

Meeting Title	Board of Directors		
Date	12.9.19	Agenda item	Bo.9.19.47

Senior Information Risk Owner 2019/20 Quarter 1 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			
Previously approved at:	Committee/Group	Date	
	Information Governance Sub-Committee	Virtually Week of 15 July 2019	
	Quality Committee	31 July 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 2019/20 Quarter 1 update.			
Analysis			
There were was one externally reportable information governance breach in Quarter 1 and no cyber security incidents in Quarter 1.			
At the end of Quarter 1 training compliance was 94%, combining both annual renewal and first time training against an end of year target of 95%.			
Improvement plans for 2019/20 are progressing which encompasses the Data Security and Protection Toolkit Assertions, ongoing maturity impacting General Data Protection Regulation and Data Quality Maturity.			
Recommendation			
The group is asked to note the position of Information Governance in the Trust.			

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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		X
Quality implications		X
Resource implications		X
Legal/regulatory implications	X	
Diversity and Inclusion implications		X

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): DPA, GDPR

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 2019/20 Quarter 1 update.

2 BACKGROUND/CONTEXT

The Trust undertakes to provide strong adherence to information governance regulations and principles to protect information, including data quality and cyber security.

3 PROPOSAL

Incidents

There was one externally reportable Information Governance incident in this quarter. The investigation for this incident is ongoing. When the investigate concludes information will be provided. There were no cyber security incidents this quarter. 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 aged open incident with the Information Commissioner's Office (ICO) from December 2017. The investigation for this incident was completed and the final report is now available Information Governance Sub-Committee. It is expected the incident will be closed in July 2019.

Training

The Data Security & Protection Toolkit (DSPT) requires 95% of staff to be trained annually. The Trust has sustained high levels of training compliance. Training compliance overall, both annual renewal and first time, as at 30 June 2019 is 94%.

Data Quality

A Data Quality Framework and improvement plan are in development and data quality work continues through ongoing operational monitoring and strategic management. Metrics presented to provide a strategic view of data quality have been refreshed, showing a mostly positive picture. The Trust's Data Quality Maturity Index score is 96% which is in line with benchmark and with plans progressing to improve the position. The quality of the data used for decision making by the Committees and Board of Directors has also improved with the assessment of indicator quality at 99% complete as of the end of June 2019. An improvement plan is underway to address the amber-rated assessment areas. Compliance against key national regulatory reports/datasets remains stable. The data quality of external reports is expected to improve with focussed work on automating the end-to-end processes of data collection through to external release of data. The longer term profile of Data Quality Maturity is due to be updated in September 2019.

Security

No breaches have been reported this quarter. 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. The Trust has improved its cyber governance by designating an independent chair of its security meeting. The Information Governance Sub-Committee continues to receive regular updates on the security position and supporting key indicators along with status of ongoing improvement work.

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Data Security and Protection Toolkit 2019/20

The Data Security & Protection Toolkit for 2019/20 was published on 24 May 2019. The Toolkit has ten standards beneath which sit 40 mandatory Assertions the Trust must declare compliance with. Owners for the standards are attending the Information Governance Sub-Committee meetings to provide assurance against the evidence. Internal Audit's recommendations from the 2018/19 Toolkit are being actioned where appropriate through the improvement plan. The complete of the Toolkit is monitored by the Information Governance Sub-Committee.

Ongoing Maturity

The Trust continues to improve and mature information governance understanding and working practices 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. Recent work is focussing on enhancing the Information Asset Register with Information Asset Owners training with the new business unit structure and a review to ensure there are no gaps in the Redister. Work was undertaken to update the Trust's information flow documentation. Further work will involve promoting consistent and appropriate use of Data Protection and Impact Assessments.

Information Commissioner's Office

There has been no ICO enforcement action against NHS organisations in this quarter. The ICO continues to update their GDPR guidance. GDPR guidance enables 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 annual independent Data Protection Officer (DPO) report will be presented to the Board of Directors in September 2019.

4 RISK ASSESSMENT

This report generally provides positive assurance on the current Information Governance position of the Trust, notwithstanding the need to increase the overall training compliance level and the recent reportable breach. The risk position of the Trust in this regard is unchanged at this time.

5 RECOMMENDATIONS

The group is asked to note the position of Information Governance in the Trust at the end of Quarter 4.

6 Appendices

NA