

NHS LANARKSHIRE

COMMUNITY HEALTH PARTNERSHIP

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SUBJECT: Progress Report to the Lanarkshire NHS Board on Information Governance issues

1. INTRODUCTION

The purpose of this report is to update the Lanarkshire NHS Board on progress around issues related to Information Governance (IG) within NHS Lanarkshire.

A secondary aim is to gain ratification by CMT and the Lanarkshire NHS Board of the Information Governance Strategy and Terms of Reference of the IG Committee and to receive comment on and approval for the short and medium term plans formed by the IG Committee.

2. BACKGROUND

The correct and timely use and storage of information for clinical and managerial purposes is an essential part of the business of any health care organisation. High quality clinical care and effective managerial processes in all areas of endeavour are dependant on the provision of information in an accessible and usable format. The sensitivity of health care operations requires that the organisation places a high value on the safe storage, retrieval, transport of and access to, information so that it is available to clinicians and managers who require access but is not available to any person, whether staff member or member of the public who should not be able to gain access. This applies to managerial information such as financial data, to personnel data such as staff files and Criminal Records Office vetting information, as well as to the totality of the patient record wherever and however stored whether in tangible case files, laboratory results and diagnostic products such as x-ray films as well as electronic patient-identifiable data.

Information Governance (IG) in organisations is guided by a significant number of statutory instruments and Acts of Parliament including the Data Protection Act and the Freedom of Information (FOI) Act. In addition, Information Governance forms part of the NHS Quality Improvement Scotland inspection process around Clinical Governance and Risk Management. The next such inspection for NHS Lanarkshire will take place in September 2009.

NHS(L) has experienced some recent high profile issues around Information Governance, most notably the discovery of person identifiable data at the disused Law Hospital site. NHS(L) has provided a formal undertaking in the area of Information Governance to the Information Commissioner.

An Information Governance Toolkit and self-assessment tool has been developed by NHS Quality Improvement Scotland and has been adopted by Scottish Government Health Department for the use by NHS Boards - quarterly returns are required by Scottish

The nature of NHS(L) business involves extensive liaison with partner agencies and this is facilitated by the formalisation of a Data Sharing Partnership which governs the inter-agency exchanges of information in sensitive areas such as Child Protection, MARAC and MAPPA.

The Information Governance Committee was re-formed in May 2008 under the chairmanship of AMD Primary Care (CHP North) and has benefited from an augmented membership since August 2008. The committee includes representation from primary and secondary care, nursing, Public Health, Finance, Human Resources, Non-executive Director, PPF representative, e-Health as well as IG, FOI and Patient Records managerial staff. The Terms of Reference of the Committee are appended to this document at Appendix A.

The committee has also developed and approved an NHS(L) Information Governance Strategy. This document is at Appendix B

Minutes of the IG Committee meetings are forwarded to the Board Secretary for circulation to the H&CG Committee, the Corporate Management Team and the Lanarkshire NHS Board.

3. ISSUES

Given the wide remit of the IG Committee the current issues are many and varied. However, they break down into four main areas:

- The agenda involving electronic data storage and transmission – this includes e-mail systems, password protection, portable devices and portable data storage
- The post/ mail / transportation/ paper systems security agenda – this includes the physical security of records, the security of clinical environments including hospital wards, OP clinics and offices.

- The agenda around health records including storage, retrieval and also policies on destruction of information not longer required in accordance with National guidelines
- Other paperwork which contains Person Identifiable Data (not records) used by clinicians and others to do their job – this includes data for multi-disciplinary meetings, case conferences, clinical results and so forth.

A number of key issues in this area were highlighted by recent data losses in the wider UK Public Sector particularly related to mobile electronic devices and memory sticks.

The Information Governance Toolkit and progression of the requirements will form a significant part of the work of the IG committee – key areas for early attention have been highlighted and responsibilities for action designated. The IG Committee will provide oversight of this process and report progress to the Health and Clinical Governance Committee as per the TOR's and to CMT and the Board as required. By progressing the IG Toolkit we will make significant progress in fulfilling the requirements around IG for the upcoming NHS QIS inspection..

The workplan approved by the IG Committee is enclosed at Appendix C and reflects agreed priority developments. The agreed priorities will be the subject of continuous review within the IG Committee and it is likely therefore that the workplan will be an iterative plan that will change as circumstances change also.

It is emphasised that this prioritisation system emphasises the urgency with which the IG Committee intends to address the significant and wide ranging agenda that faces the organisation.

The initial action plan which was submitted previously to the Board has been reviewed and it is confirmed that the actions outlined in this document have either been completed or are at an advanced stage of development. Those that are ongoing are captured in the prioritised workplan

The position of independent contractors (especially GP practices) around IG is that they are stand-alone units with their own Caldicott guardians. They are required by their contract to comply with legislation but are not directly managed by NHS(L) in terms of IG. A recent letter has reminded all practices of their responsibility and LMC has been invited to send a representative to the IG committee to allow sharing of best practice). IG and FOI staff are available to provide advice to practices if required and IT staff will assist in data storage and computing issues. A copy of the letter to GP's is found at Appendix D for information.

The key issue is that of the ethos of NHS(L) as regards IG. The IG Committee cannot prevent breaches of established policy occurring and this is a recurrent theme in the cases brought to the attention of the Committee. It is vital that all staff and line managers develop a keen sense of Information Governance and

should consider data protection and security with a similar attention to detail to that given to prevention of HAI.

4. CONCLUSIONS

The Information Governance Committee has been re-established and has developed short term plans to deal with immediate issues.

A prioritised work plan has been produced to ensure progress towards the NHS QIS inspection by systematically working through the IG Toolkit. It continues to revise and review policy and to recommend on actions arising from specific cases.

There are a range of comprehensive actions in place that have been derived from both local intelligence and also a full assessment of the Scottish Government IG Toolkit.

The culture in regard to information governance is beginning to change, however continually reinforcing a culture in which information is dealt with in a safe, secure and confidential manner is of paramount importance.

Incidents of flaws in the systems of information governance are being routine investigated at all levels of the organisation and lesson learned shared widely.

Whilst policies, procedures, awareness raising, training and so forth all assist with achieving the goal of robust information governance it must be recognised that this is a process of managing risk and that we are dealing with significant numbers of staff that deal with vast quantities of information on a daily basis.

5. RECOMMENDATIONS

The Lanarkshire NHS Board is asked;

to ratify the Terms of Reference of the Information Governance Committee,

to ratify the Information Governance Strategy,

to comment and **endorse this prioritisation approach** on and agree the work plan and direction of travel

to agree the position regarding independent contractor liaison around IG matters.