

INFORMATION GOVERNANCE SUB-COMMITTEE COMMITTEE UPDATE REPORT

Date of last meeting: 16 July 2025 & 24 September 2025

Quoracy: Met 16 July 2025, Unmet 24 September 2025

Report by: Anthony Tracey, Digital Director, Chair

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

Alert (may require discussion)

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

- The condition of the local record storage facility requires formal review, as initial findings suggest that the current operational, security, and environmental standards require attention. A full assessment will be undertaken to evaluate its suitability for future requirements and to inform any necessary upgrades or alternative solutions. This review will form part of the 2026/27 Digital Operational Plan.

Advise (to monitor)

Information Governance Sub-Committee had no matters that they wish to **advise** members of the Digital, Data and Innovation Committee that:

Assure (to note)

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

- The year end clinical coding position was 98.3% against a target of 98%.
- The Health Board has completed the repatriation of all records previously stored with external providers, ensuring full internal control and compliance with data governance standards.
- Compliance with Information Governance training has risen from 77% to 85%, marking the first time the Health Board has successfully achieved the national benchmark.
- The Information Governance audits for the 2025/26 period have been completed, with a detailed analysis conducted to identify key themes and areas for improvement arising from the findings

¹ There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

¹ There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

¹ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Review of Risks

The Sub-Committee reviewed the two risks which are aligned to Group. As part of its review, the Sub-Committee considered the status of each risk, and the current score was deemed in tolerance.

Sharing of learning

The Information Governance Sub-Committee had no matters to alert the Group on this occasion.

Recommendation

The Committee is asked to **NOTE** the report and **TAKE ASSURANCE** from the actions and oversight of the Sub-Committee.

¹ *There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.*

¹ *There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.*

¹ *There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.*

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

| | |
|--|---|
| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 07 October 2025 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Information Governance Sub-Committee (IGSC) Annual Report 2024 - 2025 |
| 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)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

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.

Cefndir / Background

The annual report on Information Governance compliance is crucial for the Health Board and Executive team, as it provides clear assurance that robust governance and security measures have been upheld throughout the year, supporting informed decision-making and ensuring alignment with both national and local regulatory requirements.

Asesiad / Assessment

This SBAR has been prepared to introduce the Information Governance Sub-Committee (IGSC) Annual Report for the Financial Year 2024–2025. Its purpose is to provide assurance to the Board 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 Sustainable Resources Committee (SRC) renamed Finance and Performance Committee (FPC) and the Digital, Data and Innovation Committee (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.

The assurance report is contained in Appendix 1.

Argymhelliad / Recommendation

The Committee are requested to:

- **TAKE ASSURANCE from** the Annual Report included within Appendix 1 and acknowledge the work of the Information Governance Sub-Committee.

| Amcanion: (rhaid cwblhau) Objectives: (must be completed) | |
|---|--|
| Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor: | 2.1.2 That the organisation is discharging its responsibilities with regard to the quality and integrity; safety, security and appropriate access and use of information and data, to support health improvement and the provision of high-quality healthcare. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | Not Applicable |
| 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: | Not Applicable |
| Rhestr Termiau: Glossary of Terms: | IGSC - Information Governance Sub-Committee IG – Information Governance |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Digidol, Data ac Arloesi Parties / Committees consulted prior to Digital, Data and Innovation Committee: | IGSC |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|---|---|
| Ariannol / Gwerth am Arian: Financial / Service: | While the report does not directly quantify financial outcomes, its emphasis on improved governance practices, stakeholder engagement, and sustainability frameworks contributes to long-term financial resilience. |

| | |
|---|--|
| | <p>These efforts support more effective resource allocation, risk mitigation, and compliance, which are essential for maintaining financial stability in a challenging economic climate. The Health Board acknowledges the value of such governance-led approaches in enhancing operational efficiency and supporting its financial recovery objectives.</p> |
| <p>Ansawdd / Gofal Claf: Quality / Patient Care:</p> | <p>The IGSC Annual Report 2024/25 reinforces Hywel Dda University Health Board's commitment to delivering safe, effective, and person-centred care. Through strengthened governance, enhanced risk management, and continuous quality monitoring, the report evidence improvements in patient safety, clinical effectiveness, and service responsiveness. Key initiatives—such as stakeholder-led redesign of care pathways and the integration of lived patient experiences—have contributed to more equitable and compassionate care. These efforts support a culture of learning and transparency, ensuring that quality remains central to all aspects of service delivery.</p> |
| <p>Gweithlu: Workforce:</p> | <p>The IGSC Annual Report 2024/25 reflects Hywel Dda University Health Board's commitment to fostering a digitally confident, informed, and resilient workforce. Through targeted initiatives such as enhanced Information Governance (IG) training—raising compliance above 80%—and the promotion of cyber security awareness, the report demonstrates a proactive approach to workforce development. These efforts support staff in navigating complex data environments safely and effectively, contributing to improved confidence, reduced risk exposure, and a stronger culture of accountability. The integration of IG principles into daily practice empowers staff to deliver safer, more efficient care while supporting organisational sustainability.</p> |
| <p>Risg: Risk:</p> | <p>By embedding robust information governance frameworks—including updated protocols for data protection, incident management, and cyber security—the Health Board has reduced exposure to operational and reputational risks. The report highlights improved oversight mechanisms and increased staff training compliance (exceeding 80%), which collectively support a proactive risk culture and ensure alignment with statutory obligations and best practice</p> |
| <p>Cyfreithiol: Legal:</p> | <p>Through strengthened compliance with statutory obligations—including the UK GDPR, Data Protection Act 2018, and Freedom of Information Act—the Health Board has mitigated legal risk and reinforced its accountability. The report evidences the implementation of updated policies, procedures, and training that support lawful data handling, privacy protection, and transparency. These measures ensure the organisation remains aligned with national legislation and regulatory expectations, safeguarding both patient rights and organisational integrity</p> |

| | |
|------------------------------------|---|
| Enw Da: Reputational: | <p>By demonstrating strong compliance with information governance legislation, proactive risk management, and a commitment to continuous improvement, the report enhances public trust and stakeholder confidence. The Health Board's visible leadership in data protection, cyber resilience, and ethical information use positions it positively within the NHS Wales landscape and supports its strategic ambition to deliver safe, equitable, and person-centred care</p> |
| Gyfrinachedd: Privacy: | <p>The IGSC Annual Report 2024/25 demonstrates Hywel Dda University Health Board's strengthened commitment to safeguarding patient privacy through robust information governance practices. Key developments include enhanced compliance with the UK GDPR and Data Protection Act, improved staff training (exceeding 80% compliance), and the implementation of updated data protection protocols. The Sub-Committee's oversight of confidentiality, subject access requests, and incident management ensures that personal data is handled lawfully, transparently, and securely reinforcing public trust and protecting individual right</p> |
| Cydraddoldeb: Equality: | <p>Not Applicable</p> |

INFORMATION GOVERNANCE SUB-COMMITTEE (IGSC)

ANNUAL REVIEW REPORT

2024/2025

1. Introduction and Chair's summary

In line with Standing Orders the Information Governance Sub-Committee (IGSC) 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 the breadth and depth of work undertaken by the sub-committee over the recent reporting periods. The reports presented over the last financial year demonstrate a sustained commitment to robust governance, continuous improvement, and a culture of transparency and accountability across Hywel Dda University Health Board (HDdUHB).

Governance and Assurance The sub-committee has continued to ensure that all key policies, procedures, annual reports, and terms of reference are regularly reviewed and presented to the main committee for decision. This process not only maintains compliance with statutory and regulatory requirements but also ensures that our governance framework remains current and fit for purpose. The regular review of our Terms of Reference and workplan has enabled us to remain agile and responsive to emerging challenges and priorities.

Records Management and Storage A recurring theme has been the ongoing work to reduce reliance on external storage providers and to improve the management of both corporate and medical records. The successful repatriation of thousands of boxes from off-site storage to internal facilities is a testament to the dedication of our records and information governance teams. This work not only mitigates risk but also supports more efficient and secure access to information.

Clinical Coding and Data Quality The sub-committee has closely monitored clinical coding performance, recognising the challenges posed by staff turnover and the training of new coders. While there have been periods where targets were not met, it is encouraging to see proactive plans in place, including the exploration of automation and artificial intelligence to support coding accuracy and completeness. The annual data quality “deep dives” and regular audits have provided valuable insights, highlighting areas for improvement and informing targeted training and support.

Information Governance Audits and Training Regular audits across our sites have identified both strengths and areas for development, with clear recommendations issued and incorporated into our training plans. Training compliance has shown incremental improvement, though some service areas continue to require focused attention. The introduction of new training resources and alternative delivery methods is a positive step towards increasing engagement and compliance.

Risk Management and Incident Reporting The sub-committee has maintained a strong focus on risk management, with regular reviews of the Information Governance risk register and themed risks. The reduction in risks associated with inappropriate storage facilities is particularly noteworthy. The sub-committee has also overseen the reporting and management of incidents, including notifications to the Information Commissioner's Office, ensuring that lessons are learned and shared across the organisation.

Looking Ahead Looking forward, the sub-committee will continue to focus on improving data quality, supporting the implementation of new technologies, and embedding a culture of information governance across all areas of the Health Board. The planned business for future reporting periods reflects our ongoing commitment to continuous improvement and assurance.

In summary, I would like to thank all members of the sub-committee, as well as the wider information governance, records, and digital teams, for their hard work and dedication. The progress made in key areas is clear, and I am confident that, together, we will continue to strengthen our information governance arrangements for the benefit of our patients, staff, and the wider community.

Anthony Tracey
Chair of Information Governance Sub-Committee
Digital Director

2. Terms of Reference and Workplan

The TOR for the Information Governance Sub-Committee is reviewed on an annual basis or following any significant changes. The TORs were last reviewed on 26 March 2025.

(hduhb.nhs.wales/about-us/governance-arrangements/board-committees/digital-data-and-innovation-committee-ddic/digital-data-and-innovation-committee-22-april-2025/3-2-information-governance-sub-committee-igsc-3as-update-workplan-and-terms-of-reference/).

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.

hduhb.nhs.wales/about-us/governance-arrangements/board-committees/digital-data-and-innovation-committee-ddic/digital-data-and-innovation-committee-22-april-2025/3-2-information-governance-sub-committee-igsc-3as-update-workplan-and-terms-of-reference/

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 TOR were last reviewed on 26/03/2025.

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 TOR were last reviewed on 26/03/2025.

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 TOR were last reviewed on 26/03/2025.

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

4. Table of attendance

| Membership | 17/04/2024 | 06/06/2024 | 24/07/2024 | 18/09/2024 | 12/12/2024 | 28/01/2025 | 26/03/2025 |
|---|--------------------|--|--|--------------------|--------------------|--------------------|--------------------|
| Digital Director (Deputy Siro) (Chair) | V | V | V | V | V | V | V |
| Medical Director (Caldicott Guardian) | X (Represented) | X (Represented) | X (Represented) | X (Represented) | X (Represented) | X (Represented) | X (Represented) |
| Associate Medical Director for Professional Standard (Deputy Caldicott Guardian) (Vice Chair) | V | V | V | Apologies | V | V | V |
| Independent Member | V | V | V | V | Apologies | V | V |
| Head of Information Governance | Apologies | V | V | V | V | V | V |
| Head of Information Services | Apologies | Apologies (representative attended) | V | V | Apologies | V | V |
| Health Records Manager | V | V | V | V | V | V | V |
| Information Governance Manager(SB) | V | V | V | V | V | V | V |
| Information Governance Manager(AE) | V | V | V | Apologies | V | V | V |
| Information Governance Manager(NE) | V | V | V | V | Apologies | V | V |
| Information Governance Manager(SE) | Apologies | V | V | V | V | V | V |
| Assistant Director of Workforce and OD | Apologies | V | V | V | V | Apologies | X |
| Head of Digital Operations | V | V | V | V | V | V | V |
| Cyber Security Manager | V | V | Apologies (representative attended) | X | V | V | V |
| Mental Health Representative | V | V | V | V | V | Apologies | V |
| Nursing Representative | X | V | X | X | X | X | X |
| Therapies & Health Sciences Representative | X | X | X | X | X | X | X |
| County/Community Representative | X | X | X | X | X | X | X |
| Primary Care Representative | X | X | X | X | X | X | X |
| Risk and Assurance Representative | V | V | V | V | V | V | V |
| Legal Services Representative | X | V | Apologies | X | X | V | Apologies |
| Freedom of Information Service Representative | V | V | V | V | V | V | V |
| Estates and Facilities Representative | X | X | X | X | X | X | X |
| Clinical Engineering Representative | X | X | X | X | X | X | X |
| Corporate Archivist | V | V | V | V | V | V | V |
| In Attendance | | | | | | | |
| Information Governance Officer(LI) | V | V | V | V | V | V | V |
| Information Governance Officer(SF) | V | V | Apologies | Apologies | V | V | Apologies |
| Information Asset Owners (Pharmacy and Medicine Management) | V | V | V | V | V | V | Apologies |
| Information Asset Owners (Workforce - Resourcing and Utilisation) | V | | | V | Apologies | V | |
| Information Asset Owners (Digital Innovation and transformation) | | V | | | | | |
| Information Asset Owners (Infection Prevention) | | V | | | | | |
| Information Asset Owners (Telecom Operations) | | V | | | V | | |
| Information Asset Owners (Pathology) | | | | | | | Apologies |
| Meeting quorate? | YES | YES | YES | YES | NO | YES | YES |

5. Committee Activities – alert, advise and assure.

The IGSC is required to report to the Finance and Performance Committee (FPC)/Digital, Data and Innovation Committee (DDIC) after each meeting by presenting a report highlighting the key discussion items at the Sub-Committee.

(Include highlights of work undertaken as headings. Include any decisions made by the Committee. Any feedback from patients or staff)

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.*

Corporate and Medical Records Storage

- The Sub-Committee acknowledged progress in mitigating record storage risks, highlighting the successful return of over 400 boxes from a private off-site facility to the Llangennech records storage site.
- The ongoing strategic issue of storing records and boxes with external storage companies remained a key risk and matter of concern for the Sub-Committee.
- The Sub-Committee received an update on the storage of Swine Flu Vaccination Records and agreed that these files would be brought into Health Board storage and a retention period allocated.
- The Sub-Committee received an update on the storage of records within external facilities and noted progress in moving records back to internal facilities, reducing reliance on external suppliers.

Information Governance Toolkit Submission – Health Board and Managed Practices

- The committee has been informed that HDdUHB did not meet the minimum standards of the IG Toolkit, due to low compliance levels in Information Governance, Records Management, and Cyber Security E-Learning. To fulfil the requirements, HDdUHB must achieve an 85% compliance rate. At the end of the financial year, HDdUHB's overall compliance was recorded at 78%.

Information Commissioner's Office (ICO) Notifications

- Chair noted that there were 5 ICO notifications of Personal Breaches for the previous financial year (2023 – 2024).

Clinical Coding Performance Decline:

- There has been a decline in clinical coding performance due to a reduction in the number of trained coders (down by 3.65 Whole Time Equivalent (WTE) through retirement and career progression). Four new coders have been appointed and are currently in training, but the next 12 months will be challenging to meet the 95% target. The team is exploring artificial intelligence and robotic automation to support coding for high-volume, low-complexity cases.
- The Sub-Committee noted that the Health Board did not meet the clinical coding target for June 2024 (86%), ranking fourth out of eight Health Boards. Only Powys Teaching Health Board and Velindre University NHS Trust achieved the 95% target. However, HDdUHB was still well above the all-Wales average of 70%

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

Records Management Code of Practice: Amendments have been made to the all-Wales code of practice, including splitting retention guidance into separate categories (GP/Primary care, Local Authorities, Secondary care, Community, Mental Health, and Corporate). An additional appendix will be added to cover future inquiries. The GP section has been updated to emphasise that the 20-year long-term condition retention guidance will reside within the primary care record, as these records are retained for the life of the patient.

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.*

Data Quality Update

- The Sub-Committee received and acknowledged an update from the Information Quality Assurance programme on transgender patient record processing, noting the absence of national guidelines despite continued efforts, and expressed thanks for the team's report and recommendations.
- The Sub-Committee received the annual data quality report from the information services team. "Deep dives" covered Clinical Decisions Unit, A&E Activity, Referral to Treatment Times (RTT) Waiting Lists, Ward Discharges, Discharge Lounge Activity, Theatre Completeness, Transgender Patients, Daycare Activity, and Cancelled Admissions. General themes identified included inconsistencies across sites in recording actions. Training and greater monitoring/feedback are being put in place.

Information Governance Audits

- The Sub-Committee approved a schedule of audit visits for 2024/25 to multiple hospitals and care centres within the HDdUHB area.
- Final summary audit reports were issued for audits conducted between June 2023 and February 2024. Each audit received an overall standard of satisfaction and recommendations for improvement. Top themes for improvement (to be incorporated into IG training) include: staff knowledge of information rights, use of WhatsApp, use of personal devices for photographs, lack of IG posters in ward areas, and lack of CCTV posters notifying patients, visitors, and staff.

Cyber Security and NIS Directive: A separate report on cyber security and the Network and Information Systems (NIS) Directive was prepared for the In-Committee Sustainable Resources Committee, providing assurance that this area is being actively monitored and progressed.

Cyber Security Assurance Group: The Sub-Committee received and approved revised terms of reference for the sub-group, noting minor changes to its scope in line with the Network and Information Systems (NIS) directive.

Information Governance Training Compliance: Compliance has marginally increased, reaching 79% in March 2024 and a similar figure for Q1. New mandatory IG, Records Management, and Cyber Security training is now available on the IG

Intranet site. Estates and Ancillary compliance increased to 65%; Medical and Dental remains lowest but increased to 42%.

Items approved by the Committee during the year.

IGSC Annual Report 2023 – 2024 The Sub-Committee approved the report and requested the Sustainable Resource Committee's endorsement.

IGSC Terms of Reference: The Terms of Reference were reviewed and approved by the Sub-Committee, outlining the IGSC's purpose, principal duties, operational responsibilities, membership, quorum, and reporting lines. The IGSC provides assurance on compliance with information governance legislation, guidance, and best practice, and oversees a wide range of IG areas including cyber security, data protection, records management, and information sharing.

Policies and Procedures

- The IGSC requested that FPC extend the expiring **All Wales Policies** during their review. These extensions were approved.
 - 836 - All Wales Information Governance Policy (27 April 2024)
 - 837 - All Wales Information Security Policy (27 April 2024)
 - 495 - All Wales Internet Usage Policy (27 April 2024)
 - 494 - All Wales Email Use Policy
- **Mobile Working Policy:** The Sub-Committee approved changes to the Mobile Working Policy to improve cyber security resilience within the Health Board.
- **Freedom of Information and Environmental Information Policy:** The Sub-Committee approved revisions and requested the Sustainable Resource Committee's endorsement.
- **Third Party Supplier Security Policy:** The Sub-Committee approved revisions and requested the Sustainable Resource Committee's endorsement.
- **Misfiling or Mislaid Patient or Staff Records – Reporting and Escalation Procedure.** The Sub-Committee approved this new procedure and requested the Sustainable Resource Committee's endorsement
- **Unauthorised Access to Patient Records Procedure:** The Sub-Committee approved this procedure and requested the Sustainable Resource Committee's endorsement
- **Written Control Documentation Policy:** The Sub-Committee approved changes to this policy and requested the Sustainable Resource Committee's endorsement
- **Corporate Records Management Policy (Policy Number 347):**
The Sub-Committee approved updates to this policy, confirming it has been through the appropriate consultation and review process.

Information Governance Toolkit Submissions for 2024/25:

The Sub-Committee approved the submissions of the Information Governance Toolkits for the Health Board and Managed Practice

Workforce Privacy Notice: During the review of the Workforce Information Asset Register, it was agreed that the Privacy Notice should reference volunteers and students. The proposed changes were subsequently approved after additional text was added.

6. Conclusion

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