

SPECIAL EVENT**All change!**

As the NHS gets to grips with the implications of latest changes to the Information Governance Toolkit — version 7, Apira hosts an event to help Trusts navigate the likely implications and impact, and to identify opportunities and threats.

The aim of the event is to support Trusts in understanding what is required both in the new IGT version, and the new reporting regime.

The event will be held at Apira's London Office on September 14th 2009, from 10.00am until 1.00pm.

Numbers will be limited, so please book your place now by emailing:

Beverley.Cooke@apira.co.uk

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**Information Governance****Update — version 7 release**

At first glance, the annual update of the Information Governance Toolkit (IGT) for 2009/10 appears to have brought relatively few changes — **do not be misled** — the IG landscape is still changing, with some of the major influencing bodies themselves in a state of flux.

The still new National Information Governance Board has yet to make its presence felt, but is now the 'owner' of the IGT.

The Digital Information Policy Unit, which bridged NHS Connecting for Health and the Department of Health and previously owned IGT, is being reorganised in to the new DH Directorate of Health Informatics. And, the SHA IG Forum, originally intended to address some of the shortcomings in communications between the interested bodies, looks likely to be taking on a more direct role for consulting on IG policy across the NHS.

These changes will impact on everyone, but perhaps most on PCT Commissioners, who are now responsible for ensuring 'All NHS Providers' are brought within the Information Governance Assurance Framework: IGT, IG Statement of Compliance and the Care Record Guarantee — a massive task still not recognised by many Trusts.

Apira has its finger on the pulse of NHS IG: book now for our September event for the latest updates.

SIROs — new kids with their head on the block?

At a recent IG conference, a representative of the Information Commissioner's Office (ICO) questioned whether the appointees to the newly created role of Senior Information Risk Owner (SIRO) had their heads on the block. He said that the ICO had "a new set of gnashers" and weren't afraid to use them.

It remains to be seen how willing the new Information Commissioner will be to use his extended powers under the Crime and Immigration Act 2008.

But, with the previous incumbent having written to the Permanent Secretary for Health in May 2009, expressing his concern at the way that the NHS continues to lose personal information (18 of 29 Enforcement Notices issued since November 2008 have been to NHS Trusts nationally) it seems likely, if only statistically, that the first fines to be levied will be on an NHS Trust soon.

Reporting

One of the main changes for 2009/10 is the delegation of reporting from the DH/NHS Connecting for Health Digital Information Policy Unit to the SHAs. This was heralded in David Nicholson's letter May 2008 and, although in the 2007/08 Informatics Guidance it is, for the first time, fully implemented this year.

Many questions remain unanswered regarding the details of the changes and Apira has raised a number of key points with the members of the SHA IG Forum, which meets monthly.

Whatever their response, which will be shared, it is clear that all NHS bodies are expected to open their 2009/10 IGT session by 31st July and input their 'scores' as a baseline for performance monitoring — although what 'scores' remains unclear!

The monitoring of Action Plans to achieve Level 2 also moves to SHAs — although how this is managed varies from SHA to SHA. Some SHAs want sight of Action Plans, others just require assurance that they have been prepared. Some SHAs only require Trusts to plan for the 25 key requirements, while others want the 'Full Monty'.

For Foundation Trusts the picture is subtly different, with quarterly Board Risk Assurance Reports including an IGSoc statement—how Monitor will approach the mid-year reporting remains to be clarified.

These changes have brought uncertainty to an area of IG which has been stable for a few years, presumably all will be made clear in time for the October 31st SHA review.

Change

According to the IGT website, *'any changes to the IG Toolkit standards have been kept to a minimum'* to accommodate the unsettling impact of the reporting changes (see above).

This provides an opportunity for Trusts to 'get their house in order' before the complete rewrite of IGT that is planned for version 8. Trusts might be well advised to get back to basics and use this year to build firm foundations to support their self-assessed scores for audit in 2010/11.

Recent audits have identified significant variations in interpretation by many Trusts. A clearer understanding of the requirements would remove this. Apira has undertaken detailed analysis of IGT v7 and identified many opportunities for reductions in complexity through alignment of components. **Book a place at our September event for further details.**

Impact

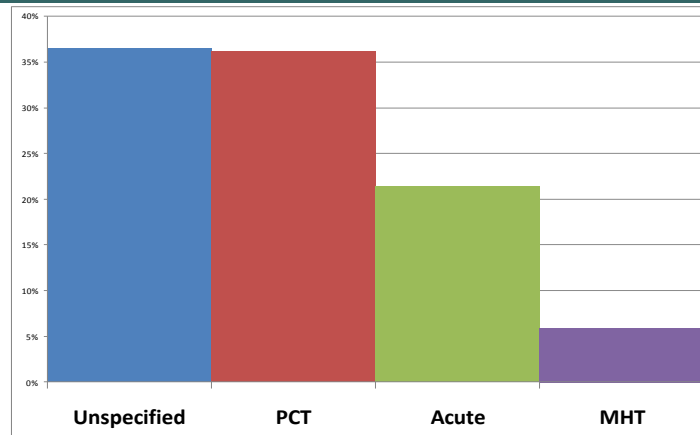
Many Trusts have struggled to fill IG roles with suitably qualified staff, particularly in London. The new requirement to report improved results mid-year will increase the burden on what is normally an already stretched resource.

IG capacity and capability, already surveyed by DH and known to be in short supply, will be stretched to the limit as the dual pressures of the Commissioner/APO split doubles demand. Trusts that have historically brought in IG contractors at the tail end of the year to complete their IGT return will all now find they need increased IG resources for the full year.

Risk, reality and lessons to learn

SHAs must publish Serious and Untoward Incidents (SUIs) above Level 3 on their websites (not Foundation Trusts).

Analysis shows gaps between policy and operation, although the data is incomplete. FoI requests have been submitted.



The majority of losses result from both failure of individual staff to follow policies and procedures (over 80%) and from the loss of paper records (over 60%).

Corporate Records and e-Document Records Management

Information Governance Toolkit requirements 107, 601, 602 and 604 closely align with the Care Quality Commission's Standards for Better Health C9 and NHS Litigation Authority governance standards for record keeping systems; all require Trusts to have effective management systems that control records from creation to destruction and all points in between.

While the volume of data held by Trusts is growing exponentially, technology continues to advance and become cheaper, e-Document Records Management (eDRM) is again becoming a 'hot topic', the newer systems having the potential to deliver cost savings.

With eDRM rising up the list of Trust priorities, Apira is offering a competitively priced 10 Day Consultancy Package, the outcome of which is a Business Case on the feasibility of eDRM within the Trust. This outlines the key areas that may benefit from eDRM and possible cost savings. Recent projects have highlighted the following benefits:

Single source of truth — reduced server load by removing multiple copies

Accessibility — a core requirement of the multiple applicable standards

Preparation for forensic audit — see below

Solutions for structured and unstructured data — email storage

Information Management Systems — supports Darzi's Next Stage Review challenges

Forensic Readiness — are you ready?

Closely linked to issues of Corporate Records Management is the requirement on Trusts to have a Forensic Readiness Policy, aka e-Discovery. This effectively extends the requirements of IGT 601 and 604 from structured records — what IGT defines as the difference between a document and a record — to include unstructured information, not least email.

There is extensive research in this area, extending into the fields of Information and Knowledge Systems. Implementation requires a clear strategy, possibly recognising recommendations in the Health Informatics Review, and well planned and structured deployment, for what is essentially a transformational change project.

The IG Team

Dr Colin Fincham Responsible Director

A qualified doctor with 13 years practice in hospital medicine and Primary Care, and a degree in Law, Colin is a healthcare consultant with special interest in data security. He is currently Programme Manager for the Access Control (Registration) Team within NHS Connecting for Health.

Colin has been supporting Trusts in compliance with the Information Governance Toolkit, as well as providing general advice in relation to Data Security and Information Governance.

David Stone Head of Information Governance

Apira's Information Governance Team, led by David, focuses on helping health and social care providers navigate the complex and rapidly changing landscape of Information Governance in Health and Social Care contexts.

David has spent the last few years working in IG in NHS Connecting for Health and NHS London. Prior to this he spent four years in communications in a Mental Health Trust.

David has 20 years experience as a senior manager in various SME manufacturing businesses.

David Birkinshaw Consultant

David joined Apira as a Consultant from Bromley PCT. David has worked for the NHS for six years and has extensive knowledge and experience of Information Governance and Software Deployment.

David previously worked for EMIS as a Primary Care Development Manager.

Information Governance services:

Some of the IG services offered by Apira:

Information Governance audit:

- Audit and structuring of evidence to support IGT self-assessment
- Audit the fitness of policies to meet IGT requirements
- Audit the operation of IG policies against policy design

Information Governance Toolkit compliance:

- Policy, procedure and process design
- Training
- Monitoring and reporting
- Stakeholder engagement
- Implementation planning and delivery

SIRO support including:

- Recourse to Subject Matter Expertise to meet IGT requirements
- On-call ad hoc advice on interpretation of legislation and policy
- Information Flow Mapping
- Asset Register population
- Risk Log generation and mitigating actions planning
- Identification, engagement and training of IAOs and IAAs

Programme/Project management:

- External governance and delivery of IG projects

Information sharing agreements:

- Preparation of agreements
- Engagement with stakeholders
- Implementation, monitoring and assurance of procedures and processes across partner organisations

Did you know.....

how seriously the ICO takes the health of the NHS 's security?

In May 2009, The Information Commissioner wrote to the Permanent Secretary of the Department of Health demanding immediate improvements to the lax treatment of personal data within the NHS.

The demand for urgent action by Information Commissioner, Richard Thomas, comes in the wake of a string of recent incidents where the institute has been forced to take action against 18 NHS organisations for breaching data regulations.

According to the Information Commissioner's Office between January and April this year, 140 security breaches were reported within the NHS – more than the total number from inside central Government and all local authorities combined.

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