

NHSBT Board Meeting
29th September 2016

Information Governance Annual Report

- 1. Status – Public**
- 2. Executive Summary**

Key achievements in Information Governance (IG) in 2015-16 were:

- Success in bedding in a new governance infrastructure for IG, including an IG committee that reports to NHSBT's Clinical Audit, Risk and Effectiveness Committee (CARE), scrutiny by CARE, and formal communications between the IG, Caldicott and Senior Information Risk Owner functions;
- Submission of a 'Satisfactory' NHS IG Toolkit return in March 2016, with NHSBT's internally-set attainment target exceeded;
- A reduction of number and severity of recorded information risk incidents compared with previous years;
- Formal endorsement by the Department of Health of NHSBT's preferred scheme for categorising and escalating information risk incidents;
- Review, consolidation, rewriting and reissue of IG and information security policies, to produce a smaller, simpler and more coherent set;
- Steady progress in improving the unified index of archived paper records and thereby improving their management;
- Preparations underway for the implementation of the EU General Data Protection Regulation in May 2018, and to respond to the consultation on the National Data Guardian's Review of Data Security, Consent and Opt-Outs ('Caldicott 3')

- 3. Action Requested**

The Board is asked to note the contents of this paper.

- 4. Purpose**

This paper provides a report for the Board about activity and progress in Information Governance (IG) in 2015-16.

- 5. Background**

IG is the collection of technical and organisational measures that combine to ensure the confidentiality, integrity and availability of NHSBT's information assets. Such measures are required by statute, and by sector-specific guidance and best practice.

6. Report

6.1 IG Infrastructure

The reconvened IG Committee (IGC) met as scheduled, and was quorate at every meeting. Its oversight by NHSBT's Clinical Audit, Risk and Effectiveness (CARE) committee provided an effective framework for challenge and escalation.

To support effective working across the whole IG agenda following the transfer of the IG team to the Clinical Directorate, quarterly meetings/conference calls are now held between the Senior Information Risk Owner (SIRO) (Chief Digital Officer), Caldicott Guardian (Medical and Research Director), Assistant Director, Governance and Clinical Effectiveness, IG Manager, and Head of Information Security. This provides a formal link between the SIRO and the IG team now that it is no longer within his directorate.

6.2 NHS IG Toolkit

The 2016 NHS IG Toolkit return was submitted on time in March 2016, and has been accepted by the Health and Social Care Information Centre. 'Satisfactory' (green) status was retained.

For the first time, NHSBT agreed target scores in advance for each of the Toolkit requirements. These were debated and agreed by subject matter experts within the IGSC, then ratified after further challenge by CARE. The intention, which was fully realised, was to provide a challenging yet realistic set of targets against which NHSBT could assess itself. It also addressed the issue that many requirements had been strengthened for 2016 by HSCIC (now NHS Digital) such that the highest level of attainment was neither achievable nor desirable in NHSBT. Specific examples include

- system audit trails that record and report identities of those who merely access a donor/patient record, rather than creating or updating it, and;
- a requirement to survey satisfaction with information sharing arrangements among patients undergoing cross-organisation care. This was deemed to be inappropriate for therapeutic apheresis patients, and it was decided that compliance with the specified infrastructure arrangements would suffice.

The overall target set was a score of 81%. This was achieved and exceeded, with an actual score of 82%. In 2014-15, a score of 88% had been achieved against less demanding requirements.

It has been agreed that 2016-17 targets, proposed scores and evidence will be audited by PwC. This will take place between November 2016 and January 2017, ahead of submission in March 2017. As the requirements for 2016-17 are virtually unchanged from 2015-16, the audit will also provide some external validation of the 2016 submission.

6.3 Incident Management

2015-16 was notable for being the first year since monitoring commenced in which no incident above severity level 1 (out of 5) was recorded. See Appendix 1. No further incidents of severity above level 1 have occurred since March 2016, and total numbers are consistent with previous years. The variation in total numbers of events reported year on year reflects changing levels of awareness among staff, and process changes such as the way in which incidents in ODT are notified. Refresher training for QA staff is planned to ensure that they are able to recognise incidents with an information governance dimension reliably and consistently.

Mis-handling of paper records remains the most commonly-reported information risk incident, with the majority of these involving one or more Donor Health Check forms (DHCs) being temporarily mislaid between the donation venue, the point of arrival into NHSBT, and the final destination at the appropriate Donor Records department. It is expected that these incidents will continue until a paperless solution is realised.

In mid-2015 the Department of Health (DH) reissued guidance to Arms Length Bodies (ALBs) on the speed and severity threshold it required for escalation of information risk incidents. This contradicted the arrangements previously ratified by the GAC and agreed verbally with DH colleagues. On a more positive note, the guidance included a standard set of classifications for incident types which has been adopted by NHSBT and applied retrospectively from April 2015. This is permitting more robust trend analysis.

An updated information incident reporting protocol was drawn up and endorsed by NHSBT's executive team in March 2016. It has since been approved in writing by the DH. As a result of this work, NHSBT's IG Manager has been asked to contribute to a further DH review of reporting requirements for all ALBs.

6.4 Records Management

Work to reduce the number of boxes archived with Iron Mountain whose departmental ownership is not apparent on the master electronic inventory has continued. Manchester's cohort of such boxes has been reduced from over 7000 to 2000. As the work progresses, the method is continually adjusted to accommodate differences between centres and departments, and all efforts (including Operational Improvement scrutiny) have been made to streamline the process and minimise the burden on individual departments. Work at Birmingham Centre is nearly complete, and Tooting is underway, along with Donor Records nationally. Once the 'unclaimed' cohort from every centre has been minimised, a costed option appraisal will be prepared for the Executive Team to decide how to manage the residue.

Resolution of the issue is necessary ahead of the next contract-letting, due in 2018, as it is a powerful disincentive to a change of supplier.

6.5 Mandatory Training

At March 2016, compliance with mandatory Information Governance training stood at 87%. This is clearly below the local and national threshold of 95%, yet is consistent with uptake of other mandatory training in NHSBT. One area of particular problems in achieving compliance is in the mobile blood collection teams: compliance in Blood Donation as a whole was 84%, and the weight of their numbers was significant overall. The implementation of the online Shine Academy for teams' mandatory training instead of face to face delivery sessions is welcomed, as it should allow them easier and more flexible access to the full range of training packages.

The general awareness package in Shine Academy will be refreshed during 2016-17, with specific efforts made to ensure it is equivalent to the central NHS IG Training Tool. The PwC Internal Audit will include an assessment of the NHSBT Information Governance mandatory training package.

6.6 Technical Security

The former Head of Information Security collaborated with the IG team to draw up and implement new policies for high-level information security and for acceptable use of information and communications technology.

The substantial and business-critical programme of changes undertaken by the ICT Directorate during 2015-16, including preparation for the implementation of new firewalls which is the first line of defence from an information security perspective, has necessitated de-prioritisation of other security-related work such as implementation of software for better management of network folder access rights.

6.7 Forthcoming Changes in Law and Guidance

In late May 2016 the European Union General Data Protection Regulation was published in its final form. This will replace the UK Data Protection Acts of 1998, and is intended to give protections and impose obligations and penalties appropriate to the cyber age. There will be a two-year implementation period before it becomes law in May 2018, before the earliest possible UK exit from the EU. The advice and guidance issued by the Information Commissioner's Office is being used as the foundation for NHSBT's preparation plans, though more detailed and sector-specific guidance is needed, along with some local secondary legislation. Official guidance is due for publication in 2016.

The National Data Guardian's Review of Data Security, Consent and Opt-Outs ('Caldicott 3') was published in June 2016. This contained two main themes: data security, and consent/opt outs for use of

patient data for purposes other than direct care. A formal response to the DH consultation on this report was submitted by the deadline of 7th September 2016 on behalf of NHSBT.

Although all the recommendations in the Caldicott 3 report can be supported in theory, there are substantial technical, resource, operational or cultural obstacles to implementation. For this reason, detailed planning of NHSBT's response must await the outcome of consultation and clear definition of requirements. Attainment will be managed and monitored via the NHS IG Toolkit, which is to be re-written to reflect Caldicott 3 and other current requirements. NHSBT's first report against this revised Toolkit will be submitted in March 2018.

7. NED Scrutiny

Via GAC

8. Appendices

See over.

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Appendix One: Information Risk Incidents

Number of Information Risk Incidents Reported, by Financial Year and Severity

Year	Severity Score					
	0	1	2	3	4	5
2012-13	117	14	4	2	0	0
2013-14	95	13	3	1	0	0
2014-15	187	23	7	0	0	0
2015-16	135	24	0	0	0	0
2016-17 (projected from 4 months' data)	186	15	0	0	0	0