NHS Wales
Information Governance Policy

Author: Information Governance Management
Advisory Group Policy Sub Group
Approved by: Wales Information Governance Board – June 2018
Adopted by: Health Board Executive Board (February 2019)
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Contents

1. Introduction

This document is issued under the All Wales Information Governance Policy Framework and maintained by the NHS Wales Informatics Service (NWIS) on behalf of all NHS Wales organisations.

2. Purpose

The aim of this Policy is to provide all NHS Wales employees with a framework to ensure all personal data is acquired, stored, processed, and transferred in accordance with the law and associated standards. These include Data Protection legislation, the common law duty of confidence, NHS standards such as the Caldicott Principles, and associated guidance issued by Welsh Government, Information Commissioner's Office (ICO), Department of Health and other professional bodies.

The objectives of the Policy are to:

- Set out the legal, regulatory and professional requirements;

- Provide staff with the guidance to understand their responsibilities for ensuring the confidentiality and security of personal data.

3. Scope

This policy applies to the workforce of all NHS Wales organisations including staff, students, trainees, secondees, volunteers, contracted third parties and any other persons undertaking duties on behalf of NHS Wales.

For the purpose of this policy 'NHS Wales Organisations' include all Health Boards and NHS Trusts.

It applies to all forms of information processed by NHS Wales organisations; and covers all business functions and the information, information systems, networks, physical environment and relevant people who support those business functions.

4. Roles and responsibilities

The Chief Executive is responsible for ensuring the highest level of organisational commitment to the policy and the availability of resources to support its implementation and any associated legal requirements. Specific responsibilities will be delegated to the Data Protection Officer, Senior Information Risk Officer and the Caldicott Guardian or an Executive Director as appropriate.

Managers are responsible for the implementation of this policy within their department/directorate. In addition, they must ensure that their staff are aware of this policy, understand their responsibilities in

complying with the policy requirements and are up to date with mandatory information governance training.

The workforce must familiarise themselves with the policy content and ensure the policy requirements are implemented and followed within their own work area. Mandatory information governance training must be undertaken at least every two years. Breaches of the policy must be reported via local incident reporting processes and dealt with in line with the All Wales Disciplinary Policy where appropriate.

5. Policy

5.1 Data Protection and Compliance

Data protection legislation is about the rights and freedoms of living individuals and in particular their right to privacy in respect of their personal data. It stipulates that those who record and use any personal data must be open, clear and transparent about why personal data is being collected, and how the data is going to be used, stored and shared.

While the emphasis on this policy is on the protection of personal data, organisations will also own business sensitive data and provision for the security of that data will also be governed by this policy as appropriate.

5.1.1 Personal Data

For the purpose of this policy, the use of the term "personal data" relates to information relating to both living and deceased identifiable persons.

Examples of key identifiable personal data include (but are not limited to) name, address, full postcode, date of birth, NHS number, National Insurance number, images, recordings, IP addresses, email addresses etc.

5.1.2 Special Categories of Personal Data

Special categories of personal data are defined by data protection legislation as including any data concerning an individual's racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, health, sex life, sexual orientation, genetic and biometric data where processed to uniquely identify an individual.

5.1.3 Fair and Lawful Processing

Under data protection legislation, personal data, including special category data must be processed fairly and lawfully. Processing broadly means collecting, using, disclosing, sharing, retaining or disposing of personal data or information.

In order for the processing to be fair, NHS Wales organisations will be open and transparent about the way it processes personal data by informing individuals using a variety of methods. The most common way to provide this information is in a privacy notice.

In order to provide assurance, NHS Wales organisations will identify and record the lawful basis for the information it processes in all privacy notices and in an information asset register.

Privacy notices must be clear, straightforward and appropriate to the level of understanding of the intended audience, and produced in line with ICO guidance.

5.1.4 Individual's Rights

Individuals have certain rights with regard to the processing of their personal data. NHS Wales organisations must ensure that appropriate arrangements are in place to manage these rights.

5.1.5 Accuracy of Personal Data

Arrangements must be in place to ensure that any personal data held by NHS Wales organisations is accurate and up to date.

5.1.6 Data Minimisation

NHS Wales organisations will use the minimum amount of identifiable information required when processing personal data. Where appropriate, personal data must be anonymised or pseudonymised. Local arrangements must be followed.

5.1.7 Data Protection Impact Assessment (DPIA)

All new projects or major new flows of information must consider information governance practices from the outset to ensure that personal data is protected at all times. This also provides assurance that NHS Wales organisations are working to the necessary standards and are complying with data protection legislation. In order to identify information risks a DPIA must be completed. Your information governance department will provide the required guidance and template.

5.1.8 Incident Management and Breach Reporting

NHS Wales organisations must have arrangements in place to identify, report, manage and resolve any data breaches within specified legal timescales. Lessons learnt will be shared to continually improve procedures and services, and consideration given to updating risk registers accordingly. Incidents must be reported immediately following local reporting arrangements.

5.1.9   Information Governance Compliance

NHS Wales organisations must have arrangements in place to monitor information governance compliance . Any risks identified must be managed in line with local risk management arrangements.

5.1.10 Information Asset Management

Information assets will be catalogued and managed by NHS Wales organisations by using an Information Asset Register which must be regularly reviewed and kept up to date.

5.1.11   Third Parties and Contractual Arrangements

Where the organisation uses any third party who processes personal data on its behalf, any processing must be subject to a legally binding written contract which meets the requirements of data protection legislation. Where the third party is a supplier of services, appropriate and approved codes of conduct or certification schemes must be considered to help demonstrate that the organisation has chosen a suitable processor.

5.2   Information Security

NHS Wales organisations will maintain the appropriate confidentiality, integrity and availability of its information, and information services, and manage the risks from internal and external threats. Please refer to the National Information Security Policy for further details.

5.2.1   Senior Information Risk Owner

Every NHS Wales organisation must have a designated Senior Information Risk Owner (SIRO). The SIRO provides an essential role in ensuring that information security and information governance risks are managed. All organisations must have arrangements in place to support staff to adequately manage risks in a robust manner.

5.3   Records Management

NHS Wales organisations must have a systematic and planned approach to the management of records in the organisation from their creation to their disposal. This will ensure that organisations can control the quality and quantity of the information that it generates, can maintain that information in an effective manner, and can dispose of information efficiently when it is no longer required and outside the retention period.

5.4   Access to Information

NHS Wales organisations are in some circumstances required by law to disclose information. Examples include information requested under the Freedom of Information Act, the Environmental Information Regulations or requests for personal data.

Processes must be in place for disclosure under these circumstances. Where required, advice should be sought from the organisation's information governance department.

5.5   Confidentiality

5.5.1   Confidentiality: Code of Practice for Health and Social Care in Wales

NHS Wales has adopted the Confidentiality: Code of Practice for Health and Social Care in Wales. All staff have an obligation of confidentiality regardless of their role and are required to respect the personal data and privacy of others.

Staff must not access information about any individuals who they are not providing care, treatment or administration services to in a professional capacity. Rights to access information are provided for staff to undertake their professional role and are for work related purposes only. It is only acceptable for staff to access their own record where self-service access has been granted.

Appropriate information will be shared securely with other NHS and partner organisations in the interests of patient, donor care and service management. (See section 5.6 on Information Sharing for further details).

5.5.2   Caldicott

NHS Wales will uphold the following Caldicott Principles in relation to patient information.
Each organisation must appoint a Caldicott Guardian whose role is to safeguard the processing of patient information.

5.6   Sharing Personal Data

5.6.1   Wales Accord for the Sharing of Personal Information (WASPI)

The WASPI Framework provides good practice to assist organisations to share personal data effectively and lawfully. WASPI is utilised by organisations directly concerned with the health, education, safety, crime prevention and social wellbeing of people in Wales.

NHS Wales organisations will use the WASPI Framework for any situation that requires the regular sharing of information outside of NHS Wales wherever appropriate. Advice must be sought from the information governance department in such circumstances.

5.6.2   One-off Disclosures of Personal Data

Formal Information Sharing Protocols (ISPs) or other agreements must be used when sharing information between external organisations, partner organisations, and external providers. ISPs provide a framework for the secure and confidential obtaining, holding, recording, storing and sharing of information. Advice must be sought from the information governance department in such circumstances.

Personal data may need to be shared externally on a one-off basis, where an ISP or equivalent sharing document does not exist. It is important that this sharing follows all the principles of good information governance and that local arrangements are made and followed to ensure suitable processes are followed.

5.7   Welsh Control Standard for Electronic Health and Care Records

5.7.1 The Control Standard

The Wales Control Standard for Electronic Health and Care Records describes the principles and common standards that apply to shared electronic health and care records in Wales, and provides the mechanism through which organisations commit to them. NHS Wales organisations have committed to abide by the Control Standard. The Control Standard will be underpinned by local level policies and procedures to ensure electronic records are accessed and used appropriately.

5.7.2 The Register for Information Sharing Systems

A register of core national systems is maintained by the NHS Wales Informatics Service and sets out how shared electronic health and care records are held. NHS Wales organisations may include 'local' systems in the register. Cooperation must be maintained between organisations and the NHS Wales Informatics Service in order to ensure that the information is accurate and up to date.

5.8   Data Quality

NHS Wales organisations process large amounts of data and information as part of their everyday business. For data and information to be of value they must be of a suitable standard.

Poor quality data and information can undermine the organisation's efforts to deliver its objectives and for this reason, the NHS in Wales is committed to ensuring that the data and information it holds and processes is of the highest quality reasonably practicable under the circumstances. All staff have a duty to ensure that any information or data that they create or process is accurate, up to date and fit for purpose. NHS Wales organisations will implement procedures where necessary to support staff in producing high quality data and information.

6.   Training and Awareness

Information governance is everyone's responsibility. Training is mandatory for NHS staff and must be completed at commencement of employment and at least every two years subsequently. Non NHS employees must have appropriate information governance training in line with the requirements of their role.

Staff who need support in understanding the legal, professional and ethical obligations that apply to them should contact their local information governance department.

7.   Monitoring and compliance

NHS Wales trusts its workforce, However it reserves the right to monitor work processes to ensure the effectiveness of the service. This will mean that any personal activities that the employee practices in work may come under scrutiny. NHS Wales organisations respect the privacy of its employees and does not want to interfere in their personal lives but monitoring of work processes is a legitimate business interest.

Staff should be reassured that NHS Wales organisations take a considered approach to monitoring, however it reserves the right to adopt different monitoring patterns as required. Monitoring is normally conducted where it is suspected that there is a breach of either policy or legislation. Furthermore, on deciding whether such analysis is appropriate in any given circumstances, full consideration is given to the rights of the employee.

Managers are expected to speak to staff of their concerns should any minor issues arise. If breaches are detected an investigation may take place. Where this or another policy is found to have been breached, disciplinary procedures will be followed.

Concerns about possible fraud and or corruption should be reported to the counter fraud department.

In order for the NHS Wales organisations to achieve good information governance practice staff must be encouraged to recognise the importance of good governance and report any breaches to enable lessons learned. They must be provided with the necessary tools, support, knowledge and training to help them deliver their services in compliance with legislation. Ultimately a skilled workforce will have the confidence to challenge bad information governance practice, and understand how to use information legally in the right place and at the right time. This should minimise the risk of incidents occurring or recurring.

8.   Review

This policy will be reviewed every two years or more frequently where the contents are affected by major internal or external changes such as:

•   Changes in legislation;

•   Practice change or change in system/technology; or

•   Changing methodology.

9. Equality Impact Assessment

This policy has been subject to an equality assessment.

Following assessment, this policy was not felt to be discriminatory or detrimental in any way with regard to the protected characteristics, the Welsh Language or carers.

Annex: Policy Development - Version Control

Revision History

Date	Version	Author	Revision Summary
05/10/2017	V0.1	Andrew Fletcher (on behalf of the IGMAG policy sub group)	IG Leads in sub group first draft.
08/12/2017	V0.2	Andrew Fletcher (on behalf of the IGMAG policy sub group)	Comments from IG Leads in sub group applied to policy.
07/02/2018	V0.3	Andrew Fletcher (on behalf of the IGMAG policy sub group)	Comments from all IG Leads in IGMAG applied
08/03/2018	V0.4	Andrew Fletcher (on behalf of IGMAG)	Version control information updated
08/05/2018	V0.5	Andrew Fletcher (on behalf of IGMAG)	Changes following Equality Impact Assessment

Reviewers

This document requires the following reviews:

Date	Version	Name	Position
07/02/2018	V0.3	Internet and Email policy sub group	Sub group of the Information Governance Management and Advisory Group
08/03/2018	V0.4	Information Governance Management Advisory Group	All Wales Information Governance Leads
30/04/2018	V0.4	Welsh Partnership Forum	All Wales workforce leads and trade unions
08/05/2018	V0.4	Equality Impact Assessment	
26/06/2018	V0.5 For Approval	Wales Information Governance Board	Advisory Board to the Minister for Health and Social Care (Welsh Government)

Approvers

This document requires the following approvals:

Date	Version	Name	Position
07/06/2018	V0.5	Information Governance Management and Advisory Group	All Wales Information Governance Leads
26/06/2018	V2	Wales Information Governance Board	Advisory Board to the Minister for Health and Social Care (Welsh Government)

Annex 2: Equality Impact Assessment

Equality Impact Assessment (EQIA) Form	
Ref no: POL/IGMAG/IG/v1	
Name of the policy, service, scheme or project:	Service Area
NHS Wales Information Governance Policy	Information Governance
Preparation	
Aims and Brief Description	The policy is a new All Wales Information Governance Policy. The policy will replace all local policies in this area.
Which Director is responsible for this policy/service/scheme etc	All Wales policy developed in conjunction with Health Boards/Trusts
Who is involved in undertaking the EQIA	Andrew Fletcher and EQIA group
Have you consulted with stakeholders in the development of this policy?	Yes. A sub group has developed this policy with a membership consisting of information governance leads and an OSSMB representative. IM&T leads and the Wales Partnership Forum have been consulted.\n\nThe NHS Wales Information Governance Management and Advisory Group have approved the text of this Policy. The policy will be approved by the Wales Information Governance Board.
Does the policy assist services or staff in meeting their most basic needs such as; Improved Health, fair recruitment etc	Yes. The policy will provide consistency throughout NHS Wales in having a single policy. This will ensure that staff who work across boundaries have a consistent standard to work to, hence strengthening the governance framework. A key driver during the process was the need to recognise that organisations needed to trust their staff.
Who and how many (if known) may be affected by the policy?	All NHS Wales staff within the Health Boards and NHS Trusts.
What guidance have you used in the development of this service, policy etc?	The policy is based on good practice and legal obligations as set out by the Information Commissioners Office and in the legislation. The policy has also been constructed from existing agreed principles and the corporate knowledge of its stakeholders.

Equality Duties

Key	
✔	Yes
x	No
-	Neutral

The Policy/service/project or scheme aims to meet the specific duties set out in equality legislation.	Protected Characteristics										
	Race	Sex/Gender	Disability	Sexual orientation	Religion and Belief	Age	Gender reassignment	Pregnancy and Maternity	Marriage & civil Partnerships	Welsh Language	Carers
To eliminate discrimination and harassment	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Promote equality of opportunity	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Promote good relations and positive attitudes	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Encourage participation in public life	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
In relation to disability only, should the policy / service / project or scheme take account of difference, even if involves treating some individuals more favourably?							✔				

Human Rights Based Approach – Issues of Dignity & Respect

The Human Rights Act contains 15 rights, all of which NHS organisations have a duty. The 7 rights that are relevant to healthcare are listed below.			
Consider is the policy/service/project or scheme relevant to:	**Yes**	**No**	**N/A**
Article 2: The Right to Life	X		
Article 3: the right not to be tortured or treated in a inhumane or degrading way	X		
Article 5: The right to liberty	X		
Article 6: the right to a fair trial	X		
Article 8: the right to respect for private and family life	X		
Article 9: Freedom of thought, conscience and religion	X		
Article 14: prohibition of discrimination	X		

Measuring the Impact

What operational impact does this **policy, service, scheme or project**, have with regard to the Protected Characteristics. Please cross reference with equality duties	
	Impact – operational & financial
Race	This is an all Wales high level framework approach which aims to achieve the values under the policy, it is the protection of everybody's information and gives clear guidelines. The policy details how the organization protects someone's data and security without prohibiting access to services and providing adequate access to data to meet individual needs and the appropriate sharing of data.
Sex/gender	
Disability	
Sexual orientation	
Religion belief and non belief	
Age	
Gender reassignment	
Pregnancy and maternity	
Marriage and civil partnership	
Other areas	
Welsh language	
Carers	

Outcome report

Equality Impact Assessment: Recommendations Please list below any recommendations for action that you plan to take as a result of this impact assessment				GIG CYMRU NHS WALES Gwasanaeth Gwybodeg Informatics Service	
Recommendation		**Action Required**	**Lead Officer**	**Time-scale**	**Resource implications**	**Comments**

Recommendation		**Action Required**	**Lead Officer**	**Time-scale**	**Resource implications**	**Comments**
1	Communication of the changes	Make sure staff aware of the changes	AF	ASAP	Time	
2	Updated EQIA statement	Inclusion of reference to protected characteristics	AF	ASAP	Time	

Recommendation	Likelihood	Impact	Risk Grading
1	2	2	4
2	2	2	4

Risk Assessment based on above recommendations

Reputation and compromise position	Outcome
It is providing security and reassurance to stakeholders that the information we hold is used appropriately and any breach may lead to fines and reputational damage.	To ensure that information is used and protected appropriately and a framework in place to ensure that happens.
Training and dissemination of policy	
More training and dissemination in Health Boards on this policy.	

Is the policy etc lawful?	Yes ⊠	No ☐	Review date
Does the EQIA group support the policy be adopted?	Yes ⊠	No ☐	3 years

Signed on behalf of NWIS Equal Impact Assessment Group	S Brooks	Lead Officer	
Date:	8 May 2018	Date: 8 May 2018	

	1	2	3	4	5
	Negligible	**Minor**	**Moderate**	**Major**	**Catastrophic**
Statutory duty	No or minimal impact or breach of guidance / statutory duty Potential for public concern Informal complaint Risk of claim remote	Breech of statutory legislation Formal complaint Local media coverage – short term reduction in public confidence Failure to meet internal standards Claims less than £10,000 Elements of public expectations not being met	Single breech in statutory duty Challenging external recommendations Local media interest Claims between £10,000 and £100,000 Formal complaint expected Impacts on small number of the population	Multiple breeches in statutory duty Legal action certain between £100,000 and £1million Multiple complaints expected National media interest	Multiple breeches in statutory duty Legal action certain amounting to over £1million National media interest Zero compliance with legislation Impacts on large percentage of the population Gross failure to meet national standards

Risk Grading Descriptors

LIKELIHOOD DESCRIPTION	
5 Almost Certain	Likely to occur, on many occasions
4 Likely	Will probably occur, but is not a persistent issue
3 Possible	May occur occasionally
2 Unlikely	Not expected it to happen, but may do
1 Rare	Can't believe that this will ever happen

From: ABM Inquiries
Sent: 22 February 2019 13:09
To: Adel Davies (ABM ULHB - Surgical Specialties) <Adel.Davies@wales.nhs.uk>; Amanda Smith (ABM ULHB - Postgraduate Centre) <Amanda.Smith5@wales.nhs.uk>; Angela Kind (ABM ULHB - Estates) <Angela.Kind@wales.nhs.uk>; Anne Biffin (ABM ULHB - Medical Directors Department) <Anne.Biffin@wales.nhs.uk>; Bellina Jenkins (ABM UHLB - Children's Services) <Bellina.Jenkins@wales.nhs.uk>; Brian Owens (ABM ULHB - NPT DeliveryUnit) <Brian.Owens@wales.nhs.uk>; Cathy Dowling (ABM ULHB - Corporate Nursing) <Cathy.Dowling2@wales.nhs.uk>; Ceri Matthews (ABM ULHB - Clinical support services) <Ceri.Matthews@wales.nhs.uk>; Christine Morrell (ABM ULHB - Therapies And Health Sciences) <Christine.Morrell@wales.nhs.uk>; Darren Griffiths (ABM ULHB - Corporate) <Darren.Griffiths@wales.nhs.uk>; David Murphy (ABM ULHB - Health & Safety) <David.Murphy3@wales.nhs.uk>; David Roberts (ABM ULHB - Mental Health & Learning Disabilities) <dai.roberts@wales.nhs.uk>; Debbie Bennion (ABM ULHB - Nursing Divison) <Debbie.Bennion@wales.nhs.uk>; Des Keighan (ABM ULHB - Estates) <Des.Keighan@wales.nhs.uk>; Dougie Russell (ABM ULHB - Musculo Skeletal) <Dougie.Russell@wales.nhs.uk>; Eve Jeffery (ABM ULHB - Mental Health And Learning Disabilities) <Eve.Jeffery@wales.nhs.uk>; Fiona Reynolds (ABM ULHB - Singleton Hospital) <Fiona.Reynolds@wales.nhs.uk>; Gareth Howells (ABM ULHB - Nursing) <Gareth.Howells3@wales.nhs.uk>; Gemma Otter (ABM ULHB - Acct) <Gemma.Otter@wales.nhs.uk>; Helenna Jarvis-Jones (ABM ULHB - Medicine Directorate, Morriston Hospital) <Helenna.Jarvis-Jones@wales.nhs.uk>; Hilary Dover (ABM ULHB - Primary and Community Services) <Hilary.Dover@wales.nhs.uk>; Jamie Marchant (ABM ULHB - Service Directors Office) <Jamie.Marchant@wales.nhs.uk>; Jan Worthing (ABM ULHB - Singleton Hospital) <Jan.Worthing@wales.nhs.uk>; Jonathan Goodfellow (ABM ULHB - Cardiology) <Jonathan.Goodfellow@wales.nhs.uk>; Kathryn Jones (ABM ULHB - Workforce and OD) <Kathryn.Jones25@wales.nhs.uk>; Kim Clee (ABM ULHB - Workforce) <Kim.Clee@wales.nhs.uk>; Lesley Jenkins (ABM ULHB - NPT Locality) <Lesley.Jenkins@wales.nhs.uk>; Linda Bevan (ABM ULHB - Morriston Managed Unit) <Linda.Bevan@wales.nhs.uk>; Lynne Hamilton (ABM ULHB - Finance) <Lynne.Hamilton@wales.nhs.uk>; Malcolm Thomas (ABM ULHB - Corporate Services) <Malcolm.M.Thomas@wales.nhs.uk>; Martin Bevan (ABM ULHB - Neath Port Talbot Locality) <Martin.Bevan@wales.nhs.uk>; Matt John (ABM UHLB - Informatics Directorate) <Matthew.John@wales.nhs.uk>; Mike James (ABM ULHB - Corporate Hospital Management) <Mike.James3@wales.nhs.uk>; Neil Miles (ABM ULHB - Surgery) <Neil.Miles@wales.nhs.uk>; Nicola Williams (ABM ULHB - Morriston Unit) <Nicola.Williams13@wales.nhs.uk>; Pamela Wenger (ABM ULHB - Corporate Governance) <Pamela.Wenger@wales.nhs.uk>; Rebecca Carlton (ABM UHLB - Morriston Hospital) <Rebecca.Carlton@wales.nhs.uk>; Rhian Thomas (ABM ULHB - Estates) <rhian.thomas1@wales.nhs.uk>; Richard Evans (ABM ULHB - Medicine) <Richard.Evans9@wales.nhs.uk>; Sandra Husbands (ABM UHLB - Public Health) <Sandra.Husbands@wales.nhs.uk>; Sian Harrop-Griffiths (ABM ULHB - Strategy) <Sian.Harrop-Griffiths@wales.nhs.uk>; Silvana Gad (ABM ULHB - Primary & community Services Delivery Un) <Silvana.Gad@wales.nhs.uk>; Susan Bailey (ABM ULHB - Communications) <Susan.Bailey@wales.nhs.uk>; Susan Cooper (ABM ULHB - Bridgend Locality) <Susan.Cooper@wales.nhs.uk>; Tracy Myhill (ABM ULHB - Corporate) <Tracy.Myhill@wales.nhs.uk>; Vicky Warner (ABM ULHB - Primary Care, Community Services) <Vicky.Warner@wales.nhs.uk>; Victoria Gibbs (ABM ULHB - Surgical Service Group) <Victoria.Gibbs@wales.nhs.uk>; Wendy Penrhyn-Jones (ABM ULHB - Administration) <Wendy.Penrhyn-Jones@wales.nhs.uk>
Cc: ABM ExecManager <abm4@wales.nhs.uk>; Catrin Evans (ABM ULHB - Strategy) <Catrin.A.Evans@wales.nhs.uk>; Claire Mulcahy (ABM ULHB - Corporate Services) <Claire.Mulcahy@wales.nhs.uk>; Clare Dauncey (ABM ULHB - Human Resources) <Clare.Dauncey@wales.nhs.uk>; Ebony Smith (ABM ULHB - Corporate Services) <Ebony.Smith@wales.nhs.uk>; Francesca Proietti (ABM ULHB - Informatics Directorate) <Francesca.Proietti@wales.nhs.uk>; Kirsty Joseph (ABM ULHB - Finance) <Kirsty.Joseph@wales.nhs.uk>; Linda Smith (ABM ULHB - Nursing Divison) <Linda.Smith@wales.nhs.uk>; Lyn Westacott (ABM ULHB - Strategy) <Lyn.Westacott@wales.nhs.uk>; Paula Picton (ABM ULHB - Strategy)

<Paula.Picton@wales.nhs.uk>; Tracey Rowe (ABM ULHB - Corporate Services) <Tracey.Rowe@wales.nhs.uk>
Subject: Policies

I write to advise that the following policies have been updated and added to the Corporate Policies database:

- Email Use Policy
- Internet Policy
- Information Governance Policy

The policies are available to view via the corporate policy database

Many thanks
Llywodraethu Corfforaethol / Corporate Governance
Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board
Pencadlys ABM / ABM Headquarters
1 Talbot Gateway, Baglan, Port Talbot, SA12 7BR

Bwrdd Iechyd Prifysgol ABM yw enw gweithredu Bwrdd Iechyd Lleol Prifysgol Abertawe Bro Morgannwg /
ABM Health Board is the operational name of Abertawe Bro Morgannwg University Local Health Board

Helpwch arbed papur – oes angen i chi printio'r e-bost yma? / Help save paper - do you need to print this email?