

Report to the Quality and Performance Committee, 23rd March 2017 Information Governance Toolkit Submission Report 2016/17

Introduction

This report has been produced to apprise the Senior Management Team and the Quality and Performance Committee of the Trust's Information Governance Toolkit assessment and to seek formal approval to publish the same.

1. ABOUT THE IG TOOLKIT

The Information Governance Toolkit (IGT) is a Department of Health Policy delivery vehicle that draws together the legal rules and central guidance. Organisations have to assess themselves against requirements for:

- Management structures and responsibilities (e.g. assigning responsibility for carrying out the IG assessment, providing staff training, etc).
- Confidentiality and data protection.
- Information Security.

The purpose of the assessment is to enable organisations to measure their compliance against the law and central guidance and to see whether information is handled correctly and protected from unauthorised access, loss, damage and destruction. Where partial or non-compliance is revealed, organisations must take appropriate measures (e.g. assign responsibility, put in place policies, procedures, processes and guidance for staff) with the aim of making cultural changes and raising information governance standards.

The ultimate aim is to demonstrate that the organisation can be trusted to maintain the confidentiality and security of personal information.

The general conditions on the NHS Standard Contract 2017/18 and 2018/19 stipulates:

“The Provider must complete and publish an annual information governance assessment and must demonstrate satisfactory compliance as defined in the NHS Information Governance Toolkit (or any successor framework), as applicable to the Services and the Provider's organisation type.”

The Trust is required to achieve a minimum of level 2 against all requirements to demonstrate satisfactory compliance.

2. BSUH IG TOOLKIT SUBMISSION

The Trust's IGT submission consists of 45 requirements and these have been assigned to nominated leads who undertake a review of the existing uploaded evidence (as at 31st March 2016 this consisted of 871 items) and update/replace evidence as required.

At the end of the review process, the nominated leads are asked to provide assurance that the requirements, assigned to them are compliant to the minimum satisfactory level. The following table details the requirements assigned to each IGT Lead:

	Bhavna Sapat	Jean-Marie Rouse Williams	Jonathan Thompson	Mark Gathergood	Martin Gibson	Damian Paton *
14-101					Y	
14-105					Y	
14-110					Y	
14-111					Y	
14-112					Y	
14-200					Y	
14-201					Y	
14-202					Y	
14-203					Y	
14-205			Y			
14-206		Y				
14-207					Y	
14-209					Y	
14-210						Y
14-300						Y
14-301						Y
14-302						Y
14-303					Y	
14-304					Y	
14-305						Y
14-307						Y
14-308					Y	
14-309						Y
14-310						Y
14-311						Y
14-313						Y
14-314						Y
14-323						Y
14-324						Y
14-400					Y	
14-401				Y		
14-402					Y	
14-404		Y				
14-406		Y				
14-501	Y					
14-502					Y	
14-504				Y		
14-505					Y	
14-506					Y	
14-507				Y		
14-508					Y	
14-510					Y	
14-601					Y	
14-603					Y	
14-604					Y	

* On behalf of Bruce Wheatly

Denotes requirements reviewed by Marin Gibson on behalf of other leads

Based on the individual declarations the requirements have been assigned a RAG rating based on:

	Compliant to minimum of level 2
	Partially compliant and there is an action plan to raise information governance standards
	Partially compliant but there is currently no action plan

3. ACTION PLAN

Req No:	Criteria	Summary of Action(s) to be undertaken	Expected Completion Date
14-202	2b	It has not been possible to engage with IAO/IAs as documented in the report – need to progress during 2017/18	Update to IGC by 23 rd May 2017
14-203	2d	Actions contained in the 2015/16 report remain outstanding – need to progress & draft updated information (taking into account likely impact of GDPR)	31 st Aug 2017
14-305	2a	Starter, mover & leavers process to be reviewed as poor practice increases the risk of IG incidents	March 2018
14-307	2a	Need to improve BSUH ability to conduct information risk audit and follow up with appropriate improvement plans	March 2018
14-308	1a / 2a	No progress has been made with the Information Flow Mapping exercise. Action plan needs to be reviewed and way forward agreed – possible U Assure solution or adopt WSHT approach	Update to IGC by 23 rd May 2017
14-309	2d	Need plan to improve IAO awareness and management of procedures/ controls that provide assurance of about the integrity and availability of information assets	Update to IGC by 23 rd May 2017
14-323	1d	Need to update plan to investigate and identify all remaining information assets that comprise or hold personal data	Update to IGC by 23 rd May 2017
14-506	2a	Need to establish who is responsible for providing the base data to facilitate the audit	30 th April 2017

4. SIGN OFF

The Executive Team and the Quality and Performance Committee are asked to:

- Note that based on the nominated leads assessments we are fully compliant in relation to 36 of the 45 IG Toolkit requirements,

The Trust is partially compliant against 7 of the requirements and has developed action plans with the aim of making the necessary changes.

The following requirements are deemed to be partially compliant although action plans are not yet in place to address these:

Req No:	Requirement Description
14-110	Organisations are responsible for obtaining appropriate contractual assurance in respect of compliance with Information Governance (IG) requirements from all bodies that have access to the organisation's information or conduct any form of information processing on its behalf. This is particularly important where the information is about identifiable individuals
14-506	<p>Organisations should have procedures and a regular audit cycle to check the accuracy of service user data. The results of the audits should be reported as part of the organisation data quality reviews to the Board and be made available to the HSCIC on request.</p> <p>The audit should cover all key data items identified in 'HSCIC: NHS IG - Key Data Items List' found within the Knowledge Base Resources, or for mental health trusts - data items in the Mental Health Services Data Set, or a locally defined subset approved by specific formal agreement with the organisation's main commissioner, or local Data Quality Informatics Group.</p>

Progress against the identified actions and the development of appropriate plans, where they are missing, will be monitored by the Information Governance Committee and escalated to the Quality and Performance Committee as required.

1. Formally approve the Trust's annual information governance submission at level 2 against all 45 requirements.
2. Note that the IGT is due to be replaced from 2018-19 and NHS Digital have indicated that there will be a transitional arrangement for 2017/18 but at this stage the precise details are not know.

Martin Gibson
Information Governance Manager
March 2017