North East Essex
Clinical Commissioning Group

Information Governance Management Framework 2017/18

Reference: IG12

Compliance with all CCG policies, procedures, protocols, guidelines, guidance and standards is a condition of employment. Breach of policy may result in disciplinary action.

Document Management

Version	Date Issued	Details	Brief Summary of Change	Author
0.1	10/04/2013	Draft	New document	NHS Central Eastern Commissioning Support Unit, Information Governance Team
0.2	15/05/2013	Draft	Minor amendment following comments and recommendation from IG Steering Group.	NHS Central Eastern Commissioning Support Unit, Information Governance Team
1.0	13/06/2013	Final	Approved by Basildon and Brentwood CCG Board	NHS Central Eastern Commissioning Support Unit, Information Governance Team
1.1	13/10/2014	Draft	Changes in guidance and reporting structure necessitates policy review	Basildon and Brentwood CCG Information Governance Team
1.2	28/11/2014	Draft	Amended following comments from IG Steering Group	Basildon and Brentwood CCG Information Governance Team
2	17/03/2015	Final	Amended document approved by Governance Committee	Basildon and Brentwood CCG Information Governance Team
2.1	24/06/2015	Draft	Document Review	Basildon & Brentwood CCG Information Governance Team
3.	03/12/2015	Final	Approved by Board	Basildon & Brentwood CCG Information Governance Team
3.1	01/06/2016	Draft	Minor amendments and formatting changes	Basildon & Brentwood Information Governance Team
3.2	07/09/2016	Draft	Personalise and Document Review by North East Essex CCG	Basildon & Brentwood Information Governance Team
4		Final	Approved By Board	Basildon & Brentwood Information Governance Team
4.1	21/07/2017	Draft	Minor Amendments	Basildon & Brentwood Information Governance Team
5	26/09/2017	Final	Approved by Board	Basildon & Brentwood Information Governance Team

For more information on the status of this policy, please contact:	
Gemma Kerr	Information Governance Team
Approved by	North East Essex CCG
Approval Date	26th September 2017
Next Review Date	September 2018
Responsibility for Review	CCGs' Information Governance Team
Audience	North East Essex CCG officers and staff (which includes temporary staff, contractors and seconded staff).

Content

1. Introduction

Robust Information Governance (IG) requires clear and effective management and accountability structures, governance processes, documented policies and procedures, trained staff and adequate resources. The way that an organisation chooses to deliver against these requirements is referred to within the IG Toolkit as the organisation's Information Governance Management Framework.

This framework should include detail of:

- Senior Roles
- Key Policies and Dissemination Process
- Key Governance Bodies
- Resources
- Governance Framework
- Training and Guidance
- Risk and Incident Management

2. Purpose

The aim of this framework is to set out how the CCG will effectively manage IG. The organisation will achieve compliance by:

- Establishing robust IG processes that conform to NHS England and NHS Digital (formerly the Health and Social Care Information Centre [HSCIC])- standards and comply with relevant legislation.
- Establishing, implementing and maintaining policies for the effective management of information.
- Sustaining an IG culture through increasing awareness and its promotion, thus minimising the risk of breaches of personal data.
- Assessing the organisation's performance using the IG Toolkit and internal audits and developing and implementing action plans to ensure continued compliance.

3. Scope

This Framework provides clear advice and guidance to staff to ensure that they understand and apply the principles of IG to their working practice.

4. Roles and Responsibilities

4.1 CCG Governing Body

The CCG Governing Body has ultimate responsibility for ensuring that the organisation corporately meets its legal responsibilities (see changes to the Data Protection Act 1998 below) and for the adoption of internal and external governance requirements.

The General Data Protection Regulation (GDPR), which was approved in 2016 and comes into force on the 25th May 2018, will be directly applicable as law in the UK. It will replace the Directive that is the basis for the UK Data Protection Act 1998, which will be repealed or amended. It is expected that the provisions of the GDPR will remain in force post-Brexit, and for the foreseeable future.

Although in general the principles of data protection remain similar, there is greater focus on evidence-based compliance with specified requirements for transparency, more extensive rights for data subjects and considerably harsher penalties for non-compliance.

The GDPR introduces a principle of "accountability". This requires that organisations must be able to demonstrate compliance.

4.2 Accountable Officer

The Chief Officer as the Accountable Officer of the CCG has overall accountability and responsibility for the management of IG and for ensuring appropriate mechanisms are in place to support service delivery and continuity in the organisation.

4.3 Senior Information Risk Owner (SIRO)

The role of Senior Information Risk Owner (SIRO) has been assigned to the Chief Officer. The SIRO takes ownership of both the organisation's information risks policy and acts as advocate for information risk to the Governing Body by providing written advice on the content of the Annual Governance Statement. This includes oversight of both the organisation's information security incident reporting and response arrangements.

The key responsibilities of the SIRO are to:

a) Oversee the development of an Information Risk Policy and a strategy for implementing the policy within the existing Information Governance Framework;

b) Take ownership of the risk assessment process for information risk, including review of an annual information risk assessment to support and inform the Annual Governance Statement;

c) Review and agree actions in respect of identified information risks;

d) Ensure that the organisation's approach to information risk is effective in terms of resource, commitment and execution and that this is communicated to all staff;

e) Provide a focal point for the resolution and / or discussion of information risk issues;

f) Ensure the Governing Body is adequately briefed on information risk issues.

The SIRO will be supported in their role by the IG Team hosted by Basildon & Brentwood CCG.

4.4 Information Governance Champion (within the CCG)

The Information Governance Champion, Business Systems & Development Manager for the CCG is accountable for ensuring effective management, accountability, compliance and assurance for all aspects of IG. The key tasks, some of which will be delegated to the IG Team, include:

a) Developing and maintaining the currency of comprehensive and appropriate documentation that demonstrates commitment to and ownership of IG responsibilities;

b) Ensuring that there is top level awareness and support for IG resourcing and implementation of improvements;

c) Providing direction in formulating, establishing and promoting IG policies;

d) Establishing working groups, if necessary, to co-ordinate the activities of staff given IG responsibilities and progress initiatives;

e) Ensuring annual assessments and audits of IG policies and arrangements are carried out, documented and reported;

f) Ensuring that the annual assessment and improvement plans are prepared for approval by the CCG Quality and Governance Committee in a timely manner;

g) Ensuring that the approach to information handling is communicated to all staff and made available to the public;

h) Ensuring that appropriate training is made available to staff and completed as necessary to support their duties; Liaising with other committees, working groups and programme boards in order to promote and integrate IG standards;

i) Monitoring information handling activities to ensure compliance with law and guidance;

j) Providing a focal point for the resolution and / or discussion of IG issues.

4.5 Caldicott Guardian

The CCG's Caldicott Guardian is an executive 'nurse member' of the CCGs Governing Body. The Caldicott Guardian has particular responsibility for protecting the confidentiality of patients / service user's information. Acting as the 'conscience' of the CCG, the Caldicott Guardian will actively support work to enable information sharing where it is appropriate to share and will advise on options for lawful and ethical processing of information.

Caldicott Function

In North East Essex CCG the Caldicott Function will be undertaken by the Essex Information Governance Steering Group

The key responsibilities of the Caldicott Function are to:

a) Support the Caldicott Guardian;

b) Ensure the confidentiality and data protection work programme is successfully co-ordinated and implemented;

c) Ensure compliance with the principles contained within the Confidentiality: NHS Code of Practice and that staff are made aware of individual responsibilities through policy, procedure and training;

d) Complete the Confidentiality and Data Protection Assurance component of the Information Governance Toolkit, contributing to the annual assessment;

e) Provide routine reports to senior management on Confidentiality and Data Protection issues.

Please see Appendix A for additional guidance on the Caldicott Guardian function.

4.6 Head of Information Governance / Data Protection Officer

The Head of Information Governance / Data Protection Officer (DPO) is responsible for ensuring the CCG complies with all aspects of IG and the Data Protection Act. The Head of Information Governance will ensure all tasks are undertaken in order to meet the required standards.

Key tasks will include:-

- Developing and maintaining the currency of comprehensive and appropriate documentation that demonstrates commitment to and ownership of IG responsibilities, for example the production of an overarching high level framework document supported by relevant policies and procedures;
- Ensuring that there is top level awareness and support for IG resourcing and implementation of improvements within the CCG;
- Establishing working groups, if necessary, to co-ordinate the activities of staff given IG responsibilities and progress initiatives;

- Ensuring annual assessments and audits of IG and other related policies are carried out, documented and reported;
- Ensuring that the annual assessment and improvement plans are prepared for approval by the Executive Management Team in a timely manner;
- Ensuring that the approach to information handling is communicated to all staff and made available to the public;
- Ensuring that appropriate training is made available to staff and completed as necessary to support their duties. For NHS organisations this will need to be in line with requirements of the Informatics Planning component of the NHS Operating Framework for 2016/17;
- Liaising with other committees, working groups and programme boards in order to promote and integrate IG standards;
- Monitoring information handling activities to ensure compliance with law and guidance;
- Providing a focal point for the resolution and / or discussion of IG issues.

(The Information Governance (IG) service is a hosted service provided by the Basildon & Brentwood CCG IG Team. The Head of Information Governance is part of this team.)

For further details on the responsibilities of the IG Team please the IG Workplan- Appendix B.

4.7 Information Asset Owners

For information risk, IAOs are directly accountable to the SIRO and will provide assurance that information risk is being managed effectively for their assigned information assets.

Information Asset Owners will:

a) Lead and foster a culture that values, protects and uses information for the benefit of patients and staff;

b) Know what information comprises or is associated with the asset and understands the nature and justification of information flows to and from the asset;

c) Know who has access to the asset, whether system or information and why and ensures access is monitored and compliant with policy;

d) Understand and address risks to the asset, providing assurance to the SIRO.

4.8 Freedom of Information Lead

The Freedom of Information (FOI) Lead's main responsibilities are to:

a) Ensure the CCG complies with all aspects of the Freedom of Information Act (2000), associated Codes of Practice and related provisions in particular for contracting and procurement, minutes of meetings and so on;

b) Provide reports to the Quality Committee highlighting resource, performance and compliance issues;

c) Draft and / or maintain the currency of the organisation's Access to Information Policy;

d) Ensure that all staff are aware of their personal responsibilities for compliance with the Act and adhere to organisational policies and procedures;

e) Ensure training and written procedures are widely disseminated and available to all staff;

f) Ensure the general public has access to information about their rights under the Act;

g) Establish appropriate arrangements to deal with appeals and investigations into complaints about decisions and response times;

h) Liaise and work with other functions responsible for information handling activities, for example Caldicott Guardian, data protection and information security staff;

i) Contribute to or liaise with external FOI networks or groups to keep updated on 'round robin requests'.

(The Freedom of Information service is a hosted service provided by the Basildon & Brentwood CCG Information Governance Team. The FOI Lead is part of this team.)

5. Information Communications and Technology Work Programme

Technical information security issues, operational and strategic authority rests with the Information Communication Technology (ICT) Service Provider – North East London Commissioning Support Unit (NEL CSU). The ICT service provider will ensure that the following key areas are addressed:

- A documented Information Security Assurance Plan is developed and shared with the CCG;
- The requirements for assurance, scrutiny and performance monitoring in conjunction with the CCG are outlined;
- Information Risks related to information security as part of the ICT risk register are identified and reported on.

5.1 Information Security Responsibilities

The ICT service provider will have a nominated Information Security Officer / Manager with appropriate duties and resources.

The Information Security Officer / Manager will occupy a key role in the delivery of IG activities and the responsible individual should be tasked with providing advice on all aspects of information security and risk management, utilising either their own expertise or external advice.

The quality of their assessment of information security risks, threats and advice on controls will contribute significantly to the effectiveness of the CCG information security.

The key responsibilities of the Information Security Officer / Manager is to:

- Draft and / or maintain the currency of the appropriate information security policies;

- Ensure security accreditation of information systems in line with the organisation's approved definitions of risk;
- Ensure compliance with the information security components of the IG Toolkit, contributing to the annual IG assessment;
- Ensure all arrangements for managing information security are effective and aligned with the organisation's information security and risk policies;
- Provide reports (to include cyber security threats and incidents and so on.) to the senior member of management (for example SIRO / IAO or equivalent) who has responsibility for IG;
- Develop and maintain an information security assurance plan to ensure the appropriate management and prioritisation of risks;
- Co-ordinate the work of other staff with information security responsibilities;
- Co-ordinate the necessary response and resolution activities following a suspected or actual security incident or breach. Keep the information risk lead (SIRO) and information asset owners (IAOs) informed of security incidents, impacts and causes, resulting actions and learning outcomes;
- Assist in the drafting and maintenance of system level security policies;
- Assist in the development of Business Continuity Management arrangements for key information assets;
- Advise on the development of a network security policy and controls for the secure operation of ICT networks, including remote / teleworking facilities;
- Provide advice and guidance regarding the implementation of controls to mitigate against malicious or unauthorised mobile code.
- Assist in designing and configuring access controls for key systems;
- Develop and document an action plan for the delivery of all specific activities involving information security.

5.2 Risk Management Programme

In conjunction with the IT service provider, the CCG will ensure that a methodical information security risk assessment and management process is in place to identify, implement and manage controls to reduce the risk to the organisation's assets. Information risk assessments will be updated annually and there is a process in place for assessing new information assets which will be a comprehensively scoped and formally documented via a Privacy Impact Assessment, which considers the security risks to Personal Confidential Data (PCD) and critical information assets.

A formal information security risk assessment will be carried out on all information assets to ensure threats and vulnerabilities are mitigated. Consideration will be given to the following areas of risk analysis and risk treatment:

Risk Analysis

Risk analysis steps will include risk identification, estimation and evaluation. These steps will require:

- Good working knowledge of the information asset scope, structure and its valuation;

- A detailed risk assessment consideration of threats to and vulnerabilities of the asset and its components;
- An impact assessment of likely direct and indirect consequences of loss, damage or disruption to the asset.

Risk Treatment

Risk treatment steps will include risk reduction, retention, avoidance and transfer. These steps will require consideration of:

- Risk assessment results for accuracy and completeness;
- Risk treatment options and their implications.

Further guidance on effective management of information risk and processes for responding to factors that may lead to a failure in the confidentiality, integrity or availability of an information system can be found in the CCG Information Risk Policy and Privacy Impact Assessment Policy.

6. Key Governance Bodies

6.1 Information Governance Steering Group

The Information Governance Steering Group (IGSG) is made up of representatives from all CCGs in Essex and other representatives as required. Terms of Reference (ToR) for this group can be found in appendix C of this document.

6.2 Governance Committee

- The responsibility of this committee is to oversee the planning and delivery of IG within the CCG. Their Terms of Reference in relation to IG Review are:

a) To monitor progress against the IG Action Plan and provide assurance to the CCG Governing Body on its progress.

b) To review the annual IG Toolkit for sign off by the Governing Body.

6.3 CCG Governing Body

The responsibilities of the CCG Governing Body in relation to IG are:

a) To ensure IG is integrated into the broader governance of the organisation and regarded as important as financial and clinical governance in organisational culture;

b) To consider outcomes from annual internal audit of IG before sign off and inclusion in the annual report;

c) For the Governing Body members to undertake face to face and online IG training when it is made available;

d) To review and sign off the annual IG Toolkit

e) Adoption of the IG Framework

7. Key Policies

The CCG has the following policies and procedures in place to support the IG agenda:

- Information Governance Policy
- Data Protection & Confidentiality Policy
- Information Sharing Policy
- Safe Haven Policy
- Information Lifecycle Management Policy
- Access to Information Policy
- Information Risk Policy
- Essex CCGs Business Continuity Management System – Business Impact Analysis Process
- Acceptable Use of Electronic Communications and Devices Policy
- Privacy Impact Assessment Policy
- Forensic Readiness Policy
- Information and Cyber Security Policy

Any new or amended policies and guidance are notified and available to staff via the CCG's Intranet. The IG Resource Guide provides additional guidance and advice to support the policies and guidance for staff. New staff members (including temporary and contracting staff or other CCG representatives and so on) are provided with the IG Resource Guide when they commence their employment with the CCG.

8. Governance Framework

Staff Contracts

All CCG staff contracts currently contain IG related clauses within them (see Appendix D).

Non-NHS Third Party Contracts – Data Protection and Confidentiality Clauses

Any non-NHS third party contracts commissioned by the organisation should include, as a minimum, a confidentiality clause. The CCG also requests all third party contractors to sign a declaration that they are registered with the Information Commissioners Office for data protection purposes and that they encrypt all mobile devices to the minimum standard required by the NHS. (See Appendix D

Acute Trust Contracts

The CCG uses the standard NHS contract for Acute Trusts which includes clauses relating to IG (see Appendix D). From 2015/16 IG has also been included in contract monitoring (see Appendix D).

9. Guidance & Incident Management

9.1 Guidance

Further guidance for staff can be found in the CCGs Information Governance related policies which can be accessed via the CCG's intranet or staff shared drive.

9.2 Incident Management

The CCG has an overarching Incident Reporting Framework which includes a section about taking into account NHS Digital's (formerly the Health and Social Care Information Centre -HSCIC) Checklist Guidance for Reporting, Managing and Investigating Information Governance Serious Incidents Requiring Investigation (June 2013). The IG Team will use the criteria within the checklist document to work out the seriousness of a reported incident.. The current procedure for such incidents can be found at Appendix E, any changes to the guidance will be taken to the Information Governance Steering Group for consideration and escalation.

10. Openness

The CCG 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 Caldicott Principles and the regulations outlined in the Data Protection and Freedom of Information Acts.

Non-confidential information about the CCG and their 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.

The CCG will ensure that, where it holds Personal Confidential Data (PCD) with a clear legal basis to do so, the data will be shared with registered and regulated health and social care professionals who have a legitimate relationship with the individual for the purposes of direct patient contact or care. Further information on Caldicott 2 review (*to share or not to share*) can be found on the NHS Digital (formerly HSCIC) website: http://www.hscic.gov.uk/article/3638/Personal-data-access-FAQs

11. Audit & Monitoring Compliance

The CCG will use a variety of methods to monitor compliance with the processes in this document, including as a minimum the following two methods:

IG Toolkit

Overall compliance with this framework will be revised annually through review arrangements for IG required by the IG Toolkit and reported to the CCG Quality Committee and Governing Body.

IG Incidents

Information Governance compliance will be scrutinised quarterly through the monitoring of reported IG incidents.

In addition to the monitoring arrangements described above, the CCG may undertake additional observation of this framework as a response to the identification of any gaps, or as a result of the identification of risks arising from the framework prompted by incident review, external reviews or other sources of information and advice.

12. Dissemination & Implementation

This document will be published on the CCG's intranet and staff shared drive. Managers are required to ensure that their staff understand how IG applies to their job role/s. Awareness of any new content / change in process will be through the staff bulletin in the first instance. Where a substantive revision is made then a separate plan for communicating and implementing this change will be devised by the IG Leads with the support of the Caldicott Guardian, SIRO and IG

Champion.

13. Training

The CCG includes Information Governance as part of its mandatory training for all staff annually.

All new staff likely to be in post 3 months or longer (permanent, temporary, contracted or seconded) are required to complete the online mandatory IG training modules (https://www.igtt.hscic.gov.uk/igte/index.cfm) within one month of joining.

However, should staff have access to personal identifiable information, training should be completed within 1 week, regardless of intended service length.

The CCG also requires all existing staff to complete online IG training annually; if they have previously completed the Introduction to Information Governance they should? complete the Refresher Module.

The CCG has identified other modules of the IG Training Tool that those with roles relating to Information Governance and those that routinely handle PID will be required to undertake (see Appendix F). Those staff members involved will be informed of the additional modules that they are required to complete using the IG training Tool.

In addition to the above any member of staff involved in an IG related incident may be required to undertake one or more modules of the IG Training Tool, the modules to be taken will depend on the type of incident and the outcomes of any investigations into this , they may also be required to attend additional face to face training dependent on the severity of the incident or near miss..

14. Equality and Diversity

The CCG recognises the diversity of the local community and those in its employment. The CCG aims to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their needs. This document has been assessed for equality impact on the protected groups, as set out in the Equality Act 2010.

This policy is applicable to every member of staff within the CCG irrespective of their age, disability, sex, gender reassignment, pregnancy, maternity, race (which includes colour, nationality and ethnic or national origins), sexual orientation, religion or belief, marriage or civil partnership.

15. Key Contacts

within the CCG

Senior Information Risk Owner	Chief Officer – Samantha Hepplewhite
Caldicott Guardian	Director of Nursing & Clinical Quality – Lisa Llewelyn
CCG IG Champion	Business Systems & Development Manager – Laura Ellis

Information Governance Team

Head of Information Governance	Jane Marley	Jane.marley@nhs.net
Essex CCGs IG Lead	Tracey van Wyk	Tracey.vanwyk@nhs.net
FOI Lead	Iain Gear	Iain.gear@nhs.net
Information Governance Advisor	Debbie Smith-Shaw	Debbie.smith-shaw@nhs.net

Appendices

The appendices that follow may contain references to the Health & Social Care Information Centre (HSCIC) which is now known as NHS Digital. The extracts taken from national guidance will be updated as the amendments are made to the standard documents.

Appendix A

Caldicott Function Specification And Implementation Plan

In accordance with the IG Toolkit requirements the Caldicott function has been established since the inception of Primary Care Trusts. The Caldicott Guardian is required to be at Director Level and have a clinical background. The CCG's should also appoint a deputy Caldicott Guardian, also with clinical expertise, who will act on behalf of the main post holder in their absence.

The Caldicott Guardians will perform the functions as laid down in the Caldicott Guardian Manual, available on the Health & Social Care Information Centre website, and will be responsible for protecting patient and service user confidentiality and enabling information sharing. The Caldicott Guardian will also have a strategic role in representing and championing IG requirements and issues at a senior level. The role of the Caldicott Guardians will be specified and promoted throughout the IG Management Framework documentation and will be made readily accessible to staff via the CCG staff intranet. This role will be primarily supported by the NHS Code of Confidentiality.

The Caldicott Guardians will be supported by the IG team on issues concerning data protection. The FOI Lead will manage the processing of requests for access to health records and the Caldicott Guardians will provide advice on the release of information to the Police and other agencies as appropriate.

The Head of IG will negotiate and develop information sharing agreements on behalf of the Caldicott Guardians, which will be reviewed by the IG Steering Group and signed by the Caldicott Guardian.

Where CCG staff feel that meeting IG standards may cause operational difficulties or they feel that meeting IG standards would compromise patient care or safety, they can apply to the Caldicott Guardian for a decision on whether an acceptable risk status can be agreed.

Incidents and issues relating to patient confidentiality will be reported to the Caldicott Guardian promptly and recorded and monitored in the Caldicott Issues Log which will be reviewed by the IG Steering Group. The Head of IG will ensure that the CCGs benefit from lessons learned by sharing at IG Steering Group meetings and, where relevant, within CCG Quality and Governance (or equivalent) Committees. The agreed acceptable risks will also be recorded in the Caldicott Issues Log.

Appendix B

INFORMATION GOVERNANCE (IG) TEAM WORK PLAN (ROLLING)
2017/18

TASK	DESCRIPTION
Policy / procedure development and review	Development and ongoing review of all IG related policies and procedures.
Information Sharing Agreements (ISAs)	Supporting services in the development and monitoring of information sharing agreements with partner organisations linking with Privacy Impact Assessments and Contracts where appropriate. To maintain a register of Information Sharing Agreements. The Caldicott Guardian will oversee matters relating to confidential information, information sharing, incidents and lessons learned, ensuring legal and ethical processing of information / data supported by the information governance team.
Privacy Impact Assessments (PIAs)	Ensuring that all new systems, processes, software / hardware implementation and changes to existing are supported by Privacy Impact Assessments which are then appropriately endorsed by the SIRO and IAO.
Serious Untoward Incidents (SUIs) / Incidents	Appropriate reporting and investigation of IG / confidentiality, information security breaches, including Serious Incidents. Ensuring lessons learned are disseminated across the CCG in conjunction with existing reporting processes.
IG Toolkit	Collation of compliance evidences, implementation of requirements and monitoring of improving compliance on an ongoing basis. Working closely with CCG leads to support compliance and preparing appropriate reports for Trust Committees / Groups and submissions to Department of Health (DoH) / NHS Digital (formerly HSCIC) in line with national requirements.
Training & Awareness	Development and roll-out of all training / awareness mechanisms for the CCG – to include training programmes, briefing materials (i.e. newsletter etc.), drop in sessions, poster / leaflet development (staff / patient /

	wider public information).
Information Asset Register / Data Flow Mapping	The SIRO and Caldicott Guardian, supported by the IG team will monitor data flows and information asset registers to identify risks. The team will ensure that identified information risks / threats are followed up, incidents managed and the appropriate Committees / Groups of the CCG are informed.
Staff/Caldicott Guardian/Senior Information Risk Owner (SIRO) Support, Advice & Guidance	Providing specialist IG support, advice and guidance to the entire CCG. Guidance and advice for all staff may be in various forms of communication (i.e. email, face to face, meetings, telephone calls, awareness articles in staff communications, reports to various meetings etc.). Providing specialist IG support to the SIRO and Caldicott Guardian to assist them with their decisions.
Project Support, Advice & Guidance	The IG Team will attend and provide specialist support, advice and guidance to ad-hoc projects within the CCG.
Meetings	The IG Steering Group will be supported by the Information Governance Team. The IG Team will attend other meetings within the CCG, as appropriate; to ensure IG is represented.
Audit (Optional – not currently part of the IG service specification)	Preparation, development and undertaking of all information governance related audits (Internal, External and local audits) – monitoring of best practice and safe systems of use of local and national applications.
GDPR Implementation Plan	Preparation, development and undertaking of all actions in preparation for the implementation of the GDPR by 25th May 2018.

Appendix C

TERMS OF REFERENCE

Information Governance (IG) Steering Group

(This document is relevant to Basildon & Brentwood CCG, Castle Point & Rochford CCG, Mid Essex CCG, North East Essex CCG, Southend CCG, NHS Thurrock CCG and West Essex CCG)

1. MEMBERSHIP

Chairman	Chief Nurse (Basildon and Brentwood CCG)
Deputy Chair	SIRO/COO North East Essex CCG
CCG Representatives	SIROs and Caldicott Guardians
Hosted IG Team Representatives	Head of IG, Essex CCGs IG Lead, FOI Lead & IG Advisor
IM&T Representative	
Other	CCG IG Champions

2. QUORACY

This group will be considered quorate when the following members, as a minimum are present:

4 CCG Representatives

2 IG Team Representatives (must include at least either Head of IG or Essex CCGs IG Lead)

3. AIMS AND OBJECTIVES

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.

Organisational and managerial structures that support appropriate consideration of IG issues are essential to a properly managed IG work programme that sustains continual improvement.

To achieve this the Information Governance Steering Group will coordinate, supervise and direct the work of others as appropriate to ensure the CCG's maintain a co-ordinated approach to IG.

This will include providing support to the SIRO and Caldicott Guardian function.

Key responsibilities of the Information Governance Steering Group

a) To inform the CCG's management and accountability arrangements for IG for the seven CCGs of Essex (North East Essex, Mid Essex, West Essex, Castle Point & Rochford, Southend, Basildon & Brentwood and Thurrock).

b) To review and update the IG strategy and associated policies.

c) To prepare the Health and Social Care Information Centre (HSCIC) IG Toolkit assessment for sign off by the CCG Boards.

d) To develop and implement the CCGs IG work programme.
e) To prepare for the implementation of the General Data Protection Regulation (GDPR).

f) To ensure that the CCG's approach to information handling is communicated to all staff and made available to the public.

g) To provide support to staff given SIRO, Caldicott Guardian, information asset owner, data protection, confidentiality, security, information quality, records management and Freedom of Information responsibilities.

h) To monitor the CCG's information handling activities to ensure compliance with law and national guidance.

i) To oversee and review significant risks on IG, information security and ensure risk management strategies are in place.

j) To oversee and review privacy impact assessments completed as a result of new/reviewed processes, services and information systems.

k) To lead on patient confidentiality and information sharing governance advice.

l) To ensure linkages are made to other assurance processes for example Care Quality Commission standards.

m) To ensure that training made available by the IG Team is taken up by staff as necessary to support them in their roles.

n) To provide a focal point for the resolution and/or discussion of IG issues.

o) To review Caldicott log incidents and issues relating to patient confidentiality and shared learning / benefits across CCGs.

4. FREQUENCY OF MEETINGS

Quarterly

5. ACCOUNTABILITY

This group will report to the:-

Quality Committee, Audit Committee or equivalent for each CCG

6. DEPUTY ARRANGEMENTS

If neither the Caldicott or SIRO of a CCG are able to attend a substitute can be sent, however the SIRO and Caldicott will be asked to formally comment via e-mail on any agenda item requiring approval from the CCGs.

APPENDIX D

STAFF CONTRACT CLAUSES

52: Confidentiality

During the course of your duties you are likely to come into contact with personal information about patients and or staff. You are required to keep all patient information confidential unless disclosure is expressly authorised by your employer. Misuse of or a failure to properly safeguard confidential data will be regarded as a disciplinary offence and may result in your dismissal. Under the Data Protection Act you and the organisation may be prosecuted for this or be liable for an action for civil damages. Personal information includes name, address, date of birth, gender, photographs or images, description of appearance or characteristic (this list is not exhaustive). Because health records are regarded as particularly sensitive and confidential information, they are also subject to Caldicott guidelines. These state that information should only be shared where there is a need to know in relation to the care of the patient. If in doubt about sharing information always check with the organisation Policies or your line manager.

You should read the NHS Code of Practice in relation to Confidentiality and ensure that you understand and comply with the guidance provided. If an unauthorised disclosure is made by you after you have left the organisation, the organisation may take legal action against you.

During the course of your duties you are likely to record information about individuals. It is important that this information is recorded as accurately as possible and in the appropriate place. This is a requirement of the Data Protection Act.

You may also, during the course of your employment, have access to commercially sensitive material and information, disclosure of which is prohibited. The organisation may take legal action against you should any information of this nature be disclosed or inappropriately used after you have left the organisation.

As a public body the organisation is required to provide information to the public under the Freedom of Information Act on request. Any documents which you produce including letters and e-mails may be subject to such a request and it is a criminal offence to destroy information in order to prevent a Freedom of Information request. You should ensure that you follow the organisation's Policy on the retention and disposal of records.

You must not, whether during your employment with the organisation, or after the end of it, whether you resign or are dismissed by the organisation, unless expressly authorised to do so, make any disclosure to any unauthorised person or use any confidential information relating to the business affairs of the organisation. This includes any detail about the organisation's clients and employees, actual, potential or past and all details relating to information on any of the organisation's databases ensuring that printouts are treated carefully.

The restriction in this clause does not apply to:

(a) prevent you from making a protected disclosure within the meaning of section 43A of the Employment Rights Act 1996; or

(b) use or disclosure that has been authorised by the organisation, is required by law or by your employment.

53. Intellectual Property Rights

The organisation's Policy and Management Procedures for Intellectual Property (IP) as defined in those documents, have been approved by the organisation's Board and are available on request. You will be expected to comply with those documents. Where IP is created by you in the course of your employment or normal duties, then under UK law it will generally belong to the organisation unless agreed otherwise in writing between you and the organisation and you are required to disclose the existence or potential existence of any such IP to the organisation. In relation to inventions potentially subject to patent protection, this applies only if the duties of your employment would normally have been expected to give rise to inventions or if the nature of your responsibilities and duties are such that you are under a special responsibility to further the interests of the organisation. You are also required to give the organisation all reasonable assistance required by the organisation to give full effect to this clause and the organisation Policy and Management Procedures for IP. It is the general intention of the organisation to share income generated by the successful exploitation of IP with the inventor of such IP.

54. Use of Information Technology

Personal use of the Internet and the e-mail system is permitted subject to the following restrictions:

i. It must not interfere with NHS business.

ii. You must not, under any circumstances, download, and/or access for personal use or send to any third party, any defamatory, offensive, indecent or otherwise unlawful material.

Use of the internet and e-mail system will be monitored and by using the systems you consent to such monitoring and any breach of these rules, or any other inappropriate use of the Organisation's extranet or e-mail system, will be investigated and, if necessary, action will be taken under the Organisation's Disciplinary Procedure. In the event that the alleged misuse could constitute a criminal offence, the Police will be informed immediately.

55. Information Governance

Information Governance (IG) includes, but is not limited to, Data Protection, Code of Confidentiality, Freedom of Information, Information Security, Records Management and the Registration Authority. You have a responsibility to keep up to date with the organisation's IG policies and ensure they are adhered to whilst performing your duties. You must not breach these policies, whether during your employment with the organisation, or after the end of it, whether you resign or are dismissed by the organisation. Organisation IG policies are available on the organisation's public website and the staff intranet.

56. Data Security

The organisation as a user of personal data must work within the provisions of the Data Protection Act 1998. All staff must be aware of the eight principles of the Data Protection Act and respect all existing Software Licences, Copyright and Intellectual Property Rights. All Information Communication Technology security policies are available from your manager or the organisation's extranet site. You consent to the processing of data (including sensitive personal data) in signing this Agreement.

57. Data Protection & Personal Information

For the purposes of the Data Protection Act 1998 you give your consent for the organisation to hold and process personal data provided by you or relating to you for all purposes relating to your employment with the organisation. Such processing includes, but is not restricted to:

i. Administration of HR and employment records, pay, employment benefits, statutory entitlements, training, employment related insurance.

ii. Sickness and absence records, including medical records/reports and matters relating to your fitness for work.

iii. Administration of the organisation's Pension Scheme, e.g. calculating and paying benefits, processing 'sensitive data' such as medical details or death benefit nominations.

iv. Criminal records, where these are not regarded as 'spent' in accordance with the Rehabilitation of Offenders Act 1974. For posts exempt from the legislation, e.g. 'regulated positions' and posts working with children, it will also include 'unspent' convictions, cautions, reprimands and final warnings.

v. The provision of references and/or information to government departments or other bodies in order to meet our obligations, e.g. Inland Revenue.

vi. The provision of references and/or information to other organisations when requested to do so by you, e.g. future employers, financial organisations.

vii. Providing information to potential purchasers of the organisation, or part of the organisation.

The transfer of information/data within the organisation

CONFIDENTIALITY CLAUSES FOR NON-NHS 3RD PARTY CONTRACTS

1. The CONTRACTOR shall process information in accordance with the standards laid down in the Health & Social Care Information Centre (HSCIC) Information Governance (IG) Toolkit. The CONTRACTOR will have in place an IG Management Framework incorporating as a minimum a Caldicott Guardian and Data Protection Lead and have full access to adequate technical information security expertise and support. The IG Management Framework will have implemented IG related policies and procedures covering the aspects of Data Protection, Confidentiality, information sharing, information security, records management and data quality. The CONTRACTOR shall be required to have the ability to pseudonymise patient information where the COMMISSIONER requests data for service planning and performance management and any other secondary uses. IG training must be completed by all the CONTRACTOR's employees on an annual basis. The CONTRACTOR shall support the COMMISSIONER by providing relevant information to enable the COMMISSIONER to meet its obligation under the Freedom of Information Act (FOIA) 2000.

2. The CONTRACTOR shall, in reference to the service defined in this AGREEMENT, ensure that personal information is handled appropriately with regards to all relevant legislation. This shall include the Common Law Duty of Confidence, Data Protection Act 1998 and Article 8.1 of the Human Rights Act concerning privacy, Computer Misuse and Freedom of Information Acts.

3. The CONTRACTOR shall submit an annual Health and Social Care Information Centre Information Governance (IG) Toolkit assessment and must achieve at least level 2 on all requirements or have submitted an action plan to do so, for approval by the COMMISSIONER.

4. Where the CONTRACTOR is processing personal data,

    a. the CONTRACTOR shall have a full and current registration with the Office of the Information Commissioner.

    b. the CONTRACTOR shall adhere to the Confidentiality NHS Code of Practice and Care Record Guarantee.

    c. the CONTRACTOR shall be an independent Data Controller.

    d. the CONTRACTOR shall inform patients about recording and use of patient information, why it is recorded and who it is disclosed to. Patients/clients shall have access to a privacy notice to support this process (formally known as a Fair Processing Notice). Verbal consent to share information with other organisations for the direct delivery of care shall be recorded in the patients' notes.

5. Person identifiable information (PII) shall not be shared for secondary uses (not for the direct delivery of healthcare) with other organisations, unless the CONTRACTOR has explicit patient consent, or the CONTRACTOR is required by law or if there is an overriding public interest. However, pseudonymised personal information may be shared for secondary uses.

6. The CONTRACTOR shall be responsible for establishing information sharing agreements with other third party organisations (including the COMMISSIONER), where the sharing of PII is necessary. The CONTRACTOR shall obtain an Information Sharing Agreement from the COMMISSIIONER for the purposes of establishing any agreements to share information.

7. The CONTRACTOR shall refer appropriate requests for access to health records, within 2 working days, to the COMMISSIONER's Head of Information Governance for processing.

8. The CONTRACTOR shall ensure that CONTRACTOR staff are provided with training about how handle PII appropriately in relation to the service provided. The CONTRACTOR shall also ensure that staff are reminded regularly of their responsibilities for safeguarding PII and that these requirements are set out in staff contracts of employment.

9. The CONTRACTOR shall ensure that CONTRACTOR policy and procedures regarding data protection and information security shall be readily accessible to all staff.

10. The CONTRACTOR shall ensure that policies, processes and procedures are established for timely, accurate and complete capture of PII related to the service, and its use. CONTRACTOR policies shall set out how checks on quality of data shall be undertaken.

11. The NHS number shall be used on all clinical records and correspondence in accordance with the corresponding patient safety notices.

12. The CONTRACTOR shall comply with the NHS Records Management Code of Practice, Schedule 2 with regards to appropriate retention and disposal requirements for the information/records collected as part of the service.

13. The CONTRACTOR shall dispose of all IT equipment in a secure manner, which ensures that any data held on that IT equipment is completely inaccessible, even by using specialist technical recovery techniques.

14. The CONTRACTOR shall ensure that all records are stored in locations which are only accessible to authorised individuals. All electronic data shall be stored on secure servers.

15. The CONTRACTOR shall ensure that all information systems feature appropriate access controls which allow access to the system, and the information stored therein only by authorised individuals who have a reasonable justification to access stored information.

16. The CONTRACTOR shall monitor the effectiveness of the controls it has in place to protect confidentiality. The CONTRACTOR shall ensure that any potential or actual breaches of practice by staff are identified, reported to the COMMISSIONER, investigated promptly and

that action is taken to address weaknesses, in accordance with documented information security event procedures. The COMMISSIONER shall be entitled to send a representative to audit the policies and processes in place.

17. The CONTRACTOR shall ensure that records and systems are not at unnecessary risk from environmental hazards such as fire, theft and flood. The CONTRACTOR shall ensure that back-up copies of records are made and that such back-up copies are stored securely at an alternate safe location.

18. The CONTRACTOR shall ensure that records of systems are not at unnecessary risk from loss of power, corruption of data or avoidable technical failure. The CONTRACTOR shall maintain Business Continuity Plans and shall ensure that such plans are tested regularly.

19. The CONTRACTOR shall ensure that data is encrypted fully too current COMMISSIONER and Department of Health standards before such data is transferred electronically including by mobile devices.

20. Personal data shall not be transferred overseas without the express permission of the COMMISSIONER, and only under strict conditions to be determined.

21. The CONTRACTOR shall ensure that appropriate safeguards against loss are in place to protect PII being transported via any form of physical media. The CONTRACTOR shall adopt Safe Haven principles and procedures.

22. The CONTRACTOR shall forward within 2 working days of receipt any FOIA requests to the COMISSIONER'S Information Governance FOI Lead for processing..

23. The CONTRACTOR shall keep all records pertaining to services commissioned in accordance with section 46 of the FOIA, to facilitate efficient retrieval of information.

24. The CONTRACTOR shall agree to indemnify and keep indemnified the COMMISSIONER and any beneficiary against all claims and proceedings and all liability, loss, costs and expenses incurred in connection therewith by the COMMISSIONER and any beneficiary as a result of any claim made by any individual or other legal person in respect of any loss, damage or distress caused to that individual or other legal person as a result of the CONTRACTOR's unauthorised processing or unlawful processing, destruction of and/or damage to any personal data processed by the CONTRACTOR, its employees or agents in the CONTRACTORs performance of the contract or as otherwise agreed between the parties.

ACUTE, COMMUNITY, AMBULANCE TRUST CONTRACT CLAUSES

DATA PROTECTION ACT 1998 (DPA), FREEDOM OF INFORMATION ACT 2000 (FOIA) AND TRANSPARENCY

The Parties acknowledge their respective duties under the DPA and FOIA and shall give all reasonable assistance to each other where appropriate or necessary to comply with such duties.

Data Protection

The PROVIDER shall achieve a minimum of level 2 assurance against all requirements in the relevant NHS information governance toolkit applicable to it. Where the PROVIDER has not achieved level 2 assurance by the Service Commencement Date, the Co-ordinating COMMISSIONER may, in its sole discretion, agree a plan with the PROVIDER to enable the PROVIDER to achieve level 2 assurance within a reasonable time.

To the extent that the PROVIDER is acting as a Data Processor on behalf of a COMMISSIONER, the PROVIDER shall, in particular, but without limitation:

only process such Personal Data as is necessary to perform its obligations under this Agreement, and only in accordance with any instruction given by the COMMISSIONER under this Agreement;

put in place appropriate technical and organisational measures against any unauthorised or unlawful processing of such Personal Data, and against the accidental loss or destruction of or damage to such Personal Data having regard to the specific requirements in Clause 60.4.3 below, the state of technical development and the level of harm that may be suffered by a Data Subject whose Personal Data is affected by such unauthorised or unlawful processing or by its loss, damage or destruction;

take reasonable steps to ensure the reliability of Staff who will have access to such Personal Data, and ensure that such Staff are aware of and trained in the policies and procedures identified in Clauses 60.4.4m 60.4.5 and 60.4.6 below; and

not cause or allow such Personal Data to be transferred outside the European Economic Area without the prior consent of the relevant COMMISSIONER.

The PROVIDER and each COMMISSIONER shall ensure that Personal Data is safeguarded at all times in accordance with the Law, which shall include without limitation obligations to:

perform an annual information governance self-assessment using the NHS information governance toolkit;

have an information governance lead able to communicate with the PROVIDER'S board, who will take the lead for information governance and from whom the PROVIDER'S board shall receive regular reports on information governance matters including, but not limited to, details of all incidents of data loss and breach of confidence;

(where transferred electronically) only transfer data (i) where this is essential having regard to the purpose for which the transfer is conducted; and (ii) that is encrypted to the higher of the international data encryption standards for healthcare and the National Standards (this includes, but is not limited to, data transferred over wireless or wired networks, held on laptops, CDs, memory sticks and tapes);

have policies which are rigorously applied that describe individual personal responsibilities for handling Personal Data;

report all incidents of data loss and breach of confidence in accordance with the Department of Health and/or NHS England and/or the Health and Social Care Information Centre (HSCIC) guidelines;

have a policy that allows it to perform its obligations under the NHS Care Records Guarantee;

have agreed protocols for sharing Personal Data with other NHS organisations and (where appropriate) with non-NHS organisations; and

where appropriate have a system in place and a policy for the recording of any telephone calls in relation to the Services, including the retention and disposal of such recordings.

Freedom of Information and Transparency

Where the PROVIDER is not a Public Authority, the PROVIDER acknowledges that the COMMISSIONERS are subject to the requirements of the FOIA and shall assist and co-operate with each COMMISSIONER to enable the COMMISSIONER to comply with its disclosure obligations under the FOIA. Accordingly the PROVIDER agrees:

that this Agreement and any other recorded information held by the PROVIDER on the COMMISSIONERS' behalf for the purposes of this Agreement are subject to the obligations and commitments of the COMMISSIONERS under the FOIA;

that the decision on whether any exemption to the general obligations of public access to information applies to any request for information received under the FOIA is a decision solely for the COMMISSIONER to whom the request is addressed;

that where the PROVIDER receives a request for information under the FOIA, it will not respond to such requests (unless directed to do so by the relevant COMMISSIONER to whom the request is addressed) and will promptly (and in any event within 2 Operational Days) transfer the request to the relevant COMMISSIONER;

that the COMMISSIONERS, acting in accordance with the codes of practice issued and revised from time to time under both section 45 of the FOIA, and regulation 16 of the Environmental Information Regulations 2004, may disclose information

concerning the PROVIDER and this Agreement either without consulting with the PROVIDER, or following consultation with the PROVIDER and having taken its views into account; and

to assist the COMMISSIONERS in responding to a request for information, by processing information or environmental information (as the same are defined in the FOIA) in accordance with a records management system that complies with all applicable records management recommendations and codes of conduct issued under section 46 of the FOIA, and providing copies of all information requested by a COMMISSIONER within 5 Operational Days of such request and without charge.

The Parties acknowledge that, except for any information which is exempt from disclosure in accordance with the provisions of the FOIA, the content of this Agreement is not Confidential Information.

Notwithstanding any other term of this Agreement, the PROVIDER hereby consents to the publication of this Agreement in its entirety including from time to time agreed changes to the Agreement subject to the redaction of information that is exempt from disclosure in accordance with the provisions of the FOIA.

In preparing a copy of this Agreement for publication pursuant to Clause 60.7 the COMMISSIONERS may consult with the PROVIDER to inform decision making regarding any redactions by the final decision in relation to the redaction of information shall be at the COMMISSIONERS' absolute discretion

The PROVIDER shall assist and cooperate with the COMMISSIONERS to enable the COMMISSIONERS to publish this Agreement.

ACUTE AND COMMUNITY TRUST CONTRACT MONITORING

(1) Status of Information Governance Toolkit Assessment (i.e. started, completed, submitted) as at: 31st July, 31st October & 31st March

(2) For 31st July and 31st October: current %age score and anticipated year end %age score

(3) Prior to 31st March: current %age score split into 5 key areas (IG Management, Confidentiality & Data Protection Assurance, Information Security Assurance, Clinical Information Assurance, Secondary Use Assurance, Corporate Information Assurance)

In addition to the above the provider is to alert the CCG if at any time it does not meet the required attainment levels for the key (Statement of Compliance) criteria or will not be able to meet required timescales for submissions.

Appendix E

Procedure for handling and reporting information incidents

The NHS Digital (formerly HSCIC) issued, a *Checklist Guidance for Reporting, Managing and Investigating Information Governance Serious Incidents Requiring Investigation* (June 2013). *This guidance supersedes Checklist Guidance for Reporting, Managing and Investigating IG Serious Untoward Incidents (SUI) Gateway Ref: 13177 published in January 2010.*

The purpose for an incident investigation is to determine the facts concerning the incident and:

- To identify whether any deficiencies in the application of the CCGs policies or procedures and/or the organisation's arrangements for confidentiality and data protection contributed to the incident or;
- Determine whether a human error has occurred, but not to allocate blame;
- Establish what actually happened and what actions need to be taken to prevent reoccurrence.
- Carry out root cause analysis in order to ascertain the cause and to make recommendations

As part of an initial assessment of an incident, the IG Lead will liaise with the service area / team's IAO/s and the organisation's SIRO to ensure incidents are correctly graded and reviewed.

The IG Lead and responsible IAO/s will establish a process so that all facts are looked at and the investigation will be based on establishing what actually happened and what actions need to be taken to prevent reoccurrence, **but not to allocate blame.** However, in some cases the investigation may identify whether any disciplinary processes may need to be invoked.

The decision to notify a data subject will be made by the SIRO and the Caldicott Guardian on the grounds of disclosure, including transparency and the ability to protect against harm. This may include theft or blackmail; weighed against the potential harm that may be caused to the subject if notified of the incident.

Where an incident occurs out of business hours, the designated on-call officer will ensure that action is taken to inform the appropriate contacts within 24 hours of becoming aware of the incident.

Staff Guideline on Identifying and Reporting an Information Incident

This guideline applies to all staff including permanent, temporary and contract staff. All incidents must be reported to your line manager, Information Asset Owners (IAOs) within 24 hours of becoming aware of the incident.

What should you report?

Here are some examples of information incidents that should be reported:

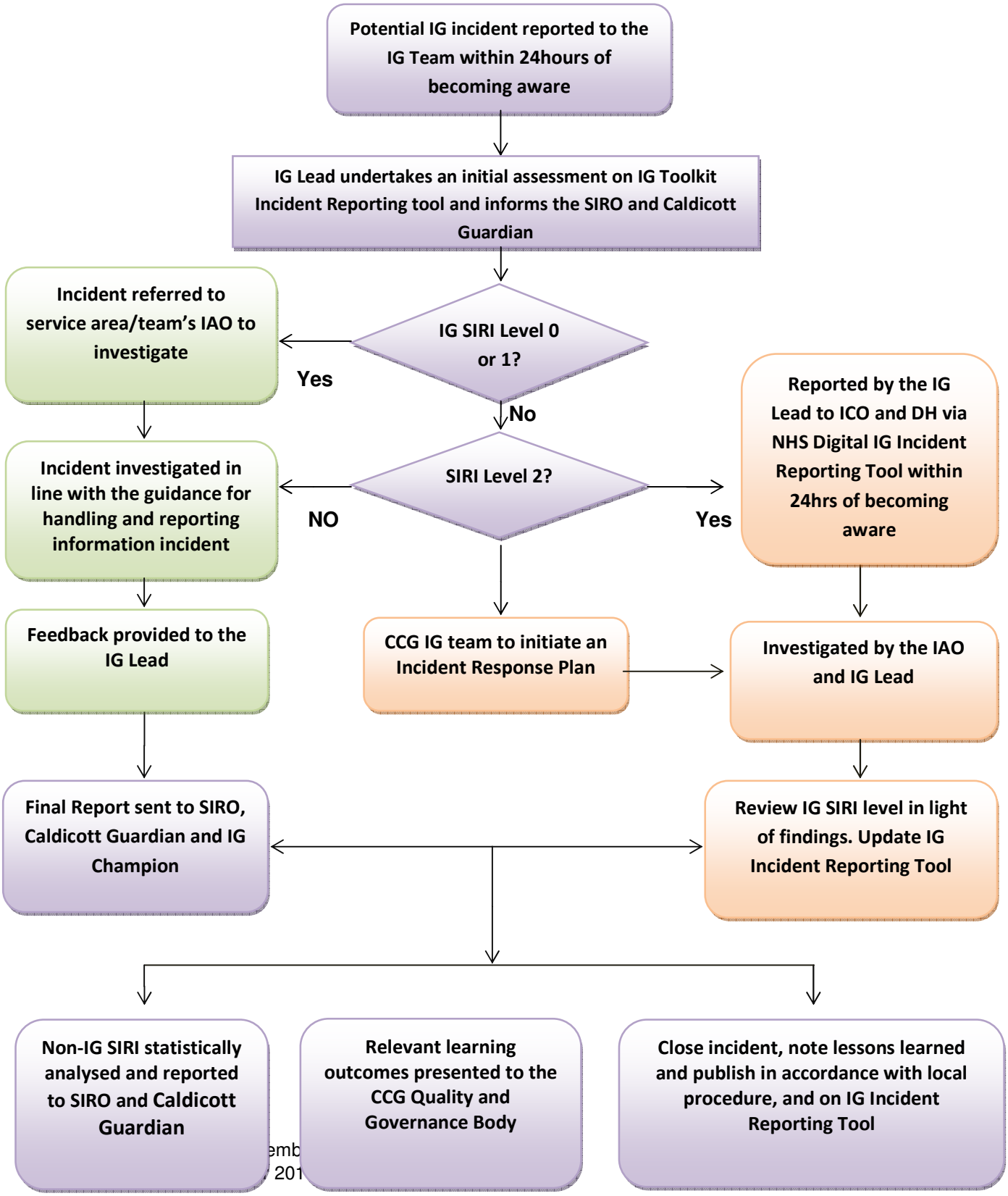
- Finding a computer printout of Personal Identifiable Data (PID) details laying around;

- Identifying that a fax that was thought to have been sent to a recipient had been received by an unknown recipient or organisation;
- Finding confidential waste in a 'normal' waste bin;
- Losing a mobile computing device with personal information on it;
- Giving information to someone who should not have access to it – verbally, in writing or electronically;
- Accessing a computer database using someone else's authorisation for example someone else's user id and password;
- Trying to access a secure area using someone else's swipe card or pin number when not authorised to access that area;
- Finding your PC and/or programmes aren't working correctly – potentially because you may have a virus;
- Sending a sensitive e-mail to an unintended recipient or 'all staff' by mistake;
- Finding a colleague's password written down on a 'post-it' note;
- Discovering a 'break in' to the organisation.

What happens next?

Your manager or the IG Lead member will investigate the incident and may wish to speak to you directly as things progress

Incident Management and Reporting Flowchart



Assessing the Severity of an Incident and Categorisation Process

The NHS Digital (formerly HSCIC) IG Incident Reporting Tool works on the following basis when calculating the severity of an incident:

There are 2 factors which influence the severity of an IG SIRI – scale & sensitivity.

Scale Factors

Whilst any IG SIRI is a potentially a very serious matter, the number of individuals that might potentially suffer distress, harm or other detriment is clearly an important factor. The scale (noted under step 1 below) provides the base categorisation level of an incident, which will be modified by a range of sensitivity factors.

Sensitivity Factors

Sensitivity in this context may cover a wide range of different considerations and each incident may have a range of characteristics, some of which may raise the categorisation of an incident and some of which may lower it. The same incident may have characteristics that do both, potentially cancelling each other out.
For the purpose of IG SIRIs sensitivity factors may be:

i. Low – reduces the base categorisation
ii. Medium – has no effect on the base categorisation
iii. High – increases the base categorisation

Categorising Incidents

IG incident categorisation is determined by the context, scale and sensitivity. Every incident can be categorised as level:

1. Confirmed IG SIRI but no need to report to ICO, DH and other central bodies.

2. Confirmed IG SIRI that must be reported to ICO, DH and other central bodies.

A further category of IG SIRI is also possible and should be used in incident closure where it is determined that it was a near miss or the incident is found to have been mistakenly reported:

0. Near miss / non-event

Where an IG SIRI has found not to have occurred or severity is reduced due to fortunate events which were not part of pre-planned controls this should be recorded as a “near miss” to enable lessons learned activities to take place and appropriate recording of the event.

The following process should be followed to categorise an IG SIRI

Step 1: Establish the scale of the incident. If this is not known it will be necessary to estimate the maximum potential scale point

Baseline Scale	
0	Information about less than 10 individuals
1	Information about 11-50 individuals
1	Information about 51-100 individuals
2	Information about 101-300 individuals
2	Information about 301 – 500 individuals
2	Information about 501 – 1,000 individuals
3	Information about 1,001 – 5,000 individuals
3	Information about 5,001 – 10,000 individuals
3	Information about 10,001 – 100,000 individuals
3	Information about 100,001 + individuals

Step 2: Identify which sensitivity characteristics may apply and the baseline scale point will adjust accordingly.

Sensitivity Factors (SF) modify baseline scale

Low:	**For each of the following factors reduce the baseline score by 1**
-1 for each	No clinical data at risk
	Limited demographic data at risk e.g. address not included, name not included
	Security controls/difficulty to access data partially mitigates risk

Medium:	**For each of the following factors reduce the baseline score by 1**
0	Basic demographic data at risk e.g. equivalent to telephone directory
	Limited clinical information at data at risk e.g. clinical attendance, ward handover sheet

High:	**For each of the following factors increase the baseline score by 1**
	Detailed clinical information at risk e.g. case notes

+1 for each	Particularly sensitive information at risk e.g. HIV, STD, Mental Health, Children
	One or more previous incidents of a similar type in past 12 months
	Failure to securely encrypt mobile technology or other obvious security failing
	Celebrity involved or other newsworthy aspects or media interest
	A complaint has been made to the Information Commissioner
	Individuals affected are likely to suffer significant distress or embarrassment
	Individuals affected have been placed at risk of physical harm
	Individuals affected may suffer significant detriment e.g. financial loss
	Incident has incurred or risked incurring a clinical untoward incident

Section 3: Where adjusted scale indicates that the incident is level 2, the incident will be reported to the ICO and DH automatically via the IG Incident Reporting Tool.

Final Score	**Level of SIRI**
1 or less	Level 1 IG SIRI (Not Reportable)
2 or more	Level 2 IG SIRI (Reportable)

Example Incident Classification

Examples	
A	Health visitor data inappropriately disclosed in response to an FOI request. Data relating to 292 children, detailing their client and referral references, their ages, an indicator of their level of need, and details of each disability or impairment that led to their being in contact with the health visiting service e.g. autism, chromosomal abnormalities etc. Baseline scale factor 2 Sensitivity Factors -1 Limited demographic data 0 Limited clinical information +1 Particularly sensitive information +1 Parents likely to be distressed **Final scale point 3 so this is a level 2 reportable SIRI**

B	Imaging system supplier has been extracting PID in addition to non-identifying performance data. A range of data items including names and some clinical data and images have been transferred to the USA but are being held securely and no data has been disclosed to a third party. Baseline scale factor 3 (estimated) Sensitivity Factors -1 Limited demographic data 0 Limited clinical information -1 Data held securely +1 Sensitive images +1 Data sent to USA deemed newsworthy **Final scale point 3 so this is a level 2 reportable SIRI**
C	Information about a child and the circumstances of an associated child protection plan has been faxed to the wrong address. Baseline scale factor 0 Sensitivity Factors -1 No clinical data at risk 0 Basic demographic data +1 Sensitive information +1 Information may cause distress **Final scale point 1 so this is a level 1 SIRI and not reportable**
D	Subsequent to incident c the same error is made again and the recipient this time informs the Trust she has complained to the ICO. Baseline scale factor 0 Sensitivity Factors -1 No clinical data at risk 0 Basic demographic data +1 Sensitive information +1 Information may cause distress +1 Repeat incident +1 Complaint to ICO **Final scale point 3 so this is a level 2 reportable SIRI**
E	Two diaries containing information relating to the care of 240 midwifery patients were stolen from a nurse's car. Baseline scale factor 2 Sensitivity Factors 0 Basic demographic data 0 Limited clinical information **Final scale point 2 so this is a level 2 reportable SIRI**

F	A member of staff took a ward handover sheet home by mistake and disposed of it is a public waste bin where it was found by a member of the public. 19 individual's details were included. Baseline scale factor 1 Sensitivity Factors -1 Limited demographic data 0 Limited clinical information +1 Security failure re disposal of data **Final scale point 1 so this is a level 1 SIRI and not reportable**
G	A filing cabinet containing CDs with personal data relating to several thousand members of staff sent to landfill in error during an office move. Baseline scale factor 3 Sensitivity Factors -1 No clinical data at risk -1 Landfill unlikely to be accessed 0 Basic demographic data +1 Security failure (no encryption & poor disposal) **Final scale point 2 so this is a level 2 reportable SIRI**
H	Loss of an individual's medical records. The records were found to be missing when the patient concerned made a subject access request. Baseline scale factor 0 Sensitivity Factors 0 Basic demographic data +1 Detailed clinical information +1 Patient distressed +1 Complaint to ICO **Final scale point 3 so this is a level 2 reportable SIRI**

Appendix F

Information Governance Training Tool Modules

Introduction to Information Governance (or Refresher Module)	All Staff
Caldicott Guardian in the NHS & Social Care	Caldicott Guardian
NHS Information Risk Management for SIRO's & IAO's	SIRO, IAOs, ISO, All IG Staff
NHS Information Risk Management (Introduction)	All IG Staff
NHS Information Risk Management (Foundation)	All IG Staff
Information Security Guidelines	Head of Information Governance and Essex CCGs IG Lead
Access to Health Records	Any staff members who have responsibility for responding to Access to Health Records requests
Records Management & the NHS Code of Practice	Any staff members who have responsibility for Records Management
Records Management in the NHS	Any staff members who have responsibility for Records Management
Patient Confidentiality	Any staff members accessing confidential or sensitive person identifiable information
Secure Transfer of Personal Data	Any staff members accessing confidential or sensitive person identifiable information

Information Governance Training (Face to Face)

Information Governance for key staff	Governing Body staff, Caldicott Guardian, SIRO, IAOs and IAAs
Information Risk Management and Information Risk Assessment	SIRO, IAOs and IAAs
Information Governance Incidents Training	Staff or teams involved in IG related incidents