THE STATE HOSPITALS BOARD FOR SCOTLAND

INFORMATION GOVERNANCE ANNUAL REPORT

APRIL 2020 – MARCH 2021

(Including Health Records)

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Approval Group	The State Hospitals Board for Scotland
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Responsible Officer	Director of Finance and eHealth / Senior Information Risk Owner

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1 INTRODUCTION AND HIGHLIGHTS OF THE YEAR

The Information Governance Group, chaired by the Senior Risk Information Owner (SIRO) is responsible for progression of attainment levels in relation to Information Governance Standards.

The Caldicott Guardian principles have now been integrated within the initiatives and standards required by NHS QIS for Information Governance and attainment levels are recorded via the Information Governance Toolkit. Although there is no longer a requirement to send the attainment levels to QIS or ISD, we continue to internally monitor our attainment levels biannually on this basis.

This report (formerly the Caldicott Guardian Report) is submitted on an annual basis to the Board, having replaced the previous reporting to the Clinical Governance Committee.

The Committee has, over the course of the year continued to work to improve Information Governance standards and practices across the Hospital. We have encouraged staff to adopt good Information Governance standards through a number of measures undertaken by the group, and to complete mandatory online Information Governance learning modules. We have continued to adhere to recommendations included in the Scottish Government's "NHSScotland Information Assurance Strategy CEL 26 (2011)" document and as a result a regular schedule of Information Governance Walkarounds within the Hospital – while interrupted by the restrictions required as a result of the Covid crisis – are now scheduled to resume, including non-patient areas. In addition, the group has continued to focus on other key areas of priority such as the electronic patient record (EPR) system and the outcomes of the FairWarning system – together with ad hoc issues such as record retention and email scams.

2 INFORMATION GOVERNANCE GROUP

2.1 Information Governance Group membership

Director of Finance and eHealth (Chair)
Associate Medical Director/Caldicott Guardian
Head of e-Health
Clinical Secretary Co-ordinator
Information Governance and Data Security Officer & Data Protection Officer
Senior Infrastructure Analyst & Information Technology Security Officer
Lead Nurse
Health Records Manager
Psychology Representative
Security Information Analyst
Finance Representative
Social Work Representative
Human Resources Representative
Health Centre Representative
Lead Pharmacist
AHP Representative
Risk Management Representative

2.2   Role of the group

The group has a wide reaching remit, being responsible for all matters in respect of Information Governance within the Hospital as the title suggests. The membership of the group is purposely broad. This allows the group to be representative of staff groups and departments from across the hospital.

2.3 Aims and objectives

- Ensure compliance and development of Information Governance overall as monitored by the IG toolkit.
- Address issues arising in the hospital in relation to Data Protection.
- Address issues arising in the hospital in relation to Records Management including structure, filing, storage, and archiving.
- Address Caldicott issues including monitoring DATIX reports and ensuring relevant training for staff.
- Provide a forum for the various staff groups within the hospital to raise any Information Governance issues and to receive feedback from Information Governance on such matters.
- To monitor requests made in relation to Freedom of Information and Subject Access Requests.

2.4 Meeting frequency

The group has continued to meet on a quarterly basis to discuss any issues as outlined above, although some meetings were disrupted by the impact of the coronavirus. Following agreement from the wider group, a small subgroup – the Information Governance Risk Assessment Group – meets 6 monthly in order to concentrate on the assessment of the current attainment levels and supporting evidence required for the Information Governance toolkit self-assessment, which is undertaken regularly. In addition, this small subgroup also meets 6 monthly to review the Information Governance risk register (see para. 3.2).

2.5 Strategy and work plan

As noted in previous reports, the Caldicott principles have now been integrated within the initiatives and standards developed by NHS QIS for Information Governance. The Information Governance Toolkit is completed twice yearly in order to monitor the performance of the hospital in relation to Information Governance. The schedule of work for the subgroup is compiled in such a way as to allow the group to review progress with the Information Governance Standards. This monitoring allows the group to develop an action plan of work to be undertaken by the group members. In addition, meetings are used to address the issues that may arise such as filing, relevant training, confidentiality issues etc.. Next year a Data Protection Toolkit will be introduced and after an initial period of more frequent meeting the subgroup will revert to meeting on a regular six monthly basis.

2.6 Management arrangements

The Information Governance Group now reports annually to the State Hospitals Board for Scotland through the IGG Report. The IGG also reports to the Corporate Management Team as relevant.

3   KEY PIECES OF WORK UNDERTAKEN BY THE GROUP DURING THE YEAR

3.1   Information Governance Standards

In response to feedback from the Information Governance Team at ISD, following the implementation of Information Governance standards and Electronic Toolkit in 2007, the attainment levels for each of the standards were revised and new attainment levels introduced with effect from 2008.

Although the Information Governance Framework Toolkit is no longer supported nationally, the revised attainment levels within the Information Governance Framework have been agreed in partnership with NHS QIS to ensure that the Framework remains fully compliant with NHS QIS Improvement Framework

In line with Clinical Governance and Risk Management (CGRM) standards a four-point scale has been introduced that enables organisations better to demonstrate their compliance with the Information Governance Standards (IG). However, there are differences between the stages of activities required to meet each level of attainment set within the CGRM standards and IG standards, the detail of which is listed below:

Level	CGRM Activities	IG Activities
1	Development	Developing and Implementation
2	Implementation	Developed and Fully Implemented
3	Monitoring	Monitoring and Evaluation of Effectiveness
4	Reviewing	Change Implemented in light of Continuous Review Cycle

The assessment of these attainment levels is a significant part of the workload of the Information Governance Group with a focus on achieving progress against the high standard of activities set within each level. As of 2013, six additional toolkit targets were added in relation to Administrative Records, bringing the overall number to 52.

The following is a summary of the attainment levels in recent years: -

Attainment Level	2016/17 (Includes Admin Records)	2017/18 Includes Admin Records)	2018/19 Includes Admin Records)	2019/20 Includes Admin Records)	2020/21 Includes Admin Records)
1	3	2	2	3	3
2	3	5	1	3	2
3	1	0	4	2	1
4	45	45	45	44	46
Attainment of level 3 or better	89%	87%	94%	88%	90%

Generally, we continue to maintain our previous attainment of Information Standards as shown by our monitoring through the Information Governance Toolkit. Of the targets where attainment level 4 has not been reached, improvements in these areas will take time to achieve as some areas need negotiated with our partner organisations.

The two attainment levels sitting at level 1 relate to information sharing and information asset records. Both of these areas are expected to improve over the course of next year as with the completion of the Information Asset Registration project. This will create an information asset register as well as identify outstanding sharing agreements.

The level 2 attainments are about the hospital's procedures that manage the retention of records, Freedom of Information requests and the training of staff. These are expected to rise to

level 3 next year as work on the Records Management Plan continues. Over all we have achieved 90% in attainment levels three or four.

Next year a Data Protection Compliance Toolkit (DPCT) will be introduced as part of the Data Protection Officer's audit and monitoring of compliance with the GDPR. The Information Governance Framework Toolkit will be reviewed alongside the DPCT and it is anticipated that the two toolkits will be merged to provide a single Information Governance Toolkit for The State Hospital.

3.2   Information Governance Risk Assessments

Information Governance risks assessments are undertaken by a subgroup of the IGG – the IG Risk Assessment Group – comprising the Caldicott Guardian, Health Records Manager and Information Governance and Data Security Officer. The group first met in November 2011 to update risk assessments following the move to the current hospital site. Following on from this the subgroup has met 6 monthly to review current Information Governance risk assessments and update accordingly. The Group meets in March and September each year.

There are currently twenty-one Information Governance risk assessments on the risk register covering a variety of risks (e.g. disclosure of loss of identifiable information through transportation of records, unauthorised access to health records areas). Fourteen risks are currently at or below their target risk rating of medium, with action plans in place to reduce or eliminate the remaining seven risks.

On each occasion that the Information Governance risk assessment has been updated steps have been taken to minimise the risks highlighted (e.g. procedures to ensure identifiable information is sent recorded delivery; procedures re mobile devices; risks associated with staff leaving the organisation).

The Risk Assessment Group felt that a number of the risks held were out of date given the changes the organisation's working practices over the last few years including the use of new technologies such as Teams and remote working. It recommended that a full review of the risks held and the method of assessment would be beneficial to ensuring that risks raised through the Datix system and audits are feedback to the Information Governance risk register.

A review has been scheduled for the third quarter next year.

3.3   Information Governance Training

The "Information Governance: Essentials" module was introduced in February 2017 as an annual requirement for staff.. All modules remain mandatory for all staff. Monitoring of completion rates by staff is undertaken by the Training & Professional Development Manager, with oversight by the IGG. The completion of the modules can be seen in the table below.

Information Governance module completion

Module	Mar 2017	Mar 2018	Mar 2019	Mar 2020	Mar 2021
IG: Essentials	31%	54%	81%	70%	78%
Confidentiality	96%	97%	96%	98%	98%
Data Protection	96%	97%	96%	98%	98%
Records Management	94%	96%	95%	98%	98%

Although there have been restrictions in place over the course of the year the group was encouraged by increase in completion of the Essentials module from last year. Departments that have yet to reach the target 80% attainment for the Essentials module for an extended period are now contacted by the Data Protection Officer on behalf of the group to offer support.

Work continues with other health boards in developing NHS Scotland wide Information Governance training modules. The new course is expected to be available in the second quarter of next year.

3.4   Category 1 & 2 Investigations

There were no Category 1 or Category 2 investigations related to Information Governance during the year.

3.5   Personal Data Breaches

Under GDPR there is a requirement to record personal data breaches. In cases where there is a high risk to the individuals involved, these breaches must be reported to the Information Commissioner's Office no later than 72 hours from discovery. The State Hospital uses Datix to record potential breaches of personal data.

There were nineteen recorded personal data breaches in 2020/21. Just under half of the breaches relate to media coverage of the hospital, staff and patients, with the remaining breaches mainly due to minor accidental internal disclosures.
No breaches required notification to the Information Commissioner's Office(ICO).

Staff are encouraged to improve their Information Governance practices through guidance notes that are regularly circulated in the Staff Bulletin and feedback from incidents. The restrictions due to coronavirus have meant that there have been less opportunities for informal contact with staff to give guidance on Information Governance matters.

Reported Personal Data Breaches			
	2018/19	2019/20	2020/21
Reported Breaches	18	16	19
Required ICO Notification	2	0	0

3.6   Electronic Patient Records

Members of the IGG were actively involved in the ongoing development of the EPR (RiO) – and the project-specific EPR Group continues to meet regularly. This has included ongoing involvement in development of the business case for RiO21, providing advice on Information Governance matters and regular audits of the electronic Health Records. A business case has been agreed to move to RiO21 and a project team is in place to upgrade to RiO21.

The regular health records audits show that staff are applying high standards when making Health Record entries, and there is regular reporting on the results of these audits.

During the year as well as many other developments within RiO there has been the development of an electronic patient timetable. This development has been well received by staff. It has also allowed for the close monitoring of patients' ability to exercise, which has been particularly valuable during the Covid -19 pandemic. It has also improved Information Governance around this process. There has also been development of a system to integrate the grounds access process fully into RiO. It is hoped that this will speed up processes related to grounds access.

3.7 Information Governance Walkrounds

Having been introduced in 2015 as a recommendation following the publication of the NHS Scotland Information Assurance Strategy CEL 26 (2011) the Information Governance Walkrounds have built on the success of the previous years. The unannounced walkrounds now occur a random throughout the year and encompass all areas of the organisation were personal information is used.

Information Governance walkrounds were suspended due to coronavirus restrictions and are expected to recommence as soon as it is practical to do so.

3.8 FairWarning

The group receives exception reports on the levels of FairWarning alerts raised and a subgroup is tasked with maintaining appropriate alerts and thresholds to provide a proportionate audit of access to personal information.

FairWarning alerting rate remained consistent with last year and reflects changes in the patient population over the year. This is the fifth consecutive year in which no incidences of inappropriate access have been alerted via FairWarning.

The group have been satisfactory assured that there are no areas of concern regarding inappropriate access.

3.9 Records Management

The State Hospitals Board for Scotland submitted its Records Management Plan to the Keeper of the Records in December 2016. The Plan was agreed and accepted by the Keeper with some elements graded as amber, and having work outstanding. A Plan Update Review (PUR) was carried out in January to March 2020 which again flagged up work needing to be carried out, in particular the completion of a records survey. A further PUR will be carried out in 2021 – this will highlight the current position. There will be some negative impact from the ongoing pandemic, however there has also been some positive work, in particular around the Information Asset Register.

Records Management work is ongoing, however due to resourcing issues this has been slower than had been hoped. The Records Management Group have not met due to staff being immersed in other work, however it is hoped to have a meeting of the Group in the latter part of 2021.   A programme of bulk shreds is now in place, with an excellent response to calls for shredding from various departments around the Hospital. A formal destruction register has been started, maintaining a log of data being destroyed, and also allowing management of the destruction programme ensuring data protection legislation is adhered to. Advice is being given to all departments with regard to retention of information and this is being positively received.

An update of the Health Records Policy is underway. The Administrative Records Policy will also be updated. Future plans include the amalgamation of these policies into an overarching Records Policy which will incorporate all records in the Hospital and ensure clear guidance is available for all staff.

Appraisal of patient records is ongoing with some patient records now being identified for permanent preservation whilst others have been destroyed. This work is being carried out by Health Records staff alongside the Caldicott Guardian. Discussions are ongoing with the National Records for Scotland with regard to permanent storage of records, and it should be noted that the State Hospital website is now being archived by them twice a year.

Resources within the Health Records Department have been sparse due to a variety of leave, however things are now improving with the recruitment of two new members of staff. This has allowed backlog work to be completed and forward movement is now being made with projects such as the appraisal of notes and involvement with Information Asset Register work. More

support is available to allow senior staff to be involved in hospital/national workload which will also help to improve records management within The State Hospital.

One of the main areas of work in records management is the move to Microsoft 365. This is challenging and resource-intensive, however staff are remaining positive and engaged with the move and the opportunities afforded with the use of Teams and the forthcoming introduction of SharePoint in particular.

Approval had been given for the Health Records Department to undergo a reorganisation into a Records Services Department – this has been on hold but is actively being explored. It is recognised that Records Management is an area which requires further resourcing and input, in particular in the corporate records arena.

The Health Records Manager attends national groups for Records Managers and is involved in working groups, in particular in relation to the ongoing development of guidance for Office365 and records management.

3.10   Freedom of Information

The group is kept informed of all Freedom of Information (FOI) requests and of the timescales achieved in responding to these. This year saw a continuation of the upward trend in the number of requests being made to the organisation. These have mainly come from the general public (61%), with the media and journalists (17%) the second largest requestors. The recorded numbers of requests were up 16%.

The Covid-19 restrictions have meant obtaining timely responses from across the organisation has been difficult. Access to IT systems and paper files has not always been instant and in some cases has needed to wait until personnel have been physically present on site to retrieve information. This has impacted the completion rates for FOI requests this year.

Number of Freedom of Information Requests					
	2016/17	2017/18	2018/19	2019/20	20209/21
Requests made	40	46	33	224	262
Completion rate within timescales	75%	91%	94%	100%	89%

This year has seen a rise in request for reviews, however all the reviews found that The State Hospital's original response was an appropriate response, which required no modification.

Number of Freedom of Information Reviews					
	2016/17	2017/18	2018/19	2019/20	2020/21
Requests for review made	1	0	2	0	3
Upheld without modification	1	0	2	0	3
Upheld with modification	0	0	0	0	0
Substituted a different decision	0	0	0	0	0
Reached a decision where no decision had been reached	0	0	0	0	0

This year also saw a request made to the Scottish Information Commissioner for a decision in relation to one of the FOI requests (FOI/018/20). The outcome of Decision Notice 059/201 was that The State Hospital was found to have complied with the legislation in dealing with the request.

3.10.1 Freedom of Information Self-Assessment

The FOI Committee drive a continuing improvement cycle based on the Scottish Information Commissioner's self-assessment toolkit.

The toolkit comprises of four modules which each review particular areas for our FOI obligations providing a four-point scale of performance (Unsatisfactory, adequate, good and excellent) and reviews the previous year's performance.

Public authorities, such as The State Hospital are expected to provide a minimum of 'adequate' performance, taking in to account their local setting.

Standards and Criteria	2016/17	2017/18	2018/19	2020/21
Responding on time	Unsatisfactory	Good	Good	Good
Searching for, locating and retrieving information	Unsatisfactory	Unsatisfactory	Adequate	Good
Advice and assistance	Unsatisfactory	Adequate	Adequate	Good
Publishing information	Unsatisfactory	Unsatisfactory	Adequate	Adequate
Overall	Unsatisfactory	Unsatisfactory	Adequate	Adequate

The assessment shows a continuing improve in the management of FOI requests. Further improvement in proactive publication and availability of information is reliant on The State Hospital's website being upgraded to enable searching.

3.11 Subject Access Requests

Subject access requests have returned to expected volumes this year. A noted trend this year is an increase in whole record requests from patients or their representatives. This has increased the time and resources need to provide the information.

Remote access to redaction systems has been challenging at times over the year and this has impacted the completion rates. Work is ongoing with eHealth to provide a central and remotely accessible redaction system for Information Governance.

Number of Subject Access Requests					
	2016/17	2017/18	2018/19	2019/20	2020/21
Requests made	19	13	22	49	33
Completion rate within timescales	100%	92%	94%	53%	77%

3.12   MetaCompliance

MetaCompliance is a policy management system which is designed to ensure that key policies are communicated to all members of staff in order to ensure they obtain, read and understand their content. It also provides evidence of communication to line management and can identify individual staff members as having read and understood key policies.

In November 2017 the operation of MetaCompliance transferred to Information Governance which coincided with a review of policies deployed via the system.

MetaCompliance is supported by the complimentary system MyCompliance which provides a way to acknowledge policies prior to MetaCompliance enforcing a response.

Over the last year the number of policies delivered by MetaCompliance has risen by 22% to fifty-eight. Most "All Staff" policies achieve around 80% awareness and agreement within three months of release. Whereas "Clinical" policies achieve around 85% awareness and agreement within the same timeframe.

4   IDENTIFIED ISSUES AND POTENTIAL SOLUTIONS

We have continued to try to improve attendance at the IGG meetings as full attendance at this group can sometimes be difficult to achieve – although having remote Teams meetings through the Covid crisis has encouraged a strong turnout – and we strive to encourage attendance by making the remit of the group relevant to staff members' roles, incorporating user feedback on eHealth matters into the agenda for the group. The attendance by deputies in the event of diary pressures is also now in place to encourage attendance.

The restrictions due to the coronavirus pandemic have impacted information governance and the organisation's ability to deliver Freedom of Information, Environmental Information Requests and Subject Access Requests within statutory timescales.

New technologies, such as Teams (part of Microsoft Office 365), have been introduced at pace to facilitate remote working and minimise the disruption the restrictions have brought, however the introduction of Office 365 nationally will bring additional information governance challenges as NHS Scotland migrates to a cloud based hybrid working environment.

5   FUTURE AREAS OF WORK AND POTENTIAL SERVICE DEVELOPMENTS

Due to coronavirus restrictions and an anticipated continuing disruption to the routine operation of the organisation over the course of the next year, timescales for areas of work have been set towards the end of the year.

Work/ Service Development	Timescale
Review Information Governance Framework Toolkit and Merge with Data Protection Compliance Toolkit	March 2022
Implement OneTrust Information Asset and Assessment Platform	November 2021
Transformation of Health Records Department in to a Records Services Department	April 2022
Population of the Information Asset Register	January 2022
Reach 80% completion for the IG: Essentials learning module.	Ongoing
Maintain 85% completion for all other IG learning module.	Ongoing

6   NEXT REVIEW DATE

April 2022