	Agenda Item	7.1

Freedom of Information Status	Open

Reporting Committee	Information Governance Group (IGG)
Author	Becs Wadley, Data Protection Officer
Chaired by	Gareth Westlake, Deputy SIRO
Lead Executive Director (s)	Matt John, Director of Digital, SIRO
Date of last meeting	16 June 2022

Summary of key matters considered by the committee and any related decisions made.

Cybersecurity – Following the Health Board increasing the high level Cyber Risk Score to 25 to reflect the increased global threat as a result of the Russian War with Ukraine, a tactical command and control was established to manage and reduce the risk, initially by working to replace Kaspersky with Microsoft Defender and Trend Micro Security Software, as quickly and safely as possible. This work has concluded, with Kaspersky removed from over 12,000 devices and associated infrastructure turned off on 31st May 2022. As a result of this work the Cyber Security risk on the Health Board Risk register has been reduced from 25 to 20. Work is ongoing nationally with WG to implement a Cyber Security training package and adopt it as mandatory training. Once this is in place a further assessment of the risk score will be undertaken. Groups have been established across the Health Board to ensure appropriate Business Continuity planning in response to a cyber-incident is in place. Microsoft decommissioned IE on June 15th and so Internet Explorer has been disabled across all client devices, and Microsoft Edge used to support the identified legacy applications. Omnicell (3rd party providing pharmacy/theatres with automated drugs cabinets) suffered a cyber-incident and the Code of Connection was revoked nationally, resulting in no remote support being possible. Assurances are being sought by DHCW from Omnicell in order to re-establish access when safe [gained week 27/06.22].

Mandatory IG Training Compliance – Training compliance reported to Jun 2022 IGG has improved by 5% to 82% (details available in Appendix A). There is a requirement for compliance to be at 95%; work continues to further improve staff compliance figures**.** The issue has been escalated to the Executive Team for their support in achieving the 95% target. The 7 areas scoring under 75% are: Board Secretary; COO; Clinical Medical School; Director of Strategy; Director of Transformation; Finance and Estates, and; Morriston SDG. Directorates/SDG leads are asked ensure staff prioritise the completion of the IG training.

IG Strategic Work Plan – Approval was sought and given for the original IG Strategic Work Plan 2020-2022 to be split into 10 urgent items to be actioned in the financial year 2022-23, and the remainder to sit on the new IG Strategic Work Plan 2023-2025. This is due to operational pressures on the IG Team, and follows careful risk assessment of every action.

Information Asset Register – Approval was sought and given for the IAR to continue without proactive IG Team support for a further 2 years due to operational pressures. All asset owners have written guidance in the meantime, and the IG Team will support on an ad hoc basis.

Automatic retention of deleted emails – This is an O365 function called "Litigation Hold" where all email trails are retained by the system even if a user deletes them. SBU has only applied this function to selective e-mail accounts based on specific circumstances, as and when required, but other Health Boards/Trusts have applied it across all accounts. This

blanket approach has had the unintended outcome of full mailboxes so an emergency Information Governance Management Advisory Group (IGMAG) meeting was held to solve the issue. The outcome from IGMAG was the proposal to have a consistent approach across NHS Wales whereby "Litigation Hold" is turned off and an application can be made to use it on individual mailboxes (this is consistent with the current approach for SBU). This recommendation was approved by IGG.

Key risks and issues/matters of concern of which the board needs to be made aware:

- **Organisational Cyber Issues/Risks** – There is a Welsh Government directive to ensure that all partner organisations with whom we have new information flows are certified with Cyber Essentials Plus (CE+). Many do not have this certification, including Swansea University and Swansea Council. This causes projects and proposed new information flows of personal data to not go ahead purely due to this issue. It is being considered nationally.
- **Biotronics** – Biotronics is a lifesaving solution involving the transfer of thombectomy images, but the company do not have CE+ or ISO27001:2013 which are both cyber requirements. SBU host the service for a number of other Welsh Health Boards who have raised concerns regarding this. The company are due to obtain their CE+ certification imminently and ISO27001 in Sep 2022. IGG have approved the ongoing use of the solution based on a) the clear major clinical benefits, b) alternative cyber requirements have been met and assurances given, c) cyber and IG documentation will be put into place on this basis, and d) Advise other Health Boards using Biotronics under hosting arrangements that they need to make their own assessment
- **Organisational IG Issues/Risks** – There continues to be a marked increase in the volume of complex Subject Access Requests (SARs) received, with many extremely complicated to respond to. These two factors have resulted in a capacity/resource issue for a number of teams managing and responding to SARs across the Health Board. All possible mitigating actions have been taken. A Task and Finish Group, chaired by the Data Protection Officer, is exploring the work required to improve the SAR situation across SBU. This is being held on the local Risk Register and is to be considered for escalation to the Health Board Risk Register. Prior to release, clinicians must check the release for 3rd party data (not including misfiling) and potential harm, but in the last period there were 831 occasions when specific approval was not received. The issue is being considered as part of the T&F Group's remit.
- **IG Audit –** The internal IG Audit programme prioritises areas that have had ICO reportable breaches, or several non-ICO reportable breaches, and also respond to invitations to audit. In the period there were 2 audits scored 'red': Ward G in Morriston and LAC in Gorseinon. Actions will be carefully monitored and a repeat audit will take place before the next IGG.
- **IG Breaches –** One breach was reported to the ICO since the last IGG, and has since been closed with no further action. In the last period 252 IG related incidents/near misses were confirmed on Datix. This number evidences robust identification/reporting of all levels of IG incidents, and is in line with the size of the Organisation. All breaches are followed up by IG.
- **IGG Lead Updates –** Following Internal Audit's recommendation, reports deemed required but not received are to be highlighted within this report: No report was received from W&OD

Delegated action by the committee:

No delegated action was taken by the committee at this meeting.

Main sources of information received:

- - IG Update Report
- - IG Key Performance Indicators
- - Cybersecurity Report
- - Biotronics SBAR
- - Health Records Report

Highlights from sub-groups reporting into this committee:

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No sub-group reports to note
Matters referred to other committees
No matters were referred to other committees at this meeting.

Date of next meeting	06 October 2022

Appendix A

The table below shows Mandatory IG Training compliance by SDG/Corporate Department:

Area	Number of staff in area @ 01.06.2022	Compliance % as it stands on 01.06.2022	Movement from last IGG Reported Compliance %
Corporate Departments			
Board Secretary	80	71	5
Chief Operating Officer	968	67	2
Clinical Medical School	19	68	21
Clinical Research Unit	39	97	5
Delivery Unit	57	93	3
Director of Strategy	293	68	8
Director of Transformation	27	52	6
EMRTS	78	86	3
Finance & Estates	230	61	-29 *
Digital Services	356	97	0
Medical Director	26	92	-4
Nurse Director	54	91	1
Workforce & OD	205	80	6
SDGs			
Mental Health & Learning Disabilities	1542	87	1
Morriston Hospital	3558	72	2
NPTS	3116	82	1
Primary Care and Community	2078	88	2
TOTAL			
Overall Health Board	12377	82	5

* The large decrease in the compliance figure for Finance can be attributed to the inclusion of Estates personnel in to the Directorate structure within ESR.

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