









The Royal Wolverhampton Hospitals

NHS Trust

Trust Board Report

Meeting Date:	18th April 2011
Title:	Information Governance Toolkit v8 2010/11 Compliance
Executive Summary:	This report presents the Trust's annual self-assessed level of compliance with the Information Governance Toolkit standards for version 8 2010/11
Action Requested:	The Board is asked to note the annual submission and action being taken to ensure continual improvement against the IGToolkit standards
Report of:	Medical Director/ Caldicott Guardian
Author:	
Contact Details:	Tel 01902 698123 Email kate.collins1@nhs.uk
Resource Implications:	Human resource, IG Officer to deliver training. Time implications for staff to complete online training.
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	Board Assurance Committee -24th February 2011, Trust Management Team – 4th March 2011, Trust Board 14 th March 2011, Trust Board 18 th April 2011
Appendices/ References/ Background Reading	Appendix 1- Final Submission Report 2010/11, by requirement/lead/level Appendix 2 - Version 8 IGToolkit Level 1 Action Plans 8-112 Extension news article on the IGToolkit pages https://nww.igt.connectingforhealth.nhs.uk/NewsArticle.aspx?tk=406044417343421&Inv=2&cb=b1c2964c-d513-4658-8091-74921bf2a9d1&artid=61&web=yes NHS Operating Framework (Informatics Planning 2010/11). http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110335 Information Governance Toolkit https://nww.igt.connectingforhealth.nhs.uk/
NHS Constitution: (How it impacts on any decision-making)	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <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

Final
Submission
V8 IGT
2010/11

The Information Governance Toolkit is a self assessment assurance framework of forty five requirements which encompass the six initiatives named below, to meet national guidance and legislation. Compliance is reported to Connecting For Health a branch of the Department of Health (DH). Version 8 of the IGT toolkit for financial year 2010/11 introduced a 3 times annual submission of our performance against the 45 standards at the end of July, October and March each year.

The 6 initiatives for information governance are split by the following areas:

- | | |
|--------------------------------------|------------------------------------|
| 1. Information Governance Management | 2. Clinical Information Assurance |
| 3. Confidentiality & Data Protection | 4. Secondary Use Assurance |
| 5. Information Security Assurance | 6. Corporate Information Assurance |

A summary of the final levels submitted for Version 8 Final Submission of the IGT toolkit can be found in table 1 below. The scores are based on evidence collected by requirement leads, assessment and final approval by the requirement leads, review by the Information Governance Steering Group and Medical Director. An internal audit of the self assessment will be done in the first quarter of financial year 2011/12.

Version 8 of the IG Toolkit was released July 2010 including numerous changes to the requirements and a complete change to the online submission environment. Most noticeable in the final submission score will be the grading scheme. This has changed, from a RAG system to a Satisfactory/ Unsatisfactory score. A Satisfactory rating can only be achieved if all requirements reach a level 2. This change links directly to the NHS Operating Framework (Informatics Planning 2010/11).

Table 2

Table 1 Initiative	Level 0	Level 1	Level 2	Level 3	Not Relevant	Current Score (%)
Information Governance Management	0	1	3	1	0	67%
Confidentiality and Data Protection Assurance	0	0	7	2	0	83%
Information Security Assurance	0	1	8	6	0	78%
Clinical Information Assurance	0	0	5	0	0	67%
Secondary Use Assurance	0	0	3	2	0	75%
Corporate Information Assurance	0	0	3	0	0	67%
All Initiatives	0	2	32	11	0	73%
Overall Assessment	Unsatisfactory. Level 2 or above has not been achieved for every requirement					

The NHS Operating Framework, Informatics Planning document stipulated that all requirements should be at level 2 by March 2011. However there are 2 areas of our 2010/11 Final Submission

Action plans	<p>which remain at a level 1.</p> <p>The deadline for requirement 8-112 around training was extended by Department of Health (DH) until 30th June 2011 the extension is outlined in a news article on the IGToolkit pages here. We have taken advantage of this extension by submitting a statement of our current training compliance and plan to reach the 95% target.</p> <p>Each requirement which scored a level 1 has an action plan to ensure we are actively taking remedial action to ensure an improvement in the scores. Please see appendix 1. The requirements which have scored a level 1 are as follows:</p>				
What this means for the Trust	<table border="1"> <tr> <td data-bbox="314 488 464 577">8-112</td> <td data-bbox="474 488 1442 577">Information Governance awareness and mandatory training procedures are in place and all staff are appropriately trained</td> </tr> <tr> <td data-bbox="314 584 464 799">8-324</td> <td data-bbox="474 584 1442 799"> <p>The confidentiality of service user information is protected through use of pseudonymisation and anonymisation techniques where appropriate</p> <ul style="list-style-type: none"> - Please note that to gain a level 2 for this requirement the Toolkit asks us to have achieved a level 2 for all key requirements. Req 8-112 regarding training is a key requirement and is currently level 1, see above. All other elements of this requirement are compliant </td> </tr> </table>	8-112	Information Governance awareness and mandatory training procedures are in place and all staff are appropriately trained	8-324	<p>The confidentiality of service user information is protected through use of pseudonymisation and anonymisation techniques where appropriate</p> <ul style="list-style-type: none"> - Please note that to gain a level 2 for this requirement the Toolkit asks us to have achieved a level 2 for all key requirements. Req 8-112 regarding training is a key requirement and is currently level 1, see above. All other elements of this requirement are compliant
8-112	Information Governance awareness and mandatory training procedures are in place and all staff are appropriately trained				
8-324	<p>The confidentiality of service user information is protected through use of pseudonymisation and anonymisation techniques where appropriate</p> <ul style="list-style-type: none"> - Please note that to gain a level 2 for this requirement the Toolkit asks us to have achieved a level 2 for all key requirements. Req 8-112 regarding training is a key requirement and is currently level 1, see above. All other elements of this requirement are compliant 				
	<p>As requirement 8-324, is reliant on 8-112 to achieve a level 2, if we reach the 95% target for IG Training compliance by 30th June 2011, as well as Key IG staff completing further training via the online e-learning module both requirements can be a level 2. If this occurs the improvement in scores will be reflected in the Baseline submission of Version 9 of the toolkit at the end of July 2011</p> <p>Implications of level 1's for the Trust may be that:</p> <ul style="list-style-type: none"> • The Information Commissioner (ICO) may be interested in our IGToolkit scores to see if we have appropriate procedures to avoid a breach of the Data Protection Act (DPA). An enforcement notice or fine can be issued for a serious breach of DPA or a lack of adequate procedures which could lead to a serious breach. • The Care Quality Commission quality risk profiles will reflect our IGToolkit scores, as the Information Governance Toolkit is now used by the CQC to inform risk. The feed through of IGToolkit scores to the risk profile will create a patient focused picture of any areas for improvement. • We have an internal audit for the first time in early 2011-12, which will evaluate our self assessment and the quality of our evidence. This will give us a strong and accurate standing point to move forward when we go through TCS. However the IGToolkit takes little or no account of structural changes from Transforming Community Services and how these will affect scores. To ensure we have the appropriate assurance and correct evidence after TCS the scores for our IGToolkit return will effectively be "zeroed" and built from bottom up when we inherit provider information risks from the PCT. 				

Version 8 IGT toolkit Level 1 Action Plans

Req	Requirement statement	V 8 Lead	V 8 level	Requirement	Action plan	Time scale
Information Governance Management						
8-112	Information Governance awareness and mandatory training procedures are in place and all staff are appropriately trained	Kate Collins	1	Level 1: <ul style="list-style-type: none"> An IG training programme has been developed that includes training needs analyses, induction for new starters and the completion of online basic training using the NHS IG Training Tool. Where necessary, this is supported by local IG induction training and guidance materials. 	<ul style="list-style-type: none"> Extension of Training deadline by DH to 30th June 2011, Trust has advantage of the extension by submitting a statement in the V8 final submission. IG Training to change to an annual requirement in Trust Policy- reported to Ed& Training to update. Training tool replaced old IG training on KITE site. IG training site referenced in all online training, Quick induction, Junior doctors induction. KITE friendly version of IG Training has been developed using the material in the IGTraining Tool, a set of 12 questions are now available on KITE where no username or password is required. Notification of completion is reported directly to the Training Database team. Paper version of training used on mandatory training day. Training being promoted via AUB, KITE Governance Forums. Monthly AUB to be circulated. Face to face sessions being provided to departments upon request. Computer workshop sessions being provided Oct-Mar 2011 IGTraining Tool compliance is being reported in existing ED& Training reports to show compliance at a departmental level. IG module is already available in OLM- awaiting OLM roll out after TCS. 	Oct 2010 Jan 2011 Oct 2010 Oct 2010 Mar 2011 Ongoing Ongoing Ongoing Closed Ongoing Pending

				<p>Level 2:</p> <ul style="list-style-type: none"> - All staff, including new starters, locum, temporary, student and contract staff members have completed (or are in the process of completing) mandated IG training using the NHS IG Training Tool - Staff training needs are assessed to ensure that the basic training provided is sufficient. - Additional training is provided to staff in key roles 	<ul style="list-style-type: none"> - Not compliant until 95% of staff or above have been trained. Continue to promote training via methods outlined in level 1 in order to increase number of staff trained. - TNA has been set up but the IGTraining Tool, to be evaluated April 2011 IGSG and any amendments in the recommended modules to be auctioned by IG Officer within the IGTraining Tool. - Key role staff are identified as those who fit into the IG agenda eg.. Caldicott Guardian, SIRO, Data Protection Officers, IG Officers, Risk Management roles, Information Asset Owners (IAOs), Health records staff, who will be asked to complete at least one other IGTraining Tool module to satisfy additional training - RISK training resource, currently delivered by IG officer only 0.3 WTE of role, not IG staff being transferred in TCS. Head of Strategic development involved in bid for resource for a temporary position until June 2011 to administrate and record training. - RISK TCS will increase the number of staff to be trained and impact on the overall trust percentage. 	<p>Ongoing training</p> <p>Mar – Apr 2011</p>
				<p>Level 3:</p> <ul style="list-style-type: none"> - Compliance checks and routine monitoring are undertaken to test staff understanding and to ensure procedures are being complied with. 	<ul style="list-style-type: none"> - RISK not possible with current 0.3 WTE resource 	N/A
Req	Requirement statement	V 8 Lead	V 8 level	Requirement	Action plan	Time scale
Information Security Assurance						
8-324	The confidentiality of service user information is protected through use of pseudonymisation and	Information/ IT	1	<p>Level 1:</p> <ul style="list-style-type: none"> - Plan for implementing Pseudonymisation, responsible leads.(PIP) 	<ul style="list-style-type: none"> - Plan taken to IGSG on the requirements of project, based on guidance received from Connecting for Health, Responsibility set to IT and Information Departments, to be monitored via IGSG - IT and Information met outside IGAG to discuss issues and a way forward. - Information Dept have written policy and procedure documents for using pseudonymisation and safe haven database within Information department for secondary uses of data. 	<p>Sept 2009 & 2010</p> <p>Jan 2010</p> <p>Mar 2011</p> <p>April 2011</p>

	anonymisation techniques where appropriate				<ul style="list-style-type: none"> - Head of Strategic Development has liaised with areas to find any other occurrences of information being shared for secondary uses. Policy and procedure to be communicated to these areas and future requests to be navigated through the central Information department database. 	onwards
				<p>Level 2:</p> <ul style="list-style-type: none"> - Attain level 2 against all key requirements, of which Req 112(training) is one of them. - Plan business process changes, and a project has been completed documents to support 	<ul style="list-style-type: none"> - Report on Pseudonymisation project to be reviewed at April IGSG, tabled as an agenda item. - Supporting evidence for Pseudonymisation to be collected. - RISK Cannot reach level 2 because all key req of the IGToolkit must be level 2. Req 112 (training) is a key req and is currently level 1, see above. 	April 2011
				<p>Level 3:</p> <ul style="list-style-type: none"> - External auditors have reviewed the process of pseudonymisation to ensure that ensure that the business process changes, safe haven processes and technical pseudonymisation and/or anonymisation functionality are working effectively. 	<ul style="list-style-type: none"> - N/A 	N/A