

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Tuesday 23 May 2023
Title:	Information Governance Committee Annual Report 2022-23
Responsible Director:	Dr Crawford McGuffie, Medical Director & Caldicott Guardian
Report Author:	Mrs Jean Ford, Non-Executive Director

1. Purpose

This is presented to the NHS Board for: Awareness

This paper relates to:

- Government policy/directive
- Local policy

This aligns to the following NHSScotland quality ambition(s): Safe, Effective and Person Centred

2. Report summary

2.1 Situation

The Information Governance Committee provides an assurance report annually which sets out key achievements through the year in discharging its remit.

The Information Governance Committee annual report, self-assessment checklist, assurance mapping and NHS Board reporting for 2022-23 are presented for Members' awareness.

2.2 Background

Each NHS Board Governance Committee is required to provide an annual report to Committee and the Board to provide assurance that the Committee has discharged its role as set out in the agreed Terms of Reference. The Committees' approved Terms of Reference and information on the composition and frequency of the Committee is considered as an integral part of the Board Standing Orders.

The Governance Committee annual reports are part of the overall assurance mechanism for the NHS Board and are considered by the Audit Committee in order to provide assurance in support of the Board's annual governance statement that the committees have fulfilled their remit.

Further to recommendation by internal audit, committees are now required to complete a yearly self-assessment checklist, assurance mapping and NHS Board reporting templates in addition to the annual report, to further support the review of committee effectiveness.

2.3 Assessment

The suite of information provided in the Information Governance Committee annual report details the membership and provides assurance that the Committee has effectively discharged its responsibilities as detailed in the Terms of Reference (TOR).

Key Messages

- NHS AA maintains a high level of compliance in all areas of information governance and good progress has been made in maintaining and improving during a continued period of system pressures
- Reports are received by Committee to evidence overall levels of compliance and robust processes are in place for monitoring of improvement actions/ issues and risk management. No material issues have arisen during the year
- A new Head of Information Governance was appointed during the year and has seamlessly settled into her role and continued to drive change and improvement

2.3.1 Quality/patient care

Ensuring good information governance in monitoring delivery of programmes across Ayrshire and Arran supports the effective delivery of quality, patient-centred services.

2.3.2 Workforce

This assurance report has no workforce implications for the organisation.

2.3.3 Financial

There are no financial implications.

2.3.4 Risk assessment/management

The annual report process ensures an assessment of committee business against the agreed Terms of Reference. This mitigates against the risk of any gaps in assurance and supports the NHS Board's annual assurance statement.

2.3.5 Equality and diversity, including health inequalities

An impact assessment has not been completed because this is an assurance reporting paper.

2.3.6 Other impacts

- Best value - Reporting ensures sound governance and accountability.
- Compliance with Corporate Objectives - Providing this assurance report supports compliance with objectives on quality, safety, improved patient experience and a learning organisation

2.3.7 Communication, involvement, engagement and consultation

This paper requires no engagement with external stakeholders.

2.3.8 Route to the meeting

The report was approved at the Information Governance Committee meeting on 2 May 2023.

2.4 Recommendation

For awareness. Members are asked to receive the annual report and note the progress of the Information Governance Committee in 2022-2023.

3. List of appendices

Appendix 1 - Information Governance Committee Annual report 2022-2023:

- Appendix 1 – Self-Assessment Checklist 2022-2023
- Appendix 2 – Assurance Mapping Report 2022-2023
- Appendix 3 – Reporting to the Board 2022-2023

NHS Ayrshire & Arran Information Governance Committee

Annual Report for 2022/23

1. Summary

1.1 This Annual Report together with the Committee Effectiveness Checklist, assurance mapping and NHS reporting documents, provides detail on the activities of the Information Governance Committee, the membership and attendance and gives assurance that the Committee has discharged its remit and duties as defined in the Terms of Reference (TOR) contained in Appendix 1.

1.2 Key Messages

- NHS AA maintains a high level of compliance in all areas of information governance and good progress has been made in maintaining and improving during a continued period of system pressures
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2. Remit

2.1 The Committee's remit is defined in the TOR as "To provide assistance to the NHS Board that information governance is being discharged in relation to the Board's statutory duty for quality of care".

Duties and evidence of reporting and information used to discharge these are provided in Appendix 2 & 3 with the Committee having acted within its defined Authority during the year.

3. Membership

3.1 The Committee's membership during the reporting period was as follows:

Mrs Jean Ford, Non-Executive Board Member (Chair)
Cllr Joe Cullinane, Non-Executive Board Member (Vice Chair) (left May 2022)
Ms Sheila Cowan, Non-Executive Board Member (Vice Chair since 29 August 2022)
Mr Michael Breen, Non-Executive Board Member (left October 2022)
Mr Marc Mazzucco, Non-Executive Board Member
Cllr Douglas Reid, Non-Executive Board Member (joined August 2022)

Ex-officio Members:

Mrs Lesley Bowie, Board Chair
Ms Claire Burden, Chief Executive
Dr Crawford McGuffie, Medical Director and Caldicott Guardian
Mr Derek Lindsay, Director of Finance (Senior Information Risk Owner)
Ms Ann Wilson, Head of Information Governance & Data Protection Officer
Ms Nicola Graham, Director Infrastructure & Support Services

4. Meeting

4.1 The Committee met on four occasions between 1 April 2022 and 31 March 2023.

4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (Y indicates attended).

Member	Dates			
	09/05/22	29/08/22	14/11/22	06/02/23
Jean Ford	Y	Y	Y	Y
Michael Breen	Y	Y		
Sheila Cowan	Y	Y	Y	Y
Joe Cullinane				
Marc Mazzucco	Y	Y	Y	Y
Douglas Reid		Y	Y	Y

5. Committee Activities

5.1 As evidenced in Appendix 2 – Assurance Mapping, Committee activity and assurance is delivered through a suite of regular update reports which are submitted throughout the year. These enable compliance to be monitored with actions put in place where improvement, change etc. is necessary.

5.2 NHS AA has a high level of compliance in all areas of information governance (albeit improvements are required and being progressed) which has been evidenced through a number of sources including:

- Network & Information Systems (NIS) Audit
- Public Records (Scotland) Act 2011 (PRSA) – Keeper review
- Freedom of Information Compliance
- Information Commissioner Office (ICO) Assurance audit
- No action from ICO on reportable breaches (3 in year)
- Lead Director/ IGODC reporting

5.3 Risks are reported and monitored at every Committee and consideration is given to how information/updates received at each meeting impacts on risk profile, with changes made as appropriate.

6. Priorities for 2023/24

6.1 The Committee will seek to maintain the current level of compliance as well as promote the Information Governance agenda to encourage best practice in all relevant areas.

Priorities for next year will include:

- Continue to monitor progress with all action plans including NIS, ICO, PRSA
- Monitor FOI compliance amidst increasing volumes, taking action as necessary to address issues
- Ensure an appropriate and effective targeted training programme is in place
- Further refine Cyber Security Reporting
- Monitor impact of Microsoft 365 implementation on information governance
- Embed Accountability Framework reporting from IGODG.

7. Chair's Comments

- 7.1 As mentioned above, NHS AA maintains a high level of compliance against information governance requirements with robust action plans in place and progress evident to address issues/ improvements. Reporting has been developed over the past year or so to focus more on exception reporting and monitoring and continues to be refined to ensure it is effective and relative to Committee purpose.

The work of the Committee is made easier as a result of the collaborative and co-operative approach of all those who provide input in many different ways, visible and invisible, and my thanks go to all involved for their efforts during the year. These efforts undoubtedly keep NHSAA and its staff and patients safe and secure from an information governance perspective with some exemplar practices evident.

Jean Ford
Chair – Information Governance Committee
April 2023

Appendix 1

Information Governance Committee Annual report for 2022-2023

Committee self-assessment effectiveness checklist for 2022-2023

The Role and Work of the Committee	Yes / No / NA	Comments
The Committee has a clear understanding of its role and authority as set out in its terms of reference.	Yes	ToR are reviewed annually.
The Committee undertakes an annual review of its remit and terms of reference and submits to the NHS Board for approval.	Yes	ToR were reviewed by Committee on 6 February 2023 with changes made, namely, duties updated to make text more specific around the Health Board arrangements for creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of information. Added support for the Caldicott Guardian function. Added duty for review of internal audit reports aligned to the Committee . The ToRs were approved by the NHS Board on 28 March 2023.
The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	Yes	The Board Chair and Head of Corporate Governance review membership annually and provide appropriate membership. There is always the option to co-opt additional expertise.
In discharging its role, the focus of the governance Committee is on seeking and reviewing assurances rather than operational issues.	Yes	The agenda is focused on assurance. The IGODG has been re-established for over 18 months and has operational oversight which informs and updates the Committee on areas of improvement, organisation learning and change providing additional assurance.
Remit - the Committee discharges its role to provide assurance that information governance is being	Yes	There are regular reports on the key areas of information governance compliance with follow up action taken when necessary.

discharged in relation to the Boards statutory duty for quality of care.		
The Committee regularly reviews the strategic risks relevant to its remit and seeks assurance on mitigating controls and actions	Yes	Risk reports are submitted to every IGC meeting, further work will be done to place more emphasis on the control environment.
The Committee identifies further risk for consideration and escalation from the papers presented and discussion.	Yes	A process is in place to escalate any appropriate risks.
The committee receives internal audit reports relevant to its remit and monitors progress against recommendations.	Yes	Internal audit reports are tabled which fall under its remit. The Committee is kept apprised of actions taken to comply with any recommendations.
The Committee has visibility of the mechanisms that are in place to monitor all aspects of its remit.	Yes	This is revisited annually to ensure that the content remains relevant.
The work of the Committee enables it to assure the Board that policies and procedures which are monitored, as relevant to the Committee's remit, are robust.	Yes	Agenda content ensures regular reporting to provide assurance on effectiveness.
The Committee links well with other Board committees and the Board itself, and opportunities are taken to share information, learning and good practice.	Yes	Relevant information is presented to the Board for visibility. The Chair sits on the Integrated Governance Committee.
The Committee produces an annual work plan.	Yes	Produced annually at the start of the financial year.
The Committee periodically assesses its own effectiveness.	Yes	Annual governance return and this self-assessment.
Committee Meetings, Support and Information	Yes / No / NA	Comments
The Committee has a designated secretariat	Yes	Angela O'Mahony
The committee meets regularly, at least four times a year, and this is set out in the Terms of Reference.	Yes	IGC met on the following occasions: 9 May 2022, 29 August 2022, 14 November 2022 and 6 February 2023.
The scheduling of those meetings is appropriate to meet the body's business and governance needs	Yes	Dates are established as part of the overall plan by the Head of Corporate Governance.
The length of Committee meetings is appropriate to allow the Committee to discharge its role.	Yes	Standard time is 1 ½ hours but there is flexibility.

Papers presented to the Committee are of a high standard and an effective format and ensure that members have access to appropriate information	Yes	Standard template is in place but there is programme of continuous improvement.
The Committee receives adequate information in relation to national policy and direction to enable it to fulfil its role and responsibilities.	Yes	There are regular information flows to enable this to be fulfilled e.g. national Information Governance Forum
The Committee agenda is well managed and ensures that all topics within the remit are considered.	Yes	Annual work plan provides the main structure, pre-meetings with Chair and Head of IG & DPO take place.
The agenda and papers are circulated in advance of meetings to allow adequate preparation by committee members and attendees.	Yes	Papers are routinely circulated at least 5 working days in advance of the meeting. This is in line with the ToR.
Minutes are prepared and circulated as set out in the Terms of Reference.	Yes	
The Committee provides an effective annual report on its own activities.	Yes	An Annual Report is produced which is vetted and approved by Committee members and the Chair.
An action log/matters arising are well managed and indicate who is to perform what and by when.	Yes	An IGC action log is maintained and actively managed.
Committee Membership and Dynamics	Yes / No / NA	Comments
Chair and Membership of the committee has been agreed by the NHS Board and a quorum set	Yes	Chair and membership has been agreed by the NHS Board and quorum of three set.
A Vice Chair of the Committee has been proposed by the Chair and agreed by Committee.	Yes	Sheila Cowan
Membership of the Committee is appropriate with the correct blend of skills, knowledge and experience.	Yes	The Board Chair and Head of Governance review membership annually and provide appropriate membership. There is always the option to co-opt additional expertise.
All members of the Committee contribute to its deliberations on an informed basis.	Yes	Position is monitored by the Chair.
Committee members are offered an appropriate induction on joining and development opportunities to support them in undertaking their role.	Yes	Information Governance induction provided to all NHS Board Members. Workshops and events are organised where appropriate.
The leadership of the Committee by the Committee Chair is effective and supports input from all members.	Yes	

Committee members attend meetings on a regular basis and if not this is reported to the Board Chair for action.	Yes	Three members attended all meetings. All other members attended either 1, 2 or 3 meetings
The Accountable Officer and other senior officers normally attend the committee as considered appropriate, as noted in the terms of reference.	Yes	There was good attendance from ex officio members.
Support provided to the Committee by executives and senior management is appropriate.	Yes	Good support to the Committee is in place from all relevant areas.

Assurance Mapping (Review of papers submitted against the Information Governance Committee Remit 2022)

Remit: To provide assurance that information governance is being discharged in relation to the Board's statutory duty for quality of care.

Duties as noted in Terms of Reference approved by Board February 2022	9 May 2022	29 August 2022	14 November 2022	6 February 2023
The Committee is responsible for the oversight of information governance arrangements within NHS Ayrshire & Arran.				
The specific responsibilities of the Information Governance Committee are to:				
Consider and scrutinise the health system's compliance with relevant legislation and performance against national standards with regards to information governance and health and corporate records management.	Health Records update	Health Records update	Health Records update	Update on Information Governance, including ROPA/Information Asset Register, Freedom of Information activity, Security Incident report, update on PRSA management, IG work programme 2022-2023 and Accountability Framework checklist
Hold the relevant officers of NHS Ayrshire & Arran to account in respect of their compliance with relevant information governance legislation, organisational and national standards.	Information Security Breach update	Public Records (Scotland) Act update Information Security Breach update Freedom of Information report IGODG Minutes	Update on Information Governance, including Information Commissioner's Office (ICO) Audit, Information Asset Register and Information Security Breaches	IGC Terms of Reference annual review IGODG Minutes IT Controls and User Access Internal Audit report
Review action taken by the organisation on recommendations made by the Committee or the NHS Ayrshire & Arran Board on information governance matters.				
Receive annual reports and quarterly updates on Information Governance performance in order to provide assurance and accountability.				

Assurance Mapping (Review of papers submitted against the Information Governance Committee Remit 2022)

Remit: To provide assurance that information governance is being discharged in relation to the Board's statutory duty for quality of care.

Duties as noted in Terms of Reference approved by Board February 2022	9 May 2022	29 August 2022	14 November 2022	6 February 2023
Monitor and review risks falling within its remit.	Strategic Risk Register	Strategic Risk Register	Strategic Risk Register	Strategic Risk Register
Provide assurance to the NHS Board on compliance with information governance legislation, organisational and national standards, highlighting issues, breaches and action being taken where appropriate.	√ IGC Annual Report 2021-2022 Refer Appendix 3	√ Refer Appendix 3	√ Refer Appendix 3	√ Refer Appendix 3
Consider and scrutinise the health system's compliance with relevant legislation and performance against national standards with regards to IT Security. Monitor and review audit reports and IT Security risks with particular emphasis on Cyber Security and IT Resilience.	Cyber Security update	Cyber Security update	Cyber Security update	Cyber Security update

Appendix 3 - Information Governance Committee reporting to NHS A&A Board 2022

Reporting duties	9 May 2022	29 August 2022	14 November 2022	6 February 2023
Reporting action to the NHSAA Board	<ul style="list-style-type: none"> Update on key areas of work being taken forward relating to Digital/Cyber Security, including preparation for the Network and Information Systems (NIS) annual audit due in June 2022. Suite of regular reports to update on Health Records activity; Information Security Breaches; the work of the Information Governance Operational Delivery Group (IGODG); and the Information Governance Strategic Risk Register. Information Governance Committee (IGC) Annual Report 2021-2022 approved for onward submission to the NHS Board for awareness. 	<ul style="list-style-type: none"> Summary of outcomes of initial three-year NIS programme of audit and review. Still further work to do to in a small number of categories to achieve compliance. Update on progress to implement the organisation's Records Management Plan (RMP) to improve the management of corporate records. Suite of regular reports on Health Records activities which fall under the remit of IGC; Information Security Breaches; Freedom of Information (FOI); and the IGC Strategic Risk Register report. Also received minutes of IGODG meetings on 29 April and 29 July 2022. 	<ul style="list-style-type: none"> Update on Cyber Security and key areas of activity undertaken by IT Security Team over last three months. Report on Health Records activities which fall under the remit of IGC. Agreed that now that the IGODG has been reinstated, future reporting should resume through the IGODG, with exception reporting to IGC. Update on IG activity related to the Information Commissioner's Office audit; Information Asset Register (IAR), Security Incident report; and IG strategic risk register. 	<ul style="list-style-type: none"> Internal audit report on IT controls and user access. IGC to monitor progress to complete all actions. Update on IG activity related to Record of Processing Activities/IAR; FOI activity; Security Incident report; Public Records (Scotland) Act Records Management; IG work programme 2022-2023; and Accountability Framework checklist. Significant increase in volume and complexity of FOI activity compared to last year. Compliance in responding to requests remains good although it is expected there will be a negative impact on compliance rates moving forward. The position will continue to be monitored in terms of workforce capacity. Reviewed and endorsed changes made to IGC terms of reference for onward submission to NHS Board for approval.
Confirmed that these were brought to the NHSAA Board	Y / N	Y / N	Y / N	Y / N