South Eastern Health and Social Care Trust

Paper No: SET/128/26
Trust Board Meeting: 24 June 2026
Public Agenda Item 8.3

Title of Paper:	**encompass: unauthorised access**		
For Decision	**For Assurance**	**For Information**	**For Discussion**

1.0	**Background:**
	Since going live with encompass, the Trust has had 9 cases in 2024/2025 and less than 5 cases in 2025/26 of staff accessing records inappropriately. The Trust takes unauthorised access of patient records by staff seriously and follows the Regional Disciplinary Policy and Procedure to manage these incidents. Any incidents that breached GDPR thresholds have also been reported to the Information Commissioners Office (ICO). The Trust has recently received a number of media enquiries and assembly questions on this matter and national reports on other similar episodes of unauthorised access.
2.0	**Key Issues:**
	• Staff inappropriately accessing the electronic health care record • Responsibility for managing inappropriate access rests with Trusts as data controllers • Resource to manage the investigation locally when inappropriate access of records is identified, under established information governance and HR procedures and potential for a small number of cases progressing to formal disciplinary action in accordance with Trust policies • Ensuring timely action so that cases are reported to the Information Commissioner Office (ICO) appropriately under UK GDPR • Enabling the adequate resources required to support future pro-active auditing • In-consistency in reporting across the region in incident systems leading to difficulty with comparability and • Scrutiny and public attention on this matter, consequential risk to Trust reputational damage and potential for litigation.
3.0	**Link to Strategic Objectives:**
	Our People ☐ Population Health & Health Inequalities ☐ Delivering Care Closer to Home ☐ Hospital Care ☐ Safety, Quality and Experience of Care ☒

4.0	**Resource Implications (inc Organisational, Financial, Human Resources):**
	1. Organisational
	Potential for **r**eputational and legal risk.
	2. Financial
	Resources will be required to implement.
	3. Human Resources
	The incidents has required support from various Trust Teams including Organisational and Workforce Development, Information Governance, Risk management, encompass office, Operational teams, Digital Safety, Communications, CCIO Professional teams. Staff will be required to implement proactive auditing if Trusts make the collective decision to move from retrospective auditing to same.
	4. Environmental Factors? Yes ☐ No ☒
5.0	**Impact on Safety, Quality and Experience (SQE):**
	1. Safety
	In addition to notes above it is noted that if any emerging safety issues come forward the Trust will record and monitor via the DATIX system. Trust will continue to fully engage with the regional Information Governance Advisory Committee (IGAC) and the Information Commissioners office as required and take action as appropriate.
	2. Quality
	Where training or education gaps are identified this will be organised with the respective teams/ individuals including the revision of any operating processes and tip sheets in encompass or flags / alerts in encompass and communicate same to staff.
	3. Experience
	Patients confidentially is taken seriously by the Trust. Engagement with affected parties / individuals are on a case by case basis in conjunction with their clinical team providing care.
6.0	**Key Risks and Proposals to Mitigate:**
	1. Key Risks
	Patient's records are being accessed inappropriately.

	2. Proposals to Mitigate
	Reminder alerts are published on Trust screen savers, emails have been issued reminding all staff of the importance of confidentiality and risk associated of inappropriate access to records. Information Governance training is mandatory for all members of staff. Performance against same is monitored via reporting at Directorate level and EMT. Proactive auditing required to monitor staff access. Proactive auditing of records is required to provide assurance that staff are not accessing records inappropriately as currently only investigating those that are being reported. This issue has been raised at the Regional Information Governance Advisory Committee (IGAC) but this will require resources to implement regionally. A regional piece of work is ongoing to implement a Restricted Access Record Flag to enable a process for restricting the records of 'persons of interest' when they enter a HSC Trust. The Trust is actively engaged with the development of same. Resource implications of adoption of same in the live environment is being considered for 24/7 cover.
7.0	**Risk Register:**
	It is listed on BAF? Yes ☐ No ☐ Is it listed on CRR? Yes ☒ No ☐ Encompass Corporate Risk but needs its own standalone CRR.

Lead Director:	**Helen Moore, Director of Performance, Planning & Informatics**
Date:	**18 June 2026**

Reasons for Paper Presentation

Approval	*Used when an item requires a formal agreement or endorsement by the meeting / committee members. Examples are approving minutes, budgets, proposals or policies.*
Assurance	*Used when an item can be measured against a certain criteria / standard. Examples are a project is on course with delivery or financial targets are being met.*
Information	*Used when an item is presented for the purpose of updating or informing the attendees without requiring a decision or action, such as reports, updates, or announcements.*
Discussion	*Used when an item is listed primarily for open discussion, brainstorming or gathering input from the members without requiring an immediate decision.*