Freedom of Information Status	Open
Reporting Committee	Information Governance Group (IGG)
Author	Becky Wadley, Data Protection Officer
Chaired by	Pam Wenger, Director of Corporate Governance, SIRO
Lead Executive Director (s)	Pam Wenger, Director of Corporate Governance
Date of last meeting	14 May 2019

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

- **Terms of Reference (ToR) –** These have been reviewed; the name of the group has changed from Information Governance Board (IGB) to Information Governance Group (IGG) in line with the Corporate review of all boards/committees/groups. Membership will be confirmed before the next IGG.
- **IG Strategic Work Plan 2019-21 –** The IGG continue to monitor compliance with data protection legislation via reports, KPIs and scrutiny of the robust Work Plan 2019-21. Completion of the work plan will result in the Health Board having a good level of legal compliance with GDPR and provide adequate assurances to the Regulator.
- **Reprioritisation –** Following boundary change we have reviewed our priorities with regards to GPDR compliance. Therefore the strategic and operational IG work required to support SBU with being GDPR compliant has been risk assessed and carefully reprioritised to ensure the ability to provide an adequate service and assurances to internal and external stakeholders. The main focus is now on IG breach management and IG dept audits, alongside the strategic work outstanding from the GDPR work plan. Face to face training has been stopped as there are suitable alternatives in place for staff (ESR elearning plus a video will be available in June).
- **Policy Development -** The ABMU IG Procedures, all Wales IG Policy, all Wales Internet Use Policy and all Wales Email Use Policy have been fully approved and are being publicised across the Health Board.
- **Information Asset Register (IAR) –** Currently the IAR has 1551 assets noted (the figure has dropped since the last report due to PoW's removal from the Register). The responsibility for registering and auditing information assets lies with Information Asset Owners (IAOs) with the support of any nominated Information Asset Administrators (IAAs). As part of the reprioritisation of the Strategic Work Plan, the IAR will not be proactively expanded by the IG team for the next six months, IAO/IAA guidance will be issued in May and support will be given on request.
- **Cybersecurity –** IGB were presented with a cyber update, including the latest position in relation to the Directive on security of network and information systems **(NIS Directive)** and the follow up Stratia Report (independent assessment of cyber security across NHS Wales). The updated Stratia action will be presented to the next IGB along with a more detailed assessment of the NIS Directive. To support this work going forward a Cyber Security

manager will be recruited, to lead development of plans and implementation. There is now a cybersecurity training module on ESR which will be publicised in the coming months, and consideration given as to whether it needs to be mandatory for staff to complete.

- **Health Records Modernisation (RFID)** – The Health Records Service is implementing RFID technology as a result of invest to save and Health Board capital money being available. This will transform the service and deliver benefits and savings. The operational and project team are fully committed to the pre go live planning, and good progress is being made.
- **Data Quality** – The report summarised the overall performance of the Health Board against the range of indicators that are currently measured for the validity of the Admitted Patient Care dataset, with ABMU achieving 100% compliance for these standards over the last year. A total of 277 checks are now in place for the validity and consistency indicators. At March 2019 position, ABMU met the required target for 272 of these checks, achieving 98% overall
- **FOIA Annual Performance Report 2018-19 –** The Health Board received 561 FOIA requests in 2018-19 and answered 83% of these requests on time (within 20 working days). Appeals about the Health Board's responses remain low at 1%.

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

- **IG Risk Identification Log** – A total of 28 Health Board wide IG risks have been noted. Further discussions are to be held between the Chief Information Officer, the Senior Information Risk Owner (SIRO) and the Data Protection Officer to address this issue.
- **Mandatory IG Training Compliance –** Training compliance reported to May IGG stands at 84%. There is a requirement for compliance to be at 95% and work continues to further improve staff completion of the mandatory training. Currently new starters are given access to patient and staff personal data via paper records and/or electronic systems before they have completed their mandatory IG training. This contravenes data protection legislation and Health Board directed ICO guidance. The delay in being given an ESR number prevents new starters from being able to access ESR based elearning; the IG training video will be beneficial but reliant on managers directing their new staff to watch it before being given access to personal data.
- **IG Breaches –** Breach reporting to the Information Commissioner's Officer (ICO) has become mandatory, with a number of reporting assurances required. The ICO and WAO have previously recognised ABMU's robust breach procedures and reporting practices. However, fully robust reporting requires more resources than are currently available, and so a new process has been devised to prioritise breaches carefully, ensuring that ICO reportable breaches are managed with adequate assurance. During the period 1st February – 30th April 2019, 156 IG related incidents and near misses were confirmed on Datix.
- **IGG Lead Updates –** There is a sub group of the IGG, the IG Partnership Group (IGPG), that receives update reports from all SDUs and Corporate Departments. When Internal Audit issued their Substantial Assurance report on compliance against the GDPR Work Plan in November 2018, the only recommendation was that IGG and Audit Committee were made aware of any notable areas that had not submitted an update report. W&OD and NPTH did not submit a report to the last IGPG.

Delegated action by the committee:

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

Main sources of information received:

- IG Update Report
- Strategic Work Plan 2019-21

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- IAR Report - IG Key Performance Indicators - Health Records Report - Report from IG Partnership Group - Cybersecurity Report - IGB Lead Progress Reports - DPIA Register - Data Sharing Register - FOIA Annual Performance Report 2018-19	
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 August 2019