

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>11 July 2019</b>	<b>Agenda item</b>	<b>Bo.7.19.39</b>

## Senior Information Risk Owner 2018/19 Quarter 4 Update

Presented by	Cindy Fedell, Chief Digital and Information Officer and Senior Information Risk Owner		
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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	Quality Committee		
Previously approved at:	Committee/Group	Date	
	Information Governance Sub-Committee	16 April 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 4 update.			
Analysis			
There were no externally reportable information governance or cyber security incidents in Quarter 4.			
At the end of Quarter training compliance was 97%, 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 4 and to delegate sign off of the Data Protection and Security Toolkit to the Quality Committee in March 2019.			

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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
<b>NHS Improvement:</b> (Risk assessment framework, quality governance framework, code of governance , annual reporting manual)
<b>Care Quality Commission Domain:</b> (Safe, caring, effective, responsive, well led drop down)
<b>Care Quality Commission Fundamental Standard:</b>
<b>Other (please state):</b>

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

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	X	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	X	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	X

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## 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 4 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 incidents has been introduced and are now graded on effect and likelihood. The number of reported incidents in this quarter is similar to 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. Training compliance overall, both annual renewal and first time, as at 31 March 2019 is 97%. 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. A blended approach of online modules, face-to-face and workbook materials is available. This approach ensures alternatives to the Nationally-mandated eLearning training, essential for compliance with the Toolkit.

### Data Quality

Data quality work continues through ongoing operational monitoring and strategic management. Ongoing data quality maturity is monitored via a scorecard, as follows:

- 1. Business Critical Data – Operational & Clinical** - There is improvement in some areas. Work continues to train, monitor, and embed the new functions in the EPR related the strict EPR processes for pathway/activity data entry.
- 2. Business Critical Data - 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. These domains are represented in the Kite Marks whose completion improved to 91% in January 2019 with expected continued improvement.
- 3. Validation** - Compliance against key national regulatory reports/datasets is relatively positive. A focussed programme of work continues to review and update the data quality of external reports.
- 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 was reassessed in February 2019 with eleven elements improving to place the Trust in stage 3 of 5 on the Model; the Defined (Standardised) State.

### Security

The Trust has continued to ensure that the systems and processes to identify, intercept and manage attacks are robust. No breaches have been reported this quarter. The Information Governance Sub-Committee continues to receive regular updates on the security position and supporting indicators, along with status of ongoing improvement work. Recent ongoing improvement work has included two external reviews and a mock cyber attack exercise for

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which the teams are now reviewing the findings. Another external review has been 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 for which the Trust must declare compliance. The DSPT was submitted on 28 March 2019 with all Standards Met.

### **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 a general commitment to safeguarding information. Work has included enhancing the Information Asset Owners (IAO) management of assets through training and the development of the Information Asset Register. The Trust's information flow documentation has recently been updated. Further work will involve, for example, promoting consistent and appropriate use of Data Protection Impact Assessments across the Trust, ensuring easy access to the latest guidance, a communications campaign, 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 in Quarter 1 of 2018/19 in keeping with the role's mandate.

## **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.

## **6 | Appendices**

NA