AGENDA ITEM NO: 15.0.

Meeting Title/Date:	Governing Body - 21 March 2017
Report Title:	Information Governance Annual Report 2016/17
Paper Prepared By:	Joanne Alexander	**Date of Paper:**	March 2017
Executive Sponsor:	Kevin Parkinson	**Responsible Manager:**	Margaret Williams
Committees where Paper Previously Presented:	Executive Committee		
Background Paper(s):			
Summary of Report:	To present the Information Governance Annual Report 2016/17 to the Governing Body for approval.		
Recommendation(s):	To approve the Information Governance Annual Report 2016/17 in order to publish the Information Governance Toolkit for the CCG.		

		Please Select Y/N
Identified Risks:		N
Impact Assessment: (Including Health, Equality, Diversity and Human Rights)		Y
Strategic Objective(s) Supported by this Paper:		**Please Select (X)**
To Improve the health of our population and reduce inequalities in health		
To reduce premature deaths from a range of long term conditions		
To develop care closer to home		
To commission safe, sustainable and high quality Hospital Health Care		
To commission safe, sustainable and high quality Mental Health Care		
To improve capacity and capability of primary care services to respond to the changing health needs of our population		
Please Contact:	Joanne Alexander	

Lancashire North CCG Information Governance Annual Report

1st April 2016 – 14th March 2017

1. Introduction

The annual report provides the CCG with an overview on progress against the IG improvement plan throughout the year. The report's aim is to keep the CCG apprised of both progress and issues relating to the IG improvement plan, therefore it is requested that the content of the report be received and acknowledged by the CCG's IG Lead, Caldicott Guardian and Senior Information Risk Owner. We request that to fulfil the obligations of their role, the Senior Information Risk Owner take particular note of the section "Information Risk Management Plan – Report to the Senior Information Risk Owner" to enable them to ensure that the CCG's Governing Body is informed of progress or any issues regarding information risk.

The Annual Report provides the CCG with a final overview of the Information Governance Improvement Plan for 2016/17.

2. Information Governance Toolkit

The CSU IG Team will publish the Information Governance Toolkit return on behalf of the CCG by 31st March 2017. Before this can happen, the senior management within the CCG must sign off each sub requirement of the toolkit as well as the overall score. The 2016-17 submission for Lancashire North CCG is:

Information Governance Management							
Assessment Period	Level						Outcome
	0	1	2	3	N/R	Exempt	Score & Status
Version 14 (2016-2017)	0	0	1	4	0	0	93% - Satisfactory

Confidentiality and Data Protection Assurance							
Assessment Period	Level						Outcome
	0	1	2	3	N/R	Exempt	Score & Status
Version 14 (2016-2017)	0	0	1	6	1	0	95% - Satisfactory

Information Security Assurance							
Assessment Period	Level						Outcome
	0	1	2	3	N/R	Exempt	Score & Status
Version 14 (2016-2017)	0	0	4	6	3	0	86% - Satisfactory

Clinical Information Assurance							
Assessment	Level						Outcome
Period	0	1	2	3	N/R	Exempt	Score & Status
Version 14 (2016-2017)	0	0	0	1	1	0	100% - Satisfactory

Overall Submission							
Assessment	Level						Outcome
Period	0	1	2	3	N/R	Exempt	Score & Status
Version 14 (2016-2017)	0	0	6	17	5	0	91% - Satisfactory

The CSU IG team therefore ask the CCG to confirm that they approve the IG Toolkit submission for v14 (2016-17) to be made as detailed above.

The Information Governance Toolkit was released on the 27th May 2016 and whilst there were no major changes, there were a number of requirements where the guidance has been strengthened and or particular wording updated to reflect the NHS Digital review of guidance between v13 to v14 release.

The above score represents the final position of the toolkit. Each year the toolkit requires a large proportion of the evidence to either be reviewed within the year, or it forms part of an annual work programme and is therefore developed within the year. As elements of the work programme for the year were completed, the evidence was added to the toolkit seeing the percentage score increase steadily throughout the year.

The toolkit scoring works on a cumulative basis with all required evidence for level 1 needing to be uploaded in order for successive levels to be able to be claimed and count towards the toolkit score. Therefore it was possible for a requirement to be scored at a level 0 if a piece of evidence at level 1 wasn't available to be uploaded, even if all required evidence at level 2 had been uploaded. This therefore meant that the percentage score on the toolkit wasn't necessarily representative of the proportion of the toolkit that had been completed.

3. **Improvement Plan 2016 - 17**

The Improvement Plan which details delivery of the IG service and the work to be completed to achieve the IG toolkit submission, therefore forming the CGS IG Strategy for 2016-17. This plan is therefore included as an appendix to the CCGs IG Policy.

The improvement plan is also included in this report at **APPENDIX A** with the addition of 2 columns which will monitor progress against the plan and RAG rating:

- **Column 1:**
  RAG rating on current progress against each requirement;

- **GREEN** is complete
- **AMBER** is in progress (Work programme started but elements are still outstanding however expected to be complete within the deadline)
- **RED** is work programme is behind and not on schedule
- **GREY** is work programme <u>not started</u>

- **Column 2:**
  Commentary – highlighting progress and any areas of concern, non-engagement or barriers/constraints prohibiting delivery.

The CCG's Improvement Plan has been confirmed as complete for 2016-17 following the approval of this report.

For the forthcoming year, the improvement plan will be reviewed to ensure its implementation will support further reinforcement of the CCG's compliance with the IG toolkit requirements, with particular focus on:

- Maintenance and development of the information risk work programme to develop more comprehensive registers of information assets, data flows, contracts/agreements and systems.
- Further awareness raising around the requirement for Privacy Impact Assessments to be completed as part of the planning of any new or changed services, processes or systems that the CCG commissions that require the use of personal data.
- Working with teams and supporting them with their IG training ensuring that the mandatory training requirements are met and that staff fully understand their responsibilities and fully implement the organisations policies and procedures.
- Review of the IG Handbook in line with the legislation changes and the Data Guardian Review, ensuring they remain fit for purpose and support the organisation in achieving a high standard of compliance.
- Preparation for the implementation of the General Data Protection Regulation which comes into force during May 2018.

4. Policies and Procedures

The IG Toolkit requires that the CCG have a number of policies and procedures in place covering all aspects of the IG agenda so that staff understand the expectations placed upon them by the organisation and how they can comply with them.

The CSU IG Team have undertaken a review of the current IG Policy, Handbook and Subject Access procedure to ensure they are still in line with national guidance, legislation and the IG Toolkit V14.

No changes are to be made to the IG Handbook or Subject Access procedure at this time.

It is anticipated that a relatively major review of the IG Handbook will take place during the first half of 2017-18 to meet the recommendations of the National Data Guardian Review and in preparation for the General Data Protection Regulation, along with anticipated updates to the IG toolkit.

Minor wording changes have been made to the IG Policy, updates made to the Information Governance Management Framework which is appended to the Policy and the approved Improvement Plan for 2016-17 added in place of the 2015-16 Improvement Plan.

The revised IG Policy was approved at the Executive Committee on 12 July 2016. It was agreed that the policy didn't require to be taken again through the Governing Body due to only minor changes being made for this review.

The Information Governance Handbook was discussed and approved at the Executive Committee meeting on 22 December 2015 and subsequently ratified by the Governing Body on 19 January 2016. The revision date of the handbook was approved for a further 12 months on 28 February 2017 by the Executive Committee.

The Procedure for the Management of Subject Access Request was discussed and approved at the Executive Committee meeting on 22 December 2015. The procedure has been reviewed and no changes have been made for this review. The revision date for the procedure was approved for a further 12 months on 28 February 2017 by the Executive Committee.

It has been agreed that due to the small size of the organisation, and that the organisations role is primarily commissioning therefore the majority of staff do not have access to personal information, there will be one set of guidance available for all staff, and where there are staff who groups or work areas who may have more access to sensitive information, support and guidance will be provided by the CSU IG team, including providing specialist training where required.

5. **Mandatory Information Governance Training**

In total 2 training sessions took place between September 2016 and November 2016. Attendance for these sessions was good. The majority of staff passed the compliance assessments. All assessment questions were discussed throughout the training and staff felt happy that they understood the answers and reasons behind them. Those members of staff that did not achieve the required pass rate have received additional support/training and passed upon re-taking the questions.

Staff that weren't able to attend a face to face session were asked to complete the online version (either via the NHS Digital IG online training tool or via Webex sessions) and were then provided with a briefing to ensure they are also made aware of the content of the face to face refresher training.

The CCG achieved their target of 95% for 2016/17 with 95% of CCG staff completing their mandatory annual IG training.

Total Number of CCG Staff	38
% Training compliance	95%

Once staff can evidence they have completed the "Introduction to Information Governance" module via the NHS Digital IG online training tool (either as part of their induction to the CCG or if they have completed as part of their training in a previous year), subsequent refresher training needs to be completed on an annual basis and this will be facilitated by face to face training sessions provided by the CSU IG team.

To meet the requirements of the IG Toolkit, the training includes a comprehension test via "acti-vote" devices which allows the training to be interactive, provide immediate feedback on delegates' understanding of the training, and allows a training needs analysis to be developed to identify where any staff may need further support following the training session.

6. Additional Training

Subject Access

The IG Support Officer provided the current CCG Subject Access Lead training for their role via a face to face session on 27 February 2017.

The Subject Access Lead found the training to be useful and beneficial when completing their role.
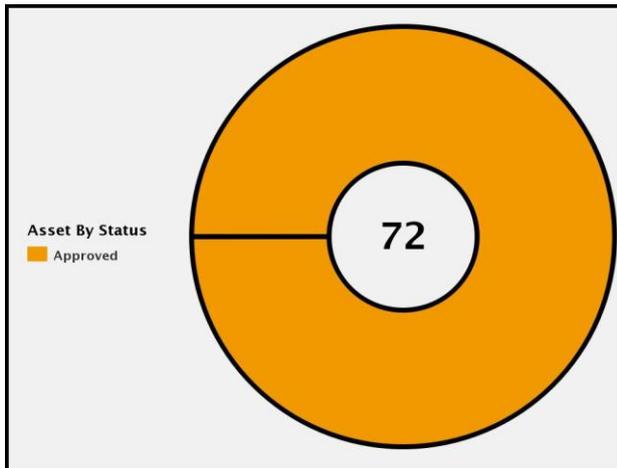
Information Risk

Information Risk training was provided to newly identified IAA/IAOs for 2016/17 via 1:1 sessions. In total, 2 IAOs and 1 IAA were trained for information risk in order for them to understand their role and complete the necessary work for 2016/17.

7. Information Risk Management Plan – Report to the Senior Information Risk Owner
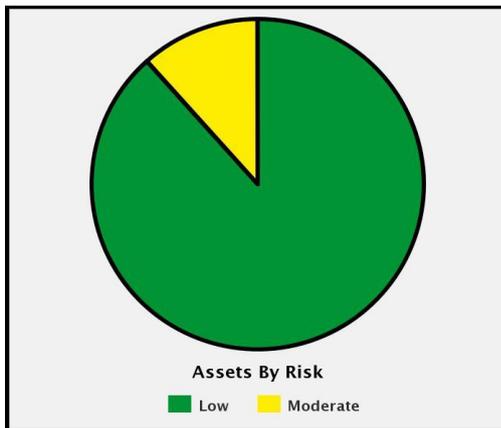
The Information Risk Management Programme is a continuous work programme and excellent progress has been made during the year and we would like to thank the CCG for their on-going support with this work programme. Information Asset Owners (IAOs) and Information Asset Administrators (IAA) are aware that this is a rolling exercise and where there is a change to assets, including the identification of new assets these will be recorded within U Assure.

Information Asset Register

72 assets are recorded within the U Assure system with the following activity breakdown:

Of those assets that have been approved the risk breakdown is as follows:

Risk Score	Number of Assets
Low	62
Moderate	10

The Information Risk Management Plan is a constant review cycle and so will never meet a 'stop' point. Each year the CCG must show that rather than stating that 'all' assets have been recorded; show substantial improvement has been made against the previous year

Action Plan Management

There are currently no action plans needed for the CCG, relating to assets identified as having a risk score of 12 or above.

The CCG should be aware that should any new assets be added or any changes to the current assets which result in a risk score of 12 or more will require an action plan to be put in place. The CCG's IG Support Officer will work with the relevant IAO to consider and record risk treatment options with a view to reducing the overall risk score. The SIRO will be asked to approve the chosen option prior to it being implemented by the IAO. Upon completion the asset will need to be amended to reflect the changes and the risk score therefore reduced. In some cases, there may be no viable options to mitigate the risk; therefore it would be recommended that the risks be added to the CCG's risk

register as a managed risk.

Business Critical Assets

Business critical assets are defined as those which, if unavailable for 3 days or less, would result in a noticeable impact on the business. The following chart below details the business impact of the information assets logged on U Assure, which have approved status:

Business Impact Analysis
■ Low Impact ■ High Impact
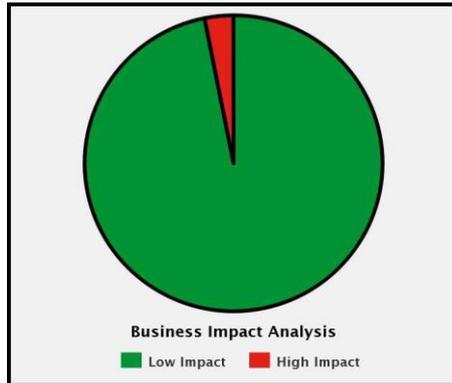
In total 2 assets, have been identified as business critical and are listed below;

Tier	Asset ID	Asset Name	Interim Solution
AdminCorp	2015-IA-000077	Human Resources Files	The majority of the information is available via the CSU Human Resources team. Should any information be required that the CSU do not hold, the CCG will look at retrieving this information historically with approval from the SIRO and Accountable Officer.
AdminCorp	2015-IA-000107	On Call Rota Pack (Paper)	The On Call Pack is issued to all relevant managers so if packs were unavailable, each manager would be asked if they had a copy in order to replicate.

The IG team will work with the CCGs business continuity lead to ensure that these assets have been identified and included within the CCGs current Business Continuity Plan.

In the interim, the IAO has identified a temporary business continuity arrangement should these assets become unavailable which is included within the table above.

Data Flow Mapping

The second key element of the Information Risk Management Plan is the identification of where the CCG sends or receives identifiable or commercially sensitive information, both within the organisation and externally. Through the data flow mapping process, these "flows" of data are identified and risk assessed based on their content and the process of transmission followed. 180 data flows have been identified; the chart below shows the progress to date:
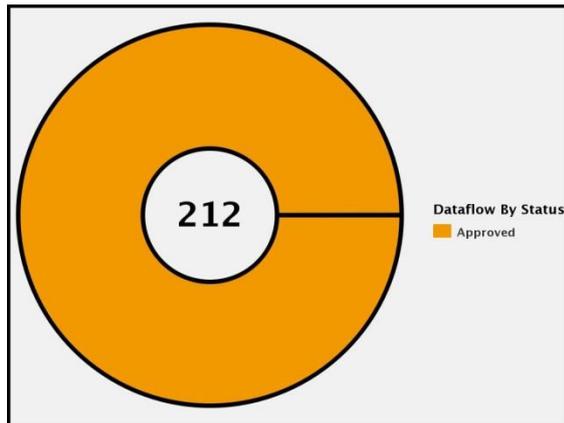
Of the 212 data flows recorded, the direction of the flows is as follows:
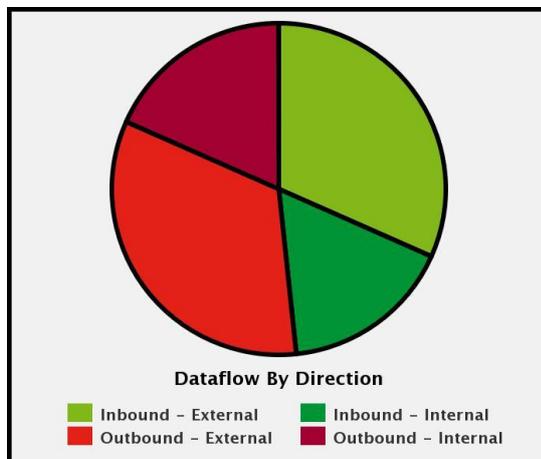
Direction	Number of Flows
Inbound - Internal	30
Outbound - Internal	33
Inbound – External	73
Outbound - External	76

As with information assets, where a risk of 12 or more is identified, the CCG's IG Support Officer will work with the relevant IAO to develop risk treatment options with a view to reducing the risk score.

There are currently no data flows that had been identified as having a risk score of 12 or more.

Systems and Software Register

Included within the U Assure system, IAO/IAAs can record information assets as being stored within a system. When an asset is identified as stored within a system, this requires the system or software to be registered and assessed for IT and IG compliance. From the recorded information assets, the CCG has identified 1 system which processes/holds CCG information:

System	Status	Risk Score
Datix	Questionnaire completed and system risk assessed	4

The risks to the system have been considered via a series of questions around the security and controls in place. The IG Support Officer assisted the System Owner (usually the administrator of the system for the CCG) in the completion of the questionnaire within U Assure and sought further assistance from the system supplier themselves for the more technical questions.

Contracts and Agreements

Contracts and Agreements is another module within the U Assure system; the module identifies data flows where personal or confidential data is transferred inbound and outbound to third parties outside of the CCG and whether a contract or agreement has been put in place to document the purpose and legal basis of the sharing.

There are a potential of 25 data flows, recorded as flowing 'Outbound – External' within the system which either contain personal or confidential data. The IGSO will work with the IAOs to identify the legal basis and where needed, contracts and agreements will be added and assessed. To date there have been no issues identified with regards to the legal basis for these flows.

Contracts with third parties not currently assigned to data flows will also be uploaded to U Assure. The IG Support Officer is continuing to work with the CCG to identify any potential contracts which fall under this scope.

Additionally, the CCG requests all third party contractors, temporary staff etc. read and sign the CCG's Compliance Agreement to adhere to the CCG's Information Governance Handbook.

The CCG currently has no temporary contractors working on behalf of the CCG who therefore have access to CCG information.

Confidentiality Audit

A Confidentiality Audit was carried out on 28 February 2017 to review shared drive access, smartcard role based access and systems access.

Shared Drive Access

4 information assets were chosen that contained personal confidential data. The IG Support Officer contacted the IAO or IAA and asked them to confirm which staff members should currently have access to where the asset is stored. The IG Support Officer then contacted the IT Servicedesk to request which staff members currently had access to each area.

The audit found that there were no discrepancies with the assets for this audit.

Registration Authority

The IG Support Officer requested a list of CCG staff members that had been issued with a smartcard from the Registration Authority (RA) Department.

The audit found that there was one discrepancy with this audit. The RA department have been contacted to remove the roles allocated to a member of staff that has left the CCG.

Systems Access Audit

Following the completion of the system questionnaires, the IG Support Officer worked with the system owner and IAO/IAA to identify the members of staff who should have access to the systems. This was then compared to the users who actually had access to the systems.

The audit found that there were no discrepancies.

Information Security Audit

Information Security Audits are carried out to ensure the security arrangements stated in the Information Asset Register in relation to physical assets containing personal information are in place when audited.

An information security audit was not completed for February/March 2017 as the only paper based assets that have been identified as containing personal confidential data were audited in December 2016.

Previous Audits are detailed at **APPENDICES B and C** showing actions completed.

8. Information Governance Incidents

It is important that the CCG identify and report any actual or near-miss breaches of confidentiality which are caused by the CCG or its staff. The CSU IG team will work with the CCG to ensure that processes for reporting such breaches which are in line with the requirements set out by the NHS Digital "Checklist Guidance for Reporting, Managing and Investigating Information Governance and Cyber Security Serious Incidents Requiring Investigation" Guidance.

The IG Team have been made aware of 1 near miss and 2 Level 1 incidents for 2016/17 since 1st April 2016 to date.

1 of the breaches identified during 2016/17 was found to be as a result of there being no clear legal basis for the use or sharing of personal information.

Previous incidents are detailed in **APPENDIX D**.

9. Information Governance Spot Checks

It is essential that the organisation regularly checks their own compliance against the policies and procedures approved for use. It is also essential that staff understand how to implement the policies and procedures in practice. To facilitate this, the CSU IG Support Officer will undertake spot checks, alternating between working hours and out of hours checks, on a monthly basis. The checks aim to review compliance with clear screen & clear desk, the securing of confidential data and the overall security of the office areas and the working hours checks also include speaking to staff to

determine their understanding of the organisations policies and procedures. The findings and recommendations from the checks will be shared with the CCGs IG Leads and a summary included in this report.

An out of hours spot check was carried out on 13th February 2016

- All mobile media had been locked away from the previous working day.

- Some volume of paperwork on desks. Staff were asked to check that these were not commercially sensitive; most cases it was found that this wasn't the case. Where there were commercially sensitive documents, staff were asked to shred or lock these away. There was an improvement on this however from the previous out of hours spot check.

- Majority of desks adhered to policies and procedures.

A working hours spot check was carried out on 27th February 2017

- Some instances of staff not locking their screens and leaving paperwork out on desks of a commercially sensitive nature. Staff were reminded of clear screen and desk procedures.

- Good understanding of IG procedures during staff compliance check questions.

Previous spot checks detailing actions completed can be found at **APPENDIX E.**

10. Privacy Impact Assessments

It is essential the CCG involve the Information Governance team in the planning of any new services, processes or systems that the CCG commissions that require the use of personal data, to ensure a PIA is completed.

Currently there are no PIAs under review for Lancashire North CCG for this reporting period.

Details of approved PIAs can be found in **APPENDIX F.**

11. Caldicott Issues (including Information Sharing)

The Caldicott Guardian has particular responsibility for representing patients' interests regarding the use of patient identifiable information and to ensure that the arrangements for the use and sharing of information comply with the Data Protection and Caldicott principles. The Caldicott Guardian, supported by the IG team, will advise on lawful and ethical processing of information and enable information sharing. Whenever the Caldicott Guardian is consulted or makes a decision in their role as Caldicott Guardian, this should be documented on the Caldicott Issues log. Therefore it is vital that the Caldicott Guardian work with the IG Support Officer to ensure that this log is kept accurate and up to date. The Caldicott Issues log is included in anonymised form at **APPENDIX G.**

12. Data Protection Requests (Subject Access Requests)

Where the CCG holds personal data regarding its staff and service users, under the requirements of the Data Protection Act, the data subjects have a right of access to this information. This is known as a subject access request.

From 1st April 2016 to the date of this report, the CSU IG team have been made aware of 2 Data Protection requests:

ID	Date Received	Type of Records	Deadline Met?	If sent outside of deadline, why?	Any Redactions?
001	16/08/2016	Complaints	Yes	N/A	Yes, some references relating to a third party that they haven't consented for their information to be released to the requestor.
002	19/12/2016	Complaints	Yes	N/A	N/A

APPENDIX A – LANCASHIRE NORTH CCG INFORMATION GOVERNANCE IMPROVEMENT PLAN 2016-17

Improvement/Requirement Detail	Detail	Product	Lead/ Resource	Inter-dependency	Completion Dates	IGT Req No.	RAG Rating	Commentary
IG Policy Review (Required to be reviewed annually)	Review of the current policy against the newest version of the IG Toolkit, national guidance and any legislation changes within the year.	IG Policy	CSU IG Manager/ IG Support Officer	N/A	31st August 2016	**130 131 132 133 230**		Complete - Policy approved at Executive Committee 12 July 2016
	Review of the Information Governance Management Framework to reflect any changes in key personnel and also the resource sections to reflect the CSU restructure which will take effect mid-2016.			N/A		**231 232 235 340 341 345 420**		
	Incorporation of the Improvement Plan for 2016-17.			N/A				
Standard Information Governance Management Reporting The toolkit requires a number of standard items to be reported on a regular basis to the meeting with responsibility for Information Governance. This should be pro-active	Bi monthly Reporting to the organisations IG lead, Senior Information Risk Owner & Caldicott Guardian to monitor performance against the IG Improvement Plan. To include: IGT scores	Bi-Monthly reports	CSU IG Manager/ IG Support Officer	N/A	Issued on or before 27th May 2016	**130 131 134**		Complete - Report sent to IG Leads 27 May 2016
					Issued on or before 29th July 2016	**230 231 234**		Complete – Report sent to the IG Leads 29 July 2016
					Issued on or before 30th September	**235 237 340**		Complete – Report sent to the IG Leads 30

Improvement/Requirement Detail	Detail	Product	Lead/ Resource	Inter-dependency	Completion Dates	IGT Req No.	RAG Rating	Commentary
reporting (even if NIL return) rather than reactive.	IG Training Information Risk Management Plan Incidents PIAs Caldicott update Data Protection requests				2016	**341** **345** **346** **349** **350** **351** **420**		September 2016
					Issued on or before 25th November 2016			Complete – Report sent to the IG Leads 25 November 2016
					Issued on or before 27th January 2017			Complete – Report sent to the IG Leads 27 January 2017.
	Information Governance Annual Report (incorporating the final Bi-monthly Report) highlighting the annual performance against the improvement plan and also sign off of the Information Governance Toolkit submission.	Annual Report		N/A	Issued on or before 17th March 2017			Complete – This report
Information Governance Training All staff are required to undertake information governance training on an annual basis ensuring that the minimum training specification set out by the Health & Social	All Staff Refresher Training to be delivered throughout the organisation via face to face training sessions ensuring staff are not only informed of the national responsibilities but also the organisations local	Staff Training Database detailing training completed	CSU IG Support Officer	N/A	September to December 2016	**133** **134** **230** **231** **234** **237** **340** **345**		The CCG have achieved their target with 95% of CCG staff having completed their annual training.

Improvement/Requirement Detail	Detail	Product	Lead/ Resource	Inter-dependency	Completion Dates	IGT Req No.	RAG Rating	Commentary
Care Information Centre is met. Additional training should be provided to staff in key roles to ensure that they remain effective within their roles and fully understand their information governance responsibilities.	implementation of legislation & guidance. This will be achieved via a 2 hour session open to all staff and will include an interactive assessment of staff training needs.					**349** **420**		
	1:2:1 IG Induction sessions for new starters. All new staff to the organisation needs to be fully aware of their responsibilities in relation to information governance. To support this process a member of the Information Governance Team will meet with each new starter to take them through an IG induction which is separate to the organisation induction.	Staff Training Database detailing training completed	CSU IG Support Officer	N/A	On-going			7 inductions have been completed for 2016/17. Whilst these are always on going and never come to an end point where they are truly complete, the work on them has been completed for this toolkit year.
	Information Governance Training for Governing Body members. It is essential that all staff working on behalf of the organisation understand their responsibilities, even if	Staff Training Database detailing training completed	CSU IG Manager	N/A	On request			Not requested by the CCG

Improvement/Requirement Detail	Detail	Product	Lead/ Resource	Inter-dependency	Completion Dates	IGT Req No.	RAG Rating	Commentary
	they only have access to very limited information or minimal access to IT facilities. This session is **optional** should the CCG feel that members would benefit from high level overview training for IG.							
	Information Risk training for new staff nominated as Information Asset Owners (IAOs) or Administrators (IAAs) or where existing IAO's/IAA's require additional support. Face to face sessions to be held with the Information Governance Support Officer which will include background to information risk, roles & responsibilities and system user training.	Staff Training Database detailing training completed	CSU IG Support Officer	N/A	On-going			2 IAOs and 1 IAA have received Information Risk Training for 2016/17. Whilst these are always on going and never come to an end point where they are truly complete, the work on them has been completed for this toolkit year.
	Subject Access Training for those staff identified as being responsible for the	Staff Training Database detailing	CSU IG Support Officer	N/A	On request			The CCG's Subject Access Lead received face to

Improvement/Requirement Detail	Detail	Product	Lead/ Resource	Inter-dependency	Completion Dates	IGT Req No.	RAG Rating	Commentary
	handling of Subject Access Requests under the Data Protection Act. This will be provided to staff new in the role or existing staff requiring additional support.	training completed						face training on 27th February 2017.
	Freedom of Information training for those staff who are involved in the collation of FOI responses on behalf of the organisation.	Staff Training Database detailing training completed	CSU IG Support Officer	N/A	On request			Not requested by the CCG
	Privacy Impact Assessment Training for those staff who need to be able to recognise the need for and undertake a PIA on behalf of the organisation.	Staff Training Database detailing training completed	CSU IG Support Officer	N/A	On request			Not requested by the CCG
Information Governance Handbook Annual Review	Review of the current handbook against the newest version of the IG Toolkit, national guidance, any legislation changes within the year and any lessons learnt as a result of incidents within the year or areas of improvement	IG Handbook	CSU IG Manager/ IG Support Officer CCG IG Lead to support with personalisation of IG Handbook	N/A	January 2017	**132** **133** **134** **230** **231** **232** **234** **235** **237**		Complete – review to be completed 2017/18. IG Handbook was approved for a further 12 months by the Executive Committee on 28 February 2017

Improvement/Requirement Detail	Detail	Product	Lead/ Resource	Inter-dependency	Completion Dates	IGT Req No.	RAG Rating	Commentary
	identified via staff training, staff compliance checks and spot check audits. Changes made if required.					**340 341 343 348 349 350 351 420**		
Information Governance & Data Protection Clauses within Staff Contracts All staff working for or on behalf of the organisation are required to sign up to relevant clauses in relation to information governance. Clauses must be reviewed against the requirements within the toolkit to ensure that they remain up to date and fit for purpose.	Statement from most senior Human Resources Officer to confirm that all contracts of employment include adequate Information Governance clauses.	HR assurance statement	CSU IG Support Officer	N/A	30th September 2016	**132 133**		Complete – revised statement received.
	Evidence that temporary staff and third party staff working on behalf of the organisation have signed the third party and temporary contractor agreement to ensure that they are aware that they are required to abide by the organisations information governance policies and procedures whilst undertaking work on behalf of the organisation.	List of temporary staff and third party staff working on behalf of the organisation and the date they signed the agreement	CSU IG Support Officer	N/A	Bi-Monthly check to ensure all temporary and third party staff have been identified and have signed the agreement			The CCG has not identified any contractors currently working for the CCG. Whilst these are always on going and never come to an end point where they are truly complete, the work on them has been completed for this

Improvement/Requirement Detail	Detail	Product	Lead/ Resource	Inter-dependency	Completion Dates	IGT Req No.	RAG Rating	Commentary
								toolkit year.
Contracts & Agreements Register identifying third parties with access to the organisations data It is important that where a data controller appoints a data processor on their behalf that there are appropriate clauses in place to ensure that the data is only used in line with the stipulations set out by the data controller.	Through the completion of data flow mapping, it will be identified where the organisation shares data with third parties. The contracts and/or agreements governing the data sharing will be reviewed to ensure that they contain adequate IG clauses and action plans put in place where amendments are required.	Contracts & Agreements Register	CSU IG Support Officer	Data Flow Mapping	Bi-Monthly check to ensure all contracts and agreements have been identified and reviewed	**132 344 350**		Contracts and agreements are identified through the information risk work programme. To date there are 25 potential data flows that require a contract or agreement in place. Whilst these are always on going and never come to an end point where they are truly complete, the work on them has been completed for this toolkit year.
	Further contracts will be held which provide potential access to organisational information assets which are		CSU IG Support Officer					The CCG will continue to look at any further contracts where

Improvement/Requirement Detail	Detail	Product	Lead/ Resource	Inter-dependency	Completion Dates	IGT Req No.	RAG Rating	Commentary
	not directly related to a data flow, e.g. photocopier suppliers or Internal Audit. These contracts will be identified and reviewed to determine whether they contain appropriate IG clauses and action plans put in place where amendments are required.							there is no associated data flow. Whilst these are always on going and never come to an end point where they are truly complete, the work on them has been completed for this toolkit year.
Information Governance Compliance Checks It is essential that the organisation regularly checks their own compliance against the policies and procedures approved for use. It is also essential that staff understand how to implement the policies and procedures in practice.	Working hour's compliance checks which will also include an assessment of staff understanding of the organisations policies and procedures including mobile working.	Feedback to SIRO and IG Lead Summary included in Bi-Monthly Report	CSU IG Support Officer	N/A	May 2016	**133 134 231 234 237 349**		Completed 27 June 2016 due to team annual leave and circulated to IG Lead
					July 2016			Completed 20 July 2016 and circulated to IG Lead
					September 2016			Completed 15 September 2016 and circulated to IG Lead
					November 2016			Completed 16 November 2016 and circulated to

Improvement/Requirement Detail	Detail	Product	Lead/ Resource	Inter-dependency	Completion Dates	IGT Req No.	RAG Rating	Commentary
								the IG Lead
					January 2017			Completed 19 January 2017 and circulated to the IG Lead
					March 2017			Completed 27 February 2017 and circulated to the IG Lead
	Out of hour's compliance check to ensure that staff follow the organisations policies and procedures in relation to clear screen & clear desk, the securing of confidential data and the overall security of the office areas.	Feedback to SIRO and IG Lead Summary included in Bi-Monthly Report	CSU IG Support Officer	N/A	April 2016			Completed 26 April 2016 and circulated to IG Leads
					June 2016			Completed 27 June 2016 and circulated to IG Leads
					August 2016			Completed 24 August 2016 and circulated to IG Lead
					October 2016			Completed 19 October 2016 and circulated to IG Lead
					December 2016			Completed 5 December 2016 and circulated to IG Lead

Improvement/Requirement Detail	Detail	Product	Lead/ Resource	Inter-dependency	Completion Dates	IGT Req No.	RAG Rating	Commentary
					February 2017			Completed 13 February 2017 and circulated to the IG Lead
Support the Internal Audit programme for Information Governance NHS organisations are mandated to have an annual independent audit of their Information Governance Toolkit Compliance.	To work with the CCG to agree the internal audit scope and ensure that the evidence required, at the point of audit is available or a supporting plan is in place to achieve compliance where evidence is unavailable.	Agreed TOR for planned IGT audit	CSU IG Manager/ IG Support Officer	N/A	Quarter 4 2016/17	**N/A**		Scope has been agreed and MIAA have completed audit. Findings to be circulated to the CCG IG Leads
	To provide a response to the internal audit findings and where required implement the audit recommendations or put a plan in place to incorporate the findings into the wider work programme for the following year.	Audit response	CSU IG Manager/ IG Support Officer	N/A	Quarter 4 2016/17			Complete – Report received from MIAA to CCG IG Leads
Service Review Meetings It is important for the CCG IG lead, Senior Information Risk Owner and the Caldicott Guardian to be kept informed on the progress of the IG	Initial Service Review meeting to look at how the team performed in the previous 12 months, lessons learnt, areas for improvement and the	N/A	CSU IG Manager/ IG Support Officer CCG IG Lead, SIRO and Caldicott Guardian	CCG Availability	June – July 2016	**N/A**		Meeting rescheduled to 5 December 2016 due to CCG and CSU unavailability. There will be 1

Improvement/Requirement Detail	Detail	Product	Lead/ Resource	Inter-dependency	Completion Dates	IGT Req No.	RAG Rating	Commentary
improvement plan and have an opportunity to identify any issues with the IG management team.	structural changes following the CSU management of change.							service review meeting for 2016/17.
	6 month service review meeting to review progress against the improvement plan and ensure that he service delivery remains on track.	N/A	CSU IG Manager/ IG Support Officer CCG IG Lead, SIRO and Caldicott Guardian	CCG Availability	October – December 2016			Agreed report to be sent to the CCG IG Leads rather than a face to face meeting.
Data Transferred outside of the UK Identifying personal data transferred outside of the UK and whether there are appropriate agreements in place.	Completion of data flow mapping will highlight whether any data is transferred outside of the UK and therefore where further agreements and checks need to be put in place to ensure the legality and security of the data flows.	U Assure data flow mapping report	CSU IG Support Officer	Data Flow Mapping	On-going	236 350		Any data transferred outside the UK is identified through the data flow mapping module in U Assure. Whilst these are always on going and never come to an end point where they are truly complete, the work on them has been completed for this toolkit year.

Improvement/Requirement Detail	Detail	Product	Lead/ Resource	Inter-dependency	Completion Dates	IGT Req No.	RAG Rating	Commentary
Fair Processing Data Controllers are required to issue a fair processing notice to their service users identifying how they process data and who they share data with (data recipients).	Review of the current fair processing notice in place to ensure suitability for the forthcoming year and whether there are any new data uses that need to be reflected.	Public Fair Processing Notice	CSU IG Support Officer	Data Flow Mapping	As required	**250** **350**		Complete – confirmation from NHS Digital that notice is satisfactory and meets the requirements
	Review current fair processing notice for staff data. The fair processing notice needs to identify what staff data is collected and the purposes of the processing.	Staff Fair Processing Notice	CSU IG Support Officer	Data Flow Mapping	As required			Not yet required
Confidentiality Audits It is essential that the organisation routinely monitors access to confidential information.	Audits of access to the following will be monitored: Smart Card Access Systems Access Shared Drive Access to Electronic Assets	Feedback to SIRO and IG Lead Summary included in Bi-Monthly Report	CSU IG Support Officer	Information Asset Register Systems and Software Register	30th June 2016	**235** **343** **344** **348**		Completed – Information contained in July Bi-Monthly report
					30th September 2016			Completed – Information contained in September Bi-Monthly report
					31st December 2016			Completed – Information contained in

Improvement/Requirement Detail	Detail	Product	Lead/ Resource	Inter-dependency	Completion Dates	IGT Req No.	RAG Rating	Commentary
								January 2017 Bi-Monthly report
					31st March 2017			Complete – Information contained within this report.
Caldicott To support the Caldicott Guardian in the implementation of the Caldicott Framework and to focus on the implementation of the recommendations of Caldicott 2.	Review documented internal procedure for the identification/reporting of Caldicott issues to ensure it is accurate and up to date.	Caldicott procedure Caldicott Log	CSU IG Support Officer CCG Caldicott Guardian	N/A	July 2016	**230** **231** **234**		Completed – Caldicott Guardian has reviewed latest procedure and approved.
	Provide support in the form of a 1:2:1 update to the Caldicott Guardian regarding their role and responsibilities.			N/A	October 2016			Complete – Updates provided on 25 October 2016.
	Review procedure for the management of Subject Access Requests including legislative requirements and template correspondence to ensure accurate and up to date.	Standard Operating Procedure for the Management of Subject Access Requests	CSU IG Support Officer	N/A	November 2016			Complete – no further changes to be made to the current procedure
Privacy Impact Assessments Privacy Impact Assessments	Work with teams in the organisation that have	Completed PIA checklists	CSU IG Support Officer	N/A	On-going	**237**		3 PIA's have been completed since 1st

Improvement/Requirement Detail	Detail	Product	Lead/ Resource	Inter-dependency	Completion Dates	IGT Req No.	RAG Rating	Commentary
have been mandatory within the NHS since 2008; however the completion of them is still quite ad hoc. There is a clear need to raise the awareness of Privacy Impact Assessments and embed the process.	responsibility for the commissioning, implementation and project management of new process and services to ensure that they understand the need to complete and the approval process, including providing training where requested.	and questionnaires Summary included in Bi-Monthly Report	CCG Project/ Commissioning teams/IAOs					April 2016. Whilst these are always on going and never come to an end point where they are truly complete, the work on them has been completed for this toolkit year.
Information Sharing/Data Processing Agreements It is important to ensure that where the organisation will be party to the sharing of personal data that appropriate agreements are in place.	Ensure review process is in place to ensure that agreements are only signed off once they have been reviewed by the IG team against the Information Sharing Checklist and recommendations made and implemented where required.	Contracts & Agreements Register Caldicott Log	CSU IG Support Officer CCG Project/ Commissioning teams/IAOs	N/A	On-going	**132 230 231 232**		There has been 4 information sharing agreements approved within the CCG. whilst these are always on going and never come to an end point where they are truly complete, the work on them has been completed for this toolkit year.
Information Asset Registers	Review of the current	U-Assure	CSU IG Support	N/A	On-going	**341**		Complete - Whilst

Improvement/Requirement Detail	Detail	Product	Lead/ Resource	Inter-dependency	Completion Dates	IGT Req No.	RAG Rating	Commentary
All NHS organisations are required to record all information assets that it holds, in whatever format and record the access controls associated with them.	information asset register and also the addition of further information to build on the previous years' work.	Reports Summary included in Bi-Monthly Report	Officer CCG IAOs and IAAs			**344** **345** **346** **351**		these are always on going and never come to an end point where they are truly complete, the work on them has been completed for this toolkit year.
	Identification of business critical assets which need to be afforded additional protection and ensure their inclusion in Business Continuity Plans and organisational risk registers as appropriate.	U-Assure Reports Summary included in Bi-Monthly Report	CSU IG Support Officer CCG IAOs	N/A	On-going			Whilst these are always on going and never come to an end point where they are truly complete, the work on them has been completed for this toolkit year. The business critical assets identified will be reviewed with a view to be included within the CCG's Business Continuity Plan

Improvement/Requirement Detail	Detail	Product	Lead/ Resource	Inter-dependency	Completion Dates	IGT Req No.	RAG Rating	Commentary
	Information assets with a risk score of 12 and above need to be considered by the IAO and SIRO with consideration given as to whether these will be accepted risks or whether there are steps that can be taken to mitigate the risk.	Action plans Summary included in Bi-Monthly Report	CSU IG Support Officer CCG IAOs and SIRO	N/A	On-going			There are currently no information assets that require an action plan. Whilst these are always on going and never come to an end point where they are truly complete, the work on them has been completed for this toolkit year.
Data Flow Mapping NHS organisations are mandated to record personal and commercially sensitive data which flows either internally within the organisation or external to the organisation.	Review of the recorded data flows and additional flows recorded once new assets have been added. These will include details of the controls in place when the assets are in transit.	U-Assure Reports Summary included in Bi-Monthly Report	CSU IG Support Officer CCG IAOs and IAAs	Information Asset Register	On-going	350		There are currently 212 data flows logged in U Assure for the CCG. Whilst these are always on going and never come to an end point where they are truly complete, the work on them has been completed for this toolkit year.

Improvement/Requirement Detail	Detail	Product	Lead/ Resource	Inter-dependency	Completion Dates	IGT Req No.	RAG Rating	Commentary
Systems and Software Register Identification of information held within systems or software and the access controls associated.	Identification and risk assessment of systems and software used by the organisation to hold information assets to allow comprehensive system level security policies to be produced.	U-Assure Reports - system level security policies Summary included in Bi-Monthly Report	CSU IG Support Officer CCG IAOs and IAAs	Information Asset Register	On-going	**235 341 344 346 347 351**		To date 1 system has been identified and risk assessed in U Assure. Whilst these are always on going and never come to an end point where they are truly complete, the work on them has been completed for this toolkit year.
Information Security Audits Recording the controls in place to ensure that assets remain safe and secure is not sufficient. The organisation needs to ensure that the controls afforded are being used and effective.	Information security audits will 'test' that the information recorded within the asset register is accurate and effective and that the organisation procedures are being appropriately followed.	Feedback to SIRO and IG Lead Summary included in Bi-Monthly Report	CSU IG Support Officer	Information Asset Register	30th June 2016	**341 350 351**		Completed – Information contained in July Bi-Monthly report
					30th Sept 2016			Completed – Information contained in September Bi-Monthly report
					31st Dec 2016			Completed – Information contained in

Improvement/Requirement Detail	Detail	Product	Lead/ Resource	Inter-dependency	Completion Dates	IGT Req No.	RAG Rating	Commentary
								January's Bi-Monthly report
					31st Mar 2016			Completed – Information contained within this Bi-Monthly report
Incident Management Supporting the organisation in the assessment, reporting and investigation of Information Governance breaches.	Working with the organisation to carry out a severity assessment based on the national requirements and where required working with the organisation to ensure that level 2 incidents are reported externally within 24 hours of becoming aware of the incident.	Incident reports/actio n plans Summary included in Bi-Monthly Report	CSU IG Support Officer	N/A	On-going	133 235 349		To date there has been 3 IG incidents reported in the CCG since 1st April 2016. Whilst these are always on going and never come to an end point where they are truly complete, the work on them has been completed for this toolkit year.
Mobile Working Arrangements It is essential that some staff have the ability to work away from the organisations bases to allow them to work effectively within their roles but this	Ensure a record of all mobile workers is maintained which identifies the equipment held, their authorisation for mobile working and that they have received guidance	Mobile workers record including authorisation date,	CSU IG Support Officer	N/A	Bi-Monthly check to ensure records are accurate and up to date	348		There are no current changes to the mobile media records from the previous check. Whilst these are

Improvement/Requirement Detail	Detail	Product	Lead/ Resource	Inter-dependency	Completion Dates	IGT Req No.	RAG Rating	Commentary
needs to be undertaken in a secure and managed way.	on expected behaviours.	equipment held Staff Training Database detailing IG Handbook signature						always on going and never come to an end point where they are truly complete, the work on them has been completed for this toolkit year.
Information Quality and Records Management It is essential that organisation manage all records appropriately and that they ensure standards around the creation, recording, review, retention and destruction of those records are implemented and up held.	Review of the records management sections of the current handbook against the newest version of the IG Toolkit, national guidance, any legislation changes within the year and any lessons learnt as a result of incidents within the year or areas of improvement identified via staff training, staff compliance checks and spot check audits. Changes made if required	IG Handbook	CSU IG Support Officer	IG Handbook	January 2017	420		Complete – review to be completed 2017/18. IG Handbook to be taken to Executive Committee in February 2017 for recommendation the handbook review date be extended for a further 12 months.

Improvement/Requirement Detail	Detail	Product	Lead/ Resource	Inter-dependency	Completion Dates	IGT Req No.	RAG Rating	Commentary
	Corporate records audit to be carried out to ensure that the procedures set out in the IG Handbook are adhered to and to identify any areas requiring more support.	Feedback to SIRO and IG Lead

Summary included in Bi-Monthly Report | | Information Asset Register | 31st August 2016 | | | Complete – Audit was merged for 2016/17. |
| | | | | | 28th Feb 2017 | | | This audit has commenced and the findings are currently being finalised |

APPENDIX B - CONFIDENTIALITY AUDITS

	Date	Findings	Recommendations	Actions	Actions Complete (Y/N)
Shared Drive Access	July 2016	Satisfactory	N/A	N/A	N/A
	September 2016	Satisfactory	N/A	N/A	N/A
	December 2016	Satisfactory	N/A	N/A	N/A
	February 2017	Satisfactory	N/A	N/A	N/A
Smartcard	July 2016	Satisfactory	N/A	N/A	N/A
	September 2016	Satisfactory	N/A	N/A	N/A
	December 2016	Satisfactory	N/A	N/A	N/A
	February 2017	1 discrepancy due to staff member left the CCG	IGSO to contact the RA department	IGSO has contacted the RA department. Smartcard role removed.	Yes
Systems Audit	July 2016	Satisfactory	N/A	N/A	N/A
	September 2016	Satisfactory	N/A	N/A	N/A
	December 2016	Satisfactory	N/A	N/A	N/A
	February 2017	Satisfactory	N/A	N/A	N/A

APPENDIX C - INFORMATION SECURITY AUDITS

	Date	Findings	Recommendations	Actions	Actions Complete (Y/N)
Information Security Audit	July 2016	Satisfactory	N/A	N/A	N/A
	September 2016	Satisfactory	N/A	N/A	N/A
	December 2016	Satisfactory	N/A	N/A	N/A
	February 2017	No further assets recorded for this audit	N/A	N/A	N/A

APPENDIX D - INCIDENTS

Ref No	Incident Detail	Actions Taken	Date of Incident	Incident Level Score	Lessons Learned	Outcome
NM01	An email was sent with anonymised patient information to staff that weren't the intended recipient.	Staff member made aware of error and procedures to be followed for future	Aug 2016	0	N/A	N/A
IG01	Staff member requested personal data without a legal basis to then forward to another organisation	Staff member made aware of error and procedures to be followed for future	Nov 2016	1	Staff member completed lessons learned with IG Support Officer and completed IG refresher training shortly after incident reported	No further action taken
IG02	Staff member sent sensitive personal data to another department that didn't have a legitimate purpose to receive the data	Recipient raised as an incident and deleted email. Department concerned made aware of breach	Dec 2016	1	IG Support Officer met with department concerned to complete lessons learned and review procedures. Department have all since completed IG refresher training.	Procedures within department reviewed

APPENDIX E - SPOT CHECKS

Working Hours Spot Checks

Date	Findings	Recommendations	Actions	Actions Complete (Y/N)
June 2016	Confidential waste containers were overflowing due to an issue with the new confidential waste contractor	Email Property Services to raise potential IG security issue	Property Services emailed. Issue has since improved.	Yes
July 2016	None	N/A	N/A	N/A
September 2016	None	N/A	N/A	N/A
November 2016	None	N/A	N/A	N/A
January 2017	Some instances of staff leaving commercially sensitive documents out on desks and leaving screens unlocked when unattended	Staff to be reminded verbally of the importance of clear screen and desk procedures	IGSO reminded staff verbally and will monitor for future	Yes

Out of Hours Spot Checks

Date	Findings	Recommendations	Actions	Actions Complete (Y/N)
April 2016	Mobile media left out from previous working day Some confidential data left out on desks	IG Support Officer to send communications via the IG newsletter and through training	Reminders sent in IG newsletters and included within IG training	Yes
June 2016	Large volumes of paperwork left on desks potentially of a confidential nature	Discussion with IG Lead to resolve the issue	More frequent spot checks to monitor and individuals concerned asked to review paperwork	Yes
August 2016	Satisfactory	N/A	N/A	N/A
October 2016	Large volumes of paperwork left on desks potentially of a confidential nature	Discussion with IG Lead to resolve the issue	More frequent spot checks to monitor and individuals concerned asked to review paperwork	Yes
December 2016	Some volume of paperwork left out on desks	Improvement from previous spot check however further reminders to staff to continue to monitor.	IGSO to contact persons concerned and offer additional support or recommendations where required	Yes

APPENDIX F - APPROVED PRIVACY IMPACT ASSESSMENTS

PIA Title	Lead Person	PIA Completed By	Status	Comments	Date Approved
Cumbria and Lancashire North CCG's Data Sharing	Gary O'Neill	Andrew Burns	Approved	No changes required to project through completion of PIA process	June 2016
Risk Stratification	Gary O'Neill	IG Team	Approved	No changes required to project through completion of PIA process	July 2016
Macmillan Living With and Beyond Cancer in Morecambe Bay	Neil Wynne	Louisa Balderson/Neil Wynne	Approved	No changes required to project through completion of PIA process	October 2016

APPENDIX G – CALDICOTT ISSUES LOG

Issue Code	Description	Main Issues	Date issue logged	Caldicott Issue Lead (Person responsible for dealing with issue)	Actions and allocated responsibility	External advice and guidance sought	Target resolution timescale	Date issue closed
006	Subject Access Request redaction	Some information contained within records related to a third party	August 2016	Jacqui Thompson/ David Knapper	Caldicott Guardian to review records and make necessary decisions for any redactions	CSU IG Team	August 2016	August 2016
007	Information Sharing Agreement Approval	Risk Stratification	September 2016	David Knapper/Tim Reynard	Following review of the sharing agreement by the CSU IG Team, the Caldicott Guardian was asked to sign the agreement on behalf of the CCG	CSU IG Team	September 2016	September 2016
008	Information Sharing Agreement Approval	Pan Lancashire Learning Disability and Autism Care and Treatment Review	November 2016	David Knapper	Following review of the sharing agreement by the CSU IG Team, the Caldicott Guardian was asked to sign the agreement on behalf of the CCG	CSU IG Team	November 2016	November 2016
009	Information Sharing Agreement Approval	Retinal Screening / Legacy Programme care record transfer from CPFT to EMIS Care for N Lancs patients	December 2016	David Knapper	The Caldicott Guardian was asked to sign the agreement on behalf of the CCG	N/A	December 2016	December 2016

Issue Code	Description	Main Issues	Date issue logged	Caldicott Issue Lead (Person responsible for dealing with issue)	Actions and allocated responsibility	External advice and guidance sought	Target resolution timescale	Date issue closed
010	Information Sharing Agreement Approval	Lancashire LeDeR Programme	December 2016	David Knapper	The Caldicott Guardian was asked to sign the agreement on behalf of the CCG	N/A	December 2016	December 2016