

# Strategic Information Governance Network – Chairs’ Group

## Minutes of Meeting (Vers 0.7)

Date: Thursday 8<sup>th</sup> September  
 Meeting: 11:00 – 13:00

<b>Attendees:</b>					
Name	Inits	SIGN Org / Posn	Name	Inits	SIGN Org / Posn
Phil Walker	PW	DH IGPB (Chair)	Barry Moulton	BM	East of England IG Forum
Penny Baxter	PB	Greater Manchester IG Group	Hayden Thomas	HT	London IG Group
John Brent	JB	DH IGPB	Steve Linehan	SL	SWIGG (Sussex Wide IG Group)
Peter Conoulty	PC	Cheshire & Mersey IG Group	Carl Starbuck	CS	Yorks & Humb SIGN
Nicky Huntley	NH	NE SHA	Andrew Todd	AT	North East Local Authority Rep
Robert Irwin	RI	NE Lancs & Cumbria IG Group	Phil Harriman	PH	DH IGPB (Secretariat)
Claire Mazurkiewicz	CM	West Mids IG Group			
<b>Apologies:</b>					
Beverley Carter	BC	South Central London SIGN (Des)	Helen Thorn	HT	SWIG Forum
Marie Greenfield	MG	DH IGPB	Adam Tuckett	AT	Avon IM&T Consortium
Clive Thomas	CT	South Central London SIGN	Lindsay Wells	LW	East Midlands SIGN

Item No:	Subject	Action
1.	<b>Apologies For Absence.</b> As shown above.	
2.	<b>Minutes of Previous Meeting.</b> Approved.	
3.	<b>Matters Arising From The Minutes.</b> The actions from the previous minutes were complete or covered in the Agenda for the current meeting with the exception of:	
	110: An article to be included in the IG Bulletin clarifying NHS Standard Clauses to be used as these are legally approved (refer to advice to BM from Magi Nwolie).	JB
	113: DH policy remains clear that FTs should carry out 3 stage IGT submission. MG will continue to pursue with Monitor.	MG
	114: Awaiting information from BC (wrongly listed as BW in previous minutes)	BC

#### 4. Administration Points

- a. **Terms of Reference.** Approved. To be reviewed annually. JB
- b. **Member Contact List.** A proforma to be circulated to members and deputies to collate areas of expertise and contact details to assist networking. Include IGPB Team details. JB

#### 5. Standing Agenda Item – Information Governance Policy.

- a. **Joint NHS CE and ICO letter.** The joint letter ensures that we continue to give information governance the priority and attention it needs and signals the intention of the NHS and the Information Commissioner’s Office to work together in supporting the NHS to deliver good information governance notwithstanding the legal or non-legal status of PCT Clusters or SHA Clusters. The timing of the letter was welcomed.
- b. **Sharing Medical Records with Patients.** This is a complex area which could be a risk for Clinical Commissioning Groups and other developing organisations. A recent GP on-line presentation covers the less complex issues. Good guidance developed by pilots would be warmly welcomed and made available as national guidance will not be developed until the structure and processes are more apparent. The DH Information Strategy will refer to the need to share medical records. The IG Policy team offered to work with any early adopters to help develop guidance for national reuse.
- c. **'Door entry code' within the PDS.** The codes appear in various fields within PDS so a thorough search is required. The numbers may originate from Primary Care and automatic data updates must not re-enter the information after deletion. Immediate deletion may cause a patient safety issue if staff could not access the patient so a period for establishing local alternative processes is required. PW will highlight the issue to those dealing with the issue to ensure this is known. PW
- d. **Ipheones and ipads guidance.** The Infrastructure Security Team were contacted and responded that resourcing issues have prevented this guidance being developed but hope to address it when resource is available.
- e. **Additions to Standing Items.** Legal/regulation update and NHS Changes. These will be added to the Standing Items.

#### 6. Standing Agenda Item - Information Governance Toolkit.

- a. **IGT Knowledge Base.** A number of exemplar documents have already been received. Work will begin on these in preparation for IGT V10 after the current “Deep Dive” project. Steve Shaw will be asked to highlight areas which have few or no exemplars to the group.
- b. **IGT Deep Dive.** The organisations which appear to have comprehensive supporting evidence are those with strong links from the IG Steering Group to the Board. In some cases the Requirements seem misunderstood e.g. data quality which may highlight that the guidance needs to be reviewed.
- c. **IGT V10.** It is not expected that Vers 10 will include many changes to the requirement other than the issues identified in the Deep Dive project and some changes to the Pseudonymisation requirement. Clinical Commissioning Groups of adequate organisational maturity will be expected to evidence adequate IG assurance.

#### 7. Standing Agenda Item - Information Governance Training Tool.

- a. **Training Target: April to June 2011.** The requirement for training was clearly stated to be complete by 31 March 2011 but due to the scale of

All correspondence to: CFH.IGPSecretariat@nhs.net

implementation across the NHS an extension was introduced. As the date of the assessments taken from 1 Apr to 30 Jun 2011 fall within the current training year the assessments will be acceptable to support training year 2011 – 2012 (IGT V9) (wrongly stated as V10 in previous draft minutes). We need to maintain a high level of awareness across the NHS. Incidents continue to occur and the culture of the NHS must change. Training programmes should ensure that training is annual with adequate periods between the subsequent training.

- b. The assessment questions cause confusion to some staff e.g. 'choose more than two' and the phrasing can be overly complex for staff whose first language is not English or have dyslexia. Trusts can use the material and develop their own version of the assessment questions as long as understanding is properly tested. JB to review question complexity and content.
- c. **Frequency of IG refresher training.** Covered in 7.a. above.
- d. **Functionality.** Administrators select mandatory courses for staff. The functionality exists but does not do what everyone wants. Administrators can upgrade courses. This is described in the Admin Guide. The Refresher Module has a two option approach to complete the assessment and, if successful, end the session. It also has an option to complete the learning then take the assessment. It is hoped to update the Refresher Module in two years. The IT contract has been extended for maintenance for 2 years.

JB

#### 8. **Standing Agenda Item - Information Governance Bulletin.**

- a. **Comments received.** These have been supportive.
- b. **RA Articles.** NHSCFH RA have staffing resource issues so were unable to contribute this month but will consider for later issues. If members have RA questions / answers which they wish to contribute to the IG Bulletin then these will be welcome.
- c. **Audit Articles.** There has been no response as yet from Audit colleagues.

#### 9. **Any Other Business.**

- a. **Local Authority & NHS Mail.** NHS Mail and GCSX does not cover all organisations and does not solve the needs of LAs which need to correspond with organisations and agencies using other encrypted systems. NHS Mail are working on secure e-mail which will be available to even individual citizens but this is some way off. The current licence arrangements for NHS Mail may necessarily change.
- b. **Local Authority & IG Toolkit.** Drivers for Local Authority (LA) to complete the IGT are to support an N3 application and in some cases the sharing of community budgets. The joint NHS CE / ICO letter (item 5.a.) states "All NHS organisations (and others with access to NHS patient information) should carry out" the measures set out in the letter. The move of Public Health may provide additional incentive to complete IGT. In addition the new legislation may assist.
- c. **Hard Copy Faxes.** The use of hard copy faxes continue to pose an information risk. Is there a move to encourage technical solutions? In some Trusts faxes are not allowed to be sent out and it was noted that London is attempting to halt all use of fax. IG Policy agreed to clarify current guidance.
- d. **Police Request for Rioter Information.** If a Trust is presented with a Crown Court Order to provide details of individuals who may have taken place in riots (cuts abrasions etc), should this request be actioned? The consensus was that it would be highly unusual to oppose a Court Order though the

JB

- request would need to be considered thoroughly.
- e. **IGT – Audits – Selection Of Requirements.** Trusts may make their own decision on which IGT Requirements should be audited in the current year. Boards should make their decision based upon the risk areas which may differ from organisation to organisation?
  - f. **PCT IGT Assessments 2011-2012.** Some PCT Directors seem to believe that completing the IGT is unnecessary this year. In such cases IG Managers should refer to the recent authoritative DH guidance sent to all CEs which sets out PCT Cluster and SHA Cluster Management IG responsibilities. Additional guidance may be considered if this becomes necessary (the existing appropriate guidance includes ‘PCT Cluster Implementation Guidance (Jan 11)’, ‘SHA Clustering – NHS Management Board Decisions (14 Jul 11) and this week’s Joint Letter from NHS CE and the ICO (5 Sep 11)).

**10. Date of Next Meeting.** To be arranged.

#### List of Actions

Owner	Action No	Action Required	By Date (if stated)
MG	113	Clarify 3 stage reporting of IGT with Monitor.	Ongoing
BC	114	Send discrepancy details to MG (via secretariat).	Ongoing
JB	115	IGT Req 110. Guidance to stress use of NHS Standard Template Contract Clauses.	
JB	117	Arrange IG Bulletin article clarifying NHS Standard Template Contract Clauses to be used.	1 Nov 11
JB	118	Publish approved Terms of Reference	1 Oct 11
JB	119	Arrange Group membership contact list (incl IGPB Team details).	1 Nov 11
PW	120	Door entry code - highlight in differing PDS fields.	ASAP
JB	121	IGTT - review question complexity and content	Ongoing
JB	122	IG Policy Team to clarify current guidance.	