

Strategic Health Information Governance and SIGN Chairs Joint Workshop Minutes

Date: Tuesday 24 April 2012
Meeting: 12:00-15:00

Attendees

Phil Walker (Chair)	PW	DH IGP		Andrew Tuckwell	AT	SW
Tad Matus	TM	SEC		Helen McElroy	HM	NE
Jo Andrews	JA	LDN		Robert Irwin	RI	NW
Warner Baker	WB	SC		Clive Thomas	CT	SC
Shane Dark	SD	WM		Debbie Terry	DT	EM
Barry Moulton	BM	EoE		Darran Turley	DTu	EM
Helen Burns	HB	Y&H		Jamie Sheldrake	JS	SEC
Helen Thorn	HT	SW		Andi Scott	AS	SEC
Nicky Huntley	NH	NE		Nicola Gould	NG	SEC
Julie Lee-Winser	JLW	SEC		Secretariat:		
				Amina Aladin	AA	DH IGP
Apologies:						
Carl Starbuck	CS	Y&H		Katherine Tyte	KT	NW

Introduction

1. The attendees of the meeting introduced themselves and which region/area they were representing. PW outlined the purpose of the meeting as being twofold:
 - i. To share, discuss and seek input on a range of current policy initiatives
 - ii. To consider the future state: issues, challenges and opportunities

Current National IG Work Plan

IG Technical Baseline Specification

2. PW advised the group that the paper is a technical specification for any IT system that holds patient or personal information. It is joint work between the Department and Intellect (representing system suppliers), and is a working document that will not be published until there has been an opportunity to consider and respond to the recommendations of Dame Fiona Caldicott's current review.
3. The group asked how the document would be used and to if see there was any chance of being changed? PW responded that he viewed it was likely to become an Information Standard and part of the Interoperability Toolkit to help with the procurement of new systems. PW's view was that it was unlikely that the document will be changed dramatically as many components were tried and tested. The consent management section of the document was the ones most likely to need review when Dame Fiona reports.

Action: Secretariat to send consultation to group which can be shared out and group return by end of May.

4. It was suggested that the technical baseline might helpfully be incorporated within a revised version of STEP a checklist for procurement that was used prior to NPfIT. PW agreed to take that suggestion away for further consideration.
5. The group also asked for the list of the suppliers who had been consulted as this will assist in contacting organisations who are aware of the IG Technical Baseline Specification.

Action: Secretariat to provide names of suppliers involved consultation.

Information Standards

6. PW described the role of information standards in the future state and said that they will be far more important than they currently are with new standards having statutory force. The development of new standards must be robust and PW outlined his thoughts on utilising SIGNs as part of an iterative development and maintenance process.
7. PW also discussed two specific standards currently being developed and sought views and comments:
 - i. NHS Number Fundamental Standard – aims to step back from previous work to provide a more flexible future approach whilst accelerating work on NHS Number implementation.
 - ii. Dei-identification of data for publication standard - the first of several proposed standards to deal with anonymisation and pseudonymisation processes.

Action: Group to send comments to cfh.igpsecretariat@nhs.net

IGT Version 10

8. There are no major changes other than new views for CCGs and AQPs. PW outlined a number of relatively minor changes to the way that attainment levels will be measured for NHS Number implementation, IG Training and for pseudonymisation. Publication on course for May/June

IG Training

9. For a number of reasons including improved local training materials and diminishing central resources PW outlined plans to reduce reliance upon the centrally provided e-learning product. Essentially Trusts will have more freedom to determine how they will meet the annual requirement for staff training. The centre would continue to assess training materials if requested but the mandate on using centrally provided materials for all staff was being relaxed.

IG Future State

National IG Support & IG Networks

10. PW sought views on what the local service required from the centre in the future when SHAs etc had gone. TM explained that there would be no support function in the NHSCB field force units. Suggestions included:
 - Support for the SIGNs going forward
 - Development of SIGN role e.g. more interactive on Standards
 - Authoritative leadership
 - Interpretation of Policy
 - Management of incidents

Agenda items should be submitted 3 weeks in advance of the next meeting date to
CFH.IGPsecretariat@nhs.net

11. CCGs were raised as a current problem area. Many CCG Clinical Leads do not want to take on IG at all. RI talked about the approach they have taken with their CCGs who have agreed to give the responsibility for the IG Toolkit return to the local Commissioning Support Service. This was seen to be a good example to broadcast more widely.

Action: Secretariat to obtain details from RI to use as a case study

The role of the Care Quality Commission

12. The H&SC Act provides CQC with a stronger role in respect of driving IG performance amongst providers. Discussions were underway to define what CQC's role should be. It was agreed that local organisations would pay attention to CQC so potentially this was a useful new lever. PW suggested that information quality and records management might be the best aspects of IG for CQC to concentrate on as this fits well with other care standards.

Utilising contracts to drive performance

13. There was a discussion around the possible use of contracts to drive performance. It was felt that whilst they were potentially a useful tool, in reality there are many issues that might prevent this being the case, including:

- Some large providers are essentially monopolies
- Provider side IG expertise may be stronger than commissioner
- IG is just one of many performance aspects to balance

14. One suggestion was that payments could be used within the contracting environment to incentives rather than just concentrating on withholding payments in a punitive manner. This was seen to be a helpful suggestion but there were concerns that it might require additional funding that is not currently available.

IG Performance and data loss indicator

15. PW outlined current collaborative working with the ICO and the new indicator of IG and data losses that Sir David Nicholson had requested be developed for the Operations Executive Forum – most senior NHS management body.

Serious Incidents Requiring Investigation (SIRIs)

16. Paper circulated for comments. The revised process was discussed and PW explained why it was necessary to move away from STEIS which is now only supported in a limited manner and won't be extended to cover the many new organisations operating in the care sector. Some concerns were raised about the new process disrupting local risk management processes or reinforcing the silo around IG but PW said that existing processes need not be disturbed – most organisations have 1 or 2 nationally reportable incidents each year so adding a new reporting process on to existing arrangements should be neither burdensome nor disruptive.

Action: Comments on the revised process to PW from the group by end of May please.

Any Other Business

17. None raised.