

INFORMATION GOVERNANCE IMPROVEMENT PLAN 2011-2012

Issue	IG Toolkit reference	Actions	Lead	Completion Date	Progress
Information Governance Management					
Re-establish the IG Steering Group	9-101	<ul style="list-style-type: none"> ▪ Set a timetable ▪ Review roles & responsibilities ▪ Review terms of reference for the Group 	FS	31 October 2011	Membership: Fiona Smith, Maria Barnard, David Emmerson, Matthew Boazman, Glenn Winteringham, Adam Smith, Ali Kapasi
Review/renew all IG policies	9-105	<ul style="list-style-type: none"> ▪ Develop over-arching IG policy ▪ Review/renew existing policies <ul style="list-style-type: none"> ○ Confidentiality ○ Information Sharing ○ Information Lifecycle Management ○ IT security ○ Internet & Acceptable Email Use ○ FoI ○ Staff Information Protection of Information ○ Staff Privacy 	DE	30 December 2011	<p>Only new policy is the over-arching policy – all others exist but require review.</p> <p>Other policies will be required as evidence Risk management, Serious incident, mandatory training</p> <p>EC approval in November</p>
Privacy Impact Assessment	9-105	<ul style="list-style-type: none"> ▪ Include in the confidentiality policy (see above) ▪ Assessment checklist ▪ Compliance checking ▪ Staff briefing material 	DE	29 February 2012	
Awareness & Training programmes	9-112	<ul style="list-style-type: none"> ▪ E-learning programme designed ▪ Staff communications ▪ Feedback & monitoring reports for managers 	AK	30 March 2012	Pilot commenced in IT and Planning & Programmes in September, all other corporate directorates by December and clinical divisions by March 2012

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Confidentiality & Data Assurance Management					
Staff Guidance	9-201 9-206	<ul style="list-style-type: none"> ▪ Communications programme to advise/remind staff of how IG advice and guidance can be found ▪ Staff survey – measure the effectiveness of the guidance material 	AK	30 March 2012	Linked to Privacy Impact Assessment – see above
Informing patients	9-203	<ul style="list-style-type: none"> ▪ Patient information leaflets and posters to tell and reassure people about the use of their data 	AK	31 October 2011	Draft posters and leaflets available
Develop Information Sharing Agreements for routine flows	9-207	<ul style="list-style-type: none"> ▪ Review of existing ISA ▪ Develop generic WH ISA 	DE	June 2012	Review existing Children's ISA by December 2011
Review project management for new systems & processes	9-210	<ul style="list-style-type: none"> ▪ Include a formal IG sign-off stage ▪ (includes privacy impact assessment – see above) 	GW/CP	31 October 2011	
Information Security Assurance					
Review Information Asset Registers	9-301	<ul style="list-style-type: none"> ▪ Assemble a unified ICO-wide information asset register ▪ Amend include additional data items (current register is not compliant with guidance) ▪ Review Information Asset Owners and Administrators for update roles and responsibilities 	SI	30 December 2011	Current asset register to be checked for completeness given the Trust is now an ICO
Access to information	9-206 9-305	<ul style="list-style-type: none"> ▪ Audit of access to patient data on key systems to check for unauthorised access (EDIS, ICE, RiO) 	AK	30 January 2012	Regular audit of patients systems to check for unauthorised viewing of patient records
Information flows	9-308	<ul style="list-style-type: none"> ▪ Assemble an ICO-wide register of routine bulk flows of patient level data. ▪ Risk assessment exercise ▪ Further audit of high risk areas 	AK	30 January 2012	To be extended to community service data flows

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		with recommendations and action plan to be produced			
Risk Assessment	9-301	<ul style="list-style-type: none"> ▪ Information asset register includes documentation on safeguards to protect data ▪ Previously unknown asset are risk assessed and a report is provided to the IG Steering Group 	GW	30 January 2012	Must also include community information assets
Business Continuity	9-309 to 9-314	<ul style="list-style-type: none"> ▪ All critical systems have been identified on Information asset register ▪ All critical systems have documented BCP that are approved by SIRO 	GW	30 November 2011	Business Continuity Plans are under review
Pseudonymisation	9-324	<ul style="list-style-type: none"> ▪ Pseudonymisation Project is completed 	DE	30 November 2011	Project under way – Project Closure by November
Clinical Information Assurance					
Records Management	9-400	<ul style="list-style-type: none"> ▪ Ensure that knowledge and training on records management is maintained following the restructuring of services 	MBz	29 February 2012	Evidence of training is required
NHS Number	9-401	<ul style="list-style-type: none"> ▪ Action Plan to improve NHS Number coverage is completed and reported to IG Steering Group 	DE	30 March 2012	Revised Data Quality Group to implement – see below
Data Quality/Information Assurance	9-402	<ul style="list-style-type: none"> ▪ New arrangements for management of data quality are documented and agreed by appropriate senior management committee ▪ Effectiveness reviewed and reported to senior management committee ▪ Evidence that Data Quality reports are used 	DE	30 December 2011	Responsibility for data quality is with the clinical divisions and a revised Data Quality to be created with representatives from each division.

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Audit of clinical records	9-404	<ul style="list-style-type: none"> ▪ Linked to CNST audits 	BS	-	Re-use existing CNST audit of clinical records
Secondary Use Assurance					
Benchmarking of data quality	9-502	<ul style="list-style-type: none"> ▪ Continue to use NHS Information Centre DQ Dashboards ▪ Include evidence of use in the report on Data Quality to the appropriate senior management committee 	DE	30 November 2011	Ensure that data quality indicators are in the Divisional performance dashboards.
Data Quality audits and checks	9-504	<ul style="list-style-type: none"> ▪ Internal audit programme delivered and reported ▪ Mandatory Completeness & validity check completed. 	DE	29 February 2012	Existing cycle of audits and checks are completed
Clinical involvement & use of data	9-508	<ul style="list-style-type: none"> ▪ Provide consultants access to raw data for validation ▪ Regular reviews with clinicians and divisional boards ▪ Improvement plans created and delivered. ▪ Annual report to IG Steering Group and Trust Board 	DE	29 February 2012	Discussions with consultants has commenced – a number of briefings (6 to date) to explore information issues; more planned as a regular forum
Corporate Information Assurance					
Corporate Records Management	9-601	<ul style="list-style-type: none"> ▪ Each division has a documented corporate records management system signed by a senior manager 	VB	29 February 2012	Main action is collection of evidence
Corporate Records Audit	9-603	<ul style="list-style-type: none"> ▪ Completion of Trust Records Projects with report to appropriate senior management committee 	MBz	30 December 2011	Two strands of work to be reported <ul style="list-style-type: none"> - Trust Record Project - Due diligence exercise completed for FT application.
Fol	9-604	<ul style="list-style-type: none"> ▪ Staff briefing on new Fol arrangement for the ICO ▪ Regular Fol report to management committee 	AS	29 February 2012	Fol responsibility has moved the Directorate of Strategy