Sherwood Forest Hospitals
NHS Foundation Trust

Board of Directors Meeting in Public - Cover Sheet

Subject:	Senior Information Risk Owner (SIRO) Report for Trust Board	**Date:** 21st March 2019
Prepared By:	Jacquie Widdowson, Information Governance Manager & Data Protection Officer	
Approved By:	Shirley Higginbotham, Director of Corporate Affairs , Paul Robinson, Chief Financial Officer & SIRO	
Presented By:	Paul Robinson, Chief Financial Officer & SIRO	

Purpose

To document the Trust's compliance with legislative and regulatory requirements relating to the handling of information, including compliance with the Freedom of Information Act 2000, current Data Protection Act 2018 and the General Data Protection Regulations.

To document the Trust's compliance with the Data Protection & Security Toolkit and provide assurance of progress in relation to the requirements which are mandated for completion.

To detail any Serious Incidents Requiring Investigation (SIRI) during the year, relating to any losses of personal data or breaches of confidentiality.

To outline the direction of information governance work during 2018/19 and how it aligns with the strategic business goals of Sherwood Forest Hospitals NHS Foundation Trust.

Decision	
Approval	**X**
Assurance	**X**

Strategic Objectives

To provide outstanding care to our patients	To support each other to do a great job	To inspire excellence	To get the most from our resources	To play a leading role in transforming health and care services
x	**x**		**x**	

Overall Level of Assurance

	Significant	Sufficient	Limited	None
		x		

Risks/Issues	
Financial	**IG Breaches can result in significant financial penalties**
Patient Impact	**IG Breaches can result in the disclosure of patient sensitive information**
Staff Impact	**IG Breaches can result in the disclosure of staff sensitive information**
Services	
Reputational	**Potential negative impact to trust breaches**

Committees/groups where this item has been presented before

Executive Summary

This report provides the Trust Board with an overview of the Trust's compliance with the Information Governance (IG) and security agenda both nationally and locally. The report was approved at the Information Governance Committee on 19th March 2019 and recommended that the report be presented for approval by the Board

The report has been updated in areas where appropriate real time information is available

The 2018/19 Annual SIRO report is included at Appendix A.

Not achieving Information Governance training compliance of 95% represents a significant risk for the organisation. As at 22nd March 2019 we are showing 90% of staff completing mandatory IG Training, the highest % achieved this year was 94 % in October. Realistically there are no actions we can request from Board to effect the result for this year as submission has to be made by 29th March 2019. The IG team and training and development are emailing individuals to remind them to complete their training.

However there are clear messages which need to be shared early across the Trust for the compliance with mandatory training from 1 April 2019 in preparation for the 2019/2020. Additional training has been provided in the Trust, this includes Cyber Security Week, ad hoc training for departments and advice and guidance when conducting confidential waste audits.

3 incidents have been escalated as level 2 incidents which required reporting during 2018/19–to the Information Commissioners Office (ICO). Of those to date that have been reported none has resulted in action from the regulators as the Trust provided appropriate assurance.

The Trust have investigated 15 confidentiality breaches, verbal and inappropriate access to records and dismissed 3 employees during this fiscal year as a result of information governance breaches. The types of breaches that led to dismissal are verbal breaches of confidentiality and inappropriate access to records via computer systems. There have also been 4 instances that resulted in disciplinary warnings. This is a concern for the Trust and the IG Team are working towards providing a solution to reduce the number of incidents

Work continues to raise the profile of information governance across a variety of mediums to ensure that incidents and lessons learned are raised to the attention of all employees across the Trust.

The information governance landscape is changing at a more complex and rapid rate, as we move to more of our clinical systems being digitised. As a result of this different risks are now being encountered, Appendix B aims to provide a snapshot of some of the larger projects the IG team will be involved in delivering in 2019/20 and an overview of the Clinical Information Systems Working Group.

APPENDIX A

2018/19 Annual Senior Information Risk Owner Report

Purpose of the Report

Assurance Framework

The Information Governance Committee meets on a bi- monthly basis to assess risks to security and integrity of information and management of confidential information. The Committee monitors the completion the Data Protection Security Toolkit submission, data flow mapping, and information asset registers. Also ensuring the Trust has effective policies, processes and management arrangements in place.

Appendix D attached shows the current performance as of 22ndt March 2019 final preparations for final submission are being completed which is due 31st March 2019.

98 of the 100 Mandatory evidence items are now complete, with plans to complete the remaining outstanding items by 31st March 2019. 2 of the standards out of the 98 require an improvement plan to be submitted to the SIRO week commencing 25th March 2019, with the aim to achieving the standard within 6 months of the submission. Once the plans have been agreed by the SIRO, NHS Digital will also contact and monitor the outcome of the improvement plans. The 2 items which require improvement are attaining 95% of all staff trained and the outcome of the Generic Account Audit performed by 360 assurance.

The 2 items in assertion 1 that remain outstanding relate to Data Quality audits (scope and date of the last Data Quality Audit), a plan to achieve this by 29th March 2019 has been agreed with the department.

The Toolkit was audited by 360 assurance in February 2019 and indicated limited assurance of evidence collated:

NHS Digital released an end of year proposal that those who are approaching a level of standards met in all but a few areas will be required to provide an improvement plan of how they are going to bridge the gap between their current position and meeting the DSP Toolkit standards met. This will allow organisations to publish the DSP Toolkit with an improvement plan. The SIRO will need to approve the improvement plan and NHS Digital will agree the plan with the Trust, with a timescale of less than 6 months to achieve.

Data Flow Mapping

The data flow mapping template has been updated in line with GDPR legal basis Article 6 and Article 9, categories of data subject/personal data, categories of recipients, information transferred overseas, whether data is retained or disposed of in line with polices, if not why not, national opt out relevant and whether there is a data sharing agreement in place.

The SIRO is responsible for the development and implementation of the organisation's Information Risk agenda. During 2018 the Trust has undertaken an annual review of information flow mapping to ensure that we are assured that information flows into and out of the Trust are identified, risk assessed and addressed. This is then expanded to ensure that we have assurance that all information is stored securely and appropriately and any partners

in delivery of either shared care or information storage achieve the same high levels of information governance assurance. This work is still on-going due to the extent of information processed by the Trust.

Information flows have been received 2018/19 from the following departments:

- Accident and Emergency
- Audiology
- Cancer Services
- Chaplaincy
- Community Paediatrics
- Finance
- Infection Prevention and Control Department
- Integrated Sexual Health Services
- Management Secretaries
- MEMD
- NHIS
- Obstetrics
- Paediatrics
- Pathology
- Patient Services
- Radiology
- Research & Development
- Stroke
- Therapy

Information flows that have been provided have been reviewed and approved by the SIRO. As a result of Brexit all information flows are being reviewed for flows which are inbound from the EU. There have been none identified to date.

Information flows that have previously been provided during 2017/18 from the following department will need to be provided:

- Communications
- Day Case

- Human Resources
- Medway
- Pharmacy
- Training Education & Development

Serious Incidents Requiring Investigation (SIRI)

As part of the Annual Governance Statement, the organisation is required to report on any Serious Incidents (SIRI's) or Cyber Incidents which are notified on the Data Security & Protection Toolkit reported through to either the ICO or NHS Digital.

To date there have been 5 incidents that have been reported. To date we have had no further action from the regulators after investigation.

Risk Management and Assurance

The SIRO is responsible for the development and implementation of the organisation's Information Risk agenda. During 2018 the Trust has undertaken a fresh review of information flow mapping to ensure that we are assured that information flows into and out of the Trust are identified, risk assessed and addressed. This is then expanded to ensure that we have assurance that all information is stored securely and appropriately and any partners in delivery of either shared care or information storage achieve the same high levels of information governance assurance. This work is still on-going due to the extent of information processed by the organisation.

The SIRO and Caldicott Guardian received formal training on their statutory responsibilities during 2018/2019 in order to ensure refresh of skills and awareness of legislative changes..

Freedom of Information (FOI)

During 2018 to date the Trust processed a total of 509 FOI requests. This function is managed by the Information Governance Team and the activity is demonstrated in the table below.

Total	Breached timeframe of 20 days	Escalated to ICO
509	**86**	**0**

Any breaches in the 20 day response timeframe are due to complex requests that require input from multiple teams or due to an issue with a gap in the process, which has now been addressed and will ensure where possible full compliance.

Of the 509 requests, 468 are currently completed, 10 on hold waiting further information and 31 still in progress. Of the 468 requests completed 382 have been completed within 20 days which show a compliance rate of 82 %.

Subject Access Requests

Year to date the Trust has received 2811 requests for access to patient records. The majority of cases are processed in line with national guidance which is exemplary given that some of these cases represent hundreds of pages of information and require methodical attention to detail to ensure that information is released appropriately. There have been no complaints to the Information Commissioner – any requests for review of content of records by patients have been handled locally and achieved satisfactory resolution for patients. The access to records team have seen a 21 % increase in requests from January 2017 to January 2019, we are currently monitoring whether this is due to the changes in the DPA 2018 or attributable to other care providers as we work to a more integrated service. Appendix C provides an explanation to those which have gone over the statutory timescale.

April 2018 to March X 2019 Total	Completed < 21 days	Completed 21-30 days	Completed > 30 days
2811	**KM -2186** **NWK -349** **IG-2**	**KM-199** **NWK - 44**	**KM – 0** **NWK -29** **IG -2**

Appendix B

Horizon Scanning 2019/20

Community Care Portal

The Trust participates in the use of the Nottinghamshire Health and Care Portal. The community portal enables NUH, Notts Healthcare and SFH to share electronically health and social care information, such as hospital and GP attendances, test results, medication and care plans. At present the Trust share pharmacy information, it is envisaged that during this year we will roll out the use in other specialties moving towards a more integrated care system. GP's will also participate in using the portal later this year.

Phasing out Faxing

It was announced in December 2018 by the Department of Health and Social Care, that NHS Trusts will be required to invest in new technology to replace outdated systems. The requirement to phase out faxing is by 31st March 2020. NHS organisations will be monitored on a quarterly basis until they declare themselves fax free. The IG Team will be working with departments across the Trust to provide alternative ways of transferring information. This will be predominately NHS mail. The government will look to end contracts with providers who do not implement alternative methods of transferring data. A survey will be conducted during quarter 1 of 2019/20 to find the number of faxes still in use and work towards phasing these out throughout the Trust.

Records Management

At present there are 2 inquiries being undertaken by the government the Goddard Inquiry which relates to historical child sexual abuse and the Infected Blood Inquiry. The infected blood inquiry will examine why men, women and children in the UK were given infected blood or infected blood products. Both of the inquiries require the Trust to preserve records until the inquiry has concluded. As a result increased pressures are being encountered with current storage issues. The IG team is working with departments to predict the meterage of space needed to accommodate records over the next 3 years and will source suitable suppliers for offsite storage. A business case is currently being conducted to recruit an interim records manager, who will work with departments on storage issues and road map our current paper records.

Medefer

The introduction of Medefer aims to provide clinical triage for referrals from primary care to secondary care. This will be achieved by consultant-led triaging, investigating and where appropriate virtually managing patients referred into the service. This will be piloted in Cardiology, Dermatology and Gastroenterology. It is hoped that the implementation of Medefer will, reduce the number of 'clinically avoidable referrals into secondary care triaging and reduce the times that patients wait for an outpatient appointment.

Cyber Security

The Cyber Assurance Delivery Group comprising of NHIS and all partner organisations was set up to deliver the Cyber Strategy's 94 Cyber commitments. At present 73% of the commitments have been delivered.

We are working on phase 1 of the removable media programme, which entails the blocking of unencrypted mass storage devices, it is anticipated that this will be completed by 31st March 2019. This piece of work has taken a considerable amount of time to complete, due to

resources within the department. Phase 2 will entail limiting removable devices eg optical drives, modems and floppy disks and is in the early stages of discussion.
Cyber security remains high on the IG agenda and other areas we anticipate to strengthen during 2019/20 are access controls within systems and unsupported devices on the network.

Electronic Prescribing and Medicines Administration (EPMA)
Project work is being undertaken to source and implement an electronic system for e-prescribing. Some benefits include reduction in prescription errors, reduction in patient harm, financial and staff savings.

Patient Level Information Costing System (PLICS) Pilot for Nottinghamshire Integrated Care System

Many providers are implementing PLICS, SFH and NUH were early implementers of the National PLICS portal. PLICS helps us to understand the activity and cost of different groups of patients and is crucial to managing the health needs of the population.
Working with NUH and Notts Healthcare, the PLICS system for Nottinghamshire is a project that is in the early stages of development. This will enable the organisations to better understand the variation of cost in the delivery of their services in Nottinghamshire.
Population based healthcare and integrated care systems require us to understand how we use our resources and understand patient pathways to deliver a better standard of care to our patients. As a result of understanding these pathways new models of care can be developed.

Spine Compliance & Medway

NHS Digital hosts the most up to date patient demographics service the national spine. During the year 2019/20 the Trust will move towards implementing connecting the spine and Medway and interfacing between the SystmOne GP units. It is hoped that this will reduce the number of incidents which have occurred whereby the details on the Medway system has sent a message to the GP unit and changed patient demographic details. Some impacts on this have been patients unable collect prescriptions, delay in fertility treatment and merging of adopted records.

Clinical Information Systems Working Group (CISWG)

The CISWG was formed as a result of a number of incidents and gaps in control identified in the implementation of new systems and issues arising post implementation. The group has held its first meeting and will report directly to the Risk Committee and ultimately the Board of Directors on the robustness of current processes involved in the implementation and utilisation of the Trust's IT systems with regard to the integrity and availability of information. The group will also make recommendations to mitigate the risks; address gaps in control and resolve specific issues.

Appendix C

Newark SARS Requests

Datix Number	Days Taken	Reason
19073	40	Duplicate request received. Closed by accident. Difficulty locating notes. Now rectified and awaiting redaction
18314	34	Delay in notes being received. Requested 9.11. Received 19.11. copied, redacted and closed by 26.11.18
17600	42	Delay receiving xrays
17714	42	Records sent to Solicitors 4.9.18. Solicitors advised on 19.9.18 that they required a disc. Delay obtaining disc from xray till 1.10.18 - completed and closed.
16892	44	Consultant had notes for redaction from 16.5.19. We collected them back on 6.7.18 as they had not been done. Redacted and closed on same day.
19130	34	Delay in getting UCC notes and delay in redaction.
17830	41	Advised on 4.9.18 UCC notes were needed also. Sent UCC notes to UCC dept lead for redaction on 10.9.18 - not completed til 5.10.18. Posted notes out & closed on 8.10.18.
17790	35	Delay waiting for Physio notes from 21.8.18 to 15.10.18.
18548	31	Delay awaiting redaction.
17787	32	Delay awaiting xray. Received 19.9.18 – closed 21.9.18
17900	41	Delay awaiting Police Statement from Consultant
18347	41	Delay awaiting Police Statement from Consultant
17243	34	Delay awaiting Police Statement from Consultant
18470	37	Delay awaiting Police Statement from Consultant
18725	39	Delay awaiting response from OHP before being able to send to for redaction.
19136	35	Delay awaiting confirmation which notes are required. Still chasing for a response.
17831	41	Delay obtaining the notes from respiratory Consultant. Received 5.10.19 then copied, redacted and posted out on same day to close.
16929	41	Delay awaiting ID.
17200	32	Delay awaiting redaction from Consultant.
17464	49	Delay awaiting redaction.

IG Requests

	Days Taken	Reason
19189	62	Not forwarded to IG in a timely manner
19169	153	Not forwarded to IG in a timely manner

Appendix D

National Data Guardian Standards

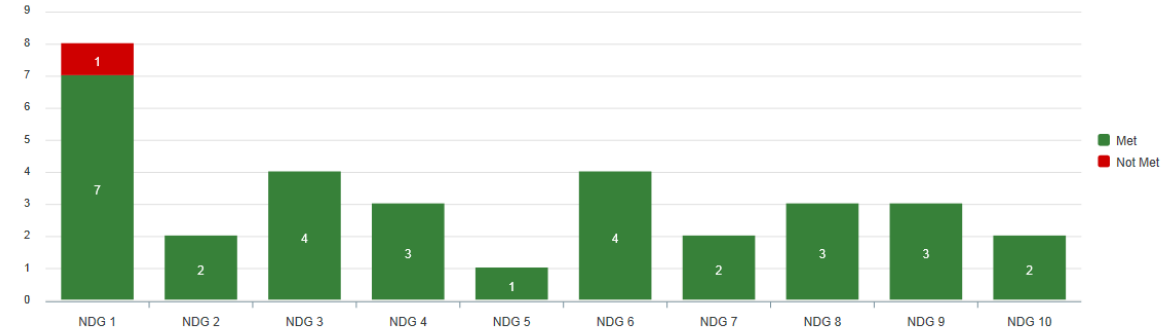
100 % complete

NDG 10. Accountable Suppliers

Met (2 / 2)

Not Met (0 / 2)

100 % complete



NDG 1 - Personal Confidential Data
NDG 2 - Staff Responsibilities
NDG 3 - Training
NDG 4 - Managing Data Access
NDG 5 - Process Reviews
NDG 6 - Responding to Incidents
NDG 7 - Continuity Planning
NDG 8 - Unsupported Systems
NDG 9 - IT Protection
NDG 10 - Accountable Suppliers