

Information Governance Strategy 2016-19

This strategy sets the Trust's plans for delivering improvements in Information Governance

VERSION HISTORY

| Version | Date Issued | Brief Summary of Change | Owner's Name |
|-------------------------------|-----------------------------|---|---------------|
| 0.1 Initial draft for comment | Reported to SC 4 April 2016 | Replaces 2011 strategy. New format and removal of material which is now in policy framework. Includes issues relating to new GDPR, cyber security, records management EHR & IT. | Dhiraj Tailor |
| 0.2-0.4 | | Cross linking of objectives to Toolkit requirements | Dhiraj Tailor |
| 1.0 | 04.04.16 | Approved by IG & IM & T SC | Dhiraj Tailor |
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1. Executive Summary

- 1.1. This strategy describes planned improvements in the Trust’s Information Governance (IG) arrangements for 2016-19. It is a key part of the [Information Governance Framework](#).
- 1.2. “Information Governance” describes the approach within which accountability, standards, policies and procedures are developed, implemented and maintained to ensure that all types of information used in the Trust are sourced, held and used appropriately, securely and lawfully.
- 1.3. It is informed by completion of the Trust’s NHS Information Governance Toolkit (the Toolkit) submission for 2015-16, internal audit reports and recommendations by Audit South West on 14 of the Toolkit requirements (including an annual audit of four corporate areas in relation to records management), and experience and feedback received by the IG team in 2015-16.
- 1.4. It takes into account current NHS objectives and priorities including cyber security, integrated working, and the move to Electronic Health Records, together with known changes in the pipeline, in particular the expected introduction of a new European General Data Protection Regulation (GDPR) in 2018

2. Links to Trust strategic objectives

- 2.1. This strategy supports the delivery of the following Trust Strategic Objectives:

| | | | |
|---|---------------------------------|---|--------------------------------------|
| ✓ | Highest Quality | ✓ | Flexible and multi-skilled workforce |
| ✓ | Sustainable Services | ✓ | Efficient & Effective |
| ✓ | Integrated Health & Social Care | | |

3. Introduction

The scope of the strategy

- 3.1. Information Governance provides a consistent way for staff to deal with the many different information handling requirements and is a framework for the following processes and duties:
 - Information Governance Management (management, accountability and responsibility)
 - Confidentiality & Data Protection Assurance (person related/identifiable information)
 - Information Security Assurance (manual and electronic information /records management)
 - Clinical Information Assurance (patient information/ records for direct clinical use)

- Secondary Use Assurance (patient information/records e.g. data quality, non direct clinical use)
- Corporate Information Assurance (records management e.g. Finance, Human Resources)

3.2. It does not directly cover technical IT requirements such as managing network security and implementing new IT systems. However it does address the IG implications and requirements of such activities and in such areas the IG team will always work closely with IT teams and management to ensure a seamless and consistent approach

The timescale of the strategy

3.3. This strategy covers the period April 2016 to March 2019

Constraints on this strategy

3.4. In the area of information sharing this strategy will need to be co-ordinated with key partners, particularly local authorities in relation to joint care arrangements.

3.5. Changes in the areas of responsibility of the Trust, including the transfer of community services, and changes which may result from the South West [Success Regime](#).

3.6. The Information Governance team has limited resources and no spare capacity for unexpected developments

Associated Risks

3.7. There is a risk to the Trust in not complying with the legal and regulatory and statutory obligations, best practice, internal and external controls if Information Governance arrangements are not managed and reported effectively.

3.8. There is also a graded risk to the Trust in not comply, resulting in potential adverse publicity and the consequent impact on Trust's reputation. These could be categorised as:

- Insignificant – Potential for public concern
- Minor – Local media coverage, short term reduction in public confidence (elements of public expectation not being met)
- Moderate – Local media coverage, long term reduction in public confidence
- Major – National media coverage – service well below reasonable public expectation
- Catastrophic – As above, with questions raised in the House of Commons, resulting in potential total loss in public confidence.

The development process

3.9. The lead manager for this strategy is the Head of Information Governance

3.10. The following have been consulted in the preparation of this strategy:

- Caldicott Guardian
- SIRO
- Chief Technology Officer
- Directors
- South West Audit

4. Stakeholder analysis

4.1. All Trust staff are stakeholders in IG, as IG is a key responsibility for everyone which is reflected in the requirement for mandatory annual training. This extends to everyone who works on behalf of the Trust including contractors and volunteers

4.2. In practice the key tasks fall to Information Asset Owners across all services who have responsibility for the security, integrity and availability of the assets they manage. Amongst those IAOs those who manage the Trust's critical information assets including core information systems and networks have a particularly important role.

4.3. All service users are stakeholders as all medical services depend on the availability of accurate information in the right place at the right time. At the same time service users have basic entitlements to confidentiality and privacy which must be respected. Whilst service users may not be directly consulted on the development of this strategy, the strategy itself recognises the need to involve patient groups at appropriate stages.

5. Strategy vision and values

5.1. This strategy supports the Trust core values as set out in section 6 of the [Information Governance Policy & Framework](#).

5.2. The vision for Information Governance is to provide excellence in handling information for the benefit of all, through:

- **Compliance:** Working within legislation and policy
- **Consistency:** Applying policy in a uniform way for all
- **Improvement:** Through continuous learning and sharing best practice

6. Current performance & Improvements

6.1. Context: the aim of this strategy is to deliver on the policy objectives of:

- openness
- legal compliance
- information security (including cyber security)
- quality assurance
- proactive use of information

Current performance & Improvements

- In March 2015 the Trust assessed itself as achieving level 2 across the Toolkit's 45 requirements, and level 3 for two of them
- In March 2016 the Trust assessed itself as achieving level 2 across the Toolkit's 45 requirements, and level 3 for 14 of them
- During 2015-16 there were no incidents which required to be reported as level 2 serious incidents
- For 2015-16 the percentage of Trust FOI requests answered within 20 working days is 93.1% (as at 29 March 2016) a substantial improvement on the two previous years (70% and 76%)
- A new process for monitoring medical Subject Access Requests has been introduced. This indicates 96% of requests are being managed within the statutory time limit of 40 days, with 90% within the policy and NHS target of 21 days

6.2. Improvements from 2015 to 2016 reflected the following developments which arose from substantial completion of many elements of the March 2015 IG action plan and other activities. In addition to the matters noted above the following achievements are notable:

- Review and adoption of a new IG Policy and Framework
- Review and updating of other key IG policies and guidance
- Completion and publishing of a new IG handbook for all staff
- Introduction of a new Information Asset Register with accompanying handbook and training for Information Asset Owners and administrators
- Centralisation of the provision of IG support for staff
- Provision of support to IT teams to update and improve IG related processes
- Support & advice for improvement of the Trust's FOI [Publication Scheme](#)
- Enhancement of the Trust's FOI [disclosure log](#)
- Development of IG Communications Strategy for 2016

Information analysis

6.3. Development of this strategy takes into account information gathered from multiple sources:

- Internal discussions with key teams including, communications, IT, risk management, and corporate governance
- Liaison with peer groups including the South West Information Compliance Groups and the South West Peninsula Strategic Information Governance Network

- The HSCIC [Information Governance Alliance \(IGA\)](#)
- Guidance and enforcement activity of the Information Commissioner's Office (ICO) and attendance at key ICO & IGA conferences
- Positive and constructive feedback from South West Audit
- The recommendations of the "The Information Governance Review 2013" (Caldicott 2)

7. Strategy Objectives

7.1. The objectives of this strategy are:

- 7.1.1. to achieve a standard of excellence in information governance by ensuring information is dealt with legally, securely, efficiently and effectively in the course of Trust business, in order to support high quality patient care, and in accordance with the requirements of the Trust's [Information Governance Policy](#) and associated policies set out in Appendix A of that document. This will be measured: (a) by reference to the IG Toolkit and Caldicott standards – see 7.1.2 and 7.1.7; (b) by maintenance of FOI responses at or above 90% within the statutory time limits
- 7.1.2. to maintain level 2 compliance against requirements in the IG Toolkit, maintain level 3 compliance where this has already been achieved and, where possible, improve to level 3 where it has not. This will be measured against the Toolkit standards and, subject to future Toolkit changes, the targets will be 27 requirements at level 3 by March 2017, 34 by March 2018 and 40 by March 2019
- 7.1.3. to minimise the risks to the Trust in handling confidential information particularly in the area of cyber security, records management, and arising out of the move towards accessible electronic health records. This will be measured by continued monitoring of the number of level 2 serious incidents.
- 7.1.4. to provide support to staff to be consistent in the way they handle personal information and to avoid duplication of effort. This will be measured by attainment of level 3 for Toolkit requirements 111, 112, 201, by March 2017 and 205 by March 2019.
- 7.1.5. to improve assurance through the use of spot checks and confidentiality audits. This will be measured by attainment of level 3 for Toolkit requirements 111 and 201, by March 2017 and 206 by March 2018. Note that the nature and frequency of spot-checks and audits is a matter to be determined as part of the IG Action Plan.

7.1.6. to prepare the Trust for compliance with a new General Data Protection Regulation. This is expected to be formally implemented mid-2018, but regulators will increasingly regard its requirements as the appropriate standard prior to that date. This will be measured by attainment of level 3 for Toolkit requirements 105 and 203, by March 2017, 202 by March 2018 and 205 by March 2019.

7.1.7. to work towards full implementation of the nine [relevant recommendations](#) of Caldicott 2. The target is to meet 6 of the nine recommendations by March 2017 and 8 by March 2019. Note the extended target date for full compliance is due to the technical requirements of a fully integrated EHR with direct customer access.

7.2. Subject to the specific matters referred to above, how these objectives are to be met by the Trust are set out more generally in an IG Action Plan for 2016-19 and in the IG Communications Strategy for 2016. Both documents take into account 'SMART' Action Plan (Specific, Measurable, Achievable/Attainable, Relevant, Time Bound)' requirements. It is however in the nature of IG that it only provides a compliance framework – actual achievement of the objectives within that framework is largely outside the control of the IG team.

7.3. The priorities when considering these objectives are:

- legal and regulatory compliance
- minimising risks to the Trust
- improving Toolkit compliance to level 3, particular where this will facilitate achievement of the recommendations arising out of Caldicott 2

8. Governance issues

8.1. Oversight and approval of this strategy lies with the Information Governance & IM&T Steering Committee.

Audit

8.2. Approximately 12-15 of the IG toolkit requirements are audited annually on a rolling basis by South West Audit. An audit of corporate records management in 4 areas is always included.

Compliance framework

8.3. The compliance framework is the IG Toolkit together with the legislative and NHS inspection requirements set out in the Information Governance framework.

9. Evaluation, learning and review

- 9.1. Progress is measured, and the strategic objectives reviewed, annually through the IG Toolkit and an annual report by the Head of IG to the Information Governance & IM&T Steering Committee

10. Communication plan

- 10.1. How this strategy will be communicated to all stakeholders

- The approved strategy will be published on the intranet and internet
- Staff will be further informed in line with the IG Communications plan, including use of CEO bulletins and an IG Newsletter

11. Equality Impact Assessment

| Group | Positive Impact | Negative Impact | No Impact | Comment |
|-----------------------------|-----------------|-----------------|-----------|--|
| Age | | | X | |
| Disability | | | X | |
| Gender | | | X | |
| Gender Reassignment | | | X | |
| Human Rights | X | | | Applicable to all under Human Rights Legislation |
| Pregnancy | | | X | |
| Maternity and Breastfeeding | | | X | |
| Race (ethnic origin) | | | X | |
| Religion (or belief) | | | X | |
| Sexual Orientation | | | X | |

12. References

- 12.1. [IG Toolkit Requirements](#)
- 12.2. [NHS IG Standards](#)
- 12.3. [Data Protection Act 1998](#)
- 12.4. [GDPR – 12 Steps to Take Now \(ICO\)](#)
- 12.5. [Caldicott 2 Recommendations](#)

13. Associated documents

13.1. [Information Governance Policy and Framework](#)

13.2. [Information Security Policy](#)

13.3. [Data Protection Policy](#)

13.4. [Confidentiality Policy](#)

13.5. [Information Lifecycle Management Policy](#)

13.6. [Information Governance Handbook](#)

13.7. [Information Asset Owners Handbook](#)