

**Trust Board Meeting: Wednesday 13 November 2013**

TB2013.131

<b>Title</b>	<b>Information Governance Toolkit - Mid-Year Review</b>
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<b>Status</b>	For information
<b>History</b>	The issues covered by this report are overseen by the Information Governance and Data Quality Group, which reports to the Health Informatics Committee, a sub-committee of the Trust Management Executive. This is a mid-year report to the Trust Board.

<b>Board Lead(s)</b>	<b>Andrew Stevens, Director of Planning &amp; Information</b>			
<b>Key purpose</b>	Strategy	<b>Assurance</b>	Policy	Performance

**Executive Summary**

1. At the performance update on 31 October 2013 The Trust will declare an overall 'Satisfactory' rating against the information governance toolkit requirements for 2013-14.
2. Training compliance has significantly improved and the majority of clinical divisions (5/7) can demonstrate that at least 90% of staff have completed annual information governance training.
3. There have been 2 new information governance-related Serious Incidents Requiring Investigation (SIRIs) in the 2013-14 year to date; the outcome of the Information Commissioners investigations are not yet known. Actions are being implemented to address the root causes of these incidents.
4. Requests made under the Freedom of Information Act have increased compared to the same period last year; resourcing of this function is to be reassessed before the final year report.
5. <b>Recommendation</b> The Trust Board is asked to note the report.

## Information Governance Toolkit – Mid-Year Review

### 1. Purpose

- 1.1. The purpose of this paper is to provide the Trust Board with an overview of Information Governance-related activity from 1 April 2013 to date, specifically in relation to performance on the Information Governance toolkit, key risks, status of information governance training, and information incidents.

### 2. Information Governance & Data Quality Group

- 2.1. The Information Governance Group (IGG) and the Data Quality Group merged in May 2013 to form the Information Governance & Data Quality Group (IGDQG). The new joint work programme covers the actions required to improve compliance with the annual information governance assessment (the Information Governance toolkit), the recommendations arising from internal audit reports, and any other issues that the group considers necessary.
- 2.2. The annual work programme is reviewed at monthly meetings of the IGDQG and aims to ensure that the Director of Planning and Information in his role as the Trust's Senior Information Risk Owner (SIRO) is fully informed on all information risks and breaches in confidentiality.

### 3. Information Governance Self-Assessment

- 3.1. The Trust's overall attainment level for 2012-13 was 81% compared to 71% in 2011-12. Despite the improvements made within the year the overall assessment was rated 'Unsatisfactory' due to the training requirement not reaching the required level 2 standard. This standard requires that 95% of all staff have completed basic information governance training.
- 3.2. Version 11 of the assessment for 2013-14 shows little change from the previous version. The IGDQG continues to monitor progress against the work programme at its monthly meetings. KPMG conducted an audit of the toolkit in October 2013, the result of which is expected to show significant improvement in most areas on the position in February 2013.
- 3.3. The toolkit position at 31 October will be an overall rating of 'Satisfactory', with all requirements at a minimum of level 2. The current target score for March 2014 is 88%.

### 4. Information Governance Risks

- 4.1. The top 3 risks related to information governance have been registered on Health Assure, and relate to:
- 4.2. **Risk 1:** The Trust not having the resources, systems and/or processes to achieve and maintain level 2 on all requirements of the IG toolkit.
  - 4.2.1. The Trust Board are asked to note this risk specifically in relation to resourcing of the management of Freedom of Information requests. This function is currently absorbed by the Information Governance Manager. However, since 1 April 2013, the Trust has received 87% of the total

requests received in the whole of the previous 12 month period. Activity is expected to further increase over the coming months in advance of the 2015 General Election. The resourcing issue will be reviewed by the Director of Planning and Information before the final year report.

4.2.2. Controls: IG work plan monitored monthly and sets out the work required to achieve level 2 against the toolkit requirements; KPMG audit carried out to ensure the validity of the assessments; internal reviewer assigned to review evidence before the final submission in March 2014.

4.3. **Risk 2:** Data unavailability or loss via poor records management, inappropriate transmission, loss of portable media, laptop/desktop/device theft, unsecured waste disposal, incompliant transcription services, and/or incorrect or excessive disclosure.

4.3.1. Controls: Information flow mapping project underway; policy review underway; training plans in place to improve awareness of staff responsibilities; training materials revised and publicised; corporate records audit included in the 2013-14 work plan.

4.4. **Risk 3:** OUH served with an improvement or decision notice, or financial penalty by the ICO due to breaches in confidentiality/non-compliance with the Data Protection Act.

4.4.1. Controls: Guidance on printing patient lists created and disseminated and included in revised training materials September 2013; posters created and distributed to all clinical areas reminding staff to dispose of lists prior to leaving the area; policies and training manuals include guidance on maintaining patient confidentiality; information flow mapping underway; policy review underway; training plans in place to improve training statistics leading to increased understanding of staff obligations in relation to IG and reduced incidents; monthly review and analysis of incidents at Information Governance & Data Quality Group.

## 5. Information Governance Training

5.1. Information governance (IG) training is mandatory for all staff. The Information Governance toolkit demands that 95% of staff complete training and is an indicator on the Foundation Trust self-certification returns.

5.2. At 23 October 2013, 83% of staff had completed Information Governance training within the previous 12 months. 5 clinical divisions have a minimum of 90% of staff trained (remaining 2 divisions are at 88% and 89%), and the Trust has declared a level 2 against the toolkit requirement on the basis that this position should continue to improve over the remaining period of 2013-14.

## 6. Information Incidents

6.1. Serious Incidents Requiring Investigation (SIRIs)

6.1.1. There are three open information-governance related SIRIs at the time of writing:

- Patient list left on a bus (September 2012);
- Patient list found outside the hospital perimeter (May 2013);
- Copies of medical records sent from the Trust to a number of solicitor's offices failed to arrive (September 2013).

6.1.2. The investigations into these incidents are complete; it is anticipated SIRIs (1) and (2) will be closed at the November CCG review meeting. The report on SIRI (3) is not yet complete.

6.1.3. All three incidents were reportable to the Information Commissioners Office (ICO). The ICO have closed their investigation into incident (1) with no further action. A response to incidents (2) and (3) has yet to be received. Due to the similarity of the breach between incidents (1) and (2) there is a possibility of enforcement action and a financial penalty.

6.1.4. The actions taken to date to prevent recurrence include:

- Relevant departmental managers have been notified of the incidents.
- The Caldicott Guardian has cascaded an email message to all Divisions highlighting the issue and reminding staff of existing Trust guidance on creating, handling and printing patient lists published on the Trust's intranet site.
- 500 posters distributed to every ward area (and entrances/exits) reminding staff of the need to dispose of handover lists in confidential waste bins before leaving the area.
- Audit of availability of confidential waste disposal points in all clinical areas completed.
- Business case in progress to purchase locked confidential waste bins (pillar-box style) for all key entrances and exits for all sites.
- Additional reminders for staff regarding handover lists and their responsibilities for maintaining confidentiality were included in the September 2013 Team Brief and further posters with the same messages have been created and will be made available to all divisions.
- New arrangements introduced for the posting of health records.

## 6.2. Cases involving the Information Commissioners Office

6.2.1. Between 01 April 2013 and 31 October 2013, the following cases have been processed by the Information Commissioner:

### 6.2.2. Complaints

- Closed April 2013 – handling of a patient Subject Access Request and breach of email retention policy – Not Upheld – No Formal Action.
- Closed April 2013 - handling of a staff Subject Access Request – Not Upheld – No Formal Action.

### 6.2.3. Incidents

- Closed April 2013 – Patient List left on a bus – No Formal Action (see SIRI (1) above).

- Open May 2013 – Patient list found outside the hospital perimeter – Pending (see SIRI (2) above).
- Open September 2013 – copy medical records missing in post system – Pending (see SIRI (3) above).

## **7. Freedom of Information**

7.1. During 2012/13 the Trust received 347 Freedom of Information requests.

7.2. Between 01 April 2013 and 23 October 2013 the Trust received 301 requests. Of those closed during the period, 70% were responded to within the statutory 20 working day timeframe.

## **8. Conclusion**

8.1. Progress on the information governance annual plan is on target to complete the work required to demonstrate (at least) level 2 compliance with the information governance toolkit requirements for 2013-14.

8.2. Training compliance must remain a priority for divisional performance reviews to ensure the target is reached by 31 March 2014.

8.3. Resourcing of the management of Freedom of Information requests to be reassessed before the end of year review.

8.4. The Board is asked to note this report.

## **9. Recommendation**

9.1. The Trust Board is asked to note this report.

**Sarah Watkins,**  
**Information Governance and Records Manager**

**Andrew Stevens,**  
**Director of Information and Planning**

**October 2013**