



THE STATE HOSPITALS BOARD FOR SCOTLAND

INFORMATION GOVERNANCE ANNUAL REPORT

APRIL 2021 – MARCH 2022

(Including Health Records)

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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 and Data Protection Compliance Toolkit (DPCT) are 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..

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.

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	2017/18 <i>Includes Admin Records)</i>	2018/19 <i>Includes Admin Records)</i>	2019/20 <i>Includes Admin Records)</i>	2020/21 <i>Includes Admin Records)</i>	2021/22 <i>Includes Admin Records)</i>
1	2	2	3	3	3
2	5	1	3	2	2
3	0	4	2	1	1
4	45	45	44	46	46
Attainment of level 3 or better	87%	94%	88%	90%	90%

We continue to maintain a high level of compliance with the standard, however the Information Governance Framework is due to be retired next year and to be replaced by an updated Data Protection Compliance Toolkit.

3.1.1 The Data Protection Compliance Toolkit (DPCT)

The DPCT has been developed from ICO's accountability framework, which supports the foundations of an effective privacy management programme.

The toolkit is divided into 10 categories, within each category there are a set of statement and questions that are rated on a 1 – 4 scale

Level	DPCT Status
1	Expectations not met
2	Expectations partially met
3	Expectations met without review cycle
4	Expectations fully with review cycle

The first formal presentation of the DPCT is expected in July, the table below shows the work undertaken to date.

Category	Level 1	Level 2	Level 3	Level 4	Overall
1. Leadership and Oversight	0%	43%	53%	0%	Level 2 (4% outstanding)
2. Policies and Procedures	12%	35%	47%	0%	Level 2 (6% Outstanding)
3. Training and Awareness	14%	76%	10%	0%	Level 2 (0% Outstanding)
4. Individuals' Rights	TBA	TBA	TBA	TBA	TBA
5. Transparency	TBA	TBA	TBA	TBA	TBA
6. Records of Processing and Lawful Basis	TBA	TBA	TBA	TBA	TBA
7. Contracts and Data Sharing	48%	52%	0%	0%	Level 1 (0% Outstanding)
8. Risks and DPIAs	21%	55%	24%	0%	Level 2 (0% Outstanding)
9. Records Management and Security	10%	17%	10%	0%	Level 1 (63% Outstanding)
10. Breach Response and Reporting	3%	5%	0%	0%	Level 1 (92% Outstanding)
Overall	11%	28%	14%	0%	Level 1 (47% Outstanding)

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 is currently working through all current risks to update them to reflect new technologies and working practices such as Teams and remote working. Reports are now provided to the group on all relevant incidents recorded through Datix and the DPO register of personal data breaches.

3.3 Information Governance Training

The “Information Governance: Essentials” module that was introduced in February 2017 as an annual requirement for staff was replaced at the beginning of August 2021 with a national module “Safe Information Handling”,

The State Hospital contributed to the “Safe Information Handling” training module as part of a National DPOs short life working group looking at developing consistent information governance training across NHS Scotland.

For consistency of message the course will remain branded as “Information Governance: Essentials”

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 2018	Mar 2019	Mar 2020	Mar 2021	Mar 2022
IG: Essentials	54%	81%	70%	78%	76%
Confidentiality	97%	96%	98%	98%	98%
Data Protection	97%	96%	98%	98%	97%
Records Management	96%	95%	98%	98%	98%

There has been a slight dip in attainment from last year’s position and the IGG are considering what additional measures can be put in place to encourage the completion of mandatory training.

Currently, when a department has not attained the target 80% for the Essentials module for an extended period they are contacted by the Data Protection Officer on behalf of the group to offer support.

Although work continues nationally on advanced information governance modules, The State Hospital will review and update the remaining three modules in the coming year.

3.3.1 National Training Events

In November 2021 The State Hospital hosted the first Data Protection Officers training day on behalf of NHS Scotland. The event was attended by 13 health boards and was well received by all delegates.

Courses that cover the specific tasks and skills for DPOs are not common and as most organisations only have 2 to 3 individuals needing trained the costs of using publically available courses starts around £140 per person.

By partnering with other boards not only were we able to reduce the cost of training DPOs across NHS Scotland by almost half, but we were able to have the course tailored to

A second training day will take place in November 2022. This day has already exceeded last year’s demand with 18 health boards wishing to take part that means costs are further reduced by about 70% compared to public courses.

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 the UK 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.

Reported Personal Data Breaches				
	2018/19	2019/20	2020/21	2021/22
Reported Breaches	18	16	19	56
Required ICO Notification	2	0	0	0

There were 56 recorded personal data breaches in 2021/22 that were attributable to The State Hospital, which is a significant rise over previous years. Some of the increase is due to a rise in recording incidents through Datix, however the upsurge will be closely monitored.

Cause	Percentage
Email Disclosures	46%
Information Unavailable When Needed	16%
Technical Fault	12%
Internal Mail System	9%
Information Disclosed Externally	7%
IT Account Settings	3%
Others	7%

The majority of breaches were due to disclosures of personal information via email that included an individual who should not have received the information. In most cases, disclosure was internal to the organisation.

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.

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 was agreed to move to RiO21 and a project team was put in place to upgrade to RiO21. Through this team RiO 21 went live on 08 March. Following the successful introduction of RiO 21 we have moved quickly to introduce BAU process for ongoing development of RiO 21. A multidisciplinary project approval group has been established that reports to the eHealth Sub Group. Included within the approval process is appropriate information governance scrutiny.

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.

Of note the development electronic patient timetables has been well received by staff. Improving these timetables has continued during this year. This work has 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 work on a system to integrate the grounds access process fully into RiO. It is hoped that this will speed up processes related to grounds access. This work is currently paused pending further review of the grounds access policy.

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 where personal information is used.

Information Governance walkrounds were suspended due to coronavirus restrictions and will recommence next year.

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 sixth consecutive year in which no incidences of inappropriate access have been alerted via FairWarning.

The group continues to be satisfactory assured that there are no areas of concern regarding inappropriate access.

Whilst the focus of FairWarning is to detect potential inappropriate access to patient records, the sustained absence of such actions from any area of the organisation should be seen as a very positive statement about the professional conduct of staff.

During the coming year the system that provides FairWarning will be upgraded and moved to NHS Scotland's cloud based FairWarning tenancy. This work is due to be completed by the end of August 2022 with no interruption to service expected.

3.9 Records Management

This year has been a busy but positive one for the Health Records Department. Two new staff were added to the Department on a 2-year contract basis and this has allowed work to progress in Records Management as well as being able to undertake the day to day workload.

The State Hospitals Board for Scotland submitted its Records Management Plan (RMP) 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 and submitted to National Records of Scotland (NRS) in October 2021. A positive response to this was received in December 2021, recognising the work that has now been carried out in areas such as the creation of a Corporate Records Policy and a formal Information Asset Register. As there have been noted improvements in Records Management within the organisation, a full RMP will be completed in late 2022/early 2023 for submission to NRS for assessment and agreement.

Job descriptions and associated documentation has been progressed and will be submitted to be dealt with under the Organisational Change process in April 2022. This reflects changes in the department, including taking on more of a role within the corporate records area, and also providing support to the Information Governance and Data Protection Officer in a much more formal way. The department will become the Records Services Department, with updated roles and responsibilities being recognised.

Due to the ongoing pandemic impacting on staff throughout the Hospital, the Records Management Group has not had a formal meeting. Plans are in place to resurrect the Group with a meeting scheduled for July 2022, alongside updated Terms of Reference. A sub-group of

the IGG is also being formed with responsibility for the oversight of clinical records – this is also set to meet for the first time in Summer 2022.

Records Management training sessions were held for the first time in the Hospital, with around 50 staff attending these via Teams. These were successful, with staff learning about how records management forms part of everyone’s role, as well as learning about the upcoming changes due to M365. It is planned to offer more targeted sessions in Summer 2022 for departments/groups who may have shared records.

The Health Records Policy was updated, and a new Corporate Records Policy was introduced. It is planned to create an overarching Records Management Policy in early 2023 encompassing both of these Policies. Work is also underway to create formal retention and destruction policies, as well as version control and naming convention guidance. It is hoped that this work will be completed by Autumn 2022.

Appraisal of patient records for permanent preservation or destruction has continued, with more records having been destroyed. Work is ongoing to gather metadata on items for permanent preservation with the National Records of Scotland. It has also been agreed that referral files for patients can now be appraised and destroyed if appropriate.

Work is being undertaken in relation to the Hospital’s Information Asset Register. This includes staff recording data as well as assisting staff to complete the process of registering systems and data held, whilst offering advice and encouragement to incorporate records management methodology.

Work relating to M365 is still ongoing, in particular with the Health Records Manager being involved at a national level. Implementation of the national Business Classification Scheme (BCS) is underway with the Department putting this into practice in the current shared drive as a pilot before widening out. Ongoing records management work with shared drives is also continuing.

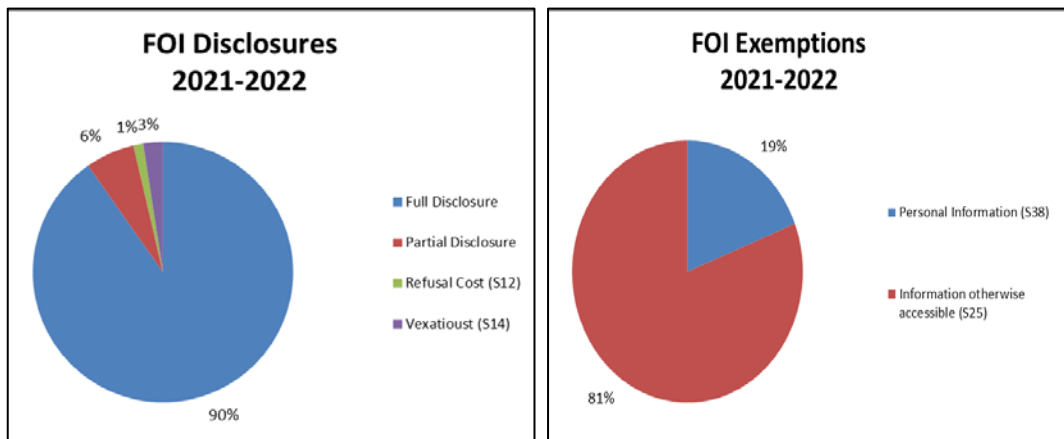
3.10 Freedom of Information

The group is kept informed of all Freedom of Information (FOI) requests and of the timescales achieved in responding to these. Requests have mainly come from the general public (63%), with the media and journalists (17%) the second largest requestors. The recorded numbers of requests were down 34%.

Number of Freedom of Information Requests					
	2017/18	2018/19	2019/20	2020/21	2021/22
Requests made	46	33	224	262	172
Completion rate within timescales	91%	94%	100%	89%	99%

This year has seen a further 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					
	2017/18	2018/19	2019/20	2020/21	2021/22
Requests for review made	0	2	0	3	4
Upheld without modification	0	2	0	3	4
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



Where the organisation held information it provided a full response to applicants for the majority of requests (90%).

Two exemptions were used to withhold or decline to publish information. In most cases (81%) this was because The State Hospital had already published the information and the applicant was directed to the information.

When the high percentage of requests that are answered in full, the sparse use of exemptions and the outcomes of reviews are taken in to consideration it indicates that the Freedom of Information service is aligned to the organisation's values of responsibility, openness and honesty.

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 six 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. Modules 5 & 6 were introduced by the Commissioner last year and have been completed for the first time.

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	2017/18	2018/19	2020/21	2021/22
1. Responding on time	Good	Good	Good	Good
2. Searching for, locating and retrieving information	Unsatisfactory	Adequate	Good	Good
3. Advice and assistance	Adequate	Adequate	Adequate	Adequate
4. Publishing information	Unsatisfactory	Adequate	Adequate	Adequate
5. Conduct of Reviews	N/A	N/A	N/A	Good
6. Monitoring and managing FOI performance Standards and Criteria	N/A	N/A	N/A	Good
Overall	Unsatisfactory	Adequate	Adequate	Adequate

The assessment shows that the management of FOI requests continues to meet the requirement of the Act. 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 continue at expected volumes with patient requests accounting for about 76% of all requests.

This year saw the introduction of a dedicated central redaction system that can be used via our remote working arrangements. This has begun to improve access to the tools departments need to provide subject access responses.

Number of Subject Access Requests					
	2017/18	2018/19	2019/20	2020/21	2021/22
Requests made	13	22	49	33	29
Completion rate within timescales	92%	94%	53%	77%	91%

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 24%% to 72. Most "All Staff" policies achieve around 79% awareness and agreement within three months of release. Whereas "Clinical" policies achieve around 82% awareness and agreement within the same timeframe.

Over the course of the year it became apparent that the volume of policies required to be agreed by staff via MetaCompliance is impacting the first weeks of employment as staff are continually interrupted by the requirement to read and agree policies.

A review of the operation of MetaCompliance is underway and expected to make recommendations in the middle of next year.

4 INFORMATION COMMISSIONER'S OFFICE AUDIT

The Information Commissioner's Office (ICO) gave notice that it intends to audit NHS Scotland towards the end of next year for compliance with the UK GDPR and Data Protection Act 2018.

The exact terms of the audit are still being discussed nationally however information gathering by ICO is expected to start towards the end of June, with questionnaires to staff and face-to-face interviews expected in September / October.

In preparation for the audit, The State Hospital will conduct a gap analysis based on the first return from the Data Protection Compliance Toolkit.

5 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 with a stronger emphasis for all members 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), were introduced at pace in 2020/21 to facilitate remote working and minimise the disruption the restrictions have brought, and this functionality has continued to support performance in 2021/22. However, while the timing is as yet unconfirmed, the anticipated introduction of Office 365 nationally will bring additional information governance challenges as NHS Scotland migrates to a cloud based hybrid working environment.

6 FUTURE AREAS OF WORK AND POTENTIAL SERVICE DEVELOPMENTS

Due to the ongoing impact of coronavirus continuing disruption is anticipated to the routine operation of the organisation over the course of the next year.

Work/ Service Development	Timescale
Records Management Plan to be resubmitted	March 2023
Records Management Group reinstated and introduction of Health Records Sub-Group	July 2022
Update Advanced IG online training courses	August 2022
ICO Audit	September - November 2022
Reach 80% completion for the IG: Essentials learning module.	Ongoing
Maintain 85% completion for all other IG learning module.	Ongoing

7 NEXT REVIEW DATE

April 2023