Digital North West London
Information Governance Group Minutes
Thursday 7th September 2017
Time: 9:00-12.00
Venue: Ground Floor Boardroom, British Dental Association, 64 Wimpole Street, W1G 8YS
Minutes

NOTE: By agreeing to these minutes, you are providing formal approval of the decisions therein in your capacity as a signatory of the Digital ISA and a Data Controller (please refer to Decision Log).

Where written endorsement or objection is not obtained by 5th October 2017, the absence of response will be recorded as an approval.

ATTENDEES

Name	Role	Organisation	IN.
Amanda Lucas	WSIC Dashboards Programme Manager	NWL Collaboration of CCGs	**AL**
Jo Andrews	Head of IG	LNWH	**JA**
John Norton	Lay Partner	CL CCG	**JN**
Abhilash Abraham	IT Security Lead	NWL CCG	**AA**
Philip Roberson	IT Data protection Officer	Imperial	**PR**
David Granger	IG Manager	Patient Knows Best	**DG**
Emma Cooper	Digital IG Lead	NWL Collaboration of CCGs	**EC**
David Stone	IG Consultant	Kaleidoscope Ltd	**DS**
Susan Thomas	IG Consultant	Kaleidoscope Ltd	**ST**
Steve Murphy	IT Commissioning IG Specialist	LBHF, WCC,& RBKL	**SM**
Mohamed Ali	IG & Information Security for North West London	HRCH	**MA**
Parmjit Sagu	Project Administrator	NWL Collaboration of CCGs	**PS**
Laurie Slater	GP IT Lead	Hammersmith and Fulham CCG	**LS**
Raj Seedher	IG Manager	Brent	**RS**
Richard Baxter	GP IT Lead / Chair	Hounslow CCG	**RB**
Nicola Willis	IBC Lead	NHS Digital	**NW**
Dr Sanjay Gautama	Clinical Director/ Chair/Caldicott Guardian	Imperial	**SG**
A Garboggini	Head of IG	CNWL	**AG**
Ian Riley	Director of Business Intelligence	NWL CCG's	**IR**
Representatives from the Strategy and Transformation Team	Babylon Project	NWL	
Apologies if this list is incorrect. Please advise changes to Lisa.francis@nw.london.nhs.uk who will update the attendance register.			

PART ONE: Governance

1. Welcome and Introductions

- Welcomed every member to the meeting

2. Minutes and Actions – Emma Cooper

- The minutes of 6th July 2017 meeting were reviewed and agreed.

ACTION UPDATE

PAUSED

#	Date	Action	Who	Update	Status
259	07.07.2016	SJ to email SP asking what the patient opt out process should be	SJ/SP	Once C3 signed off, bring to December.	**Paused**
230	07.07.2016	Adoption and sign off of the ISA needs to be reviewed in relation to Caldicott 3	SB	ISA adopted, to be taken back to legal advisors. Caldicott 3 not signed from DoH yet.	**Paused**
347	02.02.2017	PR to liaise with LS to see how MOU has been amended.	PR/LS	MOU is on hold for the moment whilst solutions relating to TPP are considered. EC and LS will continue to discuss with LMC.	**Paused**
343	02.02.2017	EC to look at what Imperial has in place with regards to a programme which captures all risks and allows for sharing with data controllers.	PR	Superseded by GDPR.	**Pause**

OPEN/IN PROGRESS

#	Date	Action	Who	Update	Status
291	06.10.2016	RS to liaise with SB and provide ideas / methodologies used around PIA (item amalgamated with 295)	RS	PIA to be reviewed this year for the whole project. Operational Sub group to review overall PIA. Kaleidoscope in process of reviewing NHSE PIA; consider collaborative approach.	**In Progress**
304	06.10.2016	CMC to be invited to Future IG Group to understand the processes and design principles adopted by the IG Group. (LS) Invite to January Meeting.	Digital	EC advised that CMC becomes the equivalent of TPP (processor), there has been no progress over time. This has now been superseded by another initiative and ISA is in place. Mike Part is working on this.	**Close this?**
327	01.12.2016	More information requested on the costing on the DCC to be circulated as well as the user guides.	CM	Presentation on DCC delivered to Group. Funding is not there, may not be viable for NWL. This is currently on the risk register. Action and feedback to be provided by SP	**Open**
330	01.12.2016	RS to think about TOR for new suggested operational group/ what to	RS	TOR was reviewed and concluded that the Operational Sub Group and Data Access Sub	**In Progress**

#	Date	Action	Who	Update	Status
		call it.		Group should be amalgamated into a two part meeting. Updated TOR to be brought to next meeting.	
345	02.02.2017	LS to have discussion with the Clinical Group looking at proportionality. EC to form part of that.	LS/EC	EC suggested providing group with guidelines for data minimisation. Group felt that clinical representatives were well versed in this area and support was not required. Recommend close action.	Open
346	02.02.2017	LMC: EC to draft letter to show Imperial and CCG support for the LMC progression. To include Chair's signatures, Champion SROs and lay partners. Ensure the letter draws out the key bit about patient safety being an issue. Suggested to add a deadline to the letter	TBA	EC advised that there was a HLP meeting end of September. She suggested that NWL should be invited to their meetings and HLP representatives should be invited to IG Group meetings. Also recommended that LMC was approached. No decision recorded.	Open
351	02.02.2017	Suggestion to review who has attended the IG group over last six months.	ST	An attempt was made to establish interest in the Group; this work may need to be re-visited as the response was limited. A new list is being worked on. A report has been given to Bill Sturman to review resource and to support the mapping of where different issues need to be directed.	In Progress
355	02.02.2017	Issue letter relating to Easy - Read Children's data – to go through 2 week process.	TBA	Objections logged. RB to speak with Brent/Harrow/Hounslow, where the 3 rejections came from to move things forward. Sanjay and Richard to circulate clinical draft letter to the 3 practices who raised objections to flow of children's data. No response received. 3 practices in Safe Haven (adult only), other practices going ahead. Kaleidoscope working on Fair Processing Notice project.	In Progress
356	02.02.2017	NWL Pathology ISA to be brought under the ISP – discussion point to be brought back to March agenda.	PR	Still some work to be done on this. If the ISA is revised it will alleviate the problem, if the ISA is not revised it will mean working at risk.	In Progress
357	04.05.2017	MASH ISA to be brought under ISP	LS	LS to continue to consider how S1 issues will impact on access under MASH ISA. Review of MASH ISA to continue until agreed. Still waiting for a response from Tri-borough team. MASH agreed to re-write ISA to be fit for purpose. The Vanguard Group were receptive to advice from LS and EC to run the ISA past the group when it is finished.	In Progress

CLOSED

#	Date	Action	Who	Update	Status
279	07.09.2016	One pager on Digital NWL Programme as standing item on agenda	SP	Still working with comms team to develop what this will look like. (SP did not have	**Close**

				time to give a update – remains in progress)	
295	06.10.2016	SG and SP to discuss further the question around funding of PIA as there are 2 hosts of 2 systems on the same ISA. This item has been combined with 291.	SG/SP	Speak to David to get Multiple Quotes	**Closed**
309	03.11.16	SJ to keep Register of Privacy Officers but share with Gov. Group	SJ	Added to the decision log – Digital team to collect this.	**Closed**
331	01.12.16	IG Group TOR to be reviewed by all, comments to be provided to team.	All	Completed	**Closed**
333	01.12.16	Invite Dawn from NHSE to future meeting.		Invited. Waiting for confirmation	**Closed**
210	05.05.2016	Bring back assurance agreement, privacy policy and user acceptance agreement to this Group, for noting, in June	SJ MA	BKP Agreed to remove liability limit and include statement around backing up of data for users.	**Closed**
335	12.01.17	Incident Management Protocol – agreed by group, to be published.	EC	Complete	**Closed**
336	12.01.17	DG to produce the Incident protocol letter on letter headed paper, send to EC for records.	DG,EC	Completed	**Closed**
337	12.01.17	JN to work with DG to go over the revisions of the user agreements.	JN/DG	Discussed on agenda	**Closed**
338	12.01.17	DG to note that the definitions in agreement need to be pulled out and clear for patients to see and understand.	DG	Complete	**Closed**
339	12.01.17	Social care data set request by CAG– to be reviewed within 2 week time frame.	AL	Agreed by Group. 2 week approval window saw no objections.	**Closed**
340	12.01.17	Recommendation: Review Fair processing to help align with AL's work. Also FP to include children.	All	Taken up by comms sub group. To be circulated for 2 week approval.	**Closed**
341	02.02.17	Risk register: Any additional new risks that are identified to be sent to EC.	All		**Closed**
342	02.02.17	Risk register: EC to include risk mitigation score	EC	Completed	**Closed**
344	02.02.17	Risk register: to add in, which part of programme the risk relates to, as well as who the risk owner is.	SP/EC	Completed.	**Closed**
348	02.02.17	Risk register: to add in regarding dependency on central flows/ data flows when ACP comes in.??	EC	Added to risk register.	**Closed**
349	02.02.17	AS and JN to have meeting – Privacy and user agreement to be finalised for March meeting.	AS/JN	Completed	**Closed**
352	02.02.17	CIE recommendations from this meeting to go through 2 week process.	All	Approved.	**Closed**

353	02.02.17	Add to risk register: LMC approval delay, GP Practices currently waiting.	EC	Completed.	**Closed**
354	02.02.17	Develop the existing Comms Sub Group which JN chaired in past.	EC	Completed.	**Closed**
100	08.09.2015	RACIE of the proposed Programme to be shared with the Governance Group	JH	Paused until 2016.	**Closed**
277	01.09.2016	joint letter with LLMC to GP's end of October	SJ/SP	Finalising revisions to comments from LLMC on Digital ISA before proceeding	**Closed**
251	07.07.2016	Align version 2 of WISC communication documents to CWHEE MOU and CIE	AL	As part of sub-group	**Closed**
350	02.02.2017	To add in decision from December meeting regarding the medical exclusions.	SA	Added to Decision log. Completed. Recommended closed.	**Closed**
298	06.10.2016	Set up a Controls Table identifying what the controls are for WSIC Dashboard- RS.	RS	To be picked up at the Sub Group on the 16th May 2017	**Closed**

MINUTES

- EC took the group through the minutes and actions of last month's IG meeting (July 2017).
- **GDPR** – the Group agreed to discuss this at the next meeting; agenda to reflect this along with Caldicott3 and CQC
- **Data Access Requests** – the Group agreed that risk was low, that the contract was clear and provided mitigations to cover dataset, that to re-identify would be illegal and the risk was low. Action to send out the contract for 2 week consultation period prior to Group approval. The Group agreed that requests would be via the Sub-Group which would provide a brief synopsis of the request and a recommendation.
- **Children's Data** – Principles were in Protocol, not in a separate ISA with each GP; children's services could have access to the GP record.
- Item 4: Risk Register. The group went through the risk register; no changes were required.
- Item 5: Incident Management. No incidents had been reported.
- Item 6: LMC Update. No further points to raise other than those raised elsewhere in the meeting.
- Item 7: Discover. This item was on the Brent Agenda in September. A contract had been drafted with The University of Dundee who would be hosting the website for the patient. The data would be processed by them and then transferred to WSIC. They would hold personal data and also the consent. This would encompass people who had given their explicit consent for their data to be shared. The entire process was being updated to become GDPR compliant. There was some investigation to ensure that fair process was relevant to the research which was currently underway. A query was raised as to whether to use PKB for consenting as very few systems could record separate consenting codes. Or a consent engine. It was unclear as to what policy may come from the government based on the new GDPR guidelines. It was sensible to use the DPIA to create something now and then edit and amend based on any future changes. The process regarding data was not part of the consent but the sharing was. David Stone confirmed that the remaining actions had been completed.
- Item 8: Cyber Security Update. This will be included in the next meeting Agenda as part of the GDPR/Caldicott3/CQC review.
- Item 9: Integrated Hospital Discharge MOU. No further update on this.
- Item 10: Feedback from the Data Access and Security Sub Group – as outlined earlier, the Sub Group would manage the data requests and feed up to the IG Group. It was important to distinguish between the two standards: aggregate and identifiable. Aggregate to be fully anonymised.

- Item 11: WSIC Use/Purpose Proportionality. Data is being held for 1.5 million patients at present. The ISA had been signed by 46/76 Practices. There is a interest from Secondary Care. Fair processing would be conducted with secondary care in the same way it had been undertaken with primary care. Spot checking would be conducted. Hillingdon Council had signed the ISA. There is a need to manage SARs, and to take GDPR requirements into account. A recommendation needed to be made to ensure Brent could respond to written instructions from data controllers. Action for ST to draft a letter to Brent for the Group to review. There was an operational way of overcoming the access issue relating to the dashboard. CIE could be linked with PKB for example. The CIE would highlight which data provider provided the data so that we could ask them if a patient had any issues relating to information disclosed about them. AL and SJ to talk about how to link snapshots within the dashboard
- The Group was shown mitigating actions prepared by CIE based on incident. There was a code in the papers that needed to be redacted. There was progress in relation to Clinical Use cases which were expanding and the value of which was being realised. It would be beneficial to have a meaningful narrative around the success stories that could feed into opportunities. The timing had to be correct. Post Grenfell there ought to be a story about how data sharing had helped. SG to take it back to the Imperial and CHELWEST Communications Teams to discuss further.
- Item 12: Data Controller Console. 65 agreements loaded. LMC seemed positive but now showing concern. There would appear to be no real risk and it lends itself to GDPR. PR voiced concerns that it could be considered limited, that not all linkages were available, that future costs were unknown, that feedback was not listened to. The concept was agreed but the delivery and execution had come under question. Is Social Care to be included? HLP were funding this and it was suggested they should be questioned. Action to discuss with Bill Sturman to understand how the DCC was commissioned and developed and whether there is a risk of needs not being met. This should then be discussed with Sonia Patel.
- Item 13: Babylon Health App. Presented by Abeer Itrakjy. The Babylon Health App Pilot would be run across 16 Practices. The purpose of the App was to triage patients to the correct professional which enabled a video appointment. DPIA and ISA were both in place. In relation to the video appointment there was a privacy policy in place. Babylon had the ability to keep the file regarding the consultation. The patient consent was provided when a patient downloaded and signed up to the App. For this reason it had a separate data controller. They were not processors. The patient consented access to their GP who was the data processor. Peer to Peer was secure. EC confirmed she had challenged Babylon in relation to every aspect. Currently the App was doing things that would not survive GDPR and it was agreed things would need to change before May 2018. Everything was documented and was accompanied with a data flow map. Use data would be tracked. The 12 months pilot was in place to check whether the App would work. The Video would be stored within the Babylon platform. PIA and SIA had been conducted to see where the data was stored technically which had not been received and was required before moving forward. The typing of notes would still take place on the GP record not on Babylon. It would also provide the patient access to any videos recorded. If the patient deleted the App. Babylon would keep data for 8 years. This point had been made clear to patients. The App was not linked by the NHS number but was identifiable by date of birth, name and postcode. Speech was being recorded and needed to be kept; this was on the delivery roadmap and was unavailable yet. The data flow went into WSIC. It was unclear whether Babylon data be flagged or just be part of the data set.
- Medical Purpose under the DPA was the least understood area; it would be clear within the GDPR guidelines. The question was whether it was a breach of the common law duty. The ISA needed to be discussed with The LMC. It seemed that Video Conferencing made the App more acceptable to the patient. It was agreed that an Informal chat with LMC was required. GP Practices had to be happy with the arrangement and needed to inform their insurers as the risks relating to the use of Babylon would be higher.
- The roll out was subject to Abhilash Abrahams's satisfaction as some questions remained unanswered. It was agreed that the roll out would stop in May unless Babylon had become GDPR compliant by then.
- Item 14: End of life Care Planning. This item was deferred.
- Item 15: CIE Project. Proxy Access- Guardian/ Parent access. The GDPR guidelines would change the age of a child to 13. IG challenges in relation to fathers/mothers, children in care, separated parents. There were significant issues surrounding the disclosure of the address especially where injunctions relating to child contact had been put in place. Governance controls were required. It was important to

conduct a safeguarding check before proceeding. Instead of the word 'Parent' 'Legal Guardian' would be used. Identification challenges where 2 sets of parents, parents or children without passports. The form would need updating in relation to the GDPR guidelines. A GP would endorse the competency of the child and communications needed to go out relating to this. There was a risk of masquerading which declined when the service was narrowed to major trauma. A definition of major trauma was required. Risk needed to be articulated. Any issues should come to the group. Privacy Risks needed to be highlighted relating to 'Break the Glass Access' (BTGA). It was clear that one would have to have a relationship via organisation before BTGA could be triggered. SJ informed the group that currently all clinical systems had different systems in place which had made it difficult to drill down and establish who had triggered BTGA. PKB would be consulted to see whether the patient received notification when BTGA was triggered. Important to follow up who else needs to know: Data Controller? Who will investigate the BTGA?

- AOB. SG confirmed that CIE activation of records would be pushed through Self Checking kiosks.

ACTION

OPEN

#	Date Opened	Action	Who	Update	Date Closed	Date Due
001	06/07/2017	A considerable effort needs to be made to strengthen the lay partner representation at this meeting from other 8 Boroughs	JN	JN to speak to the Lay Partner Group (so we can invite people who have a IG interest to the meeting)		Sep 2017
002	06/07/2017	Need to develop the Cyber Security tool kit, and look at scoping for back up abilities. The Patching status needs to be brought up to speed.	AA	Mike part is chairing the cyber security task force group that was set up in the wake of the cyber threat of recent		Sep 2017
003	06/07/2017	AA to provide a report which has been scoped out to the providers about lessons learnt and actions taken as a result of recent cyber attack	AA	In progress		Sep 2017
004	06/07/2017	Integrated Hospital Discharge MOU ISA – to be reworded to so as to allow for schedules to be brought in. Philip to provide a Template version of the ISA for other users benefit	PR	In progress		Sep 2017
005	06/07/2017	Conversation to be had with Bill and Kevin in terms of taking this ISA forward and this needs to be funded.	SG	In progress		Sep 2017
006	06/07/2017	Amanda to bring action paper from Sub group to the next IG meeting in September	AL	In progress		Sep 2017
007	07/09/17	Action to send out the contract for 2 week consultation period prior to Group approval.	ST	Completed 22/09/17	22/09	
008	07/09/17	Action for ST to draft a letter to Brent for the Group to review.	ST	Completed and sent with minutes 27/09/17	27/09	

	07/09/17	Action to discuss the Data Controller Console issues with Bill Sturman.	TBC		

INCIDENT LOG

Internal Reference No	Date	Summary	Who	Update	Status
COM0657222	14.02.2017	**PCD not redacted from transferred data between analysts.**	**AM / JS**	**Incident briefing presented. Further investigation completed. Graded as 'near miss'. Lessons learned and mitigations implemented.**	**Closed**

DECISION LOG

#	Date	Decision
001	03.11.16	Group agreed that it is a good tool to group together all the ISA's in once place however some concerns raised when HLP stated patients would be able to tweak documents and have access to.
002	03.11.16	Recommendation to switch off those consent/contact options until further discussions had, unless PKB can provide assurances that have been worked through .
003	03.11.16	Continuing with face to face model for on boarding of patients which works well for CIE for patients using the dashboard.
004	03.11.16	Create a standard arrangement for staff verification which is the RA model
005	03.11.16	To disable those options which CIE are currently being used. To switch off those options until further discussions had, unless PKB can provide assurances that have been worked through.
006	03.11.16	Provider Partners are happy to add in NCRAS consent item to CIE record for NWL
007	03.11.16	Agreed by group to have scrambled NHS number, post code plus three. Need to resubmit form to group once changes have taken place
008	01.12.16	Every new provider who wants to sign into the ISA, should present at the IG Group once they have satisfied all requirements.
009	01.12.16	IG group to oversee the fair processing and all related change management.
010	01.12.16	Standing item on IG Group agenda should include Sub Group update.
011	01.12.16	Risk register to be linked to actions.
012	04.05.17	Request from Royal Brompton & Harefield NHS Trust to become a signatory to the ISA was approved.
013	07.09.17	The Group agreed that data access requests would be via the Sub-Group which would provide a brief synopsis of the request and a recommendation.