



AGENDA ITEM

3.1.6

DIGITAL AND DATA COMMITTEE

INFORMATION GOVERNANCE TOOLKIT REPORT

Date of meeting	14/10/2021
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Claire Northwell- Head of Information Governance
Presented by	Claire Northwell – Head of Information Governance
Approving Executive Sponsor	Director of Corporate Governance
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Chief Information Officer / SIRO	May 2021	SUPPORTED
Digital & Data Committee	July 2021	SUPPORTED

ACRONYMS

ICO	Information Commissioner's Office
SIRO	Senior Information Risk Owner
IGMAG	Information Governance Management and Advisory Group

1. SITUATION/BACKGROUND

Members will note that the Health Board demonstrated compliance with data protection and Caldicott principles by recently undertaking an assessment via the All Wales Information Governance Toolkit.

Following our submission, we received an outcome from Digital Health & Care in Wales (DHCW). The aim of this breakdown enables us as an organisation to identify areas for improvement, which in turn has assisted us with implementing our own Information Governance Improvement Plan.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1. Although the IG Toolkit is a self-assessment, it has provided us with an indication of compliance along with areas of improvement.

Further to discussion at the Information Governance Group and at the Digital and Data Committee, some encouraging scores were noted, however the outcome has also highlighted some areas where compliance is much less than others.

It should be noted that while the toolkit assesses aspects of Cyber Security, health boards formally assess their Cyber Security requirements and responsibilities under the biennial Welsh Cyber Assurance Process (WCAP). It was agreed by the IGMAG that to avoid duplication, a more formal assessment would not be expected as part of the toolkit at this time.

2.2. Measuring Compliance

Compliance is measured by answering the assessment questions within the categories. Supporting evidence is uploaded or text inserted to detail the organisation's position with regards to relevant legal requirements. The more compliant an organisation is with a legal requirement, the higher the level achieved.

Each category is scored from Level 0 (lowest compliance) to Level 3 (highest compliance). An explanation of the scoring is as follows:

- Level 0 – an awareness of the Legal Requirement
- Level 1 – initial action around the Legal Requirement (policies and procedures are in place, staff awareness and responsibilities outlined)
- Level 2 – Implementation / Good practice in relation to the Legal Requirement (appropriate training provided, job descriptions updated for certain roles, policies and procedures are followed)
- Level 3 – Review and Reporting Process (processes are in place to monitor, audit and report on operation and compliance)

Each category will have a varying number of questions depending on the legal requirement, and to complete a level all questions for that category must be sufficiently answered. Partial responses demonstrate that the health board is “working towards” the next level.

Where the health board has achieved the highest level of compliance (level 3), work should and will continue to ensure that the high level of assurance is maintained in order to comply with data sharing obligations and to provide assurance to other organisations and the Information Commissioner’s Office (ICO).

Areas that require action for improvement on compliance have been outlined within the IG Improvement Plan 2021-22. The actions will be progressed through IG Group with six monthly update reports to the Digital & Data Committee.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Further to discussions at the IG group, this action plan is now submitted to the Digital and Data Committee for consideration.

Our focus areas initially will be required regarding data quality, Privacy and Electronic Communication Regulations (PECR) along with the reconvening of spot checks. Leads to progress this work will also need to be considered within the mental and community health setting.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Failure to comply with GDPR / Caldicott principles may affect the confidence of patients in the care they receive.
Related Health and Care standard(s)	Governance, Leadership and Accountability



	If more than one Healthcare Standard applies please list below:
Equality impact assessment completed	Not required
Legal implications / impact	Yes (Include further detail below)
	Requirements are covered by the GDPR 2016 and the Data Protection Act 2018 alongside the principles of Caldicott.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Main Strategic Objective	To Improve Quality, Safety & Patient Experience
Link to Main WBFG Act Objective	Provide high quality care as locally as possible wherever it is safe and sustainable

5. RECOMMENDATION

- 5.1 The Digital and Data Committee is asked to **DISCUSS** the content of the report;
To **AGREE** the IG Toolkit Improvement Plan for 2021/22