

## **Information Governance Committee Terms of Reference**

### **1. Introduction**

- 1.1 The Information Governance Committee is established as a Committee of the NHS Board as described in the Board's Standing Orders. The approved Terms of Reference and information on the composition and frequency of the Committee have been informed by the Board's Standing Orders with specific reference to Section 9 Committees.
- 1.2 The Terms of Reference will be reviewed annually and submitted to the NHS Board for approval.

### **2. Remit**

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

### **3. Duties**

The Committee shall be responsible for the oversight of information governance arrangements within NHS Ayrshire & Arran. Specifically it will:

- 3.1 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.
- 3.2 Hold the relevant officers of NHS Ayrshire & Arran to account in respect of their compliance with relevant information governance legislation, organisational and national standards.
- 3.3 Review action taken by the organisation on recommendations made by the Committee or the NHS Ayrshire & Arran Board on information governance matters.
- 3.4 Monitor and review risks falling within its remit.
- 3.5 Receive annual reports and quarterly updates on Information Governance performance in order to provide assurance and accountability.
- 3.6 Provide assurance to the NHS Board that the Health Board arrangements for creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of information are appropriately designed and are functioning effectively in accordance with the Board's:
- stated purpose, values, commitments and vision;
  - legislative responsibilities, eg Data Protection legislation, the Freedom of Information (Scotland) Act 2002 and Public Records Scotland Act 2011; and

- any relevant requirements and national standards.

3.7 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.

3.8 Provide support and champion the Caldicott Guardian on matters of data protection and confidentiality.

3.9 To review internal audit reports aligned to the Committee, to ensure that recommendations are reported, monitored and reviewed.

#### **4. Authority**

4.1 The Committee is authorised to investigate any matters which fall within its Terms of Reference, and obtain external professional advice.

4.2 The Committee may establish sub-committees to support its functions.

4.3 The Committee is authorised to seek and obtain any information it requires from any employee whilst taking account of policy and legal rights and responsibilities.

4.4 The Committee will have the authority to require the attendance of any employee of NHS Ayrshire & Arran, as may be required.

#### **5. Committee Membership**

5.1 The Committee shall be established by the NHS Board and be composed of five Non-Executive members.

5.2 The NHS Board shall appoint the Chair and approve membership of the Committee.

5.3 A Vice Chair will be proposed by the Information Governance Committee Chair and agreed by the Committee.

5.4 Committee membership will be reviewed annually or as required, by the Board Chair.

#### **6. Quorum**

6.1 Three Non-Executive members will constitute a quorum.

#### **7. Attendance**

7.1 The Medical Director (Caldicott Guardian), the Chief Executive (as Senior Information Risk Owner), the Director of Infrastructure and Support Services, the Head of Information Governance & Data Protection Officer will attend in an *ex-officio* capacity to provide the Committee with advice and guidance.

7.2 The Committee may co-opt additional advisors as required.

7.3 With the prior approval of the Chair, the Medical Director and the Director of Infrastructure and Support Services will be able to provide deputies on an exceptional basis.

## 8. Frequency of Meetings

8.1 The Committee will meet at least four times per annum.

8.2 The Chair may at any time convene additional meetings of the Committee.

## 9. Conduct of business

9.1 Meetings of Committee will be called by the Committee Chair.

9.2 The agenda and supporting papers will normally be available to members at least five working days before the date of the meeting.

## 10. Reporting Arrangements

10.1 A minute will be kept of the proceedings of the Committee. A draft minute of the meeting will be circulated, normally within ten working days, to the Chair of the Committee. Once the Chair has approved, the draft minute will be shared with committee members for information, not for comment, prior to consideration at a subsequent meeting of the Committee.

10.2 The Chair of Committee shall provide assurance on the work of the Committee. A summary of key points from each meeting and the approved minute will be submitted to the NHS Board meeting for information.

10.3 Committee will conduct an annual review of its role and function by completing a self-assessment checklist and providing this and an annual assurance report to the NHS Board each year.

10.4 Items requiring urgent attention by the NHS Board can be raised at any time at NHS Board Meetings, subject to the approval of the Chair.

Version:	Date:	Summary of Changes:	Approved by
01.1	04/06/18	Addition of Vice chair arrangements	IGC 04/06/18
02.0	19/06/18	Attendance – addition of Senior Information Risk Owner and Data Protection Officer. Duties – addition of scrutiny and monitoring in regard to IT security and cyber security risk	IGC 03/09/18 NHS Board 27/05/19
03.0	16/07/20	Review of Terms of Reference against new Board Model Standing Orders	NHS Board 17/08/2020
03.1	08/02/21	Annual review – addition under item 8.1, Duties, to include scrutiny and oversight of health and corporate records management.	IGC 08/02/2021

04.0	10/03/21	<p>Amendments to deliver a standard approach to Governance Committee ToR.</p> <ul style="list-style-type: none"> <li>• Sections reordered to bring committee business together, ie. Remit/Duties/Authority</li> <li>• Duplication removed if referred to in Board Standing Orders</li> <li>• Introduction amended to note that ToR are informed by the Board standing orders and the requirement for an annual review.</li> <li>• Reporting arrangements amended to 10 days for draft minute to be available and ensuring approved draft shared with members. Inclusion of requirement for annual self-assessment checklist in addition to the Annual Report.</li> <li>• No change to Remit or Duties</li> </ul>	NHS Board 29/03/2021
05.0	07/02/22	Annual review of Terms of Reference – no changes made	NHS Board 28/03/2022
06.0	06/02/23	<p>Annual review of Terms of Reference – changes to Section 3. Duties:</p> <ul style="list-style-type: none"> <li>• Addition of more specific text around the Health Board's arrangements for creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of information.</li> <li>• Addition of support to the Caldicott function.</li> <li>• Added statement on monitoring of internal audit recommendations</li> </ul>	NHS Board 28/03/2023
07.0	26/02/24	Annual review of Terms of Reference – 3.6 minor typing corrections. 7.1 Attendance changed to reflect that the Chief Executive will attend as Senior Information Risk Owner.	NHS Board 26/03/2024
07.1	26/02/25	Annual review of Terms of Reference – no changes made.	NHS Board 31/03/2025