

Trust Board Report

Meeting Date:	Wednesday 30 March, 2016
Title:	Information Governance (IG) Toolkit Submission V13 2015/16
Executive Summary:	<ul style="list-style-type: none"> To keep the board informed on IG Toolkit scores for submission to the Department of Health by 31st March 2016 IG Toolkit scores will all report at level 2 or 3 and have been ratified by the IG Steering Group (IGSG) 17th March 2016, Quality Standards Action Group (QSAG) 18th March 2016 and signed off at Trust Management Committee 24th March 2016.
Action Requested:	For information: Scores will be ratified as per the above committees.
Report of:	Dr Jonathan Odum Medical: Director/ Caldicott Guardian
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Resource Implications:	N/A
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	Information Governance Steering Group – scores reviewed and ratified Quality Standards Action Group - scores ratified Trust Management Committee – Submission signed off
Appendices/ References/ Background Reading	
NHS Constitution: (How it impacts on any decision-making)	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> ✚ Equality of treatment and access to services ✚ High standards of excellence and professionalism ✚ Service user preferences ✚ Cross community working ✚ Best Value ✚ Accountability through local influence and scrutiny

Background Details

1

Background detail on the IGT toolkit

The IG Toolkit is a Department of Health (DH) Policy delivery vehicle that the Health and Social Care Information Centre (HSCIC) is commissioned to develop and maintain. It draws together the legal rules and central guidance set out by DH policy and presents them in a single standard as a set of information governance requirements.

The purpose of the assessment is to enable the Trust to measure 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, the Trust is required to 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 through year on year improvements. The ultimate aim is to demonstrate that the Trust can be trusted to maintain the confidentiality and security of personal information. This in-turn increases public confidence that the Trust can be trusted with personal data.

End of financial year submission also accepts the IG Assurance Statement. This is binding on each organisation and acceptance should be authorised by an appropriate senior management. Please see Appendix 1 for the full statement to which requires approval. End of year submissions link to the Care Quality Commission (CQC) and may be used by the Information Commissioners Office (ICO) in the case of a serious information incident to enforce a civil monetary penalty of up to £500,000. The Trust Development Authority (TDA) require level 2 minimum for any Trusts applying for Foundation Trust Status.

2

IG Toolkit final scores March 2016

The IG Steering Group (IGSG) ratified the scores below on 17th March 2016 and Quality Standards Action Group on the 18th March 2016. The evidence relating to each of the requirements has been through a process of review, updating and monitoring by the requirement leads. The final Toolkit submission has been signed off by

Summary of the IG Toolkit scores to be approved.

Assessment	Stage	No of requirements self-assessed at:					Overall Score	Grade	Exception detail on any level 1's
		Level 0	Level 1	Level 2	Level 3	Total Req'ts			
Version 13 (2015 - 2016)	Baseline July 2015	0	4	32	9	45	70%	Not Satisfactory	201, 202, 203, 302
	Performance Update Oct 2015	0	0	33	12	45	76%	Satisfactory	
	Expected as Published 31 March 2016	0	0	25	20	45	81%	Satisfactory	
Not Satisfactory		Not achieved Attainment Level 2 or above on all requirements							
Satisfactory		Achieved Attainment Level 2 or above on all requirements							

In summary:

IG Toolkit requirements have been a process of on-going ratification and will be finally reviewed at the March IGSG and QSAG. TMT approved the scores outlined in the table above on the 24th March 2016. .

Requirements had changed compliance throughout the year due to documentation needing to be reviewed and re-approved.

The Trust has shown an improvement in the IG Toolkit within the year, 11 requirements attainment levels have raised to level 3, these are:

13-101	There is an adequate Information Governance Management Framework to support the current and evolving Information Governance agenda
13-105	There are approved and comprehensive Information Governance Policies with associated strategies and/or improvement plans
13-200	The Information Governance agenda is supported by adequate confidentiality and data protection skills, knowledge and experience which meet the organisation's assessed needs
13-203	Patients, service users and the public understand how personal information is used and shared for both direct and non-direct care, and are fully informed of their rights in relation to such use
13-300	The Information Governance agenda is supported by adequate information security skills, knowledge and experience which meet the organisation's assessed needs
13-302	There are documented information security incident / event reporting and management procedures that are accessible to all staff
13-303	There are established business processes and procedures that satisfy the organisation's obligations as a Registration Authority
13-311	Information Assets with computer components are capable of the rapid detection, isolation and removal of malicious code and unauthorised mobile code
13-505	An audit of clinical coding, based on national standards, has been undertaken by a Clinical Classifications Service (CCS) approved clinical coding auditor within the last 12 months
13-508	Clinical/care staff are involved in validating information derived from the recording of clinical/care activity
13-510	Training programmes for clinical coding staff entering coded clinical data are comprehensive and conform to national clinical coding standards

Information Governance Assurance Statement for Organisations that use, or plan to use HSCIC Services

1. All organisations that have either direct or indirect access to HSCIC services¹, including N3, must complete an annual Information Governance Toolkit Assessment and agree to the following additional terms and conditions. Where the Information Governance Toolkit requirements are not met to an appropriate standard (minimum level 2), an action plan for making the necessary improvements must be agreed with the HSCIC External Information Governance team or with an alternative body designated by the Department of Health (e.g. a commissioning organisation).
2. All organisations providing indirect access² to HSCIC services for other organisations (approved N3 link recipients), are required to provide the Department of Health, on request, with details of all organisations that have been permitted access, the business justification and the controls applied, and must maintain a local log of organisations to which they have allowed access to N3. This log should be reviewed regularly by the organisation and unnecessary access rights removed. The Department of Health or an alternative body designated by the Department of Health may request sight of these logs in order to facilitate or aid audit or investigations.
3. The approved N3 link recipient is responsible for their compliance with IG policies and procedures and may request authorisation by the Department of Health to monitor and enforce the compliance and conduct of subsidiary connected organisations and suppliers to ensure that all key information governance requirements are met.
4. The use of HSCIC Services should be conducted to support NHS business activities that contribute to the care of patients. Usage of individual services must be conducted inline with those individual services requirements and acceptable use policies. The use of HSCIC provided infrastructure or services for unauthorised advertising or other non-healthcare related activity is expressly forbidden.
5. All threats or security events affecting or potentially affecting the security of HSCIC provided infrastructure or services must be immediately reported via the HSCIC incident reporting arrangements or via local security incident procedures where applicable.
6. All infrastructure and connections to other systems and networks which are not covered by an approved Information Governance Toolkit Assessment and agreement to this IG Assurance Statement must be segregated or isolated from IGT covered infrastructure and connections such that IGT covered infrastructure and connections, or HSCIC Services are not put at risk. A Logical Connection Architecture diagram must be maintained by network managers in accordance with HSCIC guidance and must be provided for Department of Health review on request.
7. Organisations with access to HSCIC Services shall ensure that they meet the requirements of the Department of Health policy on person identifiable data leaving England, or being viewed from overseas. A copy of the Information Governance Offshore Support Requirements applicable to those accessing HSCIC Services is available on request or can be downloaded from http://systems.hscic.gov.uk/infogov/igsoc/links/index_html. The agreement of the Department to this limited support or exceptionally to more extensive processing must be explicitly obtained.
8. Where another network is connected to N3, only services that have been previously considered and approved by the Department of Health as appropriate for that network are permissible. Requests for new or changed services must be provided to the Department for consideration.

9. Organisations may not create or establish any onward connections to the N3 Network or HSCIC provided services from systems and networks which are not covered by an approved Information Governance Toolkit Assessment and agreement to this IG Assurance Statement.

10. The approved organisation shall allow the Department of Health, or its representatives, to carry out ad-hoc on-site audits, and to review any/all evidence that supports the Information Governance Toolkit Assessment, as necessary to confirm compliance with these terms and conditions and with the standards set out in the Information Governance Toolkit.

Information Governance Assurance Statement

I confirm that I have read, understood and agree to comply with the additional terms and conditions that apply to organisations that have access to HSCIC services and acknowledge that failure to maintain compliance may result in the withdrawal of HSCIC services.

1 HSCIC Services include the N3 network and other applications or services provided by HSCIC, e.g. the NHS Spine Service, NHSmail, Choose and Book (and in future the NHS e-Referral Service).

2 Access to the N3 network or HSCIC Services via another organisation or gateway