

Meeting Title	Open Board of Directors		
Date	21 September 2023	Agenda item	Bo.9.23.23

Annual Data Protection Officer Information Governance Report

Presented by	Jenny Pope, Head of Information Governance and Data Protection Officer		
Author	Jenny Pope, Head of Information Governance and Data Protection Officer, Graeme Holmes, Information Governance Manager		
Lead Director	Paul Rice, Chief Digital and Information Officer/Senior Information Risk Owner		
Purpose of the paper	Data Protection Officer Information Governance Annual Report		
Key control			
Action required	For assurance		
Previously discussed at/informed by	N/a		
Previously approved at:	N/a	Date	
Key Options, Issues and Risks			
The purpose of this report is to update the Board on the Information Governance programme, confirming the results of the Data Security and Protection Toolkit assessment for 2022/23 and internal audit outcome. It provides an overview of the arrangements in place to manage information risks and compliance in the year ahead and to provide a progress summary of the activities undertaken by the Information Governance service in-year. The report includes the opinion of the Data Protection Officer (DPO).			
Analysis			
IG training compliance at year end stood at ~96% (absence and staff turnover adjusted).			
A Work Plan is in place that encompasses the Data Security and Protection Toolkit requirements, plus general IG activities which encompass UK General Data Protection Regulation and Data Protection compliance related actions and improvements.			
There were 2 externally reportable incidents to the ICO (Information Commissioners Office) in 2022/23.			
The position of the Trust and the level of compliance with IG related legislation and standards continues to be good. This can be further improved by building on the heightened awareness brought about by critical activities during the pandemic and increasing awareness of the Trust’s expansive Digital, Data Intelligence and Insight agenda during and after. The IG Service will continue to deliver a rolling programme of enhancements and checks. Where necessary supported by improvements to policy, procedures and guidance and the right tools and advice for staff. This enables colleagues to carry out their duties in accordance with best practice IG standards. Training plan requirements and staff needs analysis will occur in 2023 as changed requirements brought about by the DSPT mean compliancy flexibility for Trusts delivering mandated training.			
Recommendation			
The Board is asked to:			
<ul style="list-style-type: none">• Receive and note this report• Be satisfied that the Head of IG and DPO role is being effectively planned and discharged to provide the Board of Directors and Trust with the appropriate information and assurances regarding compliance with the UK GDPR and Data Protection Act.			

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Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for our patients, delivered with kindness		g				
To deliver our financial plan and key performance targets			g			
To be one of the best NHS employers, prioritising the health and wellbeing of our people and embracing equality, diversity and inclusion					g	
To be a continually learning organisation and recognised as leaders in research, education and innovation				g		
To collaborate effectively with local and regional partners, to reduce health inequalities and achieve shared goals					g	
<i>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.</i>	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)	No variance.					

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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
High Level Risk Register and / or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equality Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS England: (please tick those that are relevant)
<input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Well Led
Care Quality Commission Fundamental Standard: Good Governance
NHS England Effective Use of Resources: Corporate Services, Procurement, Estates & Facilities
Other (please state): UK General Data Protection Regulation (GDPR) and Data Protection Act 2018

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1 PURPOSE / AIM

This report is to update the Board on the Information Governance programme, confirming the results of the Data Security and Protection Toolkit (DSPT) assessment for 2022/23. It provides an overview of the arrangements in place to manage information risks and compliance in the year ahead and a progress summary of the activities undertaken by the Service in-year. It includes opinion from the Data Protection Officer (DPO).

2 BACKGROUND / CONTEXT

It is good practice for Board to be sighted on Information Governance (IG). The DPO is responsible for ensuring that the application of data protection and confidentiality legislation is consistently observed and any weaknesses in current practices are identified and remedied where possible.

The Trust is required to undertake an annual DSPT assessment to provide assurance to the Board and external bodies of good practice IG and data security and that personal information is handled correctly. The DSPT is a structured assurance framework and provides a basis for compliance with national security standards, and overarching UK GDPR and Data Protection Act principles.

During 2022/23 the DPO and IG Service provided advice on data protection and confidentiality across the Trust. Common themes continue to be information sharing and assessing privacy risks. Clarity around internal and cross-organisational information sharing has been a key focus. An IG Improvement (Work) Plan informs this and other activities the team will progress throughout 2023/24.

In summary we have seen a year of progress, but this has been limited in some areas and there are further improvements we can make.

3 MONITORING AND COMPLIANCE

The DSPT assessment provides assurance of good practice i.e. that an Information Governance framework is in place with the necessary controls, governance, and policies. It takes the form of an online assessment tool produced by the Department of Health and hosted by NHS Digital. It draws together the relevant Information Governance management legislation and national guidance under a single framework designed to enable an organisation to implement the relevant standards. It enables the Trust to measure its performance through an annual self-assessment and report upon levels of compliance against a set number of assertions based on the National Data Guardian's 10 data security standards.

For 2022/23 the Trust was required to measure itself against 34 Assertions (2 are non-mandatory) in total and 108 mandatory evidence items. Organisations can only achieve a final overall outcome of Standards Met by providing evidence against all mandatory items. There is no Red Amber Green (RAG) rating.

The IG Manager alerts the Head of IG and SIRO to any high risks, that is where the completion of certain actions are critical to Standards Met, and where there are concerns, they may not be completed. The IG service has worked with the relevant service area leads across the Trust to evidence the assessment.

Prior to completion the Trust's internal auditors, Audit Yorkshire reviewed a sample of mandatory assertions' evidence within a cross-section of the criteria. The approach and scope of the internal audit review was thorough and as in depth as in previously despite their review of the same sample. The SIRO and Trust received a report against DSPT progress, and provided approval prior to the 30 June submission, which included the Internal Audit Report.

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The Audit outcome was that the Trust has attained overall risk assessment across all 10 NDG Standards' as 'Substantial', and an 'Assurance level as 'High'. There were no recommendations made.

General Data Protection Regulation / Data Protection Act

The General Data Protection Regulation (GDPR) that came into force on 25 May 2018 is supported by the UK Data Protection Act (2018), which updated the Data Protection Act (1998). Compliance with key legislation, such as the UK GDPR, Data Protection Act (DPA) 2018 and Freedom of Information Act 2000 (FOI) is regulated by the UK Information Commissioner's Office (ICO).

Internally, the Digital and Data Transformation Committee receives assurance on IG.

Access to Records under the DPA (Subject Access) and FOIA is not managed by the IG Service. The Access to Health Records Team manages Subject Access Requests / requests under the DPA. The right of access to health records is governed by rules set out under the Data Protection Act. Requests must be processed under their own individual merit and Data Controllers consider whether each request meets the lawful requirements for provision. Many are straightforward. Those that are more complex often require expert review to ensure the confidentiality rights of the data subject (and any associated 3rd parties) are maintained. Safeguarding rules are also often applicable within this work. Input from the IG Service is provided to the Access to Health Records Team (ATHR) wherever appropriate. The ATHR Team reported they had processed 1300 requests in year.

Work with the Complaints and Access to Health Records teams was unable to be progressed further but will be picked up again in 2023/24. This was to try and improve some time disjointedness in processes which can cause unnecessary delays and confusion. This work is part of the IG Improvement (Work) Plan but will help all parties be clear about roles and responsibilities.

Our IT colleagues confirm improvements to cyber security are continuous. A number of external assurances are sought and received throughout each year. The Head of IT and team provide separate assurances to the Digital and Data Transformation committee(s) and SIRO routinely on the controls and actions in place and being progressed.

DPO opinion: Some requests (such as HR/staff related) under the Data Protection Act are handled by the service areas in question, with IG input as necessary. Discussions have taken place and the IG team is to work with other teams to revisit the process for incoming requests of all types to the Trust, so that requests received into the Trust are managed and applied consistently and in case there is an opportunity for improved oversight and visibility. Solutions should also be explored of ways of managing such requests, to enable more automation, reducing the burden on both services and colleagues.

The BDC IG workstream is co-chaired by the Head of IG and DPO and is to also consider where improvements can be made across the place.

The Trust has good governance in place with engaged membership. Pragmatic arrangements were introduced during the pandemic. For 2022, these persisted and included Digital directorate meetings providing a route for raising IG issues and giving visibility to the programme of work. However, with changes in the directorate structure, the planned reinvigoration of separate IG meetings was postponed and will be a priority for 2023/24. This will help to bring together IG-related topics such as reporting on Subject Access Requests and FOI that previously went to the now defunct IG Sub Committee and no longer feed into the 'one' same governance meeting. Without duplicating reporting at multiple meetings, the terms of reference and membership of the previous IG Subgroup will be

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revisited and refreshed to take account of this and of the changes that have occurred over the last 12 months and new arrangements put in place, including refreshed KPIs. For example, to include Data Protection Impact Assessments and Data Sharing Agreements reviewed.

Privacy by design

The Trust has controls in place so that it does not embark on new or changed processes without having considered privacy impact and staff have become more aware of the need for Data Protection Impact Assessments (DPIAs) for example. DPIAs capture rationale, risks, assurance of security, and legal basis for processing. The IG Service has provided assistance so that other teams can complete these as well as possible, has provided support and guidance to address confusion about when and where they are needed, and has oversight of / and reviews completed assessments. The quality and timeliness of these is not always as it could be. It continues to work with services Trust-wide to help ensure such requirements are considered at the outset in line with Privacy by Design principles under UK GDPR.

Face to face IG audits or 'spot checks' that take place alongside such controls were limited in 2022/23 due to the pandemic. A schedule is in place. Virtual questionnaires were used which was acceptable.

DPO opinion: During 2023/24 face to face checks should be reintroduced in line with a documented schedule as soon as practical. They are a quick, valuable and simple way of checking processes are embedded and awareness is not fading. The IG Manager and Officer will work to the schedule. The team should explore if members of the wider Directorate are able and interested in volunteering to assist with these checks, with manager agreement. Expressions of interest from one member of staff have been noted.

4 RAISING THE PROFILE / SUPPORTING TRUST SERVICES

The Information Governance Service has worked to provide an accessible forum for information rights and good practice advice and support to Trust services representing a variety of clinical and corporate areas. It has provided specialist advice regarding data sharing and encourages confidence in handling personal information safely. The team has worked hard to keep pace with the challenges associated with increasingly complex scenarios and requests for advice, not only due to legislative and national changed requirements but also in relation to Digital developments and the associated IG requirements.

The Service routinely receives requests for advice and direction on a variety of work streams; most notably with regard to new initiatives, new suppliers, new partners and the data sharing, data processing, Data Protection Impact Assessment and contractual elements which underpin each.

Requests from staff for advice and guidance are an indicator of awareness; they continued at pace and involve more with more complex questions. Tools and controls are in place such as policy and procedures, contract clauses, and templates. IG has a rolling programme of work that includes development and refinement of existing documentation and the creation of new resources that form the backbone of our IG controls. We have made inroads to improve our Data Protection Impact Assessment tools, and work began to refine and further align our Sharing and Processing Agreement templates with other Trusts' examples, in particular Airedale Hospital NHS Foundation Trust (ANHST) given our joint IG service. The BDC IG workstream has this on its agenda also.

DPO opinion: The Team has been pro-active in engaging with other services across the Trust who seek advice, or who the Trust relies on for evidence. As well as its involvement in the external BDC IG workstream. It has provided considerable support, guidance and assistance to Trust staff in

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relation to the DSPT, to sharing agreements and DPIAs and more generally on all aspects of IG. The accumulated effect of the pandemic, operational pressures and resources/capacity of the IG Service has had a noticeable impact on our ability to progress this work. Investment is needed to change this for 2023/24. Additional resource has been requested internally. The place based BDC IG workstream intends to consider its needs likewise as progression of actions is limited by individual and collective organisations resources and capacity on top of BAU activities.

5 TRAINING AND AWARENESS

Mandatory training compliance allowing for staff absence rate and turnover the figure was ~96% against the in-year target of 95% of employees undertaking IG training prior to the end of June 2023 DSPT submission.

IG training is available in several different formats to suit individual needs. The primary training all staff complete is national e-learning provided centrally, but where appropriate staff may attend a trainer-led classroom session or complete a workbook and video. The interactive face to face classroom sessions were cancelled during the pandemic and have not resumed, though ad-hoc training has been delivered via MS Teams where requested.

The 95% target is set to change for 2023/24. The Trust will instead need to ensure that all staff have an ‘appropriate understanding of information governance and cyber security’. This means we will have more flexibility to set local training targets that are proportionate to different roles, and to adopt a range of different methods to deliver that training.

DPO opinion: It is positive to see training compliance at a high level although some staff had to be encouraged at the final stage. Training compliance provides a level of assurance in itself and is complemented by tailored messaging and communications on key issues throughout the year. However, efforts must continue to raise awareness, increase uptake, and the support of managers, service leads, and staff within appraisals, must take account of the training requirement.

Support from the Trust leadership, HR and Education Services is critical to ensure the Trust continues to maintain and where necessary improve its IG training compliance and prevent blockages where staff have to be encouraged to complete at year end regardless of the % target. The change of target for 2023/24 will be welcomed by all Trusts. This does not lessen the importance of staff completing training but should help encourage more uptake more quickly and be more meaningful according to roles. The team should undertake an early review the IG training plan and needs analysis with the education services department following consideration of the changed national requirements.

6 INCIDENTS

During 2022/23 168 IG incidents were reported by staff, an increase of approximately 18%.

All are disseminated to the Caldicott Guardian, IG Manager and IG Officer in real time, as they are reported. This enables the service to respond promptly as necessary. The majority reported were lower level ‘minor’ incidents or near misses. All were assessed and advice given on further mitigating actions or investigations where necessary.

More serious incidents are assessed and judged whether externally reportable according to criteria based on likelihood and impact of harm on the data subject(s). Externally reportable incidents like this must be reported to the Information Commissioner’s Office within 72 hours where they meet the criteria. The Trust had 2 during this period; the ICO took no action.

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DPO opinion: It is positive to see there were only 2 externally reportable incidents and only a slight increase in IG incidents generally. The ICO's opinion confirms it did not believe the reportable incidents indicated a systemic problem. The vast majority of staff have embraced the need for honesty and transparency and paid attention to the security and confidentiality of data within their control.

The absence of high numbers of the most serious incidents is testament to the positive culture of IG awareness cultivated in the Trust over the years. And ongoing reporting of breaches reassures us that staff remain vigilant plus embrace the need for honesty and transparency regarding the management of personal information. Reporting is encouraging and needs to be as it demonstrates awareness. But we must remember that it may conversely indicate complacency or be an early sign of problem areas. So, a useful indicator in both contexts but we remain watchful. Once again, the year has put tremendous pressures on staff across the Trust, and mistakes can happen, processes can be sidestepped at such times. Accumulated 'minor' incidents, themes or trends, or spikes in reporting, need to be monitored so that we learn, and potential serious incidents are found before they become so. Predicting serious incidents is impossible but the Team has a good working relationship with the Caldicott Guardian in assessing, monitoring and acting upon incident reporting as well as seeking advice and support in any IG related investigations, and engagement with the reporters is good.

The maximum penalty that can be imposed on organisations for serious breaches is 20 million euros (or 4% of annual turnover) for the most serious breaches of Data Protection Act (individual rights and 3rd country transfers) and up to 10 million euros (or 2% of annual turnover) for standard infringements (administrative requirements).

During 2022/23, the ICO imposed in total £15.271m in monetary penalties. Only one was imposed on a Trust (Tavistock and Portman NHS Foundation Trust, £78,400).

Again, as previously, far more non-health related companies than public sector were affected by enforcement action. The majority were marketing / retail sector related. The largest, high profile, fines related to £7.6m for Clearview AI and £5m for a penalty under the DPA for British Airways.

DPO opinion: The Trust continues to be pro-active and vigilant and whilst no guarantees can be made that the Trust will not be subject to fines or censure, the robust approach that continues to be taken lessens the risk. The team engages positively and proactively with the ICO as and when required. For 2023/24 as part of its work programme it would be useful to consider an awareness (and include examples in training materials) campaign that pulls on some the real incidents both nationally and internally reported in the Trust. By considering some of the actions that the ICO has imposed on or recommendations it has made to organisations it can see where it may be able to introduce simple process changes or improvements proactively.

The privacy and processing of personal data consciousness still shows occasional lapses and the team has worked and will continue to work with all areas to bring clarity. By looking at improved ways of capturing, presenting, and analysing incidents better with the support of the Caldicott and SIRO we hope to streamline some processes. Acknowledging progress was slow in this area in again this year the team needs to plan for the resumption of this work and has included it in the IG Work Plan.

7	INFORMATION SHARING
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The Trust has a responsibility to work with partners to minimise the burden of data collection and ensure that it uses information effectively to support the overall aims of health and social care. 2022/23 again saw organisations increasingly looking towards future shared care models or

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collaborative working and the IG Team received multiple requests to develop or contribute to 'patch wide' or 'purpose specific' Data Sharing Agreements and similar.

The team has worked to improve and align its templates and agreements, including consideration of multiple variations in use by or available to other organisations. The Head of IG co-chairs and contributes to a place-based Bradford District and Craven IG work stream (BDC). Good relationships have been forged and the working group is jointly chaired by Head of IG and Bradford District Care Trust's IG lead. However, the Service has limited capacity to progress shared endeavours and collaborative work has had to take second place to BAU activities and priorities. The aim is to reinvigorate this activity with resources to support it during 2023/24.

DPO opinion: This will continue to increase as the requirements associated with cross-organisation sharing and developing digital agendas call for such agreements and for assurances within respective organisations. The team has seen this in demand for assistance and advice in review of DPIA and DSAs. But also, in raised awareness by project teams and colleagues whereas previously it often wasn't a consideration. Agreements requirements and content are becoming more complex and prolific as are related Digital requirements. The IG Service will need to ensure it can keep pace with the demand which it has to date.

Staff across the Trust will need to be mindful of the requirements associated with complex data sharing scenarios and the IG Service, individual IAOs and IT/information security colleagues will be instrumental in embedding this understanding. There is expected to be national unified templates and guidance for 2023/24 that the Trust will consider adapting or using to aid cross-organisation sharing.

The priority for the DPO is to ensure the Trust meets its obligations in terms of GDPR/Data Protection compliance and other non-legislative but mandated IG standards such as the annual DSPT. In order to progress other work such as the BDC workstream, additional resources are required.

The **National Data Opt Out Programme** does not affect sharing for direct care. It offers patients the opportunity to make an informed choice about whether they wish their personally identifiable data to be used only for their individual care and treatment or also used for research and planning purposes. Patients and the public who decide they do not want their data used for planning and research purposes will be able to set their opt-out choice online. The Trust lead is the Head of Information and confirms there is a process in place to carry out Opt-out requests.

DPO opinion: The Trust has responded to the Opt Out programme appropriately. The Head of Information has confirmed its state of readiness.

8	INFORMATION ASSETS
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Work took place to update policies and procedures. We have continued to work with business units to help ensure IG requirements are considered at the outset in line with Privacy by Design principles under UK GDPR. The Trust's information assets, what happens to them, and the controls surrounding them, inform a multitude of other areas. Thus, the role Information Asset Owners (IAOs) play in ensuring such controls are in place remains key to our information asset management framework and mitigating information risk.

Further work is needed to engage with IAOs to help them understand their own and the Trust's obligations. Training helps to provide assurance to the SIRO on the security, reliability, and integrity of assets plus reinforces their responsibilities and accountabilities. A joint annual workshop specifically for Trust IAOs with Airedale NHS Foundation Trust IAOs was delayed. A new information

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asset register (IAR) was developed by IT colleagues that will provide improvements to the annual validation exercise and simplify completing the register for IAOs during 2023.

DPO opinion: Training and engagement helps to provide assurance to the SIRO on the security, reliability, and integrity of assets plus reinforces their responsibilities and accountabilities. Work began to improve, enhance, update materials in 2022 which needs to be finalised and rolled out alongside the new Information Asset Register to provide the tools and support IAOs need to fulfil their personal obligations. The Trust has striven to improve its intelligence of its information assets and processing activities and had some success. The work should continue in phases to ensure the good work to date is maintained but where possible is improved. This is a key area which also informs the Trust's notification and register of processing activity obligations. The team should review the ROPA in 2023 which will form part of this important work.

9 RISKS

The SIRO and IG Team monitors and reports incident related and other Information Governance related risks reported on the Trust risk register routinely. The SIRO is responsible for overseeing the development and implementation of information risk strategy. The SIRO is supported in this by the IG team and by Information Asset Owners (IAO) within each business area. The IAO is responsible for managing information risks to the assets within their control. This may involve developing business continuity plans as well as documenting their personal data information flows and conducting regular risk assessments. The IG team support IAOs in achieving these objectives.

10 NETWORKING AND COLLABORATION

The Information Governance landscape has continued evolving, less due to the changes in data protection legislation and more in relation to the increasing focus on NHS digital aspirations.

Externally, the DPO contributes proactively to the IG sector sharing of advice, guidance and working practices in relation to the application of new legislation and general data protection compliance. The DPO and IG Team regularly contribute to and work alongside peers at Bradford District Care Trust, the regional (North Yorkshire and Humber) and National SIGN (Senior IG Network), other Trusts, and the Yorkshire and Humber Care Record programme.

The North Yorkshire and Humber Directors of Informatics IG sub-group remains a key group and national and regional level. It's well-established monthly meetings have continued remotely since the pandemic and included respected representation by senior professionals from across the North with the emphasis on IG in a health and care setting. The key issues and themes are often repeated as they remain challenging for organisations and as changes in national guidance or requirements are issued, so during the course of the year have again included:

- Information sharing and agreements
- Increased use of and demand for digital technologies in the NHS advanced by the pandemic, and the required IG elements and assurances.

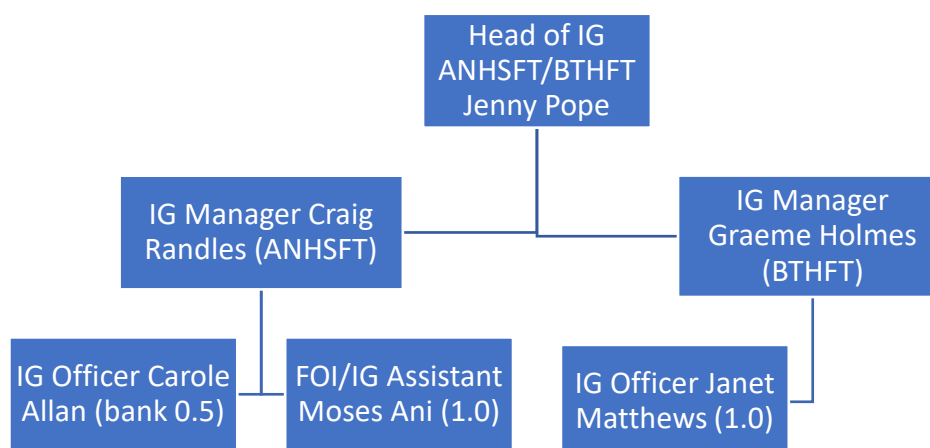
National NHSx DPO webinars have been valuable as well as when there have been new or changed IG requirements the national team have guided and advised, for example when the Trust team have had to implement or provide assurance against changed requirements.

Internally, the Head of IG / Data Protection Officer and IG Team are represented at various groups and committees such as the Digital SMT and Heads of Service groups, including Digital and Data Transformation Committee.

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The Information Governance Service has worked to develop shared or aligned protocols and training in line with the ever-involving data security and protection agenda, and the expanding digital agendas of both Trusts.

The Head of IG manages the Service. The team consists of an IG Manager at both locations, supported by 1 x IG Officer (1.0) at BTHFT. The Airedale team lost 1 x IG Officer (0.5) May 2022. The IG Assistant has subsequently retired and that role was not recruited into until May 2023. IG includes FOI at ANHSFT.



Whilst progress has been made, it is slower than desirable. The size of the Service and the complexities and disparities of existing processes in some areas means there is more to do. The pandemic put extra pressure on the Teams and the accumulated effect of stretched resources hindered progress. BAU activities have been the focus by necessity and these have been challenging. Required activities are included within a 'joint' IG Improvement (Work) Plan to ensure the programme of work at each Trust is set in the context of an shared IG Service. A risk assessment is in place around the IG Service and its capacity and resource needs and work is underway to consider the Airedale based IG Team BAU establishment needs and then to address the wider IG Service resource requirements.

DPO opinion: IG teams at both Trusts (BTHFT and ANHSFT) have continued to work closely to align or replicate processes and guidance where possible and as required. The pandemic and capacity given the existing IG resources have though affected deliverables. There are challenges working across two teams, with limited resources affecting capacity which not only inhibit our ability to progress BAU activities but to manage new and increasing demands on their expertise and support. Further investment is still required to sustain the IG Service in the short term, and to develop and grow this Service, and any place-based contributions, as the IG agenda and Digital agenda increasingly develop and grow. The loss of support at Airedale had an impact on both teams. Requests for additional resource have been made for the Service. It is hoped these will be agreed, acknowledging the pressures on the Directorate and wider Trust, there is a risk the Service becomes ineffective if the required investment is not made.

Nationally there needs to be consistent health sector guidance and tools to prevent unnecessary duplication but also ensure clarity across the sector and reduce duplication and effort where organisations are replicating multiple versions of different documentation. Despite national bodies such as the ICO, NHS Digital, and NHSx / NHSE developing guidance there are still gaps and the DPO has highlighted such matters through regional and national IG groups. Recent discussions at the regional and national forums have confirmed this work is now proceeding at more pace with new guidance published and more expected to be in 2023, including unified templates.

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11 FUTURE PLANS AND KEY ACTIVITIES

The Information Governance landscape continues to evolve. We must continue to respond to the challenges faced by changing working practices in order to ensure that we keep pace with the ever-changing information society we work in. Going forward, this will only become even more demanding. National developments will have a bearing on the direction of the Information Governance programme. IG requirements and advice in relation to digital developments and use of safe digital technologies for example is an area that will only grow and yet there is still some confusion and inconsistent messages on the subject.

Our IG Service catalogue will help provide clarity for staff across services, sites and Trusts. It will help inform and clarify reporting requirements both assurance and performance. The Team will continue to develop and deploy a range of communication methods and materials to engage and support staff including use of newsletters and presentations and consider all avenues for staff IG training.

Areas for continued development this year still include

- Data Protection by Design and Default principles; including register of processing activities mapping
- Ensuring we have a strong understanding of our processing activities and work with IAOs to keep our information assets register and data flows up to date and correct and that when needed, DPIAs and other agreements are in place.
- Working collaboratively with other organisations and our IG colleagues to share best practice, develop shared practices, processes and documentation.

DPO opinion: The IG Service catalogue needs updating and publicising during 2023 and will help to provide clarity for staff across the Trust. The team should continue its work towards an updated suite of 'joint' IG policy, staff guidance and tools to help improve awareness, avoid confusion, and further embed good practice so staff are acting in a consistent and aligned manner. The national unified templates expected for 2023/24 will expedite this.

There should be continued maturity of the IG Improvement (Work) Plan bringing extra clarity and additional assurance around some key IG related Trust deliverables such as the Information Asset work, DPIA/DSA templates and guidance, and new training plan. This should help us see an improvement in the engagement and timely completion of key actions and delivery of evidence by business leads against some key Data Security and Protection Toolkit standards and further raise the profile of IG and staff awareness of their responsibilities.

12 SUMMARY

The Trust has a robust process for managing IG and the associated responsibilities that come with our commitment to adopt best practice processes and procedures in order to protect patient and Service users' information.

DPO opinion: The Trust can be assured that the DPO has been afforded free access to senior management as is required of the role and has been able to undertake the role independently without management direction.

The Trust received a favourable Internal Audit opinion of its DSPT assessment review. It has made improvements across the Trust in terms of raising awareness of IG, though training required fresh impetus once more, in implementing and updating the required new and existing policy and procedures, and compliance with UK GDPR / Data Protection legislation.

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The IG Service has a dynamic plan to refresh and improve compliance with the DSPT standards and other non DSPT IG improvements. Evidence for many of the assertions is refreshed as part of established daily business or monitoring activities throughout the year though this needs to take place much earlier in some cases. Some objectives are more challenging and for this reason are constantly targeted as being key areas and will receive early oversight.

DPO opinion: The IG Service has worked tirelessly to ensure the Trust's policy and processes enable it to manage information risks and where required, improve compliance. Progress against some key activities undertaken by the IG service in-year is summarised throughout this report. The rigorous review of the DSPT conducted by internal audit took considerable time and resources and there are some lessons to be learned for the next audit in terms of process to ensure prompt evidence provision and review, especially for audit. That said, the favourable audit outcome showed the assurances provided and quality of evidence supported the assessment's Standards Met position.

The position of the Trust remains good and the level of compliance with the UK GDPR / DPA, DSPT assessment and audit is evidence of this. But there have been significant pressures and challenges to bring us to that position.

The IG Service will continue to work with other NHS organisations in our Region sharing good practice, and to aim for an integrated approach.

DPO opinion: The profile of Information Governance awareness has remained high and in fact heightened because of the increasing appetite for Digital technologies and desire for better more efficient streamlined ways of working with information between organisations, and in the Trust.

The Trust evidenced once more against a demanding DSPT assessment and internal audit review. We achieved 'Standards Met', that is, compliance against the mandated DSPT standards. The internal audit review outcome was high which was extremely encouraging. In my opinion the work undertaken by the Service and other colleagues is to be commended.

Staff training compliance was good especially in comparison to mandated non-IG training, however a final push was needed to ensure the Trust met the national target. Training does need to improve, and the team should consider actions to raise awareness especially in light of the changed requirement brought about for this year's DSPT. A helpful dialogue this year at Board development on training was recognition that the subject can be dry for some colleagues and ways of making the training more interesting would perhaps also help improve year-round uptake.

The Service and teams have had another challenging year, with periods where there have been gaps in resources and increasing demands on the Service for assistance and guidance.

Attention must be given to ensuring the IG Service is adequately resourced, and skilled, in order to continue to assure the Board that work in this area is safe, legal, efficient and stands up to scrutiny. The ongoing ever increasing Digital developments and increased working relationships with external organisations make this even more vital. Some of the work the Service has planned and desires to progress has been delayed again because of the small size and capacity of the team versus the demands upon it. There is a risk that if that continues, and this is not addressed, then this will become more and more of an issue

The IG Service and Caldicott Guardian regularly receive requests for advice and direction on a variety of work streams, most notably with regard to partners and data sharing. It is evident that this emerging challenge from the past two years is still very much at the forefront of requests for advice and guidance. As previously reported the IG resources available to the Trust are limited

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and more needs to be done to align policy, procedures and guidance between the Trust and ANHSFT. This has been challenging due to the availability and capacity of existing IG resources. In addition, because the wider IG landscape is ever changing and evolving, to aid the path towards a truly digital NHS, the Trust will need to keep pace. The Service is already attempting to do this in its efforts to align policy, procedures and guidance between the Trust and Airedale NHS Foundation Trust and to equip the IAOs with the appropriate knowledge, skills and tools in order that they can promote and encourage IG good practice themselves within their own service areas to help cascade this throughout the Trust. This will ease some of the burden on a small IG Service and allow it to enhance existing quality guidance, support and advice it provides. It will also importantly enable all staff to help themselves by having the right tools, advice and support. However, the time is now to recognise the further investment needed and which previous reports have drawn attention to. Our increasing Digital agenda also makes this essential in order for the IG Service to be able to deliver the required advice, support, guidance and assurance regarding compliance that digital developments and more stringent data protection / information governance legislation and standards are bringing.

I believe that the Board can take assurance that the controls upon which the Trust relies to manage Information Governance are suitably designed, applied and effective. However, there is room for further continual improvement across different areas and I am sure that this will remain the case. The Service has been affected by staffing and capacity issues which impact on this Trust as well as the Airedale based team. Despite this the extent of UK GDPR and Data Protection compliance achieved is testament to the IG team's and colleague's expertise, drive and commitment in what has been another challenging year.

13	RECOMMENDATIONS
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The Board is asked to receive and note this report and satisfy itself that the Data Protection Officer role is being effectively planned and discharged to provide the Board of Directors and Trust with the appropriate information and assurances regarding compliance with the UK GDPR and Data Protection Act 2018.

It is asked to support plans to ensure that the Trust achieves an overall satisfactory DSPT 'Standards Met' position for 2023/24, and that it continues to improve and embed IG best practice into routine working practice across the Trust.