

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

BOARD OF DIRECTORS

MARCH 2017

2016 NHS STAFF SURVEY RESULTS

INTRODUCTION

This paper summarises the Trust's results from the 2016 NHS Staff Survey and recommends areas for action for Directors to consider.

The NHS Staff Survey provides an opportunity for organisations to survey staff in a consistent and systematic way, making it possible to build up a picture of staff experience and to compare and monitor change over time and identify variations between different staff groups.

Feedback from our staff is vital in being able to improve their experience and so that in turn, they are able to provide better patient care. The survey results are used by the CQC to monitor ongoing compliance with essential standards of quality and safety and by the Secretary of State for Health to monitor delivery of the NHS Constitution.

316 NHS organisations took part in the 2016 survey, with questionnaires distributed between late September and early December 2016. Nearly a million NHS staff were invited to participate with over 423,000 completing the survey – a response rate of 44%.

For the 2016 survey the Trust used Quality Health as its survey contractor with all of our eligible staff being invited to take part compared to the last 2 years, when a random sample of 850 staff were chosen. For the second year in a row, the survey was conducted online / via email and the overall response rate increased from 31% in 2015 to 35%.

SURVEY FEEDBACK REPORT

The CQC feedback report focuses on 32 key areas (known as 'Key Findings'). These are mostly summary scores for groups of questions which, when taken together, give more information about each area of interest. This year there are 32 Key Findings, presented in the feedback report under the following 9 themes:

1. Appraisals & support for development
2. Equality & diversity
3. Errors & incidents
4. Health & wellbeing
5. Working patterns
6. Job satisfaction
7. Managers
8. Patient care & experience
9. Violence, harassment & bullying

As in previous years, there are two types of Key Finding - percentage scores and scale summary scores. Percentage scores were calculated as the percentage of respondents who gave a specific answer to a question, or a defined set of responses to a series of questions and scale scores were worked out by assigning numbers to a series of responses and calculating the average score, as follows:

If a respondent answered...	Their response would score...
Strongly disagree	1
Disagree	2
Neither agree nor disagree	3
Agree	4
Strongly agree	5

OVERVIEW OF SURVEY RESULTS

The 2016 response rates

Overall and compared to the rest of the acute sector, most of the Trust's scores are around or above average, with very little movement since the previous year.

The table below shows the scores for 2016 and the previous 2 years, or Qs 21a-d, which feed into Key Finding 1 - "Staff recommendation of the organisation as place to work or receive treatment".

Question	2016	2015	2014	Average for all acute trusts
21a - Care of patients/service users is my organisation's top priority.	75%↑	71% ↔	71%	76%
21b - My organisation acts on concerns raised by patients / service users.	77%↑	75% ↔	75%	74%
21c - I would recommend my organisation as a place to work.	61%↓	63% ↑	61%	62%
21d - If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.	70%↔	70%↑	65%	70%
KF1 - Staff recommendation of the organisation as a place to work or receive treatment.	3.76↓	3.78↑	3.71	3.77

Appendix 1 shows a comparison of the above results and the overall staff engagement scores for other NHS acute trusts in the north east.

OVERALL INDICATOR OF STAFF ENGAGEMENT

The table below shows how the Trust compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, team and organisation) and 5 indicating that staff are highly engaged.

Survey Year	Overall Staff Engagement Score
2016	3.81
2015	3.84
2014	3.73
National 2016 average for acute trusts	3.81

There has been no real change (0.03) in the Trust's overall staff engagement score since last year and at 3.81 is average when compared with all other acute trusts in the NHS.

TOP AND BOTTOM KEY FINDINGS

The **top 5 Key Findings** where we compare most favourably with other acute trusts in England are:-

1. KF29 – Percentage of staff reporting errors, near misses or incidents witnessed in the last month – the higher the score the better - (95% compared to 90% for the acute sector).
2. KF27 – Percentage of staff who have experienced harassment, bullying or abuse and who have reported this – the higher the score the better – (54% compared to 45% for the acute sector).
3. KF23 – Percentage of staff experiencing physical violence from staff in the last 12 months – the lower the score the better - (1% compared to 2% for the acute sector).
4. KF18 – Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves – the lower the score the better – (48% compared to 56% for the acute sector).
5. KF26 – Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months – the lower the score the better – (20% compared to 25% for the acute sector).

The **bottom 5 Key Findings** where we compare least favourably with other acute trusts in England are:-

1. KF4 – Staff motivation at work – the higher the score the better – (3.92 compared to 3.94 for the acute sector).
2. KF25 – The percentage of staff experiencing harassment, bullying or abuse from patients, relatives of the public in last 12 months – the lower the score the better – (28% compared to 27% for the acute sector).
3. KF1 – Staff recommendation of the organisation as a place to work or receive treatment – the higher the score the better – (3.76 compared to 3.77 for the acute sector).
4. KF32 – Effective use of patient / service user feedback – the higher the score the better – (3.72 - ***the same score as for all other acute trusts***).
5. KF11 – Percentage of staff appraised in last 12 months – the higher the score the better - (87% - ***the same score as all other acute trusts***).

NB: - The percentage of staff stating they had had an appraisal in the last 12 months increased by 3% in 2016 from 84% in 2015.

SUMMARY OF RESULTS BY SURVEY THEMES

Appraisals & Support for Development

- The coverage of appraisals (87%) is average for the acute sector and has improved from 84% last year.
- The quality of appraisals is rated by staff as 3.15, which is slightly better than the acute sector average of 3.11.

Equality & Diversity

- The percentage of staff experiencing discrimination at work has reduced from 9% last year to 8% and is lower than the acute trust average of 11%.
- The percentage of staff who believe that the Trust provides equal opportunities for career progression is average for the acute sector (87%), but has reduced slightly from 89% last year.

Errors & Incidents

- The number of staff witnessing potentially harmful errors/incidents is average for the acute sector (31%).
- The percentage of staff reporting incidents they have witnessed has increased to 95% and is in the 'best score' category for acute trusts.
- Staff confidence in reporting unsafe clinical practice is better than the average for other acute trusts and the fairness and effectiveness of procedures for reporting errors/incidents has improved and at 3.84 is above the average / almost in the 'best score' category for acute trusts.

Health & Wellbeing

- The percentage of staff feeling unwell due to stress has increased from 29% to 33% but is less than the 35% average for acute trusts.
- Although the percentage of staff feeling pressure to attend work despite feeling unwell increased slightly to 48%, this is almost in the 'best score' category for acute trusts and is well below the average of 56%.
- Management interest in health and wellbeing is rated at 3.65, which is just above the average for acute trusts.

Working Patterns

- 53% of staff said they were satisfied with opportunities for flexible working, slightly higher than the 51% acute trust average.
- The percentage of staff working extra hours has not changed (64%) and is well below the acute trust average (72%)

Job Satisfaction

- The extent to which staff would recommend the Trust as a place to work or receive treatment is average for the acute sector (3.75), though this has reduced slightly from 3.80 last year.
- Responses from staff about them regarding their ability to contribute towards improvement, their satisfaction with the level of involvement, resources and support they have and the effectiveness of team working are either stable or have improved and are average or better than average in relation to the acute trust sector.

Managers

- The percentage of staff reporting good communication between senior management and staff has increased and at 37% is above the 33% average for the acute sector. (46% is the 'best score' for this Key Finding).

Patient care & experience

- Staff satisfaction with the quality of work / care they are able to deliver is above average for the acute sector (3.96) and at 4.08 is almost in the 'best score' category of 4.28.
- Effective use of patient feedback is rated as 3.72, which is average for the acute trust sector, as is the percentage (90%) of staff who agree that their role makes a difference to patients.

Violence, harassment & bullying

- Overall staff responses / scores relating to violence, harassment and bullying at work have all remained static or improved since last year, suggesting that staff are aware of how to report such incidents and feel confident to do so. A number of scores are in the highest / 'best score' category for acute trusts.
- The number of staff reporting violence at work has increased from 56% to 73%, which is above the average for acute trusts.
- The percentage of staff experience harassment or bullying from other staff has reduced and is below the acute sector average and reporting of such incidents has increased from 41% to 54%

HSE STRESS AUDIT

The HSE has indicated that, for the purposes of analysing the levels of stress in hospitals, the output from the National Staff Survey can be used as a substitute for undertaking a separate survey. In this connection, the results of Qs 5b and 5c are shown below.

Comparison with last year's results shows some improvement and better than average scores against all other acute trusts.

	2016	2015	2014	2016 average for acute trusts
Q5b - The support I get from my immediate manager	68%↔	68%	66%	67%
Q5c - The support I get from my work colleagues	82%↑	80%	79%	81%

WORKFORCE RACE EQUALITY STANDARDS

All NHS organisations are required to demonstrate through the Workforce Race Equality Standard how they are addressing race equality issues in a range of staffing areas. Together with the Equality Delivery System they form part of the mandatory requirements in the 2015/16 standard NHS contract, which came into effect on 1 April 2015.

In order to preserve the anonymity of individual staff, a score is replaced with a dash if the staff group in question contributed fewer than 11 responses to that score.

Comparison with last year's results shows improvements in the responses from BME staff across all key findings.

In addition, the Trust's overall Equality and Diversity Key Finding score (KF20 – Percentage of staff experiencing discrimination at work in the last 12 months), improved and is better than the national average for the acute sector (8% compared to 11%).

Key Finding	Ethnicity	2016	2015	2014	2016 average for acute trusts
KF25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White BME	29%↑ 28%↓	25% 29%	26% 40%	27% 26%
KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White BME	19%↓ 26%↓	20% 27%	19% 20%	24% 27%
KF21. Percentage believing that trust provides equal opportunities for career progression or promotion.	White BME	89%↔ 74%↑	89% -	92% 50%	88% 76%
17b. In the last 12 months have you personally experienced discrimination at work from managers, team members / other colleagues?	White BME	4%↓ 14%↓	7% 21%	5% 21%	6% 14%

CQUIN 2017- 19 HEALTH AND WELLBEING TARGETS

A number of targets have been retained and/or revised in the 2017-19 CQUIN Guidance relating to improving staff health and wellbeing some of which will be measured via responses to the annual NHS Staff Survey.

The requirement is to achieve a 5% improvement over the 17/18 and 18/19 years in 2 of the 3 NHS annual staff survey questions regarding health and wellbeing, MSK and stress related illness (See Qs 9a – 9c below), as follows:-

- Year 1 (17/18) - a 5% improvement should be achieved over a period of 2 years, with the baseline survey being the 2015 staff survey.
- Year 2 (18/19) – a 5% improvement should be achieved over a period of 2 years, with the baseline survey being the 2016 staff survey.

Having baselined the relevant scores this means that the Trust needs to achieve at least the scores shown below in the 2017 and 2018 NHS Staff Surveys:-

Question	2016 score	2015 score	2017 target score	2018 target score
9a - % of staff saying the Trust takes positive action on health and wellbeing	32% (1% improvement)	31%	32.55%	33.6%
9b - % of staff saying they have experienced work related MSK problem	29% (4% deterioration)	25%	23.75%	27.55%
9c - % of staff saying they had work related stress	32% (3% deterioration)	29%	27.55%	30.4%

RECOMMENDATIONS

Directors are asked to note the contents of this paper.

The detailed Staff Survey results will, together with other sources of workforce information and staff feedback, be used to develop a staff engagement plan as part of a new OD Strategy for South Tyneside and City Hospitals Sunderland NHS Foundation Trusts.

This will set out how we will develop the Trusts over the next three years, including our commitment to staff, our undertaking to develop the Trusts as organisations of which we can all be proud and that staff want to be part of.

The NHS challenge is to deliver more with less whilst maintaining and continuing to improve the safety, effectiveness and efficiency of our services. We will need staff who are capable not only of leading and delivering transformational changes in our services, but also able to demonstrate the Trust's values and behaviours.

The OD Strategy will be aligned with national and local priorities for healthcare and focus on both the outcomes from external reports such as Francis and Carter and internal objectives such as leading change effectively and driving research / innovation. It will build on the progress we have made so far, e.g. Annual Reward and Recognition Event, Excellence Reporting, new Trade Union Partnership Agreement, Employee Benefits Days, Innovation Events and Lessons Learnt Seminars.

A handwritten signature in black ink, appearing to read 'Kathleen Griffin', enclosed within a faint, light-colored oval shape.

Kathleen Griffin
Director of Human Resources and Organisational Development

COMPARISON OF NORTH EAST NHS ACUTE TRUSTS' ORGANISATION RATINGS
AND STAFF ENGAGEMENT SCORES

Trust	Q21a "Care of patients / service users is my organisation's top priority"	Q21b "My Organisation acts on concerns raised by patients / service users"	Q21c "I would recommend my organisation as a place to work"	Q21d "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	KF1. Staff recommendation of the organisation as a place to work or receive treatment (Q21a, 21 c-d)	Overall Staff Engagement Score
City Hospitals Sunderland Foundation Trust	75%	77%	61%	70%	3.76	3.81
South Tyneside NHS Foundation Trust	67%	69%	49%	59%	3.55	3.80
Newcastle Hospitals NHS Foundation Trust	90%	86%	74%	91%	4.19	3.97
County Durham & Darlington NHS Foundation Trust	62%	68%	49%	59%	3.48	3.68
Gateshead NHS Foundation Trust	82%	80%	69%	81%	3.96	3.89
North Tees and Hartlepool NHS Foundation Trust	76%	73%	64%	64%	3.75	3.82
Northumbria Healthcare NHS Foundation Trust	83%	83%	74%	82%	4.05	3.96
South Tees NHS Foundation Trust	67%	69%	55%	73%	3.67	3.76

CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST
DEPARTMENT OF INFORMATION MANAGEMENT AND TECHNOLOGY
INFORMATION GOVERNANCE TOOLKIT – CHS AND CHURCH VIEW
BOARD OF DIRECTORS
MARCH 2017

1. INTRODUCTION AND BACKGROUND

The Information Governance Toolkit is now in its fourteenth year, and has evolved to the point where it is being used by over 25,000 organisations.

The purpose of this paper is to provide an overview of Information Governance (IG) and the IG Toolkit. The paper will then highlight the process City Hospitals Sunderland NHS Foundation Trust (CHS) has followed in completing the IG Toolkit, and will summarise the scores for the end of March 2017. Subject to approval, the final submission is to be made on 31st March 2017.

2. WHAT IS INFORMATION GOVERNANCE?

Information Governance is to do with the way organisations process or handle information. It covers the holding, obtaining, recording, use and sharing of that information. It specifically addresses how the organisation meets its legal obligations and how it secures the information it holds.

Information Governance applies to all information held by the organisation but is also specifically concerned with personal information (ie that relating to patients/service users and employees), and corporate information (eg financial and accounting records).

Information Governance provides a way for employees to deal consistently with the many different rules about how information is handled, including those set out in:

- The Data Protection Act 1998;
- The Common Law Duty of Confidentiality;
- The Confidentiality NHS Code of Practice;
- The NHS Care Records Guarantee for England;
- The Social Care Records Guarantee for England;
- The international information security standard: ISO/IEC 27002: 2013 and ISO/IEC 27001:2013;
- The Information Security NHS Code of Practice;
- The Records Management NHS Code of Practice;
- The Freedom of Information Act 2000;
- The Human Rights Act article 8;
- The '*Report on the Review of Patient Identifiable Information (The Caldicott Report)*' and the '*Information: To share or not to share? The Information Governance Review (Caldicott 2 Review)*';

- Information: To share or not to share - Government Response to the Caldicott 2 Review.

Whilst a key focus of Information Governance is the use of information about service users, it applies to information and information processing in its broadest sense, and underpins both clinical and corporate governance. Accordingly it should be afforded appropriate priority.

The four fundamental aims of Information Governance are:

- To support the provision of high quality care by promoting the effective and appropriate use of information;
- To encourage responsible staff to work closely together, preventing duplication of effort and enabling more efficient use of resources;
- To develop support arrangements and provide staff with appropriate tools and support to enable them to discharge their responsibilities to consistently high standards;
- To enable organisations to understand their own performance and manage improvement in a systematic and effective way.

3. WHAT IS THE INFORMATION GOVERNANCE TOOLKIT?

The Information Governance Toolkit is a Department of Health (DH) Policy delivery vehicle that NHS Digital (formerly the Health and Social Care Information Centre (HSCIC)) is commissioned to develop and maintain. It draws together the legal rules and central guidance set out by DH policy and presents them in a single standard as a set of information governance requirements. The organisations in scope of this are required to carry out self-assessments of their compliance against the IG requirements on 3 occasions during the year – Baseline in July, performance update in October and a final submission at the end of March.

4. WHAT ARE THE IG TOOLKIT REQUIREMENTS?

City Hospitals Sunderland NHS Foundation Trust

For Acute Trusts (including FTs), the IG Toolkit consists of 45 requirements divided across 6 initiatives:

- Information Governance Management;
- Confidentiality and Data Protection Assurance;
- Information Security Assurance;
- Clinical Information Assurance;
- Secondary Uses Assurance;
- Corporate Information Assurance.

Church View Medical Practice

For GP Practices, the IG Toolkit consists of 13 requirements divided across 3 initiatives:

- Information Governance Management;
- Confidentiality and Data Protection Assurance;
- Information Security Assurance.

5. WHAT IS THE PURPOSE OF THE IG ASSESSMENT?

The purpose of the assessment is to enable organisations to measure their compliance against the law, information security standards and central guidance, and to see whether information is handled correctly and protected from unauthorised access, loss, damage and destruction.

Where partial or non-compliance is revealed, organisations must take appropriate measures (eg assign responsibility, or put in place policies, procedures, processes & guidance for staff), with the aim of making cultural changes and raising Information Governance standards through year-on-year improvements.

The ultimate aim is to demonstrate that the organisation can be trusted to maintain the confidentiality and security of personal information. This in turn increases public confidence that the NHS and its partners can be trusted with personal data.

6. WHO HAS TO CARRY OUT THE IG ASSESSMENT?

All health and social care service providers, commissioners and suppliers must have regard to the Information Governance Toolkit Standard approved by the Standardisation Committee for Care Information (SCCI), which replaces the Information Standards Board (ISB) for Health and Social Care (ISB), and is a sub-group of the National Information Board (NIB).

All organisations that have access to NHS patient data must provide assurances that they are practising good information governance and use the IG Toolkit to evidence this. Where services are commissioned for NHS patients, the commissioner is required to obtain this assurance from the provider organisation and this requirement should be set out in the commissioner-provider contract.

With changes planned to commissioning structures and with increasingly diverse care providers, Sir David Nicholson, and Christopher Graham, Information Commissioner published a joint letter to ensure that everyone continues to give Information Governance the priority and attention it needs. The letter signalled the intention of the NHS and the Information Commissioner's Office to work together in supporting the NHS to deliver good Information Governance. The letter was distributed to all Chief Executives of NHS Trusts and the relevant commissioners or performance regulators at the time (5th September 2011).

It remains Department of Health policy that all bodies that process NHS patient information, for whatever purpose, should provide assurance via the IG Toolkit.

'Personalised Health and Care 2020: a framework for action' published by the National Information Board reinforces the need to build and sustain the trust and confidence of the public in the collection, storage and use of their sensitive personal data. The framework requires that the IG Toolkit is further developed to reflect enhanced Information Governance and data security requirements.

IG Toolkit assessments must be completed and published by all bodies that process the personal confidential data of citizens who access health and adult social care services. These include, but are not limited to:

- NHS organisations (Acute Trusts, Ambulance Trusts, Mental Health Trusts, Clinical Commissioning Groups) including Foundation Trusts and NHS Community Health Providers;
- NHS England;
- NHS Digital;
- Local Authority Adult Social Care;
- Local Authority Public Health;
- Primary Care providers (Community Pharmacies/Dispensing Appliance Contractors, Dental Practices, Eye Care Services, General Practices);
- DH arms' length bodies that closely support care services (ie executive agencies such as the Medicines and Healthcare Products Regulatory Agency; special health authorities such as the NHS Business Services Authority);
- Bodies commissioned or otherwise contracted to provide services by any of the above;
- Public Health England.

In addition to the NHS mandate above, other organisations are required to provide IG assurances via the IG Toolkit as part of business/service support processes or contractual terms. That is, for these organisations annual IG Toolkit assessments are required for either or both of two purposes:

- To provide IG assurances to the Department of Health or to NHS commissioners of services;
- To provide IG assurances to NHS Digital as part of the terms and conditions of using national systems and services including N3, Choose and Book etc.

7. WHO WILL ACCESS THE IG TOOLKIT SUBMISSION?

One of the primary aims of the IG Toolkit process is to force a change in the culture of NHS organisations. In order to do so, the results of the IG Toolkit will be made widely available. Likely scenarios are summarised below:

- The Public: Results and scores for all NHS organisations are now available via the internet for the public, media and other organisations to view;
- The Information Commissioner (ICO): The ICO may choose to access this information to judge IG maturity as part of their investigation into any issue, complaint or incident;
- Care Quality Commission (CQC): The CQC now use the IG Toolkit to assess outcomes in their wider assessments;
- Internal Audit: Accessed as part of assurance on IG and information security programmes;
- External Audit: It is possible that the IG Toolkit submission could be audited externally;
- Commissioners: It is expected that increasingly commissioning bodies will pay further attention to an organisation's IG status as they assess the quality of an organisation and its processes.

8. INFORMATION GOVERNANCE TOOLKIT VERSION 14

Submission Deadlines

Interim submissions have been made, as required, by the following deadlines:

- Baseline assessment by 31 July 2016;
- Performance update by 31 October 2016.

The submission deadline for the final Version 14 assessment for all organisations is:

- Final submission by 31 March 2017.

Evidence Upload

The system allows you to specify evidence to support your assessment (eg a policy or procedure document). You can either upload evidence files directly to the IG Toolkit or reference an internet/intranet address or other location. The system tells you what evidence is expected for each requirement but there is inbuilt flexibility so you can also specify your own additional evidence.

Assessment Scoring

An organisation can see its current (and target) percentage score on the Assessment Summary page. The grading scheme is as follows:

- **Satisfactory** (coloured green): level 2 or level 3 achieved on all requirements.
- **Not Satisfactory** (coloured red): level 2 or level 3 not achieved on all requirements.

The main purpose of the IG Toolkit is to drive improvement, and a 'Not Satisfactory' (red) status is an effective way to get IG high up on the corporate agenda.

9. INFORMATION GOVERNANCE TOOLKIT – 2016/17 ACTIVITIES

CHS and Church View have again undertaken a full review of performance against the Information Governance Toolkit ready for the year-end submission to NHS Digital for the end of March 2017. This has been reviewed and approved by CHS Information Governance Group (IGG) on 7th March 2017, along with Council of Governors on 21st March 2017 and Executive Committee on 22nd March 2017.

During 2016/17, there has been a continued focus on:

- CHSFT – Reviewing and refreshing/updating all evidence to sustain at least level 2 performance against all requirements;
- Church View – Reviewing and refreshing/updating all evidence to sustain at least level 2 performance against all requirements.
- CHSFT and Church View – Focusing on requirement 112 which pertains to ensuring that 95% of all staff have received Information Governance training during the year.

As usual, the process has been independently reviewed by **Auditone** who have been engaged in the process and are in the final stages of auditing the recommended toolkit submissions for both CHSFT and Church View. **Auditone** are assessing that:

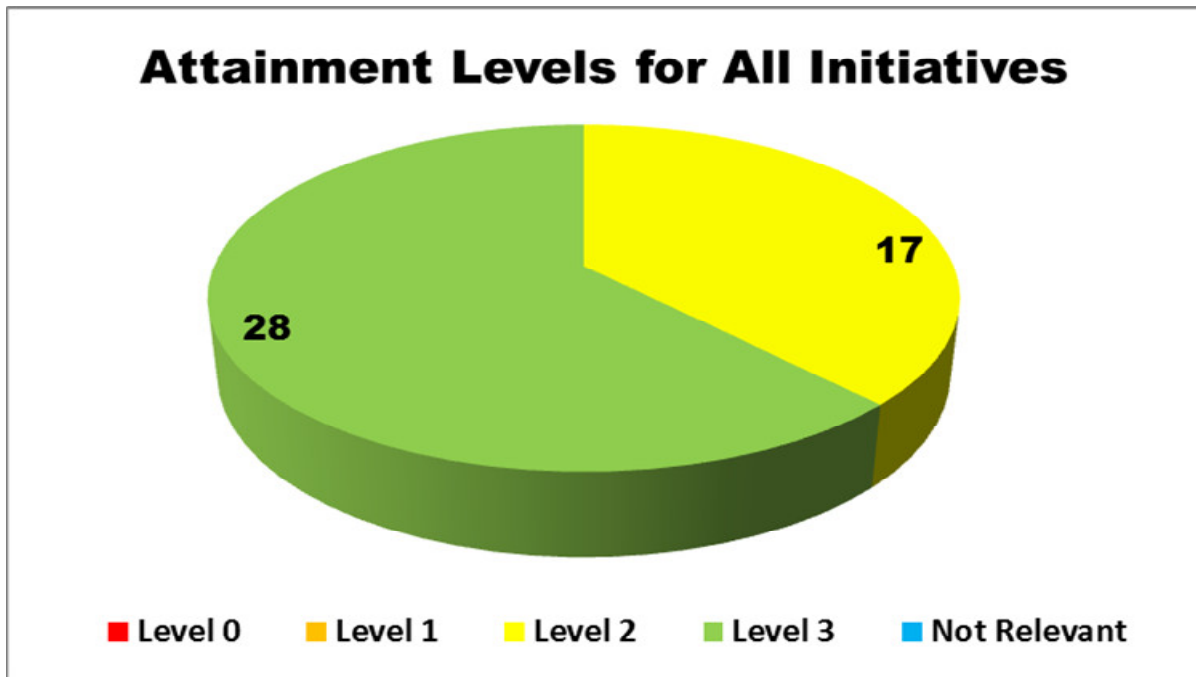
- Appropriate governance arrangements are in place;
- From the evidence, that the submitted IG Toolkit scores are a reasonable assessment of current performance.

Approval is to also be acquired from Board of Directors prior to making the final submission.

10. INFORMATION GOVERNANCE TOOLKIT – END MARCH 2017 STATUS

10.1 CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

The following represents the performance level evidenced for CHSFT for the March 2017 submission:



The table shows that of the 45 requirements, all 45 are assessed as being at Level 2 or Level 3. In detail:

- 17 show evidence that complete to Level 2;
- 28 show evidence to Level 3.

To achieve this performance, since the March 2016 submission, the Trust has reviewed and refreshed data against all requirements. Scores have been maintained against all requirements, with the exception of:

- **302 – Security Incident/Event Reporting** – Level 2 to a Level 3 - This was identified for improvement in the annual benchmarking exercise. It was further enhanced with assurances within RRG and QRA reports to the Executive Committee.
- **303 – Registration Authority Obligations** – Level 2 to a Level 3 – This was due to the implementation of the RA Policy and procedures, review of access control positions and monitoring of smartcards.

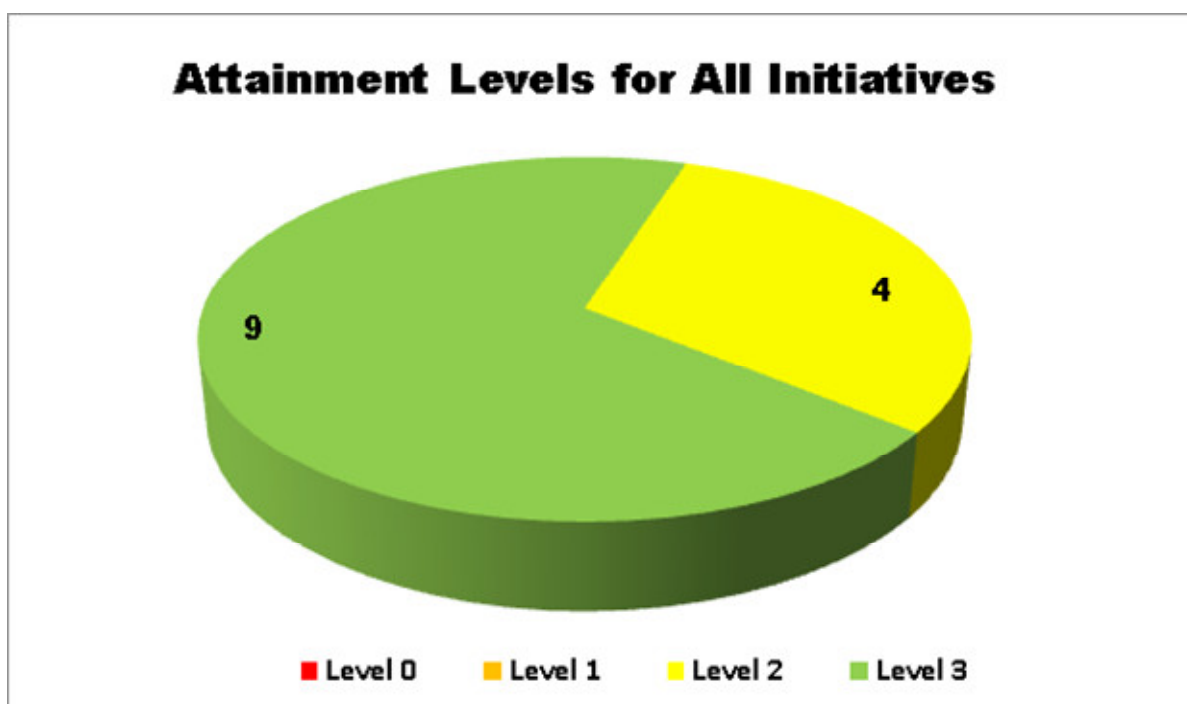
- **505 – Clinical Coding Audit** – Level 3 to a Level 2 (projected) – Final outcome is awaited from a separate clinical coding audit – This is due to an anticipated deterioration of the quality of clinical coding.

The total percentage compliance for all initiatives is **87%** = **Satisfactory** (coloured green).

Details against all 45 requirements are included in **Appendix A**.

10.2 CHURCH VIEW MEDICAL CENTRE

The following represents the performance level evidenced for Church View for the March 2017 submission:



This showed that of the 13 requirements, 13 were assessed as being in at Level 2 or Level 3. In detail:

- 4 show evidence that complete to Level 2;
- 9 show evidence to Level 3.

To achieve this performance, since the March 2016 submission the Trust has reviewed and refreshed evidence against all requirements to maintain these scores. Scores have been maintained against all requirements, with the exception of:

- **116 – Contracts** – Level 2 to 3 – This was due to the contracts for Church View staff being pulled in line with existing CHS contract arrangements and processes. These ensure Information Governance clauses are clearly and appropriately written into contracts.
- **212 – Consent** – Level 3 to 2 – This was due to the changes in the IG Toolkit requirement and expectations of the service pertaining to routine audits/monitoring and satisfaction surveys ensuring service users understand their consent choices.

The total percentage compliance for all initiatives is **89%** = **Satisfactory** (coloured **green**).

Details against all 13 requirements are included in **Appendix B**.

11. CONCLUSIONS & RECOMMENDATIONS

Directors are asked to note the contents of this report and comment accordingly.

Subject to assurance being provided by **Auditone**, and approval from Board of Directors, the scores to be submitted as part of the March 2017 submission are as follows:

11.1 City Hospitals Sunderland NHS Foundation Trust

This showed that of the 45 requirements, 45 were assessed as being in at Level 2 or Level 3. In detail:

- 17 show evidence that complete to Level 2;
- 28 show evidence to Level 3.

The total percentage compliance for all initiatives is **87%** = **Satisfactory** (coloured **green**).

11.2 Church View Medical Centre

This showed that of the 13 requirements, 13 were assessed as being at Level 2 or Level 3. In detail:

- 4 show evidence that complete to Level 2;
- 9 show evidence to Level 3.

The total percentage compliance for all initiatives is **89%** = **Satisfactory** (coloured **green**).

Directors are asked to approve the submission of the Information Governance Toolkit on 31st March 2017 on this basis.



Andrew Hart
Director of Information Management and Technology
March 2017

Appendix A – City Hospitals Sunderland’s Requirements/Scores

Information Governance Management						
Req No	Key Req	Description	IGT v13 March 16	IGT v14 March 17	Sponsor	Lead
12-101	Y	There is an adequate Information Governance Management Framework to support the current and evolving Information Governance agenda	3	3	J Pattison	A J Hart
12-105		There are approved and comprehensive Information Governance Policies with associated strategies and/or improvement plans	3	3	J Pattison	A J Hart
12-110	Y	Formal contractual arrangements that include compliance with information governance requirements, are in place with all contractors and support organisations	3	3	J Pattison	P Robinson
12-111	Y	Employment contracts which include compliance with information governance standards are in place for all individuals carrying out work on behalf of the organisation	3	3	K Griffin	D Little
12-112	Y	Information Governance awareness and mandatory training procedures are in place and all staff are appropriately trained	3	3	K Griffin	D Little

Confidentiality and Data Protection Assurance

Req No	Key Req	Description	IGT v13 March 16	IGT v14 March 17	Sponsor	Lead
12-200	Y	The Information Governance agenda is supported by adequate confidentiality and data protection skills, knowledge and experience which meet the organisation's assessed needs	3	3	I Martin	A J Hart
12-201	Y	Staff are provided with clear guidance on keeping personal information secure, on respecting the confidentiality of service users, and on the duty to share information for care purposes	2	2	I Martin	A J Hart
12-202	Y	Personal information is shared for care but is only used in ways that do not directly contribute to the delivery of care services where there is a lawful basis to do so and objections to the disclosure of confidential personal information are appropriately respected	2	2	I Martin	A J Hart
12-203	Y	Individuals are informed about the proposed uses of their personal information	2	2	L Stores	A Anderson
12-205		There are appropriate procedures for recognising and responding to individuals' requests for access to their personal data	3	2	L Stores	A Anderson
12-206		There are appropriate confidentiality audit procedures to monitor access to confidential personal information	2	3	L Stores	A Anderson
12-207		Where required, protocols governing the routine sharing of personal information have been agreed with other organisations	2	2	I Martin	A J Hart
12-209	Y	All person identifiable data processed outside of the UK complies with the Data Protection Act 1998 and Department of Health guidelines	NR	2	I Martin	A J Hart
12-210	Y	All new processes, services, information systems, and other relevant information assets are developed and implemented in a secure and structured manner, and comply with IG security accreditation, information quality and confidentiality and data protection requirements	2	2	A J Hart	S Joyce

Information Security Assurance						
Req No	Key Req	Description	IGT v13 March 16	IGT v14 March 17	Sponsor	Lead
12-300	Y	The Information Governance agenda is supported by adequate information security skills, knowledge and experience which meet the organisation's assessed needs	3	3	A J Hart	S Joyce
12-301	Y	A formal information security risk assessment and management programme for key Information Assets has been documented, implemented and reviewed	2	2	J Pattison	A J Hart
12-302	Y	There are documented information security incident / event reporting and management procedures that are accessible to all staff	2	3	M Johnson	F Kay
12-303	Y	There are established business processes and procedures that satisfy the organisation's obligations as a Registration Authority	2	3	K Griffin	J Armstrong
12-304	Y	Monitoring and enforcement processes are in place to ensure NHS national application Smartcard users comply with the terms and conditions of use	2	2	K Griffin	J Armstrong
12-305	Y	Operating and application information systems (under the organisation's control) support appropriate access control functionality and documented and managed access rights are in place for all users of these systems	3	3	A J Hart	S Joyce
12-307	Y	An effectively supported Senior Information Risk Owner takes ownership of the organisation's information risk policy and information risk management strategy	3	3	J Pattison	A J Hart
12-308	Y	All transfers of hardcopy and digital person identifiable and sensitive information have been identified, mapped and risk assessed; technical and organisational measures adequately secure these transfers	2	2	J Pattison	A J Hart

12-309		Business continuity plans are up to date and tested for all critical information assets (data processing facilities, communications services and data) and service - specific measures are in place	3	3	J Pattison	A J Hart
12-310		Procedures are in place to prevent information processing being interrupted or disrupted through equipment failure, environmental hazard or human error	3	3	A J Hart	S Joyce
12-311		Information Assets with computer components are capable of the rapid detection, isolation and removal of malicious code and unauthorised mobile code	3	3	A J Hart	S Joyce
12-313	Y	Policy and procedures are in place to ensure that Information Communication Technology (ICT) networks operate securely	3	3	A J Hart	S Joyce
12-314	Y	Policy and procedures ensure that mobile computing and teleworking are secure	2	2	A J Hart	S Joyce
12-323	Y	All information assets that hold, or are, personal data are protected by appropriate organisational and technical measures	2	2	J Pattison	A J Hart
12-324		The confidentiality of service user information is protected through use of pseudonymisation and anonymisation techniques where appropriate	2	2	J Pattison	L Mason

Clinical Information Assurance

Req No	Key Req	Description	IGT v13 March 16	IGT v14 March 17	Sponsor	Lead
12-400		The Information Governance agenda is supported by adequate information quality and records management skills, knowledge and experience	3	3	C Harries	L Stores
12-401	Y	There is consistent and comprehensive use of the NHS Number in line with National Patient Safety Agency requirements	2	3	J Pattison	M Walls
12-402		Procedures are in place to ensure the accuracy of service user information on all systems and /or records that support the provision of care	3	3	J Pattison	M Walls
12-404		A multi-professional audit of clinical records across all specialties has been undertaken	3	3	I Martin	G Schuster
12-406		Procedures are in place for monitoring the availability of paper health/care records and tracing missing records	3	3	C Harries	L Stores

Secondary Use Assurance						
Req No	Key Req	Description	IGT v13 March 16	IGT v14 March 17	Sponsor	Lead
12-501		National data definitions, standards, values and validation programmes are incorporated within key systems and local documentation is updated as standards develop	3	3	J Pattison	M Walls
12-502		External data quality reports are used for monitoring and improving data quality	3	3	J Pattison	M Walls
12-504		Documented procedures are in place for using both local and national benchmarking to identify data quality issues and analyse trends in information over time, ensuring that large changes are investigated and explained	3	3	J Pattison	M Walls
12-505		An audit of clinical coding, based on national standards, has been undertaken by a Clinical Classifications Service (CCS) approved clinical coding auditor within the last 12 months	3	2	J Pattison	M Walls
12-506		A documented procedure and a regular audit cycle for accuracy checks on service user data is in place	3	3	J Pattison	M Walls
12-507		The Completeness and Validity check for data has been completed and passed	3	3	J Pattison	M Walls
12-508		Clinical/care staff are involved in validating information derived from the recording of clinical/care activity	2	2	J Pattison	M Walls
12-510		Training programmes for clinical coding staff entering coded clinical data are comprehensive and conform to national clinical coding standards	3	3	J Pattison	M Walls

Corporate Information Assurance

Req No	Key Req	Description	IGT v13 March 16	IGT v14 March 17	Sponsor	Lead
12-601		Documented and implemented procedures are in place for the effective management of corporate records	2	2	C Harries	A Hetherington
12-603		Documented and publicly available procedures are in place to ensure compliance with the Freedom of Information Act 2000	3	3	C Harries	A Hetherington
12-604		As part of the information lifecycle management strategy, an audit of corporate records has been undertaken	2	2	C Harries	A Hetherington

Appendix B – Church View’s Requirements/Scores

Information Governance Management			
Req No	Description	IGT v13 March 16	IGT v14 March 17
12-114	Responsibility for Information Governance has been assigned to an appropriate member, or members, of staff.	3	3
12-115	There is an information governance policy that addresses the overall requirements of information governance	3	3
12-116	All contracts (staff, contractor and third party) contain clauses that clearly identify information governance responsibilities.	2	3
12-117	All staff members are provided with appropriate training on information governance requirements.	3	3

Confidentiality and Data Protection Assurance			
Req No	Description	IGT v13 March 16	IGT v14 March 17
12-211	All transfers of personal and sensitive information are conducted in a secure and confidential manner	2	2
12-212	Consent is appropriately sought before personal information is used in ways that do not directly contribute to the delivery of care services and objections to the disclosure of confidential personal information are appropriately respected.	3	2
12-213	There is a publicly available and easy to understand information leaflet that informs patients/service users how their information is used, who may have access to that information, and their own rights to see and obtain copies of their records.	3	3

Information Security Assurance

Req No	Description	IGT v13 March 16	IGT v14 March 17
12-304	Monitoring and enforcement processes are in place to ensure NHS national application Smartcard users comply with the terms and conditions of use	2	2
12-316	There is an information asset register that includes all key information, software, hardware and services	3	3
12-317	Unauthorised access to the premises, equipment, records and other assets is prevented	3	3
12-318	The use of mobile computing systems is controlled, monitored and audited to ensure their correct operation and to prevent unauthorised access.	2	2
12-319	There are documented plans and procedures to support business continuity in the event of power failures, system failures, natural disasters and other disruptions.	3	3
12-320	There are documented incident management and reporting procedures.	3	3