Information Governance Policy

Document Control

A. Confidentiality Notice

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**B. Document Details**

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**Summary**

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

**Principles**The Practice recognises the need for an appropriate balance between openness and  
confidentiality in the management and use of information.

The Practice 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.

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

The Practice believes that accurate, timely and relevant information is essential to deliver the  
highest quality health care. As such, it is the responsibility of everyone in the Practice to ensure and promote the quality of information and to actively use information in decision making processes.

**There are 4 key interlinked strands to the Information Governance Policy:**

•Openness  
•Legal compliance  
•Information security  
•Quality assurance

**Openness**

•Non-confidential information about the Practice and its services will be available to the public through a variety of media, in line with the Practice’s code of openness.  
•The Practice will establish and maintain policies to ensure compliance with the Freedom of  
Information Act.  
•The Practice will undertake or commission annual assessments and audits of its policies and  
arrangements for openness.  
•Patients will have ready access to information relating to their own health care, their options  
for treatment and their rights as patients.  
•The Practice will have clear procedures and arrangements for liaison with the press and  
broadcasting media.  
•The Practice will have clear procedures and arrangements for handling queries from patients  
and the public.

**Legal Compliance**

•The Practice regards all person identifiable information, including that relating to patients as  
confidential.  
•The Practice will undertake or commission annual assessments and audits of its compliance  
with legal requirements.  
•The Practice regards all identifiable personal information relating to staff as confidential  
except where national policy on accountability and openness requires otherwise.  
•The Practice will establish and maintain policies to ensure compliance with the Data  
Protection Act, Human Rights Act and the common law confidentiality.  
•The Practice will establish and maintain policies for the controlled and appropriate sharing of  
patient information with other agencies, taking account of relevant legislation (e.g. Health  
and Social Care Act, Crime and Disorder Act, Protection of Children Act).

**Information Security**

•The Practice will establish and maintain policies for the effective and secure management of  
its information assets and resources.  
•The Practice will undertake or commission annual assessments and audits of its information  
and IT security arrangements.  
•The Practice will promote effective confidentiality and security practice to its staff through  
policies, procedures and training.  
•The Practice will establish and maintain incident reporting procedures and will monitor and  
investigate all reported instances of actual or potential breaches of confidentiality and  
security.

**Information Quality Assurance**

•The Practice will establish and maintain policies and procedures for information quality  
assurance and the effective management of records.  
•The Practice will undertake or commission annual assessments and audits of its information  
quality and records management arrangements.  
•The manager and staff are expected to take ownership of, and seek to improve, the quality of information within their services.  
•Wherever possible, information quality should be assured at the point of collection.  
•The practice will promote information quality and effective records management through  
policies, procedures/user manuals and training.

**Responsibilities**It is the role of Dr Rashid in the Practice to define the Practice’s policy in respect of Information Governance, taking into account legal and NHS requirements. Dr Rasjod are also responsible for ensuring that sufficient resources are available to support the requirements of the policy.  
Dr Rashid (GP) is the designated Information Governance Lead in the Practice and is  
responsible for:  
•Overseeing day to day Information Governance issues;  
•Developing and maintaining policies, standards, procedures and guidance;  
•Coordinating Information Governance in the Practice;  
•Raising awareness of Information Governance; and  
•Ensuring that there is on-going compliance with the policy and its supporting standards and  
guidelines.

All staff, whether permanent, temporary or contracted, and contractors are responsible for  
ensuring that they remain aware of the requirements incumbent upon them for ensuring  
compliance on a day to day basis.

**Policy Approval**The Practice acknowledges that information is a valuable asset, therefore, it is wholly in its  
interest to ensure that the information it holds, in whatever form, is appropriately governed,  
protecting the interests of all of its stakeholders.

This Policy, and its supporting standards and work instruction, are fully endorsed by formal  
approval by the Practice.

The Practice will, therefore, endeavour to ensure that all staff, contractors and other relevant  
parties observe this policy, in order to ensure compliance with Information Governance and  
contribute to the achievement of the Primary Care objectives and delivery of effective healthcare to the local population.