

Minutes
Strategic Information Governance Network (SIGNs) Chairs Meeting
Location VC Leeds (Vantage House Boardroom) London (Tavistock House VC
Blake Room)
Date 3 November 2014 Time 1-4pm

Attending London VC

Andrew Babicz London SIGN
Adam Tucket West of England SIGN
Barry Moulton East of England SIGN
Mark Gubby Surrey SIGN
Helen Thorn Devon and Cornwall SIGN
Jo Andrews London SIGN
Paul Gardner East Midlands SIGN
Jamie Sheldrake Kent and Medway SIGN
Richard Birmingham HSCIC
Ranisha Dhamu London SIGN
Hayden Thomas NHS England
Stephen Moore London Ambulance Trust

Attending Leeds VC

Phil Walker IG Alliance Chair
Marie Greenfield Deputy Chair
Peter Sherratt HSCIC
Ralph McNally Leeds City Council
David Stone South CSU IG Lead
Ruth Stott HSCIC
Bridget Francis West Midlands SIGN
Helen Speed Lancashire and Cumbria SIGN
Liane Cotterill Cheshire and Merseyside SIGN
Stephen Elgar IG Alliance
Cora Suckley Cheshire and Lancashire SIGN
Tim Dalby HSCIC
Katie Cust HSCIC
Michael Goodson NHS England
Susan Meakin Yorkshire and Humberside SIGN
Malathi Reddy NHS England
Jenny Spiers Greater Manchester SIGN
Darren Mort HSCIC
Sarah Lawson NPEU Oxford University

Apologies

Jonathan McKee London SIGN
Jenny Pope HSCIC
Nicola Gould Surrey SIGN

Robin Burgess NHS England
 Shane Dark IG Alliance
 Karen Thomson NHS England
 Peter Hall IG Alliance
 Linda Pickup Lancashire CSU
 Stephen Curtis Centre of Excellence
 Nicola Undertown Centre of Excellence
 Carol Mitchell NHS England

<p>1. Introduction and Chair's Welcome The Chair welcomed the meeting and there was a round of introductions.</p>
<p>2. Apologies Please see the above</p>
<p>3. Minutes of the Last Meeting The minutes were agreed for accuracy and were agreed.</p>
<p>4. Matters arising from the last meeting - Please see the actions log at the end of the minutes</p>
<p>5. Terms of Reference</p> <p>The terms of reference were agreed with the comment that the inclusion of a section on scope be added if this could not be included in the purpose section of the Terms of Reference.</p> <p>Action Barry Moulton to send into the SIGN secretariat the Eastern ToR for the scope section to be reviewed by secretariat.</p>
<p>6. Information Governance Alliance (IGA)</p> <p>The group received an update from the IG Alliance. The IGA has been seeking agreement on its workplan and has been identifying issues of national significance where guidance may be needed. A key activity is the development of IG networks and ensuring that there is national coverage.</p> <p>The IGA were looking at three key areas;</p> <ol style="list-style-type: none"> 1 The be the single source of authoritative advice and guidance for IG in health and social care 2 To develop IG networks for peer support and communications with the IGA 3 To develop the professionalism of IG staff <p>Comments from the SIGN membership were always invited and welcome.</p> <p>A momentum was now building with the IGA now fielding questions from</p>

organisations where they were within the remit of the IGA to answer. The IGA were building a picture of where the gaps existed in the regional IG networks both geographically and by Sector and were keen to address the patchy coverage of local authorities.

An early focus has been the Integration Pioneers and it was pointed out that it was now common for health and social care to work in a more integrated fashion so the scope set by the IGA may be too limited. The IGA agreed that it would be important to share lessons learned from Pioneer activity with the wider service.

The activities of the IG Alliance would be listed on the website once it was fully developed. Early developments would be consultation on topical guidance and practical support for Integration Pioneers.

The group expressed interest in what capacity was available to deliver the workplan and what the priorities of the IGA were. There was a call for more detail about what would be delivered.

7. Centre of Excellence Update

Apologies had been received from the CofE. The Chair reiterated the commitment to cooperate between the IGA and the CofE. The IGA will focus on delivering quality information products and the CofE were providing help by example and case studies. An away day between the IGA and the CofE was planned to work on the interfaces between them.

8. Department of Health Policy Update including ASH progress

Phil Walker (DH/IG Alliance) gave an update indicating that the new draft regulations relating to ASH and other processing were now with the Secretary of State for Health and as at the date of this meeting no decision had been communicated.

Action Phil Walker to keep the group up to date on the proposed new regulations.

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

IGAF2

Marie Greenfield (HSCIC Head of External IG Delivery) introduced Peter Sherratt (HSCIC Programme Manager IGAF) who will manage the redevelopment of the IG platform used to deliver information governance to health and social care. The name of the programme had yet to be decided but is currently being called the Information governance Assurance Framework 2 (IGAF2).

There will be an opportunity during a consultation phase to influence the future delivery of information governance through the IG toolkit and the IG training tools and the associated guidance and resources. It is possible that the Toolkit may be

renamed. It is proposed to use portals and dashboards to improve the usability of the current product.

The scope would include the IG training tool which was now under severe pressure because of the success of the tools which resulted in 1 million users.

There will be three distinct groups for consultation;

1 Large processors such as large provider organisations like NHS trusts and the larger commissioners.

2 small organisations such as GPs and other primary care providers including hospices and care homes.

3 Local Authority and public health teams.

The group noted that the content was the important element and to ensure that IG is not just about providing evidence for the toolkit but about creating a culture of information governance in health and social care.

Action Marie Greenfield to send out an announcement about IGAF2 before the end of the year.

Cyber Security

Darren Mort of HSCIC delivered a presentation on the Cyber security programme. The context of the cyber security programme was a National initiative to protect public sector information from cyber-attack. This National initiative needs data from the various parts of the public sector for take action. Following on from the completion of the cyber security survey by SIROs a number developments had taken place. One result of the survey was that 80% of respondents saw cyber security as a matter solely for the IT department. A lack of central data on the cyber threat means that there was to be an addition to the existing SIRI reporting tool to all cyber security incidents to be recorded. This differed from SIRI reporting because there would be a requirement to report near miss incidents in future. In addition some requirements in the IG toolkit will be changed to reflect the increased importance of cyber security in V13. V13 is planned to have some wording to capture bring your own device (BYOD) and unsupported operating systems and cloud use. This work would align with current local authority standards for the Certificate of Connection (COCO). Other exiting good practice guidelines for connection to N3 would also contribute to any enhanced requirements and be included as part of the toolkit resource.

It was noted that the definition of a cyber incident needed to be such that it did not capture business as usual where firewalls are routinely rejecting cyber-attacks. These may be considered near miss incidents if the definition was not right. It needed to allow rejected phishing emails to be reported as these could form a trend if several organisations were receiving them. The sensitivity factors were currently under consultation. The Cyber security incident reporting tool has been commissioned for release before the end of March 2015. The group expressed concern that this proposed process may create a burden for health and social care and the issue of double reporting be resolved in the final solution. The IT

infrastructure of some organisations may not be developed enough to differentiate between business as usual and a cyber attack.

Records Management

The revision of the Records Management Code of Practice had been commissioned by the IG alliance. A working group from DH, NHS England, IGA and HSCIC will produce a revised code within 12 months. Other interested parties such as the National Archives have been invited onto the working group. A full consultation will take place with a large number of interested parties such as informatics professional groups and nursing and clinical professional bodies as well as local government and NHS organisations and regulatory bodies.

The revised code has been specifically directed to;

- 1 look at the retention schedules
- 2 include social care
- 3 cover electronic records (including digital preservation and continuity)
- 4 cover the 20 year rule (this was law as at 1 January 2015)

There was a suggestion that the working group might look at producing a functions based business classification scheme for NHS to mirror that currently in use in parts of local government although this had not been directly commissioned it was a good idea. There are also commercially available models of business classification schemes that could be adapted for use within the NHS and are in use elsewhere. The local government scheme could be adapted as well. At present the local retention can be agreed as long as they have taken the national retention periods into consideration.

Some of the legal guidance in the existing code could be dropped as it is covered in other guidance and the sections on National programmes no longer relevant.

10. NHS England

Hayden Thomas (NHS England) summarised the activity of the Strategic IG team at NHS England. The new Chief Executive of NHS England has delivered a forward vision and the process had begun to be turned into a strategy. The priority remained supporting commissioning organisations. The work of the business as usual team continues to focus on the policy and guidance produced by NHS England. The IG Transition Programme within NHS England continues to support the applications under Regulations enabled by Section 251 of the NHS Act 2006. These applications include invoice validation, risks stratification, Stage 1 ASHs and Assuring Transformation.

In response to the requirements of the Secretary of State conditions of approval for the applications, work continues to reduce or remove any personal confidential data on invoices (as these pass to NHS SBS) and to provide backing data for the purposes of Invoice Validation.

There are a substantial number of invoices that currently include PCD, unnecessarily, and are being sent to NHS SBS who record the instances. The

NHS SBS finance system is due to be changed and will require CCGs to monitor and reject invoices that contain PCD that were received by NHS SBS. Colleagues were asked to ensure that IG, Finance and Invoice teams were in discussion about what can be done to prevent this from happening.

Michael Goodson, a Regional IG lead, from the NHS England Corporate IG team informed the meeting that due to the lack of sufficient IG capacity a CSU had been brought in to assist and provide help with IG toolkit and IG advice for CCGs. It was noted that a large number of CCGs/GPs and other small providers continued to use the HSCIC helpdesk to be directed to the External IG team to receive advice. Although all the NHS England area teams had an IG lead they were not IG experts and for most it was an addition to their existing day job so they are not experienced or qualified to give IG advice.

The responsibility for IG support for general practice remains with NHS England as does the budget to provide IG support to commissioners and to GPs via CCGs and CSUs. Some were using commercial services at great cost. There may also be a conflict of interest with CCGs providing IG advice to GPs. Caldicott2 had highlighted the shortage of IG capacity in the NHS to deliver the IG agenda.

Now that dentist and optometrists were getting NHS Mail they needed more IG support to do the toolkit and get advice.

Other areas highlighted by the group which may have an IG implication are the CCG auditing function for payment by results which required some reminder about the existing guidance.

Action Phil Walker to write to Karen Wheeler about the provision of IG advice to CCGs and GPs.

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.

Action 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.

11. NHS Number Programme

Malathi Reddy (NHS England) delivered a talk about the NHS Number programme hosted by NHS England. The NHS number is mandated as the primary identifier when delivering direct care for the NHS and adult social care. Children's social services were out of scope. The current standard was for at least 95% of patients to have the correct NHS number. NHS England is now going to monitor compliance with the ISB NHS Number standard. The survey conducted earlier in 2014 indicated that some NHS trusts still had clinical systems that could not use the NHS Number.

There would be some messages to the NHS to mythbust for example it is not

permitted to deny treatment because the patient does not have an NHS number.

NHS England want the NHS Number to be more widely used with peripheral organisations to health and social care but this was not happening at the moment because the ICO considers the NHS Number to be sensitive personal data whilst the view of the NHS Number programme was that it was personal data. It would only become sensitive personal data if the number were used in a specific context.

Use of the NHS Number in Social care was limited because of the lack of capacity to perform validation and retrieval of the number from the Personal Demographic Service (PDS). This is also the case for other small providers of care.

The standard requires the number to be used on correspondence and currently the IG toolkit has this as a level 3 requirement. The NHS number team will be approaching the IG toolkit to put this as a level 2 requirement.

The ISB standard may need to be changed to be proportionate to the organisation using the Number. For example an ambulance trust will not get the number via the 999 service but may get it from 111 so they can never fully meet the 95% standard. This is also the case for social care and care homes where not all the clients will have involvement with the NHS. Some mental health patients may not want their NHS number to be given or shared so this will have a bearing on the standard.

The NHS Number survey referenced by Malathi is now available at <http://www.england.nhs.uk/2014/11/18/nhs-number/>

Action Phil Walker or IGA to write to the ICO to seek clarification on the categorisation of the NHS Number as sensitive personal data.

12. Caldicott2 Implementation

Katie Cust and Tim Dalby (HSCIC Caldicott 2 Implementation Monitoring Group) updated the group on developments. They explained that their remit was to monitor how organisations were implementing the Caldicott 2 requirements. They asked the group to send in examples of good practice to the Caldicott implementation and monitoring group.

Action All to send in examples of good practice Caldicott2 implementation to CIMG@nhs.net

13. SIGN Chairs Update

SIGN Round Table - Current Local Issues

Cora Suckley- Cheshire and Mersey SIGN – the group had not met for 9 months be a meeting was due in December. A commonly reported issue was cross border invoice validation.

Susan Meakin -Yorkshire and Humberside SIGN - current issues were invoice validation, the IG toolkit completion, IG training tool access.

Helen Speed - Cumbria and Lancashire SIGN – were working more closely with Greater Manchester SIGN and were now pooling secretariat with separate meeting but the same agenda. There was an example of good sharing highlighted in the Lancashire patient Record Exchange (LPRS)

NE SIGN group was not fully active and help was offered to get the group going.

Action IGA to assist the NE group to become established.

Jenny Spiers – Greater Manchester SIGN - reported that a local procedure had been developed for patient consultations IG implications.

Ralph McNally Local Government/PSN - reported that due to the crossover with the SIGN groups and local government completion of the IG toolkit it was necessary to get more local authority IG representation in the SIGNS. Coverage was patchy.

Jo Andrews – London SIGN Acute Trusts – the SIGN had been working with the ICO to promote the use of FOI disclosure logs. Orphaned records as a result of the NHS restructuring had been reported back to the London group by the Department of Health. One Trust was conducting a survey about the correct numbers of IG staff needed and structural differences in IG delivery. There was irritation expressed at the withdrawal of NHS Mail fax and SMS. Examples of patients using Skype had been identified and shared with the group.

Ranisha Dhamu -London SIGN Local Government- reported that a group of GPs had been working with the ICO with regards to training. Suppliers of clinical systems were struggling to meet the April 2015 deadline for care records to be shared with other care providers in London.

Andrew Babicz - London SIGN Social Care - reported that electronic transfer of care information was needed to provide a joined up care service across London. Secure email had proved problematic with numerous standards and misconceptions about security or email in transit. NHS Number validation and collection was also an issue.

Helen Thorn – Cornwall- The integration of Devon into the SIGN had not happened fully yet and local authority and commissioner representation low. The withdrawal of fax and SMS on NHS mail was an issue.

Jamie Sheldrake - Kent and Medway SIGN - Secure email was an issue and there was felt to be a need for a standard. There were myths around secure email and something like the Courts of Justice Secure Mail (CJSM) that would enable cross organisational secure email would help. Many staff believed that in house email was secure. Cross organisational communications campaigns were felt necessary.

Barry Moulton - East of England SIGN – Clinical photography and BYOD was an issue as was the transfer of clinical images. Continued use and even procurement of non-compliant systems was reported as an issue. SKYPE was being used for consultations. Invoice validation was creating IG problems. IG auditors were of variable quality and clarity of the amount of flexibility was needed.

Paul Gardner- E Midlands SIGN – Secure email was an issue. Apps had been discussed and on trust had an App server to encourage safe use and development. Leicester Partnership NHS Trust had developed their own in house IG training. The IG toolkit allows locally developed training material. They just have to deliver the core message and have a comprehension test.

Action Paul Gardner to send in the Leicester IG training material to Marie Greenfield

Adam Tucket - West of England SIGN- It was reported that a network of Caldicott Guardians had been set up to offer peer support.

Stephen Moore – London Ambulance and National Ambulance IG rep – The ICO was attempting to conduct a survey of IG in ambulance trusts. They had been approached with a 12 page survey to complete but this was now under negotiation as the survey would be completed by all staff. ICO had not fully consulted initially but was now working with the Ambulance group to produce a more concise survey.

David Stone - CSU IG forum- An IG group for DSCRO leads had been set up. CSU IG leads were meeting regularly. The group also had encountered the use of SKYPE. Some work had been done on Office 365 and the outlook client for secure communications. Auditing IG was causing problems because auditors were not using their judgement. One Trust had a secure app server to encourage development.

Bridget Francis West Midlands SIGN – The SIGN was looking forward to contribute to IGAF2 and the SIRI tool in particular.

14. Any Other Business

Phil Walker asked SIGN Chairs to send in any minutes or a note of their regional meetings on a regular basis to be shared with all groups.

There was a reminder to the group about the recent ICO undertakings about sending person identifiable data (PID) to CCGs without a lawful basis. ICO reference ENF0520244. The ICO was now taking action when it is identified.

Action SIGN Chairs to send in their minutes or a note or to link to the site where they are published and the forthcoming meeting dates.

Hayden Thomas informed the group that there will be a risk stratification workshop in January and volunteers were requested. The next IG bulleting from NHS England would announce this. There was also a suggestion that SIGNS should

Speak first at the next meeting.

Jenny Spears reminded the group to consider who has access to shared mailboxes and this can inadvertently create a SIRI if too many staff had access to the mailbox.

15. Dates of the next meetings

13 January 2015

Actions Log	
3 September 2014 meeting	
Action	Resolution
1 Secretariat to circulate updated ToR.	ToR Circulated
2 Any Comments on the ToR should be sent to the Secretariat by end of September with a view to sign off at the next meeting.	Comments received
3 Nominations from SIGN Chairs for the roles of Chair and Deputy Chair to be sent to the Secretariat by 19/9. Nominations received will be circulated for votes in w/c 22/9	No nominations for SIGN Chair role had been received. As a result Phil Walker will continue as interim Chair and Marie Greenfield will be the vice chair until April 2015 when the position will be reviewed.
4 For All. Provide comments and feedback to IGA and to disseminate the slides to those who have not seen them yet.	Some feedback received
5 Circulate the Caldicott 2 presentation to SIGNs.	Presentation Circulated
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
3 Action Marie Greenfield to send out an announcement about IGAF2 before the end of the year.	Enhanced briefing at 13 January Signs
4 Action Phil Walker to write to Karen Wheeler about the provision of IG advice to CCGs and GPs.	Completed but not fully resolved
5 Action Marie Greenfield to put a note	In progress

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.	
6 Action 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.	
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.