

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 8 June 2026
Title:	Information Governance Committee Annual Report 2025-26
Responsible Director:	Dr Crawford McGuffie, Medical Director & Caldicott Guardian
Report Author:	Mr Marc Mazzucco, Non-Executive Director Mrs Marie Lynch, Head of Information Governance Mrs Eleanor Sands, 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
- Person Centred

This supports the following Corporate Objectives:

- **Better Value** – Delivering innovative and sustainable services for everyone – oversight of information governance, risk, audit and cyber resilience
- **Better Workplace** – Creating a great place for us to work – strengthening accountability, compliance and good governance culture
- **Better Care** – Improving your experience of care – ensuring safe, effective management and use of patient and service information

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 report for 2025/26 is presented to Board Members to report on progress and provide 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.

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

- NHS Ayrshire & Arran maintains a high level of compliance in all areas of information governance and good progress has been made in maintaining and improving during a continued period of system pressures
- Reports are received by Committee to evidence overall levels of compliance and robust processes are in place for monitoring of improvement actions/ issues and risk management. No material issues have arisen during the year

2.3.1 Quality/patient care

Ensuring good information governance in monitoring delivery of programmes across 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 the NHS 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 Best value

- 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 Other impacts

No other relevant impacts

2.3.8 Communication, involvement, engagement and consultation

This paper requires no engagement with external stakeholders.

2.3.9 Route to the meeting

The annual report was considered and approved by Information Governance Committee on 18 May 2026.

2.4 Recommendation

For awareness. Board Members are asked to receive the report for assurance and note the progress of the Information Governance Committee in 2025-2026.

3. List of appendices

Appendix 1 - Information Governance Committee Annual report 2025-2026:

- Annex 1 – Self-Assessment Checklist
- Annex 2 – Assurance Mapping Report 2025-2026
- Annex 3 – Reporting to the Board 2025-2026

NHS Ayrshire & Arran Information Governance Committee

Annual Report for 2025/26

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 (IG), 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

- In 2025/2026 NHS Ayrshire & Arran underwent an internal audit to assess organisational compliance with IG requirements. The audit provided positive assurance with only minor areas for improvement identified.
- In 2025/2026, NHS Ayrshire & Arran received 1065 Freedom of Information requests, an increase of over 7% on 2024 and the highest recorded number of requests received by the board in a financial year. While rising volume and complexity have impacted compliance, performance at 88.8% remains within the Office of the Scottish Information Commissioner's 'good' rating.
- Following a prolonged period of staffing pressures within the IG team, a permanent Head of Information Governance & Data Protection Officer and a Corporate Records Manager were appointed during 2025/26. Recruitment to the Information Governance Assurance Officer and Deputy Data Protection Officer roles has also been completed, supporting a return to full staffing within the team in 2026/27.
- NHS Ayrshire & Arran achieved a score of 99% in the 2025/26 Scottish Government NIS audit cycle. The auditors noted that NHS Ayrshire & Arran are a very highly performing board that had strengthened the compliance profile year on year.
- The IG team continues to actively promote IG across NHS Ayrshire & Arran, fostering strong and effective relationships across the organisation. This has supported a more proactive approach by Directorates and early engagement with the IG team to address and resolve issues where remedial action is required.

2. Remit

2.1 The Committee's remit is defined in the TOR as "To provide assistance 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 Claire Burden, Chief Executive (to end July 2025)
 Mr Gordon James, Chief Executive (from August 2025)
 Dr Crawford McGuffie, Medical Director and Caldicott Guardian (Senior Information Risk Owner)
 Ms Marie Lynch, 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 2025 and 31 March 2026.

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			
	12/05/2025	01/09/2025	17/11/2025	23/02/2026
Marc Mazzucco – Chair	Y	Y	Y	Y
Sheila Cowan – Vice Chair	Y	Y	Y	Y
Jean Ford	Y		Y	Y
Mrs Sharon Morrow - joined 06/02/2025	Y	Y	Y	
Douglas Reid		Y	Y	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
 - IG Internal Audit
 - No action from ICO on reportable breaches (4 reported in 2025/2026)
 - Lead Director/ IGODG 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 2026/27

- 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 and Internal Audit
- Continue to review Information Governance and Cyber Security strategic risks and oversee progress against agreed risk reduction actions.
- 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.
- Embed Accountability Framework reporting from IGODG.

7. Chair's Comments

- 7.1 Despite ongoing resource pressures within the IG team, NHS Ayrshire & Arran has continued to maintain a high level of compliance with IG requirements. This is reflected in the positive findings of the IG internal audit undertaken during 2025/26 and the NIS audit score of 99% for the 2025/2026 cycle.

The appointment of a permanent Head of IG & DPO and a Corporate Records Manager during 2025/26, together with the successful backfilling of the IG Assurance Officer and Deputy DPO posts, will return the IG team to full capacity in 2026/27 and place it in a strong position to further strengthen IG arrangements.

The work of the Committee is greatly supported by the collaborative and constructive approach of all those who contribute. The Information Governance and Cyber Security teams consistently deliver their roles to a high standard and play a key role in promoting a safer and more controlled environment for staff and patients.

Continued, robust and effective reporting to the Information Governance Committee remains essential in enabling the organisation to respond to the dynamic and evolving Information Governance landscape.

Marc Mazzucco
Chair – Information Governance Committee

Approved by Information Governance Committee
18 May 2026

Information Governance Committee Committee effectiveness checklist for 2025-2026

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 23 February 2026, with minor changes made. The ToRs is scheduled for discussion at the NHS Board meeting on 08 June.
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	Eleanor Sands
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: 12 May 2025, 01 Sep 2025, 17 Nov 2025, 23 Feb 2026
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 Head of IG & DPO take place.
The agenda and papers are circulated in advance of meetings to allow	Yes	Papers are routinely circulated at least 5 working days in advance of

adequate preparation by Committee members and attendees.		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	Two members 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.

Annex 2 - Assurance Mapping

(Review of papers submitted against the Information Governance Committee Remit 2025)

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 2025	12 May 2025	01 September 2025	17 November 2025	23 February 2026
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: Information Security incident report Information Commissioner's Office (ICO) audit action plan ROPA update Information Governance work programme	Update on Information Governance, including: Information Security incident report Public Records (Scotland) Act update (PRSA) - Corporate Records Management Freedom of Information (FOI) six monthly report IG work programme 2025/26 ICO audit action plan update IGODG Minutes	Update on Information Governance, including: Information Security incident report Information Governance work programme 2025/26 ROPA update ICO audit action plan update	Update on Information Governance, including: Information Security incident report FOI annual report PRSA update IG work programme 2025/26 IGC Terms of Reference annual review IGC meeting dates for approval IGODG Minutes
Hold the relevant officers of NHS Ayrshire & Arran to account in respect of their compliance with relevant information governance legislation, organisational and national standards.				
Review action taken by the organisation on recommendations made by the Committee or the NHS Ayrshire & Arran Board on information governance matters.				
Receive annual reports and quarterly updates on Information Governance performance in order to provide assurance and accountability.				

Annex 2 - Assurance Mapping

(Review of papers submitted against the Information Governance Committee Remit 2025)

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 2025	12 May 2025	01 September 2025	17 November 2025	23 February 2026
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 2024/25 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 2025 NIS audit	Cyber Security update	Cyber Security update Cyber Security internal audit report

Annex 3 - Information Governance Committee reporting to NHS A&A Board 2025

Reporting duties	12 May 2025	01 September 2025	17 November 2025	23 February 2026
Reporting action to the NHSAA Board	- Committee members discussed in detail the two Information Governance Committee (IGC) strategic risks. Consideration will be given to potential and target risk scores for both of these risks and an update will be provided at the next meeting. There were no changes in risk grading, no emerging risks to report and no proposed risks for escalation or termination. - Cyber security update – Members supported the report's new format and the information provided. Members discussed the ongoing risk related to supplier management and plans to put a supplier list in place to mitigate the risk. Members noted information on staff uptake of cyber security training which indicated that around 30% of staff may not yet have completed the module, with communication planned to encourage staff to complete training. It was recognised that system issues and a break in the link between Learnpro and Turas systems may have resulted in some under-reporting of training compliance. Members were encouraged that the Board had achieved 96% compliance with the	- Committee members discussed the Information Governance Committee (IGC) strategic risk register in detail. For Risk ID557, compliance – information governance, it was proposed to split the risk into three separate risks to allow focus on mitigating actions in these areas. It was recognised that these may not all become strategic risks and some may move to the operational risk register. Further discussion would take place at the Information Governance Operational Delivery Group and Risk and Resilience Scrutiny and Assurance Group, and an update would be provided at the next Committee meeting on 17 November 2025. - The Committee received a detailed Cyber Security report. Members were updated on the phishing simulation exercise which recently took place, including outturns and improvement actions identified as a result. A further phishing simulation exercise would take place in November 2025. Members underlined the importance of staff completing Cyber Security training given the cyber risk to the	- Committee members discussed the Information Governance Committee (IGC) strategic risk register in detail. They agreed the addition of three new strategic risks, Risk 935, Risk 936 and Risk 937. These new risks are intended to replace risk ID 557 and therefore Risk 557 will be removed from the strategic risk register. - The Committee received a detailed Cyber Security report. Members received assurance following a further phishing simulation exercise which recently took place, including outturns and improvement actions identified as a result. - Committee members discussed staffing constraints impacting the delivery of Information Governance obligations and the risk of non-compliance was highlighted. Committee members were in agreement there is a need for a prioritised action plan with clear milestones.	- Committee members discussed the Information Governance Committee (IGC) strategic risk register in detail. It was previously agreed to change the original Information Governance Risk ID557 and would separate into three separate risks covering Data Protection, Freedom of Information and Corporate Records with enhanced control measures applied. This work has now been completed ahead of the scheduled review date of 30 April 2026. It was further noted that there were no emerging risks and no risk of termination or proposal of acceptance as a strategic risk. - The Committee received a comprehensive Records Management update as part of the Information Governance Report which highlighted the Directorate Improvement Plan which is issued to each Directorate on a quarterly basis. East Ayrshire Health and Social Care Partnership (EAHSCP) remain at 0% compliance as a finalised plan has not yet been agreed. It was agreed that Dr Crawford McGuffie and the Head of Information Governance will continue to work with

Annex 3 - Information Governance Committee reporting to NHS A&A Board 2025

Reporting duties	12 May 2025	01 September 2025	17 November 2025	23 February 2026
	Network and Information Systems (NIS) audit, an increase of 9% compared to last year. Feedback from the auditors demonstrated that NHSAA is a high performing Board in this area. - Information Governance – Record of processing activity - as the OneTrust national contract has now ended, the Board is considering the use of another system as part of M365 implementation. Members commended the team for the agile approach taken to extract data from OneTrust before the national contract ended which should enable rapid transfer of information to M365 once a solution has been identified. - Members approved the Information Governance Committee annual report for onward submission to the NHS Board for awareness and assurance that the Committee has fulfilled its remit during the year.	organisation and considered potential approaches to encourage staff uptake of this training. The Executive team would consider further out with the meeting and report back at a future meeting.		EAHSCP colleagues to ensure progress is made. - The Committee commended the significant progress made by the teams, particularly in relation to recruitment and the completion of key actions. - The Internal Audit report was very positive, and thanks were extended to the team for their hard work and continued commitment.
Confirmed that these were brought to the NHSAA Board	Y / N	Y / N	Y / N	Y / N