



Information Governance Committee Annual Report

2016/17

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Introduction

This is the tenth NHS Borders Information Governance Annual Report and covers the financial year 2016/17 to meet the Board's Governance Reporting cycle.

Information Governance is the framework within which we manage the information we hold as an organisation. The main principles aim to ensure that we handle information in a confidential and secure manner to appropriate ethical and quality standards. Information Governance covers all types of information and is the responsibility of all staff.

The work is underpinned by the following:

- The Data Protection Act 1998
- The Freedom of Information (Scotland) Act 2002
- The Public Records (Scotland) Act 2011
- Confidentiality: NHS Scotland Code of Practice
- Records Management
- Information Security Standard
- NHS Data Quality Assurance (Data Accreditation)
- Caldicott Guardianship

The Information Governance team helped design a safe model for public WiFi access to the Dining Room in the BGH, as well as some other patient areas. This involves using a log in portal to collect user identification details.

The early part of the year was taken up finalising the Records Management Plan. The Plan was formally agreed in September 2016 by The Keeper of Records Scotland.

A new mandatory LearnPro module, based on the Information Governance Code of Conduct, was developed and published.

A new web content filter was also installed this year. The new product, Smoothwall, greatly increases our ability to report on web usage and will allow line managers to run reports on their own areas with only minimal involvement from the Information Governance team.

There has also been a series of "Featured Adverts" published on the Intranet through the year. These have provided short hints and tips to all staff about keeping them and the organization secure. This awareness programme is set to continue for the forthcoming year and beyond.

These are just some of the key achievements made over the year and we aim to improve the level of compliance with the Information Governance Standards by keeping our staff well informed about their responsibilities, and providing an effective governance structure within which to work.

Much of the year ahead will be spent preparing for the implementation of the European General Data Protection Regulations which come into force in May 2018. Progress will also be made implementing the NHS Scotland Information Assurance Strategy Framework and the elements of the NHS Borders Records Management Plan.

Cliff Sharp
Medical Director
Chair Information Governance Committee

1 Overview

Information Governance is a strategic framework to ensure guidance and best practice is applied to the way we handle information, as an organisation and as individual members of staff. Information governance encompasses the following work strands:

- Confidentiality
- Caldicott
- Data Quality Assurance
- Data Protection
- Freedom of Information
- Information Security
- Records Management
- Staff training and awareness

Information Governance covers all types of information and is the responsibility of all of NHS Borders staff, both clinical and non-clinical.

1.1 Information Assurance Strategy

The national 2015 – 2017 Information Assurance Strategy is used to prioritise the rolling Information Governance work plan.

2 Structure

2.1 Information Governance Team

The Information Governance team was established in March 2009 and reports to the Information Governance Committee. It is managed by the Senior Health Information Manager and comprises the Information Governance Lead and the Information Governance Officer.

2.2 Information Governance Committee

The Committee met on four occasions in the year. The main business of the meetings has been carried out following a standing agenda incorporating the following elements:

- Information Governance Action Plan - exception reporting
- Information Governance Incident Reporting
- Freedom of Information
- Information Security
- Records Management and Data Quality
- Staff Awareness and Training
- Internal and external papers for consultation

Details of the Information Governance Committee membership are provided in Appendix 1, and meeting attendance in Appendix 2.

3 Policy & Planning

3.1 Records Management Strategy & Policy

Both the NHS Borders Records Management Strategy and Policy were reviewed in 2015 as part of Public Records (Scotland) Act work. The revised versions were approved by the Information Governance Committee in December 2015.

The Information Governance Policy and Information Governance Strategy need to be reviewed in line with the NHS Scotland Information Assurance Strategy. This is scheduled for Q1 2017/18. Compliance with the policy in terms of e-learning and signing confidentiality statements is monitored by the Information Governance Committee.

3.2 Information Governance Action Plan

The IG Team have incorporated the actions for information assurance, records management, information security and information governance into their work plan.

The early part of the year was been taken up with addressing points made by The Keeper of the Records of Scotland regarding the Records Management Plan, as required by the Public Records (Scotland) Act 2011. The Plan was formally agreed by The Keeper in September 2016.

The IG team has also worked on a range of other issues during the year. These include:

- **Finalising and Publishing the new LearnPro training module** – This is based on the content of the Information Governance Code of Conduct.
- **Producing a Data Sharing Agreement template** – This has been utilised for various projects including:
 - for a drug prescribing system to replace the existing Poppie system
 - To enable data to be shared by Alcohol and Drug Partnership with 3rd sector partners
 - For the sharing of data on vulnerable patients in accordance with Civil Contingencies Act.
- **Replacement Internet content filter** – Sourced and implemented a product (Smoothwall) to replace the previous web filter, Bloxx, following the latter's removal from the market.
- **Mobile Device Policy** – A policy to define the use and security of "ultra" mobile devices, such as smartphones, tablets and similar products has now been produced. This policy incorporates a "BYOD" element to cover personally owned devices. Local guidance is in place and has been issued to IT Services to follow when considering the introduction of any of these devices.

3.3 Information Governance Code of Conduct for Staff

The NHS Borders Information Governance Code of Conduct for Staff, accompanied by new confidentiality statements and supported by an e-learning package, was first issued in April 2011. The Code was comprehensively revised during 2014/15 with a significant amount of work done to clarify the guidance on the removal of patient notes from Health Board premises. This covered instances where notes are needed in satellite clinics or patient homes, etc. The approval process for transporting notes was also simplified.

During 2016/17 the Information Governance team met with several different groups of staff to deliver awareness raising and CPD sessions. These covered various elements of the Code of Conduct dependent on the particular audience's requirements.

4 Caldicott Guardianship

Over the last year there were 13 applications for access to patient identifiable information which is a slight increase on the previous year but still a significant drop on earlier years. The general reduction in local requests is largely due to requests being handled centrally by the Public Benefit and Privacy Panel which was set up by the Scottish Government and NHS Scotland. The Information Governance team lead is obliged to participate in these panels on three or four occasions per year with each attendance requiring a significant amount of work prior to the panel date.

Table 4.1: Outcome of applications to the Caldicott Guardian, 2016/17

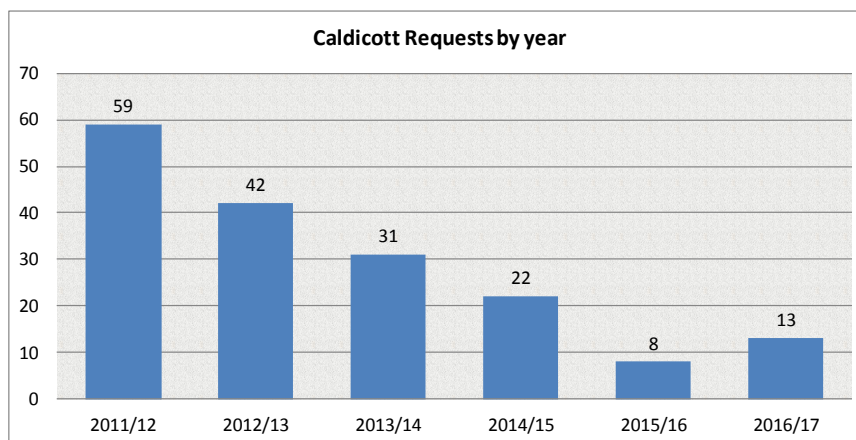
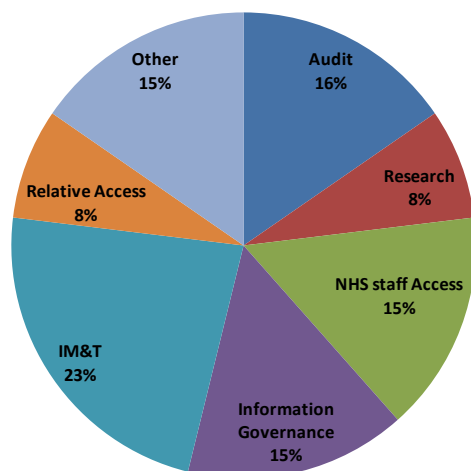


Table 4.2: Types of applications received by the Caldicott Guardian, 2016/17

The graph and table below show the spread of originators of the requests.



Application type	Number
Audit	2
Research	1
NHS staff Access	2
Information Governance	2
IM&T	3
Relative Access	1
Other	2
Total	13

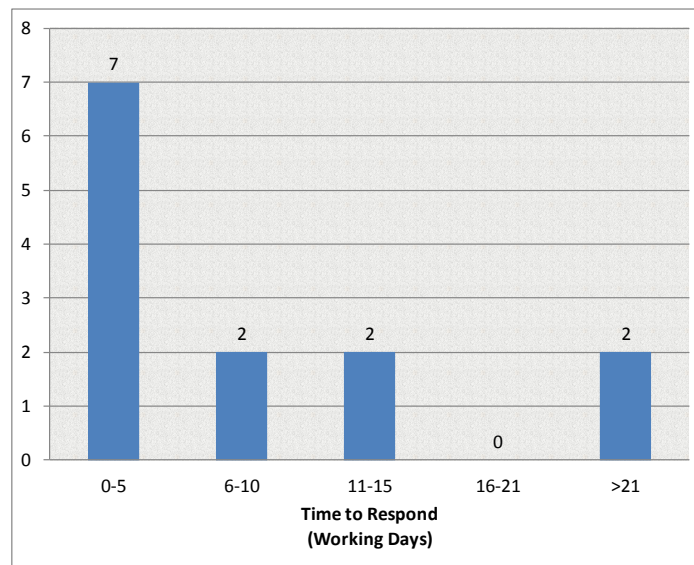
Table 4.1: Outcome of applications to the Caldicott Guardian, 2016/17

The table below shows that all applications were approved and no conditions were required to be applied or further safeguards to protect data security and confidentiality were necessary.

	Conditions specified		No Conditions specified		Total	
	Number	%	Number	%	Number	%
Approved	0	0%	13	100%	13	100%
Refused	0	0%	0	0%	0	0%
Total	0	0%	13	100%	13	100%

Generally applications that have conditions specified take longer to process as they need further investigation and scrutiny. Potentially this could contribute to the application going beyond the 15 working day target to process. The chart below shows performance against this target with all but two of the applications processed within the 15 day target.

Chart 4.1: Time to process Caldicott applications, 2016/17



5 Records Management

Public Records (Scotland) Act 2011

The Records Management Plan (RMP) produced and submitted the previous year was responded to by the Keeper of the Records of Scotland in May 2016. There were several comments that required to be addressed before the Keeper would provide his agreement to the Plan.

The amended RMP was submitted in August 2016 and the Keeper's agreement was received in September 2016.

Progress on the RMP to date includes:

- The formation of a Project Group that represents all areas of the organisation
- The creation of a Local Records Manager guidance document
- Completion of a Gap Analysis at a departmental level to establish the measures currently in place and to identify the areas each department will need to address to achieve corporate compliance
- Raising awareness of the fundamental changes to records management that the implementation of the RMP will impose
- Creation of Business Classification Scheme which will ultimately detail all records held by NHS Borders and the controls applied to them individually.

The current NHS Borders Records Management Policy sets out the principles of records management as well as schedules for maintaining, archiving and destruction of all types of records used by NHS Borders. This will be reviewed to ensure it meets the requirements of the Public Records (Scotland) Act 2011.

6 Subject Access Requests

Under the Data Protection Act, staff and patients (and their legal representatives) have the right to review the information which is held about them by an organisation. These requests are managed and monitored as "Subject Access Requests."

The numbers of requests received by the Subject Access team continues to increase with a stepped increase around the time of the introduction of the Patient Rights Act Scotland 2011; as can be seen in chart 6.1.

Chart 6.1: Subject Access Requests by Category 2006/07 – 2016/17

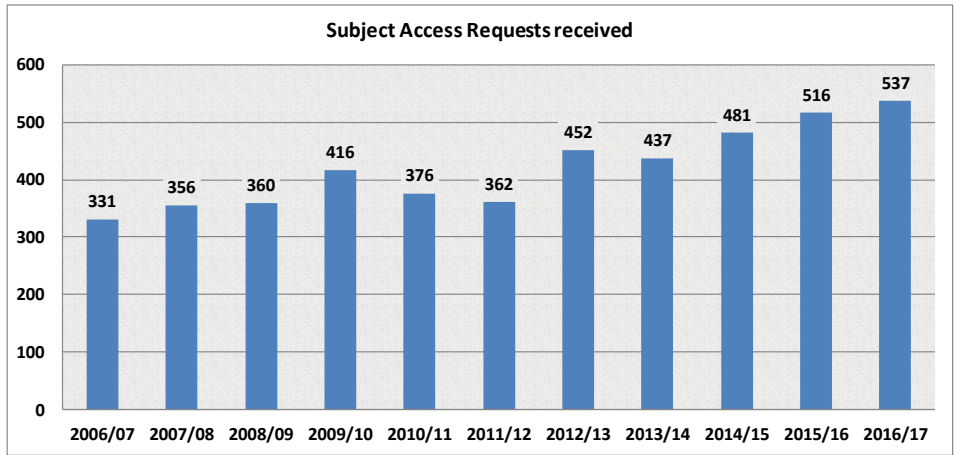


Chart 6.2: Subject Access Requests by Quarter 2016/17

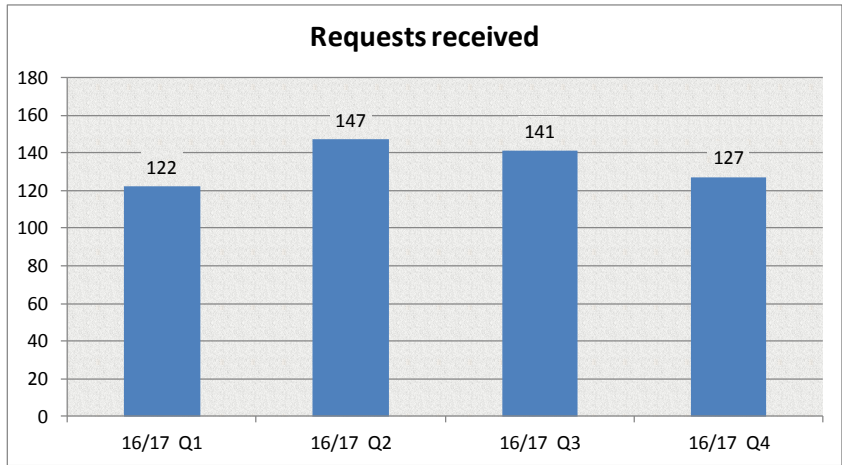
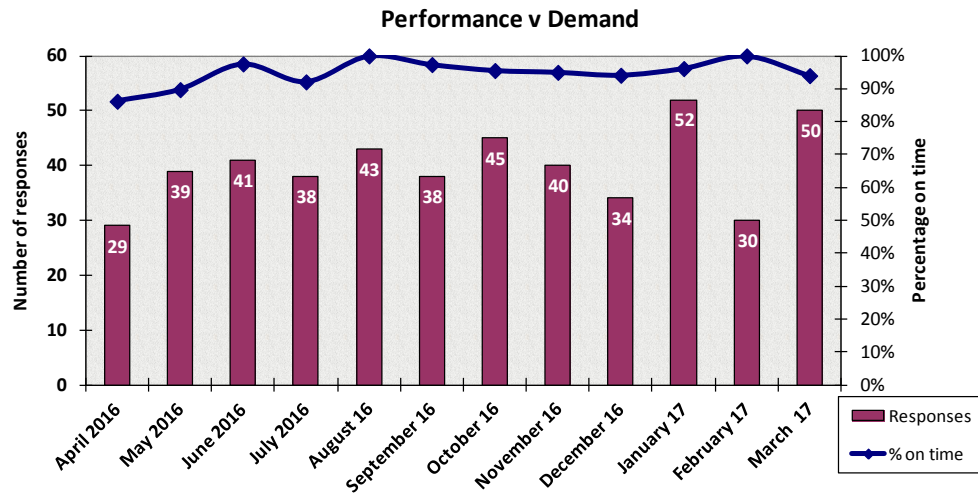


Chart 6.2: Subject Access Requests by Quarter 2016/17

The chart below combines the number of requests responded to with the timescale compliance rate per month.



Overall compliance for the year was 95%, an improvement of 5 % from the previous year, despite an overall increased number of requests.

7 Data Sharing

The Information Governance team has been involved in work to develop and implement data sharing between NHS Borders and the Cheviot Locality team as part of the Public Bodies (Joint Working) (Scotland) Act 2014. A clear direction, using the Scottish Information Sharing Toolkit, was provided to the Locality team and this work will continue during 2017/18. It is intended that this template can then be adopted by the other Locality teams.

8 Information Security

As information technology has become essential in the management of information, it is necessary to ensure there are safeguards in place to enable information to be shared electronically with the right people without compromising confidentiality. This includes the accuracy and completeness of information, the safety of computer systems and software and preventing and minimizing the impact of system malfunctions.

During 2016/17 a survey on IT system vulnerabilities commissioned by the eHealth Leads was prepared and delivered to the Executive and Non-Executive Directors. The report highlighted areas requiring to be strengthened and this work will continue in 2017/18. In relation to this, a gap analysis of compliance with the NHS Scotland Information Security Policy framework was undertaken. The framework is derived from the International Standard for Information Security, ISO 27001, and is considered industry best practice, not just in NHS Scotland. The results of the gap analysis have also highlighted the areas that need to be addressed and a risk analysis to be conducted in Q1 2017/18 will determine the order of priority for tackling these.

The IT Security policy was reviewed and re-issued with only minor amendments. The E-mail policy was also refreshed with amendments to include guidance on emailing patients, following the release of advice from SG/NHS Scotland.

The introduction of the new web filter identified the need for a more in depth review of the Internet policy and this is due to be completed by Q2 2017/18.

Work has continued to formalise other policies and protocols used within IM&T to ensure the systems run effectively across the organisation, and to ensure all staff are aware of their individual responsibilities for information security.

8.1 Standards and Guidance Documentation

Information Governance has a comprehensive library of standards, policies and guidance documents. Where appropriate, these are available on the Information Governance intranet page. During 2016/17 work continued to revise and update theses documents in accordance with good practice guidelines.

8.2 Mobile Computing

IM&T has made further progress in the implementation of handheld devices such as smartphones and tablets to support clinical care. It is important that information security be maintained with these, and the Information Governance team has developed a Mobile Device policy to complement the existing technical security policies, in line with national guidelines, to ensure this is the case. This is a fast developing area and it is expected that further work will be required in 2017/18.

8.3 Privacy Breach Detection Project

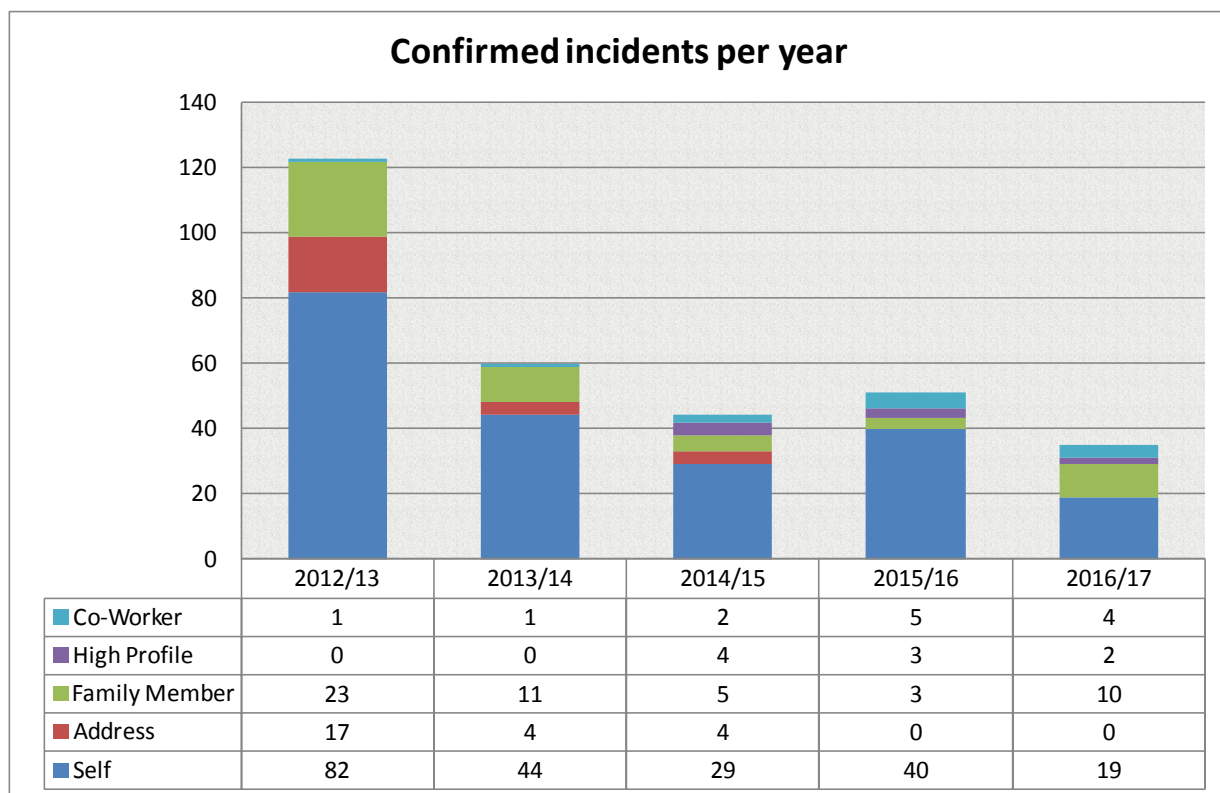
FairWarning the privacy breach detection tool used within NHS Borders has now been in operation for 5 years. The clinical information recording systems and patient management systems used within NHS Borders log the activity of users accessing the systems. FairWarning works by importing this information on a daily basis and collates reports according to predetermined categories, such as staff looking up their own records, or those of neighbours or family. These potential breaches of policy are checked to see whether the staff member is involved in the patient's care or administration. If not, they are forwarded to the appropriate line manager for further investigation.

The number of potential incidents (those where the predefined criteria were met) identified by FairWarning was down by 5% during 2016/17 on the previous year's figures. Of the 8,558 potential incidents only 90 cases were referred to line management for further investigation. This is down 31% on the previous year. As shown in the tables below, the number of confirmed incidents was also down 31% on the previous year to just 35.

The drop in confirmed incidents is attributed to the awareness campaign which was undertaken throughout the year. Several communications were issued via different methods (Team Brief, Staff Update, Information Governance microsite, Featured Advert, etc.).

The breakdown of the confirmed incidents is shown in the chart and table below.

Chart 8.1: Privacy breach detection investigations and outcomes



9 Incident Reporting

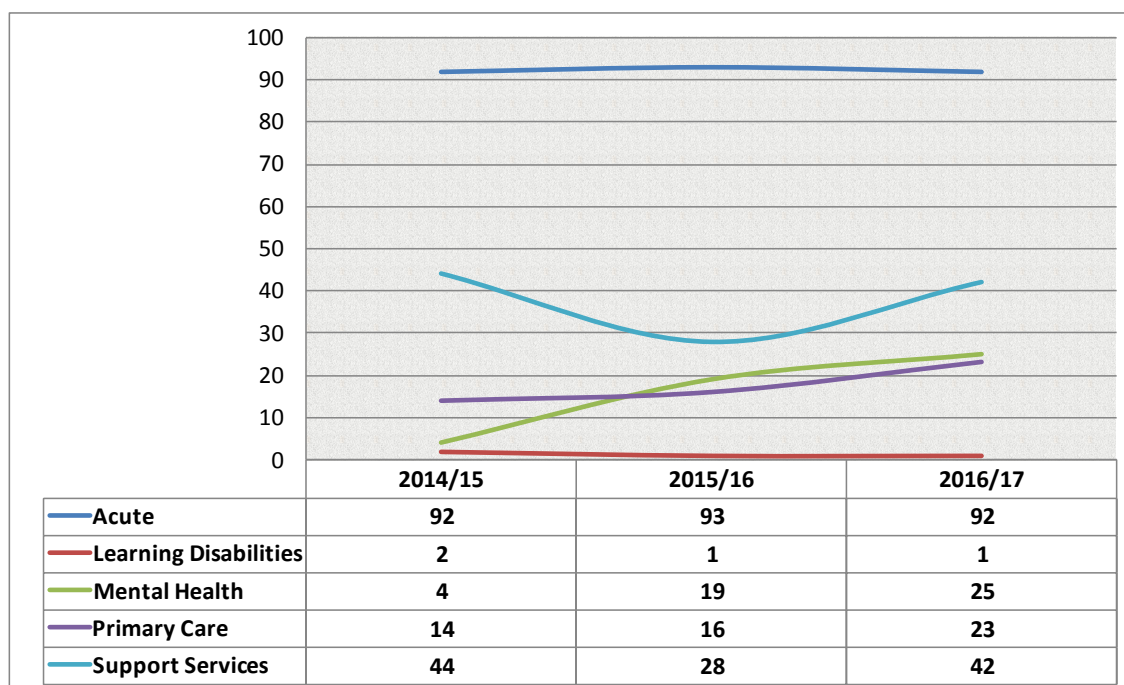
Breaches of data protection and information security are reported through Datix, the NHS Borders electronic incident reporting system. The system provides a record of the incident and the follow up actions and allows members of the Information Governance Team to track and follow up the actions taken. Each incident is investigated, and where appropriate, relevant action taken to address the specific issue. Generally this has involved providing additional education and awareness.

Table 9.1 summarises the incidents reported over the past 12 months. There has been an overall rise in the number of incidents reported, with breaches of confidentiality and failing to secure confidential information seeing the largest increases. There has also been a noticeable upward trend of incidents reported in the Mental Health and Primary Care areas. This may indicate an improvement in the reporting of incidents rather than an increase in the numbers of incidents.

Table 9.1: Summary of Types of Incident

Incident class	Incident Summary	2014/15	2015/16	2016/17
Breach of Confidentiality	Confidential information emailed to inappropriate destination	1	6	6
	Confidential information found in public/inappropriate place	8	8	19
	Confidential information sent to wrong recipient	33	17	28
	Confidential waste left insecure	1	2	2
	Information divulged carelessly	3	6	13
	Information divulged intentionally	2	1	0
	Permitted password to be used by other person	2	1	1
Breach of Confidentiality Total		50	41	69
Failing to Secure	Confidential information emailed without appropriate security	1	1	2
	Confidential information sent but not received	1	2	2
	Hardcopy confidential information sent using inappropriate method	1	2	0
	Hardcopy confidential/sensitive data lost/misplaced/stolen	16	11	25
Failing to Secure Total		19	16	29
Inappropriate Access	Accessed clinical records without due reason (Not FW)	2	3	1
	Accessed family member record (FW)	6	2	6
	Accessed neighbour record (FW)	1	0	0
	Accessed other person's record inappropriately (FW)	1	3	4
	Accessed own record (FW)	27	32	17
	Accessed work colleague record (FW)	3	4	3
	Used password of other person	1	0	3
Inappropriate Access Total		41	44	34
Incorrectly filed	Patient documents/labels found in wrong record	44	47	39
	Patient documents/labels not filed at all or not in correct place in record	2	9	12
Incorrectly filed Total		46	56	51
Grand Total		156	157	183

Table 9.2: Summary of Incidents by reporting Clinical Board



10 Freedom of Information

The Freedom of Information (Scotland) Act 2002 (FOISA) was introduced in January 2005. The Act requires all public authorities in Scotland to make any information they hold available on request. The FOI(S)A protocol is reviewed annually to ensure issues are addressed and to take account of developments in the FOI(S) system.

Each year since its introduction, there has been an increase in the number of requests. The majority of requests continue to relate to the performance of the NHS and particularly to the impact of Government cuts in funding and how this has impacted on Health Boards at a local level.

10.1 Activity

There was a 24% increase in FOI requests in 2016/17 on the previous year. Requests from the media continue to account for the highest volume of work at 29% with those from the Commercial sector having increased to 25% compared to 16% of the previous year. The Scottish Parliament accounted for 22%. The other categories have all roughly stayed the same.

10.2 Response Times

The Act requires that all requests are responded to within 20 working days. During the year 2016/17 our compliance stayed quite consistent at 99%.

The complexity, and sometimes sensitivity, of the FOI requests received can make achieving this compliance rate a challenge.

We continue to actively monitor and take action to ensure breaches are kept to a minimum and support departments to respond to requests within the required timescale. Wherever possible, the applicant is informed in advance of the likely delay and this helps to reduce the likelihood of the applicant complaining to the Scottish Information Commissioner.

Table 10.1: Compliance with statutory deadline

	2016/17	2015/16	2014/15	2013/14	2012/13	2011/12	2010/11
Total number of requests responded to	623	503	527	331	399	326	331
Number of requests answered within 20 working days	619	497	524	243	325	292	298
Number of requests answered in more than 20 working days	4	6	3	88	74	34	33
Median number of days taken to respond	14	14	12	20	19	18	18
Percentage compliance	99%	98%	99%	74%	81%	90%	90%

A full list of all the requests made to NHS Borders can be found on the Information Governance intranet site and on the [NHS Borders website](#).

10.3 Reviews & appeals

Applicants who are unhappy with the response they receive or the way in which the response was handled may ask for a review of their request. If they remain dissatisfied, they may appeal to the Office of the Scottish Information Commissioner.

In 2016/17, four applicants requested NHS Borders undertake an internal review of the handling of their request. Of these cases all responses were upheld.

There were no appeals to the Office of the Scottish Information Commissioner received in this time period.

10.4 Performance monitoring

Quarterly activity reports are produced for the Information Governance Committee. These reports detail the requests made, our response times for answering the requests and where exemptions are applied, among other performance indicators. These reports are published on the staff intranet and the NHS Borders website.

In order to comply with the Act, it is important to ensure the use of exemptions is kept to a minimum. The default position is disclosure and when exemptions are considered, the risks and benefits are taken into account as part of the process. The most common reasons for not providing the applicant with the requested information are that it is already available elsewhere, usually on NHS Borders or another organisation's website. The other main reason an exemption will be applied by NHS Borders is due to the fact we are a small Board and where the data relates to individual people, whether patients or staff we are bound by the Data Protection Act 1998 not to provide data on any statistic that is less than 5, therefore we are required to withhold under Section 38 of the FOISA. This is also in accordance with the Code of Practice for Official Statistics any number that is less than five, actual numbers and potentially identifiable information is withheld to help maintain patient confidentiality due to potential risk of disclosure. Further information is available in the [ISD Statistical Disclosure Control Protocol](#).

Table 10.2: Outcome of requests

	2016/17	2015/16	2014/15	2013/14	2012/13	2011/12
All information released	269	222	202	200	190	165
Information part released	231	206	152	84	137	115
Information not held	123	109	83	67	122	19
Information withheld – cost of compliance	36	27	31	41	83	40
Exemptions applied	171	139	90	22	46	27
Vexatious request	0	0	0	0	0	0
Other (further clarification requested and not provided, invalid request, request withdrawn, redirected)	4	9	7	9	10	11

Note: some responses fall into more than one category

11 Training & Awareness

Training and awareness remains key to successful information governance within any organisation, as much of the national guidance and legislation for information governance is of a technical and detailed nature. Whilst improved IT solutions continue to be put in place, the success of these is in part dependant on staff compliance, and for compliance, staff need to be fully aware of their information governance responsibilities.

In 2016/17, the Information Governance team published several Intranet Featured Adverts. Topics covered included Password use, appropriate use of clinical systems, e-mail security, personally owned devices, and encryption.

11.1 eLearning

All NHS Borders staff are required to be familiar with the concepts and principles of information governance. As well as providing ad hoc face to face training and awareness sessions, an e-learning package is available as part of the suite of mandatory training provided to staff. This provides basic learning in data security, confidentiality and freedom of information to staff by improving their overall awareness of information governance matters.

The Information Governance LearnPro training module has been completely re-written and now relates directly to the Information Governance Code of Conduct. Staff members are required to complete this training module every two years. There was a 6% increase in completion of the module from 2,252 to 2,385 in the last year.

12 Patient Information

NHS Inform is Scotland's national health information service. Their aim is to provide the people in Scotland with accurate and relevant information to help them make informed decisions about their own health and the health of the people they care for.

NHS Inform produce information for patients about their rights, about how to use NHS services, and about what they can expect from the NHS, in particular issues of consent, making a complaint, confidentiality and patient records.

These are also published on our intranet and internet sites together with links to the NHS Inform website.

13 Internal Audit Report 2016/17

An internal audit of Information Governance was carried out during 2016/17 and the report issued in December 2016.

The overall outcome was a grading of Low with the following risks identified:

1. Current policies and guidance in use is not up to date and may result in NHSB not being compliant with legal and regulatory requirements.

Actions: The NHS IGC should:

- (i) Identify what current policies and guidance are overdue for review and develop a timetable to complete this process within the next 6 months
- (ii) Ensure a rolling timetable is in place and built into future IGC agendas to ensure policies and guidance are reviewed and updated in line with the agreed review schedule

Current status: Ongoing – overdue policies and guidance identified and timetable developed for addressing these.

2. Only 59% of the workforce (as at September 2016) had completed the Information Governance online Training Module. Staff may not be aware of the current legal requirements which may result in a breach of the law relating to Information Governance.

Actions: The NHS IGC should:

- (i) Identify staff who have not completed the mandatory e-learning training
- (ii) Request that individual directors develop a plan to ensure that full compliance within the directorate is achieved by 31 March 2017

Current status: Ongoing – Medical Director raised issue with co-directors in BET.

3. FOISA requests may not be responded to correctly, potentially leading to OSIC reviews and decisions being overturned which may result in reputational damage to NHS Borders and a cost to NHS Borders in relation to the investigation and its outcomes

Actions: NHS Borders should:

- (i) Undertake awareness training to enable NHS Borders staff and managers to identify when information requested should be considered under EIR rather than FOISA and the appropriate response and exemptions applied
- (ii) The FOISA SOP should be amended to include a step to consider if the request is for a FOISA or EIR and apply the correct legislation and consider OSIC 051/2009 when responding to the request or when using exemptions to refuse to disclose some elements of the request.

Current status: Complete – the FOI Coordinator has now completed external EIR training to correctly identify FOI and EIR requests and apply the correct exemptions to these. SOP has been amended

14 Best Value

To comply with the governance statement required by the Audit Committee as part of the Board's Annual Accounts process, the Information Governance Committee is required to make reference specifically to any work in year on best value completed by the committee.

The NHS Borders Best Value Framework "Use of Resources" theme focuses on how a Best Value organisation ensures that it makes effective, risk-aware and evidence-based decisions on the use of all of its resources stating. The information Governance committee is specifically responsible for ensuring, *"There is a robust information governance framework in place that ensures proper recording and transparency of all the organisation's activities and supports appropriate exploitation of the value of the organisation's information."*

In this year, the following work has supported the committee in meetings its obligations:

- Respond to the Keeper of the Records of Scotland's comments regarding the draft Records Management Plan and obtain his agreement to our re-submitted final Plan in compliance with the Public Records (Scotland) Act 2011
- Revised IT Security and E-mail policies approved
- Assisting Ward 15 in producing a WiFi policy for child patients in their care
- Reviewing and updating the FairWarning line manager's guide
- Quarterly reporting of activity and performance for monitoring and recommendations by the committee of:
 - Data Subject Access requests
 - Freedom of Information requests
 - Incident reports
 - E-learning modules completed
 - Confidentiality statements signed

15 Issues & challenges for 2017/18

Although most of the elements of work which make up information governance are well established within NHS Borders, delivery of the Information Assurance Strategy for 2015-17 from the Scottish Government and implementation of the Records Management Plan will continue to provide a focus for developing these areas of the service.

In addition, the implementation of the European General Data Protection Regulations (GDPR) from May 2018, given that this will largely replace the current Data Protection Act, will introduce significant challenges to ensure NHS Borders is ready to be compliant with these.

15.1 The Public Records (Scotland) Act 2011

The Public Records Scotland Act, 2011 (PRSA) brings new standards of record management and accountability to the public sector with the aim of improving efficiency. Some elements have already been implemented, but the wider task of developing organisation wide plans and systems will continue to require involvement from the Information Governance team in the coming year.

15.2 The European General Data Protection Regulations (GDPR)

The European General Data Protection Regulations (GDPR) is a significant update to the Data Protection Act 1998 requiring all organisations that process personal data of EU residents to comply with it. The biggest changes to current legislation are

- Consent must be explicit and provable (opt-in, not opt-out)
- Data breaches must be reported to a “Supervisory Authority” within 72 hours
- Fines for non-compliance up to 20 million EUR
- Shortening of time limit to respond to Subject Access Requests to one month (from 40 days)
- Information in relation to a Subject Access Request must be provided free of charge
- Must be able to provide information in a commonly used electronic format
- Increased transparency of data processing – must publish data privacy notices

It should also be noted that currently the annual fee for registration with the Information Commissioner’s Office (ICO) is £500. This is a statutory requirement. When the GDPR comes into force the registration with the ICO will cease however it has been reported that the Government will introduce a replacement fee that data controllers will have to pay. This is expected to be considerably more than the current £500.

15.3 Raising awareness

During 2016/17 the Information Commissioner took enforcement action against several health organisations in the UK for breaching data protection. This action included five Monetary Penalty Notices and eight Undertakings to improve compliance being issued. There were also four prosecutions of individuals who had accessed patient records inappropriately. Although no action was taken against any Scottish Health organisation two Local Councils in Scotland were subject to enforcement action against them. The message is very clear, there will be no leniency shown for the public sector and organisations need to be confident that all staff members are provided with the knowledge and awareness to ensure standards can be maintained.

Continued training and awareness will be required to maintain this message and safeguard personal information. Further use of the Featured Advert facility and attendance at team meetings to remind staff of their Information Governance obligations are all planned for the coming year.

15.4 Incident reporting

Increased levels of awareness material, in the form of Featured Intranet Adverts, will have contributed to keeping the incident numbers low. Work will continue to ensure staff and managers are aware of what constitutes an information governance incident. We will continue to work with managers to improve on follow up of incidents.

15.5 Resources

The Information Governance Officer post helps us to meet commitments within the eHealth strategy to strengthen IG arrangements. This is currently funded non-recurrently from eHealth Strategy allocations. With the increasing focus on information governance, it is important that the information governance team is appropriately resourced for the longer term.

Statement of Approval

This report has been produced in line with the NHS Borders Annual Accounts for the year ended 31 March 2016. The Information Governance Committee is a governance committee which reports to Borders NHS Board. This report provides assurance to Borders NHS Board that it is fulfilling its statutory obligations in the field of information governance.

Approved by: Cliff Sharp, Medical Director

Signed:

A handwritten signature in black ink, appearing to read 'Cliff Sharp', written over a horizontal line.

Date: 23rd May 2017

Appendix 1: Information Governance Committee Membership

Andrew Murray	Medical Director, Chair (until December 2016)
Tim Patterson	Caldicott Guardian, vice chair
Evelyn Rodger	Director of Nursing & Midwifery
Jackie Stephen	Head of IM&T
George Ironside	Senior Health Information Manager
June Smith	Director of Workforce and Planning, Senior Information Risk Owner (SIRO)
John McLaren	Area Partnership Forum
Laura Jones	Head of Quality and Clinical Governance (until December 2016)
Helen Clinkscale	Training & Professional Development
Viv Buchan	Finance
Angela Trueman	Patient & Public Involvement (from March 2017)
Representation from General Manager/Service Manager – Acute, Mental Health and Primary Care	

In attendance

Ian Merritt	Information Governance Lead
Julie Dickson	Information Governance Officer
Carol Graham	Freedom of Information Officer
Jill Bolton	Committee Administrator

Appendix 2: Dates of Meetings and Attendees

14 June 2016

George Ironside	Senior Health Information Manager (Chair)
Joy Dawson	Research Governance Coordinator (for Laura Jones)
Yvonne Chapple	Partnership (for John McLaren)
Shirley Burrell	Partnership (for John McLaren)
Alasdair Pattinson	General Manager

In attendance:

Ian Merritt	Information Governance Lead
Julie Dickson	Information Governance Officer
Carol Graham	Freedom of Information
Jill Bolton	Minutes

13 September 2016

Tim Patterson	Caldicott Guardian (Chair)
George Ironside	Senior Health Information Manager
John McLaren	Partnership
Karen Maitland	Clinical Governance and Quality (for Laura Jones)

In attendance:

Ian Merritt	Information Governance Lead
Julie Dickson	Information Governance Officer
Carol Graham	Freedom of Information
Jill Bolton	Minutes

13 December 2016

Dr Andrew Murray	Medical Director (Chair)
Tim Patterson	Caldicott Guardian
George Ironside	Senior Health Information Manager
John McLaren	Partnership
Kim Carter	Finance
Anne Palmer	Clinical Governance and Quality (for Laura Jones)

In attendance:

Ian Merritt	Information Governance Lead
Julie Dickson	Information Governance Officer (minutes)
Carol Graham	Freedom of Information

07 March 2017

June Smyth	Director of Workforce and Planning, SIRO (Chair)
George Ironside	Senior Health Information Manager
Ros Gray	Clinical Governance
Kath Liddington	Professional Training and Development
John McLaren	Partnership
Angela Trueman	Public Member

In attendance:

Ian Merritt	Information Governance Lead
Julie Dickson	Information Governance Officer
Carol Graham	Freedom of Information
Jill Bolton	Minutes