

Minutes
Strategic Information Governance Network (SIGNs) Chairs Meeting
Location VC Leeds (Vantage House Boardroom) London (Tavistock House VC
Blake Room)
Date 3 March 2015 Time 1-4pm

Attending Leeds

Phil Walker (IGA) Chair to 3pm
 Shane Dark (IGA) Chair from 3pm
 Cora Suckley (Cheshire and Mersey SIGN)
 Kaliapermall Vanessa (HSCIC)
 Darren Mort (HSCIC)
 David Stone (CSU/DSCRO IG network)
 Jenny Spiers (Greater Manchester SIGN)
 Helen Speed (Lancs and Cumbria SIGN)
 Michael Goodson (NHS England Area Hubs)
 Liane Cotterill (NE SIGN)
 Peter Sherratt (HSCIC)
 Sarah Lawson (NPEU)
 Hayden Thomas (NHS England Data Sharing and privacy)
 Susan Meakin (Yorks and Humber SIGN)
 Ralph McNally (Leeds City Council/N3 PSN Alpha Project)
 Bridget Francis (West Midland SIGN)
 Anna Liddell (Caldicott2 Implementation monitoring Group)

Attending London

Richard Birmingham (HSCIC)
 Ranisha Dhamu (London SIGN)
 Stephen Moore (London Ambulance Trust)
 Penny Taylor (Devon and Cornwall SIGN)
 Jo Andrews (London SIGN)
 Mark Gubby (Surrey SIGN)
 Barry Moulton (Colchester NHS Trust)
 Jamie Sheldrake (Kent and Medway CSU)
 Andrew Babicz (London SIGN)

	Presented by	Paper	Time
1. Introduction and Chair's Welcome	Phil Walker (DH/IG Alliance)		
The group was welcomed to the meeting of the Strategic Information Governance Network chair's meeting.			
2. Apologies			
Apologies were received from Karen Thomson, Carol Mitchell, Marie Greenfield, Nicola Gould, Jonathan McKee, Jenny Pope, Stephen Elgar, Stephen Curtis, Nicola Undertown,			
3. Minutes of the Last Meeting	Phil Walker (DH/IG Alliance)		

The minutes were agreed with one clarification around the Lancs and Cumbria sharing/data flow mapping tool.

4. Actions arising from last meeting Phil Walker (DH/IG Alliance)

The action for the NW sharing portal was for a means of managing the Information Sharing Agreements not for sharing any patient data. If successful it will be demonstrated as an exemplar to the SIGN Chairs.

The action to update on the Alpha Project is given below in the round table.

It was confirmed that the ICO had indicated that a qualified social worker would be acceptable qualified person to share clinical information with using schedule 3 condition 8 of the Data Protection Act 1998. A full written confirmation would be sought and then shared with SIGNs.

The requirement to upload evidence was given in the IG toolkit guidance. If local systems are used there still needs to be a written reference in the IG toolkit. A full IG toolkit audit was also acceptable if uploaded in the audit section. The problem of not uploading evidence had arisen when organisations had required a certificate from HSCIC of IG toolkit compliance for a research application or N3 connection and the central team could not verify a completed toolkit. For CCGs this had occurred when they had applied for safe haven status.

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. SIGN Chairs update Round Table

Cora Suckley (Cheshire and Mersey SIGN) reported that the SIGN had not met since the last meeting of the Chair's group.

Ralph McNally Gave an update on progress in the Alpha Project. This is a project to link N3 and the PSN. An outline agreement had been produced by HSCIC and the Local Government Association. This will allow better integration of health and social care services. Savings will be made by the reduced number of N3 connections needed and improve COINs (Community of Interest). There are some systems that are being tested by the project. There are SystmOne, PDS/DBS and the NHS number service and the Child Health Information System. A blanket IG SOC has been issued for 3 months to the project. The HSCIC have allocated a lot of resources to make the project succeed.

Sue Meakin (Yorks and Humber SIGN) reported that invoice validation was still an issue. Some CCGs were going directly to trusts for identifiable data for payment. CQC camera guidance was discussed and the group had lots of examples of this occurring. The SIGN was trying to work with the social care IG groups to facilitate integration.

Bridget Francis (West Midlands SIGN) reported that NHS Mail 2 was welcomed as the NHS now had a secure means to communicate with patients. They had discussed the IGAF2 developments and asked if there would be any impact on IG Toolkit scores when implemented. It was confirmed that V13 would be business as usual and apart from NHS Number, cyber security and Caldicott monitoring there were no major changes.

Jenny Spiers (Greater Manchester SIGN) reported that there was excitement over the announcement of devolution of health and social care funding in Manchester.

Sarah Lawson (NEUP) reported that a higher education IG event had taken place in conjunction with the HSCIC. The IGT was appreciated by her colleagues. There were reported problems with the HSCIC data sharing agreement but there had been no movement in the position that the data sharing agreement is non-negotiable. The sticking point was that the entire organisation was expected to meet the IG toolkit rather than a hosted secondary use team. PW agreed to explore with HSCIC colleagues whether there was any room for negotiation.

David Stone (DESCRO CSU IG group) The NHS mail e-mail was not branded as NHS and some patients were reluctant to open the attachment. Invoice validation continued to create problems, NHS SBS reported that examples of invoices being sent to the wrong place with confidential data on them was still being reported. If not dealt with the ICO may make an example of any organisations involved. The DESCROs and CSUs are being reorganised. The group were advised to read the records handover clauses in the new standard contract. There is a mention of 9001 accreditation in the contract.

Liane Cotterill (NE SIGN) NE Group had tentatively started but further IGA help would be needed.

Helen Speed (Lancashire and Cumbria SIGN) reported that the use of devices by patients and unauthorised devices by staff was an issue. The use of unaccredited apps was common. The NHS bulleting had an article about Apps and there was a team in HSCIC working on an accreditation standard. Helen informed the group that she was going as part of a study trip to Austria to see how apps are handled in another health regime. It was noted that the IGA would be shortly producing guidance on patients taking photographs and using mobile phones in NHS premises but further technology focussed advice was needed and the IGA agreed to consider what might be developed. NHS England had a technology TEXT programme which were looking at the clinical applications of telehealth and SKYPE. The PM Challenge fund had also mentioned apps and other technology projects that might need IG assistance.

There was an update on the regional Information Sharing system to improve and modernise the administration and risk assessment of information sharing, so it contains the detail of individual data sets that are being shared, with whom and on what legal basis. The intention is to use it to replace 'Tier 0' agreements and the bulk of 'Tier 2' agreements. It will support recording of internal and external data flows and has been designed so that data can be migrated from the current Bart's tool in IGT.

Stephen Moore (Ambulance IG Forum) National Ambulance Training for volunteers and staff was an issue with problems getting a mobile workforce with little access to computers trained. They are awaiting some guidance on electronic record keeping from the revised Code. An ambulance information sharing project has hit a problem over sharing outcomes data with ambulance trust. The ambulance serviced wanted to know if their interventions had been successful but there was no way to link their data with NHS Hospital data. The ICO was conducting a survey of IG amongst ambulance staff in May.

The annual basis of IG training for all staff was confirmed by the Chair as this was a cabinet office mandate.

Jamie Sheldrake (Kent and Medway SIGN) highlighted the use of email as records keeping systems that caused a problem in one trust. This was not best practice and the central guidance from The National Archives was to file email with the records they relate to rather than use archiving systems to hold the emails separately.

Penny Taylor (Devon and Cornwall SIGN) The development of NHS secure mail to patients means that clinical correspondence is now being conducted by Email. Sometimes this was not being properly filed in the case file. Recent CQC inspections of NHS trusts had not covered IG in any detail. NHS England were conducting a pass through device survey.

Barry Moulton (East of England SIGN) Apps and Instagram were being considered for use by some staff. The relevant consent issues were taken care of but there was no assessment of the software itself. The ownership of photos might be an issue. One Trust has a VC room for virtual consultations. The honorary contract guidance might be interpreted as an approval of their use as a workaround for sharing issues. Police requests needed more guidance because of their complex nature. Some CCGs had given grant monies to the voluntary sector to see clients but they had not been asked to complete an IG toolkit. Social care organisations are not attending East of England SIGN and this was the consensus from those present. The Centre of Excellence may be the way in to get social care involved.

Ranisha Dhamu (London Social Care SIGN representative) The ICO had attended a meeting and talked about ICO audit of NHS. Some social care IG posts were being amalgamated into corporate local authority IG posts to save money.

Andrew Babicz (London SIGN Social Care) reiterated that social care IG staff were being cut and the work transferred to corporate local authority teams.

Mark Gubby (Surrey SIGN) reported that dissent management in data sharing projects had become an issue. The lawful basis for audits was creating problems and some guidance would be welcomed.

Jo Andrews (London Acute SIGN) The ICO had presented to London IG group as had the NHS Mail2 team and the Child Protection Information Sharing project at HSCIC. The group had discussed data sharing for audit purposes and invoice validation. The group had considered how to implement FOI disclosure logs. The

lack of IG focus in the CQC inspections had been discussed.

6. Information Governance Alliance Shane Dark (IGA)

Product Consultation & Feedback
Future Engagement (including Expert Reference Groups)
Caldicott 2 Implementation Monitoring (TBC)

The IGA reported that they had been hard at work developing guidance. Recent work had concentrated on the IG aspects of the NIB document and Caldicott2. The feedback on the one page information sharing guidance had been well received. The honorary contract guidance had also generated considerable feedback. Other guidance in development include;

Duty of Care

Integrated Discharge Planning

Sharing with the voluntary sector

Little response had been received from these guidance in draft form. The consultation would be extended to allow further comments. The IGA would look at how it publicised future consultations with the possibility of a direct mail out to IG leads registered on the IG toolkit.

The IGA would in future establish reference groups to look at guidance so SIGNs may be asked to supply experts to consider guidance. NHS England used such interest groups to quality assure their documentation.

The IGA are going to build networks of Caldicott and SIRO groups. This was stemming from the NIB document and the revised Pioneer and Information Governance Oversight Group (formerly IGOG). The IGA has a ministerial mandate to help the pioneers with any IG related issues. A working group had been formed to offer help to all the pioneers' sites on a one to one basis. The intention was to create a set of IGA approved case studies where the lawful basis for sharing had been fully worked out and the requirements of fair processing and consent had been fully implemented. There were numerous case studies held as examples but they had not been vetted for lawfulness so they could not be used as exemplars by IGA. The IGA are working towards a 23 March Pioneer summit to perform an initial findings exercise. There is currently a guidance document on data controllership issues which will be produced shortly which will be of use to pioneer sites as well as other involved in joint working.

Break	
7. Department of Health	Policy Update
No update	
<p>8. Information Governance Assurance Framework (IGAF) - Health and Social Care Information Centre</p> <p>Peter Sherratt (HSCIC Programme Manager IGAF) Vanessa Kaliapermall (HSCIC External IG) Richard Birmingham (HSCIC External IG)</p> <p>IGAF2 Survey for IGAF2 IG Toolkit Development V13 Small Organisations Cyber SIRI tool Records Management Code of Practice</p>	
<p>Peter Sherratt (IGAF programme manager) delivered a presentation on the outline of the IGAF programme. Integration and harmonisation was the theme that had come out of discussions. The content would be produced by a wider team like IGA, higher education sector, local government and customer feedback. The current IG toolkit was NHS centric and this would change. The changes would remove burden. Any changes would have a multi-level reporting function with reports for ministers at one level and reports for members of the public at another.</p> <p>There would be a module aimed at implementing Caldicott and another at cyber security. Guidance material would be reviewed and brought into one place. The IGAF survey would not influence the beta release. V13 would be released as business as usual but a beta release aimed at small organisation was planned for October to meet the NIB timetable.</p> <p>Over 400 replies had been received from the survey. The results were as expected given that the majority of replies were from IG staff. The Toolkit was supported but with a need to make it more streamlined.</p> <p>Vanessa Kaliapermall (External IG delivery HSCIC) updated the group on the planned IGAF2 development where some information was known. It would allow relevant material to be added within areas for;</p> <p>Cyber security Caldicott Professionalism Training SIRO area Feedback to HSCIC</p> <p>Some changes to V13 were now finalised as part of business as usual. There was a Cyber security requirement and a Caldicott2 requirement around sharing and dissent management. There was a change to the NHS Number requirement for Acute, Mental Health and Community toolkits. The clinical correspondence currently at a level 3 will become a level 2.</p>	

Some work had been done on small organisations to be moved to an outcomes/products based model but this had not been formally adopted yet. Small organisations consisted of GPs, dentists, pharmacists and eyecare. The policy and requirements will not change but the way they are evidenced will. The higher education sector is going to be in the first wave as a small organisation. There will be dual running until the whole sector became familiar with the product.

V13 will be released earlier than normal to free time to work on V14 and IGAF2.

Richard Birmingham gave a update on the revision of the Records Management Code of Practice – a working group under the IGA banner had been formed and was looking at streamlining the retention schedule, developing a business classification scheme for the NHS and produce guidance where the existing Code could not have foreseen developments in technology.

9. NHS England Hayden Thomas (Data Sharing and Privacy)

NHS England reported that the s251 application for safe haven processing of invoices had been cleared with the Confidentiality Advisory Group of the Health Research Authority.

10. London Connect sub group secure email standard Jo Andrews (London Contact Group)

Jo Andrews presented an agreement for using email to communicate with patients. The group welcomed the wording of the agreement as something that enabled communication to move forward where previously clinical letters were used. NHS Mail2 had a secure email facility for patients but until it was rolled out fully such agreements were necessary where the patient insisted on email as a means of communication over letters.

11. Any Other Business Shane Dark (IG Alliance)

It was suggested that the format of SIGNs consider a written round table to save time.

12. Dates of the next meetings
18 May (post-election)

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.	
Actions Log 13 January 2015	
Action Ralph McNally report to future SIGNs on Alpha Project.	Update given verbally at SIGN
Action Helen Speed to demonstrate the ISA sharing platform if it is successful.	Helen will report back when it is up and running
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 guidance clarified with design group
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.	Verbal confirmation had been received that a qualified social worker can be considered to have a duty of confidence equivalent to a medial practitioner.
Action All send in ideas and comments about IGAF2 to Peter Sherratt.	Comments received

Actions 3 March 2015	
1 Action PW to speak to Dawn Foster re Higher Education data sharing agreement	
2 Action PW to speak to NHS Mail2 about branding the email as NHS so patients don't delete as SPAM.	
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	
4 IGA to consider providing guidance on police requests for data	
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.	
8 Action to PW circulate a list of pioneers 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.	
10 Action HT to circulate the scope of the S251 to SIGNs.	
11 Action Chair to consider written round table circulated prior to meetings.	
12 SD write out to SIGN chairs for expressions of interest from those wanting to get involved in ERGs	
13 SIGN chairs to report back on how integration of SIRI tool cyber-reporting integration was working	