

**TRUST BOARD**

<b>Date of Meeting:</b> 19/06/2012	<b>Agenda Item No:</b> 10.4	<b>Enclosure:</b> 14
<b>Intended Outcome:</b>		
<b>For noting</b> ✓	<b>For information</b>	<b>For decision</b>
<b>Title of Report:</b> Annual Report of the Caldicott Guardian 2011/12		
<b>Aims:</b>  To advise the Board of work undertaken by and in support of the Caldicott Guardian during 2011/12		
<b>Executive Summary:</b>  The Caldicott Guardian is appointed by the Trust Board and registered with NHS Connecting for Health. He has a key role in ensuring that the Trust achieves the highest practical standards for handling patient information. This includes representing and championing confidentiality requirements and issues at Board level and wherever appropriate within the Trust's overall governance framework.  The key responsibilities as defined in the Department of Health Caldicott Guardian Manual (2006) are: <ol style="list-style-type: none"> <li>1. Strategy and Governance</li> <li>2. Confidentiality and Data Protection expertise</li> <li>3. Internal Information Processing</li> <li>4. Information Sharing</li> </ol> This report is produced annually as a summary of the work undertaken in this role.		
<b>Overview of key areas for consideration or noting:</b>  <ol style="list-style-type: none"> <li>1) There is difficulty in resourcing face to face training and other essential policy compliance support activities and the Trust has not achieved the mandated 95% coverage for basic staff training in confidentiality</li> <li>2) Patient data access for secondary purposes is subject to new authorisation processes currently being rolled out</li> <li>3) Risk assessments in respect of medical record services and discharge summaries have been produced and actions are on-going as a result.</li> <li>4) A notified Data Loss has been the subject of a Serious Untoward Incident investigation and implementation of the Action Plan is underway. This incident and the lessons to be learned was the subject of discussion at the May meeting of the Governance and Quality Committee.</li> <li>5) Incidents reported and actions taken as a result are included within the Trust's weekly governance review process</li> <li>6) IT related developments include the roll-out of secure e-mail and a replacement secure remote access system and off site approval process</li> </ol>		

<b>Specific implications and links to the Trust's Strategic Aims:</b>	
<b>Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC</b>	✓
<b>Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable</b>	
<b>Develop a new healthcare facility in West Cumbria that is fit for the 21st century</b>	
<b>Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions</b>	
<b>To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust</b>	
<b>Recommendations:</b>  The Trust Board is asked to receive this report.	
<b>Prepared by:</b> Paul Wiggins Deputy Director of IM&T	<b>Presented by:</b> Alistair Mulvey Director of Finance/Deputy Chief Executive

## Caldicott Guardian Report

### 1. INTRODUCTION

The Caldicott Guardian (named after the Chair of a Committee which defined the required patient confidentiality standards and processes in the NHS) has a key role in ensuring that the Trust achieves the highest practical standards for handling patient information. This includes representing and championing confidentiality requirements and issues at Board Level, and wherever appropriate within the Trust's overall governance framework.

The key Caldicott Guardian responsibilities as defined in the Department of Health Caldicott Guardian Manual (2006) are:

1. **Strategy and Governance:** The Caldicott Guardian should champion confidentiality issues at Board/management team level, should sit on an organisation's Information Governance Board/Group and act as both the 'conscience' of the organisation and as an enabler for appropriate information sharing.
2. **Confidentiality and Data Protection expertise:** The Caldicott Guardian should develop knowledge of confidentiality and data protection matters, drawing upon support staff working within an organisation's Caldicott function but also on external sources of advice and guidance where available.
3. **Internal Information Processing:** the Caldicott Guardian should ensure that confidentiality issues are appropriately reflected in organisational strategies, policies and working procedures for staff.
4. **Information Sharing:** the Caldicott Guardian should oversee all arrangements, protocols and procedures where confidential patient information may be shared with external bodies both within, and outside, the NHS and Councils with Social Service Responsibilities (CSSCs). This includes flows of information to and from partner agencies, sharing through the NHS Care Records Services (NHS CRS) and related IT systems, disclosure to research interests and disclosure to the police.

This report is produced annually as a summary of the work undertaken in this role.

## **2. REPORT ON COMPLIANCE FOR 2011/12**

The Caldicott Guardian continues to receive support from the Deputy Director of Information Management and Technology in his role as Data Protection Officer and by Information Governance and Security Officers. Until July 2011 a support officer was in post and the loss of this role has had an impact on the ability of the Information Governance function to provide appropriate face to face training and generally ensure policy compliance. The Caldicott Guardian chairs the Informatics Steering Board and is vice chair of the Information Governance Group.

The post of Information Security Officer, shared with NHS Cumbria and Cumbria Partnership NHS Foundation Trust, has allowed development of education and awareness training related to confidentiality, as well as ready access to advice in respect of technical IT security.

NHS Connecting for Health accreditation for the Trust's in-house e-learning and confidentiality training has been obtained following an unsatisfactory experience in respect of access to mandated nationally produced materials. Nevertheless 95% compliance has not been achieved.

Revised clinical governance management arrangements and the introduction of a web based reporting system now ensure that all reported confidentiality incidents are subject to timely investigation and review of mitigating action at weekly meetings.

Information Sharing Agreements were kept under review in respect of health, social care and other statutory agencies in Cumbria, as well as shared PACS images with hospitals in the North East, to add to agreements already in place and reported previously.

Through its Pseudonymisation Project the Trust took active steps to ensure that by April 2011 patient information used for non-treatment or administration purposes was not presented with identifiers still present, unless allowed by Regulation or other exemption. Policies have been developed to identify acceptable use and controls for staff access. An electronic system to record approval of staff access for non-primary care purposes will be launched shortly.

Risk assessments have been prepared in respect of the medical records service and the production of discharge summaries which are the subject of task groups to address a number of issues which have been identified in respect of case note standards and data quality. Previous risk assessments remain under review by the Information Governance Group

Reviews of incidents take place at the weekly Governance meetings, quarterly meetings of the Information Governance Group and a summary was presented to the May meeting of the Governance and Quality Committee.

There was one Serious Untoward Incident relating to the loss of a printout containing some patient data which was also reported to the Information Commissioner (ICO). An action plan is now being implemented.

### **3. PLANS FOR 2012/13**

Priorities for the year ahead relating to the Caldicott role include:

- Improving capacity to proactively review user access to systems and to be able to review security logs – developing a future proposal to extend this to monitoring of exercise of user access rights at application level.
- Introducing a system to identify and approve users with rights to access patient identifiable data
- Introduction of a replacement system (Forefront UAG and Swivel “Pinsafe” Tokenless Authentication) for secure remote access with an electronic form approval process
- Ensure improvements to on-going issues in respect of the Medical Records service and provision of discharge summaries.
- Further roll out of encrypted e-mail where other forms of secure communication cannot be used (e.g. to solicitors and suppliers)