

INFORMATION GOVERNANCE SUB-COMMITTEE COMMITTEE UPDATE REPORT

Date of last meeting: 18 March 2026

Quoracy: Not Quorate

Report by: Patrycja Duszyńska, Head of Information Governance (Vice Chair)

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

Alert (may require discussion)

The Information Governance Sub-Committee had no matters of which to **alert** members of the Digital, Data and Innovation Committee.

Advise (to monitor)

The Information Governance Sub-Committee wishes to **advise** members of the Digital, Data and Innovation Committee that:

- The IGSC Terms of Reference were reviewed and approved by Chairs Action due to IGSC not being quorate (Appendix 1)
- The **Welsh Information Governance Toolkit submission 2025–26** was assured by IGSC, achieving 96% overall compliance, with all minimum expectations met. A pragmatic evidencing approach was adopted where national question design no longer fully reflects operational reality.
- Separate **Information Governance Toolkit submissions** for managed General Practitioner (GP) practices were noted. All practices met minimum expectations; however, some did not meet “expectations exceeded” thresholds for training compliance following nationally increased benchmarks. Improvement actions are planned for 2026–27.
- Due to IGSC not being quorate, the Sub-Committee scrutinised the 174 - Reuse of Public Sector Information Policy for DDIC to approve.

Assure (to note)

Information Governance Sub-Committee wishes to **assure** members of the Digital, Data and Innovation Committee that:

- The **annual review of Information Governance training and communications arrangements** confirms that appropriate, role-based training and monitoring arrangements remain in place, with continued improvement in training compliance.
- The **annual review of privacy notices** identified only minor administrative amendments, with all notices remaining accurate, compliant and fit for purpose.

Review of Risks

The Sub-Committee reviewed the risks aligned to its remit. Risks with increased scores, including those relating to **Information Commissioner’s Office (ICO)**

enforcement and end-of-life clinical systems, were discussed and acknowledged as requiring continued monitoring and escalation through DDIC. Other risks were reviewed and remain under active management.

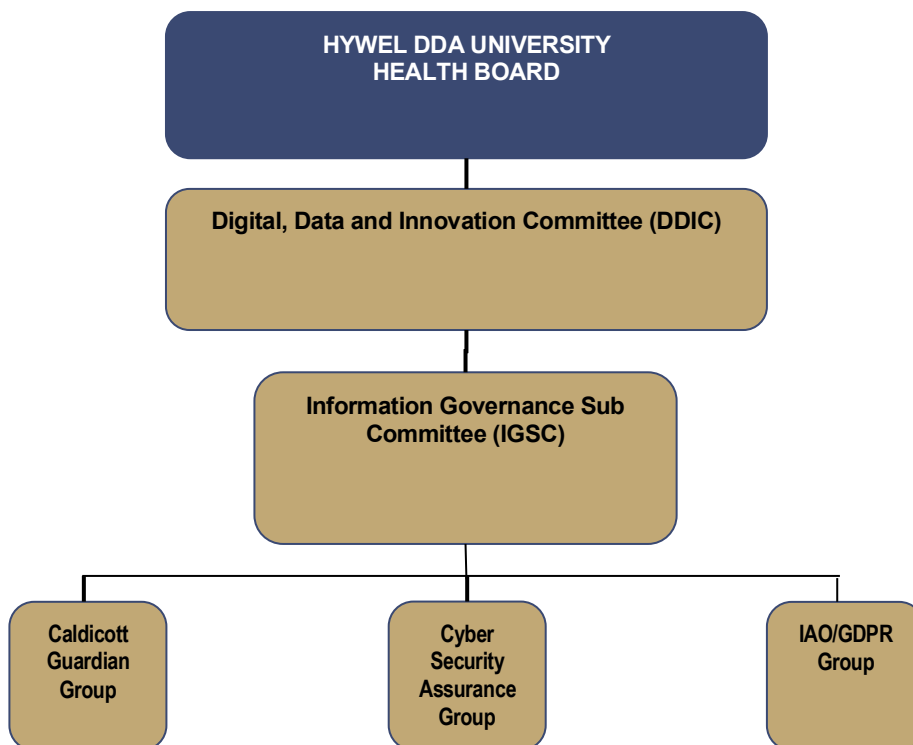
Sharing of learning

Not applicable.

Recommendation

The Committee is asked to:

- **APPROVE** the Information Governance Sub-Committee ToRs (Appendix 1)
- **APPROVE** 174 Reuse of Public Sector Information Policy (Appendix 2)
- **NOTE** the items the Sub-Committee is advising them of
- **TAKE ASSURANCE** from the items that the Sub-Committee is providing assurance on



INFORMATION GOVERNANCE SUB-COMMITTEE

TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V.1	Information Governance Sub Committee Integrated Governance Committee	25 th November 2010 21 st December 2011	Approved Approved
V.2	Information Governance Sub Committee Integrated Governance Committee	11 th November 2011 20 th December 2012	Approved Approved
V.3	Information Governance Sub Committee Integrated Governance Committee	14 th March 2013 23 rd April 2013	Approved Approved
V.4	Information Governance Sub Committee Integrated Governance Committee	14 th March 2014 22 nd April 2014	Approved Approved
V.5	Information Governance Sub Committee Integrated Governance Committee	13 th March 2015 28 th April 2015	Approved Approved
V.6	Information Governance Sub Committee	19 th June 2015	Approved
V.7	Information Governance Sub Committee	27 th July 2015	Approved
V.8	Business Planning & Performance Assurance Committee	25 th August 2015	Approved
V.9	Information Governance Sub-Committee	27 th November 2015	Approved
V.10	Business Planning & Performance Assurance Committee	22 nd August 2017	Approved
V.11	Information Governance Sub-Committee	30 th July 2018	Approved
V.12	Information Governance Sub-Committee	11 th December 2019	Approved

V.12	Business Planning & Performance Assurance Committee	17 th December 2019	Approved
V.13	Information Governance Sub-Committee	2 nd September 2020	Approved
V.14	People Planning & Performance Assurance Committee	Via Chair's Action	Approved
V.15	Information Governance Sub-Committee	12 th October 2021	Approved
V.15	Sustainable Resources Committee	28 th October 2021	Approved
V.16	Revised by Digital Director	17 th May 2022	Approved
V.16	Information Governance Sub-Committee	11 th October 2022	Approved
V.16	Sustainable Resources Committee	10 th November 2022	Approved
V.17	Revised by Digital Director	07 th February 2024	Approved
V.17	Information Governance Sub-Committee	07 th February 2024	Approved
V.17	Sustainable Resources Committee	27 th February 2024	Approved
V.18	Information Governance Sub-Committee	26 th March 2025	Approved
V.18	Digital, Data and Innovation Committee	22 nd April 2025	Approved
V.19	Information Governance Sub-Committee	18 th March 2026 25 th March 2026	Approved by the meeting and, Approved by Chair's action
V.19	Digital, Data and Innovation Committee	21 st April 2026	

INFORMATION GOVERNANCE SUB-COMMITTEE (IGSC)

1. Constitution

1.1. The Information Governance Sub-Committee (IGSC) has been established as a Sub-Committee of the Digital, Data & Innovation Committee (DDIC), and was constituted from 25th November 2010.

2. Membership

2.1 The membership of the Sub-Committee shall comprise:

Title
Digital Director (Deputy SIRO) (Chair)
Medical Director (Caldicott Guardian)
Associate Medical Director for Professional Standard /Deputy Caldicott Guardian (Vice Chair)
Independent Member
Head of Information Governance
Head of Information Services
Health Records Manager

Information Governance Manager(s)
Assistant Director People Management
Head of Digital Operations
Cyber Security Manager
Mental Health Representative
Nursing Representative
Therapies & Health Sciences Representative
County/Community Representative
Primary Care Representative
Risk and Assurance Representative
Legal Services Representative
Freedom of Information Service Representative
Estates and Facilities Representative
Clinical Engineering Representative
Senior Corporate Records Management Officer
In Attendance
Information Governance Officer(s)
Senior Information Governance Officer(s)
Information Asset Owners

2.2 The membership of the Sub-Committee will be reviewed on an annual basis.

3. Quorum and Attendance

- 3.1 A quorum shall consist of no less than 6 and must include as a minimum either the Chair (Digital Director) or the Vice Chair (Associate Medical Director for Professional Standard), either the Caldicott Guardian (Medical Director) or the Deputy Caldicott Guardian (Associate Medical Director for Professional Standard).
- 3.2 An Independent Member shall attend the meeting in a scrutiny capacity.
- 3.3 Additional members may be co-opted to contribute to specialised areas of discussion.
- 3.4 Any senior manager of the UHB or partner organisation will, where appropriate be invited to attend.
- 3.5 Should any member be unavailable to attend, they may nominate a deputy to attend in their place subject to the agreement of the Chair.
- 3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Information Governance Sub-Committee.
- 3.7 The Sub-Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

4. Purpose

- 4.1 The purpose of the Information Governance Sub-Committee is to provide assurance to the Digital, Data & Innovation Committee (DDIC), which is a Committee of the Board, on compliance with information governance legislation, guidance, and best practice, and to:
- 4.1.1 Provide evidence based and timely advice to assist the University Health Board (UHB) in discharging its functions and meeting its responsibilities with regard to the quality and integrity; safety and security; and appropriate access and use of information (including patient and personal information) to support its provision of high-quality healthcare.
 - 4.1.2 Provide assurance in relation to the Board's arrangements for creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of information in accordance with its stated objectives; legislative responsibilities, e.g., the Data Protection Act 2018, UK General Data Protection Regulation 2016 (implemented May 2018), Freedom of Information Act 2000 and Network and Information Systems Regulation 2018; and any relevant requirements, standards and codes of practice.
 - 4.1.3 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).

5. Operational Responsibilities

- 5.1 The Information Governance Sub-Committee will:
- 5.1.1 Promote and develop a robust information governance and security framework within the UHB and encourage a strong information governance and security culture across the organisation.
 - 5.1.2 Ensure that good information governance practice is integrated into service and project delivery plans and pathways across the UHB.
 - 5.1.3 Ensure openness, security, quality, and legal compliance in all information produced, utilised and reported by the UHB and its partners.
 - 5.1.4 In conjunction with key Committees / sub-committees / groups develop appropriate systems, policies, work plans, procedures and accountability based on innovation and best practice for the effective management of information, including (but not restricted to) the areas of:
 - Information and Cyber Security (Inc. 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 / Data Quality
 - Risk Management and Incident Management
 - Data Protection Impact Assessments
 - Patient records
 - Clinical Coding
- 5.1.5 The Sub-Committee is responsible for recommending policies and procedures relating to information governance to the Digital, Data & Innovation Committee (DDIC), for approval.
- 5.1.6 Monitor the UHB's compliance against relevant statutory requirements, internal and external standards and assessment criteria, via the Information Governance Toolkit, Cyber Assessment Framework (CAF) any other relevant requirements / assessments, and Internal / External Audit reviews including the implementation of Welsh Audit Office, Health Inspectorate Wales and Internal Audit recommendations.
- 5.1.7 Provide appropriate information governance assurance in relation to any high-level projects and plans that are monitored through and reported to the Digital, Data & Innovation Committee (DDIC), including the UHB's performance management framework and reporting template.
- 5.1.8 Develop, and performance manage action plans to achieve information governance and security objectives and direct and co-ordinate the work of the individuals and Groups involved with aspects of information governance within the UHB. Ensure that action plans and work programmes align with the UHB's Integrated Medium Term Plans (IMTP) where appropriate.
- 5.1.9 Inform and report the UHB's performance, action plans, and identified risks connected to information governance and information security to the Digital, Data & Innovation Committee (DDIC).
- 5.1.10 Provide assurance to the Digital, Data & Innovation Committee (DDIC) in relation to the organisation's arrangements for managing information and cyber security incidents including emergency preparedness, resilience and response and business continuity.
- 5.1.11 Provide a forum for discussion and debate on any ad-hoc information governance issues. This will include receiving and enacting information governance issues arising from the implementation of national systems directed for use within the UHB.
- 5.1.12 Develop an annual work plan and report, for sign off by the Digital, Data & Innovation Committee (DDIC), that addresses identified risks and priorities, meets relevant statutory and good practice requirement and is consistent with the strategic direction and organisational objectives of the organisation, including the IMTP where appropriate.

- 5.1.13 Provide assurance to the Digital, Data & Innovation Committee (DDIC), that, wherever possible, work plans are aligned with partnership plans and developed with Local Authorities, Universities, Collaboratives, Alliances, and other key partners.
- 5.1.14 Take forward any work identified by the Digital, Data & Innovation Committee (DDIC), as required to feed into the UHB's planning cycle.
- 5.1.15 Agree issues to be escalated to the Digital, Data & Innovation Committee (DDIC), with recommendations for action.
- 5.1.16 Consider the information governance implications for the Health Board of review reports and actions arising from the work of external reviewers.
- 5.1.17 Ensure that there is a process of Data Protection Impact Assessment in accordance with Information Commissioner's guidance.
- 5.1.18 The Health Board is meeting its legislative responsibilities, e.g., Data Protection and Freedom of Information Legislation, as well as complying with national Information Governance policies and Information Commissioners Office guidance.

Cyber Security

- 5.1.19 The promotion of information security throughout the Health Board.
- 5.1.20 The review and recommendation for the approval of all information security related policies and procedures.
- 5.1.21 The monitoring of progress in programmes to achieve compliance / certification with ISO27001.
- 5.1.22 The monitoring of progress in programmes to achieve compliance / certification with Cyber Essentials Plus.
- 5.1.23 The review and monitoring of security incidents both locally and nationally, identifying their root cause, any resolution and future prevention.
- 5.1.24 Reviewing information security risk assessments and improvement plans.
- 5.1.25 Consideration of solutions to improve security.
- 5.1.26 Monitoring and auditing compliance with standards and policies.
- 5.1.27 Receiving and reviewing information security related reports (e.g. internal audit).
- 5.1.28 Reviewing and commenting upon the security impact of information system development.

- 5.1.29 Reviewing, and recommending for approval, the information security elements of the annual IG toolkit submission.

6. Agenda and Papers

- 6.1 The Sub-Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Executive Director (Digital Director, at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Sub-Committee work plan, matters arising from previous meetings, issues emerging throughout the year and requests from Sub-Committee members. Following approval, the agenda and timetable for papers will be circulated to all Sub-Committee members.
- 6.3 All papers must be approved by the relevant Officer.
- 6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.
- 6.5 The minutes and action log will be circulated to members within **ten** days of the previous meeting to check for accuracy.
- 6.6 Members must forward amendments to the Sub-Committee Secretary within the next **seven** days. The Sub-Committee Secretary will then forward the final version to the Sub-Committee Chair for approval.

7. In Committee

- 7.1 The Sub-Committee can operate with an In-Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

- 8.1 The Sub-Committee will meet on a bi-monthly basis.
- 8.2 The Chair of the Sub-Committee, in discussion with the Sub-Committee Secretary shall determine the time and the place of meetings of the Sub-Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

- 9.1 The Sub-Committee will be accountable to the Digital, Data & Innovation Committee (DDIC), for its performance in exercising the functions set out in these terms of reference.
- 9.2 The Sub-Committee shall embed the UHB's corporate standards, priorities, and requirements, e.g. equality and human rights through the conduct of its business.

- 9.3 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Sub-Committee.

10. Reporting

- 10.1 The Sub-Committee, through its Chair and members, shall work closely with the Board's other committees, including joint /sub committees and Groups to provide advice and assurance to the Board through the:

- 10.1.1 Joint planning and co-ordination of Board and Committee business;
- 10.1.2 Sharing of information.

- 10.2 In doing so, the Sub-Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

- 10.3 The Sub-Committee may establish groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business. The following Groups have been established:

- 10.3.1 Information Asset Owners/General Data Protection Regulation (IAO/GDPR) Group
- 10.3.2 Cyber Security Assurance Group
- 10.3.3 Caldicott Guardian Group

- 10.4 The Sub-Committee will receive the minutes following each Group's meetings detailing the business undertaken on its behalf.

- 10.5 The Sub-Committee Chair, supported by the Sub-Committee Secretary, shall:

- 10.5.1 Report formally, regularly and on a timely basis to the Digital, Data & Innovation Committee (DDIC), on the Sub-Committee's activities. This includes the submission of Sub-Committee minutes, as well as the presentation of an annual report within 6 weeks of the end of the financial year;
- 10.5.2 Bring to the Digital, Data & Innovation Committee (DDIC), specific attention any significant matters under consideration by the Sub-Committee.

11. Secretarial Support

- 11.1 The Sub-Committee Secretary shall be determined by the Lead Director (Digital Director).

12. Review Date

- 12.1 These terms of reference shall be reviewed on at least an annual basis by the Sub-Committee for approval by the Digital, Data & Innovation Committee (DDIC).

Reuse of Public Sector Information Policy

DRAFT

Policy information

Policy number: **174**
Classification: Corporate
Supersedes: Previous versions
Version number: 4
Date of Equality Impact Assessment:

Approval information

Approved by:
Date of approval:
Date made active:
Review date:

Summary of document:

The purpose of this policy is to ensure that requests for the re-use of public sector information are managed in accordance with the Re-use of Public Sector Information Regulations 2005 (the Regulations)

Scope:

This policy applies to:

- All employees, including permanent, temporary, contractual and agency, and Independent Members;
- Volunteers, students or any other authorised people working with or for the UHB
- Those who hold information on behalf of the UHB.

To be read in conjunction with:

[173 – Freedom of Information and Environmental Information Policy](#) – opens in a new tab

Patient information:

Owning group:
IGSC

31/01/2023

Executive Director job title:
Joanne Wilson, Board Secretary

Reviews and updates:
1 – new policy 1.3.2011
2 – revised 2.12.2014
3 – full review
4 – Full review

Keywords
Re-use, public sector information, RPSI

Glossary of terms
UHB – Hywel Dda University Health Board
OGL - Open Government Licence
URI - Uniform Resource Indicator
URL - Uniform Resource Locator
SIRO - Senior Information Risk Officer

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GOVERNMENT LICENCE 11

DRAFT

INTRODUCTION

The purpose of this policy is to ensure that requests for the re-use of public sector information are managed in accordance with the Re-use of Public Sector Information Regulations 2015 (the Regulations). The purpose of the Regulations is to establish a framework that provides for effective re-use of public sector information and is based on the principles of fairness, transparency, non-discrimination and consistency of application.

Most information supplied in response to information access regimes such as the Freedom of Information Act 2000 and the Environmental Information Regulations 2004 will be protected by copyright and permission to re-use it will be required as the provision of information does not confer any automatic right to re-use the information. The Regulations provide a framework for re-use of information once access has been obtained. However, the Protection of Freedoms Act 2012 which amends S102 of the Freedom of Information Act contains provisions under which certain public sector owned datasets will be reusable at the point of access by means of a specified licence.

Re-use of information occurs where information is used for a purpose other than the original purpose for which it was created by a public sector body within its public task. Re-use helps to deliver three key government priorities: public sector transparency; increased public involvement in achieving government objectives; and increased economic growth (UKGLF, 2013).

SCOPE

This policy applies to:

- All employees, including permanent, temporary, contractual and agency, and Independent Members;
- Volunteers, students or any other authorised people working with or for the UHB
- Those who hold information on behalf of the UHB.

AIM

This policy is to ensure that Hywel Dda University Health Board (UHB) is compliant with the Re-use of Public Sector Information Regulations 2015.

OBJECTIVES

This policy will set out the arrangements for the following:

- Dealing with applications for re-use within 20 working days in a non-discriminatory way
- To publish terms of re-use, usually in the form of a licence
- Not to enter into exclusive arrangements other than in exceptional circumstances
- To provide information about what information is available for re-use. This should be in the form of an information asset list

DEALING WITH APPLICATIONS FOR RE-USE

Copyright

Most information produced by the UHB is subject to copyright protection and the UHB has the right to authorise the re-use of the information it produces under UK copyright legislation. The Regulations only apply to copyright and related rights (database rights, publication rights and rights in performances). They do not apply to other intellectual property rights such as patents, trade marks and design rights.

Documents

All documents held by the UHB fall within the scope of the Regulations with the exception of those which:-

- fall out of the public task of the UHB
- contain content in which the relevant intellectual property rights are owned or controlled by a person or controlled by a person or organisation other than the UHB, eg photographs
- are exempt from release under the Freedom of Information Act (except where s21 applies), Environmental Information Regulations and any other access legislation

The Regulations define 'document' by relating it to 'content' which is information recorded in any form.

Request for re-use

The provision of information does not confer any automatic right to re-use the information. Regulation 6 states that applicants should:

- Make requests for re-use in writing, including email. Requests must be legible and usable for subsequent reference
- Provide their name and address
- Specify which documents they want to re-use
- State the purpose for which the document is to be re-used

Where the requester cannot provide the request in writing, assistance can be provided to the applicant whereby the request can be drafted and confirmed with them. Once confirmation is received, it is considered to be a written request and the UHB is obliged to respond.

Requests in Welsh and other languages will also be accepted and the UHB will adhere to relevant equality legislation when providing information requested. (See section also '[processing requests for reuse](#)')

Responding to a request for re-use

Regulation 8 sets out how public sector bodies should respond to requests, including timescales. In response to requests for re-use, the UHB can issue one of the following responses:

- A refusal to give permission to re-use
- Supply the document to the applicant, if it has not already been supplied under access to information legislation, ie Freedom of Information.
- Offer terms and conditions for re-use, often in form of a licence

In terms of timescales, documents will fall under 2 broad categories:

Readily available documents

This covers documents that have already been made available and would include those which have already been published or are identified as being available for re-use on an asset list. These must be responded to within 20 working days.

Under the Regulations, the UHB is allowed up to 20 working days following the date of receipt of the request for re-use to finalise any licence offer.

Previously Unreleased Documents

This covers unpublished documents and information that has not been identified as being available for re-use. Permission for re-use is subject to access issues being resolved.

If the request for access and re-use is combined, it must be dealt with fully in terms of access to the information before a final decision on re-use can be taken. Where requests for re-use are extensive in terms of the number of documents requested, or raise complex issues, the UHB may extend the response time. However, it must be prepared to justify that the time taken to respond is reasonable. The UHB must also inform the applicant before the expiry of the 20 working days that it is unable to respond to the request within the standard timeframe and provide an indication of when a response can be expected.

Notification of Refusal

Under Regulation 9, when the UHB refuses a request for re-use, it must:-

- Set out the reasons for refusal in writing
- Explain what forms of redress are open to the applicant, both internal and independent
- Where the refusal is based on the fact that copyright or other relevant intellectual property rights (IPRs) are owned by a third party, the owner must be identified (where known)
- Where the owner of the third party copyright is not known, the name of the person from whom the document was obtained should be provided (where known). If it is not known, this fact should be stated.

Processing requests for re-use

Under Regulation 10, requests for re-use should be dealt with electronically, where possible, and should take advantage of existing licensing systems that are available. However, Regulation 11 does not require public bodies to make documents available in a format other than the format or language in which the document already exists (unless it has duties to do so under other legislation such as the Equality Act and the Welsh Language Standards). Regulation 11 also confirms there is no obligation to:

- create or adapt a document to comply with a request for re-use
- provide extracts of documents where this would entail disproportionate effort
- continue producing a document purely for re-use by others

Conditions

Regulation 12 allows the UHB to set conditions on the re-use of documents. Conditions should not unnecessarily restrict the way in which a document can be re-used nor should it seek to restrict competition between re-users.

Terms and conditions are set out within the licences below. There are 3 different types of licence that can be issued:-

Open Government Licence (OGL)

The Open Government Licence is an open licensing model and tool for public sector bodies to license the re-use of their information and data easily. It consists of a simple set of terms and conditions to which public sector bodies simply point as the relevant licence. Use of information under the OGL is free and allows information to be used and re-used for commercial and/or non-commercial purposes. Licensees are required to include an attribution statement in any use of the information. An attribution statement identifies the name, creator and date of information, and acknowledges them appropriately. It demonstrates further the source of the information and its use under the OGL. Public bodies are

encouraged to use the OGL symbol on their websites and in publications wherever possible. Templates on how to apply the OGL to UHB online information resources and print publications can be found at [Appendix 1](#) – opens in a new tab.

Non-Commercial Government Licence

The default position is that public sector information should be licensed for use and re-use free of charge under the OGL. However, there are specific circumstances where information may only be released for use and re-use for non-commercial purposes. The Non-Commercial Government Licence has been developed to meet those circumstances. When a public sector body licenses its information under the Non-Commercial Government Licence, it should insert a visible statement asserting this and provide the Non-Commercial Government Licence URI (Uniform Resource Indicator) or URL (Uniform Resource Locator) in the information.

Templates on how to apply the Non-Commercial Government Licence to the UHB online information resources and print publications can be found at [Appendix 2](#).

Charged Licence

As indicated in previous sections, public sector information should be licensed for use and re-use free of charge under the OGL. However, there are circumstances where it is appropriate to charge for use and re-use. The Charged Licence is designed for use in situations such as the context of s102 of the Protection of Freedoms Act 2012. Legal advice should be sought before offering information for use and re-use where charges are made.

Licensing software and source code

The public sector produces software or source code as well as types of content such as documents and data. Software is protected by copyright and this makes licensing considerations important. Many developers release their work under open source licences, which enable software to be re-used freely and free of charge.

Public sector bodies that are involved in developing their own software and source code are encouraged to make them available as openly as possible. Developers may choose to release their software and source code under OGL or alternatively, the Open Source Initiative maintains a list of approved [open source licences](#) covering software and source code that can be used (<https://opensource.org/licenses>).

Non-discrimination

Under Regulation 13, the UHB must not discriminate in the conditions applied between applicants who re-use documents for similar purposes. The emphasis is on the use of the documents rather than the re-user. The only exception to this is where a particular user or group of users have a statutory right to re-use material. For example, libraries, archives and educational establishments enjoy special privileges under the Copyright, Designs and Patents Act 1988, which also includes special provisions for the reproduction of material for visually impaired persons.

Prohibition of Exclusive Arrangements

Under Regulation 14, the UHB should not enter into exclusive arrangements as it prevents others from re-using the document and inhibits competition. This covers appointing publishers to publish versions of documents. An important exception to this is where a service in the public interest cannot be provided

other than by means of granting an exclusive licence. However, the terms of the arrangement must be published and the justification regularly reviewed (at least every 3 years).

Charging

Although there is no obligation on the UHB to charge for re-use, it retains the right to do so, and where a charge is made it will be noted on the UHB Publication Scheme. Under the Regulations, the UHB is permitted to charge for re-use. However, the total income should not exceed the cost of collection, production, reproduction and dissemination of documents and a reasonable return on investment. As much of the information held by the UHB is available in digital format, the costs of allowing for re-use will often not involve any additional costs.

The UHB should be able to justify any charges that are applied for re-use and if the charge includes supplying of the document, or that it has been subject of a request under Access to Information Legislation (ie Freedom of Information Act), then the access fee should be deducted from the fee for re-use.

Nominal charges may cover basic costs relating to:

- The collection, production, reproduction and dissemination of the documents including relevant copyright work, eg, copying, printing and postage
- The cost of conversion of the information to a different format or extraction from a larger dataset

Information to be published by the UHB

Public bodies must be open, transparent and fair in processing applications for re-use. Under Regulation 16, the UHB is required to publish asset lists, standard licence terms and details of any charges, electronically where possible.

Internal review procedure

The Regulations require that the UHB has an effective procedure to consider any complaints that arise from the application of the Regulations. Regulation 17 requires that complaints are responded to 'within a reasonable time'. The UHB aims to provide a response to a complaint relating to re-use within 20 working days unless there are good reasons why this is not possible.

All complaints must be made in writing to the UHB in the first instance, providing all the relevant information. The UHB response must also be in writing, clearly setting out the reasons behind its decision, within the timeframe outlined above. If the internal process fails to resolve the issue, the complainant can refer the issue to the Office of Public Sector Information at the National Archives (Further information can be found on the following link: [Comments and complaints procedure - Contact us](#)).

RESPONSIBILITIES –

Chief Executive

Overall responsibility for compliance with the Regulations lies with the Chief Executive.

Executive Director of Finance/Senior Information Risk Officer (SIRO)

The responsibility for ensuring arrangements are in place for compliance with the Regulations has been devolved to the Executive Director of Finance/Senior Information Risk Officer (SIRO).

Head of Corporate Legal Services and Public Affairs

The responsibility for ensuring that there are day to day arrangements in place for managing requests for re-use and reviews into complaints received in relation to the re-use of information lies with the Head of Corporate Legal Service and Public Affairs.

Freedom of Information Team

The responsibility for the day to day management of requests for re-use and providing advice to UHB staff lies with the Freedom of Information Team. This involves developing and maintaining this policy, managing requests for re-use, maintaining a record of requests for re-use, issuing licences and any related fees notices.

All staff

Staff are responsible for ensuring that requests for re-use are passed to the Freedom of Information Team and that documents are appropriately licensed before publication.

TRAINING

The Freedom of Information Team can provide advice and assistance to staff on the management of requests for re-use and licensing arrangements.

IMPLEMENTATION

The Freedom of Information Team will be responsible for implementing this policy ensuring that requests for re-use are managed in accordance with the Regulations.

FURTHER INFORMATION

The Re-use of Public Sector Information Regulations 2015

National Archives

UK Government Licensing Framework for Public Sector Information 2013

REVIEW

This Policy will be reviewed after 3 years, or sooner, as required.

APPENDIX 1 – TEMPLATE COPYRIGHT NOTICES AND STATEMENTS UNDER OGL

Online information resources (including website statements)

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APPENDIX 2 – TEMPLATE COPYRIGHT NOTICES AND STATEMENTS FOR NON-COMMERCIAL GOVERNMENT LICENCE

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PWYLLGOR DIGIDOL, DATA AC ARLOESI
DIGITAL, DATA AND INNOVATION COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Information Governance Sub-Committee (IGSC) Annual Report 2025 - 2026
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Anthony Tracey, Digital Director

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

In line with Standing Orders the IGSC must submit an Annual Report to the Digital, Data and Innovation Committee through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Groups it has established, setting out how the Sub-Committee has met its Terms of Reference during the financial year.

Cefndir / Background

The IGSC annual report confirms Information Governance compliance, assuring the Health Board and Executive Team that strong governance and security standards have been maintained, and decisions align with all regulatory requirements.

Asesiad / Assessment

This report introduces the Information Governance Sub-Committee (IGSC) Annual Report for the Financial Year 2025–2026, confirming that the IGSC’s activities throughout the year were conducted in accordance with its Terms of Reference. The report consolidates and summarises all reports previously presented to the DDIC over the past year, drawing attention to significant issues relevant to the Health Board, particularly in the areas of Information Governance and Cyber Security, and aligning with both national and local objectives.

Argymhelliad / Recommendation

The Committee is asked to APPROVE the Information Governance Sub-Committee Annual Report confirming that the Sub-Committee is operating effectively and in line with the Terms of Reference.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.22 Receive assurance through Sub-Committee Update Reports and other management/task & finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	9 Digital plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	IGSC - Information Governance Sub-Committee IG – Information Governance
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Mewn Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to In-Committee Digital, Data and Innovation Committee:	IGSC

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	N/A
Risg: Risk:	N/A
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A

INFORMATION GOVERNANCE SUB-COMMITTEE (IGSC)

ANNUAL REVIEW REPORT

2025/2026

1. Introduction and Chair's summary

In line with Standing Orders the Information Governance Sub-Committee must submit an Annual Report to the Board through the Chair within 6 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Sub-Committees it has established, setting out how the Committee has met its Terms of Reference during the financial year.

The Board uses this annual report to inform:

- The ongoing development of its governance arrangements, including its structures and processes:
- Its Board Development Programme, as part of an overall Organisation Development framework.

Chairs Reflections

As Chair of the Information Governance Sub-Committee, I am pleased to reflect on another year of steady progress and strengthening assurance across Hywel Dda University Health Board. Throughout 2025 – 2026, the Sub-Committee has continued to provide robust oversight of information governance arrangements, supporting compliance with statutory requirements while responding to emerging organisational risks and priorities.

The Sub-Committee has maintained a strong focus on governance and assurance, overseeing the review and approval of a wide range of Information Governance, Information Security, Records Management, and Digital policies. This has ensured that written control documentation remains current, aligned with national standards, and responsive to developments in cyber security, mobile working, and digital asset management.

A significant achievement during the year has been the completion of the repatriation of all records previously held in external storage, bringing records fully under Health Board control. This represents an important reduction in information risk and strengthens compliance with records management and data protection standards. Continued scrutiny of internal storage arrangements reflects the Sub-Committee's commitment to sustainable and secure information management.

Information Governance training compliance has exceeded the national benchmark for the first time, demonstrating positive progress in workforce awareness and engagement. While variation across services remains, the Sub-Committee will continue to monitor this closely and support targeted improvement activity.

Oversight of data quality, clinical coding, audits, and information governance risks has remained central to the Sub-Committee's work. Despite operational challenges, year-end clinical coding performance exceeded national targets, and audit activity continues to inform learning, improvement actions, and training priorities.

Looking ahead, the Sub-Committee will focus on sustaining improvements, strengthening assurance around information assets and third-party risk, and supporting digital transformation while ensuring information governance remains embedded across all services.

I would like to thank Sub-Committee members and colleagues across Information Governance, Records, Digital, and Cyber teams for their continued commitment and professionalism. I am confident that the Sub-Committee will continue to provide strong assurance and leadership in support of safe, lawful, and effective use of information.

Anthony Tracey
Chair of Information Governance Sub-Committee
Digital Director

2. Terms of Reference (ToRs) and Workplan

The ToRs for the Information Governance Sub-Committee is reviewed on an annual basis or following any significant changes. The TORs were last reviewed on 18 March 2026.

The IGSC has a work plan to enable forward planning for the forthcoming year. The workplan is produced to incorporate the duties outlined in the IGSC’s Terms of Reference and any suggested areas of focus identified during the self-assessment process.

The IGSC’s workplan covers a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support Board and Committee’s objectives.

The work plan is regularly updated throughout the year to ensure it remains responsive to emerging issues and risks.

Agenda Items:	Meeting Dates:					
	05/06/2025	16/07/2025	24/09/2025	26/11/2025	21/01/2026	18/03/2026
Part A: GOVERNANCE						
1 Apologies	V	V	V	V	V	V
2 Declaration of Interests	V	V	V	V	V	V
3 Attendance Register	V	V	V	V	V	V
4 Schedule of Meetings	V	V	V	V	V	V
5 Minutes of the previous Meeting	V	V	V	V	V	V
6 Matters Arising and Table of Actions from previous Meeting	V	V	V	V	V	V
7 IGSC - Terms of Reference Review	X	X	X	X	X	V
8 Digital, Data and Innovation Committee (DDIC) - Key Actions and Discussions	V	V	V	V	V	V
9 All Wales Information Governance Management Advisory Group (IGMAG) - Key Actions and Discussions	V	V	V	V	V	V
10 All Wales OSSMB - Key Actions and Discussions	V	V	V	V	V	V
11 All Wales Health Records Management Advisory Group (HRMAG) - Key Actions and Discussions	V	V	V	V	V	V
12 Caldicott Guardian Group (CGG) Meeting - Key Actions and Discussions	V	V	V	V	V	V (TORs)
13 Information Asset Owners Group (IAOG) Meeting - Key Actions and Discussions	V	V	V	V	V	V (TORs)
14 Cyber Security Assurance Group (CSAG) Meeting - Key Actions and Discussions	V	V	V	V	V	V (TORs)
15 Policies and Procedures for Approval	As Required	As Required	As Required	As Required	As Required	As Required
16 IGSC Annual Report	V	X	X	X	X	X
17 IGSC Assurance Report	V	X	X	X	X	X
18 Welsh IG Toolkit Submission (HDUHB)	X	X	X	X	X	V
19 Welsh IG Toolkit Submission (Managed Practices)	X	X	X	X	X	V
20 IGSC Risk Register Update	X	V	X	V	X	V
Part B: Information Services						
22 Clinical Coding Update	X	V	X	V	X	V
23 Data Quality Update	V	X	V	X	V	X
Part C: Information Governance						
24 HDUHB – Information Governance Audits Update.	V	V	V	V	V	V
25 HDUHB’s Corporate and Medical Records Storage Assurance Report – Update.	V	V	V	V	V	V
26 Data Protection Impact Assessments Update Report 2025-2026 (Q1 - Q4)	V (Q4)	V (Q1)	X	V (Q2)	V (Q3)	X
27 Caldicott Guardian Register.	V (Q4)	V (Q1)	X	V (Q2)	V (Q3)	X
28 IG Activity Report, Q2 2025-2026 (including the IG Workplan 2025 - 2026)	V (Q4)	V (Q1)	X	V (Q2)	V (Q3)	X
29 IG Compliance Update.	V	V	V	V	V	V
30 HDUHB’s Privacy Notices Annual Review	X	X	X	X	X	V
31 IG Training and Communications Plan Annual Review	X	X	X	X	X	V
Part D: Cyber Security						
32 Cyber Security Update.	V	V	V	V	V	V
33 Cyber Security Incidents Update.	V	V	V	V	V	V
34 Vulnerability Summary Update.	V	V	V	V	V	V

3. IGSC Sub-Groups

- The **Information Asset Owners Group (IAOG)** reports into the IGSC with its own terms of reference and workplan for the year.

The IAOG's ToRs were last reviewed on 18 March 2026.

In line with their Terms of Reference, the IAO Group is required to provide a report after each meeting.

- The **Caldicott Guardian Group (CGG)** reports into the IGSC with its own terms of reference and workplan for the year.

The CCG's ToRs were last reviewed on 18 March 2026.

In line with their Terms of Reference, the CCG is required to provide a report after each meeting.

- The **Cyber Security Assurance Group (CSAG)** reports into the IGSC with its own terms of reference and workplan for the year.

The CSAG's ToRs were last reviewed on 26 March 2026.

In line with their Terms of Reference, the CSAG is required to provide a report after each meeting.

4. Table of attendance



Membership	05/06/2025	16/07/2025	24/09/2025	26/11/2025	10/02/2026	18/03/2026
Digital Director (Deputy Siro) (Chair)	✓	✓	✓	✓	✓	Apologies
Medical Director (Caldicott Guardian)	✓	✓ (Represented)	X (Not Represented)	✓ (Represented)	X (Not Represented)	✓ (Represented)
Associate Medical Director for Professional Standard (Deputy Caldicott Guardian) (Vice Chair)	Apologies	✓	Apologies	✓	✓	✓
Independent Member	✓	Apologies	Apologies	Apologies	Apologies	✓
Head of Information Governance	✓	✓	✓	✓	✓	✓
Head of Information Services	X	✓	Apologies	X	X	Apologies
Health Records Manager	✓	✓	✓	Apologies	✓	Apologies
Information Governance Manager(SB)	✓	✓	✓	Apologies	✓	✓
Information Governance Manager(AE)	Apologies	✓	✓	✓	Apologies	✓
Information Governance Manager(SE)	✓	✓	✓	✓	✓	✓
Assistant Director of Workforce and OD (HH)	Apologies	✓	Apologies	X	✓	✓
Head of Digital Operations	✓	✓	Apologies	✓	✓	✓
Cyber Security Manager	✓	Apologies	✓	✓	✓	✓
Mental Health Representative	X	X	X	✓	✓	Apologies
Nursing Representative	X	X	X	X	X	X
Therapies & Health Sciences Representative	X	X	X	X	X	X
County/Community Representative	X	X	X	X	X	X
Primary Care Representative	X	X	X	X	X	X
Risk and Assurance Representative	X	✓	✓	✓	✓	Apologies
Legal Services Representative	X	X	X	X	X	X
Freedom of Information Service Representative	✓	X	✓	X	✓	✓
Estates and Facilities Representative	X	X	X	X	X	X
Clinical Engineering Representative	X	X	X	X	X	X
Corporate Archivist / Senior Corporate Records Management Officer	✓	✓	✓	Apologies	Apologies	Apologies
In Attendance						
Senior Information Governance Officer (SG)					✓	✓
Senior Information Governance Officer (SF)	Apologies	✓	✓	✓	✓	✓
Information Governance Officer(LJ)	✓	✓	✓	✓	✓	✓
Information Asset Owners (Pharmacy and Medicine Management)	✓	Apologies	✓	Apologies	Apologies	Apologies
Information Asset Owners (Workforce - Resourcing and Utilisation)	Apologies	Apologies	Apologies	✓	✓	✓
Information Asset Owners (Digital Innovation and transformation)						
Information Asset Owners (Infection Prevention)						
Information Asset Owners (Telecom Operations)						
Information Asset Owners (Pathology)						
Head of Digital Business and Engagement (SB)	✓					
Meeting quorate?	YES	NO	NO	NO	NO	NO

5. Committee Activities – alert, advise and assure.

The IGSC is required to report to the DDIC after each meeting by presenting a report highlighting the key discussion items at the Sub-Committee.

Alert – *The following matters were areas where the Committee was unable to take an assurance or had a lack of confidence that the action in place was sufficient to address the issue satisfactorily and/or it was within the scope of the operational team to resolve and were alerting the Board as engagement action or intervention was required.*

Records Storage Facilities – Internal Estate

- The Sub-Committee noted the successful completion of the repatriation of all records previously held with external storage providers, bringing records fully under Health Board control.
- However, concerns were raised regarding the condition, suitability, and long-term sustainability of some local internal records storage facilities, where initial assessments indicate that environmental, security, and operational standards require further review.

- The Sub-Committee agreed that a formal assessment of internal storage facilities is required to inform future investment and planning, and has requested that this work be progressed as part of the 2026–2027 Digital Operational Plan.

Information Governance Training – Residual Departmental Gaps

- While overall Information Governance training compliance has exceeded the national benchmark, the Sub-Committee was unable to take full assurance that compliance is consistently embedded across all departments.
- Variability remains within certain services, posing a residual risk to compliance and assurance. The Sub-Committee has therefore alerted the DDIC to the need for continued organisational focus and oversight, including escalation through the Mandatory Training Group where required.

Committee Quoracy and Continuity of Assurance

- The Sub-Committee noted that several meetings during the reporting year were not quorate, which limited formal decision-making and assurance in-meeting.
- While scrutiny and escalation mechanisms remained in place, the Sub-Committee highlighted the risk to sustained assurance and governance effectiveness if quoracy challenges persist and requested continued attention to membership attendance and quorum requirements.

Policies and Written Control Documentation

- The Sub-Committee undertook scrutiny of a significant volume of Information Governance, Information Security, Records Management, and Digital policies during the year, including extensions to several All-Wales policies and approval of updated Health Board written control documentation.
- The Sub-Committee highlighted the ongoing risk associated with the volume and frequency of policy renewals, particularly All-Wales policies, and emphasised the need for continued organisational support to ensure timely review, approval, and implementation.

Advise – *The following matters were areas of concern where assurance had been taken on actions in place but required close monitoring.*

- In some instances, particularly where meetings were not quorate, the Sub-Committee was unable to provide formal approval and therefore alerted the Digital, Data and Innovation Committee to ensure that policy extensions and approvals were progressed without delay, maintaining organisational compliance with statutory and regulatory requirements.

Assure – *The following matters were areas where there was confidence that robust actions are in place and are sufficient to address the issues to operate effectively.*

- Across the 2025 – 2026 reporting period, the Information Governance Sub-Committee provided assurance to the Digital, Data and Innovation Committee that effective controls, oversight, and improvement activity were in place across a range of core information governance functions.
- The Sub-Committee provided assurance that the **Information Governance Annual Report** for 2024 – 2025 had been reviewed and approved, recognising the contributions of Information Governance, Records Management, Information Services, Cyber Security, and Digital teams in delivering the programme of work and assurance for the year.
- Assurance was given that **clinical coding** performance recovered and exceeded the national target by year end, achieving 98.3% against a 98% target, demonstrating resilience following earlier workforce challenges and effective service recovery planning.
- The Sub-Committee provided assurance that all records previously held with external storage providers had been fully repatriated, ensuring that **corporate and medical records** are now under full Health Board control and aligned with data governance and compliance requirements.
- Assurance was also taken from sustained improvements in **Information Governance training compliance**, which increased from 77% to over 85%, marking the first time the Health Board achieved the national benchmark and evidencing increased workforce awareness and engagement with IG requirements.
- The Sub-Committee was assured that the **Information Governance audit programme** for 2025 – 2026 was completed, with a thematic review undertaken to identify key strengths, risks, and areas for improvement. Audit findings are being embedded into training plans and guidance to support continuous improvement.
- Regular review of the **Information Governance risk register** confirmed that aligned risks remained within tolerance, with assurance noted regarding the effectiveness of mitigation actions, particularly in relation to records storage risks and cyber security oversight.
- The Sub-Committee provided assurance relating to the governance framework, including the review and approval of the **IGSC Terms of Reference**, and oversight of its sub-groups (Caldicott Guardian Group, Information Asset Owners Group, Cyber Security Assurance Group), confirming that reporting and escalation arrangements remained effective.
- Assurance was also provided that a wide range of **Information Governance, Information Security, Records Management, and Digital policies** were either approved, updated, or extended in line with national requirements, ensuring the Health Board remained compliant with statutory and regulatory expectations despite the volume and frequency of policy renewals.

Information Governance Toolkit Submissions for 2025 – 2026: The Sub-Committee approved the submissions of the Information Governance Toolkits for the Health Board and Managed Practice

Privacy Notice: The annual review of HDUHB's Privacy Notices, as published online, has been completed.

6. Conclusion

The Sub-Committee is satisfied that it continues to operate effectively and in line with the Terms of Reference. Issues have been escalated to DDIC as appropriate.