

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>7.11.19</b>	<b>Agenda item</b>	Bo.11.19.47

## Senior Information Risk Owner 2019/20 Quarter 2 Report to the Board of Directors

<b>Presented by</b>	Cindy Fedell, Chief Digital and Information Officer and Senior Information Risk Owner		
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<b>Lead Director</b>	Cindy Fedell, Chief Digital and Information Officer and Senior Information Risk Owner		
<b>Purpose of the paper</b>	Information Risk Update		
<b>Key control</b>			
<b>Action required</b>	To note		
<b>Previously discussed at/ informed by</b>			
<b>Previously approved at:</b>	<b>Committee/Group</b>	<b>Date</b>	
	Information Governance Sub-Committee	7 October 2019	
	Quality and Safety Committee	30 October 2019	
<b>Key Options, Issues and Risks</b>			
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 2 update.			
<b>Analysis</b>			
There were were two externally reportable information governance breach in Quarter 2 and no cyber security incidents in Quarter 2. Only the most recent incident is currently open with the Information Commissioner’s Office.			
At the end of Quarter 2 training compliance was 90%, combining both annual renewal and first time training against an end of year target of 95%.			
There have been no security breaches.			
Data quality maturity continues with improvements noted.			
Improvement plans for 2019/20 in all aread of information governance, security and data quality are progressing.			
There is progress on completing the Data Security and Protection Toolkit.			
<b>Recommendation</b>			
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
<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> 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 2 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

### Information Governance

#### **Incidents**

There were two externally reportable information governance incidents (breaches) in Quarter 2 of 2019. One incident remains open with the Information Commissioner's Office (ICO).

**Incident # WR84643** – The ICO have closed the incident in May 2019 with no action taken. This incident related to a maternity self-referral where information was incorrectly sent to the patient's home, contrary to her request..

**Incident # WR87538** – in August 2019 patient data was shared on Snapchat by a member of staff. The action was reported by the Telegraph and Argus newspaper. Action was immediately taken by the Trust. The Trust investigation is complete and the final report is pending. The ICO has confirmed it is taking no action against the Trust though it has requested the report and Snapchat images be sent to the ICO Criminal Investigations unit for consideration.

**Incident # WR89212-** in September 2019 there was an incident of unauthorised access to one patient's health record by a member of staff. The staff member visited the patient's home uninvited and sent a text message to the patient. The investigation is ongoing. Communications have been drafted and are being circulated among Ward staff. The incident is currently open with the Information Commissioner's Office.

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.

#### **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 the end of September 2019 is 90%.

#### **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

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new Clinical Business Unit structure and a review to ensure there are no gaps in the Register. 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.

## **Data Quality**

### **Performance**

Compliance against key national regulatory reports/datasets remains stable. The data quality of external reports continues to improved with focussed work on automating the end-to-end processes of data collection through to external release of data.

The kite marks measuring the quality of data used for decision making by the Committees and Board of Directors continues to maintain a high performance with 99% complete at the end of the quarter. Work is underway to address the amber-rated assessment areas.

### **Ongoing Maturity**

A new Data Quality Framework was approved by the Quality and Safety Committee in September 2019. This aligns to the Data Quality Strategy and is underpinned by an maturity plan which will be monitored through the newly established Data Governance Board. The Trust's NHS Digital Data Quality Maturity Index score has improved to 99% still is in line with benchmark, with the release of the national Maternity Services Data Set (MSDS) version 2. The Data Quality Maturity Model was reassessed in the quarter demonstrating improvement in key elements.

## **Cyber Security**

### **Incidents**

No breaches have been reported this quarter.

### **Ongoing Maturity**

The Trust has continued to ensure 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 it's 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.

## **Data Security and Protection Toolkit 2019/20**

Complete of the Data Security & Protection Toolkit, revised for 2019/20, work continues. 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 the improvement plan. The completion of the Toolkit is monitored by the Information Governance Sub-Committee.

## **Data Protection Officer**

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The annual independent Data Protection Officer (DPO) report was presented to the Board of Directors in September 2019.

### **National Context**

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.

### **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 2.

### **6 Appendices**

NA