



# Data Governance

Policy – FINAL (Approved)

July 2010

## DOCUMENT CONTROL

Document Title:	Data Governance Policy
Summary:	This document defines the policies of the Cancer Institute NSW regarding our data governance management system.
TRIM Ref:	E10/13359
Date of Issue:	July 2010
Version:	Version 1.0 (Approved)
Contact Officer:	Governance, Risk & Compliance / Chief Operating Officer
Relevant References:	<p><i>NSW Health Policy Directives:</i></p> <ul style="list-style-type: none"> <li>• Electronic Information Security Policy (PD2008_052).</li> <li>• Privacy Management Plan (PD2005_554).</li> <li>• Privacy Manual Version 2 (PD2005_593).</li> <li>• Principles for Creation, Management, Storage and Disposal of Health Care Records. (PD2005_127).</li> <li>• Charges for Health Records and Medical Reports (PD2005_235)</li> <li>• Use and Retention of Human Tissue including Organ Donation, Post Mortem Examination and Coronial Matters (PD2005_341)</li> <li>• Records Management Policy (PD2009_057)</li> <li>• Disclosure of Unit Record Data Held for Research or Management of Health Services (PD2006_077)</li> <li>• Process for Approval of New or Modified data collections (PD2005_155).</li> <li>• Subpoenas (PD2005_405).</li> </ul> <p><i>NSW Government Mandates:</i></p> <ul style="list-style-type: none"> <li>• NSW Premiers Circular No. 2001–46.</li> <li>• NSW Premiers Circular No. 2004–06.</li> <li>• General Disposal Authority (GDA 17) Public health services: Patient/Client Records.</li> <li>• State Records Policy on Records Appraisal and the Identification of State Archives – 2001</li> <li>• State Records Policy on Digital Records Preservation - 2007</li> <li>• State Records Policy on Electronic Messages as Records - 1998</li> <li>• State Records Policy on Electronic Record Keeping - 1998</li> <li>• State Records Procedure on Disposal Authorisation – 2007</li> <li>• State Records Procedure on Making Access Directions – 2005</li> <li>• State Records Procedure on Making Still In Use Determinations – 1999</li> <li>• State Records Procedure on Transferring Custody of Records as State Archives – 2004</li> </ul>
Main Legislative Implications:	<ul style="list-style-type: none"> <li>• Cancer Institute NSW Act</li> <li>• Commonwealth Privacy Act</li> <li>• Freedom of Information Act</li> <li>• Health Administration Act</li> <li>• Health Records &amp; Information Privacy (HRIP) Act</li> <li>• Health Records &amp; Information Privacy Regulations</li> </ul>

	<ul style="list-style-type: none"> <li>• Healthcare Identifiers Bill 2010</li> <li>• Healthcare Identifiers (Subsequential Amendments) Bill 2010</li> <li>• Human Tissue Act</li> <li>• Privacy &amp; Personal Information Protection Act</li> <li>• Public Health Act</li> <li>• State Records Act</li> <li>• Standards under the State Records Act</li> <li>• Statutory Guidelines under the HRIP Act</li> </ul>		
<p style="color: purple;">Related Cancer Institute NSW Policy</p>	<ul style="list-style-type: none"> <li>• Data Governance Policy (this document)</li> <li>• Data Governance Procedure</li> <li>• Information Security Policy</li> <li>• Information Security Management System (ISMS) Policy</li> <li>• Information Security Management System (ISMS) Procedure</li> <li>• Business Continuity Management Policy</li> <li>• Business Continuity Management Procedure</li> <li>• Compliance Management Policy</li> <li>• Compliance Management Procedure</li> <li>• Records Management Policy</li> <li>• Records Management Guidelines</li> <li>• Code of Conduct and Ethics</li> </ul>		
<p style="color: purple;">Change History</p>	Version	Who	What
	0.1	Dr Stephen James	03/01/2010: Initial draft.
	1.0	Stephen James	27/07/2010: Approved by COO.

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## 1.0 INTRODUCTION

### 1.1 Background

Schedule 1 Part 2 of the *Public Sector Employment and Management (NSW) Act 2002* defines the Cancer Institute NSW as a statutory corporation (i.e. a non public-service division of the Government Service) headed by the Director General of the Department of Health.

The Institute is constituted by the *Cancer Institute (NSW) Act 2003* and is governed by a Board appointed by the Minister for Health. The Act is jointly administered by the NSW Minister for Health and the Minister Assisting the Minister for Health (Cancer).

The Institute forms part of the NSW public health system<sup>1</sup>. As such, many of the policy directives of the NSW Department of Health apply to the Institute. This Procedure incorporates each of the requirements specified within applicable NSW Department of Health policy directives, as well as those stipulated by applicable legislative instruments, which pertain to data governance.

This Policy and its associated Procedure incorporate each of the requirements specified within applicable NSW Department of Health policy directives, as well as those stipulated by applicable legislative instruments.

### 1.2 Intent

The Institute recognises that data is a valuable asset for the purposes of its objectives as specified within its Act. The Institute is involved in the collection, processing, analysis and reporting of various forms of data and acknowledges that some of this data is of a sensitive nature in terms of privacy, integrity, availability, security and governance.

The Institute shall therefore establish, implement, operate, monitor, review, maintain and improve a Data Governance framework to ensure that appropriate controls are applied to data, and that the data is collected, used and reported in line with its legislative and other compliance obligations.

### 1.3 Objectives

The specific objectives of our data governance framework are to apply appropriate controls over:

- Data inventory and ownership
- Data collection
- Data use and disclosure

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<sup>1</sup> Page 10, NSW Department of Health Annual Report 2008/09

- Data security
- Data privacy
- Data availability, retention and disposal
- Data integrity
- Data compliance

## 1.4 Scope

This Policy applies to all Divisions, business units and controlled entities of the Cancer Institute NSW. It applies to all forms of data including those in electronic and non electronic form.

Whilst data governance, and especially the elements listed above, apply to all types of data, this Policy (and its corresponding Procedure) is particularly concerned with:

- Identifiable personal information as defined by the *Privacy and Personal Information Protection Act 1998*; and
- Identifiable personal health information as defined by the *Health Records and Information Privacy Act 2002*

## 2.0 POLICY STATEMENTS

- a. **Data Governance Policy.** A Data Governance Policy (this document) shall be maintained by the Governance, Risk & Compliance adviser, approved by the Chief Operating Officer and published and communicated to all relevant employees and relevant external parties. This Policy shall be reviewed and updated as required.
- b. **Data Governance Procedure.** A Data Governance Procedure shall be documented and applied which defines the processes and procedures to be followed in order to meet these Policy statements. The Data Governance Procedure shall be reviewed and updated as required.
- c. **Data Inventory & Ownership.** All data assets shall be clearly identified and an inventory of all important assets shall be maintained. All data assets shall be assigned a dedicated owner and steward. This shall be achieved in accordance with Chapter 3 of the Institute's Data Governance Procedure.
- d. **Data Collection.** Data shall be collected in a lawful and appropriate manner in accordance with the requirements of applicable legislation, NSW government mandates and NSW Health and Institute policies. This shall be achieved in accordance with Chapter 4 of the Institute's Data Governance Procedure.
- e. **Data Use and Disclosure.** Data shall be used and disclosed in a lawful and appropriate manner in accordance with the requirements of applicable legislation, NSW government mandates and NSW Health and Institute policies. This shall be achieved in accordance with Chapter 5 of the Institute's Data Governance Procedure.
- f. **Data Security.** Data shall remain protected and secure in accordance with the requirements of applicable legislation, NSW government mandates and NSW Health and Institute policies. This shall be achieved in accordance with Chapter 6 of the Institute's Data Governance Procedure.
- g. **Data Privacy.** Data shall remain private and shall only be disclosed to authorised parties in accordance with the requirements of applicable legislation, NSW government mandates and NSW Health and Institute policies. Privacy Impact Assessments shall be conducted prior to the undertaking of any business initiative, project or act which has the potential to incur privacy risks. A formal privacy breach procedure shall be applied for all suspected and actual breaches to the privacy of data. These shall be achieved in accordance with Chapter 7 of the Institute's Data Governance Procedure.
- h. **Data Availability, Retention and Disposal.** Data shall be retained and disposed of in a lawful and appropriate manner. Appropriate controls shall be applied to ensure that data remains available to bona fide persons when

required. This shall be achieved in accordance with Chapter 8 of the Institute's Data Governance Procedure.

- i. **Data Integrity.** Appropriate controls shall be applied to ensure that data remains complete and accurate. This shall be achieved in accordance with Chapter 9 of the Institute's Data Governance Procedure.
- j. **Data Compliance.** Data shall remain compliant with the Institute's various obligations including those specified within relevant legislation, NSW government mandates, NSW Health Policy Directives, Institute policies and procedures, as well as other obligations such as contractual requirements. This shall be achieved in accordance with Chapter 10 of the Institute's Data Governance Procedure.

### 3.0 RESPONSIBILITIES

- a) The Chief Operating Officer shall:
  - review and approve the Data Governance Policy and the Data Governance Procedure;
  - approve the necessary resources required to develop, implement, maintain, test and continually improve the data governance framework.
- b) The Governance, Risk & Compliance adviser shall:
  - review and update the Data Governance Policy and Data Governance Procedure as required;
  - manage the overall development, implementation, maintenance, review and continual improvement of the data governance framework;
  - conduct internal IMS audits as required.
- c) Divisional Directors shall:
  - Advocate the requirements of the Data Governance Policy and the Data Governance Procedure;
  - make all staff aware of their roles and responsibilities as defined within the Policy and Procedure;
  - approve the necessary resources required to implement and continually improve the data governance framework within their Division.
- d) All staff<sup>2</sup> shall:
  - Apply all requirements as specified within the Data Governance Policy and the Data Governance Procedure.

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<sup>2</sup> This includes employees, contractors or agents of the Institute who access (including reading, entering, downloading, or updating) data or information addressed by this Policy.

Actions contrary to the above will be considered misuse of Institute property.

## 4.0 APPROVALS

This Policy was approved by the Chief Operating Officer on the 27<sup>th</sup> July 2010.

## A.0 ANNEX

### A.1 *Integrated Management System*

The Data Governance framework shall operate within the context of our overall *Integrated Management System*. Where there is an overlap or discrepancy between the IMS Procedures and the Data Governance framework, the latter must be applied. This is due to the unique nature of some of the requirements of data governance which are distinct from the requirements of other management systems.