

**Minutes**  
**Strategic Information Governance Network (SIGNs) Chairs Meeting**  
**Location VC Leeds (Vantage House Boardroom) London (Tavistock House VC**  
**Blake Room)**  
**Date 13 January 2015 Time 1-4pm**

**Attending**

**London VC**

**Richard Birmingham (HSCIC)**  
**Alastair Donaldson (Department of Health)**  
**Stephen Moore (Ambulance IG Forum)**  
**Penny Taylor (Devon and Cornwall SIGN)**  
**Andrew Babicz (London SIGN Social Care)**  
**Jo Andrews (London SIGN Acute)**  
**Jonathan McKee (London SIGN Mental Health)**  
**Nicola Gould (Surrey SIGN)**  
**Barry Moulton (East of England SIGN)**  
**Jamie Sheldrake (Kent and Medway SIGN)**

**Leeds VC**

**Phil Walker (IGA) Chair**  
**Marie Greenfield (HSCIC) Vice Chair**  
**Cora Suckley (Cheshire and Mersey SIGN)**  
**Dayam McIntosh (HSCIC)**  
**David Stone (London/South CSUs)**  
**Stephen Elgar (IGA)**  
**Darren Mort (HSCIC)**  
**Jenny Millman (HSCIC)**  
**Jenny Pope (HSCIC)**  
**Peter Sherratt (HSCIC)**  
**Carol Mitchell (NHS England)**  
**Sarah Lawson (NPEU)**  
**Susan Meakin (Yorks and Humber SIGN)**  
**Bridget Francis (W Midlands SIGN)**  
**Paul Gardner (E Midlands SIGN)**  
**Mohammed Mayet (HSCIC)**  
**Hayden Thomas (NHS England)**  
**Helen Speed (Lancs and Cumbria SIGN)**  
**Ralph McNally (Local Authority N3/PSN Alpha Project)**

1. Introduction and Chair's Welcome Phil Walker (DH/IG Alliance)
Phil Walker from the Information Governance Alliance welcomed the group to the third meeting of the Chairs of the Strategic Information Governance Network.
2. Apologies
Apologies were received from Malathi Reddy (NHS England) Jenny Spiers

(Greater Manchester SIGN) Stephen Curtis and Nicola Undertown (Centre of Excellence for Information Sharing), Linda Pickup (North CSUs), Adam Tuckett (SW SIGN), Ranisha Dhamu (London SIGN)
3. Minutes of the Last Meeting Phil Walker (DH/IG Alliance)
The minutes were agreed as correct with minor amendments.
4. Actions arising from last meeting Phil Walker (DH/IG Alliance)
The actions arising from previous meetings are summarised in table form at the end of these minutes. Actions cleared from earlier meeting are removed but the actions of the last meeting will be shown for completeness.
5. Terms of Reference Phil Walker (DH/IG Alliance)
The terms of reference were agreed. They will be reviewed annually or if there is any significant change.
6. SIGN Chairs update- Round Table
<p>Stephen Moore (Ambulance IG Forum) Further work has been done with the ICO about a potential questionnaire they want to send to all ambulance staff. One questionnaire will go to all staff and one to IG staff about their understanding of data protection and privacy.</p> <p>Jonathan McKee (London SIGN Mental Health)/Jo Andrews (London SIGN Acute) ICO had attended and delivered an interesting presentation on the Environmental Information regulations. Dawn Monaghan also gave a presentation about enforcement. HSCIC talked about the NHS mail changes and also updated the forum about the child protection information sharing. NHS Brussels office talked about the proposed changes to the European Directive on data protection. Invoice validation was also discussed.</p> <p>Andrew Babicz (London SIGN Socil Care) told the group that Local Authorities were finding it difficult to share the necessary information required by the Care Act. Tim Dalby from the Caldicott Implementation Monitoring Group had given a presentation. The clarification of the use of NHS number and renewed push at achieving the standard was welcomed.</p> <p>Barry Moulton (Eastern SIGN) reported the lawful basis for referral to treatment auditing had not been properly explained as teams of auditors were asking for access to patient identifiable data to conduct audits. Integrated care information sharing was an issue as was the status of accredited safe havens. Medical Photography continued to pose problems with unauthorised devices in use.</p> <p>Jamie Sheldrake (Kent SIGN) They had been dealing with integration and all aspects of sharing and in particular an acute dataset to use as a patient index. There was a general nervousness about sharing. Commissioners had asked for clarification of direct and indirect care as the distinction was not clear. CCGs</p>

especially do not understand that identifying individuals does not add value. Guidance is needed.

Penny Taylor (South West SIGN) The Devon and Cornwall SIGNs had formally joined up and were operating jointly. They had developed an email network of IG leads. Adoption records were an issue and long awaited guidance had not materialised. The IG training tools needed updating. Encouraged by IGA taking on the issue of professionalization of IG. Email communication with the patient was now an issue.

Nicola Gould (Surrey SIGN) IT systems are still being implemented with no IG input causing problems later on. Secure email and email to patients was a hot topic. Patients want to use their own mail like Gmail and Hotmail to send and receive mail to and from the NHS even though they are insecure.

Ralph McNally from the PSN N3 (Alpha project) reported that local authority and the NHS would in future be joined through a seemingly single network. This would improve integration. Regular updates would be given to the SIGNs.

David Stone reported from the joint CSU/DESCRO IG network. S251 issues were raised as invoice validation and processing will become difficult after April with no new processing regulations. One pioneer health and social care integration site wanted to use s255 to collect data via HSCIC. Accredited Safe Havens and DSCRO sharing was an issue. The anonymisation standard was being examined by academics. Data flows between England/Scotland and Wales were a concern as there were differing views on how data protection applied for processing invoices. The risk stratification workshop was of interest.

Sarah Lawson of the Health Education research group reported that the issue of dual employment contract was an issue with a number of researchers having NHS and academic employment and this created a data sharing risk. Some data sharing agreements had conflicting or contradictory clauses which needed clarification. HSCIC was helping with a workshop.

Helen Speed (Lancashire and Cumbria SIGN) reported that they had adopted a joint terms of reference and agenda with Greater Manchester SIGN. The SIGN was attempting to keep on top of sharing agreements and create an electronic register using a sharing platform.

Paul Gardner (E Midlands SIGN) The next meeting was on 22 January. They had commented on the IGA sharing leaflet and questioned the value of giving it to all staff. They were confused about the status of the leaflet and if it was draft or current. The key messages of the leaflet were already in the IG toolkit which had a sections on informing staff about their responsibilities and information sharing. If not handled correctly the leaflet raised more questions than it answered.

Sue Meakin (Yorks and Humber SIGN) The SIGN was trying to encourage social care IG to attend and to attend each other's IG forums. One issue not already mentioned was the use of systems to hold the IG toolkit evidence. To what extent was this permitted the rules were in need of clarification.

Cora Suckley (Cheshire and Mersey SIGN) there had been a meeting in December. The use of DSCROs and the use of the NHS Number was discussed. The earlier clarification of NHS Number use would be helpful. Unpaid bills from the failure of organisations to follow invoice validation guidance was now a big issue with some organisations tempted to share personal information to get their bills paid. Wales were insisting on full data before payment. A standard information sharing agreement template had been developed. The SIGN had raised the lawful basis for RTT auditing. SKYPE and office 365 use was raised. Risk assessments were needed before use. The use of apps for health were discussed as potentially some of the apps used by junior doctors were saving patient data on personal devices. The Cheshire and Mersey SIGN were looking to work more closely with Greater Manchester and Lancs and Cumbria SIGN.

Bridget Francis (West Midlands SIGN) last met in November and had received a talk about NHS Mail. The revision of the Records management code was discussed and they wanted more help with electronic records. The SIRI guidance was discussed and they requested clarification. The logistics of emails to patients was discussed and they welcomed the future feature of NHS Mail to email insecure accounts through a mail collection facility on a secure site. There was sole concern over rule 3 of the IGA leaflet as finance and HR also hold personal data.

The SIGN chairs also heard that there was a statement from an official at the ICO that may need to be checked for accuracy. It had been put in writing that in the view of the ICO that a qualified social worker may fulfil the same position as someone S69 of the Data Protection Act. There was an action to clarify this.

Phil Walker warned against assuming that the definition of a purpose as direct care was a licence to share data. There was still a need to take into account the patient's wishes. The implied consent associated with schedule 3 condition 8 may not always be applicable for all treatment courses and guidance would be forthcoming from the IGA.

#### 7. Information Governance Alliance (IGA) Stephen Elgar (IG Alliance)

Stephen Elgar reported that a number of documents and guidance were in the process of being drafted and some had gone out to consultation as outlined in the work plan paper seen by SIGNs. The IGA had listened to all the comments of the SIGNs about the one page guidance on sharing and reminded the group that it

was just out for consultation and the final document may change or be directed at a specific audience such as organisations where IG was not yet mature.

A piece of guidance that was in progress would deal with data controllership of shared or integrated records or those records where more than one organisation used them. There is a draft being written in collaboration with the Local Government Association. Data controllers may never actually see the data they are in control of as others may process it on their behalf which may be the case with CCGs dealing with data issues arising from their contracts with providers.

The IGA were looking at the NIB framework and the IGOP2 report to look for any further work that needs commissioning. Any products would be quality assured with SIGNs.

8. Department of Health Policy Update including ASH progress Phil Walker (DH/IG Alliance)

The draft regulations for processing which included the policy for accredited safe havens were unlikely to be passed this side of the general election and they may not be accepted if there is a change of government. Safe havens were now reliant on reapplying for S251 approval to continue to process patient identifiable information.

The group were informed that Monitor were putting some guidance together on datasets which would be separate to the IGA process.

9. Information Governance Assurance Framework (IGAF) - Health and Social Care Information Centre

- IGAF2
- Survey for IGAF2
- PSN/Local Authorities
- IG Toolkit Development V13
- Small Organisations
- SIRI tool
- Cyber Security
- IG Training Tool

Marie Greenfield (HSCIC Head of External IG Delivery) and Peter Sherratt (HSCIC Programme Manager IGAF)

Alistair Donaldson (DH) (for Cyber Security)

Marie Greenfield explained that P41 of the NIB Document ensured that the IGAF2 development was now on the National agenda through ensuring the long term future of the IG toolkit as the means of implementing and monitoring National Policy on IG. Business as usual on the IG toolkit would continue alongside IGAF development and the IG toolkit V13 will be released for 2015/16. There was more to be done to incorporate Caldicott 2 and the cyber security programme. A project team of 4 staff would be wholly engaged on development using the current External IG team of the HSCIC as subject matter experts. This was an opportunity for the development of the a product that was what the customers want.

Peter Sherratt delivered a presentation. IGAF2 would build on the IG toolkit which was in scope. The IG training tools is also in scope as was the information mapping tool. The aim is to meet the NIB target of a prototype by October 2015. Development will be in stages with something for NHS trusts first and small organisations later. As part of initial scoping there will be an information gathering stage and how it is delivering the IG requirements. There links with the other parts of the IG system will also be explored for example Caldicott 2 monitoring may be incorporated. There were a number of dependencies such as developments in policy and a possible change in Government.

Some suggestions currently under consideration are a core set of requirements with others bolted on as necessary. Another is peer review audit. A wiki type guide with input from users was also suggested. Organisations might share their own best practice in a benchmarking page. SIRO guidance was also going to be incorporated and there may even be alerts when incidents are reported.

The group did not want the development of IGAF2 to generate more work for IG teams. The dual reporting of incidents was an example of a central requirement that generated more work.

Alasdair Donaldson (DH) and Darren Mort (HSCIC) gave a presentation on cyber security. There were three reasons why it must be taken seriously.

- 1 Cyber security is in the top three risks for the country
- 2 Draft EU directive is in development for network and information security which will include the health sector.
- 3 The Secretary of State has asked for an update and the HSCIC has volunteered to take it on. A report is due in March 2015.

The Centre has very little knowledge about what is going on locally and the cyber incident reporting tool was necessary. There was a need to keep the momentum and enthusiasm going for the system of SIROs and Information Asset Owners. Work will be funded through the national cyber security programme. There may be some money to train SIROs and IAOs. As citizens want to interact with public services more they will need to have more confidence in the ability of those services they use to keep their information secure. Criminal elements are always looking for new ways to get at information and the extent of the threat can only be know if there is adequate reporting. The interdependency between assets is not known and this programme will identify them. Cyber security is more an IG issue because IT was solely interested in technology. IG has a better position to manage this in organisations because it is part of good information management and the links with the SIRO. Cyber security is a business issue. The leadership in organisations for cyber security will come from the enhanced SIRO role. The SIRO is better placed to deal with it and has a prominent role in the organisation.

The Cyber SIRI tool will have the facility to enter any name within the organisation as responsible but it was expected that IG leads would use the tool.

There was a Cyber Security Leadership Forum which SIROs can join.

#### 10. NHS England Hayden Thomas (NHS England Data Sharing and Privacy)

Invoice validation was a major concern with the future of processing invoices in safe havens down to a successful S251 reapplication with the Confidentiality Advisory Group. There were also concerns over cross border processing due to the different IG regimes. NHS England reported to SIGNs that no new guidance was in the pipeline for invoice validation and that organisations would need to follow existing good practice.

The information strategy published by the Chief Executive of NHS England and the NIB document all involve processing information and there was now a process of finding new ways to enable this to happen. The IG implications need to be fully worked out as do some of the terminology and ideas. The legal framework remains the same.

Some guidance is being produced on risk stratification. S251 applications for safe havens will run out in April and there is no alternate solution other than a CAG application. New applications for risk stratification providers will not be considered. The NHS England team are now renamed the Corporate IG team and the Data Sharing and Privacy team.

Carol Mitchell of the NHS England Corporate IG team reported that Area Teams will be replaced with Regional Hubs. The IG responsibilities will have to be fully worked out.

#### 11. Secure Email Standard Jenny Millman HSCIC

Jenny Millman delivered a presentation about NHS mail2. There was a tendering process and a set of requirements which were to be delivered by the successful bidder. Under the proposed standard there will be no insecure email as every NHS organisation will have to adopt NHS mail or upgrade their trust mail to the same standard. It is estimated that a Trust that does not adopt NHS mail will have to pay £50,000 in costs to meet the standard in the first year and then £20,000 in subsequent years. There will be larger mail quotas and more local storage. There will be central funding for migration up until 2019/20.

SMS and fax support will cease for most users this year which ties in with a contractual prohibition on discharge by fax in the standard NHS contract due to come into force in October 2015. Organisations other than GPs that want to use SMS and fax services can consider a joint NHS procurement. Trusts will have to cleanse their active directory (an IG toolkit requirement). Secure file transfer is out of scope. There will be a means of email to insecure email accounts to assist emails to patients and those outside of the government secure gateway.

12. Caldicott2 Implementation –IGOP report Dayam McIntosh (HSCIC Caldicott 2 Implementation Monitoring Group)
The IGOP2 report was presented by Dayam McIntosh which highlighted that little progress had been made in the year since monitoring the Caldicott2 recommendations took place. The team are continuing to work with organisations in 2015 and are reviewing the Year 1 IIGOP report to ensure we adapt accordingly.
13. NHS Number update Jenny Spiers (NHS England)
A note was received. The IG toolkit requirement for NHS organisations for NHS Number use on clinical correspondence which is currently a level 3 will be dropped to a level 2 for V13. It will remain a level 3 for local authorities.
14. Any Other Business Phil Walker (DH/IG Alliance)
The implications of the general election were briefly discussed and there was a potential risk to the continuity of IG work centrally.
15. Dates of the next meetings 3 March

Actions Log	
3 November 2014 Meeting	
1 Action Barry Moulton to send into the SIGN secretariat the Eastern ToR for the scope section to be reviewed by secretariat.	Completed
2 Action Phil Walker to update the group on progress on the proposed the new regulations.	Regulations on hold - Completed
3 Action Marie Greenfield to send out an announcement about IGAF2 before the end of the year.	Enhanced briefing at 13 January Signs - Completed
4 Action Phil Walker to write to Karen Wheeler about the provision of IG advice to CCGs and GPs.	Completed – need to await clarity re role of new regional hubs.
5 Action Marie Greenfield to put a note on the IG toolkit news to remind the NHS about the invoice validation guidance from NHS England and the auditing guidance in the IG bulletin.	Completed
6 Action Hayden Thomas. Strategic IG Team at NHS England to look at PBR and auditing function by CCGs who are requesting access to patient data without providing a clear lawful basis	
7 Action Phil Walker or IGA to write to the ICO to seek clarification on the categorisation of the NHS Number as sensitive personal data.	Completed and guidance written to confirm that it is only sensitive personal information in certain circumstances.
8 Action All to send in examples of good practice Caldicott2 implementation to CMIG@nhs.net	Completed
9 Action IGA to assist the NE group to become established.	Ongoing
10 Action Paul Gardner to send in the Leicester IG training material to Marie Greenfield	Completed
11 Action SIGN Chairs to send in their SIGN minutes or a note or a link to the site where they are published and the forthcoming meeting dates.	Only two sets received please send in more.

Actions Log 13 January 2015	
Action Ralph McNally report to future SIGNs on Alpha Project.	

Action Helen Speed to demonstrate the ISA platform if it is successful.	
Action External IG to clarify the circumstances that a system for holding evidence can be used.	If used a reference/description still needs to be made in the Toolkit or the audit report needs to be attached and cover all items. These are the circumstances where evidence need not be uploaded.
Action Vanessa Kaliapermall HSCIC to look at the sensitivity factors and guidance to see if a failure to follow policy applied to all incidents causing too many reportable incidents as everything was a failure to follow policy.	Completed
Action Phil Walker to clarify the RTT IG advice to audit teams.	Completed
Action Phil Walker to check if the ICO had said that a social worker might be included as the equivalent of a health professional in Schedule 3 condition 8 (1) (b) or one of the professions listed in S69 or even Schedule 3 7 (1)(b) as a function conferred on any person or if it was an error.	
Action All send in ideas and comments about IGAF2 to Peter Sherratt.	