

**North West London Whole Systems
 ISA IG Governing Group Meeting
 6th October 2015**

Time: 9.30am – 11.30am

**Venue: The Crypt, St Marylebone Parish Church
 17 Marylebone Rd, NW1 5LT**

ATTENDANCE

Name	Role	Organisation	Attendance	IN.
Dr Aumran Tahir (chair)	Clinical Director WSIC Programme West London GP Representative	NWL Collaboration of CCGs	Yes	AT
Kuldhir Johal	CCG GP IT Lead	Hillingdon CCG	No	KJ
Simon Howarth	Deputy SIRO	London North West Healthcare NHS Trust	Yes	SH
Katrina Smith	IG Manager	West London Mental Health NHS Trust	No	KS
Raj Seedher	IG Manager	Brent Local Authority	No	RS
Eleanor Tunnicliffe	Solicitor	DAC Beechcrofts	Yes	ET
David Stone	IG Consultant	Kaledoscope	Yes	DS
Sonia Patel	WSIC Informatics Lead	NWL Collaboration of CCGs	Yes	SP
Selin Barnett	WSIC Project Manager	NWL Collaboration of CCGs	Yes	SB
Dr Mohammed Al Ubaydli	CEO	Patients Know Best	Yes	MU
Stephen Janering	Project manager, Care Information Exchange	Imperial NHS Hospital Trust	Yes	SJ
Angeleca Silverside	Lay Partner	West London	No	AS
John Norton	Lay Partner	Central London	No	JN
Mary Umrigar	IG Manager	Ealing Council	No	MU
Caroline Kerby	GP representative	NHS Brent CCG/ Brent Harness Network	No	CK
Ritu Sharma	IG Manager	The Hillingdon Hospital NHS FT	No	RSh
Caroline Law	IG Manager	Chelsea and Westminster Hospital	No	CL
Gary Wilsher	IG Manager	Hounslow Council	No	GW

Sanjay Gautama	Caldicott Guardian	Imperial NHS Hospital Trust	No	SG
Graham Trainor	IG Manager	West Middlesex University Hospital	No	GT
Reena Parmar	IG Manager	Harrow Council	No	RP
Phillip Robinson	IG Manager	Imperial NHS Hospital Trust	No	PR
Jason Clarke	IG Manager	BHH- Brent Host	Yes	JC
Rory Hill	IG Officer	CHWHHE	No	RH
Stephen Murphy	IT Commissioning and Information Governance Specialist Adults Social Care Shared Services	Triborough	Yes	SM
Janice Boucher	Borough Information Governance and Caldecott Support Manager	Triborough	Yes	JB
Kate Glass	Project Manager	Kilburn GP Network	No	KG
Vijay Patel	IG Representative	Harness GP Network	Yes	VP
Sheri Ekladios	IG Manager	CLCH	No	SE
Laurie Slater	GP representative	Hammersmith & Fulham	Yes	LS
Richard Baxter	GP representative	Hounslow	No	RB
Simon Haines (deputy)	Analyst	Hounslow Council	Yes	SH
Cyndee Massa (deputy)	IG Facilitator	CLCH	Yes	CM
Nadia Haynes (Minute Taker)	WSIC Project Administrator	NWL Collaboration of CCGs	Yes	NH

Please note this meeting was not quorum, therefore all decisions to the WSIC ISA or uses of data will be carried forward to November 2015 meeting.

PART ONE: Governance & Updates

2. Minutes and Actions Update

- Minutes were agreed by the group

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>Person identified from Central London however unable to attend on behalf of GPs as person does not represent data controllers, still open</p> <p>Programme Team meeting with CLH in October will ask for representative for Central London0- open new action</p>	Closed
52	04.05.2015	Process and procedures documents need to be updated and signed off by governance group	SB	<p>On-going, more work needed by Data Processors</p> <p>SB to send PKB DPA to PR to move forward</p> <p>Still going through the process of building the Data Warehouse.</p>	Open
64	04.06.2015	AR to define risk stratification in the PIA	AR	<p>Risk stratification focus group to work through definition set up end of September</p> <p>Put on agenda in October</p>	Closed
68	04.06.2015	ISA Governance Group to send letters to the CCGs to ask for them to encourage the GPs that have	JN	<p>Paused</p> <p>We are not moving GP data as yet, following a test we will then proceed for now this is paused for those who have passed the IG Toolkit.</p>	Paused

		no passed the IGT in March but have signed the ISA letters, to ask them to be compliant and confirm.			
69	04.06.2015	Governance Group members review and feed into the Communication & Engagement Strategy by July Governance Group.	All	Working Group set up and will bring back to group in September On Agenda	Closed
70	04.06.2015	Explore Tier, for independent review of security arrangements and provide feedback to the governance group.	SP	SP to bring back to group after Data Warehouse is operational SP has requested that the item is deferred until after PKB adoption.	Paused
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	Update at meeting in July Lay partners are writing to TPP. DS to arrange a meeting with the Head of Digital Strategy at NHS England. DS to also draft a letter stipulating our concerns of the shortfalls of the existing arrangements of System 1. SP to send DS notes documented about System 1.	Paused
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	Programme team will try and get on October Agenda Stephen Janering will give update on early adopters. Next month CIE have been invited to do a presentation on how we formally adopt legal and programme team will support work.	Open

83	07.06.2015	Update Governance Group on LLMC meeting about data sharing	SP/SB	Meeting with LLMC 25th August. SP to report back at September meeting Feedback on Agenda; We have agreed a joint statement with the LLMC to support the WSIC ISA	Closed
84	07.06.2015	Bring Data Processing Agreement back to Governance Group in August	SB	Concentra DPA shared at meeting. Will bring back other 3 DPA's in September Brent CCG (Host) Exec Group are yet to sign off DPA's. Regular updates needed.	Open
87	07.06.2015	Governance Group would like a YouTube video to be circulated to the governance group to show full capabilities of PKB platform	SB	Required as part of next update Mohammed to circulate link to YouTube video.	Closed
89	07.06.2015	Social Care Partners to provide agreed minimum dataset for the WSIC Data Warehouse	All SB SB/S	Harrow Sent data Brent Sent data Meeting set up with Triborough We've got an extraction from Harrow and Brent but we're still waiting for Hounslow and Tri-borough – we have a meeting set up. With Ealing we have had no progress and will have to escalate this by writing to the local authority. SB to meet with Simon to pick up on minimum data.	Open
90	04.08.2015	Bring back Communication material in September	SB	On agenda	Closed
91	04.08.2015	Bring back Terms of Reference in September	AR	On agenda	Closed

92	04.08.2015	Circulate National Partners Summary of WSIC Programme once available	SP	First draft was circulated for comment, waiting for LGA to write up case study We have received correspondence back from the Centre of Excellence for Information Sharing.	Open
93	04.08.2015	Bring back all DPA's once Brent Governing Body have signed them	SB	Repetition.	Closed
94	04.08.2015	Consent workshop to be added to the next agenda in September	SB	On agenda	Closed
95	08.09.2015	Programme Team to identify GP representative for CLH	SB/SP	SB setting up a meeting with Marina Managing Director.	Open

96	08.09.2015	meeting between SG, PR, SP and AT to work through what is required for new governance structure for when CIE is adopted into WSIC ISA	SG/PR/AT /SP SB	Meeting between Imperial and AT and SP to take place, arrangements in in progress.	Open
97	08.09.2015	SB to send final copies of communication material to Governance Group	SB	Will be circulated w/e 18/10/15	Open
98	08.09.2015	SB to bring back the communication strategy for formal adoption	SB	Should be adopted and signed off next month.	Open
99	08.09.2015	Circulate update on dashboard publishing to Governance	SP	Capsticks review SP working towards finalising a draft letter to McKinsey	Open

		Group		and Co. Chair (AT) to contact Matt re. Signing off letter.	
100	08.09.2015	RACIE of the proposed Programme to be shared with the Governance Group	JH	We have expressed that nothing can be signed off... also said that we want to commission a review of the ISA it will come back to Governors before anything is changed.	Open
101	08.09.2015	Imperial Healthcare Partners to come back to the Governance group to answer questions on data flows, IAO, Clarification of hand-off of liability (roles and responsibilities), patient complaints procedure and demonstration or proposal of look up tool.	JH		Open
102	08.09.2015	Legal review of changes of WSIC ISA and associated risks to be brought back to Governance Group	JH		Open
103	08.09.2015	C2C team need to come back to Governance Group with feasibility data request	JH		Open

3. Update on Signatories – Sonia Patel

- SP began by informing the group that ISA were making steady progress in awarding provider partners - 7 out of 8 of local authorities have signed up to the agreement with the exception of Hillingdon.
- SB updated, Hillingdon were concentrating on adopting they're localised information having agreement to support local CIE plans before signing WSIC ISA
- SP Local acute Trusts, community providers and mental health providers were now on board. Only HRCH to sign. Following the last meeting CNWL were now formally signed ISA and have been invited to the board; having received their signed version Whole Systems document and Dr Ben Lucas their Medical Director is actively involved in some of the key questions that we're asking ourselves around Risk Stratification. The GP community have maintained the majority of ISA sign ups there are now over 170.
- SP, The 5 inner London boroughs on System One, have unearthed issues concerning sign up; though there has been movement in Hammersmith & Fulham with three practices having signed up. 16 practices have signed up in Central London and 19 in West London; Ealing though they have no signed practices, have made good progress with local discussions with their IGMT committee which has helped with next steps and given assurance around their arrangements.
- GP practices in Hounslow and Hammersmith & Fulham have been advised by the LMC to wait for an updated Whole Systems information sharing agreement to be issued before signing up.
- The changes that the LMC requested are actually a small subtle change within the ISA itself; we have an indemnity provision found in Appendix 10 of the existing WSIC ISA which holds a supporting statement for local data controllers, the LMC have asked for an extension of 15/16 indemnity to cover the entirety of the agreement WSIC Programme has agreed and is reviewing funding.
- SB We will update in next ISA once agreed. To be brought back to governance group before adoption.
- AT, SP and SB met with the LMC in late August to reset the relationship with the LMC, and had a healthy conversation which led to the development of a joint statement with the LMC. Once the joint statement is received and reissued we anticipate another wave of GP practices will come on board with the agreement.
- JC, When will the joint communication with the LMC go out? Will it affect those who have already signed up to the agreement?
- SP responded to JC and explained that there has been very little feedback when change notices have been sent out to data controllers; a few would ask for clarification on what required action.

ACTION: SP to update governance group on progress with LMC

4. Updates to the ISA – Eleanor Tunnicliffe

- ET, There have been two key developments that need to be reflected in the ISA:
 - a) The new statutory duty to share patient/service user information where this informs direct care. This new statutory duty is helpful as it puts the Caldecott 2 duty to share for direct care into law.
 - b) That following discussions in the deep dive with the IGA, it has become apparent that the data flows into the WSIC data warehouse are not as originally anticipated. Secondary care

ISA signatories are not providing patient data directly to the data warehouse but rather SUS data is being sent by providers to the HSCIC

- ET notes that the following changes would be needed in the ISA:
 - I. Update the introduction and the data flows at Appendix 7 to reflect what came out of the deep dive i.e. that secondary care ISA signatories are not providing patient data directly to the data warehouse
 - II. Update the introduction to refer to the new duty to share information to inform direct care (section 251B of the Health & Social Care Act 2012, in force from 1 October 2015)
- ET, We also need to update the introduction of the ISA to reflect the fact that the model is based on implied consent rather than explicit consent.
- SB, we needed to explain that WSIC was relying on explicit consent from patients to justify clinician access to shared data; but implied for moving data into the data warehouse.

Action: Governance Group to confirm update of introduction, legal basis and appendix 7 to the ISA once group is quorate

5. Report from risk stratification focus group – Eleanor Tunnicliffe

- Concerns had been raised whether this was lawful – both from the deep dive and from some partners. Broadly speaking "risk stratification" – whereby commissioners analyse population level data to identify patients likely to benefit from interventions – is seen as something beyond implied consent.
- ET, The focus group looked at existing NHS guidance and received legal input from DAC Beachcroft. It was satisfied that the proposed arrangements under the ISA were appropriate, as the information would only be seen by GPs about their own patients. This meant that the sharing was for direct care and could come within implied consent provided:
 - I. the case finding information provided to GPs was proportionate; and
 - II. the case finding purpose was explained in communications to patients.
- The focus group concluded that there was no clear definition of case finding or risk current in the NHS Guidance. It concluded that the partners should set out what case finding means for us in North West London. This would inform communications with clinicians and patients.
- SB and SP are going draft a paper that sets out what case finding means for NWL "in principle", drawing on existing NHS guidance. The paper would also set out an example of case finding in practice. The focus group will consider this and once it has been finalised refer it to the Governance Group for discussion and approval.
- DS, Access information about their own patients for case finding. IGA raised concerns about is this can be done using an implied consent basis
- Dr Ben Lucas, AT, SP, DS, SB, LS, we did recognised that the guidance is a bit hazy, need a better local definition, would like to do our own paper, for a case study SB SP was taking this away.
- Lawful basis proportionate and the communication being place, other care professionals also see other care professional.
- Dr Ben Lucas with AT clinical sponsor, sub group of the remit would specifically like to focus on the risk stratification.
- SP should answer the first questions and then will come back to answer the proportionality

Action: Set up Risk Stratification subcommittee

Action: Bring Risk Stratification paper back to Governance Group once complete for endorsement

6. Feedback from Social Care Workshop – Sonia Patel

- SP, 2 key things minimum dataset what did they want to share for direct care, at the moment there is a more summary care information set, so SB has taken this away and will be issuing a second version of the social care dataset.
- LS, would like to be part of the dataset, role based access and lot of other national level and local level engagement. Would this also be a sub group?
- SP, minimum dataset is being pulled from systems. We are now working on the next data set to help support the second stage of WSIC integration plans.
- LS, need to know what the contractual relationship
- SP, National support for building commissioning dataset was exploring the section 255 on a national level, development of capitated budgets; we are going to send out local expression of interest.
- SP, Brent, Tri-borough, Hounslow initial interest to use this, waiting on response from other partners

Action: SP/SB to confirm next data for Social Care workshop.

PART TWO: Adoption of CIE (part one)

7. Step 1 Adoption of Care Information Exchange- Stephen Janering, Mohammed Al-Ubaydli

- SB, noted that Clarity was needed about rollout plans and decision-making by the Governing Group before PKB is adopted into the WSIC ISA. We are hoping that this will formally take place at the November Governance Group, need to be done soon as their Early Adopters such as Hillingdon are on separate info sharing agreements. However these will link up to ISA once PKB is adopted.
- SJ reported on progress of early adopters to the governance group.
- SB, this is a chance for the group to have an initial Q&A with Mohammed from PKB before the November meeting. The following questions were noted;
- DS, Do GPs need to log in to a separate system to access PKB
- MU, Link in native system (Cerner) that launches PKB. In the intermediate period there will be a separate login for PKB. The aim is that eventually data will visible in GPs' own systems.
- LS, GPs use smart cards to log in to their systems. The authentication is very strong.
- MU, Intermediate solution is to use a chip and pin to sign on. NHSE, suppliers and PKB all want seamless but not there yet. Contractual barriers at the moment.
- LS, 2nd passwords may be the difference between use or not use by GPs.
- MU, A high priority
- SP, Need a single sign on once past early adopter stage. Early adopters will probably work through clunky process.
- DS, On the transfer of data – is a delta set retained or is data pulled out from the various systems in response to requests?
- MU, Trusts send new data as it arrives and everything is stored in one dataset by PKB. This is encrypted.

- DS, i.e. a delta set that updates with new data as it comes in.
- SP, An intermediary position?
- MU: For short and long term. Various advantages – easy to access latest dataset as just pull off system rather than system having to pull the data out of various systems
- SB, How long is the retention period? This will need to be considered as part of legal review of DPA compliance.
- LS: Is PKB the guardian of our data or are you a Data Controller yourself? We (GPs) want to be DCs for now and use PKB as a processor.
- SP, 2 phases (1) sharing info between care professionals then (2) sharing info with patient themselves. Part (1) use existing governance model i.e. data controllers in common. PKB not decision makers. May be different for (2). What is the timing?
- SJ: (2) to go live on Day 1. For organisations we are working with to decide whether patients should have access via PKB.
- SB, Once PKB a DC, PKB can put in out of area information. Who is DC for the out of area patients?
- AT, Is PKB a clinical system?
- MU, Not registered. Not considered by regulators re patient access – this is a new consideration for them. PKB is insured to make sure that if there is a fault in how PKB displays information PKB liability is covered.
- AT, Are you obliged to store forever?
- MU, Not sure – this is why I was hesitating on the questions re deletions
- LS, Ideally PKB don't store. Who owns the data and is the DC? Holding duplicated database not best practice in governance terms. Duplicate sets increases complexity.
- MU, PKB does not claim it owns data. Encryption means that PKB cannot access it.
- SP, We need to work on (1) data flows and how it is stored (2) data scope (3) consent model and governance model (4) opening doors to patient. (4) is what we haven't worked through.
- DS, Assumptions in PIA – am testing whether they are correct for PKB. May need to revisit PIA
- SP, Stocktake re key decisions leading up to next GG. Look at PIA with those next time.
- MU, Graphnet it is a provider-centric model. PKB is patient centric. Have safeguards built in e.g. decisions re access when receiving paediatric care; same for mental incapacity.
- SP, Any work you've done already would be helpful to share. Want small test areas first.
- AT, Clinical decisions will be based on the data displayed. So a clinical system?
- MU, Even HSCIC aren't sure.
- SP, Source to target data transfer needs to be OK. If source a problem then goes back to source DC.
- DS, Need to know what the configuration of the system will be. Need to come back to GG. ToR needs to reflect this.
- AT, A huge amount of work.
- MU, What you don't want is first line clinicians thinking they have to make a decision on the spot.
- SP, A lot of groundwork and unanswered questions. Get closer to early adopters. Can't do all at once. Work through foundation governance and then work through on a case by case basis. There are risks that need to be managed. Come up with some universal principles as DCs in common. Then apply to pilots to see how tested.
- LS, Are you beyond stage where there is an alternative to PKB retaining a delta set?
- MU, Architecturally we pull out data from source as close to real time as possible for storage at time of creation; not consumption. Can't do it on demand.
- DS, Feedback = pulling out at time of request makes the system too slow for clinicians to use. Only one system in country (Pulls Out of the Box – POOB) that does this on demand.

- LS, therefore need strong governance arrangements
- SB, will produce an FAQ before adoption meeting next month.
- MU, At least 6 months before this is available. When finally get data from multiple sources errors will become apparent. Will need to go back to source and hide in shared record where inaccurate. Need a system whereby multiple parties not original source (which is not always available e.g. due to age of the data) will ask for data to be struck from the record.
- DS, Cheshire has a clearing desk to sort out data quality issues.
- LS, First data quality meeting set up. How to deal with accuracy, deletions etc.

Action: SB will produce an FAQ before adoption meeting next month for Governance Group

Action: joint letter from WELC to be sent from provider partners – the DCs in common. SP to draft letter first, then decide how take it forward.

Action: The Group agreed to ask Dr Ben Lucas to chair a group to finish the work on the definition of risk stratification.

PART THREE: WSIC Data

8. Update of WSIC Data Templates: 2015/2016 data – Selin Barnett

- SB Want to extend to 2015/16 data templates. Update on data loads. Found a few gaps/changes. Want to ask GG for initial indication that once data templates are confirmed that GG is happy to start upload
- SP Used 13/14 to test system. Need 15/16 data to be business as usual. Some of standardised data feeds from big providers have changed. 15/16 specs need to be aligned with this. Local data feeds not changing so no problem with them.
- SB Will put out to GG. Note to DCs to highlight changes from 13/14. Changes to use of PID highlighted.
- SP Consider spec for PKB at same time?

Action: Bring back proposed 15/16 templates for Governance Group sign off in November 2015.

9. Mapping Data Flows; Present and Future State- David Stone

Data Flow Map A – the 'As is' View

- DS guided the group through the IG Data flow map; Patient Identifiable Data (PID) from signatories of the ISA for direct care purposes is shared between clinicians and care professionals flows and into the data warehouse and is then viewable by appropriate people with legitimate relationships to the person involved. There isn't a flow other than that from GP's or Social Care for direct care purposes via the data warehouse
- DS, Data out of HSCIC can only flow out with a weak identifier under **Section 251** which we know as Section 251 for commissioning purposes. There is permissible data flow lawfully under Section 251 which cannot connect into our data warehouse. There is a data sharing contract that we have with HSCIC that specifically says that we cannot use it for that purpose but it can flow into this credited safe haven which is another data warehouse where we can use it for commissioning purpose and within the same Section 251 we are allowed to collect

data which isn't nationally collected but is locally collected where it is specified in schedule 6 of the NHS standard commissioning contract so if you're a mental health trust, community provider or an acute provider and your commissioned under the standard NHS contract where the commissioners have put in schedule 6 which is their data reporting requirement and data reporting need that's an additional to the national data collection you can lawfully flow that data into the ASH and CCG 's who are under the health and social care act are allowed to collaborate and Brent is the host ASH for the 8 CCG's and the specific causes in the health and social care act allows the CCG's to work together in that way. But the data out of the ASH is not allowed to flow in an identifiable form.

- DS, In response to the national pioneer review from the Information Governance Alliance (IGA) challenge around one of our data flows, HSCIC have a new legal basis for flowing the data and it can in fact flow directly into the data warehouse, we will need to write to the HSCIC to ask them to recognise the flow directly.
- DS The additional data directly flowing into the ASH could in fact flow directly from the other organisations into the data warehouse.

Data Flow Map B – Future view

- DS, Map B is a much simpler arrangement of the law, all data flows directly from the provider partners into the data warehouse, the only way to get outer area information is to go through the HSCIC but even without that flow we could have the direct flow of providers and do away without the ASH but then there is a data quality issue around the people who might be treated out of area where a service might be provided and how you might get that data
- DS Plan B is our preferred option that we would like to move towards and with Section 251 it is a condition that you have an exit strategy for North West London this will provide us with a way of doing what we want to do without a dependency on Section 251 which actually makes our model much stronger and more robust because we don't depend on an exception from the law we work entirely within an existing law giving us a more robust data model however we have a contingency for HSCIC around that where in Plan B we are still dependent on the ASH and as well as the ASH data flow we get the data flow directly from HSCIC for a care purpose as well
- DS The disadvantage of Plan B is how we enable some of the detailed stuff that we do around connecting some of the data sets together
- DS Whatever the decision is of the data controller we need to make sure that at the end of what we are actually doing reflects what we have drawn up in terms of the law as it is part of the design that has come out of it.
- SP, Regarding Plan B whilst the grounds of the letter is being put together to go to the HSCIC it needs to be raised through the data services for the commissionable because the process would be something that is of interest to them.
- DS mentioned that he will be meeting with the Waltham Forrester, East London and City (WELC) group having identified that their model is virtually identical in relation to the lawful side and suggested that perhaps if WELC and North West London worked together that it might present a stronger front.

- It was agreed once a draft letter is done that it could be shared with governors of the group and to WELC for additional comments.

Action: A joint letter from WELC to be sent from provider partners – the DCs in common. SP to draft letter first, then decide how take it forward.

10. AOB

- SH brought up concerns about C2C
- The group then raised concerns about how processing for this additional purpose would be communicated to the public – to date WSIC has been stressing that sharing is just for direct care. People are comfortable with this. Any introduction of a research purpose will need to explain carefully (care data experience). Concerns were raised re the public/media/GPs
- SB- DAC Beachcroft will be asked to do a legal review of C2C and report back to Governance Group on legality and risk.
- AT noted that participation in C2C had been agreed in principle subject to legal sign off etc. The system would be tested with explicit consent. The issue was more about the use of anonymised data for looking at the feasibility of studies and will be reviewed after Beachcrofts review.

- SB, would like to extend meeting in November to 2.5 hours

Action: extend the next meeting to 2.5 hours

OPEN ACTIONS

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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	Paused	Paused
70	04.06.2015	Explore Tier, for an independent review of security arrangements and provide feedback to the governance group.	SP	SP to bring back to group in October after Data Warehouse is operational	Paused
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	Update at meeting in July	Paused
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	WSIC Programme team will request this for the November meeting, date to be changed to a Thursday to accommodate	Open
84	07.06.2015	Bring Data Processing Agreement back to Governance Group in August	SB	Concentra DPA shared at meeting. Will bring back other 3 DPA's in September Brent CCG (Host) Exec Group are yet to sign off DPA's, update on agenda (Sept)	Open

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107	06.10.2015	The Governance Group agreed to ask Dr Ben Lucas to chair a group to finish the work on the definition of risk stratification.	ALL		Open
108	06.10.2015	Confirm next date for Social Care workshop.	ALL		Open
109	06.10.2015	Bring back proposed 15/16 templates for Governance Group sign off in November 2015.	SB		Open
110	06.10.2015	SB extend the November meeting to 2.5 hours	SB		Open