



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	Pam Wenger, Director of Corporate Governance, SIRO		
Lead Executive Director (s)	Pam Wenger, Director of Corporate Governance, SIRO		
Date of last meeting	23 June 2021		
Summary of key matters considered by the committee and any related decisions made.			
<p><b>Cybersecurity</b> – Presentation given on the Network Information Systems (NIS) Regulations, and recent progress in Health in Wales on its enforcement by Welsh Government since April 2021. It covered the ongoing work to identify Critical Systems and then undertake Cyber Assessments against each to identify possible gaps, mitigations and controls needed in order to enhance Cyber Resilience locally. It also raised awareness of the requirement to now report NIS Incidents to the newly established Cyber Resilience Unit based in DHCW, and the possibility of fines from WG and the ICO if a cyber incident severely affected personal data.</p> <p><b>Policies</b> – The FOIA Policy was approved, and approval is now sought from Management Board (see Appendix A). Amendments comprise changes from ABMU to Swansea Bay University Health Board, FOIA team management structure and changes to incorporate the Welsh Language Standards</p> <p><b>Forum to support IGG</b> – Discussion around best method of cascading information and lessons learnt across Health Board and supporting IGG Leads/IGG. Discussion to continue outside of meeting, to include consideration of representation at both IGG and also new forum.</p> <p><b>Key risks and issues/matters of concern of which the board needs to be made aware:</b></p> <ul style="list-style-type: none"><li>• <b>Organisational IG Issues/Risks</b> – There has been a marked increase in complex Subject Access Requests (SARs) in the last 12 months, with a resulting capacity issue to manage SARs across the Health Board, as well as a lack of robust consistent process. 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 which is expected to complete in Dec. This is being held on the local Risk Register and is to be escalated to the Corporate Risk Register</li><li>• <b>Subject Access Requests for 3 families</b> – In addition to general issues with SAR management across SBU, there is an ongoing issue with voluminous and complex SARs from 3 families within Children’s Services. This issue has also been raised with the SIRO and Caldicott Guardian. This has been particularly resource intensive and challenging across several departments since August 2020, including Health Records and IG. ICO engagement has taken place, and support is now being given by L&amp;RS. This is an ongoing situation and discussions continue regarding ability to process the requests.</li></ul>			

<ul style="list-style-type: none"> <li>• <b>Mandatory IG Training Compliance</b> – Training compliance reported to June 2021 IGG stands at 78% (details available in Appendix B). There is a requirement for compliance to be at 95% and work continues to further improve staff completion of the mandatory training.</li> <li>• <b>IG Breaches</b> – No breaches been reported to the ICO since the last IGG in March 2021. In the last period 183 IG related incidents and near misses were confirmed on Datix. This number evidences robust identification and reporting of all levels of IG incidents, and is in line with the size of the Organisation. All breaches are followed up by IG.</li> <li>• <b>IGG Lead Updates</b> – None requested, to be reinstated for next IGG</li> </ul>	
<b>Delegated action by the committee:</b>	
No delegated action was taken by the committee at this meeting.	
<b>Main sources of information received:</b>	
<ul style="list-style-type: none"> <li>- IG Update Reports</li> <li>- Health Records Report</li> <li>- IG Key Performance Indicators</li> <li>- Cybersecurity Report</li> </ul>	
<b>Highlights from sub-groups reporting into this committee:</b>	
No sub-group reports to note	
<b>Matters referred to other committees</b>	
No matters were referred to other committees at this meeting.	
<b>Date of next meeting</b>	13 October 2021

## Appendix B

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

Area	Number of staff in area @ 02.06.2021	Compliance % as it stands on 02.06.2021	Movement from last IGG Reported Compliance %
Corporate Departments			
Board Secretary	69	78	-4
Chief Operating Officer	1150	53	+1
Clinical Medical School	21	76	-4
Clinical Research Unit	39	90	0
Delivery Unit	38	89	-3
Director of Strategy	348	54	-4
Director of Transformation	21	81	-4
EMRTS	51	86	-6
Finance	81	98	+2
Digital Services	345	87	-2
Medical Director	27	96	-4
Nurse Director	62	85	+1
Workforce & OD	166	82	-2
SDGs			
Mental Health & Learning Disabilities	1564	85	-1
Morrison Hospital	3667	73	-2
NPTS	3149	83	
Primary Care and Community	2042	90	0
TOTAL			
Overall Health Board	12840	78	-1