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Agenda Item: Bo.3.18.11

Senior Information Risk Owner 2017/18 Quarter 3 Update

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Previously considered by:	Quality Committee 31 January 2018 Circulated to Information Governance Sub-Committee 23 January 2018		

Key points	Purpose:
1. There was one Level 2 High Risk reportable incident in Quarter 3.	To discuss and note
2. Training compliance was at 87% compliance at the end of December 2017 and 91% at the end of January 2018.	To note and gain assurance
3. Work continues with General Data Protection Regulation, Electronic Patient Record, Information Commissioner's Office (ICO) recommendations and IG Toolkit improvements.	To discuss and note
4. The Committee is asked to note the current position of Information Governance in the Foundation Trust.	To discuss and note

Executive Summary:
<p>It is a requirement of the Information Governance Toolkit (IGT) that the Senior Information Risk Owner (SIRO) regularly reports to the Board of Directors to identify information governance risks and action taken. This paper is the 2017/18 Quarter 3 update.</p> <p>There was one High Risk Level 2 reportable Information Governance incident in this period with a total of one for the financial year to date. There were no cyber incidents this period. Information governance mandatory training has been delivered with the EPR training and reconciliation of the training data has taken place. At the end of January 2018 training compliance was at 91%. Training is being monitored and managed carefully with Divisional management.</p> <p>Current areas of focus are preparing for General Data Protection Regulation (GDPR), implementation of the Information Commissioner's Office (ICO) recommendations and the IG Toolkit collation of evidence. This has included a strong focus on refreshing the Foundation Trust's Information Asset Management programme, contributing assurance in all these areas. Along with the Electronic Patient Record Go-live in September 2017 an updated Data Quality dashboard was launched and is actively being used to manage the expected trends that are emerging and will be used for data quality ongoing.</p> <p>The baseline submission of the Information Governance Toolkit version for 2017-18 was submitted on 31 October 2017. This baseline will provide insight for organisations to facilitate planning to complete the Toolkit by the end of financial year deadline.</p> <p>The Committee is asked to note the current position of Information Governance in the Foundation</p>

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Trust.	
Financial implications:	
No	
Regulatory relevance: Data Protection Act 1998 (and incoming General Data Protection Regulation from May 2018)	
Monitor:	Annual Reporting Manual Quality Governance Framework
Equality Impact / Implications:	<p>Is there likely to be any impact on any of the protected characteristics? (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, what is the mitigation against this?</p>
Other:	Requirement to comply with relevant information rights related legislation and codes of practice, including but not limited to the Data Protection Act 1998, the Common Law Duty of Confidentiality and various legislation relating specifically to digital records. Financial penalties of up to £500,000 for non-compliance. Incoming General Data Protection Regulation will allow fines of up to 2-4% of organisation turnover from 25 May 2018.
Strategic Objective:	To provide outstanding care for patients
<i>Reference to Strategic Objective(s) this paper relates to</i>	To be a continually learning organisation
	To collaborate effectively with local and regional partners

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Senior Information Risk Owner 2017/18 Quarter 3 Update

This is the 2017/18 Quarter 3 update from the Senior Information Risk Owner (SIRO).

1. Information Governance Risk Incidents

During Quarter 3 the Foundation Trust received notification of 54 information governance-related risk incidents that have been reviewed and graded as shown below. There was one Level 2 High Risk reportable incident in December 2017. The number of reported incidents in this quarter are similar to the 56 incidents which were reported in Q2.

Incident themes are reviewed and followed up. There are currently no particular 'hot spots' of teams or services. There is a continuing theme of paper records errors – loss or mis-identification of patients. The nature of the incidents indicates that reporting has improved on these, demonstrating greater awareness of the importance of ensuring resolution and capture of learning. Relative to the number of records that are handled daily, the error rate is still very low and may be attributable to focus on new processes under EPR.

There is one open incident with the Information Commissioner's Office (ICO) from December 2017.

Table 1: Number of Incidents by rating

Incidents	2016/17						2017/18								
	Q3			Q4			Q1			Q2			Q3		
	Ot	Nv	Dc	Jn	Fb	Mr	Ap	My	Jn	Jl	Ag	Sp	Ot	Nv	Dc
SIRI High Risk Level 2 (reportable)	0	0	0	0	1	1	0	0	0	0	0	0	0	0	1
SIRI Level 1	10	13	8	9	9	21	10	15	15	18	13	8	7	6	2
SIRI Level 0 and below	5	14	9	7	4	11	6	7	3	5	3	5	7	14	13
No Trust involvement	0	4	1	0	2	3	1	1	2	2	1	0	0	0	0
Not rated	0	1	1	0	1	2	3	0	1	0	1	0	2	2	0

2. Information Security

Technical and organisational measures to ensure security of information are important parts of information governance. The Foundation Trust has continued to ensure that the systems and processes to identify, intercept and manage attacks are robust and raising staff awareness is ongoing. No electronic breaches have been reported this quarter.

The IG Sub-Committee continues to receive regular updates on the cyber security position and supporting Key Performance Indicators have been added to both the Informatics Performance and the Information Governance regular reports to support ongoing assurance.

ISO27001 (international Information Security Standard) is required for the Foundation Trust's email to be compliant with NHSMail, enabling default encryption to all other NHS bodies who have moved to the same standards. The timescale for completion of this work is 31 March 2018 and may be sooner if outcomes of the necessary independent assessment are positive.

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3. Information Governance Mandatory Training

All staff members are required to complete mandatory IG training on an annual basis as a recognised measure to reduce the number of high risk IG incidents. A review of training compliance by division is presented below up to the end of December 2017. The IG Toolkit compliance requires 95% of staff to be in date with training. IG training content was included in the EPR End User Training that started 17 July 2017, which has improved compliance. Divisions are to ensure that staff who did not require or receive EPR training are brought up to date as needed and can request face-to-face delivery from the IG team if required.

Table 2: Training Levels by Divisions

% Complete	2016/17				2017/18								
	Dc	Jn	Fb	Mr	Ap	My	Jn	Jl	Au	Sp	Ot	Nv	Dc
Medicine & Integrated Care	85%	84%	83%	84%	78%	75%	73%	75%	81%	88%	90%	91%	91%
Anaesthesia, Diag. and Surgery	84%	83%	82%	80%	74%	73%	71%	74%	79%	86%	89%	89%	89%
Women & Children	80%	79%	79%	79%	75%	72%	73%	74%	80%	89%	89%	88%	88%
Core Central Services	90%	90%	88%	88%	83%	80%	83%	81%	81%	84%	86%	87%	86%

The IG training plan has been updated for role-based training as recommended by the ICO. Training material continues to be updated to include recent incidents and for cyber security.

The IG Team continues to respond to queries, support regular training sessions, advise staff, and complete ward 'spot checks' to review key actions including signage, secure use of IT, management of live records, disposal of confidential waste, use of identification/smart cards, and to discuss any concerns that staff may have. The IG Manager continues to handle complex queries and project-related support. Recent significant work includes support to EPR in relation to information sharing arrangements and policy updates, work with clinical and communications teams on social media issues, advice to Bradford Institute for Health Research in relation to research agreements including Connected Yorkshire, Better Start Bradford and partner organisations, and advising the Caldicott Guardian in relation to a number of national audits and information sharing agreements.

Face-to-face training sessions continue to be delivered at Induction and offered at staff training days and on request. The Field House computer suite is also available to all staff every Thursday morning to allow mandatory training to be undertaken through ESR with Education support present to assist with any ESR systems issues.

4. Information Governance Toolkit 2017/18

The Information Governance Toolkit (IGT) is a self-assessment tool managed and hosted by NHS Digital on behalf of the Department of Health. The IGT is a compilation of evidence that provides assurance that the Foundation Trust is compliant with IG legislation and best practice, Department of Health directives and other national guidance.

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The evidence is refreshed every year as evidence becomes out of date and new evidence is available as part of ongoing work. The Foundation Trust is required to achieve Level 2 Satisfactory for all 45 requirements. There is a plan in place to achieve Level 2 by the submission date of 31 March 2018.

5. Data Quality

The Trust continues to improve upon the quality of the data used within the organisation via reporting tools including EPR, Data warehouse and the Dashboard to monitor data quality including trends and operational impact. An operational data quality group has been established and is well attended by Operational Managers and system leads on a weekly basis. The members have access to over 75 data quality and performance indicators which are reviewed against operational priorities and action taken where required.

6. Freedom of Information

The FOI team continue to receive regular FOI requests. 95% of requests were completed within the statutory period of 20 working days.

7. Subject Access Requests

The Access to Medical Records Team continue to receive regular requests. 100% requests were completed within the statutory period of 40 working days.

8. ICO Best Practice Review

Supporting narrative and evidence for the actions associated with the ICO Best Practice review was sent back the ICO in December 2017 as agreed. The ICO is in the process of reviewing the information and requesting points of clarification.

9. General Data Protection Regulation

The General Data Protection Regulation (GDPR) will replace the current Data Protection Act (1998) from 25 May 2018 and organisations are required to be compliant with the new Regulation from that date. The new legislation is complex and NHS Digital is preparing guidance for NHS organisations, but has not yet released the guidance.

A high-level plan is in progress and more detailed plans around the key requirements relating to the information we hold are being developed with the relevant Trust departments. The key areas are:

- Information assets
- Contracts
- Communication and involvement with patients and public

A small Task and Finish Group has been established. Members will be drawn from HR, Business Intelligence, Nursing, and Subject Access Requests.

In addition, Internal Audit is in the process of conducting a readiness assessment to support the Foundation Trust's compliance to inform the action plan. Initial feedback is due late January 2018.

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10. Recent Information Commissioner's Office (ICO) Enforcement Action

There has been no ICO enforcement action against NHS organisations in Q3.

11. Conclusion

The Committee is asked to note the current position of Information Governance in the Foundation Trust