

Information Governance Committee Annual Report 2015/16

Trust Board	Item: 14d
27th July 2016	Enclosure: J4
Purpose of the Report: To present the annual Information Governance Committee Report for the information of the Board.	
FOR: Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/>	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	
Legal / Regulatory / Reputation Implications:	Legal, Regulatory, Reputation
Link to Relevant CQC Domain:	
Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
Link to Relevant Corporate Objective:	
Document Previously Considered By:	Information Governance Committee 28 th June 2016
Recommendation & Action required by the Trust Board :	
The Board is asked to note the attached Information Governance Committee Annual Report.	

**Information Governance Committee Annual Report
(April 2015 to March 2016)**

Executive Summary

This reports covers the period for the financial year 2015/16.

The highlights

- IG Toolkit remains Satisfactory
- Increased statutory compliance with Data Protection Act and Freedom of Information

Challenges

- Further IG SIs

1. Dates of Meetings

The Information Governance Committee met on the following dates:-

- 20 July 2015
- 21 September 2015
- 16 November 2015
- 18 January 2016
- 14 March 2016

Quorum for meetings is four members. All meetings were quorate.

2. Membership

Name	Position	Attended	Out of Possible
Jo Farrar	Director of Finance/SIRO/ CHAIR	4	5
Jane Wilson	Medical Director/Caldicott Guardian	1	5
Kevin Fitzgerald	Director of IM&T	4	5
David Edwards	Assistant Director of IM&T	4	5
Stephen Piper	Head of Information Services	3	5
Sarah Gigg	Deputy Director of Nursing	1	1
Deidre-Ann Toney	HR Manager	3	3
Ursula Kingsley	Deputy Head of Information Services	3	5
Theresa Hogan	Health Records Manager	4	5
Janice Sorrell	Information Governance Manager - Secretary/CHAIR	5	5

ToR require 67% to be attended.

3. Compliance with Terms of Reference

Compliance with the Objectives of the Group was as follows:

• **Data Accreditation**

The Trust has broad compliance across all six assurances of the Information Governance Toolkit and is a regular winner of the annual CHKS Top 40 Hospitals Award.

As a comparison, here are the IG Toolkit Version 13 Scores for Kingston Hospital and other local Trusts.

	Organisation	Overall Score 13	Information Governance Management	Confidentiality and Data Protection Assurance	Information Security Assurance	Clinical Information Assurance	Secondary Use Assurance	Corporate Information Assurance
A C C U T E	Kingston Hospital NHS Foundation Trust	80	80	74	75	86	95	77
	Royal Surrey County Hospital NHS Trust	70	80	74	66	66	66	77
	Ashford St Peter's Hospital NHS Trust	82	80	81	84	86	83	77
	Epsom St Helier Hospital NHS Trust	72	73	70	71	80	75	66
	Frimley Health NHS Foundation Trust	72	80	70	62	73	87	77
	Surrey & Sussex Healthcare Trust	77	73	85	73	80	75	77
	St Georges University Hospitals NHS Foundation Trust	73	86	70	71	66	75	77
	West Middlesex Hospital NHS Trust		now part of Chelsea and Westminster					
	Barts Health NHS Trusts	76	86	74	68	80	75	100
	Croydon Health Services	67	73	66	66	66	66	66
	Chelsea and Westminster Healthcare Foundation NHS Trust	68	80	66	66	66	66	66
	North Middlesex University Hospital NHS Trust	73	73	66	66	73	95	66
	Royal Free London NHS Foundation Trust	68	66	66	68	73	66	66
	The Royal Marsden NHS Foundation Trust	89	100	85	84	100	91	88
	Barnet & Chase Farm		Now part of Royal Free (joined 1st July 2014)					
C o m m u n i t y	YourHealthcare	78	93	81	71	66	100	83
	Hounslow and Richmond Community Healthcare NHS Trust	66	66	66	66	66	66	66
	Wandsworth Community Health	not started						
	Central London Healthcare	not submitted						
	Central Surrey Health	77	93	75	74	80	66	66
M H T	Surrey & Borders Partnership NHS Foundation Trust	88	86	81	84	100	100	86
	South West London & St Georges Mental Health Trust	75	86	66	68	80	91	66
C C G	Kingston CCG	74	93	71	66	83		
	Richmond CCG	84	93	91	73	100		
	Wandsworth CCG	85	93	87	80	83		
	Sutton CCG	82	93	79	78	100		
	Merton CCG	97	100	100	93	100		
	South London Commissioning Support Unit		closed					
	NHS South West London PCT CLUSTER		archived					
London Ambulance Trust	83	86	71	86	91	77		
C O U N C I L	Royal Borough of Kingston upon Thames		not submitted					
	Richmond	78	93	88	66	83		
	Wandsworth	70	73	72	69	66		
	Elmbridge		not started					
	Sutton	75	86	77	71	66		
	Merton	78	73	72	84	75		

- **Data Quality**

The Trust meets national data quality targets e.g. use of NHS number. The Information Services Department has a service catalogue of data quality reports which are available and are in use across the Trust. Many of these reports are readily available through the Trust Intranet as DISCO reports. This Department also strives to maintain and improve data quality through correction of errors and improving practice by users. This year saw a further extension of the reporting of data quality issues to the initial point of creation to support the Trust initiative of getting the data right first time.

The Data Quality Group, chaired by the SIRO, (Senior Information Risk Owner) has met during the period. The Group receives Data Quality Dashboard reports which the SIRO also provides to the Board as part of formal quarterly data quality analysis reports.

During the period the reporting line for the Data Quality Management Group (DQMG) has changed and is now direct to Executive Management Committee (EMC) rather than to the Information Governance Committee.

- **Statutory Requirements**

Caldicott Provisions - The Trust is signatory to a range of Information Sharing Protocols including the Kingston Overarching Information Sharing Protocol (KOISP) which the Trust will resume the lead on. The Tier 2/Tier 3 Information Sharing Agreement (ISA) has also been used for a number of projects.

Compliance with legal requirements around requests for information – The Trust is currently not fully compliant with all provisions of the information access legislation though there have been improvements during the period due to increased resourcing for Freedom of Information (FOI) in Information Governance. We fall short of 85% Information Commissioner's Office target of all FOIs being responded to within 20 working days but we did achieve c72% of the 602 requests within the statutory timeframe for the year. Data Protection Act Subject Access Requests were in excess of 97% of the 1,228 requests received by Health Records in 40 calendar days. Radiology maintained its 100% record.

- **Information Security**

ISO/IEC 27001 – The Trust's IG Toolkit serves as assurance against this international standard.

IS Policies and Procedures – The Trust has these available through the Policy Information Management System (PIMS). This is available under the Clinical Guidelines and Trust Policies Button on the intranet.

IS Reporting Mechanisms – The Committee receives the Information Governance Manager's report or lists of Information Security Incidents. These are gathered from the Ulysses Safeguard System (which, in addition to risk incidents also has modules for Customer Services (PALS and Complaints), Litigation (Claims) and Request for Information (DPA, FOI etc.)) and the IT Helpdesk System. Incidents are also brought to the attention of the SIRO and Caldicott Guardian outside of the Committee by the Information Governance Manager when their attention is required. IG Serious Incidents (SIRIs or SIs) are first logged as Incidents on Ulysses then request is sought from Executive Management to declare as SI. This necessitates logging on StEIS, informing the Information Commissioners Office as well as performing a thorough investigation.

- **Subgroups**

The Health Records Management Group has met during this period. The Terms of Reference are currently under review.

The Data Quality Management Group has met during the period (see above). This Group now reports directly to the Executive Management Committee.

- **Reporting**

The Committee reported to the Compliance and Risk Committee (CRC). As this is now defunct the Information Governance Committee now reports directly to the Executive Management Committee. IG KPI's (Key Performance Indicators) and IGC exception report are provided to this Committee.

4. Proposals for any changes to the Terms of Reference

None, apart from reporting lines.

5. Achievements

IG Toolkit version 13 – As mentioned above the Trust achieved a "Satisfactory" score across all six assurances of the Toolkit, scoring 80% (1% down from V12). Versions 12 and 13 were not subject to internal audit though the Version 10 audit had been used to strengthen the requirements of the Toolkit.

Data Protection Act Subject Access Requests (SARs) – Health Records and Radiology are compliant with the statutory timeframe of 40 calendar days. Both exceed the Information Commissioner's office (ICO) target.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Radiology													
Received	166	153	228	194	115	197	233	186	157	170	147	167	2113
Completed in 40 cd %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Medico-Legal													
Received	76	63	65	65	49	74	80	65	54	57	58	71	777
Completed in 40 cd %	99%	95%	99%	97%	94%	96%	99%	100 %	100 %	100 %	90%	96%	97.1 %
Data Subject / Representative													
Received	49	44	39	38	15	29	36	43	34	26	36	42	431
Completed in 40 cd %	98%	93%	97%	100 %	93%	90%	100 %	98%	97%	100 %	100 %	98%	97%
Medical Record													
Received	0	3	2	1	0	11	1	0	0	1	0	1	20
Completed in 40 cd %		100 %	100 %	100 %		100 %	100 %			100 %		100 %	100 %

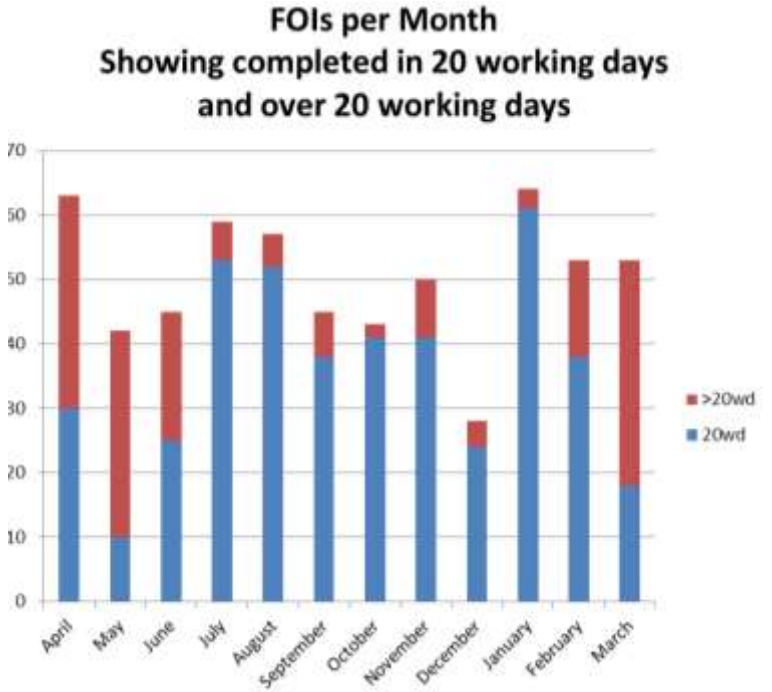
The RAG scores both in SARs and FOIs (below) comes from the Information Commissioner's Office target of 85% of requests handled within statutory timeframe for green. Amber represents 50-84%. Red <50%

Training – Although the Trust did not meet the HSCIC 95% target of all staff being trained annually, the Introduction of the Mandatory Training Booklets for both clinical and non-clinical staff covering all mandatory training subjects has seen an increase to 90% from last year's 80%.

Data Quality – The Data Quality Group continues to meet to look in-depth at Data Quality Issues. The Data Quality suite of KPI reports which, as well as going to the DQMG and this Committee, also goes to the EMC as well as the Trust Board Meetings on a monthly basis. The KPIs include details on elective, outpatient, A&E, Clinical Coding and 18 Week referral to Treatment data quality issues. Patient Identifiable Data has been removed from all reports apart from ones where a strong business case has been presented to the Head of Information Services and Information Governance Manager.

Freedom of Information - This year saw a further increase in the number of FOIs the Trust received 602 requests – up from 572 last year. The complexity of requests continues to increase, often involving co-ordination across multiple departments to gather the requested information. Compliance has risen from 41% last year to 71.6% this year. The six month fixed-term, full time, IG Assistant has now become a permanent position which has significantly increased the Trust’s ability to comply with the 20 working day statutory limit.

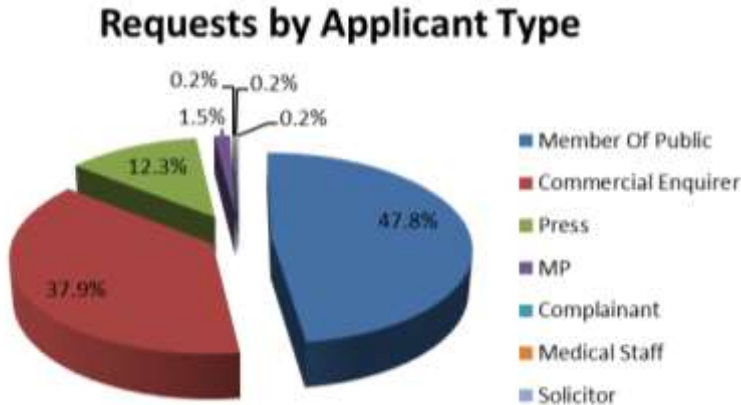
The graph below presents overall FOIs per month differentiated into those received each month completed within the 20 working day statutory limit and those which went over this.



The following table provides a further breakdown on the time taken to close FOIs and the percentage that this represents.

	20wd	21-40 wd	41-80 wd	80+ wd	Still open	total	% in 20 wd
April	30	12	13	8	0	63	47.6%
May	10	5	23	4	0	42	23.8%
June	25	12	5	3	0	45	55.6%
July	53	0	5	1	0	59	89.8%
August	52	2	3	0	0	57	91.2%
September	38	1	4	2	0	45	84.4%
October	41	1	0	1	0	43	95.3%
November	41	2	5	2	0	50	82.0%
December	24	3	0	0	0	28	85.7%
January	61	0	2	0	1	64	95.3%
February	38	10	1	0	4	53	71.7%
March	18	7	0	0	29	53	34.0%
Totals	431	55	61	21	34	602	71.6%

Our FOI applicants fall into the following categories:



None of this year's requests could be identified as originating from patients. Almost half of all requests now come from Members of the Public but this category could be obfuscating applicants from other categories. Commercial Enquirers make up the next highest type of applicant followed by Press. The number of requests coming openly from MPs has fallen from approximately one third of all requests to 1.5%.

The Trust has been categorising the requests into what types of information are requested. This is applied to the whole request, even though some requests cover multiple categories, sometimes seemingly at random. The table below shows the top categories.

Category	Number of requests	%
IT Infrastructure / Software E	47	7.8%
Staff Information	45	7.5%
Contract Information	35	5.8%
Service Performance	33	5.5%
Finance	30	5.0%
Agency And Bank	27	4.5%
Drug Information - No Pts Pres	26	4.3%
Statistics E.G LoS, Nos Proced	25	4.2%
Policies / Procedures / Guidel	23	3.8%
Patient Information	21	3.5%
Employment	20	3.3%
Staffing Levels	20	3.3%
Private Patients / Foreign Pat	18	3.0%
Mortality	10	1.7%
Waiting Times	10	1.7%
Car Parking	9	1.5%
Clinical Services	9	1.5%
Incidents / Medical Errors	9	1.5%
Organisational Structures	9	1.5%
Radiology And Imaging	9	1.5%

With regards the outcome of the requests, the Trust is maintaining the spirit of the Act by providing over 81% of either all the information or as much as we can. Here is a breakdown of the Outcomes:

Result	Number of requests	%
All Information Delivered	324	53.8%
Info. Partially Delivered	164	27.2%
No Information Delivered	41	6.8%
Open	34	5.6%
Information Not Held	24	4.0%
Closed - Insufficient Details	5	0.8%
Withdrawn	5	0.8%
Info. Available Elsewhere	4	0.7%
Transferred To Other Authority	1	0.2%
Total	602	

Where information is not provided or only partially provided then exemptions in the Act must be engaged. The RFI module of Ulysses Safeguard allows us to group exemptions into Subjects which then apply to the request. Please note that in some cases the Subjects would only apply to part of the request where information was partially delivered.

Result	Number of requests	% of exemptions
Appropriate Limit	75	32.5%
Not Held	50	21.6%
Not Held And Elsewhere	18	7.8%
Information Available Elsewhere	13	5.6%
Not Held, Approp Limit	11	4.8%
Person Indentifiable Information	8	3.5%
Available Via Other Means	7	3.0%
Commercially Sensitive	4	1.7%
Future Publication	4	1.7%
Dead With No Next Of Kin	3	1.3%
H & S	3	1.3%
Personal And In Confidence	3	1.3%
Approp Limit A& Future Publish	2	0.9%
Appropriate Limit And Available Elsewhere	2	0.9%
Available Elsewhere AND Approp Limit	2	0.9%
H & S And Law Enforcement	2	0.9%
Personal Info And Appropriate Limit	2	0.9%
Si / Incident Reports	2	0.9%
Vexatious Or Repeated Requests	2	0.9%
Approp Limit & Commercial	1	0.4%
Available Elsewhere & Commercial	1	0.4%
Available Elsewhere And Future Publication	1	0.4%
Available Elsewhere And In Confidence	1	0.4%
Commercial And Not Held	1	0.4%
Commercial, In Confidence, Future Publication	1	0.4%
Elsewhere, Law Enforcement, H&S	1	0.4%
H&S And Commercial	1	0.4%
H&S, Commercial, Personal	1	0.4%
Information Provided In Confidence	1	0.4%
Not A FOI	1	0.4%
Not Held, Elsewhere, Future	1	0.4%
Person Identifiable, In Confidence, Health & Safet	1	0.4%
Personal Info & Available Elsewhere	1	0.4%
Personal Info And Not Held	1	0.4%
Personal Info, Available Elsewhere, Approp Limit	1	0.4%
Personal, In-Confidence, Law Enforcement	1	0.4%
Provided In Confidence & Person Identifiable	1	0.4%

The Appropriate Limit applies when the cost of fulfilling a request would exceed £450 (or 18hrs at £25 per hour) according to the Fees Regulations. The exemption at Section 12 of the Act then does not oblige us to fulfil this part of the requests.

6. Constraints

Freedom of Information requests – towards the end of the period a process was put in place where members of the Executive or Very Senior Managers reviewed FOIs before they went out. This will potentially impact the statutory compliance figures as, due to the nature of requests, most of the 20 working day limit is taken in gathering the information from various departments. The Information Governance Manager is the Trust Freedom of Information Lead who signs the requests off.

Information Sharing – as many organisations progress towards a shared care model more requests are being received to develop Purpose Specific Information Sharing Agreements (PSISAs). The issues that we are encountering is that the sharing projects often lack scope as the cohort of patients, details on the information to be shared and indeed detail on the purpose for the sharing are not present in the request.

7. Significant Risks Identified and Actions Taken

The five IG Serious Incidents this year were about Patient Identifiable Data being sent by email unencrypted. In all cases the emails were sent to the correct recipients. One case involved the deliberate bypass of Trust security system. Details have been included in the staff's training record. The Information Commissioner's Office did not require further steps to be taken. In all cases, staff concerned have received additional training.

8. Procedural Documents Approved

The following policies, procedures and guidelines have been approved by the Committee during the period:

- Confidentiality Agreement for Third Party Suppliers
- Management of health Records Policy and Procedure including Quality Standards for Records
- Registration Authority Policy and Procedure (these were extended in time period)
- Medical Photography Policy
- Clinical Coding Policy
- Policy and procedure for Information Sharing for Clinical Audit

9. Other Issues

Yammer Pilot. During the period the Committee agreed to a pilot trial of Yammer, a social networking site for Corporates, in Maternity. The aims of the pilot are as follows:

1. Motivational tool for staff
 - New staff Welcomes
 - Staff Leavers
 - Newsletters
 - Learning from Risks
2. Information sharing on new policies, procedures and guidelines
3. Training – videos, e-learning.
4. Links to external sources e.g. journals, published articles (including patient), tv and radio programmes

Measurement will be by Survey Monkey asking for awareness of Yammer, specifically about awareness and usage of the points above.

BigHand – non-clinicians authorising clinical letters

It was brought to the Committee's attention that Patient Pathway Coordinators and some manager's were authorising clinical letters. Upon investigation it was apparent that some were batch authorising without reading the letters. The matter was referred to the Health Records Management Group.

Policy on naming Staff under Freedom of Information – The Committee agreed that staff on Agenda for Change Band 8a and above should be named under FOI. This reflects the change in contract terms. Previously the Trust had named Band 6 and above (equivalent to Ward Sister). Policy on not naming Junior Doctors remains as is.

10. Objectives / Forward Plans

The Information Governance Five Year Plan is a working document which evolves with the work of the Committee. It focuses around the Information Governance Toolkit requirements. The Toolkit is a means to achieving good standards of information governance in an organisation. In addition there is an Annual Information Governance Working Plan which is overseen by the Committee.

10.1 Information Governance Toolkit

The IG Toolkit has been a self-assessment device comprising a number of requirements where the Trust scores its compliance against the standards and evidence required on a scale on 0 to 3, with 3 being full compliance. For acute trusts V14 of the Toolkit still comprised 45 requirements and has the following deadlines

July 2016	Baseline of current compliance against each requirement
October 2016	Update of scores
March 2017	Final submission/publication of scores.

The Toolkit is cross referenced by NHSLA and CQC and discrepancies between individual Toolkit requirement scores and their corresponding assurance in the other assessments are noted.

V14 has compliance with Caldicott 2 incorporated. Information from the BaseLine will be available as public reports from about October. A score of Level 3 will be reported as compliant; a score of Level 2 will be reported as working towards compliance. The Trust's aim is for at least Level 2 on all requirements incorporated into the public reports.

As each requirement is "uplifted" each year, each requirement must be re-evaluated and suitable work plans developed to address any gaps by requirement holders following BaseLine Submission in July. Several requirements have had additional evidence requirements added at Level 1.

The target for v14 is to maintain our 80% score with Satisfactory across all six Assurances by final Submission in March 2017.

Requirement 112 – Training

The Trust still continues to fall short of the CfH 95% of all staff trained in Information Governance Annually. A compliance level of c70% was deemed suitable to claim level 2 by the Deep Dive Exercise. At the time of writing the Trust stands at 86% for IG Training. Given staff turnover rate it is unlikely that we would meet 95%

Training is now available through Mandatory Training Booklets for Clinical and Non-Clinical Staff. The IGM also plans to Masterclass Sessions on Freedom of Information and departmental sessions as requested.

Information Flow Mapping

This is refreshed annually and is referenced by a number of requirements. This year's review was a full review and highlighted changes as well as new flows. Any risks are mitigated as soon as possible following discovery. IM&T New Work Take-on Process is also including IG and new flows are mapped as part of the process.

Staff Quiz

This year's Information Governance Quiz, boosted by the donation of prizes by the Information Governance Manager, received 106 entries. With 38 entrants achieving the modal score of 11/11 and a 9.59 average the results are relatively healthy.

The results, perhaps unsurprisingly, revealed strong knowledge in the areas that each individual encountered. 99.1% knew that they should not lend their CRS card to other employees or volunteers, whereas only 73.6% knew that the maximum fine to you for failing to provide the information for a FOI request is £5,000. Overall the quiz was positive. General understanding of information security issues is good and, while we would like to push up entrant numbers, a wide range of staff attempted the questions.

Requirement 604 - Corporate Records Audit

The Trust refreshed this during the year. We re-audited all major Trust Groups and Committees as well as key departments such as Finance, Workforce, IM&T, Purchasing and Corporate Affairs. The Trust has commissioned an organisation to do a full space utilisation audit and this will be included in V14 of the Toolkit.

10.2 Freedom of Information requests

The number of requests received has been increasing every year despite considerable amounts of information already being available on the Trust's website. There is no way to control the number of requests we receive as the legislation makes it clear that any person has the right to have information which the Trust holds communicated to him unless suitable exemption(s) apply. Each FOI request must be handled individually and requirements in terms of time and resources can vary considerably. Compliance with the 20 working day statutory limit is still a Key Performance Indicator (KPI).

10.3 Data Protection Act Subject Access Requests

The work here will mostly be monitoring compliance with the 40 calendar day statutory limit. This is a KPI. The IGM as Data Protection Officer for the Trust continues to deal with any complex issues. The IGM also ensures DPA Notification which now attracts a £500 fee.

10.3 Audits

Information Commissioner's Office (ICO) Audit – 2nd to 4th August 2016 (now postponed). The ICO wrote to the Chief Executive in December 2015 proposing a Data Protection Audit to help the Trust achieve best practice. The Audit itself can be used in evidence in our IG Toolkit and the recommendations from the audit, once implemented will bolster our Toolkit submission. Please note that the ICO has automatic powers of entry and inspection on NHS sites. Due to staff unavailability the audit has been postponed until February/March 2017.

Several requirements in the Toolkit require audits. The IGM may assist or conduct such audits

Internal Audit of the IGSoC requirements still exists as part of the Trusts regular audit cycle usually requiring 6-8 days time. The Director of Finance (SIRO) will advise when such an audit is to be next scheduled. Generally this is on a three yearly cycle.

Access to P2 Sentinel is now available to the Information Governance Manager as well as key staff in Business Intelligence Unit and IM&T. P2 Sentinel is the Privacy Office/Caldicott Guardian audit tool for CRS Cerner Millennium. It has been used by the IGM to investigate incidents at the behest of HR and Risk Management. This will play more of a role as the roll-out of Clinical Documents and E-Prescribing on CRS proceeds across the Trust.

10.5 CRS

The roll out of Clinical Documentation and E-Prescribing, documenting directly into the system rather than in paper records, proceeded this year and is complete across inpatient areas. Outpatients is now the focus for rollout. This is part of the overall plan to make CRS the patient record and for the Trust to be paper-light. The system itself continues to be hardened to prevent data entry/data quality errors. BigHand Digital Dictation where patient letters are digitally recorded, transcribed as Word Documents, approved by the clinician, then stored in the patient's CRS record as well as an electronic copy going directly by GP Link to the GP's own system, is now well embedded within the Trust. The Trust is investigating EDRM (Electronic Documents Records Management systems) to electronically scan paper information into the system.

Report Author: Janice Sorrell, Information Governance Manager

Report Date: June 2016