

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 2 June 2025
Title:	Information Governance Committee Annual Report 2024-25
Responsible Director:	Dr Crawford McGuffie, Medical Director & Caldicott Guardian
Report Author:	Mr Marc Mazzucco, Non-Executive Director Mrs Marie Lynch, interim Head of Information Governance Mrs Angela O'Mahony, Committee Secretary

1. Purpose

This is presented to the Board for:

- Awareness

This paper relates to:

- Government policy/directive
- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Safe, Effective and Person Centred

2. Report summary

2.1 Situation

The Information Governance Committee provides an assurance report annually which sets out key achievements through the year in discharging its remit.

The approved Information Governance Committee annual report, self-assessment checklist, assurance mapping and NHS Board reporting for 2024-25 are presented to provide an update on the work of Committee and assurance that the Committee has delivered its remit.

2.2 Background

Each NHS Board Governance Committee is required to provide an annual report to Committee and the Board to provide assurance that the Committee has discharged its role as set out in the agreed Terms of Reference. The Committees' approved Terms of Reference and information on the composition and frequency of the Committee is considered as an integral part of the Board Standing Orders.

The Governance Committee annual reports are part of the overall assurance mechanism for the NHS Board and are considered by the Audit Committee in order to

provide assurance in support of the Board's annual governance statement that the committees have fulfilled their remit.

Further to recommendation by internal audit, committees are now required to complete a yearly self-assessment checklist, assurance mapping and NHS Board reporting templates in addition to the annual report, to further support the review of committee effectiveness.

2.3 Assessment

The suite of information provided in the Information Governance Committee annual report details the membership and provides assurance that the Committee has effectively discharged its responsibilities as detailed in the Terms of Reference (TOR).

Key Messages

- 2024/25 has been another challenging year for the Information Governance (IG) team due to staffing pressures coupled with an ever increasing workload.
- An IG Assurance Officer was appointed to support the Freedom of Information and Corporate Records Management functions within IG and started in post in September 2024.
- NHS Ayrshire & Arran has managed to maintain a high level compliance in all areas of IG despite these challenges.
- Strong relationships continue to be engendered throughout the Board resulting in:
 1. A more proactive approach to IG by Directorates
 2. Services readily adopting best practice
 3. Active engagement with the IG team to bring about remedial change, when required.

2.3.1 Quality/patient care

Ensuring good IG in monitoring delivery of programmes across NHS Ayrshire and Arran supports the effective delivery of quality, patient-centred services.

2.3.2 Workforce

This assurance report has no workforce implications for the organisation.

2.3.3 Financial

There are no financial implications.

2.3.4 Risk assessment/management

The annual report process ensures an assessment of committee business against the agreed Terms of Reference. This mitigates against the risk of any gaps in assurance and supports NHS Ayrshire & Arran Board's annual assurance statement.

2.3.5 Equality and diversity, including health inequalities

An impact assessment has not been completed because this is an assurance reporting paper.

2.3.6 Other impacts

- Best value - Reporting ensures sound governance and accountability.

- Compliance with Corporate Objectives - Providing this assurance report supports compliance with objectives on quality, safety, improved patient experience and a learning organisation

2.3.7 Communication, involvement, engagement and consultation

This paper requires no engagement with external stakeholders.

2.3.8 Route to the meeting

The paper was presented to the Information Governance Committee on 12 May 2025 and approved by members.

2.4 Recommendation

For awareness. Board Members are asked to note the progress of the Information Governance Committee in 2024-25 and to take assurance from this report that the Committee has delivered its remit.

3. List of appendices

Appendix 1 - Information Governance Committee Annual report 2024-2025:

- Appendix 1 – Self-Assessment Checklist
- Appendix 2 – Assurance Mapping Report 2024-2025
- Appendix 3 – Reporting to the Board 2024-2025

NHS Ayrshire & Arran Information Governance Committee

Annual Report for 2024/25

1. Summary

- 1.1 This Annual Report together with the Committee Effectiveness Checklist, assurance mapping and NHS reporting documents, provides detail on the activities of the Information Governance Committee, the membership and attendance and gives assurance that the Committee has discharged its remit and duties as defined in the Terms of Reference.

1.2 Key Messages

- 2024/25 has been another challenging year for the Information Governance (IG) team due to staffing pressures coupled with an ever increasing workload.
- An IG Assurance Officer was appointed to support the Freedom of Information and Corporate Records Management functions within IG and started in post in September 2024.
- NHS Ayrshire & Arran has managed to maintain a high level compliance in all areas of IG despite these challenges.
- Strong relationships continue to be engendered throughout the Board resulting in:
 - 1. A more proactive approach to IG by Directorates
 - 2. Services readily adopting best practice
 - 3. Active engagement with the IG team to bring about remedial change, when required.

2. Remit

- 2.1 The Committee's remit is defined in the TOR as "To provide assurance to the NHS Board that information governance is being discharged in relation to the Board's statutory duty for quality of care".

Duties and evidence of reporting and information used to discharge these are provided in Appendix 2 & 3 with the Committee having acted within its defined Authority during the year.

3. Membership

- 3.1 The Committee's membership during the reporting period was as follows:

Mr Marc Mazzucco, Non-Executive Board Member (Chair)
Ms Sheila Cowan, Non-Executive Board Member (Vice Chair)

Mrs Jean Ford, Non-Executive Board Member
 Mrs Sharon Morrow, Non-Executive Board Member (joined 6 January 2025)
 Cllr Douglas Reid, Non-Executive Board Member

Ex-officio Members:

Mrs Lesley Bowie, Board Chair
 Ms Linda Semple, interim Board Chair (June to December 2025)
 Ms Claire Burden, Chief Executive (Senior Information Risk Owner)
 Dr Crawford McGuffie, Medical Director and Caldicott Guardian
 Ms Marie Lynch, interim Head of Information Governance & Data Protection Officer
 Mrs Nicola Graham, Director of Infrastructure & Support Services

4. Meeting

- 4.1 The Committee met on four occasions between April 2024 and 31 March 2025.
- 4.2 The NHS Board has previously agreed that attendance at Committee meetings should be recorded in the relevant Annual Report. The attendance record of each member is shown below (Y indicates attended).

Member	Dates			
	29/04/2024	02/09/2024	11/11/2024	24/02/2025
Marc Mazzucco – Chair	Y	Y		Y
Sheila Cowan – Vice Chair	Y	Y	Y	Y
Jean Ford	Y		Y	Y
Mrs Sharon Morrow - joined 06/02/2025				Y
Douglas Reid		Y		Y
Neil McAleese (for quorum)		Y Part mtg	Y	

5. Committee Activities

- 5.1 As evidenced in Appendix 2 – Assurance Mapping, Committee activity and assurance is delivered through a suite of regular update reports which are submitted throughout the year. These enable compliance to be monitored with actions put in place where improvement, change etc. is necessary.
- 5.2 NHS Ayrshire & Arran has a high level of compliance in all areas of information governance (albeit improvements are required and being progressed) which has been evidenced through a number of sources including:
- Network & Information Systems (NIS) Audit
 - Public Records (Scotland) Act 2011 (PRSA) – Keeper review
 - Freedom of Information Compliance
 - Information Commissioner Office (ICO) Assurance audit
 - No action from ICO on reportable breaches (2 reported in 2024/2025)
 - Lead Director/ IGODC reporting

- 5.3 Risks are reported and monitored at every Committee and consideration is given to how information/updates received at each meeting impact on risk profile, with changes made as appropriate.

6. Priorities for 2025/26

- 6.1 The Committee will seek to maintain the current level of compliance as well as promote the Information Governance agenda to encourage best practice in all relevant areas.

Priorities for next year will include:

- Continue to monitor progress with all action plans including NIS, ICO, PRSA
- Monitor FOI compliance recognising the ongoing trend in respect of the rise in requests, taking action as necessary to ensure compliance remains within the Scottish Information Commissioner's (OSIC) acceptable standards.
- Continue to improve and expand on the effective targeted training programme that is now in place
- Further refine Cyber Security Reporting
- Monitor the impact of Microsoft 365 implementation on information governance
- Embed Accountability Framework reporting from IGODG.

7. Chair's Comments

- 7.1 NHS Ayrshire & Arran continues to maintain a high level of compliance against information governance requirements. There is recognition that both internal resource pressures coupled with the increasing workload may impact these high standards going forward.

The contribution of the Information Governance Operational Delivery Group continues to increase and provides greater delineation between delivery and assurance through the committee structures.

Ensuring competent and robust reporting to the Information Governance Committee will be an essential component in continuing to adapt to the dynamic landscape within Information Governance.

The work of the Committee is made easier as a result of the collaborative and co-operative approach of all those who provide input. The Information Governance Team deliver their role to a high standard, often under challenging circumstances, and for that I am very grateful.

The team's efforts on Information Governance contribute to a more safe and controlled environment for staff and patients.

Marc Mazzucco
Chair – Information Governance Committee
April 2025

Appendix 1

Information Governance Committee Annual report for 2024/25

Committee self-assessment effectiveness checklist for 2024/25

The Role and Work of the Committee	Yes / No / NA	Comments
The Information Governance Committee (The Committee) has a clear understanding of its role and authority as set out in its terms of reference.	Yes	ToR are reviewed annually.
The Committee undertakes an annual review of its remit and terms of reference and submits to the NHS Board for approval.	Yes	ToR were reviewed by Committee on 24 February 2025, with no changes made. The ToRs were approved by the NHS Board on 31 March 2025.
The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	Yes	The Board Chair and Head of Corporate Governance review membership annually and provide appropriate membership. There is always the option to co-opt additional expertise.
In discharging its role, the focus of the Committee is on seeking and reviewing assurances rather than operational issues.	Yes	The agenda is focused on assurance. The IGODG has been re-established for over two years and has operational oversight which informs and updates the Committee on areas of improvement, organisation learning and change providing additional assurance.
Remit - the Committee discharges its role to provide assurance that information governance is being discharged in relation to the Boards statutory duty for quality of care.	Yes	There are regular reports on the key areas of information governance compliance with follow up action taken when necessary.
The Committee regularly reviews the strategic risks relevant to its remit and seeks assurance on mitigating controls and actions	Yes	Risk reports are submitted to every IGC meeting, further work will be done to place more emphasis on the control environment.

The Committee identifies further risk for consideration and escalation from the papers presented and discussion.	Yes	A process is in place to escalate any appropriate risks.
The committee receives internal audit reports relevant to its remit and monitors progress against recommendations.	Yes	Internal audit reports are tabled which fall under its remit. The Committee is kept apprised of actions taken to comply with any recommendations.
The Committee has visibility of the mechanisms that are in place to monitor all aspects of its remit.	Yes	This is revisited annually to ensure that the content remains relevant.
The work of the Committee enables it to assure the Board that policies and procedures which are monitored, as relevant to the Committee's remit, are robust.	Yes	Agenda content ensures regular reporting to provide assurance on effectiveness.
The Committee links well with other Board committees and the Board itself, and opportunities are taken to share information, learning and good practice.	Yes	Relevant information is presented to the Board for visibility. The Chair sits on the Integrated Governance Committee.
The Committee produces an annual work plan.	Yes	Produced annually at the start of the financial year and presented at each meeting.
The Committee periodically assesses its own effectiveness.	Yes	Annual governance return and this self-assessment.
Committee Meetings, Support and Information	Yes / No / NA	Comments
The Committee has a designated secretariat	Yes	Angela O'Mahony
The Committee meets regularly, at least four times a year, and this is set out in the Terms of Reference.	Yes	The Committee met on the following occasions: 29 April 2024; 2 September 2024; 11 November 2024; and 24 February 2025.
The scheduling of these meetings is appropriate to meet the body's business and governance needs	Yes	Dates are established as part of the overall plan by the Head of Corporate Governance.
The length of Committee meetings is appropriate to allow the Committee to discharge its role.	Yes	Standard time is 1 ½ hours but there is flexibility.
Papers presented to the Committee are of a high standard and an effective format and ensure that members have access to appropriate information	Yes	Standard template is in place but there is programme of continuous improvement.

The Committee receives adequate information in relation to national policy and direction to enable it to fulfil its role and responsibilities.	Yes	There are regular information flows to enable this to be fulfilled e.g. national Information Governance Forum
The Committee agenda is well managed and ensures that all topics within the remit are considered.	Yes	Annual work plan provides the main structure, pre-meetings with Chair and interim Head of IG & DPO take place.
The agenda and papers are circulated in advance of meetings to allow adequate preparation by Committee members and attendees.	Yes	Papers are routinely circulated at least 5 working days in advance of the meeting. This is in line with the ToR.
Minutes are prepared and circulated as set out in the Terms of Reference.	Yes	
The Committee provides an effective annual report on its own activities.	Yes	An Annual Report is produced which is vetted and approved by Committee members and the Chair.
An action log/matters arising are well managed and indicate who is to perform what and by when.	Yes	A Committee action log is maintained and actively managed.
Committee Membership and Dynamics	Yes / No / NA	Comments
Chair and Membership of the Committee has been agreed by the NHS Board and a quorum set	Yes	Chair and membership of the Committee has been agreed by the NHS Board and quorum of three set.
A Vice Chair of the Committee has been proposed by the Chair and agreed by Committee.	Yes	Sheila Cowan
Membership of the Committee is appropriate with the correct blend of skills, knowledge and experience.	Yes	The Board Chair and Head of Corporate Governance review membership annually and provide appropriate membership. There is always the option to co-opt additional expertise.
All members of the Committee contribute to its deliberations on an informed basis.	Yes	Position is monitored by the Chair.
Committee members are offered an appropriate induction on joining and development opportunities to support them in undertaking their role.	Yes	Information Governance induction provided to all NHS Board Members. Workshops and events are organised where appropriate.
The leadership of the Committee by the Committee Chair is effective and supports input from all members.	Yes	
Committee members attend meetings on a regular basis and if not this is reported to the Board Chair for action.	Yes	One member attended all meetings. All other members attended either 2 or 3 meetings

The Accountable Officer and other senior officers normally attend the committee as considered appropriate, as noted in the terms of reference.	Yes	There was good attendance from ex officio members.
Support provided to the Committee by executives and senior management is appropriate.	Yes	Good support to the Committee is in place from all relevant areas.

DRAFT

Assurance Mapping (Review of papers submitted against the Information Governance Committee Remit 2024)

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

Duties as noted in Terms of Reference approved by Board March 2023	29 April 2024	2 September 2024	11 November 2024	24 February 2025
The Committee is responsible for the oversight of information governance arrangements within NHS Ayrshire & Arran.				
The specific responsibilities of the Information Governance Committee are to:				
Consider and scrutinise the health system's compliance with relevant legislation and performance against national standards with regards to information governance and health and corporate records management.	Update on Information Governance, including: Presentation on One Trust - record of processing activity (ROPA)	Update on Information Governance, including: Public Records (Scotland) Act update (PRSA) - Corporate Records Management	Update on Information Governance, including: Information Governance work programme 2024/25	Update on Information Governance, including: Information Security incident report
Hold the relevant officers of NHS Ayrshire & Arran to account in respect of their compliance with relevant information governance legislation, organisational and national standards.	Information Commissioner's Office (ICO) audit action plan	Information Security incident report	Information Security incident report	FOI annual report
Review action taken by the organisation on recommendations made by the Committee or the NHS Ayrshire & Arran Board on information governance matters.	Information Governance work programme	Freedom of Information (FOI) six monthly report	ROPA update	PRSA update
	Information Asset Register (IAR)	ROPA	ICO audit action plan update	IG work programme 2024/25
	IGODG Minutes	IG work programme 2024/25	IGODG Minutes	IGC Terms of Reference annual review
		ICO audit action plan update		IGC meeting dates for approval
Receive annual reports and quarterly updates on Information Governance performance in order to provide assurance and accountability.				IGODG Minutes

Assurance Mapping (Review of papers submitted against the Information Governance Committee Remit 2024)

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

Duties as noted in Terms of Reference approved by Board March 2023	29 April 2024	2 September 2024	11 November 2024	24 February 2025
Monitor and review risks falling within its remit.	Strategic Risk Register	Strategic Risk Register	Strategic Risk Register	Strategic Risk Register
Provide assurance to the NHS Board on compliance with information governance legislation, organisational and national standards, highlighting issues, breaches and action being taken where appropriate.	√ IGC Annual Report 2023/24 Refer Appendix 3	√ Refer Appendix 3	√ Refer Appendix 3	√ Refer Appendix 3
Consider and scrutinise the health system's compliance with relevant legislation and performance against national standards with regards to IT Security. Monitor and review audit reports and IT Security risks with particular emphasis on Cyber Security and IT Resilience.	Cyber Security update Network and Information Systems (NIS) audit update	Cyber Security update Update on planning for 2024 NIS audit Digital Strategy internal audit update	Cyber Security update	Cyber Security update Cyber Security and Resilience internal audit report

Appendix 3 - Information Governance Committee reporting to NHS A&A Board 2024

Reporting duties	29 April 2024	2 September 2024	11 November 2024	24 February 2025
Reporting action to the NHSAA Board	<ul style="list-style-type: none"> The Committee approved the IGC annual report. Committee members discussed cyber security and the cyberattack at NHS Dumfries and Galloway (NHSDG). Members received assurance that it was unlikely that a similar situation could arise in NHS Ayrshire & Arran due to systems and processes in place locally. <p>The Chief Executive assured that work was ongoing to address the areas of non-compliance identified through NSS recommendations, including identification of funding for a National Cyber Security Centre accredited cyber incident response provider.</p> <ul style="list-style-type: none"> The Committee noted the progress made with the IG action plan and members requested further detail on delivery and compliance timelines that would offer further assurance relating to the continuous improvements required to deliver the plan. The Committee welcomed progress in 2023/24 with the NIS audit, with NHSAA's compliance increasing from 73% to 87%. A NIS audit response and action plan 	<ul style="list-style-type: none"> The Committee discussed the three IG risks in the Strategic Risk Register. Members were advised that a review of Risk ID 557, Compliance, Information Governance, was in process and an update would be provided at the next meeting. There were no risks proposed for escalation or downgrading for this meeting and no emerging risks. Committee members discussed cyber security update and focused work being done to rollout Bitlocker encryption to staff laptops. Committee welcomed the overall progress made in 2023 NIS audit towards achieving compliance. Members received an update on progress in planning for the 2024 audit. Members requested that further narrative be provided in relation to the business continuity/disaster recovery testing plan 2024 to enable members to monitor status and progress in the completion of actions. Committee discussed the significant impact of the recent cyberattack at NHSDG. Members emphasised that it was important to have effective 	<ul style="list-style-type: none"> The Committee discussed in detail the three IG risks in the strategic risk register. All three IGC risks had been reviewed during the reporting period. There was no change to the risk level for two of these risks. For risk ID 856, COVID-19 Inquiries - retention of mail boxes, members recognised the work done to mitigate the risk and approved that this be re-categorised and moved to the operational risk register. There were no emerging risks to report. The Committee received a detailed update on the key areas of activity carried out by the Cyber Security team and the Board's current performance against a number of national Cyber Security measures. Members were assured by the level of activity taking place, commending in particular the significant work done to enable rollout of MS Baseline, as NHSAA was the first Board in Scotland to complete this work. Members acknowledged the workforce pressures facing the IG team, alongside greater workload due to increased numbers of FOI and data rights access requests, as well as 	<ul style="list-style-type: none"> Committee members discussed the two IG risks in the Strategic Risk Register. There were no changes in risk grading, no emerging risks to report and no proposed risks for escalation. The Committee received a detailed update on progress to fulfil the requirements of the Public Records (Scotland) Act from a corporate records management (CRM) perspective. Members welcomed the continuous improvement approach being taken. The Committee requested that future assurance reports should provide greater focus and context, including around areas of low compliance, risk and organisational impact. The Committee reviewed and supported the IGC Terms of Reference with no changes made.

Appendix 3 - Information Governance Committee reporting to NHS A&A Board 2024

Reporting duties	29 April 2024	2 September 2024	11 November 2024	24 February 2025
	was requested for the Committee in September 2024, inclusive of delivery time lines, to enable members to monitor compliance in relation to controls in place and to be put in place.	digital cyber security measures in place, alongside a robust corporate records management process to ensure that the Board held appropriate information in a secure manner.	other data protection queries, many of which were substantial, complex and involved significant work. The team had recruited to some posts which should reduce workforce pressures and help meet workload challenges. Members were assured that a prioritised approach is being taken to ensure the Board meets legislative requirements.	
Confirmed that these were brought to the NHSAA Board	Y / N	Y / N	Y / N	Y / N