Enw y Grŵp/Is-Bwyllgor: **Name of Group:**	**Information Governance Sub-Committee (IGSC)**
Cadeirydd y Grŵp/Is-Bwyllgor: **Chair of Group:**	**Huw Thomas, Director of Finance**
Cyfnod Adrodd: **Reporting Period:**	**12th October 2021**

Y Penderfyniadau a'r Materion a Ystyriodd y Grŵp/Is-Bwyllgor:
Key Decisions and Matters Considered by the Group:

Information Governance Sub-Committee – Review of Terms of Reference
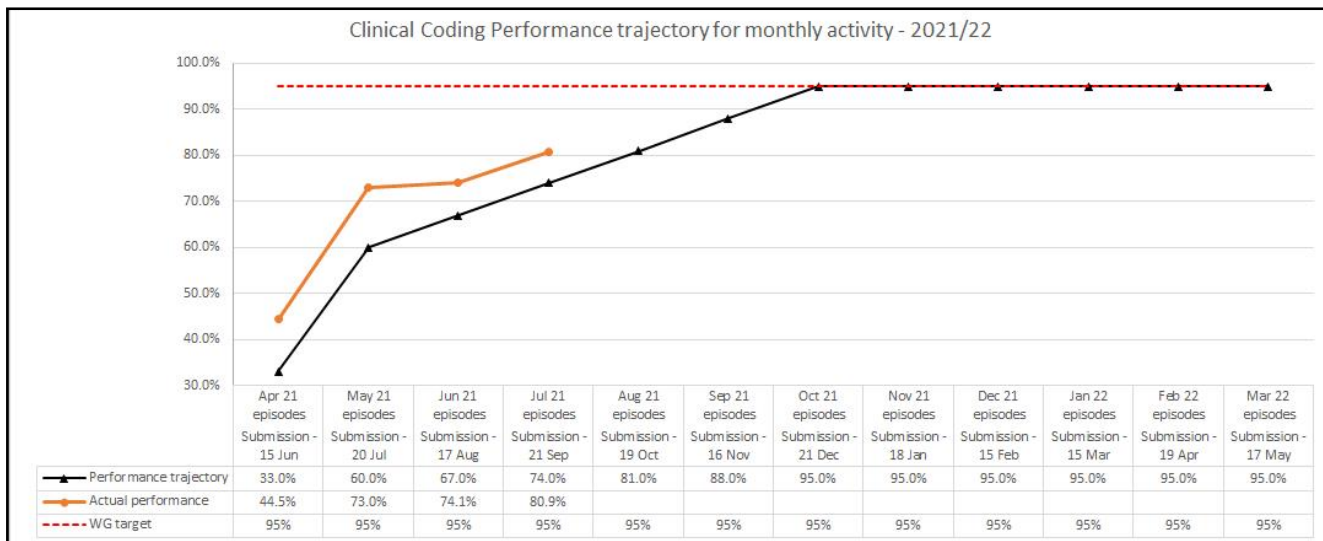The Information Governance Sub-Committee (IGSC) noted and approved the proposed changes to its Terms of Reference. The revised Terms of Reference are attached at Appendix 1 for approval by the Sustainable Resources Committee.

Clinical Coding Update
The Sub-Committee noted the Hywel Dda University Health Board's (HDdUHB) performance for clinical coding is 71.8%, which is below the 95% Welsh Government target requirement. The clinical coding team are still experiencing high levels of sickness and self-isolation as a result of the COVID-19 pandemic, which has affected the number of coders able to be in the office.

The Sub-Committee noted the backlog of 17,796 episodes with a requirement to complete 6,906 episodes to achieve the 95% target. The Sub-Committee was informed that new ways of working will be introduced to allow staff to work from home, whereby the coders will only use the electronic systems available to them to code, which would provide some clarity on the patient's condition. However, the Sub-Committee acknowledged that this may have an impact on the quality of coding being undertaken and were assured that this process would continue to be reviewed to measure effectiveness.

The Sub-Committee noted the current clinical coding trajectory on performance to attain the 95% target from December 2021. The graph below shows that the clinical coding team are ahead of the planned trajectory.

Clinical Coding Performance trajectory for monthly activity - 2021/22

	Apr 21 episodes Submission - 15 Jun	May 21 episodes Submission - 20 Jul	Jun 21 episodes Submission - 17 Aug	Jul 21 episodes Submission - 21 Sep	Aug 21 episodes Submission - 19 Oct	Sep 21 episodes Submission - 16 Nov	Oct 21 episodes Submission - 21 Dec	Nov 21 episodes Submission - 18 Jan	Dec 21 episodes Submission - 15 Feb	Jan 22 episodes Submission - 15 Mar	Feb 22 episodes Submission - 19 Apr	Mar 22 episodes Submission - 17 May
Performance trajectory	33.0%	60.0%	67.0%	74.0%	81.0%	88.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Actual performance	44.5%	73.0%	74.1%	80.9%								
WG target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

Clinical Coding Improvement Plan
The Sub-Committee received the clinical coding improvement plan, which detailed the following improvement themes:
- A training plan for the clinical coding team to ensure that all staff are full trained,
- Reintroduction of the audit and assurance programme,
- Operational dashboards - designed to provide transparency of clinical coding data, such as hospital, specialty and consultant level amongst other views, such as top 10 diagnosis or procedures undertaken per clinician/specialty/hospital.
- Dashboard for the management of the Clinical Coding service and teams available to the Head of Information Services, the Clinical Coding Manager, Clinical Coding Supervisors and the clinical coding team themselves. This dashboard will provide greater staff level detail including the identification of potential errors, the number coded per coder each day, the specialty and case mix that each coder has clinically coded, and other key indicators to support the identification of training needs or possible issues.

Information Governance Toolkit
The Sub-Committee was informed that further work is required to provide a comprehensive improvement plan, which will be presented at the next meeting. The Sub-Committee also discussed the need to supply an IG toolkit response for managed GP practices within the Health Board.

Information Asset Registers
The Sub-Committee was requested to approve seven Information Asset Registers (IARs), following assurance by the Information Asset Owners Group (IAOG) and the Services' Lead Directors:
- Clinical Audit
- Quality Assurance & Safety
- Improvement and Transformation
- Finance - Overseas
- Finance - Corporate Reporting
- Finance - Performance
- Finance - Planning

Information Governance Audit Inspection
The Sub-Committee received a report regarding the off-site storage facility, Logic Document, as a number of services are requesting to place storage boxes within this facility. The Sub-Committee noted several issues of concern around the storage of records in external facilities and requested that further work is undertaken urgently and that this is escalated to the Sustainable Resources Committee.

Information Governance Activity Report Q1 (April - June 2021)
The Sub-Committee received the IG activity report, with the following elements highlighted for information:
- **Enquiries on Data Protection Framework (Data Protection Impact Assessments (DPIA) –** the number of enquiries (**95**) received during **Q2** is exactly the same as in the previous quarter (**95** enquiries), which is a large increase compared to **Q2** of previous year 2020/21 (**65**).
- **Personal Data Breaches –** the number of personal data breaches reported to IG during **Q2** equated to **29,** which is a decrease compared to **Q1** (**37**).

2

It is important to note that of these **29** breaches, **7** were Near Misses.
Most of the incidents fall within the following categories:
- Lost or stolen paperwork / hardware (**2**);
- Disclosed in error (**15**); and
- Unauthorised Access/Disclosure (**4**)

- **Information Security –** The number of Security Service Point Calls **Q2 (114)** has increased compared with the previous **Q1 (55)** as the figures also includes the recording of Cyber Security Service Point Calls following the appointment of a Cyber Security Senior Specialist.
- **Training Compliance** – The IG training compliance has increased slightly with **Q2** recording on average **78.20%** in comparison to the previous quarter (on average **78.08%**). The booking onto ESR Weekly IG virtual training (Microsoft Teams) was rolled out during late February 2021 in order to encourage staff to complete their IG ESR compliance.

The Sub-Committee noted that there is still significant improvement required within the Medical and Dental cohort as the current percentage completion is 35.4%.

Cyber Security and Network and Information Systems (NIS) Directive Update
The Sub-Committee received an update referencing the positive work undertaken to date around the commencement of the vulnerability scanning against servers classified as Infrastructure Standard and Infrastructure Critical. The Group welcomed the improvements on the recommendations of the Stratia report. The work plan created following the Stratia review has 19 actions. The table below shows the progress of these actions, as at the end of September 2021:

	Assessment at June 2021	Assessment at September 2021	Improvement
Complete (Green)	13	17	+4
In-Progress (Amber)	5	2	-3
Behind Schedule (Red)	1	0	-1

National Data Guardian guidance on the appointment of Caldicott Guardians, their role and responsibilities
The Sub-Committee received the national guidance for Caldicott Guardians and were assured that the Caldicott and Deputy Caldicott Guardian will shortly be undertaking refresher training.

Internal Audit Report: Local Deployment of the Welsh Immunisation System (WIS)
The Sub-Committee noted the recommendations included within the Internal Audit report and requested that updates are routinely received by the Sub-Committee for assurance purposes.

Materion y Mae Angen Ystyriaeth neu Gymeradwyaeth Lefel y Pwyllgor Adnoddau Cynaliadwy:
Matters Requiring Sustainable Resources Committee Level Consideration or Approval:

- The Committee is requested to approve the updated Information Governance Sub-Committee Terms of Reference.

Risgiau Allweddol a Materion Pryder:
Key Risks and Issues / Matters of Concern:

- The resources required to complete the Information Governance Toolkit for those managed GP practices.
- The wider strategic issue for the storage of records and boxes within external storage companies.
- The Information Governance e-learning compliance for Medical and Dental colleagues, currently at 36%.
- The continued resources required to sustain the improvements in cyber security, with the establishment of a cyber resilience team.

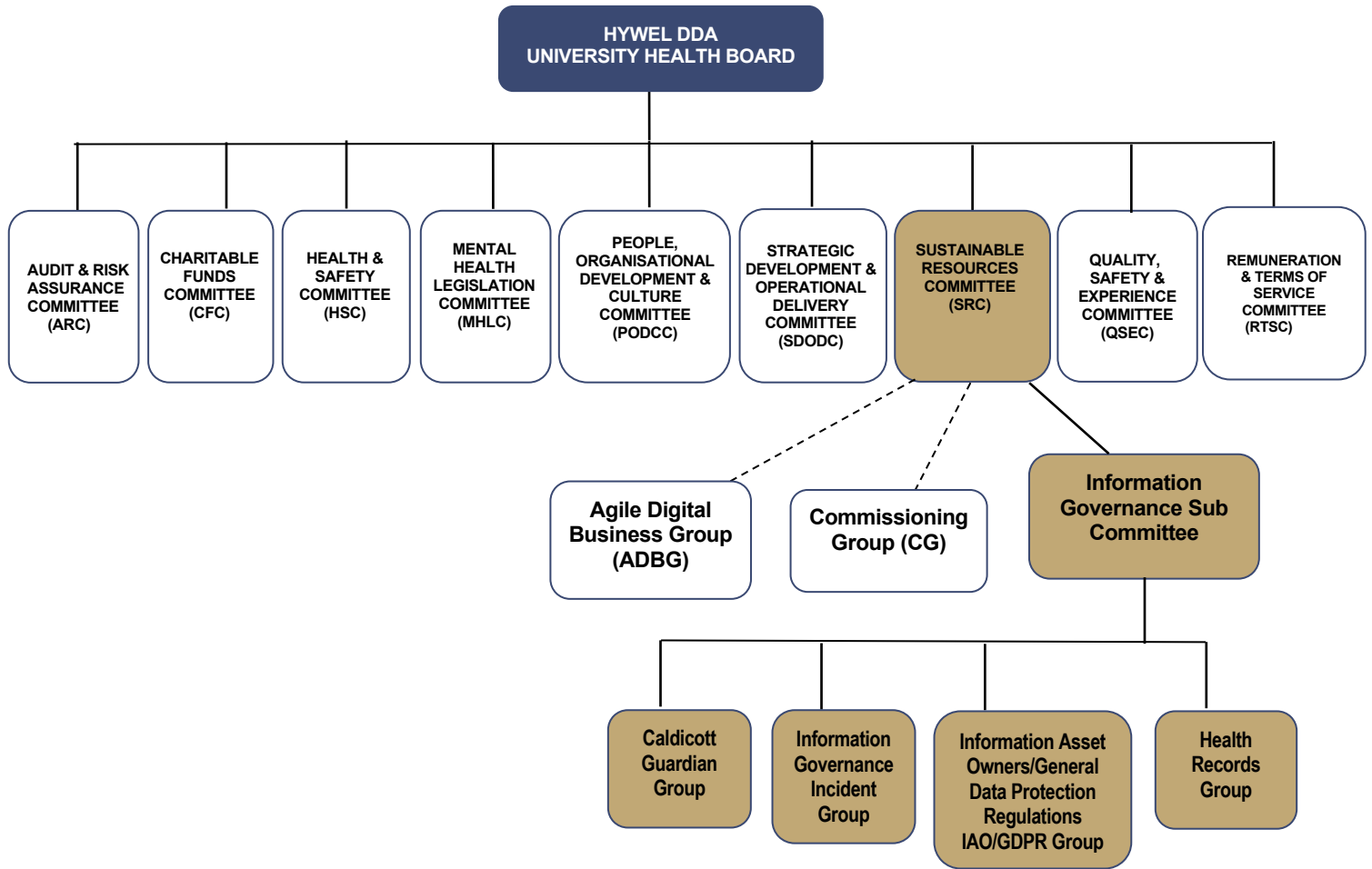| |
|---|
| **Busnes Cynlluniedig y Grŵp/Is-Bwyllgor ar Gyfer y Cyfnod Adrodd Nesaf:**
 Planned Group/Sub-Committee Business for the Next Reporting Period: |
| **Adrodd yn y Dyfodol:**
 Future Reporting: |

- Information Asset Owners and Information Asset Mapping Update
- Data Quality and Clinical Coding
- Information Governance Risk Register
- Information Governance Toolkit
- IG Training Strategy
- Update on Cyber Security / NISR
- Caldicott Register to be returned to the IGSC meetings
- Digital / IG Policies and Procedures

Dyddiad y Cyfarfod Nesaf: **Date of Next Meeting:**

3rd December 2021

HYWEL DDA UNIVERSITY HEALTH BOARD

Organisational chart showing the Hywel Dda University Health Board and its committees: Audit & Risk Assurance Committee (ARC), Charitable Funds Committee (CFC), Health & Safety Committee (HSC), Mental Health Legislation Committee (MHLC), People, Organisational Development & Culture Committee (PODCC), Strategic Development & Operational Delivery Committee (SDODC), Sustainable Resources Committee (SRC), Quality, Safety & Experience Committee (QSEC), Remuneration & Terms of Service Committee (RTSC).

Under the Sustainable Resources Committee (SRC): Agile Digital Business Group (ADBG), Commissioning Group (CG), and Information Governance Sub Committee. Under the Information Governance Sub Committee: Caldicott Guardian Group, Information Governance Incident Group, Information Asset Owners/General Data Protection Regulations IAO/GDPR Group, and Health Records Group.

INFORMATION GOVERNANCE SUB-COMMITTEE

TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V1	Information Governance Sub Committee Integrated Governance Committee	25th November 2010 21st December 2011	Approved Approved
V2	Information Governance Sub Committee Integrated Governance Committee	11th November 2011 20th December 2012	Approved Approved
V3	Information Governance Sub Committee Integrated Governance Committee	14th Marc 2013 23rd April 2013	Approved Approved
V4	Information Governance Sub Committee Integrated Governance Committee	14th March 2014 22nd April 2014	Approved Approved
V5	Information Governance Sub Committee Integrated Governance Committee	13th March 2015 28th April 2015	Approved Approved
V6	Information Governance Sub Committee	19th June 2015	Approved
V7	Information Governance Sub Committee	27th July 2015	Approved

1

V8	Business Planning & Performance Assurance Committee	25th August 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	Approved
V14	People Planning & Performance Assurance Committee	Via Chair's Action	Approved
V15	Information Governance Sub-Committee	12th October 2021	Approved
V15	Sustainable Resources Committee	28th October 2021	For Approval

2

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 and constituted from 25th November 2010. Since August 2021, the IGSC reports to the Sustainable Resources Committee (SRC).

2. Purpose

2.1 The purpose of the Information Governance Sub-Committee is to provide assurance to the ~~People Planning and Performance Assurance Committee~~ Sustainable Resources Committee, ~~which is a Committee of the Board~~ on compliance with information governance legislation, guidance and best practice, and to:

2.1.1 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.

2.1.2 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 Regulations 2016 (implemented May 2018) and Freedom of Information Act 2000; and any relevant requirements, standards and codes of practice.

2.1.3 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).

3. Operational Responsibilities

3.1 The Information Governance Sub-Committee will:

3.1.1 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.

3.1.2 Ensure that good information governance practice is integrated into service and project delivery plans and pathways across the UHB.

3

3.1.3 Ensure openness, security, quality and legal compliance in all information produced, utilised and reported by the UHB and its partners.

3.1.4 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

3.1.5 The Sub-Committee is responsible for recommending policies and procedures relating to information governance to the Sustainable Resources Committee, People Planning and Performance Assurance Committee (PPPAC) for approval.

3.1.6 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 Wales Office, Healthcare Inspectorate Wales and Internal Audit recommendations.

3.1.7 Provide appropriate information governance assurance in relation to any high-level projects and plans that are monitored through and reported to the Sustainable Resources Committee People Planning and Performance Assurance Committee including the UHB's performance management framework and reporting template.

3.1.8 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.

3.1.9 Inform and report the UHB's performance, action plans, and identified risks connected to information governance and information security to the Sustainable Resources Committee. People Planning and Performance Assurance Committee (PPPAC).

3.1.10 Provide assurance to the Sustainable Resources Committee ~~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.

3.1.11 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.

3.1.12 Develop an annual work plan and report, for sign off by the Sustainable Resources Committee ~~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.

3.1.13 Provide assurance to the Sustainable Resources Committee ~~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.

3.1.14 Take forward any work identified by the Sustainable Resources Committee ~~the People Planning and Performance Assurance Committee~~ as required to feed into the UHB's planning cycle.

3.1.15 Agree issues to be escalated to the Sustainable Resources Committee ~~the People Planning and Performance Assurance Committee~~ with recommendations for action.

3.1.16 Consider the information governance implications for the Health Board of review reports and actions arising from the work of external reviewers.

3.1.17 Ensure that there is a process of Data Protection ~~Privacy~~ Impact Assessment in accordance with Information Commissioner's guidance.

3.1.18 The Health Board is meeting its legislative responsibilities, e.g., Data Protection and Freedom of Information ~~Acts~~ Legislation, as well as complying with national Information Governance policies and Information Commissioners Office guidance.

<u>Cyber Security</u>

3.1.19 The promotion of information security throughout the Health Board.

3.1.20 The review and recommendation for the approval of all information security related policies and procedures.

3.1.21 The monitoring of progress in programmes to achieve compliance / certification with ISO27001.

5

3.1.22 The monitoring of progress in programmes to achieve compliance / certification with Cyber Essentials Plus.

3.1.23 The review and monitoring of security incidents both locally and nationally, identifying their root cause, any resolution and future prevention.

3.1.24 Reviewing information security risk assessments and improvement plans.

3.1.25 Consideration of solutions to improve security.

3.1.26 Monitoring and auditing compliance with standards and policies.

3.1.27 Receiving and reviewing information security related reports (e.g. internal audit).

3.1.28 Reviewing and commenting upon the security impact of information system development.

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

4. Membership

4.1   The membership of the Sub-Committee shall comprise:

Title
Director of Finance (SIRO) (Chair)
~~Assistant Director of~~ Digital Director (Deputy SIRO) (Vice Chair)
Medical Director/~~Director of Clinical Strategy~~ Deputy CEO (Caldicott Guardian)
~~Associate Medical Director for Information and Research~~ AMD Leadership & Professional Standard /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 Digital Operations ~~ICT~~
Head of Systems and Informatics Projects
In Attendance
Information Governance Officer(s)
Information Asset Owners

6

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

5.   Quorum and Attendance

5.1   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~~ Digital Director ~~of Informatics~~/Deputy SIRO), either the Caldicott Guardian (Medical Director /~~Director of Clinical Strategy~~ Deputy CEO) or the Deputy Caldicott Guardian (AMS Leadership & Professional Standard ~~Associate Medical Director for Information and Research~~) ~~and the Independent Member for scrutiny~~.

5.2   An Independent Member shall attend the meeting in a scrutiny capacity.

5.3   Additional members may be co-opted to contribute to specialised areas of discussion.

5.4   Any senior manager of the UHB or partner organisation may, where appropriate, be invited to attend.

5.5   Should any member be unavailable to attend, they may nominate a deputy to attend in their place subject to the agreement of the Chair.

~~5.6   The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Information Governance Sub-Committee.~~

5.7   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.

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 Finance ~~Planning, Performance, Informatics and Commissioning~~), 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. 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 Sustainable Resources Committee ~~People Planning and Performance Assurance Committee~~ for its performance in exercising the functions set out in these terms of reference.

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 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:

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.

8

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 Sustainable Resources Committee the People Planning and Performance Assurance Committee on the Sub-Committee's activities. This includes the submission of a Sub-Committee update report 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 Sustainable Resources Committee's 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 Director (Director of Finance).

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 Sustainable Resources Committee People Planning and Performance Assurance Committee.