

**NHS VALE OF YORK CLINICAL
COMMISSIONING GROUP**

SHADOW GOVERNING BODY MEETING



Meeting Date: 2 August 2012

Report Sponsor:

Rachel Potts
Chief Operating Officer

Report Author:

Mark Alty, Strategy and Development
Officer (seconded)
Rachel Potts, Chief Operating Officer

1. Title of Paper: Information Governance Strategy

2. Strategic Objectives supported by this paper

Improve the quality and safety of commissioned services

3. Executive Summary

The Clinical Commissioning Group (CCG) is required to have an Information Governance Strategy. This report asks the Shadow Governing Body to consider and approve the use of the attached Information Governance Strategy, and related documents, from North Yorkshire and York PCT. The intention is that this would apply until the end of March 2013, at which point the CCG would need to adopt its own policy. The related documents have been circulated to members electronically and are available at www.valeofyorkccg.nhs.uk.

There is also a requirement for the CCG to nominate a Caldicott Guardian, a Senior Information Risk Owner and an Information Governance Lead. The following is proposed:

Caldicott Guardian – Dr Cath Snape
Senior Information Risk Owner – Rachel Potts (Chief Operating Officer)
Information Governance Lead – Rachel Potts (Chief Operating Officer)

4. Evidence Base

Not applicable

5. Risks relating to proposals in this paper

Failure to implement an effective strategy may result in the CCG failing to be authorised or carry out its role effectively.

6. Summary of any finance / resource implications

Delivery of the strategy will be managed through existing resources.

7. Any statutory / regulatory / legal / NHS Constitution implications

Adopting the strategy enables the CCG to meet requirements for authorisation.

8. Equality Impact Assessment

The strategy has no specific equality implications of itself, however the way equality implications are accounted for in relation to information governance is outlined in the strategy.

9. Any related work with stakeholders or communications plan

The strategy will be made available for comment to the Patient and Public Engagement Steering Group.

10. Recommendations / Action Required

The Shadow Governing Body is asked to:

1. Agree the application of the attached North Yorkshire and York PCT Information Governance Strategy until the end of March 2013.

2. Agree the following named leads:

Caldicott Guardian – Dr Cath Snape

Senior Information Risk Owner – Rachel Potts (Chief Operating Officer)

Information Governance Lead – Rachel Potts (Chief Operating Officer)

11. Assurance

The strategy will be applicable from immediate effect.

Title: Information Governance Strategy 2010 - 2013
Reference No: To be inserted on approval by the staff member responsible for managing policies / strategies
Owner: Director of Standards
Author: Information Governance Team
First Issued On: September 2010
Latest Issue Date: March 2012
Operational Date: March 2012
Review Date: April 2013
Consultation Process: Key internal stakeholders: Director of Standards, Caldicott Guardian, Medical Director (Provider Services), AD Governance, All PCT Staff via intranet and team brief
Policy Sponsor: Director of Standards
Ratified and Approved by: Governance and Quality Committee on behalf of the PCT Board
Distribution: All staff
Compliance: The NYY PCT Organisation

CHANGE RECORD			
DATE	AUTHOR	NATURE OF CHANGE	VERSION No
8 Sept 2010	Info Gov Manager	First Draft	0.001
Sept 2010	Information Governance Team	Approval	0.002
Dec 2011	Information Governance Team	Update to reflect change in the organisation.	0.003
March 2012	Allocation of Records Management responsibilities	Update to reflect organisational change	0.004
June 2012	Changes to NHS Structure	Updates to reflect organisational changes due to changes to the structure of the NHS	0.005

1. Introduction

1.1. This strategy covers the period 2010 – 2013 and sets out, in broad terms, the North Yorkshire and York Primary Care Trust (the PCT) Board's Information Governance (IG) primary objectives and general approach to achieving these objectives. This strategy links to all other organisational strategies as part of the Information Governance Framework. PCT policies and procedures dealing or impinging on Information Governance issues must support the general approach described in this strategy.

1.2. The Connecting for Health Information Governance Toolkit provides a method to measure and assess the organisations information governance compliance. Information Governance Improvement Plans are to be developed annually, following the assessment of the organisations existing processes and controls against the yearly version of the Information Governance Toolkit. The Information Governance Improvement Plan will be risk based and detail responsibilities, timeframes for actions to be completed. This will be supported and monitored by the Information Governance Steering Group as part of the Information Governance Framework.

1.3. This strategy will be subject to review should there be significant changes to the PCT structure, changes to UK legislation, national NHS or Connecting for Health guidance or at the direction of the PCT Board.

2. Background

2.1. Information Governance is an initiative that addresses the requirements that legislation, ethical guidelines and policy place upon information processing (i.e. the holding, obtaining, recording, use, sharing and disposal of information).

2.2. Information Governance underpins Clinical Governance and Corporate Governance as part of an Integrated Governance approach, encompassed within the Risk Management Framework. Information is a vital asset and resource and in terms of this strategy information means all information held by the organisation both corporate and personal.

2.3. Information plays a key part in Service Planning, Legal Services and Performance Management; therefore the organisation must have clear standards, policies and procedures that comply with the legislation, national and NHS guidance for all of its information processing.

2.4. The Department of Health requires NHS organisations to comply with and adopt the Information Governance standards set out in the Connecting for Health Information Governance Toolkit and to meet the requirements of The Care Quality Commission. NHS organisations must provide evidence of compliance, through self assessments, annual reports and submissions to the Information Governance Toolkit, assurance to be supported by annual audits.

2.5. The PCT recognises the need to implement the Information Governance Strategy.

3. Scope

3.1. This strategy encompasses employees of the PCT, including Non-Executive Directors, temporary employees, locums and contracted staff.

4. Responsibilities

4.1. Information Governance initiatives will be progressed throughout the PCT via this Information Governance Framework.

4.1.1. Responsibility for the implementation of the Information Governance Agenda within the PCT belongs to the PCT Board.

4.1.2. The Governance and Quality Committee with delegated authority for the Board to receive in year reports and updates against improvement plans

4.1.3. The Information Governance Steering Group will monitor and support the work required to maintain and improve information governance practices within the PCT.

4.1.4. The Information Governance Steering Group will act as the Records in Transition Group to monitor the management of records throughout the transition period.

4.1.5. In accordance with national Information Governance requirements the Information Governance initiatives are led by a named Board Member or members as shown below:

4.1.5.1. The Board member with responsibility for Information Governance is the Director of Standards, who also acts as the organisations Senior Information Risk Owner (SIRO).

4.1.5.2. The Caldicott Guardian with responsibility for Confidentiality and Data Protection assurance is the Medical Director of Primary Care Services.

4.1.5.3. The Board member with responsibility for Records Management is the Director of Standards

4.1.5.4. The Board member with responsibility for the Registration Authority is Director of Finance.

4.1.5.5. The Board member with responsibility for Information Quality Assurance is Director of Standards.

4.1.5.6. The responsibility to implement Information Governance initiatives throughout the PCT lies with all Senior Management, Information Asset Owners and Managers.

5. Responsibilities for the implementation of the PCT's Information Governance Agenda will be documented in Policies, Procedures, Guidelines, Guidance, Terms of Reference, Codes of Conduct, Job Descriptions and Contracts / Agreements.

6. Objectives & Aims

6.1. The objectives & aims of this Information Governance Strategy are:

6.1.1. To meet the requirements of the NHS Operating Framework 2010/11 and subsequent frameworks.

6.1.2. To achieve level 2 compliance against all criteria of the Connecting for Health Information Governance Toolkit and ensure plans are in place to progress beyond this minimum where it has been achieved.

6.1.3. To meet the requirements of the Care Record Guarantee

6.1.4. To ensure all staff complete basic IG Training as part of the Statutory and Mandatory Training Programme.

6.1.5. To report on the management of information risks in statements of internal controls and to include details of data loss and confidentiality breaches in annual reports

6.1.6. NHS North Yorkshire and York have an approved Information Governance Strategy and Improvement Plan.

6.1.7. To ensure that the requirements of the National Information Governance Board and the Department of Health are met for Records in Transition

6.2. To promote and encourage:

6.2.1. The effective, appropriate and proactive use of information within the PCT.

6.2.2. The effective, appropriate and proactive use of information between the PCT, other NHS and partner organisations.

6.2.3. Collaborative working within the PCT to realise the benefits of efficient use of resources by sharing information assets appropriately.

6.2.4. PCT information processing systems in achieving the highest quality in terms of Completeness, Accuracy, Relevance, Accessibility, Timeliness.

6.2.5. Openness and accountability in line with responsibilities of Public Authorities under the Freedom of Information Act and Environmental Information Regulations.

6.2.6. Develop a culture of organisational and individual ownership of Information Governance issues.

6.2.7. To provide assurance to PCT Board and external inspectorates of good practice that meets national standards with respect to Information Governance.

6.3. To ensure:

6.3.1. The secure processing of information which has the qualities of confidentiality, integrity and availability.

6.3.2. Assurance and benchmarking measures are incorporated into systems to identify year on year change and baseline improvement in a systematic and effective way.

6.3.3. The PCT complies with legal obligations, professional and ethical standards, NHS standards, guidance and regulatory Codes of Practice.

6.3.4. The PCT meets the legal requirements imposed by the Data Protection Act 1998 with regard to the contractual obligations and subsequent evidential and monitoring requirements placed on those with whom the PCT contracts.

6.4. To develop support arrangements for:

6.4.1. The provision of advice.

6.4.2. The provision of appropriate tools to enable the PCT to discharge its responsibilities to consistently high standards.

7. Key Components

7.1. There are four key components underpinning this Strategy:

- 7.1.1. Commitment of the PCT Board and Senior Managers.
- 7.1.2. Provision of resources and identified support.
- 7.1.3. The development and approval of an Information Governance Policy outlining objectives.
- 7.1.4. The production of annual improvement plans arising from the annual Information Governance Toolkit assessment and internal assurance reports e.g. incident reporting.

8. Risks

8.1. The following potential and generic risks are applicable to all NHS organisations in relation to Information Governance:

- 8.1.1. Insufficient commitment from Board and or Senior Managers.
- 8.1.2. Information Governance being considered an individual's role rather than the responsibility of every member of staff.
- 8.1.3. No formalised structure for Information Governance implementation.
- 8.1.4. Non - compliance with National Standards.
- 8.1.5. Inadvertent or deliberate breaches of confidentiality.
- 8.1.6. Insufficient Information Governance training for employees
- 8.1.7. Deliberate or inadvertent threats to the PCT's information assets.
- 8.1.8. Insufficient funding and resources for Information Governance activities.
- 8.1.9. Ineffective and inappropriate procedures.
- 8.1.10. Non-compliance with Acts of Parliament.

8.2. Potential Effects of non compliance:

- 8.2.1. Harm to service users health through poor quality information.
- 8.2.2. Reduction in the PCT position rankings in national balanced assessments.
- 8.2.3. Loss of public trust in the Connecting for Health NHS Care Records Service.
- 8.2.4. Breaches of confidentiality caused by inadequate training.
- 8.2.5. Increased complaints from service users and the public.
- 8.2.6. Civil action by service users.
- 8.2.7. Non-compliance with UK legislation.
- 8.2.8. Fines of up to half a million pounds and investigation and issue of Decision or Compliance Notices issued by the Information Commissioner.

9. Information Governance Management Framework

9.1. To fully implement and integrate Information Governance standards throughout the PCT a robust management framework must be in place. The PCT Information Governance framework contains the following aspects.

9.1.1. Information Governance Management Framework

- 9.1.1.1. The PCT Board via the Governance and Quality Committee will be asked to endorse and support the implementation of the Information Governance Management Strategy.
- 9.1.1.2. The Governance and Quality Committee has approved the establishment of an Information Governance Steering Group to monitor and support compliance by reviewing reports, audits and action plans.
- 9.1.1.3. The Information Governance Team will develop the Information Governance agenda via policy and provide guidance and support to the PCT. The Team will co-ordinate the development of the annual improvement plans.
- 9.1.1.4. The IGSG has identified Information Asset Owners (IAO's) who in conjunction with PCT managers will be required to support and take responsibility for the implementation of improvements and compliance with the Information Governance Toolkit standards within their area of responsibility. They will actively promote, embed and monitor Information Governance systems and procedures within their departments.
- 9.1.1.5. Information Asset Owners in conjunction with PCT managers will progress the attainment levels, and provide evidence to support achievements against the Information Governance Toolkit and the requirements of the Care Quality Commission, to the Information Governance Steering Group. Evidence is required for internal and external audit.
- 9.1.1.6. Information Governance will be included in the provision for any Partnership working in the organisation.
- 9.1.1.7. The Information Governance Framework is part of the Corporate Risk Management and Integrated Governance processes. The Information Governance Manager is an attendee of the Governance and Quality Committee

9.1.2. Service and Work Planning

Information Asset Owners will ensure that:

- 9.1.2.1. All new service and work planning initiatives include at the planning stage Information Governance requirements mandated by legislation, ethical guidelines, professional codes of practice and NHS guidance.
- 9.1.2.2. All service areas will implement Information Governance policy through working procedures and undertake training.
- 9.1.2.3. Information is proactively used within the organisation both for the care of service users and for service management as determined by law, statute and best practice
- 9.1.2.4. Information is proactively used with partner organisations to support care as determined by law, statute and best practice
- 9.1.2.5. Partnership Working, SLA's, third party contracts will contain appropriate Information Governance requirements including Confidentiality, Data Protection, Freedom of Information and Information Security.
- 9.1.2.6. Risks and implications in service and work planning are included in the Risk Management process in accordance with Corporate Procedures and where appropriate reported to the Information Governance Steering Group.

9.1.3. The Development of Policy, Procedure and Guidance

9.1.3.1. The Information Governance Manager will co-ordinate the production of Corporate Information Governance policies. Information Asset Owners and Departmental Heads will be responsible for the production and implementation of Directorate or Departmental procedures in line with the PCT Policies.

9.1.3.2. Policies will include but not be limited to:

- Information Governance
- Information Security
- Records Management & Information Life Cycle Management
- Information Quality Assurance
- Confidentiality
- Freedom of Information & Environmental Information
- Business Continuity Management
- Registration Authority

9.1.3.3. The Governance and Quality Committee on behalf of the Board will be asked to approve and adopt policies following approval by the Information Governance Steering Group.

9.1.3.4. IAO's supported by the Information Governance Team will:

9.1.3.4.1. Develop local procedures to reflect differences in working practice in relevant Directorates/Departments.

9.1.3.4.2. Support dissemination and implementation of policies, protocols and procedures to all staff.

9.1.3.4.3. Ensure that the sharing of personal information is carried out lawfully and in accordance with NHS guidance current PCT procedures and templates, and that appropriate procedures are put in place to govern that sharing (e.g. patient leaflets).

9.1.3.4.4. Support the development, with healthcare professional representation, Information Sharing Protocols for approval by the Caldicott Guardian and IGSG where the sharing of Clinical Information and personal information is necessary with other NHS or non-NHS organisations.

9.1.3.4.5. Support the development of local information sharing protocols where appropriate with the involvement of local healthcare professionals.

9.1.4. Education Training and Awareness

9.1.4.1. The NHS Operating Framework 2010/11 requires that all staff should receive annual basic IG training appropriate to their role through the online NHS IG Training Tool. A further assessment of the training needs of staff will be carried out at a local level by line managers.

9.1.4.2. Induction procedures must include Information Governance training via the NHS IG Training Tool or NHS NYY CBLS Training Package *prior* to accessing and processing information.

9.1.4.3. The local training programme will include, Registration Authority (Smartcards) as appropriate, Incident Reporting as part of the organisations Statutory and Mandatory training.

9.1.4.4. The Information Governance Training must be monitored by Managers as part of the appraisal process.

9.1.5. Working to National Standards

9.1.5.1. Supported by the IG Team, Information Governance Work Group Leads will provide the Information Governance Steering Group with meeting minutes and reports on the progress of the Information Governance Agenda in the PCT and compliance with National Standards.

9.1.5.2. The Governance and Quality Committee will receive the minutes from the Information Governance Steering Group and regular reports via the IG Manager on the progress of the Information Governance Toolkit improvement plans.

9.1.5.3. Information Asset Owners and PCT Managers are responsible for ensuring, staff understanding of and compliance with Information Governance through the appraisal process.

9.1.5.4. The Information Governance Steering Group will receive regular reports on incidents reported – the outcomes of incidents will be reviewed by the Information Governance Team to identify required improvements in Information Governance practices and training needs.

10. Communication

10.1. Communication is essential to the successful implementation of this Strategy. Key priorities will include:

10.1.1. The Public and Patient engagement via Local involvement networks will be used to deliver a co-ordinated approach to inform the public and service users of National Initiatives and Information Governance issues.

10.1.2. The Information Governance Manager will inform the Information Governance Steering Group of non-compliance, national changes or additions to the Information Governance Agenda by submission papers or personal representation, as necessary.

10.1.3. The Information Governance Manager will communicate all relevant information when and where appropriate to the Information Governance Steering Group for guidance and implementation within the PCT.

10.1.4. The Information Governance Steering Group via the IG Team will inform Information Asset Owners of all changes to policy, procedures or national guidance that may affect the working practice of their staff.

10.1.5. Clinical Governance will be updated on Information Governance issues that affect the administration and implementation of health care services by appropriate representation on the Information Governance Steering Group.

10.1.6. The Information Governance Manager will use existing recognised channels of communication to inform staff of updates, current or new National initiatives.

11. Resources

11.1. Appropriate allocation of resources will be required to ensure the successful implementation of this Strategy. Key priorities will include:

11.1.1. The Information Governance Manager will advise the Information Governance Steering Group on the required resources and provide expert advice and assistance on taking forward the Information Governance agenda.

11.1.2. The Information Governance Steering Group will identify any resources that are needed to implement the Information Governance action plans derived from the Information Governance Toolkit assessment.

12. Work Programme

12.1. The Information Governance work programme will be updated annually in line with the requirements of; Connecting for Health Information Governance Toolkit, Care Quality Commission and other Department of Health and organisational requirements.

12.2. The Information Governance Steering Group. The Information Governance Programme for the Steering Group will:

12.2.1. Focus on the implementation of the agreed strategy.

12.2.2. Review the strategy in the light of any new guidance.

12.2.3. Provide guidance on an organisational response to requests for immediate action on IG issues.

12.2.4. Support and Monitor Information Governance Working Groups to develop Information Governance policies and supporting procedures.

12.2.5. Approve an Annual Improvement Plan and prioritise key actions required over the following year and identification of the appropriate skills and resource required to deliver.

12.2.6. Approve an annual report to be submitted to the Board.

12.2.7. Support, monitor and review progress against the annual Information Governance Improvement Plan.

12.3. The Information Governance team will

12.3.1. Co ordinate the Information Governance Agenda

12.3.2. Create an Information Governance Strategy, associated policies and guidance

12.3.3. Create the Annual Information Governance Improvement Plans

12.3.4. Support the organisation in meeting the strategy, policies, improvement plans and national standards

12.3.5. Support the IGSG in monitoring and progressing the work of the Information Governance Working Groups

12.3.6. Administer and submit the Connecting for Health Information Governance Toolkit

12.3.7. Produce for approval by IGSG an annual report and once approved present it to the Board

12.3.8. Provide support to the Caldicott Guardian, Caldicott Lead and Senior Information Risk Owner

12.3.9. Provide support and guidance to Information Governance Working Groups, Information Asset Owners and PCT Managers

12.3.10. Provide Information Governance training, support and guidance to staff as and when required

12.3.11. Work with other NHS organisations to ensure continuity of best practice

12.3.12. Monitor and support Independent Contractors in Information Governance matters including completion of Information Governance toolkit returns.

12.3.13. Support and provide guidance throughout the organisation in responding to, Freedom of Information (FOI) requests and co-ordinate and administer the Freedom of Information process and formulate the FOI Publication Scheme

13. Independent Contractors

13.1. All NHS organisations are required to complete an IG Toolkit in addition Independent Contractors have been asked to complete a return. They will be monitored and supported in this by the Information Governance Team.

14. NHS Business Partners

14.1. All NHS Business Partners are required to complete an IG Toolkit. Business Partners such as Hospices and Prison Health will be monitored and supported in this by the Information Governance Team.

15. Third Party Contractors

15.1. The Data Protection Act 1998 places a responsibility on those who are data controllers of personal data to ensure that when data processing is carried out on their behalf that they choose a processor providing specific guarantees in respect of technical and organisational security measures governing the processing to be carried out and take reasonable steps to ensure compliance with those measures.

15.2. Any data processing must be carried out under a contract evidenced in writing, under which the data processor is to act only on instructions from the data controller.

15.3. Where an organisation has assessed itself as meeting the IG assurance requirements to an appropriate level, and has recorded its assessment within the IG Toolkit, this provides a clear and structured basis for auditing the organisation to obtain assurance that IG standards are being met.

15.4. A self-assessed IG Toolkit submission does not itself provide this assurance and bodies contracting, or otherwise engaging, with organisations who have gone through the IG assurance process must ensure themselves that there is robust evidence of performance.

15.5. It is the responsibility of all NHS Contracting Authorities to ensure that appropriate IG assurance is obtained when contracting for the delivery of information services. The PCT should as a minimum ensure that those it contracts with have completed an IG Toolkit submission and have met at least Level 2 on all required criterion, and or have obtained appropriate certification against ISO27001. In some circumstances with the support of the Information Team approval for other IG assurances can be submitted to IGSG for approval.

15.6. The Information Governance Team will provide clauses for contracts that have been approved by Legal Services for the inclusion in contracts.

15.7. Senior Managers, Information Asset Owners, all PCT Managers and staff must ensure the inclusion of such clauses in any contract they enter into, where the standard clauses are not felt to be appropriate guidance must be sought from the Information Governance Team.

15.8. Senior Managers, Information Asset Owners, all PCT Managers and staff must notify the Information Governance Manager prior to the agreement of any contracts or agreements where information will be processed outside of the of the United Kingdom and of the European Economic Area to facilitate a review of the information processing to ensure compliance with the Data Protection Acts eighth principle

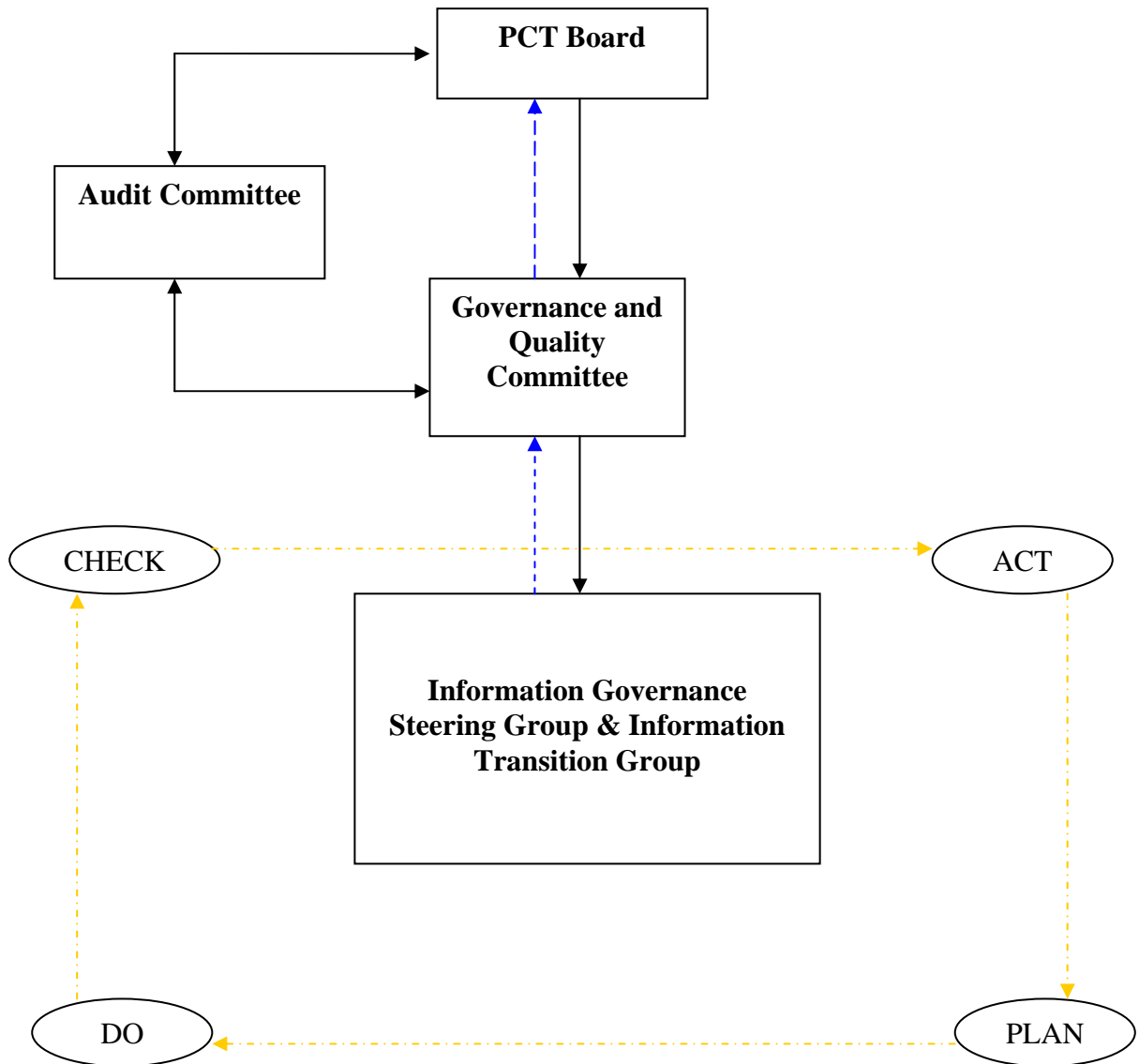
16. Legislation, Standards, Guidelines, Regulations, Codes of Practice

There are a range of statutory and professional obligations and regulations that limit, prohibit or set conditions in respect of the management, use and disclosure of information and, similarly, a range of obligations that permit or require information to be used or disclosed. The key obligations covering personal and other information listed in Annex A.

Annexes:

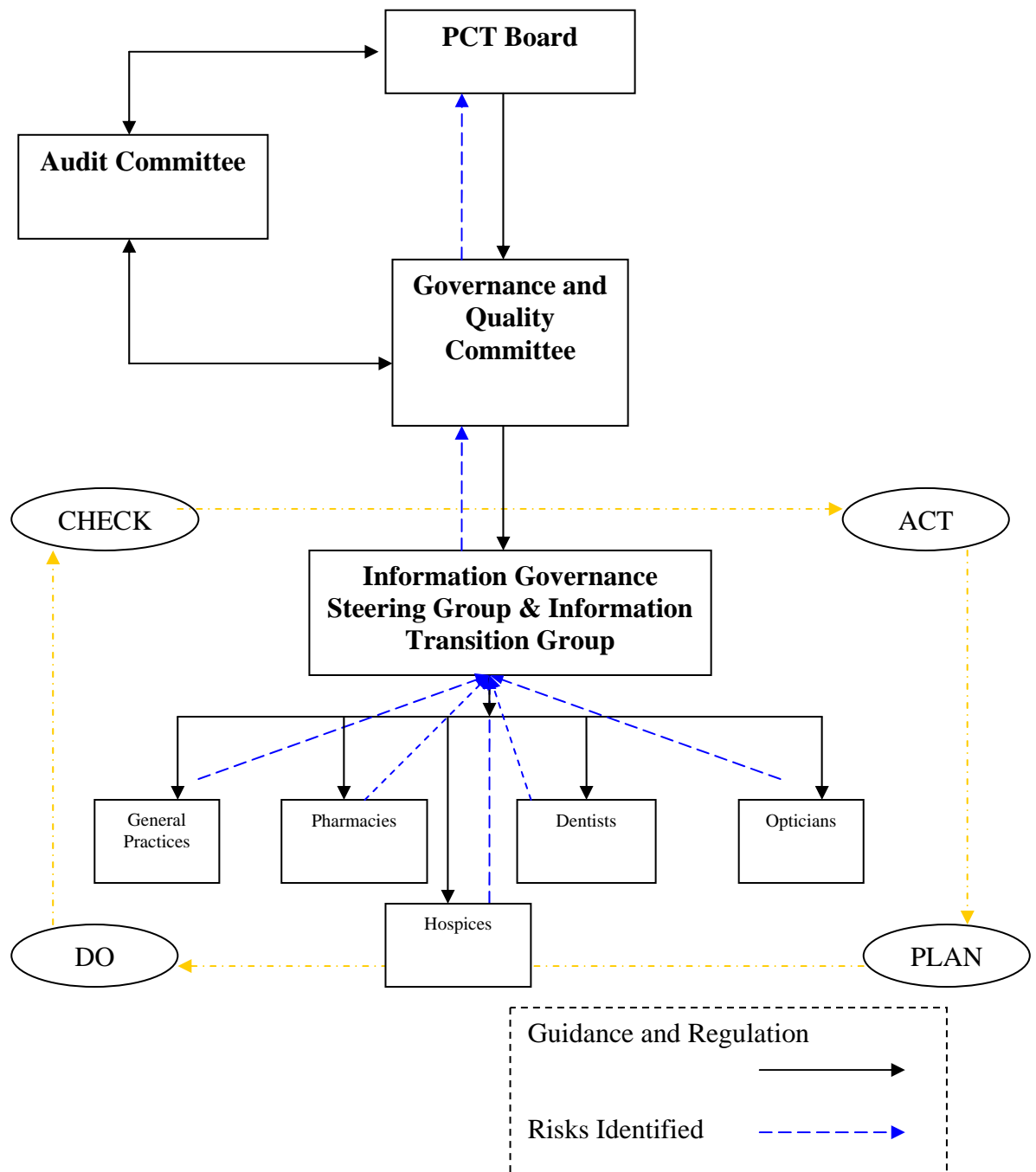
- A. Information Governance Framework diagram NHS North Yorkshire and York
- B. Information Governance Framework diagram Independent Contractors and NHS Business Partners
- C. Legislation, Standards, Guidelines, Regulations, Codes of Practice.

Information Governance Framework diagram NHS North Yorkshire and York



The implementation of Information Governance policies and procedures is the responsibility of the nominated Information Asset Owners.

Information Governance Framework diagram Independent Contractors and NHS Business Partners



NHS North Yorkshire and York Monitor and support the organisations detailed above in the completion of their respective Information Governance Toolkit.

LEGISLATION, STANDARDS, GUIDELINES, REGULATIONS, CODES OF PRACTICE

Legal and Professional Obligations

The Abortion Regulations 1991
 The Access to Health Records Act 1990
 The Access to Medical Reports Act 1988
 Administrative Law
 The Blood Safety and Quality Regulations 2005
 – Directive 2002/98/EC of the European Parliament and of the Council of 27 January 2003
 – Commission Directive 2005/61/EC of 30 September 2005
 The Census (Confidentiality) Act 1991
 The Civil Evidence Act 1995
 The Common Law Duty of Confidentiality
 – Confidentiality: NHS Code of Practice
 The Computer Misuse Act 1990
 The Congenital Disabilities (Civil Liability) Act 1976
 The Consumer Protection Act (CPA) 1987
 The Control of Substances Hazardous to Health Regulations 2002
 The Copyright, Designs and Patents Acts 1990
 The Crime and Disorder Act 1998
 The Data Protection Act (DPA) 1998
 – The Data Protection (Processing of Sensitive Personal Data) Order 2000
 – Information Security Management: NHS Code of Practice
 Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 on the Community Code Relating to Medicinal Products for Human Use
 The Disclosure of Adoption Information (Post-Commencement Adoptions) Regulations 2005
 The Electronic Communications Act 2000
 The Environmental Information Regulations 2004
 The Freedom of Information Act (FOIA) 2000
 – Lord Chancellor's Code Of Practice On The Management Of Records Under Section 46 Of The FOIA 2000
 – Lord Chancellor's Code Of Practice On The Discharge Of Public Authorities' Functions Under Part I Of The FOIA 2000 Under Section 45 Of The Act
 – Records Management: NHS Code of Practice
 The Gender Recognition Act 2004
 – The Gender Recognition (Disclosure of Information) (England, Wales and Northern Ireland) (No. 2) Order 2005
 The Health Act 2006
 The Health and Safety at Work Act 1974
 The Health and Social Care Act 2001
 The Human Fertilisation and Embryology Act 1990, as Amended by the Human Fertilisation and Embryology (Disclosure of Information) Act 1992
 The Human Rights Act 1998
 The Limitation Act 1980
 The NHS Trusts and Primary Care Trusts (Sexually Transmitted Diseases) Directions 2000

The Police and Criminal Evidence (PACE) Act 1984
 The Privacy and Electronic Communications (EC Directive) Regulations 2003
 Public Health (Control of Diseases) Act 1984 and Public Health (Infectious Diseases) Regulations 1988
 The Public Interest Disclosure Act 1998
 The Public Records Act 1958
 The Radioactive Substances Act 1993
 – The High-activity Sealed Radioactive Sources and Orphan Sources Regulations
 The Re-use of Public Sector Information Regulations 2005
 The Sexual Offences (Amendment) Act 1976
 Subsection 4(1) as Amended by the Criminal Justice Act 1988

Relevant Standards and Guidelines

Department of Constitutional Affairs Data Sharing Model
 The NHS Information Governance Toolkit
 Information Quality Assurance Programme
 NHS Guidance on Consent to Treatment
 Department of Health: Effective Management of Records during a period of transition or organisational change
 National Information Governance Board: Information Governance for Transition
 National Archives: What to do with records if your public body is being dissolved
 BS ISO/IEC 17799:2005 BS ISO/IEC 27001:2005
 BS 7799-2:2005
 BSI BIP 0008 86
 BSI PD 5000 86
 BS 4743 86
 BS 5454:2000 86
 ISO 15489 87
 ISO 19005 87

Wider NHS & National Regulations elements

Core Standards for Better Health
 Clinical Negligence Scheme for Trusts (CNST)
 Health Care Commission
 Risk Pooling Scheme for Trusts (RPST)
 Connecting for Health: The NHS Care Record Guarantee
 Connecting for Health: Statement of Compliance.

Professional Codes of Conduct

The General Medical Council
 The Nursing and Midwifery Council Code of Professional Conduct
 The Chartered Society of Physiotherapy: Rules of Professional Conduct

General Social Care Council: Codes of Practice for
Social Care Workers and Employers
Information on Ethical Practice
Nursing and Midwifery Council Guidance on
Record Keeping 01.05 89
Midwives' Rules and Standards – NMC Standards
05.04 89