





Meeting Date	29 th Novemb	er 2018	Age	enda Item	4ii.	
Report Title	Senior Information Risk Officer (SIRO) Annual Report 2017/18					
Report Author	Sian Richards, Head of Digital Records and Information Assurance					
Report Sponsor	Pam Wenger, Director of Corporate Governance / Board Secretary Matthew John, Interim Chief Information Officer					
Presented by	Pam Wenger, Director of Corporate Governance / Board Secretary					
Freedom of Information	Open					
Purpose of the Report	The purpose of this report is to present to the Board, the Senior Information Risk Owner Annual Report for 2017-18 following consideration by the Audit Committee.					
	The report provides an overview of the Information Governance agenda across the disciplines of Information Governance, Health Records and Clinical Coding, Data Quality and Cyber Security.					
Key Issues	This is the second year that the report has been produced and demonstrates legislative and regulatory requirements relating to the handling, quality, availability and management of information, including compliance with the Data Protection Act (1998) (2018), preparation for General Data Protection Regulations (GDPR) and the Freedom of Information Act (2000). The report also meets the requirements of Welsh Government Ministerial letter on Data Quality reporting and Welsh Audit Office recommendations of reporting of Clinical Coding performance to the Health Board.					
Specific Action	Information	Discussion	Assurance	Approval		
Required (please ✓ one only)			/			
Recommendations	 NOTE and RECEIVE Senior Information Risk Owner Annual Report for the period 2017/18; NOTE the assurances and progress provided across all areas as detailed in the Annual Report; and NOTE the objectives and priorities across the four sections of the report for 2018/19. 					

SENIOR INFORMATION RISK OWNER ANNUAL REPORT 2017-18

1. INTRODUCTION

The purpose of this report is to present to the Board, the Senior Information Risk Owner Annual Report for 2017-18 following consideration by the Audit Committee.

2. BACKGROUND

The role of SIRO was established in ABMU in 2016 and is responsible for advising the Board and the Accountable Officer about Information Risk and takes ownership of the organisation's information risk processes. The SIRO must advocate at the Board the reduction of information risk by ensuring effective use of resource, commitment and execution and appropriate communication to all staff. The aim is to create a culture in which information is valued as an asset and information risk is managed in a realistic and effective manner within the legislative frameworks that pertain to the Health Board.

For the period 2017/18, Professor Hamish Laing was the SIRO and the role of SIRO is currently being undertaken by Pam Wenger, Director of Corporate Governance/Board Secretary.

3. GOVERNANCE AND RISK ISSUES

This type of report is seen nationally as good practice to inform Board members of the information governance challenges and to satisfy regulatory requirements.

During 2017/18 the governance models and structures for the management of Information Governance in ABMU were strengthened and have matured. The role and influence of the Information Governance Board significantly increased. The report serves to inform of the work being undertaken, to understand and manage risks in respect of information and to protect the interests of patients and staff.

During 2017/18 there was significant preparation work completed in readiness for a changing legal landscape. Much of the Information Governance activity during the period was in preparation for the Introduction of General Data Protection Regulation in May 2018 and the Data Protection Act 2018. The commitment of the Health Board to good information governance was demonstrated with an increase in resources for the Information Governance Team to prepare for GDPR and then maintain and improve practices across the Health Board.

ANNUAL SENIOR INFORMATION RISK OWNER (SIRO) REPORT

IG TRAINING:

60% OVERALL COMPLIANCE
- AN 87.5% INCREASE

from 12 months previously



CALDICOTT PRINCIPLES
INTO PRACTICE (CPIP)
COMPLETED.SCORING

91%.

This gives it the

FULL FVE STAR RATING



One of the most important strands of work for this financial year has been the ongoing development of a useful and robust INFORMATION ASSET REGISTER (IAR).

FROM O ASSETS ON THE REGISTER TO 1100 ASSETS



PATIENT SUBJECT ACCESS COMPLIANCE RATE ACHIEVED 99.9%





ACHIEVED THE YEAR END CODING COMPLETENESS TARGET, ATTAINING 99% EFFECTIVE USE OF NATIONAL INTELLIGENT INTEGRATED AUDITING SOLUTION (NIIAS)

...to detect potentially inappropriate access to clinical records by employees



HEALTH RECORDS

MODERNISATION

PROGRAMME





A follow up ICO AUDIT ON THE PROCESSING OF PERSONAL DATA ACKNOWLEDGED THE PROGRESS MADE IN IMPROVING COMPLIANCE

in the areas audited

98% PERFORMANCE AGAINST THE NATIONAL STANDARDS FOR DATA QUALITY



SUCCESSFUL MANAGEMENT
OF LARGE SCALE CYBER
SECURITY ATTACK

('Wannacry' in May 2017)



The performance against key performance measures is provided in the table below:

Performance Measures	Compliance	Trend
Information Governance Training	60%	1
Caldicott Principles into Practice	91%	1
Subject Access Requests	99.9%	
Freedom of Information Requests	88%	1
Year-end clinical coding compliance	99%	1
National Standards for Data Quality	98%	→

The General Data Protection Regulation (GDPR) was approved in 2016 and came into force on 25th May 2018. During 2017/18 one of the key areas of focus was ensuring organisational compliance with GDPR and a Work Plan agreed, and progress against this was reported to the Health Board.

During 2017/18, the Health Board invested in the Information Governance Department which enabled good progress to be demonstrated in the implementation of the work plan. It is necessary for the Health Board to provide assurance to the ICO at all times that compliance is continually reviewed and maintained at a high level going forward.

Key areas to note include:

- Information Asset Register (IAR): One of the most important strands of work for this financial year has been the ongoing development of a useful and robust IAR.
- Information Governance Training: Significant improvement was made during the year. At the end of 2017/18 the Health Board stood at 60% overall compliance, an 87.5% increase from 12 months previously.
- Information Governance Audits: The Information Governance Audit Programme was planned for the 2017/18 financial year and the IGB received regular audit updates, from which IGB leads were expected to ensure completion of action / improvement plans.
- Data Protection Impact Assessments (DPIAs): During 2017/18, ABMU rolled out the completion of DPIAs across the Health Board, thereby ensuring that IG and security are embedded in new information flows from the outset.
- **Health Records:** A significant development during 2017/18 has been the Health Board's success in securing Invest to Save and internal funding to initate a Health Records Modernisation Porgarmme.
- **Data Quality**: Performance against these standards for data submitted within 2017/18 financial year is **98%** and the Health Board compares extremely well alongside other Health Boards in Wales.
- Cyber Security: In May 2017 Cyber Security was brought to the forefront of everyone's attention within the National Health Service following the ransomware attack called Wannacry. Fortunately for NHS Wales and ABMU

Wannacry did not affect patient services. In light of these events and building on the NHS Wales Cyber Assurance Programme, Welsh Government funded an independent review by external consults, Stratia, to carry out Cyber security assessments.

- Infrastructure improvements: During 2017/18 a number of network infrastructure replacements were undertaken to ensure non supported and obsolete equipment was replaced. Part of this work was the replacement of end of life network switches at both Morriston and Singleton Hospitals.
- Review of Vulnerable Infrastructure: During 2017/18 significant progress was made in identifying and replacing obsolete operating systems on desktop and laptops

4. FINANCIAL IMPLICATIONS

There are no financial implications arising within this report.

5. CONCLUSION

The Annual Report attached at **Appendix 1** provides the position on the significant progress the Health Board has made in relation to the management of information risk. This report provides assurance to the Health Board in relation to the systems, processes and plans to minimise information risk and sets out the processes and plans for 2018/19.

6. RECOMMENDATIONS

Members are asked to:

- **NOTE** and **RECEIVE** Senior Information Risk Owner Annual Report for the period 2017/18;
- NOTE the assurances and progress provided across all areas as detailed in the Annual Report; and
- **NOTE** the objectives and priorities across the four sections of the report for 2018/19.

Governance and Assurance										
Link to corporate objectives (please 🗸)	Promoting enabling healthie communit	g r	exe out exp	livering cellent atient comes, erience access		emonstrating value and ustainability	Securing a lengaged sk	illed	gove	mbedding effective ernance and rtnerships
Link to Health and Care Standards (please)	Staying Healthy	Safe Care		Effective Care		Dignified Care	Timely Care	Indiv Care	l vidual	Staff and Resources

Quality, Safety and Patient Experience

Ensuring that the Health Board make fully informed decisions is dependent on the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.

Financial Implications

There are no financial implications associated with this report. However, if the Health Board did not have sufficient systems and processes to manage information risk the risk of non-compliance and financial consequences would be higher.

Legal Implications (including equality and diversity assessment)

There is a requirement for robust governance in order to remain compliant legally whilst also achieving an agility to ensure operational effectiveness so that progress is not undermined or damaged by poor Information Governance practices. To achieve this there is a comprehensive and complex range of national guidance and legislation with which ABMU must comply:

- General Data Protection Regulation (May 2018)
- Data Protection Act (2018)
- Public Records Act (1958)
- Access to Health Records Act (1990)
- Freedom of Information Act (2000)
- Computer Misuse Act (2000)
- Environmental Information Legislation (2004)
- Caldicott Principles in Practice (CPIP)
- Common Law duty of confidentiality
- Wales Accord to Share Personal Information(WASPI)
- Data Quality Standards and WHC
- Information Security Assurance ISO 27001:2005 & 2013 Information security management (formerly BS7799)
- Records Management, NHS

Staffing Implications

There are no staffing implications contained within this report.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

No identified impact.

Report History	Information Governance Board : September 2018 Audit Committee : October 2018
Appendices	Appendix 1 – SIRO Annual Report 2017/18