Performance Progress Report for RWG - WEST HERTFORDSHIRE HOSPITALS NHS TRUST as at 18/02/2010

Contact	Version 7		
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01442287718	Final	Not Submitted	

Key to Information Governance Assurance Framework Requirements

Requirement forms part of IGAF but has not been answered

Requirement forms part of IGAF but is not scored at the required level

Requirement forms part of IGAF and is scored at or above the required level

Requirement			Baseline	Update	Latest
101	Information Governance agenda?	<u>Guidance</u>		2	3
102	How would you assess your Trust's ability to access expertise across the Confidentiality & Data Protection Assurance agenda?	<u>Guidance</u>	3	3	3
1103	How would you assess your Trust's ability to access expertise across the Information Security agenda?	<u>Guidance</u>	2	2	2
1 1 1/1	How would you assess your Trust's ability to access expertise across the Information Quality and Records Management Agenda?	<u>Guidance</u>	3	3	3
1103	Does the Trust have in place comprehensive IG Policy and associated Strategy and Improvement Plans all signed off by the Board?	<u>Guidance</u>	3	3	3

106	Does the Trust have up to date and tested business continuity plans for all critical infrastructure components and core information systems?	Guidance	1	2	2
107	Does the Trust have a comprehensive Board endorsed Information Lifecycle Management Policy and Strategy / implementation plan?	Guidance	2	2	2
108	Has the Trust implemented robust Information Governance arrangements in order to ensure the NHS CFH Statement of Compliance is satisfied.	Guidance	1	1	2
109	Does the Trust ensure that staff and those working on behalf of the Trust comply with the terms and conditions set out on the Registration Authority Form (RA01)?	Guidance	2	2	2
110	Does the Trust ensure that it has formal contractual arrangements that include compliance with information governance requirements, with all contractors and support organisations?	Guidance	3	3	3
111	Does the Trust ensure that all individuals carrying out work on behalf of the Trust have employment contracts which require compliance with information governance standards?	Guidance	3	3	3
112	Does the Trust's staff induction procedures effectively raise the awareness of Information Governance?	Guidance	2	2	2
113	Does the Trust assess staff training needs and ensure job/role specific information governance training is provided to all staff?	Guidance	3	3	3
120	Does the Trust ensure that its registration authority (RA) managers, agents and sponsors have sufficient knowledge and skills (including latest software, operational process guidance and its integration into Trust policies and procedures) to discharge its RA responsibilities?	Guidance	2	2	2
121	Does the Trust have a Board level Senior Information Risk Owner (SIRO) who takes ownership of the Trust's information risk policy, acts as advocate for information risk on the board and provides written advice to the accounting officer on the content of their Statement of Internal Control in regard to information risk?	Guidance	2	2	3
201	Does the Trust have a confidentiality code of conduct that provides staff with clear guidance on the disclosure of patient personal information?	Guidance	2	2	2
202	Does the Trust ensure that patients are generally asked before their personal information is used in ways that do not directly contribute to, or support the delivery of, their care and that patients' decisions to restrict the disclosure of their personal information are appropriately respected?	Guidance	2	2	2

203	Does the Trust ensure that patients are informed about the proposed uses of their personal information and the importance of providing accurate information to NHS staff?	Guidance	3	3	3
204	Does the Trust have effective procedures for ensuring that detailed questions, raised by patients about how their information may be used, can be answered?	Guidance	3	3	3
205	Does the Trust have appropriate procedures for recognising and responding to patient requests for access to their health records?	Guidance	3	3	3
206	Has the Trust established appropriate confidentiality audit procedures to monitor access to confidential patient information?	Guidance	2	2	2
207	Has the Trust agreed protocols governing the sharing of patient-identifiable information with other organisations where this is required?	Guidance	3	3	3
208	Has the Trust mapped all flows of person identifiable information, assessed risks in line with Department of Health guidelines and put in place safe haven procedures for all routine flows of person identifiable information to the organisation?	Guidance	3	3	3
209	Has the Trust ensured that all person identifiable data processed outside of the UK complies with the Data Protection Act 1998 and Department of Health guidelines?	Guidance	3	3	3
210	Does the Trust ensure that all new processes, software and hardware, comply with confidentiality and data protection requirements?	Guidance	2	2	3
301	Does the Trust have a formal information security risk assessment and management programme that is adequately documented, implemented and regularly reviewed?	Guidance	1	1	2
302	Does the Trust have documented and accessible information security event reporting and management procedures in place that are explained to all staff?	Guidance	2	2	2
303	Has the Trust established business processes that ensure all staff smartcards and access profiles issued are appropriate and satisfy their obligations as Registration Authorities?	Guidance	2	2	2
305	Does the Trust ensure that operating and application information systems under its control support appropriate access control functionality?	Guidance	2	2	2
306	Are there defined, documented and agreed access rights for all users of Trust based information systems and services?	Guidance	2	2	2
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307	Has the Trust established a register of all its major information assets and assigned responsibility or 'ownership' for each?	Guidance	2	2	2
308	Does the Trust ensure that digital information shared with other organisations is secured in transit?	Guidance	2	2	3
309	Does the Trust have adequate procedures in place to ensure the availability of information assets, data processing facilities, communications services and data?	Guidance	2	2	2
310	Does the Trust have procedures in place to prevent information processing being interrupted or disrupted through equipment failure, environmental hazard or human error?	Guidance	1	2	2
311	Does the Trust ensure that its information systems are capable of the rapid detection, isolation and removal of malicious code and unauthorised mobile code?	Guidance	3	3	3
312	Does the Trust have in place appropriate procedures for ensuring that the development and introduction of any new Information Systems, or other relevant Information Assets of the Trust are conducted in a secure and structured manner? This requirement includes the development and maintenance of appropriate IG accreditation documentation.	Guidance	3	3	3
313	Does the Trust have appropriate procedures in place to ensure that communication networks under the Trust's control operate in a secure manner?	Guidance		2	2
314	Does the Trust have appropriate procedures for ensuring that mobile computing and teleworking are conducted in a secure manner?	Guidance	2	2	2
322	Does the Trust ensure that Registration Authority equipment (hardware and software) and consumables meet current specifications, is adequately maintained and securely stored?	Guidance	2	2	2
401	Has the Trust implemented the Operational Information Standard - NHS Number Standard for Secondary Care (England)?	Guidance	0	2	2
402	Does the Trust have documented and implemented procedures for the identification and resolution of duplicate or confused patient records (i.e. where two or more patients share a record)?	Guidance	2	2	2
403	Does the Trust have an organisation-wide, multi-professional audit of clinical record keeping standards, including accuracy, for all professional groups in all specialities?	Guidance	0	0	0

404	Does the Trust have paper health records of a standard design within the Trust, combined with a locally agreed standard format for filing within the health record?			2	2
405	Does the Trust have robust procedures and processes for monitoring all data collection activities across the Trust?			2	2
406	Does the Trust have procedures and processes in place to enable it to regularly monitor, measure and trace paper health records?	Guidance	3	3	3
407	Does the Trust ensure that Accident and Emergency records are contained within the main record for patients who are subsequently admitted and is there a system to ensure that the GP is sent a copy of the A&E record?	Guidance	2	2	2
408	Does the Trust have procedures in place to ensure that when new services are provided, or where changes within the system are made, that these do not adversely impact on information quality?	Guidance	3	3	3
501	Does the Trust ensure that NHS standard definitions, values and validation programmes are incorporated within key systems and that local documentation is updated as standards develop?	Guidance	2	2	3
502	Does the Trust use external data quality reports for monitoring and improving quality?	Guidance	2	2	2
503	Does the Trust have procedures to ensure that staff routinely check information about patients with the source so that corrections are made as necessary to appropriate records and does the Trust routinely undertake activity reconciliations between the patient record and data on PAS?	Guidance	2	2	2
504	Does the Trust have documented procedures for using both local and national benchmarking to identify possible data quality issues and to analyse trends in information over time to ensure that large changes are investigated and explained?	Guidance	3	3	3
505	Does the Trust have in place a robust programme of internal and external data quality/clinical coding audit in line with the requirements of the Audit Commission and NHS Connecting for Health?	Guidance	1	1	1
506	Does the Trust have a documented procedure and a regular audit cycle for accuracy checks on patient data?	Guidance	1	1	1
507	Has the Trust completed and passed the Completeness and Validity check for data as detailed in the guidance documents?	Guidance	2	2	3

508	Is the Trust involving clinical staff in validating information derived from the recording of clinical activity?	Guidance	2	3	3
509	the collection and management of nationi-related data covering the operation of key systems?	Guidance		2	2
510	Does the Trust use training programmes for clinical coding staff entering coded clinical data that are comprehensive and conform to National Standards?	Guidance	3	3	3
511	Does the Trust have sufficient governance processes in place to ensure adherence to the principles enshrined in the Code of Conduct for Payment by Results?	Guidance	3	3	3
601	Does the Trust have documented and implemented procedures for the creation and filing of electronic corporate records to enable efficient retrieval and effective records management?	Guidance	1	1	2
602	Does the Trust have documented and implemented procedures for the creation, filing and tracking/tracing of paper corporate records to enable efficient retrieval and effective records management?	Guidance	1	1	2
603	Does the Trust have publicly available, documented and implemented procedures to ensure compliance with the Freedom of Information Act 2000?	Guidance	1	1	2
604	Has the Trust carried out an audit of its corporate records and information as part of the information lifecycle management strategy?	Guidance	0	0	1
Total (%)			68%	71%	77%