Approved by Committee on 17 April 2026

Information Governance Committee
Monday 23rd February 2026 at 9.30am
MS Teams meeting

Present:	Mr Marc Mazzucco, Non-Executive Board Member (Chair) Mrs Jean Ford, Non-Executive Board Member Ms Sheila Cowan, Non-Executive Board Member (Vice Chair) Cllr Douglas Reid, Non-Executive Board Member
Ex-officio:	Dr Crawford McGuffie, Medical Director, Caldicott Guardian Mrs Lesley Bowie, Board Chair Mrs Nicola Graham, Director Infrastructure and Support Services
In attendance:	Ms Marie Lynch, Head of Information Governance Ms Marie Richmond, Assistant Director of Digital Services Mr Martin Duggan, Cyber Security Manager Mrs Rhona Bell, Corporate Records Manager Ms Tara Palmer, Freedom of Information Officer Mrs Eleanor Sands, Committee Secretary (minutes)

1. Apologies for absence

1.1 Apologies were noted from Mrs Sharon Morrow, and Prof Gordon James

2. Declaration of any Conflicts of Interest

2.1 There were no conflicts of interest declared.

3. Draft Minute of the Meeting held on

The minute of the meeting held on 17th November 2025 was approved as an accurate record of the discussion.

4. Matters Arising

4.1 The action log had previously been circulated to Committee members. The following items were noted:

- Ms Sheila Cowan advised there was an item missing from the action log for the Cyber Risk ID603 which should be added.
- The Chair asked regarding items for progress to add an accurate action date and to ensure the items will be completed in time.

- Ms Marie Lynch updated on the actions within the Information Governance Team which are being progressed. Clarification was confirmed regarding the PRSA update, the 2024/25 submission which was not due until 2025/26 due to submissions being every two years.
- The ICO audit action review of policies and procedures is being updated by Ms Shona McCulloch and will be submitted to the CMT. The progress date would be required to change from 28th February as the completion date would not be met.
- Ms Marie Richmond asked for item 6.1 to be closed as the actions are now complete.

4.2 **IGC Work Plan 2026/27** – Committee members noted the work plan with no changes.

5. Risk

5.1 **Information Governance Strategic Risk Register**

Dr Crawford McGuffie, Medical Director, presented the Risk Register report for discussion.

The report was discussed in detail at the Risk and Resilience Scrutiny and Assurance Group (RARSAG) meeting on 23 January 2026.

Members received an update on the changes to the Information Governance Risks. After discussion at the previous Information Governance Committee and feedback over the previous 18 months to two years with adjustments being made to improve reporting for Data Protection, Freedom of Information and Corporate Records, previously Risk ID 557. Cyber Security Risk ID 603 was a high risk and was also due for review. Further reviews of reporting to committees were necessary and all four of the risks were due for review on 30 April 2025.

Dr McGuffie advised to note the report of the following appendices for further clarity:

- The Strategic Risk Register, there were no emerging risks and no risk of termination or proposal of acceptance as a strategic risk.
- Additional details for each risk assigned to Information Governance Committee. Further control methods were added in place of the risk scores for Data Protection and Corporate Records Management which will reduce the risk and will be easier to manage being three separate risks.
- The risk matrix, for further information.

CMcG/ML

In reply to a question regarding the wording on the risk register Dr McGuffie advised it would be re-worded to ensure it is much clearer on the additional controls to be put in place.

Ms Lynch added the following regarding the risks:

- There are a number of policies which are due for review at the end of March for Data Protection, Corporate Records and Freedom of Information risks. Communications will be sent out once they have been finalised.
- A few actions are due to be completed before the end of March which should reduce the risks and will be updated at the next review.

Members suggested that timings should be included in the general action plan to ensure deadlines will be met.

Ms Marie Richmond, Assistant Director of Digital Services, advised in reply to a question in relation to the business continuity, 6.03 whether there are additional controls to ensure they are in place and what the governance and risks would be. The response was confirmed that while working with the Resilience team with the Business Continuity plan it has gone through a governance process which has been completed and in line with other NHS Scotland boards. The Director of Infrastructure and Support Services, Mrs Nicola Graham confirmed the business continuity plan was tabled at the Risk and Resilience Scrutiny and Assurance Group (RARSAG)

Outcome: Committee members noted the report and took assurance from work being done to manage strategic risks which fall under the committee's governance remit.

6. Information Governance

6.1 Information Governance Update Report

Item: Information Security Incident report

Ms Marie Lynch, Head of Information Governance, presented the Information Security Incident Report for discussion for the period of October – December 2025:

- There have been 28 breaches with the numbers slightly lower than previous reports.
- Potential breaches have been identified by the Fair Warning monitoring system where 43 potential incidences with inappropriate access were identified over 25 individuals. This is currently being checked if they are justified accesses.

- The December breach from July 2024 is now closed with a follow up of regular Data Protection training and to ensure Policies and Procedures are up to date, which is being progressed. **ML**
- Fair warning activity is being reviewed regarding non-staff statistics which will be available for the next meeting.
- Datix numbers should rise with more awareness of reporting issues.

MAST Safe information Handling will be reported going forward. The compliance rate from December 2025 was 78% and from the internal review it was highlighted there is not a target compliance rate for modules, a target of 90% was agreed at the previous IGODG meeting.

The Safe information Handling module is being replaced by the new Once for Scotland modules. The content within the module is high level and due to this work is ongoing to create an NHSA&A essentials module with Learning and Development colleagues. **ML**

Outcome: The Chair noted the low numbers on the Mast modules with Nurse Directorate and requested to check for a split with nursing/bank staff, who may not be completing the module.

Item: Freedom of Information annual report

Ms Tara Palmer, Freedom of Information Officer, provided the annual report update.

2025 has been the busiest year so far with 1,086 requests received. Compliance has fallen to 88.6% for 2025. This remains a concern as although NHSA&A are still within the Scottish Commissioner's 'good rating' and do not wish to slip any further and risk an intervention from the Commissioner.

As well as the volume and complexity of requests, it has been noted that some requests have a larger number of questions than others which can be part of the reason for delay and all adds to the pressure of responding on time. Due to this the team are now monitoring it by recording the number of questions received in each request.

MSPs continued to make up a high proportion of requests in 2025 at 25% which was consistent throughout the year. Recently this has fallen to 8% of requests this year to date.
Overall there have been more requests received this year so far than the previous two years.

<u>Internal Reviews</u>
There have been two requests received for review so far in 2026, one of which the applicant does not believe that there is no access to GP data and the second inquiring why it would be out with the cost of compliance to provide information on flexible working. This information is not held centrally.

Seven requests for review were received in 2025.

Staffing
The Information Governance Assurance Officer position is currently vacant.

In reply to a member's question asking if there is a limit on the number of requests or questions which can be asked. Ms Palmer advised if the request is received each year from the same named applicant, we can exempt the repeated information as it has already been provided, and it can just be updated. If the requestor does not name the MSP they are asking on behalf of and there cannot be any link, it would be treated as a new request, but another researcher can ask the same questions. Ms Palmer added that FOI and The Information Team work together for any information published on Public Health Scotland and for any internal reviews received.

In reply to a question from a member regarding FOI processes and how they can be streamlined to eliminate any risks or potential escalation to the Commissioner. Ms Palmer confirmed the team are keeping up with requests and NHSA&A are currently not under intervention and working on this not being escalated to require an intervention. NHSFV is a very unusual case. We are giving services as much information as possible with the request by looking at previous requests and looking at any way of streamlining requests while doing everything possible to assist with the process. A large part of the process is having to send chasing emails to the services, sometimes at least three times before responses are complete. This takes up a large proportion of the time required to respond, and the FOI Officer will look at anything further that can be done to speed up the process.

Ms Lynch confirmed the vacancy for the Information Governance Assurance Officer has now been shortlisted and hope to have a person in post soon once an interview date has been confirmed.

Item: Public Records Scotland Act update

Ms Rhona Bell, Corporate Records Manager, provided the update.

Members received an update on NHSAA's compliance with PRSA and progress with the Records Management Plan. Currently there are no red elements, three ambers and the remaining elements are green. Members received a detailed update on the three amber Elements:

Element 4, **Business Classification Scheme (BCS)** – the Board has adopted the National NHS Scotland BCS developed by the NHS Scotland Records Management Forum. A BCS across all Boards was being considered as part of M365 and SharePoint implementation. The

national team are currently considering a small subset of record types and scoping if they can be built into SharePoint allowing users to classify the documents at the point of creation to make it easier to identify documents and apply the correct retention periods. Awaiting further feedback from the national team.

Element 11, Audit Trail - is currently in an amber status and will remain there until SharePoint is fully implemented. As part of the Corporate Records Improvement Plan directorates are being asked to complete a document storage audit which captures what is being used in each area for shared drives, paper records and MS Teams sites. The completed audits have been requested for return by the end of March for update.

The directorates involved in the Estates Rationalisation & Distributed Working Project at Ailsa are in the process of boxing up paper records which will require to be retained long term but do not need to be accessed daily. These will be deposited into the new central paper store at Ailsa Hospital.

In reply to The Chair's questions regarding clarification about the long term paper store Ms Bell confirmed. The paper records store at Ailsa Hospital was completed in early January and it will hold approximately 840 boxes in one of the rooms, there are another two rooms becoming available shortly which are slightly smaller. Ms Bell confirmed that there is a standard operating procedure in place for users so that they are fully aware of the process for depositing records. It will be controlled within the paper records store with shelf, box and bay numbers listed to ensure exactly where each box is and when it is due for destruction. The box will be easily removed, records destroyed and the boxes are able to be reused. Ms Bell confirmed that some records will be held permanently and other records will be held for a shorter length of time.

Element 15, Public records created or held by third parties – Ms Marie Lynch will cover this element later in the meeting.

Directorate Improvement Plan

The overall percentage continues to increase and currently at 64% compliance in Quarter 1 of 2025/2026

- EAHSCP remain at 0% as they do not have a final plan in place. There have been several attempts made to arrange a meeting and finalise a plan, which have been unsuccessful.
- NAHSCP and Pharmacy remain in the red status and will continue to monitor this.
- I&SS have had the biggest improvement over the previous two quarters.

In reply to the question asked about EAHSCP having no plan approved Ms Bell advised there was an initial plan sent to EAHSCP based on what Corporate Records thought they would require but this has never

been approved or discussed. There are a couple of areas within EAHSCP who are doing the work, but it must be a directorate plan to highlight the overall progress going forward.

Cllr Douglas Reid confirmed to be on the EAHSCP group and requested to have a copy of the email trail to follow this up. Ms Bell confirmed that Craig McArthur and Eric Sutherland have both been contacted. Dr McGuffie agreed to make contact and highlight the concerns. **CMcG/RB**

In reply to an update on Pharmacy and SAHSCP Ms Bell advised that the Pharmacy Champion has been absent recently, however, is in the process of returning, therefore it is hoped that the work will pick back up. SAHSCP have not provided a submission for the previous three quarters, contact has been made with the Champion to offer any assistance.

Organisation wide assurance measures
Both the Corporate Records Management and the Retention & Disposal Policies were approved in January and were sent to the Corporate Records Champions for onward dissemination. Both policies had significant changes in line with the publication of the Code of Practice in August 2024.

Progress Update Review – the PUR was submitted to the PRSA team in mid-February. The Keepers assessment team will assess it and will supply a draft report for any comments with the final report being issued and published in the National Records of Scotland website.

Item: IG work programme 2026/27 update

Ms Lynch provided the update.

The **ROPA** update is normally provided on a 6 monthly basis however it was agreed at the previous meeting an update on the position and timeframes would be provided at this meeting.

NHS Ayrshire & Arran do have a Record of our Processing Activities which contains the information required under Article 30 of the UK GDPR, and this has been recognised in the internal audit. However, the current format would benefit from refinement due to the number of data fields, and the current data set is incomplete.. Following a meeting with IG Leads from other WoS boards, NHS Forth Valley shared their ROPA and NHSA&A have agreed to adopt their template for the following reasons:

- it is easy to navigate
- no cost for NHSA&A
- enables straightforward transfer of the information extracted from OneTrust, which is already held in Excel

- ability to link to associated IG documentation including assessment forms, including DPIAs, and data sharing/processing agreements
- ensures continuity should any future national contract not be extended,
- enable us to quickly complete our ROPA and ensure compliance with our Article 30 obligations
- data is able to be completed within article 30 of obligations

The IG team are in the process of transferring information from the OneTrust extract to the new NHS A&A template. The team have dedicated 2 hours per week to improving the ROPA and have arranged regular meetings to review the progress. This should be increased as more staff join the team. The two posts currently vacant for IG Assurance Officer and Deputy Data Protection Officer have been shortlisted and the current member of staff who is on maternity leave will be due to return later this year. The work should be completed by December 2026.

Outcome: The Chair asked for assurance that compliance will be met by the end of December with article 30 being a priority.

IG Work programme:

Ms Lynch provided an update and advised that a number of outstanding actions have already been closed since the previous update. The closed items have been kept on the programme for awareness.

- Element 4 and 11: will remain as amber status until SharePoint has been fully implemented with a date of March 2027.
- Element 6: is now approved and complete.
- Element 15: is ongoing, the completion date of March 2026 will be reviewed and liaise with Digital Services and Procurement to arrange a timeframe.
- FOI actions: are now complete as deputies have been allocated in the absence of Directors to sign off FOIs. Training will also continue in house.
- M365: is complete
- Control document policy: awaiting submission to CMT
- Recruitment: can be removed as the Head of IG & DPO post is now complete. The two posts for IG Assurance Officer and Deputy DPO have been shortlisted and depending on interviews, they may be able to be removed.

Outcome: Committee members noted the update on the IG work programme 2026/27.

6.2 **Cyber Security Update**

Ms Marie Richmond, Assistant Director of Digital Services provided an introduction to the key areas of activity undertaken by the Cyber Security team.

The paper is being presented to the committee for information

There have been a number of audits completed recently including a Cyber Security Internal Audit by Azets with a recent draft report received and a few actions are due to be completed. Training is currently an issue as the numbers have decreased and with the new national Once for Scotland training module is due to commence which will mean the numbers will drop again due to all staff requiring to complete it. Communication will be required prior to this to encourage staff to complete the module.

Mr Martin Duggan Cyber Security Manager provided a further update with the following points noted:

MAST training compliance has decreased and is currently at 67%. This is mainly due to an issue with Turas and LearnPro which will be resolved with the new national Once for Scotland module which will be completed annually rather than the current every two years process. The new module is unable to be amended locally, and there are a few discrepancies which have been noted with the information not being completely accurate.

As previously mentioned there have been a number of audits completed recently by Cyber Security, namely:

- Network and Information Systems (NIS) audit
- Scottish Government Public Sector 360 Assurance audit
- Cyber Security Internal Azets audit.

In reply to a member's question for Ms Lynch and Mr Duggan regarding the Once for Scotland MAST modules with additional training being provided and what feedback will be received. Mr Duggan added the information was provided by the Learning and Development team with subject matter experts deciding to create a further training module for NHSA&A and unsure what feedback will be received.
Ms Lynch advised the module from an IG perspective was very high level for staff and is the reason for putting additional training in place. Other boards have the same views and will be looking for feedback before the next review date.

Outcome: The committee noted the Once for Scotland MAST modules issues and feedback to be encouraged to other boards.

Item - IG Internal Audit

6.3 Ms Lynch provided the report for awareness.

NHSA&A compliance with Information Governance was recently reviewed by the internal auditors Azets. The audit was overall very positive with a number of areas of good practice.

The following was the main focus of the audit:

- Data Protection, Freedom of Information and Records Management elements.
- To ensure there were adequate policies and procedures for all three elements.
- Ensure there are clearly defined roles and responsibilities for all three elements.
- Adequate training and awareness for staff on all three elements.
- To ensure there are effective processes in place to monitor and manage compliance.
- Adequate reporting and oversight of IG activities.

Key issues raised:

- Data breach register and Compliance, to be regularly reported to IGODG and IGC.
- Policies, review of overdue policies with a completion date of the end of March 2026.
- ROPA, incomplete and in progress
- Subject access for Health records for 28 day reporting should be by calendar month, this is now complete.

Outcome: Committee members noted the progress against the recommendations and completed actions.

7. Corporate Governance

7.1 Information Governance Committee Terms of Reference annual review:

Committee members reviewed the Terms of Reference. It was noted that Dr McGuffie will replace the Chief Executive as the Senior Information Risk Owner.

7.2 Information Governance Committee meeting dates 2026/2027

Committee members received the meeting dates which had previously been circulated and approved by members via e-mail. There would be one in person meeting in May 2026.

7.3 Information Governance Operational Delivery Group

Approved by Committee on 17 April 2026

For awareness - Committee members noted the draft minutes of the group meeting held on 27th October 2025

8. Key issues to report to NHS Board

8.1 Committee members agreed that the following key issues be reported to the NHS Board meeting on 07 April 2026.

- Risk Register – there are three new risks being added from the previous meeting,
- IG Report - EAHSCP for the Director Improvement Plan to be taken forward
- Teams have made great progress with recruitment and actions completed
- The Internal Audit was a good report and thanks to the team for all the efforts

- Dr McGuffie added a special thanks to the teams and for the meeting highlights of the work which has been completed.

10. Any Other Competent Business

There was no other business.

11. Date and Time of Next Meeting

Monday 18th May 2026 at 9.30am, The Board Room, Ayr Hospital

Approved by the Chair, Marc Mazzucco
Date: 17 April 2026