

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 26 APRIL 2018

Title:	APPROVAL OF POLICY
Responsible Director:	David Burbridge
Contact:	Berit Reglar, Deputy Foundation Secretary, Ext 14324

Purpose:	The following policy has been reviewed by all relevant stakeholders and the Policy Review Group and is submitted for approval: <ul style="list-style-type: none"> • Information Governance Policy
Confidentiality Level & Reason:	None
Annual Plan Ref:	None
Key Issues Summary:	<p>The Policy on Controlled Documents demands that all policies are reviewed, as a minimum, every three years. The policy below has therefore been reviewed in accordance with this.</p> <p>Information Governance Policy: The key aim is to provide assurance to the Trust and individuals that personal and corporate information is dealt with legally, securely, effectively and efficiently to deliver the best possible care and to comply with Data Protection principles.</p>
Recommendations:	The Board is asked to consider, and if thought fit, approve the Information Governance Policy.
Signed:	David Burbridge
Date:	26 April 2018

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APPROVAL OF INFORMATION GOVERNANCE POLICY

PRESENTED BY THE DIRECTOR OF CORPORATE AFFAIRS

1. Information Governance Policy

- 1.1. The Information Governance policy has undertaken a full stakeholder consultation review (including the IG department at HGS) as part of the three-yearly mandated review of Controlled Documents.
- 1.2. This policy sets out the high-level framework for information governance within the Trust. Specific aspects of information governance are dealt with in more detail within the associated procedural documentation. Key changes to the policy are set out below.
- 1.3. To protect the Trust's information assets from all threats, whether internal or external, deliberate or accidental, the policy now states the Trust will ensure:
 - 1.3.1. Information will be protected against unauthorised access;
 - 1.3.2. Confidentiality of information will be assured;
 - 1.3.3. Integrity of information will be maintained;
 - 1.3.4. Information will be supported by the highest quality data;
 - 1.3.5. Regulatory and legislative requirements will be met;
 - 1.3.6. Business continuity plans will be produced, maintained and tested;
 - 1.3.7. Information security training will be available to all staff; and
 - 1.3.8. All breaches of information security, actual or suspected, will be reported to, and investigated by the Information Governance Team.
- 1.4. Additional clarification of the duties for the Senior Information Risk Owner (Director of Corporate Affairs) state that they will:

- 1.4.1. Review and agree action in respect of identified information risks;
 - 1.4.2. Ensure that the Trust's approach to information risk is effective in terms of resource, commitment and execution and that this is communicated to all staff;
 - 1.4.3. Provide a focal point for the resolution and/or discussion of information risk issues; and
 - 1.4.4. Ensure the Board is adequately briefed on information risk issues.
- 1.5. The efficacy of the policy will be monitored by the Information Governance team conducting unannounced audits and targeted on site visits. Quarterly reports will be prepared by the Information Governance team for Divisional Clinical Quality Groups which will include updates on Data Protection Incidents, Information Asset Owner Training, Freedom of Information requests, GDPR and Data Mapping.

2. Recommendation

The Board of Directors are asked to consider, and if thought fit, approve the Information Governance Policy.

David Burbridge

Director of Corporate Affairs

26 April 2018