

<b>Reporting to:</b>	<b>Trust Board - 1<sup>st</sup> May 2014</b>
<b>Title</b>	Information Governance Report 2013/14
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<b>Previously considered by</b>	
<b>Executive Summary</b>	The Information Governance Toolkit (Assessment) is now under the control of the Health & Social Care Information Centre (HSCIC) in place of Connecting for Health. All NHS organisations are mandated to complete and achieve level 2 compliance in all 45 requirements. This paper demonstrates SaTH's 2014 Annual Assessment scores and includes relevant updates in the IG Framework. Information Governance is now included in the Trust Development Authority (TDA) Accountability Framework.
<b>Strategic Priorities</b> <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Healthcare Standards <input checked="" type="checkbox"/> People and Innovation <input checked="" type="checkbox"/> Community and Partnership <input type="checkbox"/> Financial Strength	<b>Operational Objectives</b> <p>Ensure IG Owners are committed to frequently reviewing their respective requirements to assure compliance</p> <p>Ensure all staff are up to date with their IG Training. Particular emphasis on ensuring all Temporary / Agency staff have access to IG Training.</p> <p>Ensure a 're-balance' of 'sharing' and 'protecting' personal confidential information.</p>
<b>Board Assurance Framework (BAF) Risks</b>	<input type="checkbox"/> If we do not deliver <b>safe care</b> then patients may suffer avoidable harm and poor clinical outcomes and experience <input type="checkbox"/> If we do not implement our <b>falls</b> prevention strategy then patients may suffer serious injury <input type="checkbox"/> Risk to <b>sustainability</b> of clinical services due to potential shortages of key clinical staff <input checked="" type="checkbox"/> If we do not achieve safe and efficient <b>patient flow</b> and improve our processes and capacity and demand planning then we will fail the national quality and performance standards <input type="checkbox"/> If we do not have a clear <b>clinical service vision</b> then we may not deliver the best services to patients <input checked="" type="checkbox"/> If we do not get good levels of <b>staff engagement</b> to get a culture of continuous improvement then staff morale and patient outcomes may not improve <input type="checkbox"/> If we are unable to resolve our (historic) shortfall in <b>liquidity</b> and the structural imbalance in the Trust's <b>Income &amp; Expenditure</b> position then we will not be able to fulfil our financial duties and address the modernisation of our ageing estate and equipment
<b>Care Quality Commission (CQC) Domains</b>	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led

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|--|---|
| <input checked="" type="checkbox"/> <b>Receive</b> | <input type="checkbox"/> <b>Review</b>  |
| <input type="checkbox"/> <b>Note</b>               | <input type="checkbox"/> <b>Approve</b> |

**Recommendation**

**The Board is asked to receive and review the Information Governance Toolkit update.**

## REPORT TO TRUST BOARD – INFORMATION GOVERNANCE 2013/14

*The Information Governance Toolkit Assessment was completed and submitted by the Trust on the 28 March 2014. The overall result for SaTH was 78% (Satisfactory). The Trust attained at least level 2 compliance in all 45 requirements. This assessment was submitted to Health and Social Care Information Centre (HSCIC) on 31 March 2014.*

### Which organisational information does Information Governance cover?

Any information that the organisation holds, whether it is corporate information such as minutes of meetings, or contracts, or whether it is personal information about staff such as bank details, or patient information e.g. health records regardless of the media it is held on e.g. electronic records or paper records.

Information Governance is the framework for handling information in a confidential and secure manner to the appropriate ethical and quality standards. The IG Toolkit brings together interdependent requirements and standards of practice in relation to the following IG initiatives:

Initiative	Level achieved 2013	Grade
Information Governance Management	80%	satisfactory
Confidentiality and Data Protection Assurance	91%	satisfactory
Information Security Assurance	77%	satisfactory
Clinical Information Assurance	80%	satisfactory
Secondary Use Assurance	70%	satisfactory
Corporate Information Assurance	66%	satisfactory

The above scores are based on assurances provided by the individual IG Requirement Owners. The evidence produced for the declared scores are the responsibility of each owner.

### Operational Objectives:

1. Use of the IG Committee to ensure all requirement owners are confident that the evidence they claim to have in respect of the requirements is fit for purpose and available if required by auditors.
2. Identify and manage the staff that have not undertaken any IG Training. Identify a solution to ensuring all bank staff, temporary staff have access to the IG Training prior to working in the organisation.
3. Continuous improvement to Information Sharing in line with the Caldicott 2 Report.

### IG Training Compliance

Currently the Trust has a compliance rate of 95% of all staff (*excluding* temporary staff) where IG Training has been completed at least once. 262 members of staff have never

completed any IG Training and of these 168 are Doctors meaning 94 permanent members of staff are not compliant.

March 2014 has a rolling score for annual refresher training at 75%.

There are approximately 805 temporary staff, of these only 56% have completed their IG Training.

Temporary 'Medical' staffing have 78 members of which only 5 have completed the IG training.

### **National Up-date**

March 2013 saw the 'To share or not to share?' Information Governance Review (also referred to as Caldicott2). The overarching aim of this review was to ensure that there was an appropriate balance between the protection of patient or user's information, and the use and sharing of such information to improve care. This review was written within a few weeks of the publication of the Francis report on Mid Staffordshire NHS Foundation Trust, and this too recommended the need for a cultural change in the NHS. It stated that a re-balancing of sharing and protecting information is urgently needed in the patients' and service users' interests.

The review also stressed that there is clearly an ongoing need for education and training in this area for staff, and also for patients and service users. Given the imperative to meet the needs of an ageing population, particularly at the boundary between health and social care, it is crucial that systems for principal sharing of information are well understood. As the Health and Social Care Act 2012 takes effect public health, within its new managerial structure, must also be involved.

Prior to 1 April 2013 Commissioning processes and tools tended to rely on the availability of personal confidential data to perform invoice validation. Unfortunately, this transition to *not* disclosing patient identities to CSUs / CCGs has caused confusion between providers and commissioners.

With invoice validation continuing to make the headlines among the NHS information governance community NHS England are focusing on this area of work. The Secretary of State for Health has approved the NHS England application for support under Regulation 5 of the Health Service (Control of Patient Information) Regulations 2002 (Section 251 Support). This allows CCGs and CSUs to process some personal confidential data required for invoice validation purposes. This is **subject to a set of conditions** and is a temporary measure only.