



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Information Technology and Governance Sub Committee (ITGSC)

Terms of Reference and Operating Arrangements

**To be Approved by the Strategy and Engagement
Committee: Date TBA**

Next Review Due: October 2018

SUB COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

- 1.1 In line with Standing Orders (3.3.1.) and the University Health Board's (the UHB) Scheme of Delegation, the Strategy & Engagement Committee (the SEC) has established the Information Technology and Governance Sub Committee (ITGSC) known as the "Sub Committee" in these terms of reference) to carry out specific aspects of Committee business on its behalf.
- 1.2 The scope of the ITGSC covers information technology, information analytics and information governance. It will cover all functions of Cardiff and Vale University Health Board's (the UHB's) services i.e. primary, community, hospital and specialised care.
- 1.3 The detailed terms of reference and operating arrangements in respect of this Sub Committee are set out below.

2. PURPOSE

The purpose of the ITGSC is to:

2.1 Provide **assurance** to the Strategy and Engagement committee that;

- Clinical Boards and Corporate Services have appropriate processes and systems in place for data, information management and governance to allow the UHB to meet its stated objectives, legislative responsibilities and any relevant requirements and standards determined for the NHS in Wales.
- There is continuous improvement in relation to information governance within the UHB and that risks arising from this are being managed appropriately.
- Information management and technology (IM&T) services are safe and sustainable and that risks are being assessed and managed.
- Effective communication, engagement and training is in place across the UHB for Information Governance and IM&T

2.2 Provide evidence based and timely **advice** to the UHB on matters relating to Information Governance with specific focus on:

- Data Protection, Confidentiality and Privacy
- Information Security
- Data Quality Assurance and Secondary Uses (in particular communication to Welsh Government and other third parties)
- Records Management
- Freedom of Information
- Information Sharing Protocols

2.3 Oversee the direction and delivery of the IM&T **strategy** for the UHB ensuring that it:

- supports delivery of the UHB Integrated Medium Term Plan
- optimises relationships with partner organisations including the NHS Wales

- Informatics Service (NWIS).
- Has arrangements in place to assess and deliver benefits from the use of innovative technology and information for use in decision making.

3. DELEGATED POWERS AND AUTHORITY

In order to achieve its purpose the ITGSC must ensure that:

- The UHB has an appropriate framework of policies, procedures and controls in place to support consistent standards based processing of data and information to meet legislative responsibilities while striking an appropriate balance between openness and confidentiality in the management and use of information.
- There is clarity and consistency in strategic direction, effective leadership and transparency in lines of authority across all areas of the UHB.
- The UHB is working appropriately with partner organisations and other stakeholders in relation to systems and information sharing in a controlled manner in order to provide the best outcome for its citizens.
- All reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the safety, security and use of data, information and systems and that, where these do occur, lessons are learned.
- Sources of internal assurance are in place across all levels of the organisation, with capacity and capability to deliver information that can be relied on.
- Recommendations made by internal and external reviewers are considered and acted upon on a timely basis.
- Risk is being appropriately identified, assessed and mitigated at all levels in relation to information governance, management and technology.

In order to do this the Sub Committee will take the following actions:

3.1 Oversee & Review Policies & Procedures

- Oversee the framework for Information Governance in accordance with the IG Toolkit and Caldicott Principles in Practise (CPiP) requirements
- Monitor progress against a rolling cycle of review for policies and procedures within the framework.
- Consider and review all policies developed within this and recommend to the SEC for approval.
- Oversee the status of operational procedures supporting the policies following their scrutiny and approval by appropriate operational forum.

3.2 Evidence Continuing Improvement

- Receive annual and periodic reports from the clinical boards and corporate services in respect of their IG responsibilities
- Commission and receive an annual self assessment under the Caldicott guidelines
- Receive and consider national and internal audits and assessments against the Caldicott Standards and the relevant Standards for Health Services in Wales
- Approve the annual certification for IM&T under the National Health and Care Standards.
- Commission Audit Programmes as appropriate to assess particular areas of risk identified or of concern to the sub-committee.
- Track the mitigation of actions / improvements identified as part of the above through to appropriate completion.

3.3 Oversee IM&T Strategy & Workplan

- Oversee the direction of an IM&T strategy for the UHB ensuring that it supports delivery of the UHB's Integrated Medium Term Plan objectives and takes into account the NHS Wales Informatics strategies. Recommend it for approval to the SEC.
- Approve the annual business plan for IM&T based on that strategy and inclusive of local implementations of NWIS programme initiatives. Review and agree any changes where appropriate.
- Receive updates from the Senior Clinical IM&T Group and relevant local IT Project Boards constituted to manage and deliver the IM&T Strategic Programme: advising on matters arising as necessary.
- Ensure that all IM&T projects have identified benefits and that there are mechanisms in place for ensuring these are monitored and delivered
- Oversee collaboration with partner organisations and other stakeholders re the implementation and sharing of systems in order to achieve the best outcomes for the UHB's citizens and specifically (but not exclusively) those relating to NHS Wales IM&T strategies and NWIS.

3.4 Provide evidence based and timely advice

- Review and assess current status from the receipt of:
 - Regular data breach reports for :
 - Serious reportable data breaches to the Information Commissioner (ICO) and the Welsh Government
 - Sensitive information (breakglass system)
 - E-mail
 - National and local auditing such as NIIAS
 - Regular reports on
 - freedom of information,
 - subject access requests
 - Data Quality
 - IG risk assessments
 - Incidents – lessons learned from all recorded / reported incidents.
- Receive periodic reports on development, procurement and implementation of national and local IM&T systems to ensure these are consistent across the organization, based upon National ICT standards, progressing according to plan and in line with the national and local strategic directions.
- Receive escalations of any specific programme / project related issues that will have an impact on the overall strategic plan and or could have financial, reputational or political impact on the UHB.
- Consider any escalations from the Senior Clinical IM&T group relating to the compatibility, feasibility, viability, priority and impact of any new information requirements arising either as a result of Welsh Government directives or operational need and to advise on priorities and business benefit.

- Review regular status reports and consider whether mechanism are sufficient in respect of engagement, communication, roll-out and training for IG and IMT.
- Receive periodic reports in order to provide assurance that the IM&T financial and workforce profiles are appropriate for the ongoing service and delivery needs of the organization.

3.5 Review risks

- Periodically consider risks escalated to the sub-committee from Clinical Boards / Corporate Departments in relation to:
 - Information Governance
 - Information Management
 - Information Technology
- Escalate risks to the SEC that are reflective of “high” overall impact and likelihood and / or whether there is still a relatively high rating post risk mitigation.

4. AUTHORITY

4.1 The ITGSC is authorised by the SEC, on behalf of the UHB, to investigate or have investigated any activity within its terms of reference.

4.2 In doing so, the Sub Committee shall have the right to inspect any books, records or documents of the UHB relevant to its remit and ensuring patient, client and staff confidentiality. It may seek any relevant information from any:

- Employee (and all employees are directed to cooperate with any reasonable request made by the Sub Committee); and
- Any other committee, Sub Committee or group set up by the UHB to assist it in the delivery of its functions.

4.3 The Sub Committee is authorised by the SEC Committee on behalf of the UHB to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it is considered necessary, in accordance with the UHB’s procurement, budgetary and other requirements.

5. ACCESS

5.1 The Chair of the ITGSC shall have reasonable access to Executive Directors and other relevant senior staff.

6. SUB GROUPS and TASK and FINISH GROUPS

6.1. The Sub Committee has established the following sub groups to undertake work on its behalf for specific aspects of its business.

- Medical Records Management Group
- Non Health Records Management Group
- Data Quality Group
- Senior Clinical IM&T Group

7 MEMBERSHIP

7.1 Sub Committee Members

Chair	Independent Member - Information Management and Technology
Independent Member	Independent Member - Legal
Information Governance Executive Lead	Director of Public Health
IM&T Executive Lead	Director of Therapies
Caldicott Guardian	Medical Director
Senior Information Risk Owner	Director of Corporate Governance
Risk Management and Corporate Governance	Head of Corporate Governance
Information and Data Quality	Asst Director of Information and Performance
Information Technology	Head of IT and Strategic Development
Chair of the Senior Clinical IM&T Group	Assistant Medical Director
Communications	Assistant Director of Strategic Communication
Workforce and Organisational Development	Head of HR Policy and Compliance
Finance	Assistant Director of Finance

7.2 In Attendance

Senior Manager Performance and Compliance

7.3 By Invitation

The Chair may invite or co-opt those with specialist knowledge and advice.

Specifically the Senior Manager Performance and Compliance will be invited to attend.

7.3 Secretariat

To be agreed

7.4 Member Appointments

The membership of the Sub Committee shall be determined by the Chair taking account of the balance of skills and expertise necessary to deliver the Sub Committee remit and subject to any specific requirements or directions made by the Welsh Government.

7.5 Support to Sub Committee Members

The Director of Corporate Governance, on behalf of the Sub Committee Chair shall:

- Arrange the provision of advice and support to Sub Committee members on any aspect related to the conduct of their role as members of the Sub Committee.

8. SUB COMMITTEE MEETINGS

8.1 At least five members including the Chair or Vice Chair must be present to ensure the quorum of the Sub Committee.

8.2 Nominated deputies may attend from time to time, however the member will be required to ensure that they are appropriately briefed. The member will be required to attend at least 50% of the meetings per year.

8.3 The Chair may nominate a member to act as Vice Chair in their absence.

Frequency of Meetings

8.4 Meetings shall be held three times a year.

Withdrawal of Individuals in Attendance

8.5 The Chair may ask an attendee to withdraw as appropriate to facilitate open and frank discussion of particular matters.

9. RELATIONSHIP & ACCOUNTABILITIES WITH THE RESOURCE DELIVERY COMMITTEE AND ITS SUB COMMITTEES/GROUPS

Although the SEC has delegated authority to its Sub Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for the safety, security and use of information to support the quality and safety of healthcare for its citizens through the effective governance of the organisation.

The Sub Committee is accountable to the SEC for its performance in exercising the functions set out in these terms of reference.

The Sub Committee, through its Chair and members, shall work closely with the SEC's other committees and groups to provide advice and assurance through the SEC to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information

in doing so, contributing to the integration of good governance across the

organisation, ensuring that all sources of assurance are incorporated into the UHB's overall risk and assurance framework.

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.

10. REPORTING AND ASSURANCE ARRANGEMENTS

The Sub Committee's Chair shall:

- Report formally, as a standing item to the SEC on the Sub Committee's activities and where appropriate report and/or transfer activities to another group. This includes verbal updates on activity, the submission of the Sub Committee's minutes and written reports, as well as the presentation of an annual report;
- Take to the SEC and where appropriate any other Committee any issues that need to be highlighted for the Board's specific attention any significant matters under consideration by the Sub Committee
- Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant committees and
- Groups of any urgent or critical matters that may affect the operation and reputation of the UHB.

The SEC may also require the Sub Committee's Chair to report upon the Sub Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the Sub Committee's assurance role relates to a joint or shared responsibility.

The Chair, on behalf of the Board shall oversee a process of regular and rigorous self assessment and evaluation of the Sub Committee's performance and operation including that of any sub groups established.

APPLICABILITY OF STANDING ORDERS TO SUB COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the UHBs Standing Orders are equally applicable to the operation of the Sub Committee, except in the following areas:

- Quorum (set within individual Terms of Reference)

10. REVIEW

The SEC will review on an annual basis the continued need for this Sub Committee and will advise the Board accordingly.

If the SEC Committee determines that the Sub Committee should continue to meet the Terms of Reference will be reviewed to assess their ongoing suitability.

The review will be undertaken by the Sub Committee and referred to the SEC for approval.

11. CHAIR'S ACTION ON URGENT MATTERS

There might, occasionally be circumstances where decisions which would normally be made by the Sub Committee needs to be taken between scheduled meetings.

In these circumstances, the Sub Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Sub Committee. Any such action is formally recorded and reported to the next meeting of the Sub Committee for consideration and ratification.

Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

DRAFT