

<b>Meeting Title</b>	<b>Open Board of Directors</b>		
<b>Date</b>	<b>12 March 2020</b>	<b>Agenda item</b>	Bo.3.20.33

## Senior Information Risk Owner 2019/20 Quarter 3 Report to the Board of Directors

<b>Presented by</b>	Cindy Fedell, Chief Digital and Information Officer and Senior Information Risk Owner		
<b>Author</b>	Graeme Holmes, Information Governance Manager Nadine Boczkowski, Head of Business Intelligence Steve Pearson, Network and Security Services Manager		
<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	08 January 2020	
	Quality Committee	29 January 2020	
<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 3 update.			
<b>Analysis</b>			
There was one externally reportable information governance breach and no cyber security incidents in Quarter 3. Only the most recent incident is currently open with the Information Commissioner's Office.			
At the end of Quarter 3 Information Governance training compliance was 92%, combining both annual renewal and first time training, against an end of year target of 95%. There is good progress on completing the Data Security and Protection Toolkit which is due at the end of March 2020.			
Improvement plans for 2019/20 in all areas of information governance, security and data quality are progressing.			
<b>Recommendation</b>			
The group is asked to note the position of Information Governance in the Trust at the end of Quarter 3 and delegate authority to approve the annual submission of the Data Protection and Security Toolkit to the Quality Committee.			

<b>Meeting Title</b>	<b>Open Board of Directors</b>		
<b>Date</b>	<b>12 March 2020</b>	<b>Agenda item</b>	Bo.3.20.33

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

Meeting Title	Open Board of Directors		
Date	12 March 2020	Agenda item	Bo.3.20.33

## 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 3 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

### Data Security and Protection Toolkit 2019/20

Completion of the Data Security & Protection Toolkit, revised for 2019/20, continues. Owners for the standards are attending the Information Governance Sub-Committee meetings to provide assurance against the evidence. Internal Audit is reviewing the Toolkit with positive assurance being given. The completion of the Toolkit is being monitored by the Information Governance Sub-Committee.

### Information Governance

The Trust continues to have a relatively good information governance position although there have been four reportable incidents this financial year to date.

### **Incidents**

There was one externally reportable information governance incident (breach) in Quarter 3 of 2019/20. This incident is open with the Information Commissioner's Office (ICO). There is no other open incident with the ICO. The December 2019 incident involved access of a patient record by a member of staff. The investigation is ongoing. Strong communication has been circulated via the Let's Talk weekly news bulletin and is being cascaded via ward meetings this week. The number of non-reportable incidents is fairly stable and there are currently no particular 'hot spots' of teams or services.

### **Training**

As at the end of December 2019 train is 92%. The Data Security & Protection Toolkit (DSPT) requires 95% of staff to be trained annually. Work to bring training to a compliant position is progressing.

### **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 Clinical Business Unit structure and a review to ensure there are no gaps in the Register. Work was undertaken to update the Trust's data flow documentation. Further work will involve promoting consistent and appropriate use of Data Protection and Impact Assessments. The Trust is undergoing an independent review of progress in improving the Information Asset Register at its request.

<b>Meeting Title</b>	<b>Open Board of Directors</b>		
<b>Date</b>	<b>12 March 2020</b>	<b>Agenda item</b>	Bo.3.20.33

### **Data Quality**

Data quality in the Trust continues to advance strategically with sustainable improvements being made.

### **Performance**

Compliance against key national regulatory reports/datasets remains stable, RAG-rated green across all business critical metrics. The data quality of external reports continues to improve 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 continues to improve the indicators currently rated amber for data quality. .

### **Ongoing Maturity**

Strong progress continues against the Strategic DQ Improvement Plan. The Trust's NHS Digital Data Quality Maturity Index score remains at 99%, still is in line with benchmark. Work continues to mature the Trust using the DQ Maturity Model.

### **Cyber Security**

#### **Incidents**

There have been 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. The Trust's regular cyber meeting continues to be chaired independently. NHS Digital regularly issues alerts to Trusts which are reviewed and, if relevant, actioned. 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.

### **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 3 and delegate authority to approve the annual submission of the Data Protection and Security Toolkit to the Quality Committee.

## **6 Appendices**

NA