

1.0 Introduction

Ariel Taxis (**AT**) recognises the importance of reliable information, both in terms of the transport of individual patients and the efficient management of services and resources. Information Governance (IG) plays a key part in supporting clinical governance, service planning and performance management and has therefore produced this Information Governance Policy.

It reassures our clients, in particular the National Health Service (NHS), and their patients that personal information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible care.

AT will establish and maintain policies and procedures to ensure compliance with the National Health Service Information Authority's (NHSIA) in conjunction with the Information Governance Toolkit (IGT).

- **Scope**

- This Information Governance Policy (IGP) covers all aspects of information within **AT**, including but not limited to:-

- Patient / Client / Service User Information
- Personnel Information
- Organisational Information

- This IGP covers all aspects of handling information, including but not limited to:-

- Structured record systems - paper and electronic
- Transmission of information - fax, e-mail, post and telephone

- This IGP covers all information systems purchased, developed and managed by/or on behalf of, **AT**

and any individual directly employed or otherwise by **AT**.

- **Openness**

- **AT** recognises the need for an appropriate balance between openness and confidentiality in the management and use of information.
- Information will be defined, and where appropriate kept confidential, underpinning the principles of the Caldicott Report and the regulations outlined in the Data Protection Act. We do not provide Freedom of Information (FOI) request direct to public. All FOI request have to be made through the relevant trust.
- Patients will have access to information relating to their own transport. There will be clear procedures and arrangements for handling queries from patients, the public and NHS staff.
- **AT** will have clear procedures and arrangements for liaison with the **ATs** and broadcasting media.
- Integrity of information will be developed, monitored and maintained to ensure that it is appropriate for the purposes intended.

- Availability of information for operational purposes will be maintained within set parameters relating to its importance via appropriate procedures and computer system resilience.
- **AT** regards all identifiable personal information relating to patients as confidential, compliance with legal and regulatory framework will be achieved, monitored and maintained.
- **AT** regards all identifiable personal information relating to staff as confidential except where national policy on accountability and openness requires otherwise.
- **AT** will establish and maintain policies and procedures to ensure compliance with the Data Protection Act, Human Rights Act, Freedom of Information Act and confidentiality.
- Awareness and understanding of all staff, with regard to responsibilities, will be routinely assessed and appropriate training and awareness provided.

• **Information Security**

- **AT** will establish and maintain policies for the effective and secure management of its information assets and resources.
- Audits will be undertaken or commissioned to assess information and IT security arrangements.
- **AT's** Incident Reporting system will be used to report, monitor and investigate all breaches of confidentiality and security.

• **Information Quality Assurance**

- **AT** will establish and maintain policies for information quality assurance and the effective management of records.
- Audits will be undertaken or commissioned of **AT's** quality of data and records management arrangements.
- Managers will be expected to take ownership of, and seek to improve, the quality of data within their services.
- Wherever possible, information quality will be assured at the point of collection.
- **AT** will promote data quality through policies, procedures/user manual and training.

6.0 Yearly Improvement Plan and Assessment

An assessment of compliance with requirements, within the IGT, will be undertaken each year. Annual reports and proposed action/development plans will be sent to **AT's** Management Board for approval prior to submission to the IGT.

The requirements are grouped into the following initiatives:-

- Code of Confidentiality
- Data Protection
- Freedom of Information

- Health Records
- Information Governance Management
- Information Quality Assurance
- Information Security

- **Information Governance Management**

- *AT* will have an Information Governance Management Group (IGMG) to ensure the IGP is being adhered to across the *AT* organisation. The membership of this group will comprise of:-
 - Managing Director
 - Finance Director

- PR & Marketing Director

- The responsibilities of the IGMG will include but not be limited to:-
 - Recommending for approval related policies and procedures.
 - Recommending for approval the annual submission of compliance with requirements in the IGT and related action plan.
 - To co-ordinate and monitor the Information Governance Strategy (IGS) across *AT*.
 - IG leads throughout *AT* will be central to the delivery of the IGS strategy.

8.0 Training

All staff should attend, as part of their induction, a training session on IG. Refresher training can be requested by a member of staff through their Manager. Any additional training will be organised by the IGMG.