2	<b>Rationale</b>		
	Are reasons for development of the document stated?		
3	<b>Development Process</b>		
	Is the method described in brief?		
	Are individuals /users involved in the development identified?		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?		
4	<b>Content</b>		
	Is the objective of the document clear?		
	Is the target population clear and unambiguous?		
	Are the intended outcomes described?		
	Are the statements clear and unambiguous?		
5	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?		
	Are key references cited?		
	Are local/organisational supporting documents referenced?		

6	<b>Approval</b>		
	Does the document identify the tongue tie practitioner who will approve it?		
	Does the document identify the tongue tie practitioner who will ratify it?		
7	<b>Dissemination and Implementation</b>		
	Is there an outline/plan to identify how this will be done?		
	Does the plan include the necessary training/support to ensure compliance?		
8	<b>Document Control</b>		
	Does the document identify where it is held?		
	Have archiving arrangements for superseded documents been addressed?		

Title of document being reviewed			
9	<b>Process for Monitoring Compliance</b>	Yes/No/Unsure	Comments
	Are there measurable standards or KPIs to support monitoring compliance of the document?		
	Is there a plan to review or audit compliance with the document?		
10	<b>Review Date</b>		
	Is the review date identified?		
	Is the frequency of review identified? If so, is it acceptable?		
11	<b>Overall Responsibility for the Document</b>		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?		
12	Sign and date:		