St Raphael's
Your Local Hospice

MINUTES OF THE
INFORMATION GOVERNANCE & SECURITY COMMITTEE

Held on 12th May 2026
in St Bedes & MS Teams

Members / Attendees
Alex Rudkin – Director of Quality and Governance – Information Security Officer/ Data Protection Lead (Chair & Mins)
John Groom – Director of IT and Estates – IT & Retail Information AO
Dr Gabrielle Tamura-Rose – Medical Director – Caldicott Guardian/Patient Information AO
Richard Carman, Hospice Data and Insight Manager
Kathy Mardle-Aylett - Clinical Director - Patient Information AO

Apologies
Nick Stevens – SIRO
Natalie Page, Head of People Services – Staff HR Information AO
Becca Trower – CEO
Ginny Toubal, Volunteer Services Coordinator (Reception/Main Hospice) – Volunteer HR AO
Neena Vadgama, Head of Finance – Financial Information AO
Gordon Craig, Director of Fundraising – Fundraising data AO

ITEM 1 : Minutes of the last meeting held on 22 January 2026

1.1 Accepted noting circulated minutes date read 5th March rather than 4th June 2025

ITEM 2 : Matters Arising

	ACTION
2.1 Data Mapping – refresh/relaunch of the project that identifies where personal identifiable data is stored, its lawful basis, its retention hasn't been progressed due to competing priorities. JG acknowledged that this is now a priority and the project will be led by RC in 2026/27. Discussions with JG and AR to understand history and purpose were previously held in August 2025**.** The aim remains that all data (both electronic and hard copy) is identified, recorded on departmental/respective data maps against a pre-set criteria based upon location, lawful purpose, usage, storage and retention et al. Consideration of a potential AI solution remains to be fully explored, acknowledging that there may be costs involved that could limit an AI solution. Preliminary consideration of Microsoft Purview has been started. Discussion with Auxilium on the topic to be held in coming months.	**RC/JG**
2.2 Communication plan to patients on active caseloads should the phone system go down is now updated and the DR is up to date. JG still to check if communications via website and social media are suitably	**JG**

covered in the plan. DRs are effected after specific timelines that should be set out in their plans. JG/RC to check plans for expected coverage.	**JG/RC**
2.4 No update on use of GRACE AI tool that is being trialled at PAH that may be able to interface with EMIS records and so facilitate audio record keeping which would reduce the data entry burden for HCPs. RC attending a presentation on GRACE at PAH.	**RC**

INFORMATION GOVERNANCE

ITEM 3 : Data Security & Protection Toolkit Submission Overview

	ACTION
3.1 Salient features of the DS&P self-assessment were considered noting that there were 2 red criteria and 9 amber criteria reducing to 5 amber criteria following review. All items form the basis for action over the coming year. There were no items that would prevent our submission for 2025/26 but the data mapping work in conjunction with the Asset register is the priority. Items for progression over the coming year and items for consideration include:-	
DSP 1.1.2 Up to date list of the ways in which we hold and share different types of personal and sensitive data : This list is called an Information Asset Register (IAR) and it should detail where and how the information is held and how we keep it safe. We should also have a list or lists of the types of personal data that are shared with others, for example needs assessments, prescriptions, payslips, care plans. This list is called a Record of Processing Activities (ROPA) and should detail how the data is shared and how we keep it safe. This will be facilitated through linkage between the Information Asset Register and departmental data maps [see 2.1]	**JG/RC/AR**
DSP 1.1.3 Responsibility for data security and protection and its formal assignment was considered noting that JG has replaced NS as SIRO and will undertake refresher training in the SIRO role.	**JG**
DSP 1.1.6 Consideration of the processes that we have in place to ask for and record consent to share personal data are considered satisfactory and this was endorsed by both GT-R and RC.	
DSP 1.3.2 Consideration of our monitoring of compliance with data protection policies and regular review of data handling and security controls was considered satisfactory with recognition that there remains a lot of work to do to understand the need and use of spreadsheets containing PID throughout the Hospice. This will become evident upon completion of the data mapping exercise. Random sampling of EMIS record access has been refreshed and will continue to be undertaken by GT-R facilitated by IT. RC confirmed that interactions with NXT were compliant with data protection. The IG compliance template is aligned with the Data Security Audit Checklist and is available for use by Asset Owners. AR will re-circulate with email instruction.	**JG/RC/AR** **AR**

DSP 2.2.1 Updated confirmation that all employment and volunteer agreements contain data security requirements was last provided in 2023 by HR. All data users sign a Data User Agreement before their access is allocated by the IT department.	**NP**
DSP 3.1.1 Training needs analysis that covers data security and protection and cyber security, primarily serviced by Bluestream Academy on line and cyber security training refresher links, was considered satisfactory and meeting the Hospice's needs.	
DSP 3.2.1 As at 11/05/2026 staff compliance with IG training showed 77% for non-clinical and 88% for clinical. Target as set out in the DS&P toolkit is 95%. AR will chase. Consideration for how compliance with IG training and ALL mandatory training can be improved would be considered at Exec.	**AR** **KM-A, JG**
DSP 3.4.1 It was considered that the people with responsibility for data security and protection had received the appropriate training for their role with JG expecting to undertake refresher training as SIRO in 2026/27.	**JG**
DSP 4.4.1 JG confirmed that IT administrator activities are logged and those logs are only accessible to appropriate personnel.	
DSP 9.2.1 – 9.3.1 Penetration testing (not mandated) is planned for pursuit in 2026/27	**JG**

ITEM 4 : Third Party Issues

	ACTION
4.1 Attention raised for all IAOs to ensure that all third party data user details are captured on the TP supplier list [S:\Hospice Hub\Information Governance\Suppliers (PID)\TP Suppliers PID.xlsx], that either contractual clause covers the data protection and confidentiality considerations or that an IT11 & IT16 Appendix A Data Access and Non-disclosure Agreement is in place with the supplier	**ALL**

ITEM 5 : Continuous Improvement Log

	ACTION
5.1 Item deferred	

INFORMATION SYSTEMS

ITEM 6: HUMAN RESOURCES & PAYROLL

NATURAL HR / CINTRA	**ACTION**
6.1 In NP's absence, JG fed back that the new HR & Payroll system CINTRA will go live in 2/3 months time. NATURAL HR license expires in 2026.	**JG/NP**

ITEM 7: IT

Developments

	ACTION
7.1 Email retention policy of 5 years being implemented is currently pended. Reminders to staff to save any email older than 5 years to the network if they wish to keep it.	**JG**
7.2 Network document retention policy will be 8 years. Implementation data tba.	**JG**
7.3 Star link satellite back up contingency for access to the Net if hard lines are broken is in place.	
7.4 Reviewing mobile phones – policy and improving securities	**JG**
7.5 New website launched in March 2026	

Future Proofing

	ACTION
7.6 Artificial Intelligence solutions being explored	**JG**
7.7 Project ongoing moving from DATIX to VANTAGE	**RC**
7.8 Penetration testing research ongoing	**JG**
7.9 Star link as referred to at 3.4	
7.10 Introducing Data Loss Prevention (DLP) as security for potential uploads in 2026.	**JG**

Disaster Recovery

	ACTION
7.11 Final plans are with departments for sign off this week. JG?RC to review and implement action plan.	**JG/RC**

Phishing / Cyber Security

	ACTION
7.12 Increased numbers of clicks on mock phishing sites shows this is an area for improvement. Soren ,IT, will start chasing and escalate to SIRO or CEO as required.	**JG**

IT Risk Register

	ACTION
7.14 No change	

ITEM 8: CLINICAL

EMIS

	ACTION
8.1 Deferred	

DATIX/VANTAGE

	ACTION
8.2 Deferred	

SUBJECT ACCESS REQUESTS

	ACTION
8.3 Deferred	
8.4 Register in place that shows timelines of response	

IG COMPLIANCE AUDIT

	ACTION
8.5 Deferred	

ITEM 9: FINANCE

	ACTION
9.1 Deferred	

ITEM 10: COMMERCIAL

EBAY	ACTION
10.1 Deferred	

PCI DSS	ACTION
10.2 Deferred	

ITEM 11: FUNDRAISING & COMMUNICATIONS

WEBSITE	ACTION
11.1 Deferred	

RAISERS EDGE	ACTION
11.2 Deferred	

ITEM 12: VOLUNTEERS	ACTION
12.1 Deferred	

ITEM 13: CORPORATE EDUCATION	ACTION
13.1 Deferred	

POLICY MANAGEMENT	ACTION
13.2 Deferred	

RISK MANAGEMENT	ACTION
13.3 Deferred	

ITEM 14: ANY OTHER BUSINESS	ACTION
14.1 A flurry of last minute apologies for this meeting with four received on the day of the meeting. Whilst unseen events can compromise availability, as far as possible, members are encouraged to use the Outlook calendar to indicate their availability for the meeting in advance so that alternative dates can be sought should attendance numbers look low.	**ALL**