

Meeting of
Lanarkshire NHS Board
24 March 2010

Lanarkshire NHS Board
14 Beckford Street
Hamilton ML3 0TA
Telephone 01698 281313
Fax 01698 423134
www.nhslanarkshire.co.uk



SUBJECT: Information Governance Update

1. PURPOSE

To provide the Board with a regular update on Information Governance, including:

- Status of the previously agreed Information Governance work-plan
- Incidents to note during the period
- Information Governance Awareness Training

2. CONTENT/SUMMARY OF KEY ISSUES

- The previously agreed Information Governance Work Plan is progressing in line with expectations. It has been revised to take account of recently reported incidents and in response to issues that have been raised elsewhere in the NHS and in the wider Public Sector
- Additional resources have been secured from Scottish Government, and as such two additional staff have commenced in the Information Governance Department. This is a welcomed addition to an ever increasing agenda.
- A number of incidents have been reported over the past six months. These have been subject to reporting through the Risk Management/DATIX process. It is clear that appropriate action has been taken to mitigate against recurrence of these incidents.
- Information Governance will continue to be afforded a high priority with a focus on:
 - Incident management resulting in targeted improvement
 - Ongoing awareness and training
 - Security improvements to electronic and manual records management
 - Communication and publicity
 - Policy adherence

3. ACTIONS/ FURTHER INFORMATION

Board Members are asked to note progress - Further information from Robin Wright, General Manager eHealth/IM&T, 01698 245078 or robin.wright@lanarkshire.scot.nhs.uk

1. INTRODUCTION

This report to the NHS Board sets out progress against the Information Governance Work Plan and informs members of incidents pertaining to Information Governance together with the action that has been taken.

The work plan is subject to continuous review by the Information Governance Committee to reflect reported incidents and identify new or recurring risks.

Board members are reminded that the NHS Quality Improvement Scotland information Governance Toolkit is being adopted as the basis against which incremental improvement is measured and the toolkit is attached at Appendix A to this report.

Current level of attainment is indicated by the area shaded by each standard and date of achievement is also noted. Since the last report to the board we have progressed the scoring in 18 of the 52 Information Governance standards.

2. WORKPLAN PROGRESS

Progress against the initially agreed work plan and subsequently added tasks is complete or on target. A number of issues have been allocated revised dates reflecting the need for a greater level of work being undertaken than was initially anticipated. The revised plan has been subject to review between NHS Lanarkshire and National Services Scotland (Information Services Division) with a view to ensuring that evidence in support of reported progress is available. NSSISD have reported that they are satisfied that progress is appropriately evidenced.

As well as monthly reporting, monitoring and review of the work-plan by the Information Governance Committee, Information Governance reports are provided on a quarterly basis to the eHealth Strategy Group.

Assurance of progress with the work plan has been conducted through:

- Quarterly submission of progress reports against the NHS QIS Information Governance Toolkit
- A further review of our Information Governance environment will be undertaken by Price Waterhouse Coopers early 2010. This comparative study based on industry best practise, is being undertaken in collaboration with NHS Greater Glasgow and Clyde and will provide further assurance to our current state and future planned activity. This review will also aid progress with elements of Information Governance Standards within the IG Toolkit.

3. ISSUES REPORTED AND ACTION TAKEN

A number of Incidents have been reported locally during this period. These have included:

Date/Location	Issue	Response	Action
July 2009 – (Clydesdale Locality) August 2009 – (PSSD) October 2009 – Theatres	Missing Pay Slips	Since the last report there has been a reduction in the numbers of pay slips being reported as missing. Since October until the present date there have been no further reported incidences.	Incidents have been recorded through Datix and an Audit undertaken has been undertaken by the Internal Audit Consortium.
July 2009 – (Beckford Street) August 2009 – (Staff members house)	Stolen Laptops –	There have been several reported incidences of thefts of laptops. All laptops were encrypted. A communication has been sent to staff to highlight the extra vigilance needed to protect equipment.	All incidents have been reported to the police. Thefts have been from NHS premises, member of staffs house. There has been communication February 2010 in the staff briefing highlighting staff awareness regarding the security of equipment.
August 2009 – (Coatbridge Locality) September 2009 – (Bellshill Locality)	Inappropriate Access to electronic systems and casenotes –	There have been two incidents regarding inappropriate electronic access. Each of these has resulted in disciplinary action.	Clinical incident reviews have taken place in both instances. Audits have been carried out regarding legitimacy of staff access and will continue to be monitored. Information Governance training has been offered to staff in the localities where the breaches occurred and these be organised and planned during

			February/March 2010.
October 2009 (Camglen Locality)	Accessibility of Records – Inappropriate storage and security –	An office was left unlocked containing some patient records This incident was discovered by the Information Governance team during a walk round. In a separate facility within a public waiting area, there were unlocked filing cabinets containing person identifiable information.	Notes secured at time of visit. Critical incident review was undertaken. Return unannounced visit made and records stored in accordance with good data protection principles. Keypad entry locks have now been fitted to prevent unauthorised access to the area. Lockable filing cabinets have been purchased.
October 2009 (Speech and Language Therapy)	Patient Confidentiality –	An incident has been highlighted where a member of staff was asking her husband to proof read her notes prior to submission for typing The incident was highlighted when staff typing the letters noted two different handwriting styles on the notes.	Incident reported on Datix, investigation commenced involving HR. Information Governance team awaiting outcome of investigation.
January 2010 (Airdrie Locality)	Insecure storage of of Records – Door left open –	This incident was of concern as the record storage area is public access route. The child health records were stored on open shelving.	Incident was reported on Datix, visit made to site by Information Governance Team. A critical incident review has taken place. Following the critical incident review it would indicate that the door was left open for a short period of time. Additional security measures have been implemented with tighter security placed on the holding and signing out of the

			key for the storage area. There was a further proposal to centralise storage of records elsewhere within the locality, additional funding has been declined at present.
--	--	--	---

All incidents continue to be reported through the Datix Risk Management System and have resulted in specific actions to mitigate the risk of recurrence.

In addition, they are reported and reviewed through the Information Governance Committee.

Where necessary individual incident reviews are undertaken. On 2 occasions during the period these have resulted in disciplinary proceedings being invoked.

The reporting of incidents is an important aspect of the Information Governance approach as it fosters a culture of learning and increased awareness through feedback, review and change where appropriate.

Incident reporting is an important feature of the publicity and training and awareness activity that is taking place. A guidance document has been issued to General Managers regarding the actions, recording and notifications of any breaches when they occur. Where appropriate a risk assessment should be undertaken using the NHS Lanarkshire risk matrix, this should feature on the departmental risk register along with the previously completed departmental risk assessments.

Throughout the reporting period, there appears to be recurring theme of security of clinical notes the majority of the breaches attributable to loss or insecure storage, transportation of records or providing the wrong information to the wrong person. Most of these breaches are due to human error or not following policy or procedural guidance. Another recurring theme is that of theft from buildings and staff member's houses. There is also an increase in the inappropriate access to patient electronic systems.

Breaches	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
2009	11	31	33	15	90

4. Additional Resources in I.G. Department

2 WTE posts, Information Governance Officer and Information Governance Training Officer have been recruited through Scottish Government funding until March 2011. The Information Governance Officer will assist the Information Governance Manager undertake policy review and production, auditing and monitoring for compliance with Information Governance and progress workplan actions to meet Information

Governance standards. The IG Training officer will prepare and deliver IG awareness training sessions through a variety of methods to staff and will maintain a database for IG Awareness training.

5. Staff Training

Staff training is progressing, groups that have undertaken training so far have included administrative staff, allied health professionals, medical and dental, nursing/midwifery and also support staff.

There have been a total of 1200 staff trained; the figures are up to and including January 2010. Initially, attendance has been sporadic; there has also been a difficulty in obtaining appropriate training venues. This was due to rooms being held for the H1N1 vaccination programme.

In the forthcoming year, larger venues have been booked for Information Governance awareness sessions for nurses if sessions are well attended expectation is 100 staff trained per day. In the localities smaller venues have been booked and over the next 3 months at various sites with confirmed dates and attendees, the forecast is approximately 200 staff per week. It important that staff buy in is encouraged to ensure good staff attendance and achieve the target set by March 2011. There has been notification by Email, posters and information in the weekly staff bulletin to inform staff of the dates and times of the sessions.

6. Communication

Advice and information on Information Governance features prominently on the NHSL intranet site, this includes links to appropriate policies and procedures. The NHS Lanarkshire Information Governance poster and HRIS confidentiality leaflets has been distributed to localities and GP premises.

Recently there has been guidance re-issued on the reporting of breaches, including the importance of recording them on Datix and also informing the Information Governance team when the breach has occurred. This enables quicker investigation of the breach when it has occurred.

7. IT Security Initiatives

- **'Memory Stick' encryption**

To date 433 encrypted memory sticks have been issued, 305 of these required for presentations a further 128 as a work requirement. There have been 32 applications that have been refused, some of which was for back up of data.

- **Removal of Desktop Data**

Work is continuing on this key initiative, 64% or 3327 of the current scoping exercise has been undertaken. This is a combination of acute and primary care settings. Laptops have been excluded from this initial scoping exercise due the laptop being encrypted. This exercise removes the risk of information released into the public domain should desktop pc's be stolen and also aids business continuity through central server storage of user information.

8. Policy Development

As previously reported, NHS Lanarkshire is fully involved in the Scottish Government coordinated programme of work to develop and introduce common policies across the NHS in Scotland. The I.T. Security Policy is now available to be published through 'Netconsent'.

During the period the following policies have been revised/introduced:

- "Netconsent", the first IT security policy has now been published and has been circulated to the pilot group through this medium. Once this has been approved then "Netconsent" will be adopted throughout NHS Lanarkshire as a method of distributing policy documents.
- A Health Records Management Policy has now been approved and implementation plan agreed.
- Transportation of Mail, Records and Electronic Media policy has been approved and will be uploaded onto Firstport in the near future.
- A telephone and reception guidance document for staff when handling enquiries and calls from relatives/visitors and also when telephoning out to patients has now been approved
- A first draft of a new administrative records policy has been produced, it is envisaged that a final document and implementation plan will be complete by March 2010.

9. Information Governance 'Walkrounds'

These continue to be undertaken and indicate a general improvement in staff responsiveness to the issue of security and information governance. To date 24 site visits have been made, this has been concentrated in the primary care sector; although the acute sector has also been visited. All localities have now been visited and return visits made where areas of concern have been identified.

At the completion of the site visit a report is sent to the general manager outlining findings highlighting areas of good practice and recommendations to ensure compliance with Information Governance.

As all localities and the acute sites have been visited at least once on a pre-arranged basis, the Information Governance Team will now commence unannounced walk rounds from February 2010. It is anticipated that approximately 8 per month on a rolling schedule, all NHS Lanarkshire facilities will be visited.

10. Safe Haven Fax

A review of fax facilities within NHS Lanarkshire is in progress with a view to ascertaining the extent of use for person identifiable data. Revised guidance and strict rules governing their use will be implemented. The first part of this exercise has now been completed and a list of Safe Haven Faxes has been published on Firstport and also advertised on the weekly staff bulletin.

Appendix A

IG Ref. No	IG Standard	Attainment Level 1	Attainment Level 2	Attainment Level 3	Attainment Level 4
1.001	There is a designated Director with responsibility for the Board's Information Governance policy and implementation plan.	The NHS Board either does not have a designated Director with responsibility for the NHS Board's Information Governance Policy and Implementation Plan or the incumbent is not qualified or resourced (*i.e <i>Support Staff / Budget / Equipment</i>) to fulfil the requirements of the role. Date Achieved – 01/04/2007	The NHS Board has a designated Director with responsibility for the NHS Board's Information Governance Policy and Implementation Plan who is qualified and resourced* to fulfil the requirements of this role. Date Achieved – 01/04/2007	The NHS Board has a designated Director with responsibility for the NHS Board's Information Governance Policy and Implementation Plan, who is qualified and resourced* to fulfil the requirements of the role, and is subject to Annual Appraisal and has a rigorous Personal Development Plan in place. Date Achieved – 01/04/2008	The NHS Board has a designated Director with responsibility for the NHS Board's Information Governance Policy and Implementation Plan, who is qualified and resourced* to fulfil the requirements of the job, who reflects on practice and has a rigorous Personal Development Plan that has been acted upon, and has made appropriate changes in light of annual appraisal. Date Achieved – 01/09/2009
1.002	The Board has approved an Information Governance policy.	The NHS Board is in the process of developing and / or implementing its Information Governance Policy. Date Achieved – 01/04/2007	The NHS Board has fully implemented its Information Governance Policy across the whole organisation. Date Achieved – 01/04/2009	The NHS Board is monitoring and evaluating the effectiveness of its Information Governance Policy across the whole organisation. Date Achieved – 01/09/2009	The NHS Board has reviewed the effectiveness of its Information Governance Policy and has implemented changes as part of this continuous improvement cycle.
1.003	The Board has agreed a plan for the implementation and monitoring of the Information Governance policy.	The NHS Board is in the process of developing and / or implementing its Information Governance Implementation Plan. Date Achieved – 01/04/2007	The NHS Board has a fully developed Information Governance Implementation Plan across the whole organisation. Date Achieved – 01/10/2008	The NHS Board is monitoring and evaluating the effectiveness of its Information Governance Implementation Plan across the whole organisation. Date Achieved – 01/04/2009	The NHS Board has reviewed the effectiveness of its Information Governance Implementation Plan and has implemented changes as part of this continuous improvement cycle. Date Achieved – 01/04/2009
1.004	The Board's Information Governance plan includes appropriate training for all staff on the elements of Information Governance (e.g. confidentiality, data protection and security).	The NHS Board is in the process of developing and / or implementing training for all its staff on the elements of Information Governance. Date Achieved – 01/04/2007	The NHS Board has fully implemented its training for all its staff on the elements of Information Governance across the whole NHS Board. Date Achieved – 01/09/2009	The NHS Board is monitoring and evaluating the effectiveness of its training for all its staff on the elements of Information Governance across the whole organisation.	The NHS Board has reviewed the effectiveness of its training for all its staff on the elements of Information Governance and has implemented changes as part of this continuous improvement cycle.

1.005	All staff contracts contain clauses that clearly identify staff responsibilities for confidentiality, data protection and security.	Not all NHS staff contracts contain clauses that clearly identify staff responsibilities for confidentiality, data protection and security. Date Achieved – 01/04/2007	All staff contracts contain clauses that clearly identify staff responsibilities for confidentiality, data protection and security, across the whole organisation. Date Achieved – 01/04/2007	The NHS Board is monitoring and evaluating the effectiveness of the clauses in all staff contracts that clearly identify staff responsibilities for confidentiality, data protection and security. Date Achieved – 01/04/2007	The NHS Board has reviewed the effectiveness of the clauses in all staff contracts that clearly identify staff responsibilities for confidentiality, data protection and security and has implemented changes as part of this continuous improvement cycle. Date Achieved – 01/04/2007
1.006	Information Governance is embedded in the Board's business planning cycle and risk management agenda.	Information Governance is not yet embedded into the Board's business planning cycle and risk management agenda. Date Achieved – 01/04/2007	Information Governance is fully embedded into the Board's business planning cycle and risk management agenda across the whole organisation. Date Achieved - 01/04/2007	The NHS Board is monitoring and evaluating, across the whole organisation, the effectiveness of Information Governance within the Board's business planning cycle and risk management agenda. Date Achieved – 01/04/2009	The NHS Board has reviewed the effectiveness of Information Governance within the Board's business planning cycle and risk management agenda and has implemented changes as part of this continuous improvement cycle.
1.007	An Information Governance Improvement Plan is presented to the Board as part of the annual Clinical Governance Committee Report.	The NHS Board does not receive the Information Governance Improvement Plan as part of the annual Clinical Governance Committee Report. Date Achieved - 01/04/2007	The NHS Board receives an Information Governance Improvement Plan as part of the annual Clinical Governance Committee Report. Date Achieved – 01/10/2008	The NHS Board is monitoring and evaluating the effectiveness of presenting the Information Governance Improvement Plan to the Board as part of the annual Clinical Governance Committee Report. Date Achieved – 01/04/2009	The NHS Board has reviewed the effectiveness of presenting the Information Governance Improvement Plan to the Board, as part of the annual Clinical Governance Committee Report, and has implemented changes as part of this continuous improvement cycle.
1.008	There is a clearly identified, suitably qualified and supported Information Governance co-ordinator.	The NHS Board either does not have a clearly identified Information Governance Co-ordinator or the incumbent is not qualified or resourced* (*i.e. <i>Support Staff / Budget / Equipment</i>) to fulfil the requirements of the role. Date Achieved - 01/04/2007	The NHS Board has a clearly identified Information Governance Co-ordinator who is qualified and resourced* to fulfil the requirements of the role. Date Achieved - 01/04/2007	The NHS Board has a clearly identified Information Governance Co-ordinator who is qualified and resourced* to fulfil the requirements of the role, and is subject to annual appraisal and has a rigorous personal development plan in place. Date Achieved – 01/04/2008	The NHS Board has a clearly identified Information Governance Co-ordinator, who is qualified and resourced* to fulfil the requirements of the role, who reflects on practice and has a rigorous personal development plan that has been acted upon, and has made appropriate changes in light of annual appraisal. Date Achieved – 01/09/2009

2.001	The Board has mechanisms in place to ensure that all employees, contractors, Universities and other individuals participating in the delivery of care are aware of their responsibilities described in the NHSScotland Code of Practice on Protecting Patient Confidentiality.	The NHS Board is in the process of developing and / or implementing procedures to ensure that all employees, contractors, Universities and other individuals participating in the delivery of care are aware of their responsibilities described in the NHSScotland Code of Practice on Protecting Patient Confidentiality. Date Achieved - 01/04/2007	The NHS Board has fully implemented procedures to ensure that all employees, contractors, Universities and other individuals participating in the delivery of care are aware of their responsibilities described in the NHSScotland Code of Practice on Protecting Patient Confidentiality, across the whole organisation. Date Achieved - 01/04/2007	The NHS Board is monitoring and evaluating, across the whole organisation, the effectiveness of its procedures that ensure that all employees, contractors, Universities and other individuals participating in the delivery of care are aware of their responsibilities described in the NHSScotland Code of Practice on Protecting Patient Confidentiality. Date Achieved - 01/04/2007	The NHS Board has reviewed the procedures that ensure that all employees, contractors, Universities and other individuals participating in the delivery of care are aware of their responsibilities described in the NHSScotland Code of Practice on Protecting Patient Confidentiality, and has implemented changes as part of this continuous improvement cycle. Date Achieved - 01/04/2007
2.002	The Board has mechanisms in place to ensure that information is given to inform patients / clients about proposed uses of their personal information.	The NHS Board is in the process of developing and / or implementing procedures to ensure that information is given to inform patients / clients about proposed uses of their personal information. Date Achieved - 01/04/2007	The NHS Board has fully implemented procedures to ensure that information is given to inform patients / clients about proposed uses of their personal information., across the whole organisation. Date Achieved - 01/04/2007	The NHS Board is monitoring and evaluating, across the whole organisation, the effectiveness of its procedures that ensure information is given to inform patients / clients about proposed uses of their personal information. Date Achieved - 01/04/2007	The NHS Board has reviewed the procedures that ensure information is given to inform patients / clients about proposed uses of their personal information and has implemented changes as part of this continuous improvement cycle. Date Achieved – 01/12/2009
2.003	The Board has an incident reporting procedure, which is known, accessible and used by all staff.	The NHS Board is in the process of developing and / or implementing its incident reporting procedure, which is known, accessible and used by staff. Date Achieved - 01/04/2007	The NHS Board has fully implemented its incident reporting procedure, which is known, accessible and used by all staff, across the whole organisation. Date Achieved - 01/04/2007	The NHS Board is monitoring and evaluating, across the whole organisation, the effectiveness of its incident reporting procedure, which is known, accessible and used by all staff. Date Achieved - 01/04/2007	The NHS Board has reviewed the effectiveness of its incident reporting procedures, which is known, accessible and used by all staff, and has implemented changes as part of this continuous improvement cycle. Date Achieved – 01/04/2009
2.004	An annual incident report is presented to the NHS Board.	The NHS Board either does not have an annual incident report or it has not presented to the NHS Board. Date Achieved - 01/04/2007	The annual incident report is presented to, and approved by, the NHS Board. Date Achieved – 01/01/2009	The NHS Board is monitoring and evaluating the effectiveness of its annual incident report after presentation to, and approval by, the NHS Board.	The NHS Board has reviewed the effectiveness of presenting the annual incident report to the NHS Board, and has implemented changes as part of this continuous improvement cycle.

3.001	The Board has a clearly identified, suitably qualified and supported lead individual responsible for the Freedom of Information (Scotland) Act 2002 (FOISA).	The NHS Board either does not have a clearly identified individual responsible for FOISA, or the incumbent is not qualified or resourced (*i.e. <i>Support Staff / Budget / Equipment</i>) to fulfil the requirements of the role. Date Achieved - 01/04/2007	The NHS Board has a clearly identified individual responsible for FOISA who is qualified and resourced* to fulfil the requirements of the role. Date Achieved - 01/04/2007	The NHS Board has a clearly identified individual responsible for FOISA, who is qualified and resourced* to fulfil the requirements of the role, and is subject to annual appraisal and has a rigorous personal development plan in place. Date Achieved - 01/04/2007	The NHS Board has a clearly identified individual responsible for FOISA, who is qualified and resourced* to fulfil the requirements of the role, who reflects on practice and has a rigorous personal development plan that has been acted upon, and has made appropriate changes in light of annual appraisal. Date Achieved - 01/04/2007
3.002	The Board has mechanisms in place to ensure that its statutory duties under FOISA are met.	The NHS Board is in the process of developing and / or implementing procedures to ensure that its statutory duties under FOISA are met. Date Achieved - 01/04/2007	The NHS Board has fully implemented its procedures to ensure that its statutory duties under FOISA are met, across the whole organisation. Date Achieved - 01/04/2007	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its procedures to ensure that its statutory duties under FOISA are met. Date Achieved – 01/04/2008	The NHS Board has reviewed the effectiveness of its procedures to ensure that its statutory duties under FOISA are met, and has implemented changes as part of this continuous improvement cycle. Date Achieved – 01/04/2008
4.001	There is a Senior Manager responsible for the implementation of the Board's Records Management policy and implementation plan.	The NHS Board either does not have a Senior Manager responsible for the implementation of the Board's Records Management policy and implementation plan or the incumbent is not qualified or is not resourced (*i.e. <i>Support Staff / Budget / Equipment</i>) to fulfil the requirements of the job. Date Achieved – 01/04/2007	The NHS Board has a Senior Manager responsible for the implementation of the Board's Records Management policy and implementation plan who is qualified and resourced* to fulfil the requirements of the job. Date Achieved – 01/09/2009	The NHS Board has a Senior Manager responsible for the implementation of the Board's Records Management policy and implementation plan, who is qualified and resourced* to fulfil the requirements of the job, and is subject to annual appraisal and has a rigorous personal development plan in place.	The NHS Board has a Senior Manager responsible for the implementation of the Board's Records Management policy and implementation plan, who is supported and resourced to fulfil the requirements of the role, who reflects on practice and has a rigorous personal development plan that has been acted upon, and has made appropriate changes in light of annual appraisal.
4.002	The Board has agreed a plan for the implementation and monitoring of the Records Management policy.	The NHS Board is in the process of developing and / or implementing an implementation plan for the Records Management policy. Date Achieved - 01/04/2007	The NHS Board has a fully developed Records Management Implementation plan, across the whole organisation.	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its Records Management Implementation Plan.	The NHS Board has reviewed the effectiveness of its Records Management Implementation Plan and has implemented changes as part of this continuous improvement cycle.

4.003	There are approved Records Management procedures for the closure, disposal and retention of documents, which may be enforced only by authorised personnel.	The NHS Board is in the process of developing and / or implementing procedures for the closure, disposal and retention of documents, which may be enforced only by authorised personnel. Date Achieved - 01/04/2007	The NHS Board has fully implemented procedures for the closure, disposal and retention of documents, which may be enforced only by authorised personnel, across the whole organisation.	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its procedures for the closure, disposal and retention of documents, which may be enforced only by authorised personnel.	The NHS Board has reviewed the effectiveness of its procedures for the closure, disposal and retention of documents, which may be enforced only by authorised personnel, and has implemented changes as part of this continuous improvement cycle.
4.004	All Board staff are provided with appropriate information, instruction and training on Records Management.	The NHS Board is in the process of developing and / or implementing training on Records Management for all staff. Date Achieved - 01/04/2007	The NHS has fully implemented training on Records Management, for all staff, across the whole organisation. Date Achieved – 01/12/2009	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its training on Records Management.	The NHS Board has reviewed the effectiveness of its training on Records Management and has implemented changes as part of this continuous improvement cycle.
5.001	The Board has an approved Patient Records policy, which includes storage to accommodate casenotes etc.	The NHS Board is in the process of developing and / or implementing its Patient Records policy. Date Achieved - 01/04/2007	The NHS Board has fully implemented its Patient Records policy, across the whole organisation. Date Achieved – 01/12/2009	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its Patient Records policy.	The NHS Board has reviewed the effectiveness of its Patient Records policy and has implemented changes as part of this continuous improvement cycle.
5.002	There is a clearly identified, suitably qualified and supported lead individual responsible for Health Records.	The NHS Board either does not have a clearly identified lead individual responsible for Health Records, or the incumbent is not qualified or resourced (*i.e. <i>Support Staff / Budget / Equipment</i>) to fulfil the requirements of the role. Date Achieved - 01/04/2007	The NHS Board has a clearly identified lead individual responsible for Health Records who is qualified and resourced* to fulfil the requirements of the role. Date Achieved – 01/04/2008	The NHS Board has a clearly identified lead individual for Health Records, who is qualified and resourced* to fulfil the requirements of the role, and is subject to annual appraisal and has a rigorous personal development plan in place. Date Achieved – 01/04/2008	The NHS Board has a clearly identified lead individual for Health Records, who is qualified and resourced* to fulfil the requirements of the role, who reflects on practice and has a rigorous personal development plan that has been acted upon, and has made appropriate changes in light of annual appraisal. Date Achieved – 01/09/2009
5.003	The Board has a Patient Records Committee, which makes decisions on policy matters and which includes representation from clinical and non-clinical staff and is linked appropriately to other Information Governance Groups.	The NHS Board is in the process of establishing its Patient Records Committee or the Committee does not have a Board-wide remit. Date Achieved - 01/04/2007	The NHS Board has established its Patient Record Committee which has a Board-wide remit. Date Achieved – 01/04/2008	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its Patient Records Committee. Date Achieved – 01/10/2008	The NHS Board has reviewed the effectiveness of its Patient Records Committee and has implemented changes as part of this continuous improvement cycle. Date Achieved – 01/04/2009

5.004	The Board ensures that the environment in office and storage areas complies with all current relevant Health and safety legislation and fire regulations.	The NHS Board is in the process of developing and / or implementing procedures to ensure that the office and storage area environments comply with Health and Safety legislation and fire regulations. Date Achieved - 01/04/2007	The NHS Board has fully implemented procedures ensuring that the office and storage area environments comply with Health and Safety legislation and fire regulations, across the whole organisation. Date Achieved - 01/04/2007	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its procedures ensuring that the office and storage area environments comply with Health and Safety legislation and fire regulations. Date Achieved - 01/04/2007	The NHS Board has reviewed the effectiveness of its procedures that ensure the office and storage area environments comply with Health and Safety legislation and fire regulations, and has implemented changes as part of this continuous improvement cycle. Date Achieved – 01/09/2009
5.005	The Board has mechanisms in place to ensure that all Health Records Managers and staff receive training in Health Records.	The NHS Board is in the process of developing and / or implementing training for all Health Records Managers and Staff in Health Records. Date Achieved - 01/04/2007	The NHS Board has fully implemented training for all Health Records Managers and Staff in Health Records, across the whole organisation. Date Achieved – 01/01/2009	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its training in Health Records for all Health Records Managers and Staff. Date Achieved – 01/04/2009	The NHS Board has reviewed the effectiveness of its training in Health Records, for all Health Records Managers and Staff, and has implemented changes as part of this continuous improvement cycle.
5.006	All scanned documents meet legal admissibility standards prior to the destruction of the paper record.	The NHS Board is in the process of developing and / or implementing procedures for all scanned documents. Date Achieved - 01/04/2007	The NHS Board has fully implemented procedures for scanned documents, across the whole organisation.	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its procedures for scanned documents.	The NHS Board has reviewed the effectiveness of its procedures for scanned documents and has implemented changes as part of this continuous improvement cycle.
5.007	The Board ensures that the Community Health Index (CHI) number is used in all communications concerning individual patients, including requests, reports and letters.	The NHS Board is in the process of developing and / or implementing procedures to ensure the use of the CHI. Date Achieved - 01/04/2007	The NHS Board has fully implemented procedures for ensuring the use of the CHI, across the whole organisation. Date Achieved - 01/04/2007	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its procedures for ensuring the use of the CHI. Date Achieved – 01/04/2008	The NHS Board has reviewed the effectiveness of its procedures ensuring the use of the CHI, and has implemented changes as part of this continuous improvement cycle. Date Achieved – 01/12/2009
6.001	There is a clearly identified, suitably qualified and supported lead individual responsible for Data Protection.	The NHS Board either does not have a clearly identified lead individual responsible for Data Protection, or the incumbent is not qualified or resourced (*i.e. <i>Support Staff / Budget / Equipment</i>) to fulfil the requirements of the role. Date Achieved - 01/04/2007	The NHS Board has a clearly identified lead individual responsible for Data Protection who is qualified and resourced* to fulfil the requirements of the role. Date Achieved - 01/04/2007	The NHS Board has a clearly identified lead individual responsible for Data Protection, who is qualified and resourced* to fulfil the requirements of the role, and is subject to annual appraisal and has a personal development plan in place. Date Achieved - 01/04/2007	The NHS Board has a clearly identified lead individual responsible for Data Protection, who is qualified and resourced* to fulfil the requirements of the role, who reflects on practice and has a rigorous personal development plan in place and has made appropriate changes in light of annual appraisal. Date Achieved - 01/04/2007

6.002	The Board ensures that all formal contractual arrangements include appropriate patient confidentiality, information security and data protection requirements for all contractors and support organisations.	The NHS Board is in the process of developing and / or implementing procedures to ensure that all formal contractual arrangements include Information Governance requirements.	The NHS Board has fully implemented procedures to ensure that all formal contractual arrangements include Information Governance requirements, across the whole organisation.	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its procedures to ensure that all formal contractual arrangements include Information Governance requirements.	The NHS Board has reviewed the effectiveness of its procedures to ensure that all formal contractual arrangements include Information Governance requirements, and has implemented changes as part of this continuous improvement cycle.
		Date Achieved - 01/04/2007	Date Achieved - 01/04/2007	Date Achieved - 01/04/2007	Date Achieved – 01/04/2009
6.003	The Board has mechanisms in place to ensure that Data Protection advice is sought when new information systems are being designed.	The NHS Board is in the process of developing and / or implementing procedures to ensure that Data Protection is included in the design process for all new information systems.	The NHS Board has fully implemented procedures to ensure that Data Protection is included in the design process for all new information systems, across the whole organisation.	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its procedures to ensure that Data Protection is included in the design process for all new information systems.	The NHS Board has reviewed the effectiveness of its procedures to ensure that Data Protection is included in the design process for all new information systems, and has implemented changes as part of this continuous improvement cycle.
		Date Achieved - 01/04/2007	Date Achieved - 01/04/2007		
6.004	The Board complies with data protection requirements in respect of transfers of personal data to countries outside of the European Economic Area.	The NHS Board is in the process of developing and / or implementing procedures to ensure compliance with its data protection requirements in respect to the transfer of personal data outside the EEA.	The NHS Board has fully implemented procedures to ensure compliance with its data protection requirements, in respect to the transfer of personal data outside the EEA, across the whole organisation.	The NHS Board is monitoring and evaluating, across the whole organisation, its procedures to ensure compliance with its data protection requirements in respect to the transfer of personal data outside the EEA.	The NHS Board has reviewed the effectiveness of its procedures to ensure compliance with its data protection requirements in respect to the transfer of personal data outside the EEA, and has implemented changes as part of this continuous improvement cycle.
		Date Achieved - 01/04/2007	Date Achieved - 01/04/2007	Date Achieved – 01/09/2009	
6.005	The Board has a plan in place to ensure that patients are effectively informed of their rights in relation to the use of their personal data.	The NHS Board is in the process of developing and / or implementing procedures to inform patients of the use of their personal data and their rights in this regard.	The NHS Board has fully implemented its procedures, across the whole organisation, to ensure that all patients are aware of the use of their personal data and their rights in this regard.	The NHS Board is monitoring and evaluating, across the whole organisation, its procedures to ensure that all patients are aware of the use of their personal data and their rights in this regard.	The NHS Board has reviewed the effectiveness of its procedures to ensure that all patients are aware of the use of their personal data and their rights in this regard, and has implemented changes as part of this continuous improvement cycle.
		Date Achieved - 01/04/2007	Date Achieved - 01/04/2007	Date Achieved - 01/04/2007	Date Achieved – 01/12/2009

7.001	The Board has a clearly identified, suitable qualified and supported Caldicott Guardian.	The NHS Board either does not have a clearly identified Caldicott Guardian in post or the incumbent is not qualified or resourced* (*i.e <i>Support Staff / Budget / Equipment</i>) to fulfil the requirements of the role.	The NHS Board has a clearly identified Caldicott Guardian who is qualified and resourced* to fulfil the requirements of the role.	The NHS Board has a clearly identified Caldicott Guardian who is qualified and resourced* to fulfil the requirements of the role, and is subject to annual appraisal and has a rigorous personal development plan in place.	The NHS Board has a clearly identified Caldicott Guardian, who is qualified and resourced* to fulfil the requirements of the role, who reflects on practice and has a rigorous personal development plan that has been acted upon, and has made appropriate changes in light of annual appraisal.
		Date Achieved - 01/04/2007	Date Achieved - 01/04/2007	Date Achieved - 01/04/2007	Date Achieved - 01/04/2007
7.002	The Board has mechanisms in place to control, monitor and audit access to confidential patient information.	The NHS Board is in the process of developing and / or implementing mechanisms to control, monitor and audit access to confidential patient information.	The NHS Board has fully implemented mechanisms to control, monitor and audit access to confidential patient information, across the whole organisation.	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its mechanisms to control, monitor and audit access to confidential patient information.	The NHS Board has reviewed the effectiveness of its mechanisms to control, monitor and audit access to confidential patient information, and has implemented changes as part of this continuous improvement cycle.
		Date Achieved - 01/04/2007	Date Achieved – 01/04/2009		
7.003	The Board has agreed protocols governing the sharing of patient-identifiable information with non-health organisations.	The NHS Board is in the process of developing and / or implementing protocols governing the sharing of patient identifiable information with non-health organisations.	The NHS Board has fully implemented its protocols governing the sharing of patient identifiable information with non-health organisations, across the whole organisation.	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its protocols governing the sharing of patient identifiable information with non-health organisations.	The NHS Board has reviewed the effectiveness of its protocols governing the sharing of patient identifiable information with non-health organisations, and has implemented changes as part of this continuous improvement cycle.
		Date Achieved - 01/04/2007	Date Achieved - 01/04/2007	Date Achieved - 01/04/2007	Date Achieved - 01/04/2007
7.004	There are mechanisms in place to ensure that patients' decisions to restrict disclosure of their personal information are respected.	The NHS Board is in the process of developing and / or implementing mechanisms to ensure that patients' decisions to restrict disclosure of their personal information are respected.	The NHS Board has fully implemented mechanisms to ensure that patients' decisions to restrict disclosure of their personal information are respected, across the whole organisation.	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its mechanisms to ensure that patients' decisions to restrict disclosure of their personal information are respected.	The NHS Board has reviewed the effectiveness of its mechanisms to ensure that patients' decisions to restrict disclosure of their personal information are respected, and has implemented changes as part of this continuous improvement cycle.
		Date Achieved - 01/04/2007	Date Achieved - 01/04/2007	Date Achieved – 01/12/2009	

7.005	The Board ensures that, when patients' personal information is to be used for purposes that are not described in information leaflets provided to patients, that steps are taken to inform those patients and amend leaflets when necessary (e.g. cancer leaflets and other networks).	The NHS Board is in the process of developing and / or implementing procedures to ensure that steps are taken to inform patients when their personal information is to be used for purposes not described in information leaflets, and, if necessary, leaflets are amended.	The NHS Board has fully implemented, across the whole organisation, procedures to ensure that steps are taken to inform patients when their personal information is to be used for purposes not described in information leaflets, and, if necessary, leaflets are amended.	The NHS Board is monitoring and evaluating the effectiveness, of its procedures to ensure that steps are taken to inform patients when their personal information is to be used for purposes not described in information leaflets.	The NHS Board has reviewed the effectiveness of its procedures to ensure that steps are taken to inform patients when their personal information is to be used for purposes not described in information leaflets, and has amended its leaflets where necessary.
		Date Achieved - 01/04/2007	Date Achieved - 01/04/2007	Date Achieved – 01/10/2008	
8.001	The Board ensures that clinicians and patients are engaged in the development and application of ICT and that there is an effective link between information management and clinical governance arrangements.	The NHS Board is in the process of developing and / or implementing procedures to ensure patient and clinician involvement in the development and application of ICT and an effective link between information management and clinical governance arrangements.	The NHS Board has fully implemented, across the whole organisation, procedures to ensure patient and clinician involvement in the development and application of ICT and an effective link between information management and clinical governance arrangements.	The NHS Board is monitoring and evaluating the effectiveness of its procedures to ensure patient and clinician involvement in the development and application of ICT and its link between information management and clinical governance.	The NHS Board has reviewed the effectiveness of its procedures ensuring patient and clinician involvement in the development and application of ICT and an effective link between information management and clinical governance, and has implemented changes as part of this continuous improvement cycle.
		Date Achieved - 01/04/2007	Date Achieved - 01/04/2007	Date Achieved – 01/09/2009	
9.001	The Board has a formal risk assessment and management programme. It is supported by an Information Security Policy and overseen by senior management.	The NHS Board is in the process of developing and / or implementing a formal risk assessment and management program.	The NHS Board has fully implemented its formal risk assessment and management programme, across the whole organisation.	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its formal risk assessment and management programme.	The NHS Board has reviewed the effectiveness of its formal risk assessment and management programme, and has implemented changes as part of this continuous improvement cycle.
		Date Achieved – 01/04/2007	Date Achieved – 01/04/2007	Date Achieved – 01/04/2009	
9.002	The Board has a clearly identified, suitably qualified and supported Information Technology Security Officer (ITSO) as part of an active management forum giving direction and visible support for initiatives relating to confidentiality, data protection and security.	The NHS Board either does not have a clearly identified ITSO in post or the incumbent is not qualified or resourced (* <i>Support Staff / Budget / Equipment</i>) to fulfil the requirements of the role.	The NHS Board has a clearly identified ITSO who is qualified and resourced* to fulfil the requirements of the role.	The NHS Board has a clearly identified ITSO who is qualified and resourced* to fulfil the requirements of the role, and is subject to annual appraisal and has a rigorous personal development plan in place.	The NHS Board has a clearly identified ITSO in place who is qualified and resourced* to fulfil the requirements of the role, who reflects on practice and has a rigorous personal development plan that has been acted upon, and has made appropriate changes in light of annual appraisal.
		Date Achieved - 01/04/2007	Date Achieved - 01/04/2007	Date Achieved - 01/04/2007	Date Achieved – 01/09/2009

9.003	<p>The Board keeps a register of information assets, has assigned responsibility or 'ownership' for each and, for its information/datasets, has justified why each set exists, why it needs to contain patient personal information and what access restrictions should apply to each.</p>	<p>The NHS Board is in the process of developing and / or implementing procedures for its information assets and its information / datasets.</p> <p>Date Achieved – 01/04/2007</p>	<p>The NHS Board has fully implemented procedures for its information assets and information / datasets, across the whole organisation.</p>	<p>The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its procedures for its information assets and information / datasets.</p>	<p>The NHS Board has reviewed the effectiveness of its procedures for its information assets and information / datasets, and has implemented changes as part of this continuous improvement cycle.</p>
9.004	<p>The Board follows standards to reduce the risks of human error, theft, fraud or misuse or abuse of facilities. All its employees contract to abide by the contents of these standards.</p>	<p>The NHS Board is in the process of developing and / or implementing procedures to ensure compliance with standards to reduce the risks of human error, theft, fraud or misuse or abuse of facilities.</p> <p>Date Achieved - 01/04/2007</p>	<p>The NHS Board has fully implemented its procedures to ensure compliance with standards to reduce the risks of human error, theft, fraud or misuse or abuse of facilities, across the whole organisation.</p> <p>Date Achieved - 01/04/2007</p>	<p>The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its procedures to ensure compliance with standards to reduce the risks of human error, theft, fraud or misuse or abuse of facilities.</p>	<p>The NHS Board has reviewed the effectiveness of its procedures to ensure compliance with standards to reduce the risks of human error, theft, fraud or misuse or abuse of facilities and has implemented changes as part of this continuous improvement cycle.</p>
9.005	<p>The Board has procedures in place to prevent unauthorised access, damage and interference to its business premises and information.</p>	<p>The NHS Board is in the process of developing and / or implementing procedures to prevent unauthorised access, damage and interference to its business premises and information.</p> <p>Date Achieved - 01/04/2007</p>	<p>The NHS Board has fully implemented its procedures to prevent unauthorised access, damage and interference to its business premises and information, across the whole organisation.</p> <p>Date Achieved - 01/04/2007</p>	<p>The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its procedures to prevent unauthorised access, damage and interference to its business premises and information.</p> <p>Date Achieved – 01/04/2008</p>	<p>The NHS Board has reviewed the effectiveness of its procedures to prevent unauthorised access, damage and interference to its business premises and information, and has implemented changes as part of this continuous improvement cycle.</p>

9.006	<p>The Board management of network communications and operations ensures that all responsibilities for operational procedures are fully documented, including personnel roles and responsibilities, and the standards and procedures for the management and operation of Board networking services. All alterations to existing procedures are subject to formal change management and change control procedures.</p>	<p>The NHS Board is the process of developing and / or implementing procedures to ensure that all it's information networks operate securely.</p> <p>Date Achieved - 01/04/2007</p>	<p>The NHS Board has fully implemented its procedures to ensure that all its information networks operate securely, across the whole organisation.</p> <p>Date Achieved - 01/04/2007</p>	<p>The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its procedures to ensure that all it's information networks operate securely.</p> <p>Date Achieved - 01/04/2007</p>	<p>The NHS Board has reviewed the effectiveness of its procedures to ensure that all its information networks operate securely, and has implemented changes as part of this continuous improvement cycle.</p>
9.007	<p>All Board personnel have defined and documented access rights and other security measures to protect the confidentiality, integrity, and availability of any information processed by computers and communications systems. Business requirements for access control are defined and documented.</p>	<p>The NHS Board is in the process of developing and / or implementing procedures for access rights and other security measures for its patient and non-patient information systems.</p> <p>Date Achieved – 01/04/2007</p>	<p>The NHS Board has fully implemented its procedures for access rights and other security measures for its patient and non-patient information systems, across the whole organisation.</p> <p>Date Achieved – 01/04/2007</p>	<p>The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its procedures for access rights and other security measures for its patient and non-patient information systems.</p>	<p>The NHS Board has reviewed the effectiveness of its procedures for access rights and other security measures for its patient and non-patient information systems, and has implemented changes as part of this continuous improvement cycle.</p>
9.008	<p>The Board ensures that the development and introduction of new information systems, software, IT projects and IT support activities are conducted in a secure manner.</p>	<p>The NHS Board is in the process of developing and / or implementing procedures to ensure that the development and introduction of all IT enhancements are conducted in a secure manner.</p> <p>Date Achieved - 01/04/2007</p>	<p>The NHS Board has fully implemented its procedures to ensure that the development and introduction of all IT enhancements are conducted in a secure manner, across the whole organisation.</p> <p>Date Achieved - 01/04/2007</p>	<p>The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its procedures to ensure that the development and introduction of all IT enhancements are conducted in a secure manner.</p> <p>Date Achieved – 01/04/2008</p>	<p>The NHS Board has reviewed the effectiveness of its procedures to ensure that the development and introduction of all IT enhancements are conducted in a secure manner, and has implemented changes as part of this continuous improvement cycle.</p>

9.009	The Board has clearly defined and documented procedures for managing Information Security incidents.	The NHS Board is in the process of developing and / or implementing procedures for managing Information Security incidents. Date Achieved – 01/04/2007	The NHS Board has fully implemented its procedures for managing Information Security incidents, across the whole organisation. Date Achieved – 01/04/2007	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its procedures for managing Information Security incidents. Date Achieved – 01/01/2009	The NHS Board has reviewed the effectiveness of its procedures for managing Information Security incidents, and has implemented changes as part of this continuous improvement cycle.
9.010	The Board has a fully managed process in place for developing and maintaining business continuity for all its critical infrastructure components and core services.	The NHS Board is in the process of developing and / or implementing procedures for developing and maintaining business continuity for all critical infrastructure components and core services. Date Achieved -	The NHS Board has fully implemented its procedures for developing and maintaining business continuity for all critical infrastructure components and core services, across the whole organisation.	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its procedures for developing and maintaining business continuity for all critical infrastructure components and core services.	The NHS Board has reviewed the effectiveness of its procedures for developing and maintaining business continuity for all critical infrastructure components and core services, and has implemented changes as part of this continuous improvement cycle.
9.011	The Board has appropriate procedures in place to ensure that information passed to and from other organisations is done so securely.	The NHS Board is in the process of developing and / or implementing procedures to ensure that information passed to and from other organisations is done so securely. Date Achieved - 01/04/2007	The NHS Board has fully implemented its procedures to ensure that information passed to and from other organisations is done so securely, across the whole organisation. Date Achieved - 01/04/2007	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its procedures to ensure that information passed to and from other organisations is done so securely. Date Achieved – 01/04/2008	The NHS Board has reviewed the effectiveness of its procedures to ensure that information passed to and from other organisations is done so securely, and has implemented changes as part of this continuous improvement cycle. Date Achieved – 01/12/2009
10.001	There is an audit trail linking data entered to an individual.	The NHS Board is in the process of developing and / or implementing its audit trails for linking data entered to an individual. Date Achieved – 01/04/2007	The NHS Board has fully implemented its audit trails for linking data entered to an individual, across the whole organisation.	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its audit trails linking data entered to an individual.	The NHS Board has reviewed the effectiveness of its audit trails linking data entered to an individual, and has implemented changes as part of this continuous improvement cycle.
10.002	There are agreed processes and timescales for the correction of errors and omissions identified by validation or internal users.	The NHS Board is in the process of developing and / or implementing procedures for the correction or errors / omissions identified by validation or internal users. Date Achieved – 01/04/2007	The NHS Board has fully implemented its procedures for the correction or errors / omissions identified by validation or internal users, across the whole organisation.	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its procedures for the correction or errors / omissions identified by validation or internal users.	The NHS Board has reviewed the effectiveness of its procedures for the correction or errors / omissions identified by validation or internal users, and has implemented changes as part of this continuous improvement cycle.

10.003	The right clinical staff are involved in validating information derived from the recording of clinical activity.	The NHS Board is in the process of developing and / or implementing procedures to ensure that the right clinical staff are involved in validating information derived from the recording of clinical activity. Date Achieved - 01/04/2007	The NHS Board has fully implemented its procedures to ensure that the right clinical staff are involved in validating information derived from the recording of clinical activity, across the whole organisation. Date Achieved - 01/04/2007	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its procedures to ensure that the right clinical staff are involved in validating information derived from the recording of clinical activity.	The NHS Board has reviewed the effectiveness of its procedures to ensure that the right clinical staff are involved in validating information derived from the recording of clinical activity and has implemented changes as part of this continuous improvement cycle.
10.004	Clinical coding staff receive training that is comprehensive and covers clinical coding and uses national standard training materials.	The NHS Board is in the process of developing and / or implementing training for clinical coding staff. Date Achieved - 01/04/2007	The NHS Board has fully implemented its training for clinical coding staff, across the whole organisation. Date Achieved - 01/04/2007	The NHS Board is monitoring and evaluating the effectiveness, across the whole organisation, of its training for clinical coding staff. Date Achieved - 01/04/2007	The NHS Board has reviewed the effectiveness of its training for clinical coding staff, and has implemented changes as part of this continuous improvement cycle. Date Achieved – 01/12/2009
10.005	There is a clearly identified, suitably qualified and supported lead individual responsible for data quality.	The NHS Board either does not have a clearly identified data quality lead in post or the incumbent is not qualified or resourced (<i>*Support Staff / Budget / Equipment</i>) to fulfil the requirements of the role. Date Achieved - 01/04/2007	The NHS Board has a clearly identified data quality lead who is qualified and resourced* to fulfil the requirements of the role.	The NHS Board has a clearly identified data quality lead in post, who is qualified and resourced* to fulfil the requirements of the role, and is subject to annual appraisal and has a rigorous personal development plan in place.	The NHS Board has a clearly identified data quality lead in post, who is qualified and resourced* to fulfil the requirements of the role, who reflects on practice and has a rigorous personal development plan that has been acted upon, and has made appropriate changes in light of annual appraisal.