Name of Sub-Committee:	Information Governance Sub-Committee (IGSC)
Chair of Sub-Committee:	Huw Thomas, Director of Finance
Reporting Period:	2nd October 2020

Key Decisions and Matters Considered by the Sub-Committee:

Information Governance Managers Advisory Group (IGMAG)

The Information Governance Sub-Committee (IGSC) noted that there had been a significant amount of work undertaken by the IGMAG during the COVID-19 period, with a number of Data Protection Impact Assessments (DPIA) having to be completed for the plethora of systems that were implemented during and as a result of COVID-19. As a result of the pandemic, a new Privacy Notice has been developed and released throughout the Hywel Dda University Health Board (HDdUHB).

The IGSC were informed that the following items had been discussed by the IGMAG:

- Data protection issues or concerns – European Union (EU) Exit Preparedness.
- Release of a new Information Governance (IG) Toolkit - For Health Boards and Trusts.
- Update to the DPIA for Office 365.
- Initial sight of the DPIA for the Once for Wales Concerns Management System.

Information Asset Owners Group (IAOG)

The main topic discussed was the IAOG work update, and which services were engaging with IG. At previous meetings, concerns were raised that the Primary Care Team had not engaged with the IG Team, however officers reported that this had now changed and the Primary Care Team have now engaged and work is progressing with their Information Asset Register. The IGSC approved a further Information Asset Registers:

- Unscheduled Care, Withybush General Hospital (WGH).

Post meeting note: Additional resource has been provided to the IG Team on a short-term basis in order to complete the remaining Information Asset Audits and Registers.

Information Incidents Caldicott Guardian Group

The IGSC were provided with an update on the re-establishment of the Information Governance and Cyber Security Incident Group in order to review all the breaches that have occurred within HDdUHB. It was agreed that the IGSC would receive a high-level synopsis of the breaches and any themes, and would be informed of any breaches that have been referred to the Information Commissioner's Office (ICO) and their status. It was agreed that future meetings would contain an In-Committee section to provide key members of the IGSC with additional information surrounding the breaches. The Deputy Caldicott Guardian, Deputy Senior Information Risk Owner (SIRO) and Independent Member endorsed this approach.

It was also agreed to establish a Caldicott Guardian Group with a remit to address those issues pertinent to the Caldicott role, including but not limited to those that fall within the sphere of Information Governance, namely the Caldicott Principles into Practice (C-PiP) assessments, the Caldicott Register and Information Sharing agreements in general. The inaugural meeting was held on 25th August 2020, where the terms of reference were approved, together with a standard operating procedure for the holding and maintaining of the Caldicott Register.

Terms of Reference
In line with the HDdUHB Standing Orders, the Terms of Reference for the IGSC were reviewed and subsequently re-approved. In summary, the following changes were noted:

- The Business Planning & Performance Assurance Committee has re-formed to the People, Planning and Performance Assurance Committee (PPPAC).
- A new sub-group, the Caldicott Guardian Group, has been added as a direct reporting group of IGSC.

Clinical Coding
The IGSC were informed of the clinical coding completeness for HDdUHB. Performance improved by 15.1% in May 2020 with 63.5% of episodes coded within one month, compared to 48.4% in April 2020. HDdUHB was 22.7% below the all Wales average of 86.2% for May 2020. Currently, the service is running at approximately 80% capacity. Social distancing guidelines have determined that the teams have been working as part of a "shift pattern" to ensure that space is maintained within the offices.

The IGSC were informed that the additional resources assigned to the Clinical Coding Team have been appointed and are due to start imminently. The IGSC requested a full clinical coding report together with a revised Clinical Coding Plan to be presented at the November 2020 meeting in order to provide assurances that there is a recovery plan in place for the coding completeness.

Information Governance Toolkit – Compliance Update
The IGSC received an update on the reintroduction of the IG Toolkit into NHS Wales. The toolkit is divided into seven distinct areas and these are further divided with several assessments in each of these sections. With this in mind, each area of HDdUHB will be provided with a sub set of questions pertinent to their own work area and in some cases may receive more than one sub set if their activities extend into more than one toolkit area. The IGSC noted that there are three attainment levels to each assessment, these are cumulative and progression only exists if all the elements at the lower level have been achieved, based on the evidence that has been provided. The IGSC observed that there is a significant amount of work to complete the IG toolkit and requested regular updates to ensure that if there are any delays with progress, they would be able to escalate to the necessary Director.

Account Control 3 (AC3) – Approving access requests
The IGSC were reminded that AC3 is a role based access control mechanism developed by NHS Wales Informatics Service (NWIS) for access to such systems as the Welsh Demographic System and other associated systems. The process was designed with the intention to meet the following key objectives:

- Provide safe, appropriate access to demographic data.
- Provide assurance to the governance bodies in Wales.
- Provide a governance model that allows organisations delegate access control responsibly.
- Provide a generic Role Based Access Control (RBAC) for current services, whilst also allowing for future flexibility for other National Services.
- Provide a local and national audit functionality for IG purposes.
- Provide assurance to NHS Digital that a security regime is in place due to the associated access to the spire services and the Patient Demographic Service (PDS).

In order to provide access to these systems, each organisation is required to have an AC3 hierarchy. The IGSC were informed that HDdUHB's required review, and the report proposed a new hierarchical structure for approving requests. The IGSC agreed the following:

- Representation on the National Caldicott Guardian Workgroup. It was proposed and agreed that the following staff roles would be nominated to act as Caldicott Guardian Delegates.

    - Deputy Caldicott Guardian (with the overall responsibility as Caldicott Guardian).

- Head of Information Governance (with the operational responsibility).
- Deputy SIRO, Assistant Director of Digital Services (alternative approver if required).

The process that was subsequently approved is outlined below:

- Any user will place a request to the Service Delegate. The requestor will be required to provide written authorisation from their line manager that this access is essential for their work. This request will then be passed to the Caldicott Delegate for approval. Currently the AC3 system does not have in-built functionality to facilitate this process, therefore it will be completed through e-mail. The IG Team will be responsible for maintaining the register of all requests, which will be recorded on the IG Tracker.

Data Protection Impact Assessments (DPIAs)
The IGSC received a number of DPIAs which have been developed by service users within the IG Team. All of the DPIAs have also been reviewed and approved by the Deputy Senior Information Risk Owner. The DPIAs approved were:
- Staff Benefit Portal.
- National DPIA for Office 365 (for information).
- National DPIA for Test, Trace and Protect (for information).

The IGSC were informed that a number of DPIAs are in production and will be presented at future meetings.

Privacy Notices
The IGSC received a number of privacy notices that have been developed with service users:
- Children's Privacy Notice and Video - To comply with data protection legislation, additional privacy notices have been required to be developed. A Children's Privacy Notice has been created alongside a video in order to capture children of different ages and adults who may find this version easier to understand. The Children's Privacy Notice is clear and presented in plain appropriate language.
- Antibody & Antigen Testing Privacy Notice - The IG Team has worked alongside the COVID-19 Command Centre to produce a targeted Privacy Notice for use when staff book a test.

IG Activity Report Quarter 2
The Head of Information Governance, provided an update to the IGSC, and the following matters were noted:
- There had been an increase in the number of enquiries on Data Protection Framework and Information Sharing. This was due to receiving substantial questions concerning what can be shared and how can the Personal Identifiable Information (PII) be shared securely during the COVID-19 outbreak.
- There was a decrease in the number of personal data breaches notifications, although one was deemed necessary to report to the ICO and is currently being investigated.
- The IG Team has received less subject access requests from patients/staff to access their records. There were also fewer Freedom of Information requests, as well as less police requests.
- There was a slight increase in the Electronic Staff Records (ESR) IG training compliance rate compared to the previous quarter.

Information Governance Audits
The IGSC received a number of updated reports on recent IG audits. The following were considered by the IGSC:

- **Records at Cardigan Hospital – Update**
  Shelving has now been erected within the unit to remove the boxes from the floor area, however the IGSC have requested that this storage container is a temporary storage solution, and is required to be completely empty of records by March 2021.

- **Tregaron Hospital – Update**
  Following the previous IGSC meeting, the Tregaron team and site manager at Tregaron Hospital have removed the records from inside the storage container and placed them within the hospital building; this was to allow for the removal of the container. The Information Asset Owners for the following areas will be required to make arrangements to obtain their records from the site as soon as possible:

    - Finance records.
    - Transition Board records.
    - Ceredigion Primary Care & Planning records.
    - Ceredigion Corporate Strategy records.
    - Patient transport records.

- **Ceredigion Field Hospital (Penweddig School)**
  The Ceredigion Field Hospital at Penweddig School was inspected on 31st July 2020 to determine whether there were any Information Governance & Information Security risks, and to seek assurance that Management Services are taking appropriate actions to ensure that data and assets have been removed following the decommissioning. There were no recommendations from IG.

Matters Requiring People Planning and Performance Assurance Committee Level Consideration or Approval:
- PPPAC are requested to ratify the updated Terms of Reference that have been approved by IGSC.

Risks / Matters of Concern:
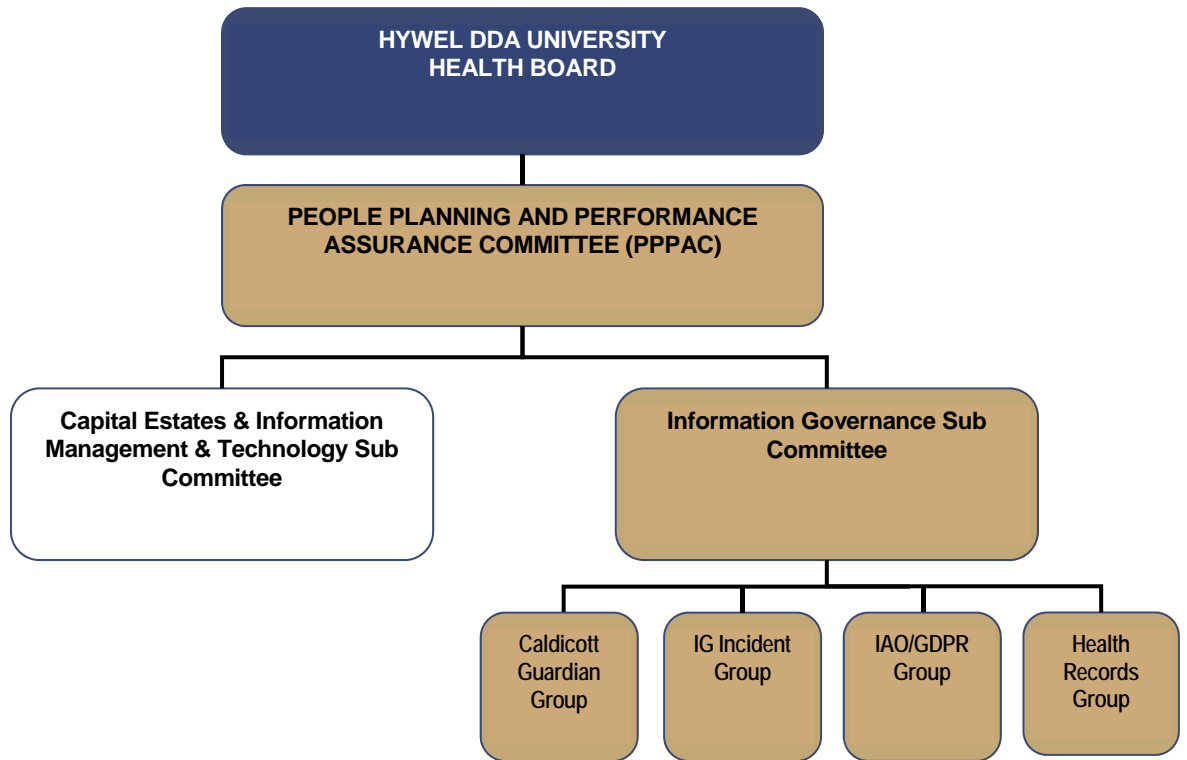- No matters of concerns or risk were raised.

Planned Sub-Committee Business for the Next Reporting Period:
Future Reporting:
- Information Asset Owners and Information Asset Mapping update
- Health Records Group Update
- Data Quality and Clinical Coding
- Information Governance Risk Register
- Information Governance Toolkit
- IG Training Strategy
- Clinical Coding Plan
- Update on Cyber Security
- IGSC Annual Report
- Caldicott Register to be returned to the IGSC meetings

Date of Next Meeting:
Tuesday 3rd November 2020 at 09:00 a.m. – 12:00 noon.

GIG
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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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│  ASSURANCE COMMITTEE (PPPAC)    │
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| Capital Estates & Information Management & Technology Sub Committee | Information Governance Sub Committee |

- Caldicott Guardian Group
- IG Incident Group
- IAO/GDPR Group
- Health Records Group

INFORMATION GOVERNANCE SUB-COMMITTEE

TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V1	Information Governance Sub Committee Integrated Governance Committee	25th Nov 2010 21st Dec 2011	Approved Approved
V2	Information Governance Sub Committee Integrated Governance Committee	11th Nov 2011 20th Dec 2012	Approved Approved
V3	Information Governance Sub Committee Integrated Governance Committee	14th Mar 2013 23rd Apr 2013	Approved Approved
V4	Information Governance Sub Committee Integrated Governance Committee	14th Mar 2014 22nd Apr 2014	Approved Approved
V5	Information Governance Sub Committee Integrated Governance Committee	13th Mar 2015 28th Apr 2015	Approved Approved
V6	Information Governance Sub Committee	19th Jun 2015	Approved
V7	Information Governance Sub Committee	27th July 2015	Approved
V8	Business Planning & Performance Assurance Committee	25th Aug 2015	Approved
V9	Information Governance Sub-Committee	27th November 2015	Approved
V10	Business Planning & Performance Assurance Committee	22nd August 2017	Approved
V11	Information Governance Sub-Committee	30th July 2018	Approved
V12	Information Governance Sub-Committee	11th December 2019	Approved

V12	Business Planning & Performance Assurance Committee	17th December 2019	Approved
V13	Information Governance Sub-Committee	2nd September 2020	

INFORMATION GOVERNANCE SUB-COMMITTEE (IGSC)

1. Constitution

1.1. The Information Governance Sub-Committee (IGSC) has been established as a Sub-Committee of the Business Planning & Performance Assurance Committee[1] and was constituted from 25th November 2010.

2. Membership

2.1 The membership of the Sub-Committee shall comprise:

Title
Director of Planning, Performance, Informatics and Commissioning (SIRO) (Chair)
Assistant Director of Informatics (Deputy SIRO) (Vice Chair)
Medical Director/Director of Clinical Strategy (Caldicott Guardian)
Associate Medical Director for Information and Research/Deputy Caldicott Guardian
Independent Member
Head of Information Governance
Head of Information Services
Health Records Manager
Information Governance Manager(s)
Assistant Director of Workforce and OD
ICT Security Manager
Mental Health Representative
Nursing Representative
Therapies & Health Sciences Representative
County/Community Representative
Primary Care Representative
Head of ICT
Head of Systems and Informatics Projects
In Attendance
Information Governance Officer(s)
Information Asset Owners

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

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[1] Now People Planning and Performance Assurance Committee (PPPAC)

3. Quorum and Attendance

3.1   A quorum shall consist of no less than 6 and must include as a minimum either the Chair (Director of Finance, Planning, Informatics & Performance/SIRO) or the Vice Chair (Assistant Director of Informatics/Deputy SIRO),either the Caldicott Guardian (Medical Director/Director of Clinical Strategy) or the Deputy Caldicott Guardian (Associate Medical Director for Information and Research) and the Independent Member for scrutiny

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 People Planning And Performance Assurance Committee (PPPAC), 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, General Data Protection Regulations (May 2018) and Freedom of Information Act 2000; 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 People Planning and Performance Assurance Committee (PPPAC) 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; Caldicott Principles into Practice (CPIP), 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 People Planning and Performance Assurance Committee 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 People Planning and Performance Assurance Committee (PPPAC).

5.1.10 Provide assurance to the People Planning and Performance Assurance Committee 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 People Planning and Performance Assurance Committee (PPPAC), 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 People Planning and Performance Assurance Committee (PPPAC) 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 People Planning and Performance Assurance Committee as required to feed into the UHB's planning cycle.

5.1.15 Agree issues to be escalated to the People Planning and Performance Assurance Committee 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 Privacy 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 Acts, 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 (Director of Planning, Performance, Informatics and Commissioning), at least **four** 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. Frequency of Meetings

7.1   The Sub-Committee will meet on a bi-monthly basis.

7.2   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.

8. Accountability, Responsibility and Authority

8.1   The Sub-Committee will be accountable to the People Planning and Performance Assurance Committee and shall operate as a Sub-Committee of it.

8.2   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.

8.3   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.

9. Reporting

9.1   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:

9.1.1   Joint planning and co-ordination of Board and Committee business;
9.1.2   Sharing of information.

9.2   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.

9.3   The Sub-Committee may, subject to the approval of the People Planning and Performance Assurance Committee, establish sub-groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business. The following Groups have been established:

9.3.1   Information Asset Owners/General Data Protection Regulations (IAO/GDPR) Group
9.3.2   Information Governance (IG) Incident Group
9.3.3   Health Records Group
9.3.4   Caldicott Guardian Group

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

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

   9.5.1   Report formally, regularly and on a timely basis to the People Planning and Performance Assurance Committee 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;

   9.5.2   Bring to the People Planning and Performance Assurance Committee's specific attention any significant matters under consideration by the Sub-Committee.

10. Secretarial Support

10.1   The Sub-Committee Secretary shall be determined by the Lead Executive Director (Director of Planning, Performance, Informatics and Commissioning).

11. Review Date

11.1   These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Sub-Committee for approval by the People Planning and Performance Assurance Committee.