



GIG  
CYMRU  
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WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

		Agenda Item	6.3
<b>Freedom of Information Status</b>		Open	
<b>Reporting Committee</b>	Information Governance Group (IGG)		
<b>Author</b>	Becky Wadley, Data Protection Officer		
<b>Chaired by</b>	Pam Wenger, Director of Corporate Governance, SIRO		
<b>Lead Executive Director (s)</b>	Pam Wenger, Director of Corporate Governance, SIRO		
<b>Date of last meeting</b>	22 September 2020		
<b>Summary of key matters considered by the committee and any related decisions made.</b>			
<ul style="list-style-type: none"> <li>- <b>IG Strategic Work Plan 2020-2022</b> – The IGG continue to monitor compliance with data protection legislation via reports, KPIs and scrutiny of the newly reviewed and reprioritised robust Work Plan 2020-22.</li> <li>- <b>Information Asset Register (IAR)</b> – An IAR is required by the Information Commissioner’s Office (ICO) to provide them with adequate assurance that an Organisation is robustly managing their information assets. Currently the IAR has 1818 assets noted.</li> <li>- <b>Covid-19 response support</b> – The Cyber Security team and IG team extensively and proactively supported the new digital ways of working across the Health Board, and the IG team were closely involved in all testing processes’ governance at national and local levels. A comprehensive reply was given to Internal Audit regarding this response support; feedback is yet to be received and will be reported to the next IGG.</li> <li>- <b>Caldicott Principles into Practice (CPIP) – Annual Assessment</b> – This is a mandatory organisational annual audit of IG compliance completed by all NHS Wales secondary care Trusts/Health Boards. Swansea Bay’s 2020-21 return was completed with a score of 95%, up 1% from last year and within the top bracket available.</li> <li>- <b>FOIA</b> – The Health Board received 117 FOIA requests during Qtr3 2019/20 and answered 80.7% of these requests on time. SBU received 82 FOIA requests during Qtr1 2020/21 and answered 67% of these requests on time (within the 20 working days).</li> </ul>			
<b>Key risks and issues/matters of concern of which the board needs to be made aware:</b>			
<ul style="list-style-type: none"> <li>- <b>Training Compliance</b> – Mandatory IG training compliance reported to September IGG stands at 80% (details available in Appendix 1). There is a requirement for compliance to be at 95% and work continues to further improve staff completion of the mandatory training. There is an IG video available (on the Intranet as well as You Tube, bilingually) as an alternative option to ESR based e-learning to gain mandatory IG training compliance. Cybersecurity training is available via ESR but is not yet mandated. Approval is sought for top down dissemination of the requirement to complete both IG (mandatory) and cybersecurity (advisory) training: SLT Members are asked to take ownership of IG training compliance of less than 95% in their areas, to implement support and measures to improve performance, and to take the opportunity to advise cybersecurity training is also completed.</li> <li>- <b>IG Breaches</b> – Since the new data protection legislation in May 2018, 27 IG breaches have been reported to the regulator, the ICO. Of these, 5 were reported since the IGG in December 2019. To date, 25 have been closed by the ICO and their recommendations taken forward</li> </ul>			

via the IGPG. The media have reported on 2 breaches and these are still being investigated and managed robustly. Between 1<sup>st</sup> December 2019 – 31<sup>st</sup> August 2020, 392 IG related incidents and near misses were confirmed on Datix. This number evidences strong identification and reporting of all levels of IG incidents, in line with the Organisation's size.

**Delegated action by the committee:**

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

**Main sources of information received:**

- IG Update Report and Strategic Work Plan 2020-22
- IAR Report
- IG Key Performance Indicators
- Cybersecurity Report
- FOIA 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**

15 December 2020

## Appendix 1 – IG Mandatory Training Figures September 2020

The table below shows compliance by SDU/Corporate Department:

Area	Number of staff in area @ 01.09.2020	Compliance % as it stands on 01.09.2020	Movement from March 2020 IGG Reported Compliance %
Corporate Departments			
Board Secretary	66	88	8
Chief Operating Officer	1253	64	-15
Clinical Medical School	22	82	-18
Clinical Research Unit	39	97	-3
Delivery Unit	34	79	-18
Director of Strategy	227	44	-56
Director of Transformation	17	82	-11
EMRTS	48	100	3
Finance	75	97	0
Digital Services	363	87	-10
Medical Director	30	97	6
Nurse Director	52	85	-6
Workforce	151	86	-8
SDUs			
Mental Health & Learning Disabilities	1685	86	-3
Morrison Hospital	3670	77	-5
NPTH	1221	86	-6
Primary Care and Community	1403	88	-4
Singleton Hospital	1685	83	-4
TOTAL			
Overall Health Board	12769	80	-7