

## TRUST BOARD MEETING 26<sup>TH</sup> JANUARY 2006

### ISSUES RAISED BY THE INFORMATION GOVERNANCE COMMITTEE

1. Last year the Trust decided to set up a Committee charged with assuring compliance with Information Governance. The Department of Health has been promoting higher standards of information governance across the NHS. The key issues covered by the term Information Governance include
  - Data Protection
  - Information Security (“Caldicott Guardian” issues); and
  - Health Records
2. There have been internal and external audit reports drawing attention to weaknesses in the Trust’s arrangements for scrutinising Information Governance and Management. The Annual Audit Letter for 2004/05, earlier on the agenda draws attention for the need for action in these areas.
3. The Inaugural Meeting of the Information Governance Committee took place on 5<sup>th</sup> December 2005 and certain changes were made to the Committee’s proposed Terms of Reference and Memberships. The revised Terms of Reference are attached. It was agreed to propose that the Chair of the Health records Committee, currently Dr Julia Schofield, should become a member of the Committee.
4. In the absence of Non Executive Directors able to attend the meeting on that date, it was decided that the meeting should be chaired by an Executive Director of the Board, Howard Borkett-Jones. David Law and Carolyn Hughes, also executive members of the Board were also present.
5. Standing Orders state that committees shall “*have such terms of reference and powers...as the Board shall decide*” (SO5.3) and that “*The Board shall approve the appointments to each of the committees which it has formally constituted.*” There are powers to co-opt members who are neither directors nor officers.
6. Terms of Reference discussed by the Committee and amended in the light of this discussion are attached for approval.
7. Governance Committees are normally chaired by a Non Executive Director with at least one other NED. Given the pressure on Non Executive Director commitments it might be possible for the chairmanship of the Committee to be exercised by one of five Executive Directors with voting powers. (currently Chief Executive, Director of Finance, Medical Director, Director of Nursing, Quality and Risk and Director of Human Resources). It would be important for at least one NED (and/or co-optee) to serve on the Committee to allow for proper scrutiny

At its inaugural meeting the IG committee considered the Trust Data Protection policy and suggested minor changes, which have been incorporated. Members were also given copies of a draft Information Security policy and ask to send any comments within 5 days. No one objected to the policy and the Board is asked to ratify it. Both policies should be reviewed on an annual basis.

### ***Recommendation***

***The Trust Board is invited to: -***

- 1. Approve the Terms of Reference of the Committee:***
- 2. Agree on Non Executive Director membership of the Committee and whether co-optees are needed***
- 3. Decide on whether a Non Executive Director or an Executive Director chairs the Committee***
- 4. Ratify the Data Protection policy***
- 5. Ratify the Information Security policy***

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### INFORMATION GOVERNANCE COMMITTEE

#### Preamble

At its meeting on 28th July 2005 the Trust Board agreed to set up a short life sub-committee to oversee the governance arrangements for information management and technology within the Trust. The IGC is accountable to the Board through the Risk Management Committee. The Audit Committee will review the continued need for a dedicated IGC as part of its annual review of committees. The IGC will concern itself with governance issues. A functioning steering group on related management issues needs to exist and have clinical input.

#### Background

An internal audit report on information governance (Sep 05) had highlighted concern about fragmentation of resources and responsibilities throughout the Trust and inadequate governance systems. A separate report by independent consultants came to similar conclusions. Finance and Performance Committee are currently monitoring a management information project. Other aspects of information management are being monitored by the Clinical Informatics Steering Group, which has Executive and Non-Executive Director membership. It is important to distinguish between management and governance functions in relation to I,M&T.

#### Draft Terms of Reference

1. To oversee the Trust's strategy on I, M+T<sup>1</sup>
2. To monitor implementation of that strategy
3. To ensure that IM&T resources are being used to support the delivery of Trust objectives
4. To ensure compliance with national standards of Information Governance
5. To identify risks associated with I, M+T and report them to the Risk Management Committee
6. To collaborate with the Clinical Governance Committee on governance issues. The IGC will take the lead on policy issues associated with Health Records<sup>2</sup>, Caldicott

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<sup>1</sup> It is understood that the national programme for Information Technology was understood to replace local strategies but delays in national implementation until 2008 at the earliest suggest the need for a formal written strategy, even if it is an interim one for the next 2-3 years

<sup>2</sup> A Health Records Committee exists and is chaired by Julia Schofield, Consultant Dermatologist

Guardianship<sup>3</sup> and Freedom of Information. The CGC will take the lead on the application of any such policies in clinical settings.

7. To ensure the Trust' system and processes for I, M+T are fit for purpose
8. To make recommendations to the Board through the Risk Management Committee
9. To hold meetings on a quarterly basis

### Membership

Chair: t.b.c. (Board Member, preferably Non Executive Director)

Other NEDs/co-optees – to be confirmed

Lead Director(s): Nick Evans, Carolyn Hughes, Howard Borkett-Jones (eventually Chief Operating Officer when appointed)

Lead Officer: Wanda Hemmings

Ex Officio: David Law

Chair, Health Records Committee (Currently Julia Schofield)

Phil Bradley

Any other members to be confirmed and/or to be invited to attend for specific items

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<sup>3</sup> Pressure to implement systems across health organisations mean that patient identifiable information will be accessible by many is in contravention to Caldicott principles but appears to be sanctioned by the Information Commissioner