



# INFORMATION GOVERNANCE STANDARDS

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يمكن أن يتوفر هذا الإعلان بلغات مختلفة، وطباعة بحجم أكبر، وطباعة برايل (باللغة الإنجليزية فقط). للحصول على معلومات حول ترجمة هذا الإعلان بلغات المحلية، يرجى الاتصال بالرقم الوارد أدناه.

यह प्रकाशन विभिन्न भाषाओं, बड़े अक्षरों, ब्रेल लिपि (सिर्फ अंग्रेजी) में उपलब्ध कराया जा सकता है। आपके समुदाय की भाषा में इसे प्रकाशन के अनुवाद के बारे में जानकारी के लिए कृपया नीचे दिए हुए नम्बर पर टेलीफोन करें।

এই প্রকাশনাটি বিভিন্ন ভাষায়, বড় ছাপার অক্ষর এবং ব্রেইলী-ত (শুধুমাত্র ইং-রাজী-ত) সরবরাহ করা যে-ত পা-রা। এই প্রকাশনাটি আপনার মাতৃভাষায় অনুবাদ সম্পর্কিত তথ্যের প্র-সার্জ-ন অনুগ্রহপূর্বক নিম্নলিখিত ন্যাথ-র টেলি-ফোন করুন :

ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਵੱਖ ਵੱਖ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਛਾਪੇ, ਬ੍ਰੇਲ (ਸਿਰਫ ਅੰਗਰੇਜ਼ੀ ਵਿਚ) ਉਪਲਬਧ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ। ਇਸ ਪ੍ਰਕਾਸ਼ਨ ਦੇ ਆਪਣੇ ਭਾਈਚਾਰੇ ਦੀ ਭਾਸ਼ਾ ਵਿਚ ਅਨੁਵਾਦ ਲਈ ਜਾਣਕਾਰੀ ਲਈ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠ ਲਿਖੇ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ।

یہ طبع مختلف زبانوں اور بڑے چہاپ میں دستیاب کی جاسکتی ہے، برائلی (صرف انگریزی میں) اپنی کمیونٹی کے زبان میں اس طبع کے ترجمے کے بارے میں معلومات حاصل کرنے کے لئے، براہ کرم مندرجہ ذیل نمبر پر فون کیجئے۔

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# *Introduction*

Information Governance standards will reform the current practice and culture within which NHSScotland handles and safeguards personal information.

This paper highlights the background to the current position and sets out the standards (Appendix 1) as agreed with the Scottish Executive Health Department and NHS Quality Improvement Scotland (NHS QIS). These standards:

- Support the provision of high quality care by promoting the effective and appropriate use of information.
- Encourage responsible staff to work closely together, preventing duplication of effort and enabling more efficient use of resources.
- Develop support arrangements and provide staff with the tools they need to discharge their responsibilities to consistently high standards.
- Let NHS organisations understand their own performance and manage improvement in a systematic and effective way.

To assist NHS organisations comply with the national Information Governance initiative, we have developed an online resource. This will present the elements of Information Governance as a series of easy to follow requirements against which NHS organisations can identify current and planned attainment levels.

The Information Governance standards are available to all of our stakeholders. The standards will remain in force until NHS Quality Improvement Scotland (NHS QIS) have completed their review of the Clinical and Risk Management standards in 2007.

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# *A*bout Information Governance

Information Governance means handling information in a confidential and secure manner to appropriate ethical and quality standards. It is important to NHSScotland because we collect and use lots of information for administrative, research and medical purposes, which contribute to improving people's health. Information Governance is a key issue for all NHS organisations and is fundamental to the effective delivery of health services, particularly as we move towards an electronic health record.

As the Information Governance programme develops it will provide direction and operational support for NHS organisations to achieve high standards in Information Governance. The Information Governance Framework integrates previously separate but related initiatives in a single package, which encompasses the following areas:

- The Data Protection Act 1998
- The Freedom of Information (Scotland) Act 2002
- Confidentiality: NHSScotland Code of Practice
- Records Management
- Information Security
- NHS Data Quality Assurance (Data Accreditation)
- Caldicott Guardians

For more detailed information please see "A Brief Guide to Information Governance". Copies can be downloaded from the information governance specialist e-library

[www.elib.scot.nhs.uk/SharedSpace/ig/uploads/2007/Jun/20070608170750\\_V2%20info-governance-guide-070122.pdf](http://www.elib.scot.nhs.uk/SharedSpace/ig/uploads/2007/Jun/20070608170750_V2%20info-governance-guide-070122.pdf)

# Background

The Clinical Governance and Risk Management (CGRM) standards, recently launched by NHS QIS, contain six, high level, headings about Information Governance. Recognising this, the Clinical Information Steering Group asked NHS National Services Scotland (NSS) to progress the Information Governance agenda and develop a set of Information Governance standards to underpin the CGRM standards.

During the summer of 2005, NSS's Information Services Division (ISD) developed a draft set of Information Governance standards. These broadly align with those used by the NHS in England, but reflect differences in Scotland. In August, ISD consulted on the draft standards and, after considering responses received, made some changes. The standards were discussed with and agreed by the Scottish Executive Health Department and NHS QIS; they are shown in appendix 1.

To build further on the Information Governance standards, ISD secured funding to develop and support an electronic Information Governance toolkit and specialist e-library.

The electronic toolkit, available from March 2007, lets NHS organisations submit levels of attainment against the Information Governance standards. The e-library developed by NHS Education for Scotland provides its knowledge base. Therefore, the standards, toolkit and e-library are a single package of tools for NHSScotland.

It is important to note the following:

- A review of the Information Governance Standards will happen after the first NHS QIS review is complete in 2007.
- The first version of the electronic toolkit will purely allow the electronic submission of attainment levels against the Information Governance standards. The toolkit will develop in coming years.

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# *The toolkit*

The electronic Information Governance Toolkit will help NHS organisations comply with the national Information Governance initiative, and record progress against Information Governance standards in the following six areas:

- IT Security
- Caldicott Guardians
- Data Protection
- Freedom of Information
- Records Management (including management of corporate and clinical records)
- Quality Management

Within the toolkit, each standard will have a screen to let organisations record their attainment level against that standard. Each NHS Board/Special Health Board will submit one return, however each 'Board' may set up several units or divisions that can provide their own input. The toolkit will allow consolidation of these outputs to provide the Board's return. Only Boards will have access to these reports.

The toolkit was launched at the end of March 2007 as a web-based product available through the Scottish Health on the Web (SHOW) website. In addition, we will develop guidance and support materials, which you can download for local use from the e-library.

The toolkit will assist NHS organisations to improve Information standards in advance of the Single Patient Record.

## 3e.1

A governance framework is in place, which promotes the ethical and lawful use of information in enhancing decision-making to support and drive improvement.

### Information Governance Policy and Planning

Reference	Standard
1.001	There is a designated Director with responsibility for the Board's Information Governance policy and implementation plan.
1.002	The Board has approved an Information Governance policy.
1.003	The Board has agreed a plan for the implementation and monitoring of the Information Governance policy.
1.004	The Board's Information Governance plan includes appropriate training for all staff on the elements of Information Governance (e.g. confidentiality, data protection, security and professional standards in information collection and processing).
1.005	All staff contracts contain clauses that clearly identify staff responsibilities for confidentiality, data protection and security.
1.006	Information Governance is embedded in the Board's business planning cycle and risk management agenda.
1.007	An Information Governance Improvement Plan is presented to the Board as part of the annual Clinical Governance Committee report.
1.008	There is a clearly identified, suitably qualified and supported Information Governance co-ordinator.

## 3e.1 *continued*

### Confidentiality

Reference	Standard
2.001	The Board has mechanisms in place to ensure that all employees, contractors, Universities and other individuals participating in the delivery of care are aware of their responsibilities described in the NHSScotland Code of Practice on Protecting Patient Confidentiality.
2.002	The Board has mechanisms in place to ensure that information is given to inform patients / clients about proposed uses of their personal information.
2.003	The Board has an incident reporting procedure, which is known, accessible and used by all staff.
2.004	An annual incident report is presented to the NHS Board.

### Freedom of Information

Reference	Standard
3.001	The Board has a clearly identified, suitably qualified and supported lead individual responsible for the Freedom of Information (Scotland) Act 2002 (FoISA).
3.002	The Board has mechanisms in place to ensure that its statutory duties under FoISA are met.

## 3e.2

A comprehensive system is in place to ensure the secure and confidential management of personal information including how it is obtained, recorded, used, shared, stored and disposed of in line with current legislation.

### Administrative Records

Reference	Standard
4.001	There is a Senior Manager responsible for the implementation of the Board's Records Management policy and implementation plan.
4.002	The Board has agreed a plan for the implementation and monitoring of the Records Management policy.
4.003	There are approved Records Management procedures for the closure, disposal and retention of documents, which may be enforced only by authorised personnel.
4.004	All Board staff are provided with appropriate information, instruction and training on Records Management.



## 3e.2 *continued*

### Patient Records

(Please provide the most recent CASPE/PRIMMAP report or respond to all the following questions)

Reference	Standard
5.001	The Board has an approved Patient Records policy, which includes storage to accommodate casenotes etc.
5.002	There is a clearly identified, suitably qualified and supported lead individual responsible for Patient Records.
5.003	The Board has a Patient Records Committee, which makes decisions on policy matters and which includes representation from clinical and non-clinical staff and is linked appropriately to other Information Governance Groups.
5.004	The Board ensures that the environment in office and storage areas complies with all current, relevant Health and Safety legislation and fire regulations.
5.005	The Board has mechanisms in place to ensure that all Health Records Managers and staff receive training in Health Records
5.006	All scanned documents meet legal admissibility standards prior to the destruction of the paper record.
5.007	The Board ensures that the Community Health Index (CHI) number is used on all communications concerning individual patients, including requests, reports and letters

## 3e.3

Patients are informed about how their personal information is recorded and used, how to access their personal information, and about their rights to determine how their personal information is shared and protected.

### Data Protection

Reference	Standard
6.001	There is a clearly identified, suitably qualified and supported lead individual responsible for Data Protection.
6.002	The Board ensures that all formal contractual arrangements include appropriate patient confidentiality, information security and data protection requirements for all contractors and support organisations.
6.003	The Board has mechanisms in place to ensure that Data Protection advice is sought when new information systems are being designed.
6.004	The Board complies with data protection requirements in respect of transfers of personal data to countries outside of the European Economic Area.
6.005	The Board has a plan in place to ensure that patients are effectively informed of their rights in relation to the use of their personal data.

## 3e.4

Formal policies are in place to manage situations where consent to share information is withheld, and where disclosure of personal information is required without consent.

### Caldicott

Reference	Standard
7.001	The Board has a clearly identified, suitably qualified and supported Caldicott Guardian.
7.002	The Board has mechanisms in place to control, monitor and audit access to confidential patient information.
7.003	The Board has agreed protocols governing the sharing of patient-identifiable information with non-health organisations.
7.004	There are mechanisms in place to ensure that patients' decisions to restrict disclosure of their personal information are respected.
7.005	The Board ensures that when patients' personal information is to be used for purposes that are not described in information leaflets provided to patients, that steps are taken to inform those patients and amend leaflets when necessary (e.g. cancer leaflets and other networks).

## 3e.5

### Information Security

Information management links clearly into clinical governance arrangements and engages staff and patients in the development and application of information and communication technology (ICT).

Reference	Standard
8.001	The Board ensures that clinicians and patients are engaged in the development and application of ICT and that there is an effective link between information management and clinical governance arrangements.

## 3e.6

Systems are in place to ensure that staff have access to information to support clinical decision-making and facilitate delivery of quality services.

Reference	Standard
9.001	The Board has a formal risk assessment and management programme. It is supported by an Information Security Policy and overseen by senior management.
9.002	The Board has a clearly identified, suitably qualified and supported Information Security Officer (ITSO) as part of an active management forum giving direction and visible support for initiatives relating to confidentiality, data protection and security.
9.003	The Board keeps a register of information assets, has assigned responsibility or 'ownership' for each, for its information/data sets, has justified why each set exists, why it needs to contain patient personal information and what access restrictions should apply to each.

## 3e.6 *continued*

Reference	Standard
9.004	The Board follows standards to reduce the risks of human error, theft, fraud or misuse or abuse of facilities. All its employees contract to abide by the contents of these standards.
9.005	The Board has procedures in place to prevent unauthorised access, damage and interference to its business premises and information.
9.006	The Board management of network communications and operations ensures that all responsibilities for operational procedures are fully documented, including personnel roles and responsibilities, and the standards and procedures for the management and operation of Board networking services. All alterations to existing procedures are subject to formal change management and change control procedures.
9.007	All Board personnel have defined and documented access rights and other security measures to protect the confidentiality, integrity and availability of any information processed by computers and communications systems. Business requirements for access control are defined and documented.
9.008	The Board ensures that the development and introduction of new information systems, software, IT projects and IT support activities are conducted in a secure manner.
9.009	The Board has clearly defined and documented procedures for managing Information Security incidents.
9.010	The Board has a fully managed process in place for developing and maintaining business continuity for all its critical infrastructure components and core services.
9.011	The Board has appropriate procedures in place to ensure that information passed to and from other organisations is done so securely.

## 3e.6 *continued*

### Data Quality

Reference	Standard
10.001	There is an audit trail linking data entered to an individual.
10.002	There are agreed processes and timescales for the correction of errors and omissions identified by validation or internal users.
10.003	The right clinical staff are involved in validating information derived from the recording of clinical activity.
10.004	Clinical coding staff receive training that is comprehensive and covers clinical coding and uses national standard training materials.
10.005	There is a clearly identified, suitably qualified and supported lead individual responsible for data quality.



# Where to get more info

If you would like to learn more about Information Governance please visit the NHSScotland Information Governance Specialist e-library where you can find links to documents and up to date news items.

[www.elib.scot.nhs.uk/portal/ig/pages/index.aspx](http://www.elib.scot.nhs.uk/portal/ig/pages/index.aspx)

If you have queries about Information Governance, feel free to get in touch with:

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## Related Information

**NHS Quality Improvement Scotland - Clinical and Risk Management Standards**

[www.nhshealthquality.org/nhsqis/files/CGRM\\_CSF\\_Oct05.pdf](http://www.nhshealthquality.org/nhsqis/files/CGRM_CSF_Oct05.pdf)