

Name of Sub-Committee:	Information Governance Sub-Committee (IGSC)
Chair of Sub-Committee:	Huw Thomas, Director of Finance
Reporting Period:	15th June 2021
Key Decisions and Matters Considered by the Sub-Committee:	
<p>Clinical Coding Update (including a Recovery Plan)</p> <p>The IGSC noted the Hywel Dda University Health Board (HDdUHB) year-end clinical coding performance was 89.1% which is below the 98% required for the Welsh Costing Returns. IGSC acknowledged this had improved from the provisional performance of 88%, however requested immediate actions be undertaken to address the backlog for 2019/20 and 2020/21, which totals 22,250. The IGSC Chair enquired what would be required to achieve 95% for both years, and the reporting officer noted that to achieve the requested percentage (95%), an additional 14,150 from within the backlog would require coding.</p> <p>It was agreed for the Head of Information Services to contact external coding contractor companies to assist with clearing the backlog. The estimated cost for this work will be circa £125k. The reporting officer emphasised that although the additional investment of trainee coders is starting to make an impact upon the backlog, they would not be fully trained and operating at the required level for a further 12 months. The IGSC Chair requested the Head of Information Services to begin the procurement process to secure the external resources.</p> <p>Digital Services/Information Governance (IG) Document Review</p> <p>The IGSC noted that the policies detailed below have been updated, will be shared for global consultation and then be presented to the August 2021 meeting for approval. The documents that have already been out for consultation should have been presented, however due to work pressures, these were not available for the June 2021 meeting. The Chair expressed his disappointment that these were not available for the meeting, and requested that they be available for the August 2021 meeting:</p> <ul style="list-style-type: none"> • The Data Protection Impact Assessment Procedure. • The Information Classification Policy. • The Secure Transfer of Personal Information Policy. • The Corporate Subject Access Request Procedure. • The Information Rights Procedure. • Information Governance Training Plan. <p>Information Governance Toolkit – Compliance Update with Improvement Plan</p> <p>Following the submission of the toolkit in March 2021, and an initial assessment by IG colleagues across Wales, there remain 6 areas where HDdUHB is required to undertake additional work to attain Level 1. It was agreed for a full action plan to be developed and represented at the August 2021 meeting outlining the tasks to deliver the January 2022 deadline. The areas requiring further development are:</p> <ul style="list-style-type: none"> • Section 2.6 – Freedom of Information (FoI) and Environmental Information Regulations (EIR). • Section 2.7 – Privacy Electronic Communications Regulations (PECR). • Section 5.1.2 – Corporate Records. 	

- Section 5.3.2 – Corporate Records.
- Section 6.1 – Physical Security Measures.
- Section 6.6 – Surveillance Systems.

Reporting officers have been identified for each of the areas above, and the Information Governance Team are now working with them to identify the specific tasks to deliver the evidence in order to attain Level 1.

Caldicott Principles into Practice (C-PiP)

The IGSC thanked the reporting officer for completing the C-PiP assessment for 2020-2021, and the IGSC noted the percentage compliance of 86%. It was also noted that the C-PiP assessment would be superseded by the Welsh Information Governance Toolkit. Whilst this was acknowledged by the IGSC, the Information Governance Team were requested to ensure that the action plan contained within the report is combined with the Information Governance Toolkit action plan to ensure that no actions are outstanding.

Information Asset Registers

The IGSC was asked to approve three Information Asset Registers (IARs), following assurance by the Information Asset Owners Group (IAOG) meeting and the services' lead Directors:

- Therapies – Dietetics.
- Therapies – Podiatry.
- Therapies – Speech & Language.

Information Governance Annual Report

The IGSC were presented with the IGSC Annual Report for consideration. The IGSC thanked the Information Governance Team for the report and the work undertaken during 2020-2021. The IGSC were pleased to accept and approved the report, to be presented to the People, Planning & Performance Assurance Committee (PPPAC) as an accurate record of the IGSC's main achievements which have contributed to the robust information governance across the Health Board. A copy of the Annual Report is attached to this report for PPPAC ratification.

Caldicott Guardian Register

The IGSC received the latest Caldicott Guardian Register and noted the processes that the Information Governance Team carries out in support of the Caldicott Guardian's function. It was agreed that officers would undertake a review of the current register to ascertain whether it is still current, and documents previously approved are removed.

Cyber Security and Network and Information Systems (NIS Directive) Update

The IGSC were presented with a comprehensive update on Cyber Security and the NIS Directive. The IGSC also welcomed the newly appointed Cyber Security Specialist to the meeting and noted the work that has been progressed since his appointment in May 2021. The IGSC noted that the 3 red recommendations of the Stratia Report have now progressed to such a position that they should be moved to amber, and by the next meeting in August 2021, the officer informed members that they may be fully implemented.

Welsh Government Written Statement: Sharing patient records in Wales

IGSC noted the statement from Welsh Government on the way that GP held records are being collected and held centrally within NHS England. The IGSC were assured that NHS Wales is very

clear that this only applies to NHS England, however it was noted that Welsh residents who are registered with GPs in England will need to opt out of the service before 1st September 2021, if they do not wish to have their data included.

Matters Requiring People Planning and Performance Assurance Committee Level Consideration or Approval:

- The Information Governance Sub Committee Annual Report.

Risks / Matters of Concern:

- No matters of concerns or risk were raised.

Planned Sub-Committee Business for the Next Reporting Period:

Future Reporting:

- Information Asset Owners and Information Asset Mapping update.
- Data Quality and Clinical Coding.
- Information Governance Risk Register.
- Information Governance Toolkit.
- IG Training Strategy.
- Clinical Coding Recovery Plan.
- Update on Cyber Security.
- Caldicott Register to be returned to the IGSC meetings.
- Digital / IG policies and procedures.
- Audit of Network Communications Rooms.
- Digital Communications.

Date of Next Meeting:

Tuesday, 10th August 2021 at 10:00 a.m.



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Hywel Dda
University Health Board



INFORMATION GOVERNANCE ANNUAL REPORT 2020 – 2021

Annual Report 2020 - 2021

The Information Governance Sub-Committee has been established under Board delegation with the Health Board approving terms of reference for the Business Planning & Performance Assurance Committee at its Board meeting on 26th January 2010. The terms of reference of the Information Governance Sub-Committee were subsequently approved at its meeting on 27th November 2010.

These terms of reference clearly detailed the Sub-Committee's purpose to provide assurance to the Business Planning & Performance Assurance Committee around the organisation's information governance framework, ensuring that there is an accurate reflection of Sub-Committee activity, work programmes, action plans, and policies and procedures to deliver against gaps in assurance.

Most recently the Information Governance Sub Committee (IGSC) terms of reference have been reviewed and updated at its meeting on 2nd October 2020 to reflect the changes to the membership, the outcome of a review of the function of the IGSC, a change to the reporting groups in order to align with the updated information governance work plan and to include more specific detail on Cyber Security. The changes to the reporting body were also reflected to include **People Planning and Performance Assurance Committee (PPPAC)** instead of BPPAC.

In discharging this role, the Sub-Committee is required to oversee and monitor the information governance agenda for the People Planning and Performance Assurance Committee (PPPAC) in respect of its provision of advice to the Board, and ensure the implementation of the information governance agenda against the following areas of responsibility:

1) Governance

- Promote and develop a robust information governance and security framework within the Health Board;
- Encourage a culture of information governance and information security across the Health Board.
- In conjunction with key Committees/sub-committees/groups develop appropriate systems, policies, procedures, work plans and action plans including (but not restricted to) the following areas:
 - Information and Cyber Security (including Senior Information Risk Owner (SIRO) related issues)
 - Information Sharing Protocols
 - Contracts, partnership and third party and supplier agreements
 - Confidentiality and Data Protection
 - Freedom of Information
 - Subject Access Requests
 - Records Management
 - Information Quality Assurance
 - Risk Management and Incident Management
 - Data Protection Impact Assessments
 - Patient records

2) Assurance

- Ensure the Health Board is compliant with the new Data Protection Legislation (the Data Protection Act 2018 and UK GDPR (General Data Protection Regulation) - together referred to as the Data Protection Legislation);
- Ensure quality and statutory compliance in relation to all information processed by the Health Board;

- Ensure that new projects, processes and the development of systems are compliant with statutory requirements in relation to information governance;
- Ensure that there is a process of Data Protection Impact Assessment (DPIA) in accordance with Information Commissioner's guidance.
- Ensure that information sharing and transfer with third party organisations are compliant with statutory requirements in relation to information governance;
- Ensure that the Health Board is following the Caldicott Principles when processing patient information;
- Caldicott Principles into Practice (C-PIP);
- Welsh Information Governance (IG) toolkit;
- Internal and External Audit reviews;
- Information Commissioners Officer (ICO) standards;
- Any other relevant National or Welsh requirements/assessments.

3) Policies and Procedures

- Recommending policies and procedures to the People Planning & Performance Assurance Committee for approval that link with or assist in delivering the information governance agenda.

4) Training and Awareness Development

- Ensure that employees across the Health Board are given the information and training required to ensure good information governance principles are followed by all staff.
- Developing a programme of information governance training that meets the needs of different staff members wherever possible.

5) Information Governance Sub-Committee Groups

The Groups reporting to the Information Governance Sub-Committee during 2020 – 2021 were as follows:

- **General Data Protection Regulations (GDPR) /Information Asset Owners (IAO) Group** – established to:
 - Agree and oversee the GDPR compliance project work plan.
 - Develop and oversee a programme of information asset audits and asset mapping.
 - Ensure that Information Asset Owners are in place across the organisation and are fully briefed in relation to their role.
 - Agree a process for identifying, recording and mitigating any information risk identified through the information asset audit programme.
 - Develop and agree a communication and engagement programme for staff around the GDPR and information governance, including information security
 - Progress the implementation of Data Protection Impact Assessments (DPIAs) across the Health Board.
- **Information Governance Incident Group** – established to:
 - Receive updates on new Information Security Incidents reported including the presentation of any Information Security Incident Investigation Reports.
 - Agree recommendations and actions in relation to any new Information Security Incidents reported.
 - Receive updates on the Information Security Incident Action Plan.
 - Reach agreement to close any completed Information Security Incidents.
 - Agree any further recommendations/work required around managing Information Security Incidents within the Health Board.
 - Develop and Information Security Incident reporting procedure.

- **The Health Records Group**

A Health Records Group has been established and reported to the IGSC as a Sub-Committee from April 2018. Terms of reference and key activities for the group have been approved by the IGSC.

The principal duties of the Health Records Group are to undertake the following:

- To operate as a task & finish group resolving risks and issues affecting the health record and its users
- To provide a multidisciplinary forum for the discussion of issues relating to and affecting the health record and its users.
- To provide clear leadership in the promotion of effective health records management.
- To be responsible for assuring that health records arrangements within the Health Board provide the patient and service users with effective treatment and care that is compliant with best practice.
- To support the development of a Health Board wide integrated records management system, including storage, security arrangements and the move towards an electronic patient record (EPR), providing expert advice and guidance.

- **Caldicott Guardian Group**

The Caldicott Guardian Group has been established as a group of the Information Governance Sub-Committee and constituted from 25th August 2020. The purpose of the Caldicott Group is to provide assurance to the Information Governance Sub-Committee around Caldicott Guardian functions. The Group will:

- Support Caldicott Guardians in understanding their responsibilities and those of the Health Board;
- Share good Caldicott/confidentiality and information sharing practice between the Health Board and partners;
- Supporting Caldicott Guardian in raising the profile of Caldicott / confidentiality issues and appropriate information sharing across the Health Board and partners.

The Information Governance Sub-Committee Annual Report 2020-2021 is intended to outline how the Sub-Committee and its Groups have complied with the duties delegated by the PPPAC through the terms of reference set, and also to identify key actions that have been taken to address issues within the Sub-Committee's remit.

6) Constitution

From the updated terms of reference approved in October 2020, the membership of the Sub-Committee was agreed as the following:

- Director of Finance (SIRO) (Chair)
- Assistant Director of Digital Services (Deputy SIRO) (Vice Chair)
- Medical Director/Deputy Chief Executive Officer (Caldicott Guardian)
- Associate Medical Director for Information and Research/Deputy Caldicott Guardian
- Independent Member
- Head of Information Governance
- Head of Information Services
- Health Records Manager
- Information Governance Manager(s)
- Assistant Director of Workforce and OD
- ICT Security Manager
- Mental Health Representative
- Nursing Representative

- Therapies & Health Sciences Representative
- County/Community Representative
- Primary Care Representative
- Head of Digital Operations
- Head of Systems and Informatics Projects

7) Meetings

Since 1st April 2020, Information Governance Sub-Committee meetings have been held on a bimonthly basis as follows:

- 20th March 2020 (meeting was cancelled due to Covid-19 pandemic)
- 15th May 2020 (meeting was cancelled due to Covid-19 pandemic)
- 9th June 2020
- 10th July 2020
- 2nd October 2020
- 3rd November 2020
- 11th February 2021
- 24th March 2021 (Extraordinary Meeting)

During 2020 – 2021, the Sub-Committee met on five occasions and was quorate at all those meetings. The first two meetings were cancelled due to the outbreak of Covid-19 pandemic and the remaining meetings were held virtually through the Microsoft O365 Teams. A guide / etiquette for virtual meetings has been presented to the group and approved in October 2020.

Independent Member informed IGSC at the meeting in February 2021 that his period of office as an Independent Member with the HB ends on the 31st March 2021. Simon Hancock expressed that it had been a privilege to see the progress of the work of the Information Governance in the HB.

Information Governance is in a different place to where it was 6/7 years ago since being under the management of Karen Miles and more recently Anthony Tracey. The work is done with pace and vigour and is very thorough with additional staff being appointed within the IG Team. Simon Hancock expressed his gratitude for the privilege of being part of the committee and extended his very best wishes to everyone. Chair thanked Independent Member for his support with the IGSC that has been helpful and also when we attend PPPAC and ARRAC where again the support is gratefully appreciated.

8) Sub-Committee Terms of Reference and Principal Duties

In discharging its duties, the Information Governance Sub-Committee has undertaken work during 2020 – 2021 against the following areas of responsibility in relation to its terms of reference:

Governance

Reporting Groups Update:

- **GDPR/IAO Group** - established to implement the General Data Protection Regulation 2016 and the Data Protection Act 2018 meets regularly and provides updates to IGSC meetings on a regular basis.
- **Information Governance Incident Group** – this only met once in 2020 – 2021, on 29th September 2020, due to the ongoing Covid-19 pandemic. The group will restart during 2021 – 2022.
- **The Health Records Group** – Unfortunately, the Health Records Group has only been able to meet sporadically over the last 12 months not only due to the Covid-19 pandemic, but also

due to the plans and ongoing discussions in regards the possible implementation of an electronic patient record across various services within the Health Board. The Health Records Group is in a transitional period due to the focus and reemphasis of delivering the move from paper to electronic records. Currently there are a number of similar meeting forums and task and finish groups being established and once the proposed structure is finalised it will then provide the opportunity to review the Health Records Group and confirm its remit and responsibilities and how it will interact with the other meeting forums to ensure delivery.

- **Caldicott Guardian Group** – this only met once in 2020 – 2021, on 25th August 2020, due to the ongoing Covid-19 pandemic. The group will restart during 2021 – 2022.

The IGSC work plan for 2021 - 2022 will be presented to the sub-committee for approval at its meeting on 15th June 2020. The main emphasis for the workplan will be:

- The Provision of IG training to staff (Raising the compliance to over 80% for the Health Board)
- IG Intranet Update
- To promote the Cyber Security within the Health Board, ensuring that all staff are targeted to undertake the on-line cyber security programme
- Provide IG service to Managed Practices
- Review of Procedures under the All Wales Information Governance Policy, and All Wales Information Security Policy.
- Improve compliance with Welsh IG Toolkit
- Delivering Corporate Records Management Strategy and Policy
- Continue the implementation of GDPR within the Health Board
- Ensure the recommendations from Internal Audit/Welsh Audit Office reviews are implemented
- Develop a robust Starters, Leavers and Movers Policy, which is linked to clinical applications and ICT
- Improve the NIIAS monitoring
- Service Level Privacy Notices, e.g. Mental Health Privacy Poster
- Promoting WASPI and Information Sharing across Health Board / Setting up Information Sharing Register
- Setting up Virtual IAR with Annual Review and ongoing Risk Management (Through Teams Channels)
- The provision of specific IG Guidance (Staff Handbook) as well as generic good practice:
 - Live Virtual IG Training Sessions
 - IG Training Videos
 - Short IG Movies re: specific issues, e.g. Sharing Information with Police
- Supporting the Health Board in implementing new solutions across organisation through the use of Data Protection Impact Assessments (DPIAs)

Cyber Security - NHS Wales External Security Assessment

A security assessment has been carried out on behalf of NHS Wales by Stratia Consulting, and provides a proposed work plan to address the recommendations highlighted during the assessment. In 2017, NHS Wales Informatics Service now Digital Health and Care Wales (DHCW) outlined their Welsh Cyber Assurance Process (WCAP). The intended outcome of this All Wales funded initiative is to provide assurance to the Welsh Government, Wales Audit Office, and to external suppliers, that connection to the NHS Wales network and the services it provides is secure, and also to enable the creation of locally focussed action plans to improve security.

The first stage of WCAP was the completion of a self-assessment questionnaire, by all NHS Wales health boards. Information requested included:

- Security Policies

- Physical Environments
- Access Controls
- Logging and Monitoring
- Network Controls
- Incident Response
- User Education
- Mobile / Home Working
- Business Continuity

The next stage was to hold an independent assessment to provide consistency checking across all health boards, and guidance on any potential national solutions. An external company (Stratia Consulting) were invited to spend time at each Health Board in Wales to independently assess current process and procedure. Stratia conducted their investigation around 5 areas:

- a Cyber Essentials Plus standards assessment
- a gap analysis against ISO 27001
- a General Data Protection Regulation (GDPR) readiness assessment
- a National Cyber Security Centre internet vulnerability check
- a Networks and Information Systems (NIS) readiness assessment

The assessment for Hywel Dda took place during 4 days in January 2018. The outcome of this assessment was the publication of a local Hywel Dda summary report (NHS Wales External Security Assessment - Hywel Dda UHB Report and Improvement Plan).

The report detailed the findings of the Stratia consultant, highlighting where the Health Board is compliant, and where shortfalls exist, and included a 'Security Improvement Plan' giving recommendations to address any issues. Feedback from Stratia was overall positive. The report showed that as a Health Board, there were improvements which could be implemented, but in most cases the Health Board had passed their assessments:

- E-mail system passed the security tests
- Desktop pc's had very good protection status and all tests were passed
- Internet link and MobileIron passed all the security tests

Concerns were raised around:

- a lack of vulnerability scanning tools
- a lack of resources from a software and staffing perspective to undertake patching
- the existence of legacy software which no longer receive security patches or software updates

Stratia presented their National report giving an overall view and recommendations at an All Wales level.

- The national Infrastructure Management Board has created a 'Task and Finish' group to review the recommendations of the National report and address any shortfalls identified.
- Hywel Dda ICT have produced a work plan to address the shortfalls identified in the local 'Hywel Dda UHB Report and Improvement Plan'.

To deal with the current Health Board environment, NHS Digital and the National Cyber Security Centre are promoting a more proactive and adaptive approach to cyber security. In order for the Health Board to be more proactive in its approach to cyber security, the Health Board should look to invest in the required resources. In addition, the NHS Wales Infrastructure Management Board under the direction of the National Service Management Board (attended by the Health Board's Assistant Directors of Informatics and DHCW Directors) is coordinating a national set of activities in the spirit of "Once for Wales".

The Information Governance Sub-Committee (IGSC) has recognised the requirements to strengthen the organisation's approach to ICT and Cyber Security following the cyber-attack, and as such significant risks on the organisation's risk register have been logged.

The Cyber Security Stratia Report Update was presented to IGSC on 9th June 2020 and 3rd November 2020.

The plan review has 19 actions and the breakdown for these actions at the end of October 2020 was:

- 5 items were RED (5 in March 2020 review)
- 3 items were AMBER (6 in March 2020 review)
- 11 items were GREEN (8 in March 2020 review)


Patching of Microsoft security updates is now fully operational. The installation of security updates is a continual on-going process, however as all required procedures are in place and being implemented, this action can be actioned as 'complete'. Communication room security audits are now complete as well.

One of the main obstacles in progressing the plan has been the lack of staff resource to commit time to the required work. Funding for an additional staff member (Cyber Security Specialist) became available and new member of staff has been appointed.

Assurance:


The IG Activity Report is presented at every IGSC meeting. The purpose of this report is to provide an overview to the Information Governance Sub Committee (IGSC) of the day to day work that has been undertaken by the Information Governance Team. It also includes access requests made to the Access to Health Records Team, and to Freedom of Information Requests Team, Corporate Office. The Report provides an overview of the activities of the Information Governance Team in relation to the following areas:

Advice

Advice		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
	Advice (P1 - Fair & Lawful Processing)	3	8	6	6	10	3	7	5	6	3	2	1
	Advice (P2 - Specified & Legitimate Purpose)	0	0	0	0	0	2	2	0	0	0	0	0
	Advice (P3 - Adequate, Relevant & Limited)	1	0	0	0	1	0	1	0	0	1	1	0
	Advice (P4 - Accuracy)	0	0	0	0	0	1	0	0	2	0	0	0
	Advice (P5 - Retention)	0	2	4	0	3	0	2	1	4	1	0	1
	Advice (P6 - Security)	5	14	27	10	3	10	4	11	18	26	26	43
	Advice (P7 - Accountability)	0	0	1	1	1	0	1	2	0	0	0	0
	Secure transfer of information (Email, Post and other means)	0	4	4	4	1	0	0	1	0	1	0	0
308		9	28	42	21	19	16	17	20	30	32	29	45
		Enquiries on Data Protection Framework											

Information Governance Team provides guidance on variety of topics to HB's staff daily. Most enquiries are about lawfulness of processing personal data, e.g. providing Privacy Notices, retention schedules and security.

Information Sharing


Information Sharing		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
	Information Sharing	7	2	7	6	9	6	5	5	7	8	4	3
	WASPI Information Sharing Protocol (ISP)	0	1	1	0	0	0	0	0	0	0	0	0
	WASPI Data Disclosure Agreement (DDA)	0	0	1	0	0	0	0	0	0	0	1	0
	Caldicott Guardian Review	4	2	3	1	2	1	1	0	0	1	4	3
	Research Proposal (containing PII)	2	1	2	3	1	0	1	0	0	0	1	1
		13	6	14	10	12	7	7	5	7	9	10	7

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Enquiries on Information Sharing

One of the functions within Caldicott Guardian is to review and agree processes that result for a given purpose that is outside of direct patient care in the transfer and sharing of person identifiable information and to make sure that this information is used legally, ethically and appropriately, and that confidentiality is maintained. One of the ways in which this function is carried out is to receive, review and agree protocols that permit the sharing of patient data between organisations, for official registers, external research projects to which the organisation is party and post graduate projects by staff. All of these require a signed agreement from Health Board's Caldicott Guardian. IG Team is maintaining the Caldicott Guardian Register.

Personal Data Breaches

Personal Data Breaches		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
	Personal Data Breach (Recorded Internally)	1	2	8	4	2	5	4	5	6	2	4	2
	Personal Data Breach (Reported to ICO)	0	0	1	0	0	0	0	0	0	1	0	0
	Personal Data Breach (Minor)	4	1	3	7	5	3	4	5	2	2	1	1
	Personal Data Breach (Near Miss)	4	10	5	6	7	14	7	6	1	3	7	5
		9	13	17	17	14	22	15	16	9	8	12	8
	Lost in Transit	0	0	0	0	0	0	0	0	0	0	0	0
	Lost or stolen hardware	0	0	0	0	0	1	0	0	2	0	0	0
	Lost or stolen paperwork	2	2	1	2	1	1	3	0	0	0	1	1
	Disclosed in Error	2	2	7	6	10	6	12	5	5	4	2	5
	Uploaded to website in error	0	0	0	0	0	1	0	0	0	0	0	0
	Non-secure Disposal – hardware	0	0	0	0	0	0	0	0	0	0	0	0
	Non-secure Disposal – paperwork	0	1	0	0	0	0	0	1	0	0	0	0
	Technical security failing (including hacking)	0	1	0	0	0	0	0	0	0	0	1	0
	Corruption or inability to recover electronic data	0	0	0	0	0	1	0	0	0	0	0	0
	Unauthorised access / disclosure	1	4	6	0	1	14	2	3	0	3	0	0
	Other	4	3	3	9	3	2	1	8	2	2	9	3

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Personal Data Breaches



The Health Board has adopted and implemented a robust procedure for managing IG incidents across the organisation that ensures incidents are reported in line with statutory requirements and lessons are learnt to improve future practice. The Health Board has had contact with the Information Commissioner's Office (ICO) in relation to 2 incidents during the year. Both incident involved Health records accessed by an unauthorised individual. The investigations related to these incidents are on-going.

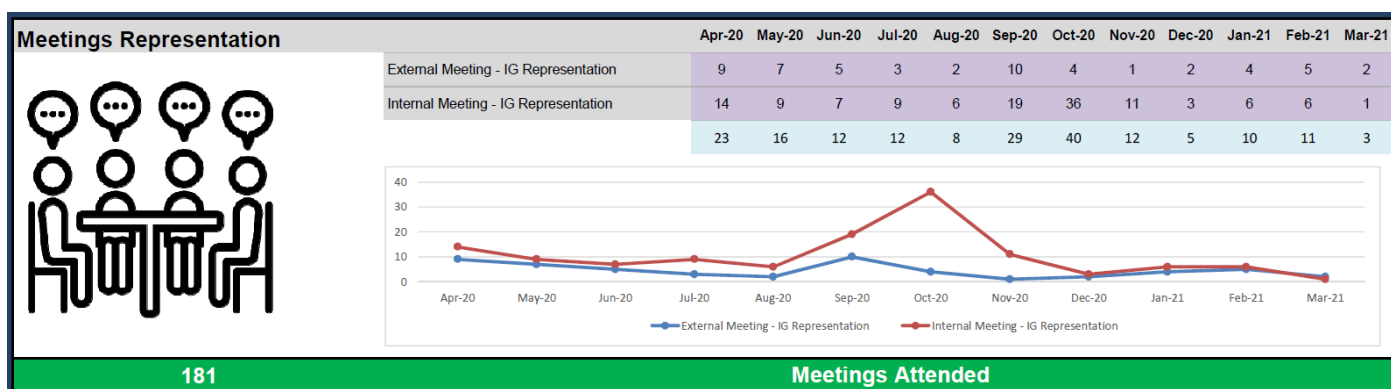
Documents Review

Documents Reviews		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
	Memorandum of Understanding	0	0	0	0	0	0	0	0	0	0	0	0
	Contracts	0	0	0	4	1	2	1	0	1	0	0	2
	Data Processing Agreements (DPAs)	0	0	0	0	0	0	0	0	0	0	0	0
	Policy and Procedure Review	2	2	4	2	1	0	1	0	0	0	2	0
	Service Level Agreements (SLA)	0	0	0	0	0	0	0	0	0	0	0	0
	Total	2	2	4	6	2	2	2	0	1	0	2	2

25 Documents reviewed

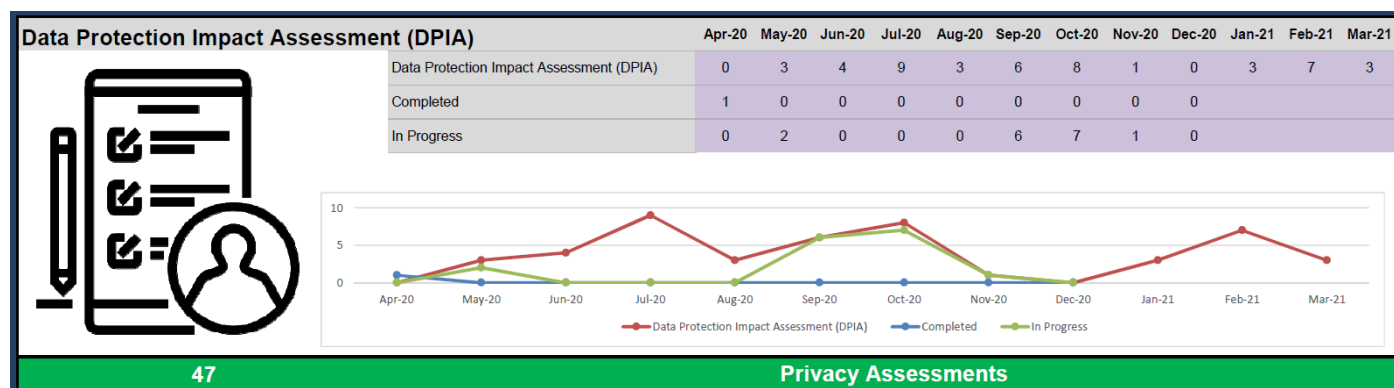
IG Team also reviews contracts, data processing agreements, policies and procedures and provides relevant guidance in line with current Data Protection Legislation.

IG Meetings Representations



IG Team represents HDUHB at internal and external meetings. For instance, HDUHB's representative attended 14 IGMAG meetings during 2020 – 2021. Detailed reports from the meetings were presented at every IGSC meeting.

Data Protection Impact Assessments



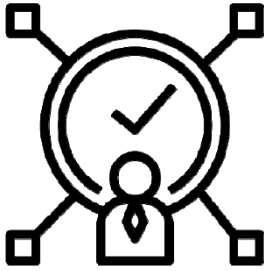
The following DPIAs have been assured by the IGSC during 2020 – 2021 financial year:

- Consultant Connect
- DrDoctor
- Microsoft Office 365 (Teams – Booking App)
- Microsoft Office 365 (Antibody Testing Booking App)
- Microsoft Office 365 (Antigen Testing Booking App)
- Connect Health – PhysioNow Pilot
- Malinko
- Lightfoot Solutions Group Limited – Signal from Noise
- Staff Benefit Portal

The following National DPIAs were presented to IGSC for information:

- Office 365 (For Information)
- Test Trace and Protect
- OfWCSM
- WIS DPIA and Staff Cohort Vaccinations

Individuals' Rights

Data Subjects Rights		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
	Data Subject Rights: To be informed	0	0	0	2	0	1	2	0	0	0	0	0
	Data Subject Rights: Rectification	0	0	1	0	0	0	0	0	0	0	0	1
	Data Subject Rights: Subject Access Request (SAR)	1	4	3	3	3	7	10	5	11	8	1	10
	Right to Subject Access Request (SAR) HEALTH RECORDS	160	157	213	239	199	259	231	226	181	246	274	271
	Data Subject Rights: Internal Review	0	0	0	0	0	0	0	0	0	0	0	0
	Data Subject Rights: Restrict Processing	0	0	0	0	0	0	0	0	0	0	0	0
	Data Subject Rights: Object	0	0	0	0	0	0	0	0	0	0	0	0
	Data Subject Rights: Profiling / Automated Decisions	0	0	0	0	0	0	0	0	0	0	0	0
	Data Subject Rights: Data Portability	0	0	0	0	0	0	0	0	0	0	0	0
	Data Subject Rights: Erasure	0	0	0	0	0	0	0	0	0	0	0	0
		161	161	217	244	202	267	243	231	192	254	275	282

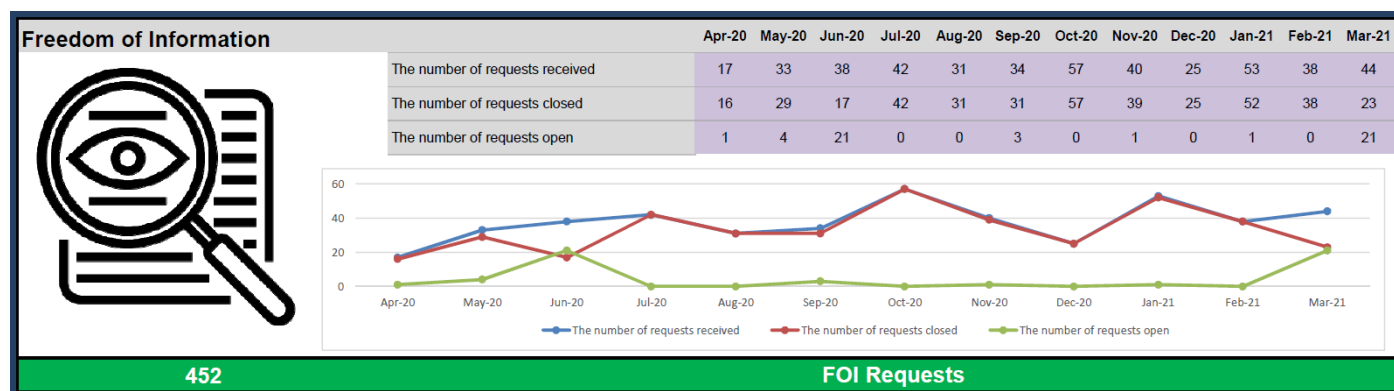
2729 Requests from Individuals

The last 12 months have continued to be a significantly busy period in terms of subject access requests (SAR's) received within the Health Records Service. The service received in total 2,656 request with a monthly average of 221.

The compliance target associated with GDPR continues to be very difficult to achieve not only in Hywel Dda but also across Wales. The service has made alterations including reallocating workloads within the main service areas to provide more staff resource to the process, but compliance levels still remain challenging. Over the last 12 months we have an average compliance level of 91.18%.

April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
160	157	213	239	199	259	231	226	181	246	274	271
147	142	201	217	170	226	204	203	174	233	253	251
91.87%	90.44%	94.37%	90.79%	85.43%	87.26%	88.31%	89.82%	96.13%	94.72%	92.34%	92.62%

Freedom of Information



The Freedom of Information team entered the 2020/21 financial year with 85 Freedom of Information requests outstanding from the previous year as a result of workforce issues; these were all issued within the first quarter. April took a hit toward its response levels due to the ongoing staffing issues and adjusting to working from home in addition to the difficulty in getting responses from the services.

Upon review of the guidance issued by the Information Commissioner's Office the Health Board added a statement to all of its acknowledgements to highlight the potential for a delay in response "Given the current Covid-19 situation there has been a delay with our responses. Please accept our apologies for any inconvenience this may cause."


Themes throughout the year have continued to be quite varied without usual requests regarding pharmaceuticals, rebate agreements, procurement, staffing levels and policies. However, there has been a trend in themes noted during the course of the year, these have tended to be in accordance with the rise and fall of the peaks of the pandemic or the various phases of recovery; some of these have included:

- COVID testing
- Staffing levels
- Agency usage
- Mask FIT testing
- Discharges to care homes

- Field hospital spending
- Vaccination delivery
- COVID deaths with and without co-morbidities

7 requests for internal review were received during 2020/21, there were various reasons cited including disagreement with the application of exemptions. All were responded to on time with none escalated further to the Information Commissioner.

Information Asset Registers

Information Asset Registers:		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
	Information Assets Register	0	0	1	2	0	4	5	25	16	1	0	0
	Assured IGSC (Complete)	0	0	2	0	1	0	3	0	13	0	0	0
	Assured Director	0	0	2	0	1	0	3	0	13	0	0	0
	Assured IAOG	0	0	8	2	0	0	3	3	0	0	0	0

The General Data Protection Regulations (GDPR) came into force on 25th May 2018. In order to evidence our accountability, the IG team is working with all Information Asset Owners to ensure they understand their information responsibilities and record all information flows within their area of responsibility. This piece of work is called an Information Asset Register (IAR).

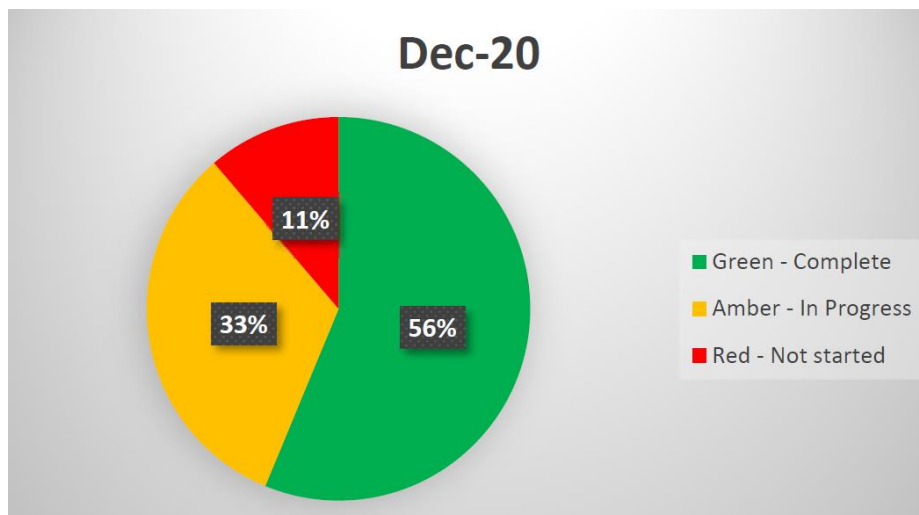
The following IAR have been assured by IGSC during 2020 – 2021:

- Mental Health & Learning Disabilities
- Medical
- Board / Corporate Services
- Pharmacy / Medicines Management
- Pembrokeshire Locality
- Operations
- Partnerships
- Low Vision Service
- Information Services
- Information Governance
- Carmarthenshire Locality
- Unscheduled Care WGH
- Nursing
- Nursing Workforce & Professional Practice
- Radiology
- CaNISc
- Finance - Counter Fraud
- Finance - Major Projects and Planning
- Finance – Financial Accounting & Statutory Reporting
- Finance – Value, Costing and Business Intelligence

The Information Governance team continue to support IAO's with developing Information Asset Registers (IAR's). We aim to capture all records and systems that contain personal and special category data, flows of data out of the UK, location of data, the retention periods for the records we hold and the legal basis for processing this data.

We currently have 80 service areas identified as needing to provide Information Asset registers.

- 45 Registers are within the assurance process (21 assured by Director & IGSC, 24 awaiting assurance);
- 26 Registers in Progress or waiting for line manager approval;
- 9 Registers have not been started with the service area.

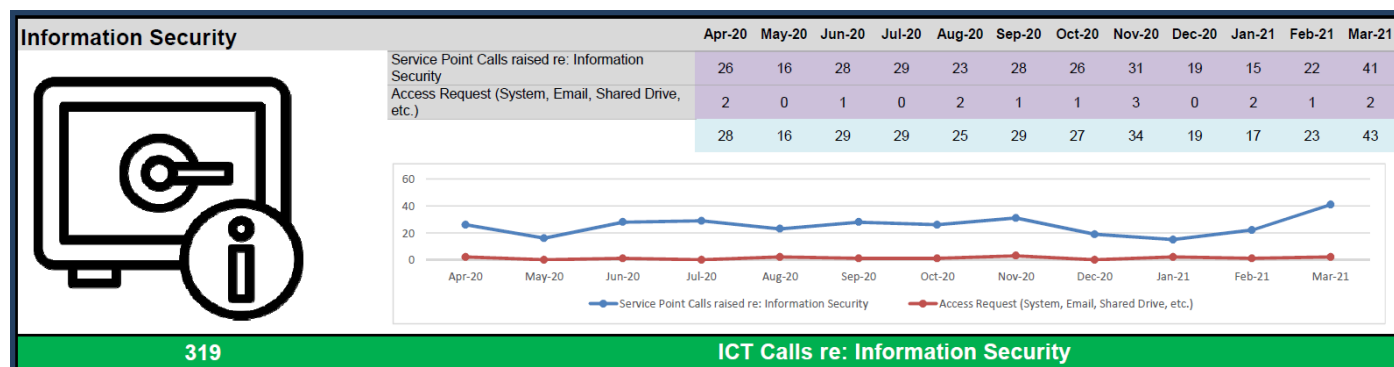


Requests for Information (Third Party)

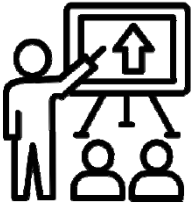
Requests for Information (Third Party)		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
	Schedule 2(2)(1) - Police Request	17	28	17	26	25	12	16	29	15	30	33	33
	Schedule 2(5)(2) - Required by Law	0	2	5	1	0	1	0	0	0	0	2	2
	Schedule 2(5)(3) - Legal Proceedings	2	0	1	0	3	0	0	0	1	2	1	1
	Schedule 3(2)(2) - Serious Harm Test	1	0	0	0	0	0	1	0	0	0	0	0
	Access to Deceased Patient Records	0	1	0	0	0	0	0	0	0	0	1	0
		20	31	23	27	28	13	17	29	16	32	37	36
309		Requests from Third Parties											

During 2020 – 2021 IG Team has validated over 281 Police Requests.

Information Security




Training Compliance

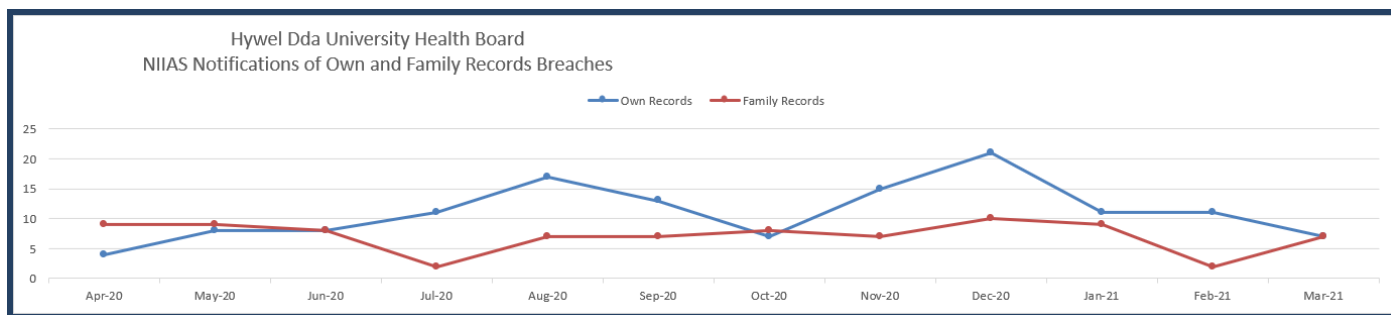
Training Compliance		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
	Cyber Security E-Learning Compliance	0	0	1	0	1	1	9	1	2	1	0	1
	Information Governance E-Learning Compliance	74.51%	77.10%	78.22%	78.53%	76.78%	76.16%	77.43%	78.49%	78.61%	78.74%	79.01%	78.79%
	Level 1 Training	0	0	0	1	5	4	5	5	5	3	3	5
	Level 1 Staff Trained	0	0	0	0	25	18	20	30	28	19	14	27
	Level 2 Training	0	0	0	0	1	0	0	0	0	0	0	0
	Level 2 Staff Trained	0	0	0	0	1	0	0	0	0	0	0	0
	Training Enquiry	0	1	1	2	33	7	9	21	7	0	13	4
	Training (Informal)	0	0	0	0	0	1	0	0	0	1	2	3
37		Training Sessions Delivered											
183		Employees Trained											

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Assignment Count	10245	10713	10957	11074	10911	10759	10683	10633	10648	10649	10723	10890	10987
Required	10245	10713	10957	11074	10911	10759	10683	10633	10648	10649	10723	10890	10987
Achieved	7809	7982	8448	8662	8568	8261	8136	8233	8358	8371	8443	8604	8657
Compliance %	76.22	74.51	77.1	78.22	78.53	76.78	76.16%	77.43%	78.49%	78.61%	78.74%	79.01%	78.79%
Add Prof Scientific and Technic	83.29%	84.18%	85.97%	86.55%	87.06%	86.84%	85.71%	84.34%	83.38%	82.78%	83.89%	84.67%	85.50%
Additional Clinical Services	84.52%	79.55%	81.73%	83.44%	83.57%	81.57%	80.75%	82.51%	83.03%	82.73%	83.06%	83.47%	83.00%
Administrative and Clerical	84.04%	85.00%	86.82%	87.80%	86.97%	84.87%	85.06%	85.93%	85.94%	85.60%	85.66%	85.06%	84.86%
Allied Health Professionals	81.32%	82.87%	85.41%	85.30%	85.21%	82.09%	80.47%	82.51%	84.80%	84.75%	82.91%	83.93%	84.59%
Estates and Ancillary	54.10%	44.44%	53.04%	56.27%	58.18%	57.04%	56.88%	57.56%	60.46%	61.77%	63.11%	64.08%	65.00%
Healthcare Scientists	82.20%	85.19%	87.30%	85.26%	79.69%	78.24%	80.73%	82.81%	87.30%	85.26%	84.02%	83.59%	83.59%
Medical and Dental	36.59%	35.30%	37.05%	36.88%	37.37%	37.95%	38.48%	39.46%	39.60%	40.34%	40.26%	39.29%	39.43%
Nursing and Midwifery Registered	79.56%	81.73%	84.54%	84.89%	85.24%	82.11%	80.16%	81.65%	83.00%	83.25%	83.22%	83.59%	82.61%
Students	0.00%	0.00%	53.23%	67.51%	62.68%	63.75%	69.44%	66.67%	66.67%	100.00%	100.00%	100.00%	100.00%

Unauthorised Access / NIAS Monitoring

Unauthorised Access / NIAS Monitoring		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
	Own Records	4	8	8	11	17	13	7	15	21	11	11	7
	Family Records	9	9	8	2	7	7	8	7	10	9	2	7
	Choose Pharmacy												
	Own Records	0	0	0	1	0	1	1	0	0	1	1	0
	Family Records	0	0	0	2	1	4	4	0	3	0	0	0
237		NIAS Notifications											

The National Intelligent Integrated Audit Solution (NIAS) that audits staff access to patient records has been fully implemented within the Health Board with an associated training programme for staff and procedures for managing any inappropriate access to records. In addition to the above training, there are regular staff communications, group training sessions, as well as IG 'drop in' sessions held across the Health Board. Posters, leaflets, staff briefings have all been used to disseminate information to staff around the importance of confidentiality, appropriate access to patient records and ensuring information is shared in an appropriate way.



HUHB's Information Governance team has met with the DHCW's National Monitoring System Development Manager, whose team is responsible for maintaining NIIAS, to discuss how the system can support HDUHB in monitoring Staff Accesses notifications.

As it was previously reported to IGSC, the Report Builder used by the HB has been suspended. The meeting has also been attended by the Maxwell Stanley Consulting representative who will be implementing a new tool within NIIAS allowing HB to export enough data to continue with the staff notifications monitoring.

The current contract with NIIAS provider has been renewed for another 2 years. DHCW are enquiring with other HBs about possible integrations with other systems locally used by HBs. HDUHB will be looking at integrating the CarePartner with NIIAS, due to number of patients, and staff currently using the system. Further details will be provided once the development goes ahead.

Information Governance Compliance

Information Governance Compliance		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
	IG Toolkit Compliance	0	0	0	0	0	0	1	0	1	0	0	0
	IG Audit Compliance	0	0	0	0	0	1	0	0	0	0	0	1
	NIIAS Reports	1	1	1	1	5	1	1	1	1	1	1	1
	Risk Register IG owned	0	0	0	0	0	0	1	0	0	0	0	0
	Risk Register IG Theme	0	0	0	0	2	0	0	0	0	0	0	0
	IG Compliance Report	0	0	0	2	0	0	0	0	0	0	0	0
25		IG Enquiries											

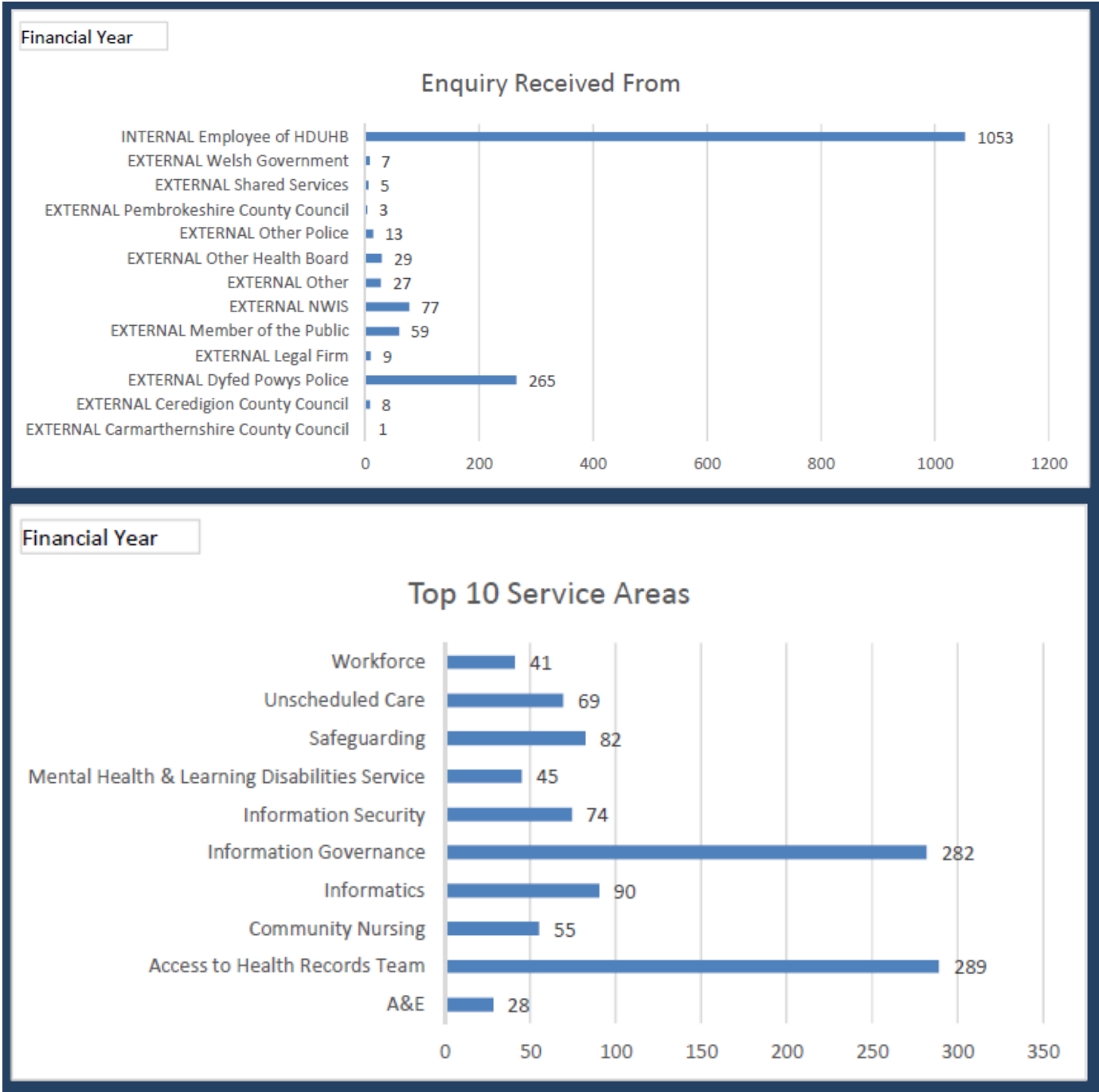
The Information Governance team have visited different sites to carry out Audits. The audit is to check for any Information Governance & Information Security risks, and seek assurance that Management Services are taking appropriate actions to ensure that data and assets are protected. The following sites were visited:

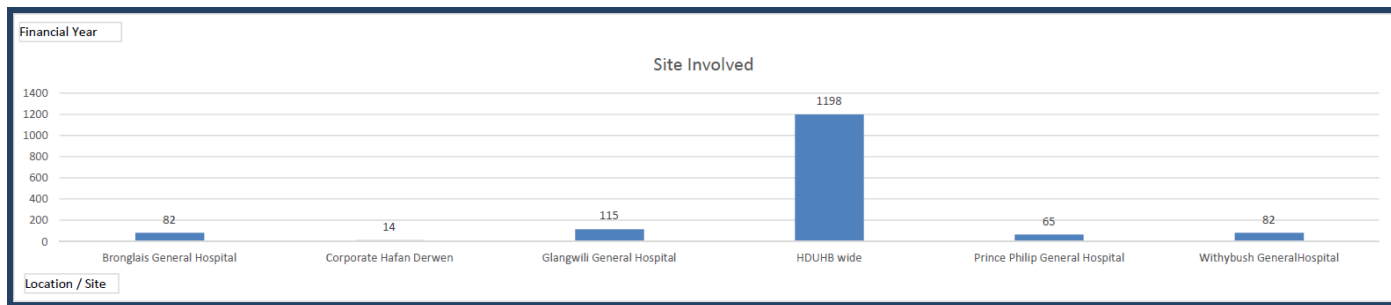
- Old Aberaeron Hospital
- Tregaron Hospital
- Old Cardigan Hospital
- Container for storing records at the Cardigan Integration Centre
- Decommissioned Ceredigion Field Hospital (Penwedig School)
- Decommissioned Carmarthenshire Field Hospital (Carmarthenshire Leisure Centre)
- Decommissioned Llanelli Field Hospital (Llanelli Leisure Centre)
- Decommissioned Llanelli Field Hospital (Parc y Scarlet)

Additionally, in line with the revised 2020/2021 Internal Audit Plan for the Health Board, a review of the local Implications of COVID- 19 on the Information Governance function was undertaken. With COVID-19 now a global pandemic, NHS Wales organisations such as Hywel Dda University Health Board have

had to work quickly, and flexibly under extraordinary pressure to meet the needs of its workforce and the public. The scale of coordination and data management required for effectively implementing strategic plans to deal with the situation has relied on adopting digital technology and integrating it into the Health Board. Digital health technology can facilitate responses to the pandemic in ways that are difficult to achieve manually, but the Health Board has ensured that essential controls are maintained or quickly established to mitigate issues Information Governance related risks.

To ensure that information governance risks were managed during the COVID-19 pandemic, NHS Wales Shared Services Partnership undertook an audit on the effectiveness of the system of internal control in place to manage the risks associated with Implications of COVID-19 on Information Governance which gained a substantial assurance. The review of implications of COVID-19 on information governance highlighted the significant and positive work undertaken by the Health Board’s Information Governance (IG) team during extremely challenging times.





General Data Protection Regulation Update

The General Data Protection Regulations (GDPR) came into force on 25th May 2018. The GDPR both update and strengthen current data protection legislation with more emphasis on accountability and the individual's information rights.

In addition to the risk to the organisation of increased fines for non-compliance, because of the highly sensitive nature of the information we hold about individuals, the organisation has an ethical and moral duty to protect the information it is responsible for. An invasion of a person's privacy whether by an accidental loss of their data, a security attack on our systems or by the dishonest actions of a staff member will all have a major impact upon our patients and the trust they put in the organisation to deliver safe and effective care.

The report is being submitted to every IGSC meeting on the progress to date in meeting key areas of the GDPR requirements to improve systems and processes to better safeguard personal data.

The Information Governance Team has made significant progress in moving the organisation towards GDPR compliance against an agreed work plan.

GDPR Compliance Action Plan – The actions identified within the GDPR Compliance Action Plan incorporate the previous GDPR work plan, GDPR elements of the Stratia Cyber Assessment, Caldicott Principles in Practice (C-PIP) and Information Governance Risk Register. All actions have been amalgamated onto one plan for clarity.

There are a total of 17 targets on the action plan:

- 7 are GREEN – complete and compliant
- 7 are AMBER – in progress and on target
- 3 are RED – behind schedule / high risk area

The 3 RED targets relate to the Information Asset Register (IAR) and data mapping work. This huge piece of work is behind schedule, but steady progress is still being made. The IG team have employed and IG consultant to help us to achieve compliance in this area (October 2020 – January 2021).

The 7 AMBER targets are progressing well, and it should be noted that although some of the above targets are not GREEN, it does not necessarily mean that the Health Board is not GDPR compliant. One of the new elements of GDPR is accountability and the need to evidence our compliance. Until we have collated, recorded and checked this evidence for all service areas, we are not able to provide full assurance to IGSC of our compliance.

The programme of work has been significantly affected by the Covid-19 outbreak.

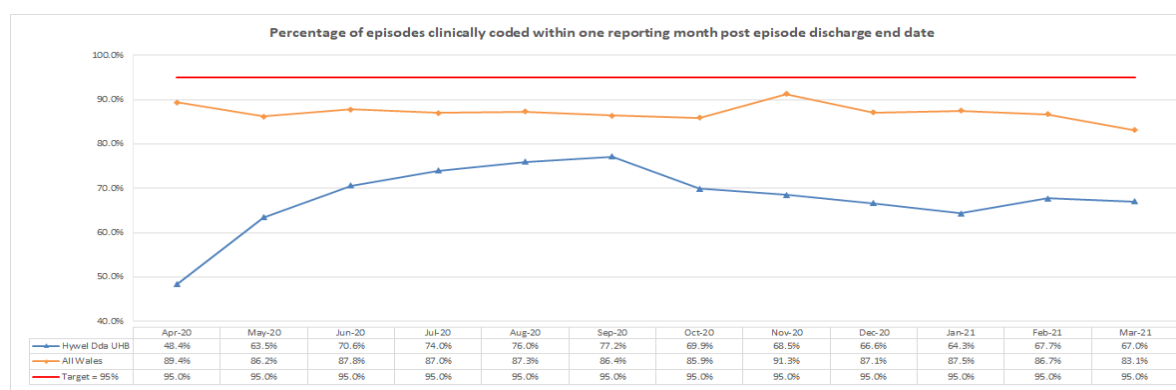
Information Asset Owners (IAO) work plan update – In order to better track and monitor progress with the individual IARs and put more responsibility on the IAOs to drive this work, a template IAO

Work Plan is regularly circulated. This work plan is purely for internal use by the IAO for their service area and is updated before the IAOG meetings. Progress is being reported to the IGSC by RAG rating only.

Data Quality / Clinical Coding Update

As expected, due to the Pandemic the number of episodes to be coded for 2020/21 has dropped by 35% compared to 2019/20 with 46,215 less episodes to code. This would in theory mean the 95% target for coding activity on a monthly basis would have been achievable, however due to a number of issues such as social distancing, lack of office space, especially in PPH, long term sickness, staff shielding, new trainee coders, mentoring of trainees, this has not been achieved as the department have lost a vast amount of coding hours which have impacted on what has been done.

Performance has also been below the all Wales performance, which also hasn't achieved the 95% target, on a monthly basis.



The table below provides a snapshot of performance for each site against the 95% target through the year.

Hospital Name	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Hywel Dda University Health Board	48.4%	63.5%	70.6%	74.0%	76.0%	77.2%	69.9%	68.5%	66.6%	64.3%	67.7%	67.0%
Bronglais General Hospital	34.1%	20.9%	40.2%	39.3%	49.3%	61.3%	42.0%	46.4%	46.4%	47.8%	49.2%	44.3%
Glangwili General Hospital	39.4%	55.9%	67.5%	71.3%	73.7%	71.6%	62.2%	55.5%	60.9%	59.8%	65.2%	58.0%
Prince Phillip Hospital	52.2%	80.4%	61.4%	71.7%	82.5%	77.4%	75.5%	71.8%	57.3%	67.0%	63.9%	75.6%
Worthybush General Hospital	62.2%	94.1%	95.7%	96.1%	95.8%	96.7%	89.0%	95.3%	90.7%	86.1%	82.7%	79.9%
Amman Valley Hospital	69.2%	95.2%	98.2%	99.2%	98.0%	91.3%	97.4%	91.5%	87.2%	55.4%	94.0%	98.1%
Hafen Derwen Hospital	78.3%	2.0%	0.0%	-	28.4%	40.0%	35.1%	46.1%	55.6%	24.3%	0.0%	6.8%
Llandovery Hospital	60.0%	100.0%	90.0%	69.2%	90.0%	57.1%	62.5%	37.5%	45.5%	80.0%	71.4%	50.0%
Park House Court Nursing Home	66.7%	100.0%	88.9%	88.9%	100.0%	80.0%	100.0%	100.0%	75.0%	100.0%	50.0%	83.3%
S. Pembrokeshire Health & Social Care Res Centre	75.6%	75.0%	74.5%	72.9%	71.8%	83.3%	85.7%	68.4%	64.6%	70.0%	59.1%	63.3%
Tregaron Hospital	100.0%	66.7%	50.0%	75.0%	84.6%	83.3%	60.0%	38.5%	42.9%	70.0%	100.0%	100.0%
Ty Bryngwyn Mawr	100.0%	-	-	-	-	-	20.0%	50.0%	66.7%	57.1%	100.0%	80.0%
Werndale - Private Hospital	20.8%	42.3%	50.0%	27.2%	13.3%	63.3%	50.0%	36.8%	69.9%	62.5%	46.3%	36.1%
Ysbyty Enfyf Caerfyrddin	-	-	-	-	68.8%	-	-	-	-	-	-	-
Ysbyty Enfyf Carreg Las	-	-	-	-	-	-	-	-	66.7%	85.7%	81.8%	89.5%
Ysbyty Enfyf Selwyn Samuel	-	-	-	-	-	-	-	0.0%	14.3%	12.5%	31.6%	35.9%

As it currently stands by the 15th June 2021, we would expect the Health Board to have coded a minimum of 90% of all 2020/21 episodes against the 98% target.

There was no 2020/21 DHCW audit carried out due to the Pandemic and DHCW staff working from home.

Annual Review of Information Governance related written control documentation

The IGSC is the 'owning' Sub-Committee identified for 24 approved corporate written control documents. The overview below provides an outline of the current status of the relevant written control documentation including review dates and details of those control documents approved during 2018/19 in line with the UHB's 190 - Written Control Document Policy, as well as highlighting where relevant written control documents are out of date or due for review.

Policy name and link	Policy ref	Review date	Leads	
Third Party Supplier Security Policy (PDF, 723Kb)	279	26/06/2021	Patrycja Duszynska	To be reviewed in 2021 - 20222
Secure Transfer of Personal Information Policy (PDF, 517Kb)	275	22/08/2020	Patrycja Duszynska	To be reviewed in 2021 - 20222
Confidentiality Policy (PDF, 544Kb)	172	26/06/2021	Patrycja Duszynska	To be reviewed in 2021 - 20222
Information Classification Policy (PDF, 517Kb)	224	22/08/2020	Patrycja Duszynska	To be reviewed in 2021 - 20222
All Wales Information Governance Policy (PDF, 104Kb)	836	29/08/2021	Patrycja Duszynska	To be reviewed in 2021 - 20222
All Wales Information Security Policy (PDF, 413Kb)	837	29/08/2021	Patrycja Duszynska	To be reviewed in 2021 - 20222
All Wales Internet Usage Policy (PDF, 439Kb)	495	29/08/2021	Patrycja Duszynska	To be reviewed in 2021 - 20222
Information Governance Framework	238	26/06/2021	Patrycja Duszynska	To be reviewed in 2021 - 20222
All Wales Email Use Policy (PDF, 338Kb)	494	27/02/2021	Paul Solloway/ Patrycja Duszynska	To be reviewed in 2021 - 20222
Corporate Records Management Policy	Policy was 346 Strategy was 347		Patrycja Duszynska	To be reviewed in 2021 - 20222
Corporate Records Management Procedure			Patrycja Duszynska	To be reviewed in 2021 - 20222
Access to Health Records Policy (PDF, 826Kb)	249	21/08/2023	Steve Bennett	
Retention and Destruction of Records Policy (Including Health Records) (PDF, 871Kb)	193	26/06/2021	Steve Bennett	To be reviewed in 2021 - 20222
Health Records Management Policy (PDF, 394Kb) Health Records Management Strategy (PDF, 285Kb)	191 192	26/06/2021	Steve Bennett	To be reviewed in 2021 - 20222
Freedom of Information Act Policy (PDF, 526Kb)	173	26/6/2021	Katie Jenner	To be reviewed in 2021 - 20222

Reuse of Public Sector Information Procedure (PDF, 281Kb)				
Information Assurance Policy (PDF, 328Kb)	250	27/02/2021	Anthony Tracey	To be reviewed in 2021 - 20222
Informatics Procurement and Requests Procedure (PDF, 511Kb)	240	27/02/2021	Paul Solloway	To be reviewed in 2021 - 20222
Mobile Working Policy (PDF, 236Kb)	281	27/02/2021	Paul Solloway	To be reviewed in 2021 - 20222
Network Security Policy (PDF, 293Kb)	282	27/02/2021	Paul Solloway	To be reviewed in 2021 - 20222
User Account Management Policy (PDF, 226Kb)	301	27/02/2021	Paul Solloway	To be reviewed in 2021 - 20222
Consumer Device Policy (Smartphones/Tablets) (PDF, 315Kb)	422	28/08/2021	Paul Solloway	To be reviewed in 2021 - 20222
Disposal of ICT Assets Including Disposal of Confidential Waste Policy (PDF, 423Kb)	319	26/06/2021	Paul Solloway	To be reviewed in 2021 - 20222
Acceptable Use of Information and Communication Technology (ICT) Policy (PDF, 351Kb)	320	26/06/2021	Paul Solloway	To be reviewed in 2021 - 20222

Due to work pressures faced as a result of COVID-19 the Digital Services Department (previously Informatics) has been unable to review all policies to meet the deadlines indicated above. The assurance has been provided that the documents remain fit for purpose and that an extension of 12 months has been requested to the review dates of all policies / procedures.

IG Risk Register

The Information Governance Sub-Committee Terms of Reference state that it will:

“Provide assurance that risks relating to information governance are being effectively managed across the whole of the UHB’s activities (including for hosted and contracted services, through shared services, partnerships, independent contractors and Joint Committees as appropriate).”

The 2 risks contained in the Information Governance Sub Committee Risk Register has been extracted from Datix Risk Module on the 4th February 2021 based on the following criteria:

- The Information Governance Sub Committee has been selected by the risk lead as the ‘Assuring Committee’ on Datix Risk Module
- Risks are above the proposed tolerance level that will be discussed and agreed by the Board on 27th September 2018
- Risks that have been approved at Directorate level on Datix
- Risks have not been escalated to the Corporate Risk Register.

The risks have scored against the following ‘impact’ domains’:

- Safety of Patients Staff or Public (1 risk)
- Statutory duty/inspections (1 risk)

Risk Ref	Date Risk Identified	Title	Directorate	Current Risk Score	Rationale for the current risk score	Target Risk Score
225	01/11/11	Duplicate Patient Records caused by reception staff inappropriately creating records affecting the whole Health Board.	Central Operations: Health Records	12 ↔	The control measure that have been implemented have resulted in the number of duplicate records being created on a monthly basis within the organisation being reduced from over 100 per month to just over 50 per monthly and therefore effectively reducing the figure by 50%. This reduction is reflected in the reduced risk score.	8
343	05/12/16	Meeting the requirements of the General Data Protection Regulations (GDPR)	Finance: D&P: Information Governance	9 ↔	Changeover of staff within the IG team. Project plan in place and monitored by IGSC.	6

The Sub-Committee continues to monitor not only the risks outlined above, but also the wider themed Risk Register. The monitoring of the Risk Register is a standing agenda item for consideration by the Sub-Committee.

Information Governance Toolkit

The Health Board has submitted Welsh IG Toolkit on 31st March 2021. It is anticipated this assessment will demonstrate a good level of assurance of information governance risks.

C-PIP (Caldicott Out-turn Report)

The Foundation Manual for Caldicott Guardians, Caldicott Leads and Information Governance Leads sets the requirements that organisations should endeavour to achieve. This manual provides all involved with protecting and using patient identifiable information with a knowledge framework containing what they need to know, why they need to do it and how to do it. It also includes an online Self-Assessment tool, (C-PIP Assessment) which enables organisations to quickly evaluate where they are with compliance and plan improvement.

The out-turn report provides a summary of the completed assessment and the improvement plan for 2020/21. This improvement plan will transfer to the IG Toolkit work plan where there is an equivalence within the Toolkit. While staff shortages have had an impact on the number of achieved improvements, a number of the outstanding issues from the previous Caldicott Improvement Plan of 2019/20 needed to be transferred into 2020/21's plan. In spite of this the assessment shows an improvement on the previous year assessment with now having:

- 29 standards being fully compliant and,
- 12 being partially compliant.

Our previous report had 28 standards of full compliance, 9 standards of partial compliance and 4 standards of being non-compliant.

In 2019/2020 The HDUHB has scored **86%** and the responses to the assessment demonstrate a good level of assurance of information governance risks; but there is still work to be done.

The following areas require further work from HB in order to reach full compliance:

- G6 - Do mechanisms and guidelines exist to ensure that any decision taken by a patient or service user to restrict the disclosure of their personal information are appropriately respected?
- G9 - Does the organisation have formal contractual arrangements with all contractors and support organisations that include their responsibilities in respect of information security and confidentiality?
- M7 - Does the organisation have an up to date Business Continuity and Disaster Recovery Plan?
- IP2 - Do you tell patients and service users about the ways in which their information will or may be used?
- TA1 - Does your organisation have a mechanism for addressing Information Governance for new staff at induction
- TA2 - Have you conducted an analysis of information governance training needs?
- TA3 - Do you provide information governance training to staff, other than at induction?
- IM1 - Have information flows been comprehensively mapped and has ownership for information assets been established?
- CA4 - What controls are in place to restrict staff access to patient/service user identifiable information?
- CA5 - Are there physical access controls in place for relevant buildings?
- CA6 - What password management controls are in place for information systems that hold patient / service user identifiable information systems?
- CA8 - Does the organisation have appropriate policies in place to cover risks associated with offsite working using electronic and manual records containing person identifiable information (PII)?

Key Risks and Issues/Matters of Concern

During 2020 – 2021, the following key risks and issues/matters of concern were raised to the People Planning & Performance Assurance Committee:

- IG Toolkit submission identified areas of concern
- An appropriate Chair requires identifying for the Health Records Group as the current Chair will have to step down due to other work commitments
- Longer timescales will be needed to undertake all actions required to ensure the Health Board is compliant with the GDPR. Completing the Information Asset Register will require more time than anticipated. There are still areas that have not responded to emails in regard to identifying the initial workload.

Information Governance Sub-Committee Developments for 2021 – 2022

Along with the statutory requirements of Information Governance, and also discharging the responsibilities of the Sub-Committee the following developments are planned for the Information Governance Sub-Committee during 2021/22:

- Continue with GDPR compliance work and associated work plan.
- Revisit and audit the Information Asset mapping process for the organisation.
- Moving towards ISO 27001 and Cyber Essentials compliance. Continue to review Cyber security progress.
- Monitor IG risks and mitigating actions.

- Continue to monitor the reporting of IG incidents, general patterns and issues arising and agree any organisational wide action required.
- Continue to roll out the NIIAS programme, with specific reference to the implementation of the Staff Accesses
- Monitor progress against the Welsh Information Governance Toolkit.
- Monitor IG training plan and work being addressed through the improvement programme.
- Improve the provision of IG training to staff (raising the compliance rate to over 80 % for the Health Board)
- Provide a resource for all staff relating to IG policies and documents, via improvements with the IG intranet presence.
- To promote the cyber security within the Health Board, ensuring that all staff are targeted to undertake the on-line cyber-security programme
- Delivering Corporate Records Management Strategy and Policy, and play an integral part of the Digitalisation of Health Documentation project
- Continue the implementation of GDPR within the Health Board
- Ensure recommendations from Internal Audit / Welsh Audit Office reviews are implemented
- Develop a robust Starters and Leavers policy, which is linked to clinical applications and ICT
- Service Level Privacy Notices, e.g. Mental Health Privacy Poster
- Promoting WASPI and Information Sharing across Health Board / Setting up Information Sharing Register
- Virtual IAR with Annual Review and ongoing Risk Management (Teams Channel)
- The provision of specific IG guidance (Staff Handbook) as well as generic good practice:
 - Live Virtual IG Training
 - IG Training Video
 - Short IG Movies re: specific issues, e.g. Sharing Information with Police