



North West London Digital
Security & Access Sub Group
Tuesday 20th June 2017

Time: 12:00 – 14:00

Venue: Ground Floor Board Room, British Dental Association
64 Wimpole Street, W1G 8YS

Minutes

ATTENDEES

Name	Role	Organisation	IN.
Amanda Lucas (dial in)	WSIC Dashboards Programme Manager	NWL Collaboration of CCGs	AL
Abhilash Abraham	IT Security Manager	NWL Collaboration of CCGs	AA
Rajesh Seedher	Information Governance Manager and Chair	Brent Council	AG
Emma Cooper	Digital IG Lead	NWL CCG's	EC
David Stone	Consultant	Kaleidoscope Consultants	DS
Ian Parry	Project Manager	ICH	IP
David Grange	IG Manager	Patient Knows Best	DG
Jacqui Sinclair	IG Manager	BHH	JS
Sophie Skelton	Interim Information Governance Facilitator	West London Mental Health Trust (WLMHT)	LS
Philip Robinson	IG Manager	Imperial College Healthcare NHS Trust (ICHT)	PR
Stephen Murphy	IT Commissioning & Information Governance Specialist	Triborough Council (Westminster)	SM

PART ONE: Governance

1. Welcome and Introductions –

Welcomed every member to the meeting

**ACTION UPDATE
OPEN/CLOSED**

Data Access Briefing				
001	20/06/2017	Joint Controllers to request that the solicitors drafting the Data Access Contract reference measurable standards so that compliance with contracts can be effectively measured.	JC	Open
002	20/06/2017	EC to double check that the most recent version of s251 criteria was used to develop the identified control.	EC	Open
003	20/06/2017	Since the IGA Code of Practice is still in draft, the contract should have an element of change control so that it can be effectively amended to reflect any deviations from current form.	EC	Open



004	20/06/2017	It was noted that NHSD are limiting use of their data flows to substantive staff only. Contracts with recipient organisations are being amended to reflect this. Agreed to review the information once DS has forwarded. For WSIC, this would impact Brent who holds the contract with NHSD for this data.	DS		Open
005	20/06/2017	Group agreed that to bridge the gap between the contract being drafted by the solicitors, EC should draft some additional terms to supplement the data access form which limit the use appropriately and serve to provide some interim assurance.	EC		Open
006	20/06/2017	Group agreed that delays waiting to gain approval from main group could cause issues and that the decision to proceed would be circulated with an opportunity to object.	ALL		Open
007	20/06/2017	Group agreed that there is a need to identify a clear roadmap in light of GDPR and that resource are required to execute. STP will be approached to query how to drive forward	ALL		Open
Brent Council Data Access Request					
008	20/06/2017	RB to have conversation with Alan Selwyn (Brent GP IT Lead) re the sensitivities around data that identifies activity per GP.	RB		Open
009	20/06/2017	EC to draft a briefing to GPs indicating the types of requests we are now receiving and providing assurances around the ways we are limiting use. Open the conversation so we can understand any sensitivities that GPs might have. Consider engagement methods.	EC		Open
010	20/06/2017	EC to add limitations to use including no performance management to Data Access Request Form prior to approval of Brent Request. It should include questions around how they will limit scope creep and access to the data – separation of concerns.	EC		Open
Change Request Form from CLCH					
011	20/06/2017	Group agreed that there needs to be clarity as to whether the Sub Group has the power to make decisions or merely recommendations given the delay this can cause and also the burden it places on Digital IG and Cyber Security Group. At present there are no quoracy rules so that would need to be amended. Consideration needs to be made of the fact that the de-identified data set has now been identified as high risk.	ALL		Open
012	20/06/2017	Group agreed that Change Requests and Data Access Requests should be clearly differentiated in the agenda to avoid confusion. AL to action.	ALL		Open
013	20/06/2017	Group agreed that a decision on this could not be made until a risk assessment had been made that compared the security of both approaches so that an informed decision could be made.	ALL		Open



		This is also in light of the high-risk nature of the data sets and the inability to control data once removed. AL to undertake.			
GDPR Workshop					
014	20/06/2017	EC to alter GDPR work plan so that it is driven by risks and potential impacts so that STP can see the value of resource allocation.	EC		Open
AOB					
015	20/06/2017	EC to merge TOR and present to next group for discussion.	EC		Open
Decisions log					
Brent Council Access Request - agreed subject to comms going out to GPs and improvement of the Data Access Request Form.					
<u>Data Access Requests – BHH and Brent CCG</u>					
Approved by Group subject to same limitations as previous request.					
Change Request Form from CLCH Approved. Group agreed that since it is a low risk change, this can be actioned with an exception period for any objections to be raised by Joint Controllers.					
It was agreed that, if the upload could use the GP flags for 'opt outs' to ensure this data was not moved, they could proceed. Group would like to see a data flow map to be confident that the process is being undertaken appropriately.					

Data Access Briefing

- EC presented Data Access Briefing which provides context to the need for a Data Access Contract in light of IGA risk assessment of de-identified data set. As the de-identified data set has been identified as a having a high risk of identification, there is a need to ensure it is only made available within a controlled environment. The Data Access Contract will serve to control the use and linkage of the data sets.

Brent Council Data Access Request:

- WSIC Team will now start to undertake checks on Data Access Requests to determine whether the data being requested is actually available to provide clarity.
- Group raised that there are sensitivities around providing data which could be used to performance manage GPs. Although measures are in place to limit the use to those identified in the request, this could still cause concern if not dealt with proactively.
- **Decision:** Brent Council Access Request - agreed subject to comms going out to GPs and improvement of the Data Access Request Form.

Data Access Requests – BHH and Brent CCG

- AA queried whether data access is granted to a person within the organisation or a role. AL confirmed it is granted to a role as with RBAC and is limited to a 6 month period.
- SM queried the inclusion of LLSOA which would, if included, increase the risk of identification. AL confirmed that, although the requestor had asked for this field, they have confirmed that this is not available.
- **Decision:** Approved by Group subject to same limitations as previous request.





Change Request Form from CLCH

- The request is to include an additional data flow from an existing Provider Partner ISA signatory (CLCH) to include community data sets. The Group agreed that the data flow aligns with the purposes of WSIC.
- **Decision:** Change Request Form from CLCH Approved. Group agreed that since it is a low risk change, this can be actioned with an exception period for any objections to be raised by Joint Controllers.
- WSIC Team proposed that access to the de-identified data set be provided through extraction of the data to another environment rather than just through the server.

GDPR Workshop

- Group discussed the GDPR Workshop and agreed that the work plan should be refined to identify specific work streams and a project plan. Since each signatory has their own responsibilities, a WSIC based approach is recommended with a view to how resources can be allocated. It is a full-time role and will require specific PMO oversight. STP to be approached.

Hillingdon CIE Pilot

- Felicia from ICHP discussed the issue whereby there is currently no integration between their systems and GPs. This is resulting in them having to manually create patient records. They want to do a bulk CSV upload to extract the relevant demographics from EMIS. The access settings will be set to zero so that access will only be on explicit consent.
- DS identified that there are issues with respecting the Type 1 and 2 objections of patients who have requested that their data does not travel outside of the GP practice. The option of using a download from the HES was put forward.
- **Decision:** It was agreed that, if the upload could use the GP flags for 'opt outs' to ensure this data was not moved, they could proceed. Group would like to see a data flow map to be confident that the process is being undertaken appropriately.

AOB

- RS confirmed that group needs to absorb the operational activities which represent a gap in the current governance process.

