

**Minutes**  
**Strategic Information Governance Network (SIGNs) Chairs Meeting**  
**Location VC Leeds (Vantage House Boardroom) London (Tavistock House VC**  
**Blake Room)**  
**Date 18 May 2015 Time 1-4pm**

**Present**

**Leeds**

Phil Walker IGA Chair  
 Marie Greenfield HSCIC Vice Chair  
 David Stone South East CSU  
 Sean Kirwan Department of Health Information Policy  
 Yvonne Salkeld Cumbria Partnership NHS FT  
 Kevin Whittaker United Hospitals Morecambe Bay  
 Stephen Elgar IGA  
 Liane Cotterill North East SIGN  
 Cora Suckley Cheshire and Mersey SIGN  
 Michael Goodson NHS England  
 Bridget Francis West Midlands SIGN  
 Brendan Sheehy Department of Health  
 Glen Atkins Department of Health  
 Gurpreet Sarai Information Sharing Centre of Excellence  
 John Hodson HSCIC  
 Ralph McNally Leeds City Council  
 Sue Meakin Yorks and Humber SIGN

**London**

Richard Birmingham HSCIC  
 Bridget Kenyon University College London  
 Stephen Moore Ambulance Service IG Network  
 Barry Moulton East of England SIGN  
 Penny Taylor Devon and Cornwall SIGN  
 Alex Bunn West of England SIGN  
 Mark Gubby Surrey SIGN  
 Selin Barnett North West London Collaboration of CCGs

	Presented by	Paper	Time
1. Introduction and Chair's Welcome	Phil Walker (DH/IG Alliance)		1.00
2. Apologies			1.05
Apologies were received from Hayden Thomas, Carol Mitchel, Karen Thomson, Jo Andrews, Helen Thorne, Helen Speed, Sarah Lawson, Jenny Pope, Andrew Babicz, Nicola Gould, Jamie Sheldrake, Jonathan McKee,			

3. Minutes of the Last Meeting	Phil Walker (DH/IG Alliance)	Yes	1.05
The Minutes were agreed.			
4. Actions arising from last meeting	Phil Walker (DH/IG Alliance)	Yes	1.10
The resolution of the actions from the previous meeting is listed at the end of these minutes.			
5. SIGN Chairs update	Round Table		1.20
<p>Mark Gubby Surrey SIGN – FGM dataset request and the IG guidance had been an issue. Integration work was at an early stage and was progressing.</p> <p><b>Action legal Basis for FGM collection</b></p> <p>Bridget Kenyon Research IG working group – Had met the previous Friday and discussed the HSCIC data sharing agreement. Oxford University had conflicting contractual requirements which made signing problematic. Other legislation required data to be retained whilst HSCIC required it to be deleted after use. The application of the IG toolkit to the entire University system was felt excessive where certain parts of the university would never handle confidential data supplied for research. There was some room for local variation of the contract but Universities were not aware how this was negotiated. They were advised to write to Peter Hall about the data sharing contract with HSCIC. They had seen a prototype of the IG toolkit and suggested a wizard view for the new toolkit design.</p> <p><b>Action supply email address of Peter Hall to Bridget Kenyon</b></p> <p>Alex Bunn West of England SIGN – The SIGN had discussed penetration testing, SIRO issues and Caldicott network issues. They wanted to look at incident analysis with a view to benchmarking.</p> <p>Barry Moulton East of England SIGN- The SIGN had discussed police requests and wanted any central guidance to include military police. It was pointed out that HRA had issued a new process for approval for local research projects. This had implications for sharing.</p> <p>Local government re-presentation was creeping up. Essex County Council had set up an information sharing project board and any progress will be shared with the group.</p> <p><b>Action Contact HRA about new local research approval process.</b></p> <p>Penny Taylor SW SIGN – GPs insisting on Faxing had been raised. A cyber SIRI had been reported about ransom ware. W SIGN would like to get an expert to speak to the group about the cyber SIRI tool. There was still a problem with records of adopted persons creating problems for children’s services.</p>			

## **Action HSCIC cyber SIRI expert to speak to SW SIGN.**

Selin Barnett NWL *Collaboration of CCGs*– NW Integration Pioneer – The pioneer team wanted IGA to visit the project. A S251 application was being progressed to support the work. They had produced an Information Sharing Agreement that had been signed off by nearly all local provider care organisations but still progressing with primary care.

Stephen Moore Ambulance IG Network – Kai Winterbottom from ICO had come to talk about a survey they wanted to conduct with ambulance trusts. A number of options for the survey had been discussed. It may be limited to information asset owners.

A question about the extent of clinical audit across acute/ambulance trust was raised using only an ambulance case identifier to see if any patients had developed septicaemia after handover. It was felt that this was allowed as the patient was already known to both parties and there was a minimum of information being shared. The NHS England IG bulletin number 9 had a good section on clinical audit. The archived NIGB website also has some guidance on clinical audit. The issue was felt not to be a care purpose issue but rather if the patient has consented either through satisfying Data Protection fair processing rules or they had consented as appropriate. There may also be a public interest case to be made. Outcomes based commissioning was going to need this issue to be worked through.

Cora Suckley Cheshire and Mersey SIGN – reported that at their March meeting invoice validation remained an important issue with widespread use of identifiable data on cross border flows to allow them to be paid by Wales. There had been a discussion about direct care and the definition to allow information sharing for case management and care pathway management. Phil walker explained that rather than focusing on direct care definitions it is better to focus on what the lawful basis for sharing is and ask if the patient has consented or agreed in some way to the information being shared.

The lawful basis of referral to treatment auditing had also been raised. The group also discussed parental access to children's records when the parents were no longer together.

Sue Meakin Yorks and Humber SIGN reported that they had been successful in incorporating social care and Local Authority Colleagues at the meeting. The group had discussed how to hold evidence in the IG toolkit and what would suffice as an description of the explanation. Marie Greenfield clarified that any description must be sufficient for an independent person to find the evidence again. A hyperlink directly to the evidence was acceptable but a link to a single folder without naming the document was not. The HSCIC reserve the right to ask directly for evidence. The 'question of balance' audit material still gave a good indication of the types of evidence that was expected. Local audits may choose a subset of the requirements to review based on local circumstances but it was expected that the choice of requirements to review would not be left to organisations to dictate.

The Yorks and Humber group had also discussed covert surveillance by patients

and the rights of staff to privacy. There had been instances of staff being identified via social media in the work environment following unauthorised recordings.

Ralph McNally gave an update on the successor to N3 which is currently being called the health and social care network. An alpha project is taking place between the HSCN and Yorkshire and Humber PSN to demonstrate how interim linkage can be achieved. We will shortly be in a position to test one-way (local authority to Health) access to 4 critical NHS 'spine' systems from 2 different local authority partners – Leeds and Wakefield. This will for example mean that the Public Health intelligence team in Leeds will be able to directly access SystemOne and the 'open Exeter data sets' over PSN. He also reported that separately the IGA will be doing a deep dive at Leeds to look at and support the IG challenges presented by our pioneer project. Finally he also reported that an event is shaping up to take place with the Greater Manchester Authorities to bring together and to start to shape the scope of IT integration and devolution for Manchester together with representation from the first tranche of Pioneers.

Gurpreet Sarai from the Centre of Excellence for Information Sharing reported that they had attended the 23 March pioneer Summit and had been tasked with disseminating best practice from examples across the country.

Yvonne Salkeld Lancs and Cumbria SIGN reported that they had not met since the last SIGN meeting and would report to the next meeting.

Sean Kirwan Department of Health information policy – the Election period was not yet officially over as the new ministerial teams were not fully in place and any changes to policy had not been communicated to civil servants. For the moment no communications could be issued or guidance or policy released. George Freeman (Life Sciences) was the responsible minister and they may want to comment on policy or guidance being released.

David Stone CSU network – had not met recently. They were waiting to hear what would happen to them as NHS England decide what to do. There had been some mergers and some CCGs had removed contracts. Only 6 CSUs remain. There was yet to be a decision about the future organisation of the DSCROs.

Michael Goodson NHS England could only comment on the area teams and was unable to give a full update on all IG activity. 32 area assessments were being incorporated into a single assessment and score.

Bridget Francis West Midlands SIGN – met on 8 May. They had received a presentation on the 20 year rule and had asked about applying legal holds to medical records and the revision of the records management code. They had discussed what will happen to any evidence that had already been uploaded to the IG toolkit. It was confirmed that evidence will not be lost from V12 to V13. The group reported that there was still some uncertainty around the reporting of cyber incidents and perhaps more clarification was required.

Liane Cotterill North East SIGN- no meeting has taken place this period. There was

a question about direct care definitions. However it was explained, by Phil Walker, that this was the wrong question and it is better to approach the issue with the question about if there is sufficient consent to do what you propose with the information. Some sharing of non-sensitive information can be done with implied consent, others would require a signature and there is a range in between where there organisations need to satisfy themselves that the patient has been suitably informed of the use and understand. Work was ongoing with the National Data Guardian to clarify this.

6. Information Governance Alliance (IGA)	Stephen Elgar or Shane Dark (IG Alliance)		2.20
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Stephen Elgar updated the meeting- a proof of the IGA work plan was almost ready to be circulated. Work was underway to set up regional networks for Caldicott Guardians.

A network for records managers was proposed.

A network for SIROs would be linked to the update of the SIRO manual.

An information sharing toolkit was being produced based on the material from the Torbay information sharing toolkit.

The anonymisation standard was to be amended to include pseudonymisation.

More WebEx on the short guides was proposed. The IGA wanted to bring in 3<sup>rd</sup> sector organisations to look at what was needed to improve IG in this area.

Any suggestions for WebEx seminars were welcomed and can be directed to the IGA.

Phil Walker updated the group on the work the IGA had been doing with the pioneers sites. 4 of the sites would be examined in detail to become exemplars. These are Leeds, NW London, Southend and Waltham Forest, East London and the City (WELC).

A list of first wave pioneers can be found here;

<http://www.england.nhs.uk/2013/11/01/interg-care-pioneers/>

the enclosure below shows the 2<sup>nd</sup> wave pioneer sites.



ICP Wave 2  
Profiles.docx

The types of integration were basically along similar lines in the area of joint working, Single point of referral, risk stratification and an integrated/shared care record. Each one had similar sharing issues with the added layer of local issues. The information provided to service users was different in each case, Some would require a S251 application to be lawful, The four exemplars would cover the four circumstances.

Break 2.30

7. Department of Health  
Legacy Records held by DH

Brendan  
Sheehy/Glenn Atkins  
(DH)

2.45

The Department of Health had inherited a large volume of legacy NHS records from the PCT closure process. A number of these records were not legacy records and belonged to the transfer of functions from PCTs to CCGs or NHS Trusts. DH will be writing to NHS Chief executives concerned to begin a process of returning the records to the organisations that now have transferred the function to provide the service to which they relate. The records relate to 300 organisations and are held with 40 records storage companies. SIGNS are asked to be aware that this communication may be coming to your Chief Executive and you may be asked to take on the liaison role with DH on this matter.

8. Information Governance Assurance  
Framework (IGAF) - Health and  
Social Care Information Centre  
  
IGAF2  
IG Toolkit Development V13

Marie Greenfield  
(HSCIC Head of  
External IG Delivery)  
Vanessa  
Kaliapermall/John  
Hodson (HSCIC)

3.00

Marie Greenfield – the work on the IGAF was concentrating on two areas.  
1 New look and feel for the IG toolkit  
2 Small organisations (Dentists GPs, optometrists but not pharmacies yet) will get a new version by October 2015.  
  
3 Caldicott2 homepage  
4 Cyber security homepage  
  
V13 of IG toolkit will be released as usual.  
The baseline v13 will be used to report Caldicott2 for NHS Trusts. 2 reports will be provided 1) local for boards 2) report to National Data Guardian. Following negotiation it is hoped to do the same for GPs.

**Action MG to supply briefing paper for National Data Guardian on IG toolkit monitoring**

**Action MG All IG contacts email about what to put in their baselines.**

The IGAF 2 survey had only indicated that small tweaks were wanted by IG professionals. There was strong support to remove duplication and make the toolkit work smoother. There had been a huge response to both surveys and results will be published in due course. The timescale for all the IGAF work was 2 ½ years.

There was a presentation on Small organisation prototype by John Hodson (HSCIC). The IG toolkit had been arranged in such a way that themes were shown instead of requirement numbers. This alpha version would be released in October for small organisations to complete if they did not want to complete the current version. None of the requirements had been changed only the way that the requirements were evidenced and presented. Duplication had been identified and where the same information was required it would prepopulate the other requirement.

The thematic arrangement was;

- 1 For business
- 2 For patients
- 3 For staff
- 4 For premises
- 5 For information/IT

As part of the work the knowledgebase will be updated and a FAQ section used instead of trawling through the current pages. Information mapping will be looked at as well.

The group likes the look and feel of the small orgs work.

**Action JH to circulate the screenshot of the new IG toolkit.**

9. NHS England	Hayden Thomas (NHS England)		3.20
No update this meeting			
10. Demonstration of Information Sharing agreement management system	Yvonne Salkeld (Cumbria Partnership NHS FT) Kevin Whittaker (UHMB)		3.30
Kevin Whittaker and Yvonne Salkeld gave a demonstration of the information sharing management system. The system was in an advanced stage of development. Organisations can use the tool to store information against their data			

flow maps showing if they are IG toolkit compliant or they have an information sharing agreement. The tool can circulate ISA between member organisations and get them signed off. At present it is being used by Health, Social Care, Police and LPRES and NWSIS have sponsored the project. Small organisations can be sponsored to join and it is intended that when contracts are issued on requirement will be to use the tool to enter the information sharing details and sign off the ISA. The tool can generate a dashboard so each organisation can see where the information is going and the level of assurance based on the criteria used such as ISA in place and IG toolkit compliant, secure transfers in place. Privacy impact assessments can be attached.

One key feature is that the responsible officer can sign off and see all information flows.

The system is being devised locally but if there was National interest it could be copied in other areas once fully tested.

One next step might be a patient view of information flows so they could see where their information might be shared.

11. Any Other Business Fax use and NHS Contract from October 2015	Phil Walker (DH/IG Alliance)		3.55
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NHS Fax – SIGNS were advised to look at the standard NHS national contract for 2015-16 where a secure fax will not be allowed for certain types of discharge from October 2015. The discharges are expected to be by other secure means eg secure email. Now that NHS mail had a secure facility to send to any email account there was now a way to abandon fax machines.

The fax prohibition was contained in the general conditions (page 53) under the definition of a 'delivery method'.

*'as required or permitted by the relevant Transfer of and Discharge from Care Protocol, but noting that the issue of (a) Discharge Summaries in respect of Acute services, or (b) Discharge Summaries in respect of any services provided by any NHS Foundation Trust or NHS Trust, or (c) Post Event Messages in respect of NHS111 services, by secure fax to GPs, NHS Foundation Trusts or NHS Trusts, will not be permitted with effect from 1 October 2015'*

<http://www.england.nhs.uk/nhs-standard-contract/15-16/>

General Security Classifications – A question as raised about the equivalence of NHS and government security classifications. The IGA are working on something but it may be able to release a draft.

**Action – IGA to consider releasing early the security classification guidance.**

There was a request for a map of the organisations/committees involved in IG nationally

**Action PW to find a chart of current IG structure.**

12. Dates of the next meetings Monday 13 July 1-4			
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Previously outstanding actions

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	
Action IGA to assist the NE group to become established.	NE Group was up and running Nicky Huntley was chair and Liane Cottrell was reporting to SIGN

Actions 3 March 2015	
1 Action PW to speak to Dawn Foster re Higher Education data sharing agreement	PW reported dialogue was proceeding with the HSCIC and the Education community
2 Action PW to speak to NHS Mail2 about branding the email as NHS so patients don't delete as SPAM.	PW reported Mark Reynolds (NHS Mail2 programme manager) was now aware of the issue and NHS mail emails will be branded so people know it is from a trusted source.
3 Action IGA look at technology issues to consider developing a framework for guidance. Specific concerns included: Need to investigate who is doing what on apps and IG guidance for developers. Use of secure e-mail for clinical data transfer DPA implications of taking e-mail with you when you move organisations	IGA had noted the need to look at technology issues and after the post-election period they will start putting technological issues on their work plan.
4 IGA to consider providing guidance on police requests for data	IGA was working on this.
5 Action HT to investigate the IG aspects of the pass through survey re audit.	
6 Action HT to look at the grants template and see if it mentioned IG and the toolkit.	
7 Action RB Invite CQC/NIGC representation to SIGNs.	Simon Richardson invited and will be put on circulation list for information.
8 Action to PW circulate a list of pioneers	Enclosed in the minutes of 18 May.

and any IG pioneer sites.	
9 Action any CCGs with close working IG links to their GPs willing to be involved in IGT pilot or beta testing can contact the secretariat.	No takers as yet but the offer is still there.
10 Action HT to circulate the scope of the S251 to SIGNs.	Completed
11 Action Chair to consider written round table circulated prior to meetings.	Completed
12 SD write out to SIGN chairs for expressions of interest from those wanting to get involved in ERGs	Completed
13 SIGN chairs to report back on how integration of SIRI tool cyber-reporting integration was working	Some feedback received

Actions 18 May

Action	Closure
<b>1 Action legal Basis for FGM collection</b>	HSCIC has a lawful basis to collect FGM data from 2012 Health and Social Care Act. 2015 FGM Direction <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/427336/fgm.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/427336/fgm.pdf</a>
<b>2 Action supply email address of Peter Hall to Bridget Kenyon</b>	Completed
<b>3 Action Contact HRA about new local research approval process.</b>	BM contacted HRA who have a fast track approval process that uses a data protection questionnaire instead of the IG toolkit for some research applications. RB followed up – awaiting response from Natasha Dunkley (HRA)
<b>4 Action HSCIC cyber SIRI expert to speak to SW SIGN.</b>	
<b>5 Action MG to supply briefing paper for National Data Guardian on IG toolkit monitoring</b>	Completed
<b>6 Action MG All IG contacts email about what to put in their baselines.</b>	Due out 13/7/15
<b>7 Action JH to circulate the screenshot of the new IG toolkit.</b>	Circulated

<b>8 Action – IGA to consider releasing early the security classification guidance.</b>	
<b>9 Action PW to find a chart of current IG structure.</b>	