

Meeting Title	Board of Directors		
Date	7.3.19	Agenda item	Bo.3.19.11

Senior Information Risk Owner 2018/19 Quarter 3 Update

Presented by	Cindy Fedell, Chief Digital and Information Officer and Senior Information Risk Owner		
Author	Graeme Holmes, Information Governance Manager Nadine Boczkowski, Head of Business Intelligence Steve Pearson, Network and Security Services Manager		
Lead Director	Cindy Fedell, Chief Digital and Information Officer and Senior Information Risk Owner		
Purpose of the paper	Information Risk Update		
Key control			
Action required	To note		
Previously discussed at/ informed by			
Previously approved at:	Committee/Group	Date	
	Information Governance Sub-Committee	15 Jan 2019	
	Quality Committee	30 Jan 2019	
Key Options, Issues and Risks			
The Senior Information Risk Owner (SIRO) is required to regularly report to the Board of Directors to identify information governance risks and action taken. This paper is the 2018/19 Quarter 3 update.			
Analysis			
There were no externally reportable information governance or cyber security incidents in Quarter 3.			
At the end of Quarter 3 training compliance was 89%, combining both annual renewal and first time training against an end of year target of 95%.			
An improvement plan for 2018/19 is progressing which encompasses the new Toolkit Assertions, General Data Protection Regulation and Data Quality Maturity.			
Recommendation			
The Board of Directors is asked to note the position of Information Governance in the Trust at the end of Quarter 3 and to delegate sign off of the Data Protection and Security Toolkit to the Quality Committee in March 2019.			

Meeting Title	Board of Directors		
Date	7.3.19	Agenda item	Bo.3.19.11

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients		g				
To deliver our financial plan and key performance targets			g			
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)	No variance.					

Risk Implications (see section 4 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments		
Quality implications		
Resource implications		
Legal/regulatory implications		
Diversity and Inclusion implications		

Regulation, Legislation and Compliance relevance
NHS Improvement: (Risk assessment framework, quality governance framework, code of governance , annual reporting manual)
Care Quality Commission Domain: (Safe, caring, effective, responsive, well led drop down)
Care Quality Commission Fundamental Standard:
Other (please state):

Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
	X	X			

Meeting Title	Board of Directors		
Date	7.3.19	Agenda item	Bo.3.19.11

1 PURPOSE/ AIM

The Senior Information Risk Owner (SIRO) is required to regularly report to the Board of Directors to identify information governance risks and action taken. This paper is the 2018/19 Quarter 3 update.

2 BACKGROUND/CONTEXT

Incidents

There were no externally reportable Information Governance or cyber security incidents this quarter. The new National Information Governance incident reporting requirements and guidance for grading information governance incidents has been introduced. Incidents are no longer graded by level but are now graded on effect and likelihood. The number of reported incidents in this quarter is similar to the number of incidents which was reported in the previous quarters. There are currently no particular 'hot spots' of teams or services. There is one open incident with the Information Commissioner's Office (ICO) from December 2017. The investigation for this incident has been completed and the final report is awaited for review by the Information Governance Sub-Committee.

Training

The Toolkit compliance requires 95% of staff to be in date with training. The Trust has sustained relatively high levels of training compliance. Training compliance overall, both annual renewal and first time, as at 31 December 2018 is 89%. The teams have evaluated different methods to deliver training this year to both recognise the high level of compliance and to ensure the training is practical, i.e., cyber security and information governance good practice supporting day-to-day working. A number of options have been considered and a blended approach of online modules, video presentation, face-to-face and workbook materials is available. This blended approach ensures there are alternatives to the nationally mandated eLearning training, essential for compliance with the Toolkit.

Data Quality

The data quality work continues through ongoing operational monitoring and management. The Trust is now focussing beyond the administrative/pathway data quality in the EPR to ensure robustness of all data, both transactional and reference, along with data used for decision-making to progress data quality maturity in the Trust. This ongoing maturity is being monitored via a scorecard:

- 1. Clinical and Patient Impact** - There are a number of proxy and/or key indicators providing the data quality position where data quality could impact clinicians and patient care. The number of confused patient records and duplicate records needing correction has improved since last month, but not yet sustainably although targetted work and training continues through the Data Quality Action Plan. The number of records with Incomplete NHS numbers has improved consistently and is expected to continue to improve. The number of episodes coded without a main specialty has deteriorated; work is being undertaken with operational teams to understand and rectify.
- 2. Decision Making** - The data quality of the information provided for decision-making to the Board of Directors and its Committees is important in terms of it's completeness, validation, accuracy, reliability and relevance; domains of the Kite Marks. The proportion of completed Kite Marks has improved to 80% and the total average data quality score across the Kite Mark domains remains at 25.7 out of a possible 35. The work being executed continues to improve the quality of underpinning data.

Meeting Title	Board of Directors		
Date	7.3.19	Agenda item	Bo.3.19.11

3. **Compliance** - Compliance against key national regulatory reports/datasets remains stable. The data quality of external reports is expected to improve with focussed work on the end-to-end process of data collection through release of data.
4. **Data Quality Maturity** - The Trust monitors the maturing of the culture, process, and technology around data quality through Data Quality Maturity Model. The Model presented is updated twice annually. The Trust is in a Developing state with plans in place to ensure continuous improvement.

Security

The Trust has continued to ensure that the systems and processes to identify, intercept and manage attacks are robust and raising staff awareness is ongoing. NHS Digital regularly issues alerts to Trusts which are reviewed and, if relevant, actioned. No breaches have been reported this quarter. The Information Governance Sub-Committee continues to receive regular updates on the security position and supporting Key Performance Indicators along with status of ongoing improvement work. Recent ongoing improvement work has included two external reviews for which the teams are now reviewing the findings, with a further review scheduled.

Data Security and Protection Toolkit 2018/19

The Data Security & Protection Toolkit (DSPT) is a self-assessment tool managed and hosted by NHS Digital on behalf of the Department of Health. It replaced the Information Governance Toolkit. The DSPT has ten standards beneath which sit 32 mandatory Assertions the Trust must declare compliance with. Owners for the standards are attending the Sub-Committee meetings to provide assurance against the evidence. To date 13 of the 32 mandatory Assertions have been completed, ready for final review.. Completion will improve as per the plan.

Ongoing Maturity

The Trust continues to improve and mature information governance understanding and working practices in keeping with learning from the Information Commissioner's Office Best Practice review, in pursuit of a high depth of compliance to the General Data Protection Regulation and Data Protection Act, and its general commitment to safeguarding patient and service user information including the quality of its data. Work has included enhancing the Information Asset Owners (IAO) management of information assets by provision of training, and the review and development of the Information Asset Register to ensure there are no gaps. A piece of work is being undertaken to review and update the Trust's information flow documentations. Further work will involve, for example, updating the Data Protection Impact Assessment template (DPIA), promoting consistent and appropriate use of DPIAs across the Trust, ensuring IAOs have access to the latest guidance, a communications campaign to remind IAOs of their responsibilities, and data quality work referenced above.

Information Commissioner's Office

There has been no ICO enforcement action against NHS organisations in this quarter. The ICO continue to update their GDPR guidance. The GDPR guidance will enable the Trust to introduce and implement policies, guidance and processes to improve the information governance provision and ensure compliance against the relevant legislation and standards.

Data Protection Officer

The newly appointed Data Protection Officer (DPO) will provide an update to the Board of Directors during March 2019 in keeping with the role's mandate.

Meeting Title	Board of Directors		
Date	7.3.19	Agenda item	Bo.3.19.11

3 PROPOSAL

The report presented the current position of information governance at the Trust and does not contain a proposal.

4 RISK ASSESSMENT

This report provides positive assurance on the current information governance position of the Trust, notwithstanding the need to increase the overall training compliance level. The risk position of the Trust in this regard is unchanged.

5 RECOMMENDATIONS

The Board of Directors is asked to note the position of Information Governance in the Trust at the end of Quarter 3 and to delegate sign off of the Data Protection and Security Toolkit to the Quality Committee in March 2019.

6 Appendices

NA