

<b>Terms of Reference</b>	
<b>Title</b>	Berkshire Information Governance Steering Group
<b>Accountable to</b>	<p>The Berkshire Information Governance Steering group (BIGS) will initially be accountable to the Berkshire West Connected Care (BWCC) and the Berkshire East Share Your Care (BESYC) Project Boards.</p> <p>The scope of the BIGS will widen beyond BESYC and BWCC in order to meet the challenges set out in NIB's <a href="#">2020 Framework for Action</a>. The BIGS will seek to evolve into The Berkshire Strategic Information Governance Network (BSIGN)</p> <p>When formed, BSIGN will seek advice, support, endorsement and quality assurance for publications from the Information Governance Alliance (IGA)</p> <p>The IGA was set up in July 2014 in response to a request from the Independent Information Governance Oversight Panel (IIGOP) and its chair, Dame Fiona Caldicott, that there should be a single authoritative source of information and guidance for the health and care sector.</p> <p>The IGA is supported by a team of information governance experts drawn from the Department of Health, NHS England and the Health and Social Care Information Centre.</p> <p>This structure will allow information to flow, issues to be escalated and will enable the BSIGN to draw on national expertise to help resolve issues and develop or improve guidance.</p>
<b>Purpose and how accountability is demonstrated</b>	<p>To ensure a strong Information Governance (IG) management framework is in place in order to demonstrate to all partner organisations that all personal confidential data will be processed, used and shared lawfully and that all data protection requirements are being effectively satisfied. To provide leadership and direction, making decisions to steer the progress and delivery of the IG elements of the programmes, setting the strategic direction and priorities, ensuring work is coordinated and completed across organisations. Promote IG as an enabler to achieving the Berkshire vision of improving clinical effectiveness and patient experience by providing clinicians and carers with a comprehensive view of patient medical history irrespective of source, moving away from separated information systems to a multi-system cross care setting landscape.</p> <p>To provide timely and appropriate visibility of project progress and key risks and issues to the BWCC / BESYC Project Boards, providing assurance that the information governance requirements and information sharing frameworks are being efficiently managed, measured and realised</p> <p>All members of BIGS will be directly accountable for delivery of the actions within their individual area of responsibility.</p>
<b>ToRs</b>	<b>Responsibilities</b>
<b>1</b>	Define <b>IG Strategy and Principles</b> to guide and steer the direction of travel. Agree and maintain common information sharing framework to enable the safe exchange of information across organisations and to ensure clarity regarding information sharing restrictions within each partner organisation.
<b>2</b>	Review established <b>Information Governance arrangements</b> . Identify the required changes,

	and make definitive recommendations to enable the safe and secure extended sharing of patient records across the health and social care system moving forwards
<b>2.1</b>	<p>Review established patient <b>Consent and Privacy</b> model to identify any required changes to enable the extended sharing of patient records across health and social care, taking into consideration scenarios whereby the patient may not be physically present to give their verbal consent to access their data.</p> <p>2.1.1 Review Patient communications and Opt-out processes and how these should be managed across organisations moving forwards. This work should consider, privacy notices, patient information requirements (ensuring patients are told about how their information is stored, who it's shared with and under what circumstances) and what additional privacy controls are available to patients to restrict access to their medical records if they so wish.</p>
<b>2.2</b>	Define appropriate <b>role-based access control</b> ; Health and Social Care professionals involved in the care of a patient must only have access to the appropriate areas of the patient record.
<b>2.3</b>	Set the IG threshold / compliance standards to ensure that each organisation within the shared record environment complies with minimum IG standards (e.g. Have they reached or are they in the process of an appropriate attainment level e.g. NHS IGT, PSN?)
<b>2.4</b>	<p>Outline partner organisation auditing requirements;</p> <p>2.4.1 Auditing SOPs; frequency, format, incident reporting</p> <p>2.4.2 Auditing Roles and responsibilities</p> <p>2.4.3 Controls to ensure appropriate audits are being carried out by viewing organisations.</p> <p>2.4.4 3. Define arrangements and procedures for incident management and reporting</p> <p>2.4.5 Define how subject access requests will be handled</p> <p>2.4.6 Establish a process for managing and reporting across the shared record environment patient complaints about data quality or accuracy</p>
<b>3</b>	Proactively identify risks (and maintain register) associated with usage and access of data, managing the risks or escalating to the BESYC and BWCC boards.
<b>4</b>	Act as a forum for all Berkshire connected/shared care IG issues across areas of commonality; making recommendations or taking action where appropriate
<b>5</b>	Approves (or delegates authority to approve) the IG specific documentation sets, including; risk assessments and privacy impact assessments, dataflow mapping, Information Sharing Agreements, role based access control (RBAC), auditing, incident management SOPs and clinical risk assessments and safety reports.

<b>Membership</b>	Organisation	Regular representative	Role	Regular Representative Deputy
	Royal Berkshire Foundation Trust	Caroline Lynch	Member	TBC
	Berkshire Local Medical Council	Dr John Rawlinson	Chair	Dr Jim Kennedy
	Wokingham Council	Ivan Ayres	Member	TBC

	Royal Borough of Windsor and Maidenhead Council	Martin Tubbs	Member	TBC
	Frimley Health Foundation Trust	Nicola Gould	Member	TBC
	Berkshire Health Foundation Trust	Richard Watson	Member	TBC
	Reading Council	Sally Palmer	Member	TBC
	South Central Ambulance Service	Vince Weldon	Member	Barbara Sansom
	Bracknell Forrest Council	Zoë Johnstone	Member	TBC
	Slough Council	Alan Sinclair	Member	Zoë Johnstone
	West Berkshire Council	Jackie Woodland	Member	Rob Sweetman
	<p>Group members who are not their Organisation Caldicott Guardians will seek delegated Caldicott Guardian Authority where possible.</p> <p>If a group member does not have delegated authority from their Caldicott Guardian this will be stated at the start of each meeting. The Group member will sponsor / recommend decisions back into their organisation's Caldicott Guardian / Information Governance/ Information Security department as appropriate.</p> <p>Deputies are permissible and should be fully briefed to participate in discussion. It is not expected that the group member deputy will make any decisions on behalf of their organisation or their organisation's regular group member (unless they have delegated authority to do so), but will sponsor / recommend decisions back into their organisation's Caldicott Guardian / Information Governance/ Information Security department as appropriate.</p> <p>Where a representative and/or deputy is unable to attend they will be permitted to delegate authority (in writing) to a Berkshire Information Governance Steering Group member that is able to attend.</p>			
<b>Quorum Requirements</b>	For the group to be quorate there must be in attendance either the Chair or the Vice Chair (or a person with delegate authority) of the group and 75% organisation representation in person or by proxy.			
<b>Frequency of Meetings</b>	Meetings will be held at a minimum of quarterly at the discretion of the Chair or Deputy Chair.			
<b>Papers</b>	<p>Meeting papers, e.g. agenda, minutes etc., will be distributed a minimum of five days prior to the meeting taking place. Circulation of the Agenda will provide advanced notice of any key decisions that will need to be made.</p> <p>All members must come to the meetings having read and understood any papers provided. The meetings are for clarification and decision making.</p>			
<b>Minutes of Meetings</b>	Minutes will be sent to all members within five working days of the meeting taking place.			
<b>Decision Making</b>	A consensus should be reached wherever possible. In the event of any disagreements, the Group Chair (Dr John Rawlinson) will sum up and explain why a decision has been reached. If			

	<p>the Group are unable to reach an agreement they will refer the issue to the Chair for escalation.</p> <p>Decision making will be inclusive as far as possible and timescales will be considered /taken into account. In circumstances where there is less than 75% organisation representation, there will be a post meeting out-of-committee process for decisions which can be made by group members who have not been present during key decision making meetings virtually.</p>
<b>Approved By</b>	
<b>Approval Date</b>	