

## Trust Board Report

<b>Meeting Date:</b>	25 <sup>th</sup> March 2013
<b>Title:</b>	Information Governance Toolkit Submission V10 2012/13
<b>Executive Summary:</b>	<ul style="list-style-type: none"> <li>To obtain approval for IGToolkit scores to for submission to the DoH by 31<sup>st</sup> March 2013.</li> <li>To update the Committee on the work being undertaken by the Information Governance Steering Group (IGSG)</li> <li>Internal Audit has reviewed evidence for 15 IGToolkit requirements at Aug and Dec 2012.</li> <li>ICO audit on data protection and information security was conducted in Dec 2012- overall grading of Yellow (Reasonable assurance) given.</li> </ul>
<b>Action Requested:</b>	<ul style="list-style-type: none"> <li>Acceptance of the IG Assurance Statement <b>Appendix 1</b></li> <li>To note the approval of the IGToolkit final scores, by TMT, referenced in <b>Section 2</b> of this report.</li> <li>To note delegated authority given to the Medical Director and IG Lead to change the score to be submit form a level 1 to a level 2 for requirement 111 dependant on achieving 95% IG Mandatory training compliance.</li> </ul>
<b>Report of:</b>	Medical Director/Caldicott Guardian
<b>Author:</b> <b>Contact Details:</b>	Information Governance Lead Tel 01902 695114, Email: kate.collins1@nhs.net
<b>Resource Implications:</b>	None
<b>Public or Private:</b> (with reasons if private)	Public Session
<b>References:</b> (eg from/to other committees)	<ul style="list-style-type: none"> <li>Information Governance Steering Group 12th March 2013- ratification of scores and evaluation of evidence and risks associated.</li> <li>TMT 22nd March 2013, approval of the IGToolkit scores.</li> </ul>
<b>Appendices/</b> <b>References/</b> <b>Background Reading</b>	<p><b>Appendix 1-</b> IG Assurance statement to be accepted, as part of the annual IGToolkit return, as agreement to use the N3 network services.</p> <p><b>Appendix 2-</b> IG Training risk on the assurance framework, to be sent to commissioners in the event that 95% IG training compliance isn't reached.</p>

<p><b>NHS Constitution:</b> (How it impacts on any decision-making)</p>	<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"> <li>✚ Equality of treatment and access to services</li> <li>✚ High standards of excellence and professionalism</li> <li>✚ Service user preferences</li> <li>✚ Cross community working</li> <li>✚ Best Value</li> <li>✚ Accountability through local influence and scrutiny</li> </ul>
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**Background Details**

<b>1</b>	<p><u>Background detail on the IGToolkit</u></p> <p>The IG Toolkit is an online system which requires NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards, in order to operate the NHS (N3) network.</p> <p>The 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.</p> <p>Please see <b>Appendix 1</b> for the full statement, approval has been sought form TMT.</p> <p>End of year submissions link to the Care Quality Commission quality and risk profiles, Monitor to inform the Foundation Trust application process and may be used by the Information Commissioners Office in the case of a serious information incident to enforce a civil monetary penalty of up to £500,000.</p>																																																															
<b>2</b>	<p><u>IGToolkit final scores March 2013</u></p> <p>IGToolkit scores were ratified by the IGSG 13th March 2013, the group agreed that progress has been made against each requirement; any residual risk was being managed via action plans and monitored via the IGSG.</p> <p>Summary of the IGToolkit scores sent to TMT for approval (22/03/2013)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Assessment</th> <th rowspan="2">Stage</th> <th colspan="5">No of requirements self-assessed at:</th> <th rowspan="2">Overall Score</th> <th rowspan="2">Grade</th> <th rowspan="2">Exception detail on any level 1's</th> </tr> <tr> <th>Level 0</th> <th>Level 1</th> <th>Level 2</th> <th>Level 3</th> <th>Total Req'ts</th> </tr> </thead> <tbody> <tr> <td rowspan="3" style="text-align: center; vertical-align: middle;"><b>V10 (2012-2013)</b></td> <td>Baseline 31 July 2012</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">41</td> <td style="text-align: center;">3</td> <td style="text-align: center;">45</td> <td style="text-align: center; color: red;">67%</td> <td style="text-align: center; color: red;">Not Satisfactory</td> <td style="text-align: center;">Req- 112</td> </tr> <tr> <td>Performance Update 31 Oct 201</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">39</td> <td style="text-align: center;">6</td> <td style="text-align: center;">45</td> <td style="text-align: center;">71</td> <td style="text-align: center;">Satisfactory</td> <td></td> </tr> <tr> <td><b>Expected as Published 31 March 2013</b></td> <td style="text-align: center; color: red;"><b>0</b></td> <td style="text-align: center; color: red;"><b>0</b></td> <td style="text-align: center;"><b>28</b></td> <td style="text-align: center;"><b>17</b></td> <td style="text-align: center;"><b>45</b></td> <td style="text-align: center; color: green;"><b>75%</b></td> <td style="text-align: center; color: green;"><b>Satisfactory</b></td> <td style="text-align: center;">Req- 112</td> </tr> <tr> <td colspan="2" style="background-color: red; color: white; text-align: center;"><b>Not Satisfactory</b></td> <td colspan="8">Not achieved Attainment Level 2 or above on all requirements</td> </tr> <tr> <td colspan="2" style="background-color: green; color: white; text-align: center;"><b>Satisfactory</b></td> <td colspan="8">Achieved Attainment Level 2 or above on all requirements</td> </tr> </tbody> </table> <p>In summary:</p> <ul style="list-style-type: none"> <li>• IGToolkit requirements were ratified at the March IGSG. TMT approval of the</li> </ul>	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	<b>V10 (2012-2013)</b>	Baseline 31 July 2012	0	1	41	3	45	67%	Not Satisfactory	Req- 112	Performance Update 31 Oct 201	0	0	39	6	45	71	Satisfactory		<b>Expected as Published 31 March 2013</b>	<b>0</b>	<b>0</b>	<b>28</b>	<b>17</b>	<b>45</b>	<b>75%</b>	<b>Satisfactory</b>	Req- 112	<b>Not Satisfactory</b>		Not achieved Attainment Level 2 or above on all requirements								<b>Satisfactory</b>		Achieved Attainment Level 2 or above on all requirements							
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scores outlined in the table has been sought.

- One of the requirements (112- IGTraining), are dependent on achieving 95% compliance against Information Governance Mandatory Training.
  - As of 28<sup>th</sup> February 2013 the Trust is at 92.8% compliance.
  - A final report should be available by the 25<sup>th</sup> March to indicate overall compliance; we expect to have met the 95% compliance target by the end of March to maintain a level 2 for the IGToolkit submission.
  - Awareness rising via AUB's and targeted communications to staff and relevant managers who are non-compliant with training have been undertaken during the remainder of March 2013.
  - We have sought approval from TMT for the IG Lead and Caldicott Guardian to have delegated authority to change the score submit for requirement 112, dependant on achieving 95% training compliance.

Requirements at level 1 will require an action plan to be agreed before submission by commissioners, we will refer the commissioners to the IG Training Risk on the Assurance Framework Risk Register, a copy can be found in **Appendix 2**. In the event of level 2 non-compliance the IG Lead is to liaise with commissioners on 28<sup>th</sup> March 2013.

Information on level 1's is also required to be referenced in the annual report / Statement of Internal Control, along with details of any Information Governance SU1's of which the Trust had two in the 2012/13 financial year so far (as at 18/03/2013). The two incidents related to the transport of paper records out to patients in community settings. An IG working group looking at procedures for the safe transfer of documents was set up in Dec 2012, to look at these issues.

**3** Internal Audit Recommendations

Internal audit has been carried out on 15 of the 45 IGToolkit requirements for an independent view of the self-assessed scores and evidence. The review was undertaken in two phases that commenced August and December 2012. The internal audit recommendations have been fed back to IGToolkit leads at the January 2013 IGSG meeting. Each action has been placed on the IGToolkit online action tracker. This will be monitored on a monthly basis via the IGSG.

**4** ICO Data protection and Information Security Audit

The ICO were onsite auditing Records management and Information security from 11<sup>th</sup>-13<sup>th</sup> December 2012. Specialist staff in IT/ Governance/ Security were interviewed and 4 operational areas were visited and observed for practice. The final version of the ICO report has been received by the Trust in February 2013. The overall conclusion of the audit gave the Trust a yellow rating, indicating that there are reasonable assurances that the Trust has data protection and security compliance in place

<b>Overall Conclusion</b>	
<b>Reasonable assurance</b>	<p>The arrangements for data protection compliance with regard to governance and controls provide a reasonable assurance that processes and procedures are in place and being adhered to.</p> <p>The audit has identified some scope for improvement in existing arrangements and appropriate action has been agreed to reduce the risk of non-compliance.</p>

	<p>We have made two reasonable assurance assessments, where some controls could be enhanced to address the issues which are summarised and presented fully in the 'detailed findings and action plan' section of the full report.</p>
<p>5</p>	<p>The ICO have now published an executive summary of their audit on their website here:</p> <p><a href="http://www.ico.gov.uk/what_we_cover/audits_advisory_visits_and_self_assessments/audits.aspx">http://www.ico.gov.uk/what_we_cover/audits_advisory_visits_and_self_assessments/audits.aspx</a></p> <p>The Trust has also made a statement on our own website, to say the audit was consensual and very useful in providing assurance and guiding us in our responsibilities to meet legislating requirements on data protection and security for the benefit of our staff and patients. The full statement is here:</p> <p><a href="http://www.royalwolverhamptonhospitals.nhs.uk/news/ico_audit.aspx">http://www.royalwolverhamptonhospitals.nhs.uk/news/ico_audit.aspx</a></p> <p>An action plan has been put in place as part of the ICO's requirements following the visit. Corporate leads and timescales have been set out in this action plan, which will be monitored monthly by the IGSG, and periodic reporting to compliance committee. The ICO will conduct a follow assessment which will not consist of another onsite visit, but will be a request for updated action plans and documentary evidence issues have been resolved or new systems and processes have been put in place. This is scheduled for 20<sup>th</sup> August 2013.</p> <p><u>Action requested:</u></p> <ul style="list-style-type: none"><li>• Acceptance of the IG Assurance Statement <b>Appendix 1</b></li><li>• Approval of the IGTToolkit final scores, referenced in <b>Section 2</b> of this report.</li><li>• Approve delegated authority to the Medical Director and IG Lead to change the score submit for requirement 112 dependant on achieving 95% IG Mandatory training compliance.</li></ul>

## Information Governance Assurance Statement

As of 16th September 2009, all organisations submitting an IG Toolkit assessment are required to accept the following Information Governance Assurance Statement. This happens at the point of submission (i.e. when you click the “Submit” button).

The IG Assurance Statement is binding on your organisation and acceptance should be authorised by an appropriate senior individual in the same way as the IG Toolkit assessment itself. The IG Assurance Statement can be printed (using the “Print” button below) prior to acceptance in order to facilitate consideration by authorising individuals.

## Information Governance Assurance Statement for Organisations that use, or plan to use NHS CFH Services

Version 2, 03/03/2011

1. All organisations that have either direct or indirect access to NHS CFH services<sup>1</sup>, including N3, must complete an annual Information Governance Toolkit Assessment and agree to the following additional terms and conditions. Where the Information Governance Toolkit standards are not met to an appropriate standard (Minimum level 2), an action plan for making the necessary improvements must be agreed with the Department of Health Information Governance Policy team or with an alternative body designated by the Department of Health (e.g. a commissioning organisation).
2. All organisations providing indirect access<sup>2</sup> to NHS CFH 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 NHS CFH 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 NHS CFH 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 NHS CFH provided infrastructure or services must be immediately reported via the NHS CFH 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 NHS CFH Services are not put at risk. A Logical Connection Architecture diagram must be maintained by network managers in accordance with NHS CFH guidance and must be provided for Department of Health review on request.
7. Organisations with access to NHS CFH 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 NHS CFH Services is available on request or can be downloaded from <http://www.connectingforhealth.nhs.uk/igsoc>. 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 NHS CFH 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 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 NHS CFH services and acknowledge that failure to maintain compliance may result in the withdrawal of NHS CFH services.

<sup>1</sup> NHS CFH Services include the N3 network and other applications or services provided by NHS CFH as part of the National Programme for IT in the NHS

<sup>2</sup> Access to the N3 network or NHS CFH Services via another organisation or gateway

The Royal Wolverhampton Hospitals NHS Trust  
 Directorate Risk Register  
 March-2013

A1	A2	A3	A4	A5
B1	B2	B3	B4	B5
C1	C2	C3	C4	C5
D1	D2	D3	D4	D5
E1	E2	E3	E4	E5

Director	Cross Ref	What is the Risk?	Level of Risk	How are we managing the risk?	Evidence that it is working.	Any Evidence that it is not working.	What else can we do?	Risk after actions	Date Last Reviewed	TB Accept Risk?
Risk Lead	ID	Principal Risk		Controls	Positive Assurances	Gaps in Assurance/Control	Action Plan that addresses Gaps in Control	Residual Risk Level		

**Risks Currently Being Managed**

Trust Objective: To achieve Foundation Trust status											
Medical Director	O12 2572	Unable to implement the DoH e-learning tool for Information Governance Mandatory Training fully, failing to achieve 95% compliance for all staff. Scoring a level 1 on any IGToolkit requirement means the Trust will receive a red unsatisfactory rating. Also put on Governance Department risk register	D2 GREEN	<p>IG Training report take to IGSG Quaterly</p> <p>IG training will change from being once only required to annual requirement in Trust policy OP41 from 2010. National Requirement of IGToolkit</p> <p>The IG training tool replaced training on the KITE local education website</p> <p>Refresher module has been launched Nov-11</p> <p>IG Officer emailed / managers directly re compliance as and when compliance drops below 75% form 2011 onwards</p> <p>Training reminders for staff persistently non compliant implemented by Ed &amp; Training</p> <p>Training options have been differentialted for staff needs, E-learning, paper and face to face training available</p> <p>Trsust Materials deemed equivalent to CifH materials- independantly reviewed Aug 2012</p>	<p>IG training materials being used in on Mandatory training days, Trust Induction, Junior doctors induction and Quick induction, KITE.</p> <p>Training Database scrutinise staff training and inform mangers of non compliance monthly.</p> <p>TNA for IG training reviewed by IGSG Aug 2012 and monitored at IGSG.</p> <p>IG Trainign figues for 2012/13 - December 2012 96%</p> <p>IG training figuers above 95% at March 2011, March 2012</p>	<p>Increased training need following TCS and increase in number of Trust staff</p>	<p>Information Governance E-learning module will be available within OLM is being rolled out as a project to transform training, and IG will be incorporated.</p> <p>Mangers recieve monthly lists of staff compliance</p> <p>Education and Training are adapting new follow up process for staff who dont complete training, with 3 month cycles of notification to staff and managers and the removal of study leave priviliges</p>	Mar-11	C1 GREEN	Jan-13	Yes