



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



		Agenda Item	7.1
Freedom of Information Status		Open	
Reporting Committee	Information Governance Group (IGG)		
Author	Becs Wadley, Data Protection Officer		
Chaired by	Matt John, Director of Digital, SIRO		
Lead Executive Director (s)	Matt John, Director of Digital, SIRO		
Date of last meeting	06 October 2022		
Summary of key matters considered by the committee and any related decisions made.			
<p>Cybersecurity – On 4th August a number of systems provided by Advanced became victim to a sophisticated cyber attack, and were taken offline locally and nationally. This impacted the Adastra system used by GPOOH, Urgent Primary Care and Contact First. Business Continuity (BC) plans were put into action and a tactical command and response setup was implemented by the impacted services, with support from Digital Services. Services remained in BC during September and, following assurances from Advanced (with input from the National Security Centre and Microsoft Cyber Team), testing is beginning on 10.10.22 towards restoring service.</p> <p>Work is ongoing to introduce and realise security benefits of the new Microsoft 365 services available, in collaboration with other Health Boards and DHCW. These include automatic web link verification and endpoint tamper protection. There is a 4 minute Cyber training and awareness video which Health Board users are being encouraged to watch. DHCW continue to lead on the development of a joint IG and Cyber training package.</p> <p>Mandatory IG Training Compliance – Training compliance reported to Oct 2022 IGG has fallen by 4% to 78% (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. As recommended in a recent audit the SIRO will be escalating the need for improvement to the lowest performing areas. All Directorates/SDG leads are asked ensure staff prioritise the completion of the IG training.</p> <p>Data Protection Impact Assessments (DPIAs) – Previous reports have noted major risks with approx. 61% non-completion of DPIAs over a 12 month period due to volume of work. A 6 month pilot of a new internal process is well underway, with initial indicators showing very positive results, reducing the average time to complete a DPIA from 6 months to 20 working days, providing there is engagement from external departments. The process involves risk assessing DPIAs at the outset and stratifying them into 3 tiers, with only the highest risk tier being subject to full IG scrutiny. The remainder receive IG scrutiny only on the most high risk areas of information sharing. A full report will be brought to IGG in December.</p> <p>Records Management Code of Practice for Health and Care (Wales) 2022 – This replaces the previous WHC which was previously in place cross Wales. In summary, it:</p> <ul style="list-style-type: none"> • Provides clear guidance and advice on the retention and records management for all health records/patients information in whichever median they are held; • Allows the Health Board to safely manage and store all patients' records; and • Allows all Health Boards/Trusts across Wales and NHS England to be consistent in how records are managed and retained. 			

IGG approved this document (please see Appendix B for the document) to be adopted within SBU, and Management Board / Audit Committee are asked to also provide approval. This would mirror the decision made by other Health Boards across Wales. Within the new code of practice which outlines the responsibilities in the management and the retention of both the paper and the digital record there is one key change in the retention schedule for one type of record. This is for any patients who have a long term illness that may re-occur. For example diabetes, arthritis or COPD. For other types of acute records the previous retention periods have remain unchanged. What is now required for patients with long term illnesses and the records are required for continuation of clinical care is that these records are to be retained for twenty years after last date of attendance or ten years after date of death. In the previous guidance for these types of patients these records in the majority of cases (as long as they had no other reason to retain longer) would have been destroyed eight years after last date of attendance or eight years after date of death. This will place an additional storage pressure for records that would have previously been destroyed and make the destruction process longer. Within the Health Board we will need to find a way of highlighting these patients on systems so that reports can be run to exclude these records from the initial destruction process, or if the scanning business case is approved scan these records as a priority.

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, causing projects and proposed new information flows of personal data to not go ahead. It is being considered nationally and an SBAR has been written and shared in the Operational Security Service Management Board for consideration.
- **Freedom of Information Act Request Compliance** – the ICO requires a 90% compliance rate, whereas SBU's stood at 81.45% for Q1. SBU were below target due to the complexities of the requests, resulting in departments missing their 10 day target and consequently tight turnaround times and non-compliance. However in all circumstances the requesters were contacted to inform them of this delay'. Trend figures will be brought to the next IGG.
- **Organisational IG Issues/Risks** – There continues to be a marked increase in the volume of IG concerns being received by patients/families/staff. The figure has more than doubled in the last quarter, with 25 being actively supporting by the IG team. This is mainly due to an increased awareness by the public of their rights under data protection legislation, but also in part due to the acknowledged issues with the more complex Subject Access Requests (Task and Finish Group in progress to address this 2nd point). This is of concern not only due to the time required to investigate and respond, but also because both the ICO is usually also contacted by the complainant and also there has been an increase in the number of requests for compensation from the Health Board which are handled by the Claims Team.
- **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. An IG Audit took place in June for ED Admin due to repeated non-ICO-reportable breaches. Several issues were highlighted and the audit was graded red. Gareth Howells contacted IG in August for support as a result of an internal review of ED following Ysbyty Glan Clwyd's HIW audit which raised issues mirroring those found by IG in June. Work is ongoing between IG and ED to address issues raised.
- **IG Breaches** – Five breaches were reported to the ICO since the last IGG, of which four have been closed with no further action. The remaining one is the Cyber breach for which the Health Board is awaiting written confirmation that no data has been lost, at which point the notification will be withdrawn. In the last period 322 IG related incidents/near misses were confirmed on Datix. This number evidences robust identification/reporting of all levels of IG incidents, and in line with the size of SBU. 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
- FOIA Report
- Health Records Report

Highlights from sub-groups reporting into this committee:

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

13 December 2022

Appendix A

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

Area	Number of staff in area @ 05.09.2022	Compliance % as it stands on 05.09.2022	Movement from last IGG Reported Compliance %
Corporate Departments			
Board Secretary	82	73	2
Chief Operating Officer	962	63	-3
Clinical Medical School	20	90	22
Clinical Research Unit	41	93	-4
Delivery Unit	59	90	-3
Director of Strategy	231	79	11
Director of Transformation	27	59	7
EMRTS	75	92	6
Finance & Estates	227	60	-1
Digital Services	359	84	-13
Medical Director	24	92	0
Nurse Director	57	93	2
Workforce & OD	191	82	2
SDGs			
Mental Health & Learning Disabilities	1539	87	0
Morrison Hospital	3603	71	-1
NPTS	3130	79	-3
Primary Care and Community	2067	88	0
TOTAL			
Overall Health Board	12705	78	-4



October - Appendix
B.pdf