

WSIC Governance Group

4th June 2015

Attendance

Name	Job Role	Organisation	Initials
Dr Aumran Tahir (Chair)	Clinical Director WSIC Programme	NWL Collaboration of CCGs	AT
Stephen Murphy	IT Commissioning and Information Governance Specialist	Tri-borough	SM
Alistair Robertson	Legal Advisor	DAC Beachcrofts	AR
Philip Robinson	IG Manager	Imperial College Healthcare NHS Trust	PR
Raj Seedher	IG Manager	Brent Local Authority	RS
Caroline Law	IG Manager	Chelsea and Westminster Hospital	CL
Caroline Leveaux	Associate Director of Strategic Planning & Information	CNWL	CLe
Simon Howarth	Deputy SIRO	London North West Healthcare NHS Trust	SH
Gary Wilsher	Better Care Fund Programme Manager	Hounslow Council	GW
John Norton	Lay Partner	Central London	JN
Jason Clarke	IG Manager	BHH CCGs	JC
Tracey Whittingham	Communication Lead	WSIC Programme	TW
Selin Barnett	Project Manager	WSIC Programme	SB
Sonia Patel	Informatics Lead	WSIC Programme	SP
Steve Elgar	Information Governance Subject Matter Expert	Information Governance Alliance	SE
Graham Trainor	Information Governance & Standards Manager	West Middlesex University Hospital	GT
David Knight	IT Programme Manager	Hillingdon Hospital	DK
Angeleca Silversides	Lay Partner	West London	AS
Dr Sanjay Gautama	Caldicott Guardian, Clinical Lead for Clinical Systems and Clinical Safety Officer for ICT	Imperial College Healthcare NHS Trust	SG
Emma Hollings	Project Manager	South East Commissioning Support Unit	EH
Chris Greenway	Assistant Director, Head of Safeguarding Assurance & Quality Services	Harrow Local Authority	CG

Mike Davies	IT Lead	Hillingdon CCG (Deputy)	MD
Alexandra Fosh	Legal Advisor	DAC Beachcrofts	AF

Apologise

Name	Job Role	Organisation	Initials
Katrina Smith	IG Lead	West London Mental Health Trust	KS
Mary Umrigar	IG Manager	Ealing Council	MU
Caroline Kerby	GP	Harness GP Network- Brent GPs	CK
Reena Parmar	IG Manager	Harrow Council	RP
Rory Hill	IG Officer	CWHHE	RH
Meena Thakur	GP	Harrow GPs	MT
Kuldhir Johal	GP Representative	Hillingdon GPs	KJ

Part One Governance

1. Actions and Minutes

Action No.	Date	Action	Assigned to	Status/Update	Status
1	03.03.2015	AT to write to West London CCG, Brent CCG, Central London CCG about commitment to the group	AT	<p>Caroline Kerby now attends on behalf of Brent CCG.</p> <p>Confirm West London representation</p> <p>Central London still open- AT to write to CCG chair</p>	Open
13	03.03.2015	AT to bring report of uses of his data via the DPA to governing group next month	AT	DPA will not be used, alternative methods for testing data have been found	Closed
18	03.03.2015	Paper on log in security to be brought back to next group	SP	Paper tabled as RBAC for 4th June	Closed

24	14.04.2015	An update will be provided back to the Governance Group in May informing them of any challenges	AR	Governance group updated 4th June	Closed
28	14.04.2015	Pull out recommendations in a table and then we can put what are the actions	SP/SB	Discussed Working Groups set up to address issues. AR updating group at 4th June, further work continues with PIA paper	Closed
31	14.04.2015	DS and AR define assets that are being shared across partners and which sit with SIRO	ADS/AR	To be taken up as part of final PIA review	Open
34	14.04.2015	Operation Set Up group to start self-assessment of cloud principles and report back to Governance Group	SP/AT	Security paper tabled for 4th June, final sign off expected in July	Closed
36	14.04.2015	send out Confidentiality agreement to group once updated	SB	Circulated to GG, awaiting for signatures back	Open
39	14.04.2015	Add RBAC to next agenda for update	SB	Paper tabled as RBAC for 4th June	Closed
40	14.04.2015	Emma to provide feedback to group on what security checks for opt out codes SE CSU do to the group	EH	Part of the audit process for partners once Data Warehouse is operational	Closed
42	14.04.2015	SH to link SB in with person in London NW Healthcare to collect A&E data	SH	Email sent awaiting confirmation	Open
43	14.04.2015	DK to link SB into person in THH to collect A& E data	DK	Email sent awaiting confirmation	Open
46	04.05.2015	SP to share details of workshops coming up, Social care and consent at the next meeting	SP	Workshop took place in May, Stephen Murphy is updating group in meeting	Closed

47	04.05.2015	SP to ask the national team to come in and give more clarification on risk stratification and the WSIC ISA	SP	Stephen Elgar attending meeting to provide feedback	Closed
48	04.05.2015	SB to post Version 3 ISA on website	SB	Complete	Closed
49	04.05.2015	No data is moved from GP practise unless the IGToolkit is passed.	SB	Action noted	Closed
50	04.05.2015	SB to add CWHHE on next meeting	SB	On agenda 4th June	Closed
51	04.05.2015	Draw up specified data request forms	SB	To be taken to next meeting July	Open
52	04.05.2015	Process and procedures documents need to be updated and signed off by governance group	SB	On-going, more work needed by Data Processors	Open
53	04.05.2015	consent and risk stratification clarification from the Pioneer Working group a requesting some clarifications nationally	SP	Stephen Elgar attending meeting to provide feedback	Closed
54	04.05.2015	NWL Consent workshop to be added to national pioneers agenda	SP	Consent workshop to be tabled for early July	Closed
55	04.05.2015	ISA updated stating that data controllers we will respond to subject access requests as part of the information that they have access to.	AR	On next version of ISA	Open
56	04.05.2015	JC to bring back RBAC paper to Gov Group June	JC	tabled for agenda 4th June	Closed
57	04.05.2015	Health watch invited to the Communication groups on the WSIC	SB	Healthwatch invited to be part of the Comms & Engagement working group, will be e-members	Closed

58	04.05.2015	Take Communication Plan to Governance Group in June	TW	tabled for agenda 4th June	Closed
59	04.05.2015	Post GP Opt out GP codes on Website	SB	on website	Closed

- Minutes were agreed by the group.
- One change was noted, Change to Katrina Smith's organisation from Hillingdon Hospital to WLMHT
- It was noted that the group would like representation from Central London GPs at the next meeting.
- AT confirmed that he would write formally to the CCG chair to ask for support to find representation (*see updated Action 1 above*)

2. Update of Terms of Reference – Alistair Robertson

- It was noted that the terms of reference was updated to reflect the ways of working the group had developed since January 2015. The following was noted:
 - AR – point 4 updated, the Privacy Impact Assessment had identified that clarity over patient representatives that sit on the governance group was needed and whether they can vote was noted
 - PR-- questioned whether patients should have a vote as they are not the data controllers and had no liability
 - JN noted that patients should have a voice and it was an important building principle of the WSIC programme
 - AS- we are the only people that attend this meeting that are here to represent the patients, I think there will be benefit as it is the patients data is there.
 - SP- there should be a medium between two Specifics about the data should be solely the Data Controllers vote but the other votes about use and integrity of records the patients should have a vote.
 - Group Agreement to keep a vote for patients in the terms of reference
 - AR- Co – chair was also added to reflect the consensus at the last meeting to add a co-chair to support AT.
 - AR noted the change to Paragraph 12, it was bolstered the terms of reference
 - Group signed off updated Terms of reference

Action: Need clarification with data controllers on voting rights of members

Action: Post updated terms of reference on Governance Group area on WSIC website

3. ISA Requests from North West London Partners – Sonia Patel & Caroline Leveaux

- Caroline Leveaux: CNWL- Risk Stratification

- SP- welcomed SE from the national team who is here to help work through the request from CNWL which CLe has attended as a guest to talk through.
- CLe- CNWL would like the WSIC ISA to note that the national guidance/definition of Risk Stratification, CNWL have reservations because of the lack of definition due to the patient selection tools in the WSIC Dashboards the Caldicott Guardian would like a definition, so would like a statement in the document so it is crystal clear.
- AR- noted that this was also picked up in the Privacy Impact Assessment (PIA)
- SP- WSIC Dashboards are operating a population needs model which is different from risk stratification, but with the feedback from PIA and the input from the national team, we would like to hold off to get further clarity and definition of what risk stratification is, what it entails and set parameters.
- Group agreement that this needs to be discussed further in the Data Quality Working Group and bring back to the ISA IG Governing Group.
- SE- noted that there is a central team looking at this nationally and will ask for further clarity on behalf of NWL
- AR – the PIA is also being reviewed and he has been in conversation with the independent people that wrote the PIA for NWL and will be taking this further with both sides.
- SP- would like to propose that after the review by the national team, with a reference to the section 251 from the national team, would like to do some more work and then provide back some changes.
- AT- Does this mean that CNWL cannot sign until this is cleared up?
- CLe- Caldecott guardian for CNWL has great concern
- SE- would be happy to talk to Caldicott guardian and CLe to work through issues
- CLe- accepted assistance
- AS- We need what North West London deems risk stratification so that as a group we can agree what it means and the terminology
- Group agreed that this will need to come back to the next meeting with recommendations for the WSIC ISA and the PIA

Action- SE and Ben to call to discuss risk stratification

Action- SE to bring back national definition on Risk Stratification

Action- AR to define risk stratification in the PIA

- ii. Sonia Patel: Hillingdon Council- Direct care
 - SP- Hillingdon council would like to request to be excluded from the secondary uses of their data if they sign the WSIC ISA. At the current time they are unable to join the capitated budgets however they are keen to share and become a partner organisation. They have requested that there would be a specific clause stating their data won't be used for secondary purposes. Suggest that there be an interim clause for a time period attached to review.

- Group discussion around the sensitivities locally, pooling of budgets due to the new Care Act, is out of scope of the council as a partner organisation for good.
- MD- council are keen to do this and will want to put another ISA out if they are unable to be excluded from secondary purposes
- SP- There is something about doing this for the benefit of the local patients. This is the last local authority in NWL to sign.
- AT- We do not want to hold back the provision of data for direct care, but would encourage them to be part of the extended uses for the longer term benefit of care planning for the population.
- **Group agreement, yes to accept clause with a view to increasing secondary uses in the longer term.**
- RS - Induction process needed for new members and to ensure that we have covered all the members (could miss out the conversations).

4. Privacy Impact Assessment- Alistair Robertson

- AR- PIA was legally reviewed and independent on behalf of the group to ensure we have collective response, will work with SE and national team about recommendations over Risk Stratification and also definition of direct care
- SH- Do not wait for national decision, as it will be late and might not be what we need, we should define it locally, if have the change it further down the line then we will. We are trail blazing so want to continue.
- SH – Happy to take definition of both away and define and bring back to the group.
- AR- Should also include CNWL in risk stratification definition
- SH- happy to work with CNWL and national team
- SH- once we have the correct provisions in place so that records aren't misused, it would be dangerous to exclude data that might be relevant. Holistic approach to data, come to common view point.
- AS- agreed from patients view point
- AR- Recommendation 8 of PIA- SUS data for direct care, also for the central team to take back so please hold back. Would like PIA author to meet the clinicians involved in this and talk through uses of datasets.
- SE- National team are the working on the definition of direct care
- SP- Important to get the data quality group up and running to take this forward, working with national team to increase the direct care and future proof datasets.
- SH- Would expect that the patient to tell us that the clinician should see the whole record so that the doctors can see all the record for all the benefit of diagnosis
- AS- Make sure that the GPs don't get lazy if they have all the information and make sure that they ask the patients and not just look at the record.
- AR- The risk is less about excluded the old record, it's more about the data being shared being not relevant to the direct care

- AT- as a doctor I have a generalist approach, I don't know what I don't know, need all the information to reach a decision. Specialist might have a different view, too complex to narrow it down, can be dangerous to exclude data they don't know. Can only do this by knowing what it was at the time
- JN- supports this view and matters of social care should also be included, housing is now a health related issue, absolutely relevant to healthcare, agree with holistic approach to data.
- AS- Should have access if needed but not automatically
- AT- Take back from working group and define locally.
- SM- By its definition it will be a subset of data as it is a combined record, the information we are talking about is the whole record.
- AR- invite Debbie (PIA Author) to the next meeting and work on an updated PIA
- AR also noted that there were some issues around the Data Processor contracts not being available therefore, it wasn't evidently clear when the PIA was written, but Debbie agrees with now so it is nulled and will be updated in next issue of PIA.

Action – SB to share link on PIA website and minutes for all new members.

Action- SP SB starting draft and CNWL, time with ben, SH

Action- Invite PIA author to next working group to discuss direct care and sharing datasets

5. GP IG Toolkit Scores- Jason Clarke

- JC- Some GPs have closed or merged but still show up on the IG toolkit, this is same for both BHH and CWHHE. Need to go back and check if these are still relevant. Main areas that they have failed on is mobile computing, the IG Toolkit submission might show as non-compliant when actually there are certain questions that they were unable to answer or were unclear on.
- JC- BHH GPs might not have got enough support for this submission addressing this in both BHH and CWHHE; a communique will be sent next week with the release of version 13 to further support the NWL community
- JC- the overarching action plan to support those GPs that have failed will be a collaborative effort over all NWL
- JC- CCGs have asked for quarterly to compliance reports, suggest that the ISA Governance group so they have oversight.
- There was some group discussion around which IGT scores will be used as a compliance for data extraction.
- CL-should take the assurances for toolkit 13 2014/2015 to give those that have not had submitted time to re-submit
- JC- Moving forward, part of the communication needs to be about the changes to the Toolkit to better support the GPs.

- Group agreed that if compliant from March 31st it from this year otherwise it will be noted as from last year.
- AT- would like for CCG IG Managers to notify the Governance group in Feb-March on the scores in future so there will be the time to flag issues; risks will be flagged up in December
- SM- Need to make sure there they are warmed up to the pre-population
- SP- Recommend to group, there are March 31st need to be fit for purpose, maybe those that have signed and if they are not compliant, we should send them letters to ask them to be compliant and confirm. Send letters to CCGs
- RS- N3 network for communication, we need to GPs need to be compliant
- SE- Needs to be honoured every year, never been a episode where they have not been kicked off N3, but it is hard to enforce
- AT- We shouldn't be the police for them but if they want to share they should be compliant as data controllers in common
- JC- Need to have the drivers, before there were financial drivers

Action- ISA Governance Group to send letters to the CCGs to ask for them to encourage the GPs that have no passed the IGT in March but have signed the ISA letters, to ask them to be compliant and confirm.

6. ISA working groups- Stephen Murphy & Jon Norton

i. Social Care Forum – Stephen Murphy (Guest Chair at Forum)

- SM- representation from updated the group on the Social care working group, there was good representation from all North West London Councils involved in the WSIC and even Hillingdon who were not officially a partner.
- Local Government Alliance also attended and offered support going forward
- Agreed by partners at the meeting that this would be helpful to have on-going basis driven by a real need to share and learn from each other. To make it sustainable needs to be directed by this group.
- Next meeting is planned for September

ii. Communication strategy & Engagement Working Group- Jon Norton

- JN- The Communication & Engagement working group met by this group last week, it was a very enthusiastic meeting, looking forward to the others already, there which will be meeting over to July to develop the material and the strategy for NWL.
- JN- Amendment to the terms of reference that we would align messages with other NWL communication packages to stop confusion and overlap. Also added 3 additional people- Hayden Thomas NHS England, Jane Wilmot, H&F Lay Partner and

Linda Williamson CWHHE MOU Project Manager to ensure we have the right people in the right room

- SP- group will be instrumental to create informed communication to patients and staff and strengthen implied consent, expected uses of the data, given the noise on care.data, it is informed and important part of it, dedicated working group, national partners, set of communication departments.
- SP- hard to get GPs involved, likely being the place where there is an insuring they are there.
- RS - Interested in the play and engagement, can link into the consent model out there, that's the other level of engagement so they do know they are still being sharing. Consent models record their model of communication.
- TW- we will make best efforts to engage and unified, timely communicative messages. We will deliver communication strategy, and make it simple structure covering all the partners requirements.
- AS- please make sure that the working groups won't have a conflict of interest, with definitions of acronyms and other NHS terms varying. Information should be consistent, transparent and share the same messages.
- SB- requested that the Governance group review the communication strategy and feedback before the next meeting in July so their comments can help build the communication plan.

Action- Governance Group members review and feed into the Communication & Engagement Strategy by July Governance Group.

Part Two Assurance & Security

7. Security Principles – Emma Hollings, SE CSU

- EH presented the paper to the governance group and noted that this was still in progress and will be complete by July as just working through some of software questions that unanswered.
- SP –Good start, not publishable, needs more of a co-ordinated approach other parts of the supply chain. Next iteration completed before next meeting.
- RS- Who can review it?
- PR-we need to get an independent review
- RS-Need to understand what the questions we are asking before we go out to tender.
- SP- Need to come back to you on it, but we will be having a yearly audit penetration testing as standard from SE CSU as host of the environment of the Data Warehouse.
- PN- Imperial use Tier, imperial could review independently and provide feedback to the Governance Group.

- JN: it would be good to have independent review so we can assure our patients with simple statements like your information are assured, however we need assurance behind it.
- SP- Audit of our systems by the ICO once operational can ask them to come in and review, we will progress conversations.
- JC- Need to be clear asking to audit. Can they do bespoke?
- SP- When operational and data is flowing can do it. Need to define scope.
- SE- Defiantly approach ICO, also local assurance that PR also suggested
- SM- Conversation SE CSU needs to also see Brent CCG, underwriting them.
- SP- this is already confirmed is in ISA.

Action- Explore Tier, for an independent reviews of security arrangements and provide feedback to the governance group.

8. Role Based Access Controls Verification Process– Jason Clarke

- JC noted that the paper was for both a short and long term proposal to verify GP users of the WSIC dashboards by providing them with role based access and passwords. First roll out will be to 6 practices in Hillingdon then wider.
- JC- The long term goal will be for smartcard however there are some issues which have been flagged to the HSCIC via the help of the national IG Task force.
- JC promised to come back to the group to report to inform them of progress and any resourcing issues.
- SP- GP verification function is good but need to do significant work aligning providers, we are unable to do one domain. How do we develop with acute and local authority? Significant piece of work. Need central partner that will need to design a co-ordinated approach.
- JC – Smart card can be used.
- AT –Need to get a task and finish group to help with designing the verification process for the wider partners.
- SP- need a few volunteers that are IG leads & RA leads from Acute, community and social care.
- RS – Social care issues as no registration authorities at different levels of smart card and N3 community so might not be as easy.
- **It was noted that Caroline Law and Phillip Robinson volunteered.**

Action- task and finish group to help with designing the verification process for the wider partners.

9. Issues – Top 3 - Selin Barnett

No	Risk/Issue	Date	Category	Group	Risk	Consequence	Scoring			Mitigation	Update
							Likelihood	Impact	Risk Score		
33	Issue	01/06/2015	Data	SystemOne extract keeps failing	GP data cannot be extracted	GP record is the backbone of the ICR without it, the ICR cannot be used for direct care	5	5	10	NWL GP IT Leads are talking to TPP directly to resolve issues SP has escalated to national team	Talks with South east CSU to improve the Standard Operating Procedures. Daily reporting to NWL to feedback on data flow. Training from NWL S1 Team to SE CSU.
19	Issue	16/03/2015	Information Governance	WSIC ISA Governance Group	LLMC withdraw their support of the WSIC ISA	Inform NWL GPs not to sign which will cause delays and descents	5	4	9	Increase engagement with LLMC, arrange meeting with Eleanor Scott to work through issues with ISA	01/03 Requested help from national pioneer IG Taskforce to help broker conversations with LLMC SB has sent invitations to the LLMC to join programme meetings but has had no response
30	Issue	23/03/2015	Data	Operational Set Up WG WSIC ISA Governance Group Informatics Workstream	Issues with the capability of SystemOne to filter dissented data is widely known in CWHHE GP Community	GP's start to descent from their ISA, no data is collected and the Early Adopter cannot launch in April	4	5	9	Farid has escalated to TPP directly Escalated to National team	14/04 - Working with S1 and SE CSU team to provide assurances to GP partners. Data will be landing into a secure area that, that will be purged on landing without human interaction. Letter from TPP confirming system capability. Senior NWL IT Leads are providing feedback to TPP about short comings and requesting that the ability to filter data before being extracted.

- There was some group discussion around how to communicate with the Londonwide Medical Council (LMC); the group expressed their wish to have them involved in the governance groups going forward to assure their colleagues in primary care that the group was working in the best interest of all who have signed the WSIC ISA.
- AS noted that the chair of the Lay Partner Advisory Group (LPAG) had invited the Medical Director Dr Tony Grewell to their meeting in July and would like ask him formally at the meeting to become part of this group.
- JN- would also like to support the great work going on in this group by writing to the LMC to express the patient's voice and their belief that sharing records safely for direct care was in the best interests of patients and they would like them to promote safe sharing by GPs and not hinder progress.
- SE- there is a central team working with GP system Suppliers to improve their capability based on the need at practise level and had queries with SystemOne already.
- AS- central NHS needs a push us in the right direction to help conversations along, dangerous to patients to not share their records but need to do it safely

- AS and JN both noted their disappointment in the limited functionality of the GP systems, TPP SystemOne and offered to ask their fellow members at the Lay Partner Advisory Group to write to Simon Stephens to express their wish to share their records with medical professionals securely to the benefit of the patient.
- Action: - Review information sharing agreements

Action- JN and AS to ask their LPAG colleagues to support a Joint letter to LMC from LPAG group promoting sharing.

Action- JN and AS to ask their LPAG colleagues to support a joint letter to Simon Stevens to improve TPP system for the benefit of the patients

Part Three Aligning North West London Partners

9. Aligning Integration in North West London- Dr Sanjay Gautama

- AT introduced SG to the group and expressed the opportunity to align the Care Information Exchange (CIE) which is the interoperability solution with the integration plans of the North West London care partners, alignment would strengthen commitment by all and cut down on confusion for patients and colleagues by reducing the amount of information sharing agreements and consent models in circulation.
- AT- part of the alignment should be a co-chairmanship and would like it to be Dr Sanjay Guatama (SG) who is the Caldicott Guardian for Imperial Healthcare NHS Trust.
- SG- welcomed the co-chairmanship and briefed governing group on the CIE and the main premise behind is patient focused. Currently in the design phase and are identifying 6 pilot areas that also align to the WSIC early adopter sites to align with the integration plans. Looking at space with tri-borough looking at Hillingdon and Brent together, Hounslow and Westminster/West London – SystemOne community.
- SG- Alignment with WSIC and strategy aligns with WS use dashboards which would discuss population level. IG wouldn't stay static because of the tools.
- SP- great value in aligning WSIC consent with the CIE's solution which is Patients Knows Best (PKB) consent engine which controlled by the patients.
- PR- PKB serves varies purposes we need to do to effectively share information and receiving data feeds.
- SP- Allows entry and exit of the patients record, how we can keep integrity of what we are delivery, safe appropriate and secure with identifiable and non – identifiable.

- There was a group discussion around the appetite of the group to use the WSIC ISA to the CIE making Imperial a data processor on behalf of the data controllers.
- Group felt that they would like to know more about the PKB solution but idea sounded initially feasible.
- PR – Project knowledge in the group to have a useful group explain what PKB is about. Description how it is meant to be used and the products around it.
- AT- would like to have another Governance Group session on it before agreeing and also a workshop with the group with PKB to show the capability of the system.
- RS—we need to identify who the data controllers will be? NWL share information exchange we will utilise the ISA agreement/policy across the NWL patch. One option is have information processing agreement with Brent and PKP or Imperial (acting as host, so prefer Imp).
- SP- Data Controllers will be the same as WSIC ISA. Will take forward the proceedings move towards completion of data agreement present to Brent Executive committee on June 17th, as the host organisation for the ISA, with view we will bring back more formally to the group with hopes to minimise confusion.
- AS- concern that PKB might also include research tick box might interfere with WSIC tickbox for consent, patients need to be approached to have research conversation and ethical documentation.
- SG- patient controlled environment has to have a research agenda is it is part of Imperial Healthcare Trusts national instruction, but not foreseen will not be using this as an integrated perspective maybe in future but not as yet.

Action- organise WSIC ISA Governance Group workshop with PKB to show the capability of the system.

Action- SG to bring back formal briefing in July to group on CIE and how the Information Governance would fit together

Action- SP to brief Governance Group on Brent Executive Committee response to accepting Imperial as a Data Processor

10. Review WSIC Communication Strategy- Tracey Whittingham & Selin Barnett

- TW updated the group on the recent Communication & Engagement Working group terms of reference and how it fitted into the wider WSIC communication strategy
- SB – the communication strategy also takes into consideration that care staff also need to be supported and informed so they can have the right conversations with patients
- AT- well put together strategy, how can the governance group help?

- SB- we would like the input of all our partners on the wider agenda as this is key to the fair processing and also to support the conversations with the Clinical Advisory Group for the application of a section 251 for GP data

Action- Partners to comment and input into the Communication strategy by 1st July

Part Four National Pioneer IG Task Force

11. Review of WSIC ISA – Stephen Elgar

- SE- NWL is one of 4 pioneer sites that the national IG team have been tasked with supporting with their IG for integration plans. Over the next few weeks will be working to support the information governance agenda for North West London and provide assurance where needed, including a review of the WSIC information Sharing Agreement as well as other highlighted areas proportionality, risk stratification, smart card access and data controllers in common.
- NWL tactic for gathering data for direct care , then using it for secondary purposes, is unique out of the pioneers others are doing separate ventures for each secondary use.
- SE would like to come back to the next Governance Group to provide some feedback on findings and also around risk stratification.

Action- SE to come back to the next Governance Group to provide some feedback on findings and also risk stratification.

AOB- Dr Aumran Tahir

- PH- 3 hrs meeting too long.
- AT- there is a lot of content as starting to be operational, will reduce in time
- SP suggested after the 2 next meetings we can review length and go from monthly to quarterly meetings.

- SP- AOB Expiry date of ISA for partners
- AR- risk involved would recommend the review date,
- SB - Data processors will be yearly and support member data controller on the principles
- AT- Review date to WSIC sharing agreement 3 years from now so June 2018
- Group Agreement

Action: AR to update to reflect date review of ISA after 3 years in next update of WSIC ISA

Open Actions

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61	04.06.2015	Post updated terms of reference on Governance Group area on WSIC website	SB		Open
62	04.06.2015	SE and Ben to call to discuss risk stratification	SE		Open
63	04.06.2015	SE to bring back national definition on Risk Stratification	SE		Open
64	04.06.2015	AR to define risk stratification in the PIA	AR		Open
65	04.06.2015	SB to share link on PIA website and minutes for all new members.	SB		Open
66	04.06.2015	SP SB starting draft and CNWL, time with ben, SH	SP/SB		Open
67	04.06.2015	Invite PIA author to next working group to discuss direct care and sharing datasets	SB		Open

68	04.06.2015	ISA Governance Group to send letters to the CCGs to ask for them to encourage the GPs that have not passed the IGT in March but have signed the ISA letters, to ask them to be compliant and confirm.	JN		Open
69	04.06.2015	Governance Group members review and feed into the Communication & Engagement Strategy by July Governance Group.	All		Open
70	04.06.2015	Explore Tier for an independent reviews of security arrangements and provide feedback to the governance group.	SP		Open
71	04.06.2015	task and finish group to help with designing the verification process for the wider partners.	SP		Open
72	04.06.2015	JN and AS to ask their LPAG colleagues to support a Joint letter to LMC from LPAG group promoting sharing	JN/AS		Open
73	04.06.2015	JN and AS to ask their LPAG colleagues to support a joint letter to Simon Stevens to improve TPP system for the benefit of the patients	JN/AS		Open
74	04.06.2015	organise WSIC ISA Governance Group workshop with PKB to show the capability of the system.	SB		Open
75	04.06.2015	SG to bring back formal briefing in July to group on CIE and how the Information Governance would fit together	SG		Open

76	04.06.2015	SP to brief Governance Group on Brent Executive Committee response to accepting Imperial as a Data Processor	SP		Open
77	04.06.2015	AR to update to reflect date review of ISA after 3 years in next update of WSIC ISA	All		Open