NHS Ayrshire & Arran

Meeting: **Ayrshire and Arran NHS Board**

Meeting date: **Tuesday 21 May 2024**

Title: **Information Governance Committee Annual Report 2023-24**

Responsible Director: **Dr Crawford McGuffie, Medical Director & Caldicott Guardian**

Report Author: **Mr Marc Mazzucco, Non-Executive Director**
                                  Ms Ann Catherine Wilson, Head of Information Governance
                                  Mrs Angela O'Mahony, Committee Secretary

1. Purpose

This is presented to the Committee 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 outs key achievements through the year in discharging its remit.

The approved Information Governance Committee annual report, self-assessment checklist, assurance mapping and NHS Board reporting for 2023-24 are presented to provide an update on the work of Committee and assurance that the Committee has delivered its remit.

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

- 2023/24 has been a challenging year for the Information Governance (IG) team due to not having a full complement of staff coupled with an ever increasing workload. However, NHS Ayrshire & Arran has still managed to maintain a high level of compliance in all areas of IG.

- Strong relationships continue to be engendered throughout the Board resulting in:
    1. A more proactive approach to IG by Directorates
    2. Services readily adopting best practice
    3. Active engagement with the IG team to bring about remedial change, when required.

2.3.1 Quality/patient care
Ensuring good IG in monitoring delivery of programmes across NHS 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 NHS Ayrshire & Arran 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 paper was presented to the Information Governance Committee on 29 April 2024 and approved by members.

2.4 Recommendation

For awareness. Board Members are asked to note the progress of the Information Governance Committee in 2023-24 and to take assurance from this report that the Committee has delivered its remit.

3. List of appendices

Appendix 1 - Information Governance Committee Annual report 2023-2024:

- Appendix 1 – Self-Assessment Checklist
- Appendix 2 – Assurance Mapping Report 2023-2024
- Appendix 3 – Reporting to the Board 2023-2024

NHS Ayrshire & Arran Information Governance Committee

Annual Report for 2023/24

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.

1.2   **Key Messages**

➢ 2023/24 was a challenging year for the Information Governance Team due to not having a full complement of staff coupled with an ever increasing workload. However, NHS Ayrshire & Arran still managed to maintain a high level of compliance in all areas of IG.

➢ Strong relationships continued to be engendered throughout the Board resulting in:
1. A more proactive approach to IG by Directorates
2. Services readily adopting best practice
3. Active engagement with the IG team to bring about remedial change, when required.

➢ Chief Executive has taken on the role of Senior Information Risk Owner (SIRO).

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 (stood down as Chair 2 May 2023)
Mr Marc Mazzucco, Non-Executive Board Member (Chair since 2 May 2023)

Ms Sheila Cowan, Non-Executive Board Member (Vice Chair)
Ms Christie Fisher, Non-Executive Board Member (joined 23 May 2023, left 29 February 2024)
Cllr Douglas Reid, Non-Executive Board Member

Ex-officio Members:

Mrs Lesley Bowie, Board Chair
Ms Claire Burden, Chief Executive (Senior Information Risk Owner from 26 March 2024)
Dr Crawford McGuffie, Medical Director and Caldicott Guardian
Mr Derek Lindsay, Director of Finance (Senior Information Risk Owner until 26 March 2024)
Ms Ann Wilson, Head of Information Governance & Data Protection Officer
Mrs Nicola Graham, Director Infrastructure & Support Services

4. Meeting

4.1 The Committee met on four occasions between 1 April 2023 and 31 March 2024.

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			
	02/05/23	18/09/23	13/11/23	26/02/24
Jean Ford – stood down as Chair 02/05/23	Y	Y	Y	Y
Marc Mazzucco – Chair since 02/05/23	Y	Y	Y	Y
Sheila Cowan – Vice Chair	Y		Y	
Christie Fisher – left Board 29/02/24	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 Ayrshire & Arran 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 (2 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 impact on risk profile, with changes made as appropriate.

6.   Priorities for 2024/25

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 recognising the ongoing trend in respect of the rise in requests, taking action as necessary to ensure compliance remains within the Scottish Information Commissioner's (OSIC) acceptable standards.
- ➢ Continue to improve and expand on the effective targeted training programme that is now in place
- ➢ Further refine Cyber Security Reporting
- ➢ Monitor the impact of Microsoft 365 implementation on information governance
- ➢ Embed Accountability Framework reporting from IGODG.

7.   Chair's Comments

7.1   Although NHS Ayrshire & Arran has managed to maintain a high level of compliance against information governance requirements, there is recognition that both internal resource pressures coupled with the increasing workload may impact these high standards going forward. Making competent and robust reporting to the Committee essential to understand the ever changing landscape within Information Governance.

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 NHS Ayrshire & Arran and its staff and patients safe and secure from an Information Governance perspective with some exemplar practices evident.

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Marc Mazzucco
Chair – Information Governance Committee
April 2024

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Information Governance Committee
Annual report for 2023-2024

Committee self-assessment effectiveness checklist for 2023-2024

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 26 February 2024 and the main change agreed to update that the Chief Executive had taken on the role of Senior Information Risk Owner (SIRO). The ToRs were approved by the NHS Board on 26 March 2024.
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 two years 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 discharged in relation to the Boards statutory duty for quality of care.	Yes	There are regular reports on the key areas of information governance compliance with follow up action taken when necessary.
The Committee regularly reviews the strategic risks relevant to its remit and	Yes	Risk reports are submitted to every IGC meeting, further work will be done to place more emphasis on the control environment.

	Yes / No / NA	Comments
seeks assurance on mitigating controls and actions		
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 and presented at each meeting.
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: 2 May 2023, 18 September 2023, 13 November 2023 and 26 February 2024.
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	Two members attended all meetings. All other members attended either 2 or 3 meetings
The Accountable Officer and other senior officers normally attend the	Yes	There was good attendance from ex officio members.

committee as considered appropriate, as noted in the terms of reference.		
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 2023)

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 March 2023	2 May 2023	18 September 2023	13 November 2023	26 February 2024
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. Hold the relevant officers of NHS Ayrshire & Arran to account in respect of their compliance with relevant information governance legislation, organisational and national standards. 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.	Information Governance work programme 2022-2023 update Update on Information Governance, including Information Security incident report, Information Commissioner's Office (ICO) audit report action plan update Document security classification guidance update IGODG Minutes	Health Records update Update on Information Governance, including Public Records (Scotland) Act update, Information Security incident report, Freedom of Information report, ICO audit report action plan update Network and Information Systems (NIS) audit update IGODG Minutes	Health Records update Information Governance work programme 2023 update Update on Information Governance, including Information Asset Register mid-year report and Information Security incident report	Update on Information Governance, including Freedom of Information activity, Information Security incident report, update on PRSA management IGC Terms of Reference annual review IGODG Minutes

Assurance Mapping (Review of papers submitted against the Information Governance Committee Remit 2023)

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 March 2023	2 May 2023	18 September 2023	13 November 2023	26 February 2024
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 2022-2023 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 IT Controls internal audit update	Cyber Security update	Cyber Security update Cyber Security and Resilience internal audit report

Appendix 3 - Information Governance Committee reporting to NHS A&A Board 2023

Reporting duties	2 May 2023	18 September 2023	13 November 2023	26 February 2024
Reporting action to the NHSAA Board	• The Committee approved the IGC annual report. • The Committee received an assurance report on progress with the Information Commissioner's Office (ICO) audit report and action plan. While there were areas of non-compliance, the Board had already identified these issues through self-assessment and was working through them. The audit had commended NHSAA's approach to security incident breach reporting as an area of good practice. • Committee members received regular reports, including an update on cyber security, the IG work programme and the IGC strategic risk register, with no material issues evident.	• Committee members discussed the Information Governance (IG) risk register and it was noted that work is planned to update the final assurance statement on the control framework, mitigations in place and their effectiveness. The Medical Director would feed back the Committee's comments related to risk rating in terms of consequence and likelihood to the Risk Management team for consideration in future review of IG risk. • The Committee received a progress update on the (ICO) audit report and action plan. Members received assurance that good progress was being made overall in completing actions. Members suggested that in taking forward the action plan, the initial priority should be to complete actions such as the approval process for the Board's document control policy, to enable the team to focus on larger pieces of work. • Committee members acknowledged the significant audit work taking place within Digital Services related to Cyber Security. Members commended the Digital and IG teams for	• Committee members were advised that the new Cyber Security Learnpro training module was introduced on 1 October 2023 and it is mandatory for all staff to complete this training every two years. • The Committee noted the strong local actions being taken in response to a recent data breach involving staff sharing a patient's personal information via WhatsApp. A range of communication is being sent to staff underlining that this application must not be used for business related purposes. • Members were pleased with the progress that continues to be made to improve the quality and level of detail across the range of reports being provided. Reports are succinct with issues clearly identified as well as actions being taken, giving the Committee the level of assurance required to fulfil its governance role and remit. • Members approved the Committee's meeting dates for 2024-2025, including a face-to-face meeting scheduled for 11 November	• Committee members discussed the IG risk register. A new strategic risk ID 856 had been added to the register related to retention of mailboxes to support the COVID inquiry. Members received assurance that significant work had taken place to align with the COVID inquiry's requirements and that mailboxes had been retained for key decision-makers related to COVID who had now left the organisation. • The Committee reviewed and endorsed the changes made to the IGC Terms of Reference, specifically that the Chief Executive had taken on the role of Senior Information Risk Owner (SIRO). The committee was content that the ToR remained appropriate for the current and proposed work over the next year. • The Committee noted the update on the Board's progress with the Information Commissioner's office action plan. Members received assurance that, while there had been delays in taking forward some of this work due to current workload compounded by staff absence, the situation was

Appendix 3 - Information Governance Committee reporting to NHS A&A Board 2023

Reporting duties	2 May 2023	18 September 2023	13 November 2023	26 February 2024
		their efforts to progress the wide range of work being reported.	2024, later changed to 29 April 2024.	being actively managed on a risk based approach. This work was set in the context of positive updates around Corporate Records Management, Information Security, and Freedom of information Reports.
Confirmed that these were brought to the NHSAA Board	Y / N	Y / N	Y / N	Y / N