Wirral Community NHS
NHS Trust

Quality Dashboard
01 – 30 September 2015

Meeting	Trust Board		
Date	07 October 2015	**Agenda item**	**10**
Lead Director	Ewen Sim, Medical Director Sandra Christie, Director of Nursing and Performance		
Author(s)	Paula Simpson, Deputy Director of Nursing Edd Berry, Head of Business Intelligence		

To Approve ☐	**To Note** ☐	**To Assure** ☑

Link to the Board Assurance Framework:

The Quality dashboard provides assurance to the board of the delivery of safe, effective and quality services and a monthly high level summary of achievement against the organisations quality goals.
The dashboard provides assurance against the following principle risks in the BAF:
01a. Patient safety risks are not recognised, reported or acted upon
01c. Failure to deploy the right number of staff with the right skills
02a. Patient experience is not recognised, reported or acted upon
05a. Failure to identify and understand key stakeholders, their needs and wants to effectively manage relationships
08a. Failure to manage contractual relationships
11a. Failure to engage with, or ineffective engagement with staff
15a. Lack of knowledge transfer to support change
15b. Innovation opportunities are not recognised, reported or acted upon

Identified risks:

Risk ID 651, missed administration of insulin
Risk ID 182, avoidable community acquired Grade 3/4 pressure ulcer development
Risk ID 727, repeated Never Event, wrong tooth extraction
Risk ID 673, Safeguarding supervision

Financial implications:

None identified

Has an Equality Impact Assessment been completed?	**Yes** ☐	**No** ☑

Does this proposal represent any service improvement or redesign?	**Yes** ☐	**No** ☑

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Paper history
Has a committee of the board reviewed this paper?

Submitted to	Date	Brief Summary of Outcome
		Submitted to trust board monthly for assurance

Link to strategic objectives - 2014-19 *(please tick those supported by this paper)*			
We will deliver safe and effective patient care	✓	We will further develop and maintain a competent, caring and flexible workforce	✓
We will deliver a positive experience of our services	✓	We will continuously develop the organisation including leadership at every level of the organisation	
We will engage effectively with the patients and communities we serve	✓	We will effectively engage with our staff to deliver our strategic objectives	✓
Reducing health inequalities will be integral to all service developments and delivery		We will optimise the use of our resources	
We will effectively manage and develop our relationships with our current and new commissioners and stakeholders	✓	The delivery of sustainable clinical services will be supported by corporate services	✓
We will defend and grow our core business		We will effectively manage our finances and fully deliver our efficiency programme	
We will lead the delivery of out of hospital integrated care		We will deliver transformation supported by innovation and research	✓
We will deliver to the expectations of our commissioners and demonstrate quality and value	✓		

Wirral Community NHS Trust

Wirral Community NHS Trust
Quality Dashboard
01 – 30 September 2015

Purpose

1. The purpose of this monthly report is to present the organisations quality dashboard to the board and to provide assurance of the delivery of safe, effective and quality services in a monthly high level summary of achievement against the organisations quality goals for the reporting period 01 – 30 September 2015.

Executive Summary

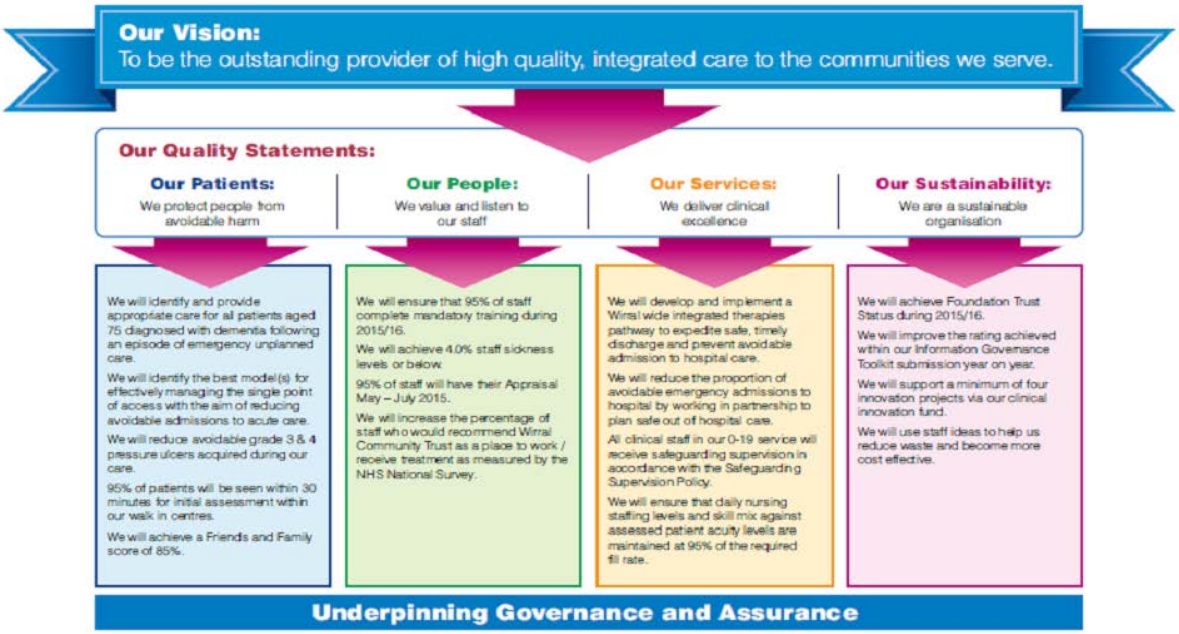
2. Wirral Community NHS Trust Board recognises that quality is an integral part of their business strategy and for the Trust to be most effective; quality must become the driving force of the organisation's culture.

3. We are committed to ensuring that quality forms an integral part of its philosophy, practices and business plans and that responsibility for driving this is accepted at all levels of the organisation.

Main Body

4. The five year quality strategy is structured around the organisations strategic priorities which are; Our Patients, Our People, Our Services and Our Sustainability.

5. The quality goals which are aligned to each of those strategic priorities are:



6. From July 2015, the quality goals agreed within our 2014/15 Quality Account form the basis of a new quality dashboard.

7. The quality dashboard is a live system which will be viewed by the board.

8. This ensures that the board has very current, live information on the current quality goals and can direct the work of the Quality and Governance Committee accordingly.

9. The Quality and Governance Committee is the responsible committee for ensuring any trends or concerns identified in today's quality dashboard review are monitored and the appropriate action taken to improve patient care.

10. Definitions for all quality indicators included in the 2015/16 are listed in **Appendix 1**.

11. The boards is asked to note the following quality risks listed in today's presentation of the quality dashboard:

Quality Risk	**Risk ID**	**Risk Score**	**Action Taken to Mitigate Risk**	**Current RAG Rating**	**Target Risk Score and Expected Date for Achievement**
Avoidable community acquired Grade 3/4 pressure ulcer development	182	15	Pressure ulcer champion in each team. Learning from RCA investigations shared across the patient care pathway via the Harm Free Care Collaborative meetings. Review of the use of the Waterlow tool to Braden score as per wider economy. Full functionality of safety thermometer tool to be utilised to ensure robust analysis of data to drive identification of pressure ulcer continuous quality improvement work. PUMDR meetings every 2 weeks which include a MDT and individual teams are invited to discuss any patients with a grade 3 or above pressure ulcer community acquired.		8 30/11/2015
Insulin related medication incidents	651	12	Use of flagging system in electronic patient record to identify areas of known high clinical risk or known high risk of human error, for example administration of two different types of insulin in one patient visit. Use of injectable tool throughout all community nursing teams, supported by enhanced communication, and clear identification of each expected patient visit Use of patient safety 'at a glance' white boards at all community nursing bases to ensure key medication safety lessons are disseminated to all staff. Patient Safety Handover huddle pilot to be rolled out to all Community Nursing teams. Quality goal for zero insulin		4 31/12/2015

			related medication incidents added to quality dashboard and to be communicated to all teams		
Repeated Never Event, wrong tooth extraction	727	8	External RCA underway. Initial action plans for both incidents recorded under W8576 and W11503. Alert notice sent to staff. An NHS England never event - wrong tooth extraction presentation circulated. Patient safety articles circulated from BDJ Introduced "stop and pause" and second checker "Mark my tooth circulated to all Wirral CT dentists Discuss at next team meeting		4 20/10/2015

Board Action

12. The board is asked to note the quality dashboard for 01– 30 September 2015 and be assured by the actions in place to improve.

Ewen Sim
Medical Director
Sandra Christie
Director of Nursing and Performance

Contributors:
Paula Simpson
Deputy Director of Nursing
Edd Berry
Head of Business Intelligence

Appendix 1 Quality Dashboard Definitions

I		Source of Data	Annual Tolerance	Definition
Our Patients and Communities				
1.	Avoidable WCT Acquired grade 3 & 4 pressure ulcers	Datix	≤ 9: Green 10-11: Amber ≥ 12: Red	Avoidable pressure ulcers meant that the person receiving care developed a pressure ulcer and the provider of care did not do one of the following: • Evaluate the person's clinical condition and pressure ulcer risk factor • Plan and implement interventions that are consistent with the persons needs and goals • Recognised standards of practice • Monitor and evaluate the impact of the interventions • Revise the interventions as appropriate As defined by Department of Health
2.	95% of Harm free Care for patients in receipt of community nursing services	Safety Thermometer Tool: Head of Governance and Patient Safety	≥ 95%: Green 93-94%: Amber ≤ 92%: Red	Developed for the NHS by the NHS as a point of care survey instrument, the NHS Safety Thermometer provides a 'temperature check' on harm that can be used alongside other measures of harm to measure local and system improvement. The tool is used within the Trust's Community Nursing Service; with the aim of achieving the National goal of delivering 95% harm free care to patients.
3.	Compliance with contractual Duty of Candour	Head of Governance and Patient Safety	100% Compliance: Green 1 Breach: Amber ≤ 2 Breaches: Red	The contractual duty of candour applies to patient safety incidents that occur during care provided under the NHS Standard Contract and that result in moderate harm, severe harm or death (using NPSA definitions) that are reported to local risk management systems. Of the moderate, severe or death harms reported the provider must provide assurance of the following; 1. Patient or their family/carer must be informed within at most 10 working days of the incident being reported to local systems. 2. The initial notification must be verbal 3. An apology must be provided

				4. A step-by-step explanation 5. Full written documentation of any meetings must be maintained 6. Any incident investigation reports must be shared within 10 working days of being signed off as complete and the incident closed by the relevant authority (Board, Medical Director, commissioner etc.). 7. Providers should inform the patient's commissioner (and lead commissioner if appropriate) when they are communicating with a patient and their family/carers about an incident. Further details included within NHS Standard Contract (Technical guidance 2014/15)
4.	Medication incidents attributed to Trust staff resulting in significant patient harm	Datix	0: Green ≤ 4: Amber ≥ 5: Red	Patient safety incidents attributed to WCT staff involving an error in the process of prescribing, preparing, administering, monitoring or providing advice on medicines resulting in serious patient harm Ref: NHS England (2014) Improving medication error incident reporting and learning
5.	Controlled drugs incidents	Datix	0: Green ≤ 4: Amber ≥ 5: Red	Incidents where there is either • potential for or actual diversion of controlled drugs or • illegal use or possession of controlled drugs Locally agreed definition.
6.	Serious untoward incidents	Datix	No Rag rated Tolerance set due to national changes in reporting criteria	The revised Serious Incident Framework published in March 2015. Builds on previous guidance that introduced a systematic process for responding to serious incidents in NHS-funded care. It replaces the National Patient Safety Agency (NPSA) National Framework for Reporting and Learning from Serious Incidents Requiring Investigation (2010) and NHS England's Serious Incident Framework (March 2013). Serious Incidents are events in health care where the potential for learning is so great, or the consequences to

				patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to provide a comprehensive response. Ref: http://www.england.nhs.uk/wp-content/uploads/2015/04/serious-incidnt-framwrk-upd.pdf
7.	Zero never events	Datix	0: Green ≥ 1: Red	Serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare provider. Ref: NHS England (2013) Serious Incident Framework
8.	Zero avoidable healthcare associated infections	Datix/Head of IPC	0: Green 1+: Red	MRSA blood stream infections become exceptional events i.e. events that could not have been prevented. Ref: http://www.england.nhs.uk/wp-content/uploads/2014/04/mrsa-pir-guid-april14.pdf Clostridium Difficle – infection due to lapse in care Ref: to http://www.england.nhs.uk/ourwork/patientsafety/associated-infections/clostridium-difficile/
9.	Information governance incidents at level 2 reported via the Toolkit	Datix	≤ 2: Green 3-5: Amber ≥ 6: Red	Level 2 IG SIRI's are sufficiently high profile cases or deemed a breach of the data protection act or Common Law Duty of Confidentiality. Ref: Health and Social Care information centre (2013) Checklist Guidance for reporting, managing and investigating information governance serious incidents requiring investigation
10.	Patients seen within 30 minutes for initial assessment within our Walk in Centre's	Emis	≥ 95% Green 85% - 94% Amber ≤84%	Quality improvement following CQC inspection visit (September 2014)
11.	Number of Datix incidents reported	Datix	Normal variation noted: Green Special cause variation: Red	All Datix incidents reported over a 12 month period
12.	Patient Safety Incidents reported	Datix	Normal variation noted: Green	Any unintended or unexpected incident that could have led or did lead to harm for one or more patients receiving

			Special cause variation: Red		NHS-funded healthcare reported over a 12 month period.
13.	Number of near misses reported	Datix	Normal variation noted: Green		A near miss is any incident that had the potential to cause harm but was prevented; resulting in no patient harm reported over a 12 month period.
			Special cause variation: Red		
14.	95% of staff feel confident and able to raise concerns about patient safety and effectiveness of care	Trust Board Secretary	≥ 95%: Green 90-94%: Amber ≤ 89%: Red		Identified as a priority in the Francis Enquiry (2013) The Mid Staffordshire NHS Foundation Trust Public Inquiry Data collected via Leadership Walkrounds
15.	A monthly Friends and Family score of 85%	Head of Governance and Patient Safety	≥ 85%: Green 80 – 84%: Amber ≤ 79: Red		The FFT is a feedback tool which offers patients of NHS-funded services the opportunity to provide feedback about the care and treatment they have received. The FFT tool combines a simple question, asking patients how likely they would be to recommend the service they have received to their friends and family; with at least one complementary follow-up question to enable patients to provide further detail about their experience. The introduction of the FFT across all NHS services is an integral part of the NHS England Business Plan for 2015/16.
Our Services					
16.	95% of CQUIN targets achieved	Quality Manager	All milestones achieved	Green	Quarterly reporting against agreed milestones associated with agreed CQUIN Schemes
			Milestones partially achieved	Amber	
			CQUIN at risk of non-completion	Red	
17.	Progress against the Annual Clinical Audit cycle	Head of Governance and Patient Safety	All milestones achieved	Green	Quarterly progress report against clinical audit programme implementation
			Milestones partially achieved	Amber	

			CQUIN at risk of non-completion	Red	
18.	Progress against the Annual quality improvement programme	Head of Governance and Patient Safety	All milestones achieved	Green	Quarterly progress report against clinical audit programme implementation
			Milestones partially achieved	Amber	
			Quality improvement projects at risk of non-completion	Red	
19.	All staff in 0-19 service receive safeguarding supervision in line with safeguarding supervision policy	Named Nurse for safeguarding	≥ 95%: Green 90-94%: Amber ≤ 89%: Red		Quarterly reporting against compliance with implementation of safeguarding supervision policy
20.	Nursing staffing levels are maintained at 95% fill rate	Divisional Manager Adult and Community Services	≥ 95%: Green 90-94%: Amber ≤ 89%: Red		Monthly reporting against fill rate relating to locally determined establishment within community nursing service
Our People					
21.	95% of staff complete mandatory training during 2015/16	Performance Team	≥ 95%: Green 90-94%: Amber ≤ 89%: Red		Quarterly reporting against trajectory for completion of mandatory training throughout 2015/16
22.	4% staff sickness levels	Head of HR	≤ 4%: Green 4.1 – 4.5%: Amber ≥ 4.6%: Red		Monthly reporting against staff sickness levels
23.	95% of staff will have an annual appraisal May-July 2015	Head of HR	≥ 95%: Green 90-94%: Amber ≤ 89%: Red		Annual reporting at end of Q2 against this indicator

24.	Increase in % of staff recommending WCT as a place to work	Head of HR	Tolerances still to be set		Annual reporting measured by NHS Staff Survey
Our Sustainability					
25.	Improve rating achieved within IG Toolkit submission	Head of Governance and Patient Safety	≥ 10 standards at level 2	Green	Annual reporting following IG Toolkit Submission March 2016
			7-9 standards at level 2	Amber	
			≤ 6 standards at level 2	Red	
26.	Support four innovation projects via clinical innovation fund	Head of Governance and Patient Safety	All milestones achieved	Green	Quarterly reporting against clinical innovation fund plan
			Milestones partially achieved	Amber	
			Clinical innovation plan at risk of non-completion	Red	
27.	Using staff ideas to help reduce waste and become more cost effective	Head of Governance and Patient Safety	All milestones achieved	Green	Quarterly reporting against staff ideas and CIP innovation plan
			Milestones partially achieved	Amber	
			Plan at risk of non-completion	Red	

Wirral Community NHS
NHS Trust

Annual Caldicott Guardian Report 2014/15

Meeting	Trust Board		
Date	07 October 2015	**Agenda item**	**11**
Lead Director	Dr Ewen Sim, Medical Director / Caldicott Guardian		
Author(s)	Claire Wedge, Head of Governance and Patient Safety / I.G. Lead		

To Approve ☐	**To Note** ☐	**To Assure** ☑

Link to the Board Assurance Framework:

The Annual Caldicott Guardian Report provides assurance to Wirral Community NHS Trust Board of activity undertaken across the organisation for the reporting period 01 April 2014 – 31 March 2015, in relation to the Trust's requirements to demonstrate compliance with relevant Information Governance legislation including Caldicott Principles, Code of Confidentiality and Data Protection Act 1998.

Identified risks:

As identified within the body of the report

Financial implications:

As outlined within the report

Has an Equality Impact Assessment been completed?	**Yes** ☐	**No** ☑

Not applicable.

Does this proposal represent any service improvement or redesign?	**Yes** ☐	**No** ☑

Not applicable.

Paper history

Has a committee of the board reviewed this paper?

Submitted to	Date	Brief Summary of Outcome
No previous report history.		

Link to strategic objectives - 2014-19 *(please tick those supported by this paper)*			
We will deliver safe and effective patient care	✔	We will further develop and maintain a competent, caring and flexible workforce	✔
We will deliver a positive experience of our services	✔	We will continuously develop the organisation including leadership at every level of the organisation	✔
We will engage effectively with the patients and communities we serve	✔	We will effectively engage with our staff to deliver our strategic objectives	✔
Reducing health inequalities will be integral to all service developments and delivery	✔	We will optimise the use of our resources	✔
We will effectively manage and develop our relationships with our current and new commissioners and stakeholders	✔	The delivery of sustainable clinical services will be supported by corporate services	✔
We will defend and grow our core business	✔	We will effectively manage our finances and fully deliver our efficiency programme	✔
We will lead the delivery of out of hospital integrated care	✔	We will deliver transformation supported by innovation and research	✔
We will deliver to the expectations of our commissioners and demonstrate quality and value	✔		

Annual Caldicott Guardian Report 2014/15

Purpose

1. The purpose of this annual report is to provide assurance to Wirral Community NHS Trust Board of activity undertaken across the organisation for the reporting period 01 April 2014 – 31 March 2015, in relation to the Trust's requirements to demonstrate compliance with relevant Information Governance legislation including Caldicott Principles, Code of Confidentiality and Data Protection Act 1998.

Executive Summary

1. A key recommendation of the Caldicott report (1997) was the appointment to all health and social care organisations of a Caldicott Guardian. The Caldicott Guardian should be, in order of priority: an existing member of the management board of the organisation; a senior health or social care professional; the person with responsibility for promoting clinical governance within the organisation.

2. The Caldicott Guardian role is advisory and accountable for that advice; is the conscience of the organisation; provides a focal point for patient/service user confidentiality & information sharing issues; is concerned with the management of patient/service user information.

3. Wirral Community NHS Trust's Caldicott Guardian is the Medical Director.

4. Acting as the 'Conscience' of an organisation, the Guardian should actively support work to facilitate and enable information sharing and advise on options for lawful and ethical processing of information as required. They are responsible for representing and championing Information Governance requirements and issues at board/senior management team level within the organisation's overall governance framework and should advise the board/senior management team of any issues relating to confidentiality and data protection assurance.

5. Staff should be advised to seek assistance from the Caldicott Guardian where necessary, with examples being: a request from the police for access to patient information; requests from patients to delete their records; an actual or alleged breach of confidentiality.

Rationale and Implications

6. This is the fourth Caldicott Guardian Annual Report for Wirral Community NHS Trust and provides an overview of:

    - The role of the Caldicott Guardian
    - Key achievements
    - Analysis of incidents
    - Learning from incidents
    - Future plans.

Conclusion

7. All patient related Caldicott information Governance incidents are investigated and lessons learnt shared within the organisation and with external partners as appropriate.

8. The Information Governance Group monitors information governance incidents and the action plans which relate to them.

Board Action

9. The board is asked to accept this report and be assured of the processes in place to ensure compliance with relevant Information Governance legislation including Caldicott Principles, Code of Confidentiality and Data Protection Act 1998.

Dr Ewen Sim
Medical Director

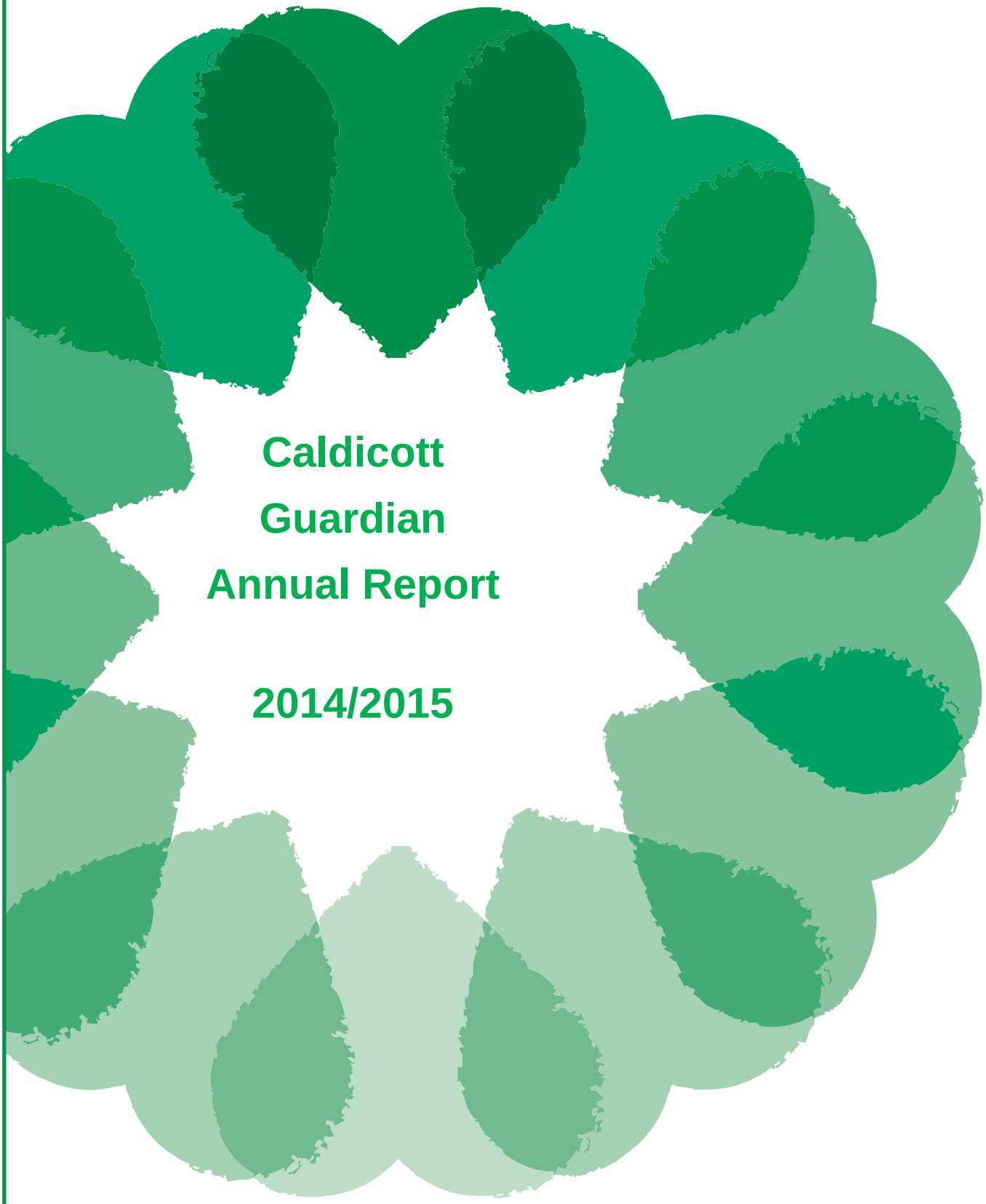
Claire Wedge
Head of Governance and Patient Safety / I.G. Lead

Wirral Community NHS

NHS Trust

Caldicott Guardian Annual Report

2014/2015



POSITIVE ABOUT DISABLED PEOPLE

MINDFUL EMPLOYER

for you, with you

1. Background

The purpose of this annual report is to provide assurance to Wirral Community NHS Trust Board of activity undertaken across the organisation for the reporting period 01 April 2014 – 31 March 2015, in relation to the Trust's requirements to demonstrate compliance with relevant Information Governance legislation including Caldicott Principles, Code of Confidentiality and Data Protection Act 1998.

This is the fourth Caldicott Guardian Annual Report for Wirral Community NHS Trust and provides an overview of the role of the Caldicott Guardian, key achievements, analysis of incidents, learning from incidents and future plans.

The Caldicott Principles:

1. Justify the purpose(s)
Every proposed use or transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed, by an appropriate guardian.

2. Don't use personal confidential data unless it is absolutely necessary
Personal confidential data items should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose(s).

3. Use the minimum necessary personal confidential data
Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data is transferred or accessible as is necessary for a given function to be carried out.

4. Access to personal confidential data should be on a strict need-to-know basis
Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.

5. Everyone with access to personal confidential data should be aware of their responsibilities
Action should be taken to ensure that those handling personal confidential data — both clinical and non-clinical staff — are made fully aware of their responsibilities and obligations to respect patient confidentiality

6. Comply with the law
Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.

7. The duty to share information can be as important as the duty to protect patient confidentiality
Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

What this means for organisations within health or social care:

- Boards or their equivalents will make sure that their organisation has due regard for information governance

- Employing organisations will adhere to the principles of the Caldicott Report and the NHS Constitution on data sharing in their efforts to improve care and support for the benefit of patients and people who use services.

- Employing organisations will help professionals to share information appropriately in order to help to integrate care and improve services.

- Organisations will be open and honest – explaining and apologising if a data breach happens, and taking action to prevent it happening again.

- Organisations will have a Caldicott Guardian or a Caldicott lead and will offer suitable training and education for all staff on information governance.

2. The Role of the Caldicott Guardian

The Caldicott Guardian should be, in order of priority: an existing member of the management board of the organisation; a senior health or social care professional; the person with responsibility for promoting clinical governance within the organisation.

The Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing.

Wirral Community NHS Trust's Caldicott Guardian is Dr Ewen Sim, Medical Director

Acting as the 'Conscience' of an organisation, the Guardian should actively support work to facilitate and enable information sharing and advise on options for lawful and ethical processing of information as required. They are responsible for representing and championing Information Governance requirements and issues at Board/Senior Management Team level within the organisation's overall governance framework and should advise the Board/Senior Management Team of any issues relating to confidentiality and data protection assurance.

Staff should be advised to seek assistance from the Caldicott Guardian where necessary, with examples being: a request from the police for access to patient information; requests from patients to delete their records; an actual or alleged breach of confidentiality.

A guide to confidentiality in health and social care: Treating confidential information with respect

A five-rule guide designed to strike the right balance between sharing and protecting personal confidential information has been launched. Produced by the Health and Social Care Information Centre, the guide starts from the historic cornerstone of medical practice that promises confidentiality between doctor and patient. Yet it also recognises that patients, users of social care and the wider public can all reap the benefits from the sharing of information about their care.

The new guidance sets out five, easy to remember rules to help health and care staff make sure they deal with confidential patient information safely and securely. There will now be no excuse for uncertainty about how data should be shared.

The guide is supported by a references document which provides more detailed information for organisations and examples of good practice.

The five confidentiality rules are as follows:

Rule 1: Confidential information about service users or patients should be treated confidentially and respectfully.

Rule 2: Members of a care team should share confidential information when it is needed for the safe and effective care of an individual.

Rule 3: Information that is shared for the benefit of the community should be anonymised.

Rule 4: An individual's right to object to the sharing of confidential information about them should be respected.

Rule 5: Organisations should put policies, procedures and systems in place to ensure the confidentiality rules are followed.

3. Achievements 2014/15

The following were achieved during the reporting period 01 April 2014 – 31 March 2015 in relation to Information Governance (Caldicott):

- Level 2 compliance with Information Governance Toolkit achieved, with level 3 in 24% of requirements. (Version 12).This is an increase from 13% compliance at level 3 achieved in 2013/14.

- The mandatory e-learning Information Governance training was successfully completed by 96% of staff across the Trust. This forms part of the IG Toolkit requirement.

- The profile of Information Sharing Agreements and Caldicott Sign Off Agreements within the Trust continues to be raised by the Information Governance Group. All agreements are presented to the Group either for approval or information on renewal.

- The Datix incident reporting system automatically alerts the Caldicott Guardian when incidents involving patient confidentiality occur. Each incident is investigated promptly and learning can be disseminated across the organisation in a timely manner.

- In accordance with the Incident Reporting Policy, and where appropriate, incidents involving patient confidentiality are escalated to an SBAR investigation (Situation, Background, Assessment and Recommendations)

- A dashboard for Information Governance Incidents has been created on the Datix incident reporting system which enables trend analysis to be conducted and highlighted to the IG Group. This information is then reported to the Quality and Governance Committee. Incidents which score above 12 on the Risk Register are added to the Organisation Risk Register. These are monitored by the IG group but also discussed at QPER.

- The Information Governance Group continues to meet on a monthly basis. The group ensures the effective management of Wirral Community NHS Trust's Information Governance processes and provides information and assurance to the Quality and Governance Committee regarding how risks are being managed within the organisation relating to Information Governance.

- Information Governance Compliance Audits during the 2015/2016 cycle will continue to focus on issues raised through previous incidents. This will provide the Trust with evidence for the IG Toolkit showing lessons learnt and will highlight areas for training and development. The results of the audits are reported at the Information Governance Group.

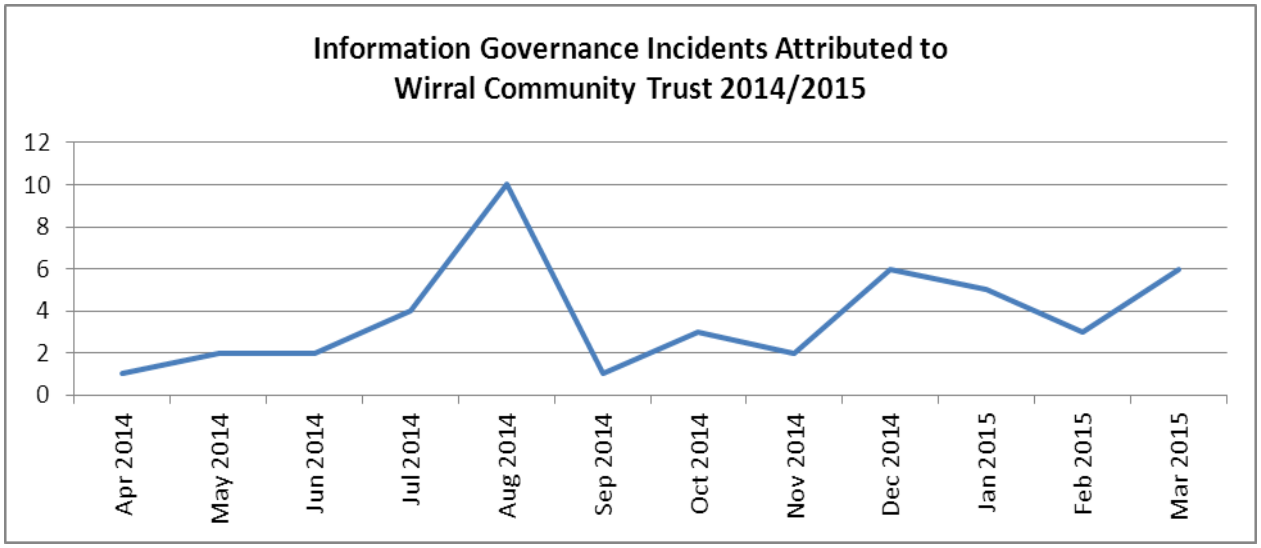
- Data for Freedom of Information requests and Subject Access requests are presented to the Information Governance Group on a monthly basis. This tracks the Trust compliance with legal requirements.

- The Code of Conduct for Handling Personal Identifiable Information has been reviewed, signed by the Chief Executive Officer, the SIRO and the Caldicott Guardian.

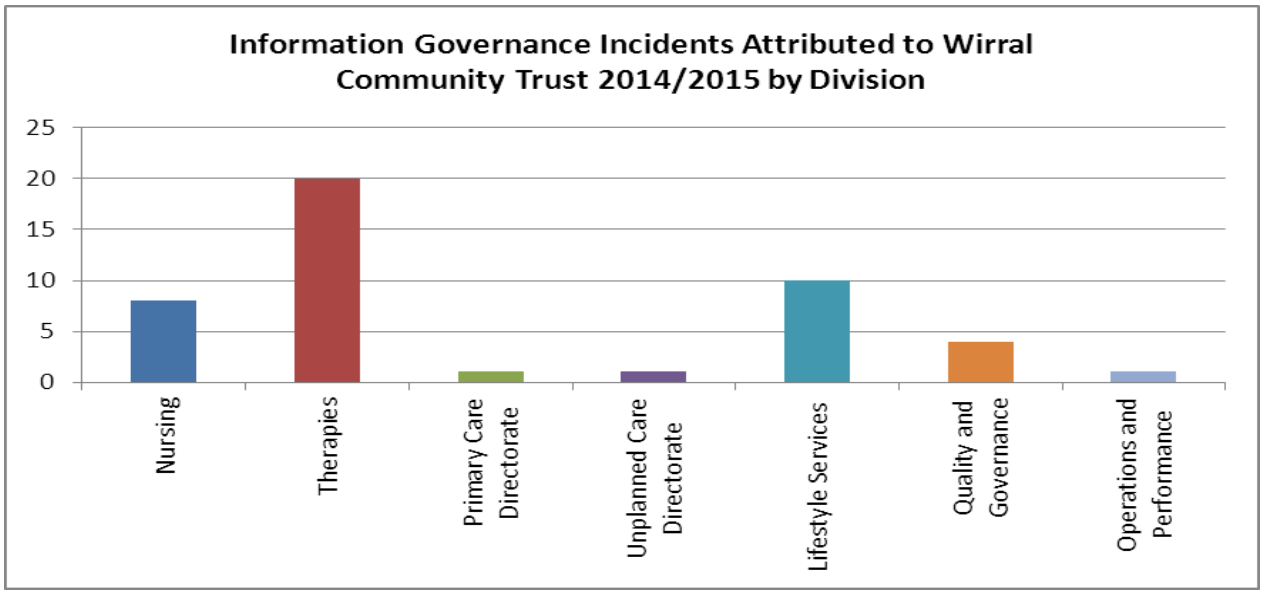
4. Information Governances Policies

Policy Number	Name of Policy or Document
IG01	Information Governance Policy
IG02	Information Lifecycle Policy
IG03	Information Governance Strategy
IG04	Caldicott and Data Protection Policy
IG05	Procedure for Record Keeping for Unplanned Care
IG06	Procedure for Record Keeping for Health Visiting
IG07	Procedure for Record Keeping and Team Diary Management for Community Nursing
	Code of Conduct for Handling Personal Identifiable Information
	Guidance to Information Sharing in Wirral
	Protecting Privacy leaflet
	Protecting Privacy leaflet Easy Read Version
	What You Should Know About Information Governance Leaflet
IG08	SOP Record Keeping for Livewell Service
IG09	Freedom of Information Policy
IG12	Information Asset Risk Assessment & Management Security Standard
IG13	Mobile Computing Security Standard
IG14	Remote Working Standard
IG15	Confidentiality Audit Standard
IG16	Plan to Identify Outstanding Information Assets
IG17	Information Security Assurance Plan

Graph showing the number of Incidents Attributable to Wirral Community Trust during the period from 01/04/2014 to 31/03/2015.



Graph showing the number of Incidents Attributable to Wirral Community Trust by Division during the period from 01/04/2014 to 31/03/2015



There were 45 I.G. incidents attributable to the trust during the reporting period. In addition to this there were 37 incidents classified as Caldicott Guardian incidents. Details of the reported 82 incidents are shown in the following table:

5. I.G. and Caldicott Guardian incidents 2014/15

Datix Incident Category	Number for Reporting Period 01 April 2014 – 31 March 2015 Figure in brackets refers to 2013-2014	Incident and Organisational Learning
Breach of confidentiality-3rd party	3 (1)	Incidents investigated by Quality and Governance Service Two incidents external to the organisation. One incident involved incorrect records sent to solicitor in response to a Subject Access request. **Organisational Learning:** Action plan in place with the learning shared across the organisation
Confidentiality Incident with Staff-Verbal	0(2)	
Fax related IG incident	1 (1)	All fax related incidents are investigated by Quality and Governance Service and if necessary escalated to an SBAR. Fax Incidents are a standing agenda reported to the Information Governance Group on a monthly basis. 15 of these incidents relate to faxes sent in error to the community equipment store for requests for equipment. These faxes should have gone to other departments. This is an administration error rather than a faxing error. **Organisational Learning:** • Faxing still remains on the Risk Register with a current risk score of 12. The target score is 8. Whilst the Trust still uses fax machines there will remain a risk. • Anonymised learning from incidents is incorporated into the Essential Learning programme. • All fax machines, where possible, are pre-programmed with regularly used numbers to reduce inputting errors. • Risk Alerts are sent to all Heads of Service for dissemination and signing by all staff. • NHS net accounts in place to send confidential information. • All fax machines in the organisation have been identified and staff made aware of which are safe haven. • Stickers on Fax machines indicate if it is a safe haven machine. • Pilot scheme in place to replace the faxing of documents by secure electronic means • Articles in staff bulletin.
Information faxed to incorrect destination-outside of the Trust	2 (2)	
Information faxed to incorrect destination-within the Trust	17(1)	
Lost, missing patient information-written and electronic	16(4)	Incidents investigated by Quality and Governance Service **Organisational Learning:** Action plans in place with the learning shared across the organisation
Missing, Inadequate or Illegible Health Care Record	2(1)	Incident investigated by Quality and Governance Service Incidents involve notes missing in either a care home or patients home.

		Organisational Learning: Action plans in place with the learning shared across the organisation
Other	12(5)	All incidents investigated by Quality and Governance Service Incidents coded as "other" fall into various categories and are re-coded whenever possible. **Organisational Learning:** All have been fully investigated when appropriate with the learning disseminated throughout the organisation.
Patient Information Found Outside of the Trust	1(2)	Incident investigated by Quality and Governance Service Computer printout left in GPOOH car. **Organisational Learning:** Staff reminded of responsibilities at Team meeting
Patient Information left in unsecured area of the Trust	3(2)	Incidents investigated by Quality and Governance Service One incident involved documentation being left in the Clinical Skills lab. One incident involved documentation being left in a GP clinic One incident involved documentation put at risk during an estates move **Organisational Learning:** Staff reminded of their responsibilities under the Code of Conduct
Patient Information misfiled	5(9)	All incidents investigated by Quality and Governance Service **Organisational Learning:** Learning shared at team meetings
Records missing believed lost, stolen or missing	6 (1)	Incidents investigated by Quality and Governance Service 2 incidents of records lost in care homes. 3 incidents of pts. losing their own records. 1 incident where notes unable to be located **Organisational Learning:** Learning shared at team meetings.
Two patients with a similar name led to the incident	4(0)	Incidents investigated by Quality and Governance Service
Unauthorised access to EHR record by staff	0(0)	
Unauthorised disclosure or use of patient information (written, verbal or electronic)	2(1)	Incident investigated by Quality and Governance Service. Two differing incidents, both investigated.
Wrong Patient Information Shared-confidentiality breach	8 (1)	Incident investigated by Quality and Governance Service **Organisational Learning:** Staff reminded of responsibilities at Team meeting
TOTAL INCIDENTS	82 (33)	

6. Plans for 2015/16

The following are Information Governance objectives for the reporting period 01 April 2015 – 31 March 2016:

- Achievement of level 2 Information Governance Toolkit (Version 13). Increase the percentage of requirements achieving level 3.

- Implement the training programme for the on-line IG e learning across all Divisions. This will ensure that the mandatory training is completed by December of each year.

- Zero tolerance of Caldicott Guardian Information Governance Incidents.

- Continue the IG Compliance Audit programme. Disseminate results and learning from the audits across the Trust.

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- Continue with the pilot scheme replacing fax with nhs.mail accounts. Expand the pilot to include other service areas where appropriate and continue to review the validity of faxing information across the Trust.

- Continue to implement the recommendations from the Caldicott 2 report.

- To continue to raise the profile of Data Sharing across the Trust and implement Privacy Impact Assessments.

Wirral Community NHS
NHS Trust

Annual Senior Information Risk Owner Report 2014/15

Meeting	Trust Board		
Date	07 October 2015	**Agenda item**	**11**
Lead Director	Mark Greatrex, Director of Finance & Resources / SIRO		
Author(s)	Claire Wedge, Head of Governance and Patient Safety / I.G. Lead		

To Approve ☐	**To Note** ☐	**To Assure** ☑

Link to the Board Assurance Framework:

The Annual SIRO Report provides assurance to Trust Board on the processes in place for the management of information risks across the organisation. This supports the Board Assurance Framework and in particular the links from the organisational risk register.

Identified risks:

As identified within the body of the report

Financial implications:

As outlined within the report

Has an Equality Impact Assessment been completed?	**Yes** ☐	**No** ☑

Not applicable.

Does this proposal represent any service improvement or redesign?	**Yes** ☐	**No** ☑

Not applicable.

Paper history
Has a committee of the board reviewed this paper?

Submitted to	Date	Brief Summary of Outcome
No previous report history.		

Link to strategic objectives - 2014-19 *(please tick those supported by this paper)*			
We will deliver safe and effective patient care	✔	We will further develop and maintain a competent, caring and flexible workforce	✔
We will deliver a positive experience of our services	✔	We will continuously develop the organisation including leadership at every level of the organisation	✔
We will engage effectively with the patients and communities we serve	✔	We will effectively engage with our staff to deliver our strategic objectives	✔
Reducing health inequalities will be integral to all service developments and delivery	✔	We will optimise the use of our resources	✔
We will effectively manage and develop our relationships with our current and new commissioners and stakeholders	✔	The delivery of sustainable clinical services will be supported by corporate services	✔
We will defend and grow our core business	✔	We will effectively manage our finances and fully deliver our efficiency programme	✔
We will lead the delivery of out of hospital integrated care	✔	We will deliver transformation supported by innovation and research	✔
We will deliver to the expectations of our commissioners and demonstrate quality and value	✔		

Annual Senior Information Risk Owner Report 2014/2015

Purpose

1. The purpose of this annual report is to provide assurance to Wirral Community NHS Trust Board of activity undertaken across the organisation for the reporting period 01 April 2014 – 31 March 2015, in relation to the Trust's organisational compliance with legislative and regulatory requirements relating to the handling of information, including compliance with the Data Protection Act (1998) and Freedom of Information Act (2000).

Executive Summary

2. Wirral Community NHS Trust is a recognised and registered Data Controller within the Information Commissioners Data Protection Register, and has current Data Protection registration.

3. There are no current or historical conditions or cautions against the trust's data protection registration.

4. This annual report will also detail compliance with the Information Governance toolkit and provide assurance of on-going improvement in relation to managing risks to information.

Board Action

5. The Board of Directors is asked to receive the Annual SIRO Report and note assurance that robust arrangements are in place to effectively manage information risks within the organisation.

Mark Greatrex
Director of Finance and Resources

Claire Wedge
Head of Governance and Patient Safety / I.G. Lead

Wirral Community NHS
NHS Trust

Senior Information Risk Owner (SIRO) Annual Report

2014/2015

POSITIVE ABOUT DISABLED PEOPLE
MINDFUL EMPLOYER

for you, with you

1. Background

The purpose of this annual report is to provide assurance to Wirral Community NHS Trust Board of activity undertaken across the organisation for the reporting period 01 April 2014 – 31 March 2015, in relation to the Trust's organisational compliance with legislative and regulatory requirements relating to the handling of information, including compliance with the Data Protection Act (1998) and Freedom of Information Act (2000).

Wirral Community NHS Trust is a recognised and registered Data Controller within the Information Commissioners Data Protection Register, and has current Data Protection registration.

There are no current or historical conditions or cautions against the trust's data protection registration.

This annual report will also detail compliance with the Information Governance toolkit and provide assurance of on-going improvement in relation to managing risks to information.

2. Key responsibilities of the Senior Information Risk Owner

The key responsibilities of the SIRO include:

- Oversee the development of the Information Governance Policy.
- Take ownership of the assessment processes for information risk, including prioritisation of risk and review of the annual information risk assessment to support and inform the Statement of Internal Control.
- Ensure the Trust Board is fully informed of all information risks.
- Review and agree actions in respect of identified information risks.
- Ensure the effective implementation of the Information Asset Owner / Information Asset Administrators (IAO / IAA) infrastructure to support the role of the SIRO.
- Ensure that identified information threats and vulnerabilities are investigated for risk mitigation, and that all perceived or actual information incidents are managed in accordance with Wirral Community NHS Trust Incident reporting policy.
- Ensure effective mechanisms are established for the reporting and management of Serious Untoward Incidents relating to the Information of the Trust, maximising the opportunity to ensure learning from incident reporting.

3. Assurance framework

The Information Governance group is responsible for ensuring the effective management of Wirral Community NHS Trust's Information Governance processes. In addition, the group provides assurance to the Quality and Governance Committee regarding how information risks are managed within the Trust.

The key duties of the Information Governance Group include:

- To review and monitor the Trust's compliance with the Information Governance Toolkit.
- To review and monitor the Trust's annual Information Governance Plan.
- To review and monitor any Information Governance risks, ensuring appropriate escalation to the Quality and Governance Committee.
- To review and monitor new and changing information assets in compliance with the requirements of the Information Governance Toolkit.
- To review all Wirral Community NHS Trust's Information Governance policies and procedures.
- To monitor trends from incident reporting.
- To ensure the Trust has an Information Governance training programme.

4. Information Governance Policies

Wirral Community NHS Trust's Information Governance assurance framework is underpinned by Trust Policies and Procedures, including the following:

- Information Governance Policy
- Information Governance Strategy
- Code of Conduct for Handling Personal Identifiable Information
- Protecting Privacy leaflet
- Information Lifecycle Policy
- Caldicott and Data Protection Policy
- Freedom of Information Policy
- Managing the quality of health records Policy

All information security policies and procedures are aligned to BS ISO 2700, ISO 7799 standards, and are fully compliant with the Data Protection Act.

5. Compliance with the Information Governance Toolkit (version 12)

The Information Governance Toolkit is an online tool that enables Organisations to measure their performance against a set of information governance requirements, including the following:

- Information Governance Management
- Confidentiality and Data Protection Assurance
- Information Security Performance
- Clinical Information Assurance
- Secondary Users Assurance
- Corporate Information Assurance

In March 2015, the trust maintained its' Level 2 toolkit achievement in all areas of the I.G. Toolkit.

Assessment	Overall Score	Initial Grade	Current Grade
Version 12 (2014-2015)	74%	Satisfactory	Satisfactory

6. Information sharing

Wirral Community NHS Trust recognises that there is a responsibility to work with partners to minimise the burden of data collection, and ensure that data is used effectively to support the overall aims of Public Sector and voluntary organisations, ensuring the delivery of safe, quality, clinical care.

Wirral Community NHS Trust co-ordinate and lead the dissemination and collation of the information sharing framework documentation for the Cheshire and Merseyside area, using a Tier 0,1 and 2 assurance framework model.

The principles of this approach are replicated as required when information sharing outside of this geographical area is required.

This approach supports public service organisations and their partners to deliver holistic and responsive services, whilst providing the foundation for the safe and secure sharing of information facilitating effective collaboration between key partner organisations.

7. Freedom of Information Requests (FOI)

During the period from the 1st April 2014 to the 31st March 2015, Wirral Community NHS Trust received a total of one hundred and seventeen requests under the Freedom of Information Act.

Of these requests, thirty-nine were not applicable to Wirral Community NHS Trust, and therefore a response was not required.

Of the remaining seventy-eight Freedom of Information requests, sixty-seven were managed within the twenty working day timescale, and eleven responses were not managed within the FOI timescales.

The two common themes associated with responses not being managed within the FOI timescales are as follows:

- Complexity of the request and level of detail required necessitates a protracted timescale
- Clarification of the specific details of the FOI request with the requestor

Wirral Community NHS Trust therefore has an 86% rate for dealing with FOI responses within the required timescale.

A comparison with the 2013/14 period is shown below:

Freedom of Information	**2013/14**	**2014/15**
Number of requests applicable to the Trust	92	78
% managed within 20 working days	88%	86%

A bespoke freedom of information module on datix has been created to enable a centralised repository of all requests. This process has raised the profile of Freedom of Information requests across the organisation whilst facilitating on-going trend analysis with other organisational data sources, including patient experience, claims, risks and incident data.

Freedom of Information requests are reviewed monthly at the Information Governance Group. No trends in information requests were identified during the 2014/15 period.

8. Subject Access Requests (SARS)

The Data Protection Act 1998, Section 7, gives individuals the right to find out what personal data the Organisation holds about them. Such requests are termed Subject

Access Requests (SARs), and have a response time of 40 calendar days from date of receipt.

Correct and prompt management of subject access requests increase levels of trust and confidence in the organisation by being open with individuals about the personal information held about them.

Subject access requests are monitored monthly by the Information Governance Group. During April 2014 – March 2015 the Trust received a total of 732 subject access requests (343 in 2013-14) Of these, 98 were identified as relating to another organisation.

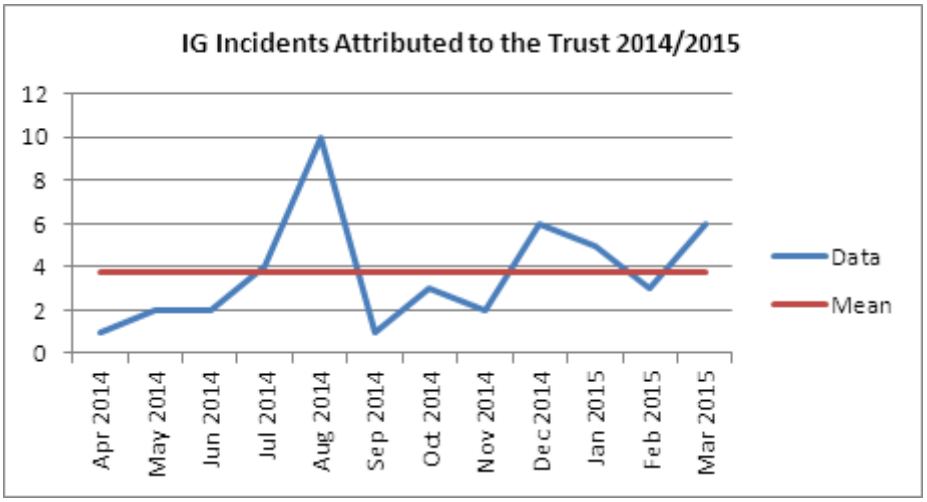
Of the remaining 634 requests received, 559 (88%) were responded to within the required 40 day timescale.

Of the requests not responded to within the agreed timescale, 1 was delayed by an internal department, the remainder of these were due to payment not being received. or requests being delayed by the requesting solicitor or individual applicant. (Appendix 1)

9. Information Governance Incidents

During the period 1st April 2014 – 31st March 2015 there were:

- 114 Information Governance Incidents reported.
- Of these incidents 45 (39%) were attributable to Wirral Community NHS Trust and are detailed in Appendix 2.



- Zero Serious Untoward Incidents reported attributable to Information Governance Incidents.

- Zero incidents which required escalation to the Information Commissioner's Office.

10. Information Governance Risks

During the period 1st April 2014 – 31st March 2015, no trust wide Information Governance risks were added to the Trust's Risk Register.

Wirral Community NHS Trust's Risk Register still contains the risk of faxing identifiable information outside of the organisation. This risk was initially added to the Risk Register in July 2011, and has been reviewed monthly by the Information Governance Group. Whilst the use of faxes remains frequent practice across the organisation, the risk remained on the Risk Register at a score of 12 during the 2014/15 period.

Alternative options to minimise the use of faxing are being investigated, and will continued to be monitored monthly by the Information Governance Group.

11. Summary of key achievements in 2014/15

The following were achieved during the reporting period 01 April 2014 – 31 March 2015 in relation to Information Governance:

- Level 2 compliance with Information Governance Toolkit achieved, with level 3 in 24% of requirements (Version 12), compared with 13% during 2013/14.
- Significant assurance achieved in the annual I.G. audit conducted by MIAA.
- The mandatory e-learning Information Governance training was successfully completed by 96% of staff across the Trust.
- Development and delivery of an information asset owner workshop to support owners with their role.
- Introduction of privacy impact assessments at the commencement of new projects or when changes to existing project work is required.
- Information Governance approval of each clinical module on SystmOne.
- Development of protecting privacy easy read leaflets.
- Information Governance Quality Goal included in the Trust's quality dashboard on Prodacapo, and reviewed monthly by Trust Board.

- When necessary, and in response to incidents, risk flyers are developed and shared with staff regarding the principles and practice of Information Governance.

- The Information Governance Group continues to meet on a monthly basis. This group ensures the effective management of Wirral Community NHS Trust's Information Governance processes and provides information and assurance to the Quality and Governance Committee regarding how risks are being managed within the organisation relating to Information Governance.

- Continued expansion of quarterly Information Governance Compliance Audits across the Trust, developed using a risk based approach.

12. Plans for 2015/16

The following are Information Governance objectives for the reporting period 01 April 2015 – 31 March 2016

- Achievement of level 2 Information Governance Toolkit (Version 13). Increase the percentage of requirements achieving level 3.

- Zero serious untoward Information Governance Incidents.

- Increase the percentage of Freedom of Information responses managed within the FOI timescales to 95% by quarter 4 2015/16.

- To continue to raise the profile of Data sharing across the Trust and Wirral Health and Social Care Economy.

- Develop a robust pathway for the management of electronic health record breaches for the Trust.

- To develop a leadership walkabout I.G. programme.

Mark Greatrex
Director of Finance and Resources / Senior Information Risk Owner (SIRO)

Claire Wedge
Head of Governance and Patient Safety / I.G. Lead

Appendix 1: Subject Access Requests: April 2014 - March 2015

	APR	MAY	JUN	JLY	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Number of SARS received	50	51	71	44	59	67	61	53	73	77	60	66
Request received but upon investigation records belong to another Trust/Organisation	4	6	9	5	13	9	2	15	9	10	6	10
Number of SAR's belonging to Wirral Community Trust	46	45	62	39	46	58	59	38	64	67	54	56
Number of SAR's completed within the required time scale	42	39	54	34	43	50	51	34	58	52	50	52
Number of SAR's not completed within the required time scale	4	6	8	5	3	8	8	4	6	15	4	4
Analysis of SARs not completed within the required time scale:												
Delayed by Internal Departments						1						
Records lost/unable to be found by Department												
Payment not received therefore records not sent but 40 days past	1	3	7	4		2	6	2	3	3	1	

Payment not received therefore records not sent but 40 not past						2	1			9		2
Delayed by Solicitors / Applicants	3	3	1	1	1	3	1	2	3	3	3	2

Appendix 2: Information Governance Incidents and lessons learned 2014/15

Datix Incident Category	Number for Reporting Period 01 April 2014 – 31 March 2015 Figure in brackets refers to 2013-2014	Incident and Organisational Learning
Breach of confidentiality-3rd party	1 (1)	Incident investigated by Quality and Governance Service Incident involved incorrect records sent to solicitor in response to a Subject Access request. **Organisational Learning:** Action plan in place with the learning shared across the organisation
Confidentiality Incident with Staff-Verbal	0(2)	
Fax related IG incident	1 (1)	All fax related incidents are investigated by Quality and Governance Service and if necessary escalated to an SBAR. Fax Incidents are a standing agenda item reported to the Information Governance Group on a monthly basis. These incidents relate to faxes sent in error to the community equipment store for requests for equipment. These faxes should have gone to other departments. This is an administration error rather than a faxing error. **Organisational Learning:** • Faxing still remains on the Risk Register with a current risk score of 12. The target score is 8. Whilst the Trust still uses fax machines there will remain a risk. • Anonymised learning from incidents is incorporated into the Essential Learning programme. • All fax machines, where possible, are pre-programmed with regularly used numbers to reduce inputting errors. • Risk Alerts are sent to all Heads of Service for dissemination and signing by all staff. • NHS net accounts in place to send confidential information. • All fax machines in the organisation have been identified and staff made aware of which are safe haven. • Stickers on Fax machines indicate if it is a safe haven machine. • Pilot scheme in place to replace the faxing of documents by secure electronic means • Articles in staff bulletin.
Information faxed to incorrect destination-outside of the Trust	2 (2)	
Information faxed to incorrect destination-within the Trust	14(1)	
Lost, missing patient information-written and electronic	6(4)	Incidents investigated by Quality and Governance Service **Organisational Learning:** Action plans in place with the learning shared across the organisation
Missing, Inadequate or Illegible Health Care Record	0(1)	

Other	4(5)	All incidents investigated by Quality and Governance Service. Incidents coded as “other” fall into various categories and are re-coded whenever possible. **Organisational Learning:** All have been fully investigated when appropriate with the learning disseminated throughout the organisation.
Patient Information Found Outside of the Trust	1(2)	Incident investigated by Quality and Governance Service Computer printout left in GPOOH car. **Organisational Learning:** Staff reminded of responsibilities at Team meeting.
Patient Information left in unsecured area of the Trust	3(2)	Incidents investigated by Quality and Governance Service. One incident involved documentation being left in the Clinical Skills lab. One incident involved documentation being left in a GP clinic. One incident involved documentation put at risk during an estates move. **Organisational Learning:** Staff reminded of their responsibilities under the Code of Conduct
Patient Information misfiled	5(9)	All incidents investigated by Quality and Governance Service. **Organisational Learning** Learning shared at team meetings.
Records missing believed lost, stolen or missing	2 (1)	Incidents investigated by Quality and Governance Service. 2 incidents of records lost in care homes. **Organisational Learning** Learning shared at team meetings.
Two patients with a similar name led to the incident	3(0)	Incidents investigated by Quality and Governance Service
Unauthorised access to EHR record by staff	0(0)	
Unauthorised disclosure or use of patient information (written, verbal or electronic)	1(1)	Incident investigated by Quality and Governance Service.
Wrong Patient Information Shared-confidentiality breach	2 (1)	Incident investigated by Quality and Governance Service **Organisational Learning** Staff reminded of responsibilities at Team meeting
TOTAL INCIDENTS	45 (33)	