**N O T E S**

**17 April 2019**

**VC across Trevelyan Square (Leeds), Skipton House, (London) and Skype**

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| **No.** | **Subject** | | **Action** |
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| 1. | **Welcome, introductions and apologies**  **Present:**   * David Bennet, South East London * Jan Boucher, London * Wendy Craig * Raz Edwards, West Midlands * Andrew Harvey, Sussex (Chair and Notes) * Diane Gravett, Wessex * Louis Lau, Surrey * Andy Mellor, East Midlands (Notes) * Sue Meakin, Yorkshire & Humber * Rukhsana Mian, Data Sharing and Privacy Team, NHSE * Dawn Monaghan, Data Sharing and Privacy Team, NHSE * Barry Moult, East of England * Yvonne Salkeld * Jamie Sheldrake, Kent and Medway * Jenny Spiers, Greater Manchester (Deputy Chair, Chairing this Meeting from Leeds) * Clive Star, Solution Lead Architect Infrastructure, NHSD * Penny Taylor, South West * Hayden Thomas, Informatics Transition Programme Manager, NHSE   **Apologies:**   * Heidi Doubtfire-Lynn (being represented by Diane Gravett) * Beatrice Jamnezhad * Cora Suckley (being represented by Ashton Flavell-Irving) * Adam Tuckett * Sarah White * Anne Woodhouse (being represented by Andy Mellor) | | |
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| 2. | **Notes of previous meetings and matters arising**  Amend spelling of YS’s name in 02/2019 minutes, otherwise agreed as accurate.  No. 9 should read NDG, needs amending.  GP SARs and joint controllership to go onto next agenda (Adam Tuckett leading). | |  |
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| 3. | **Recording of consultations**  Issue raised by AH and confirmed as being raised the following day by him to the UKCGC. | |  |
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| 4. | **Sharing PCD for secondary uses**  Flagged that Sussex SIGN has put together an information paper around sharing personal data for secondary use. AH flagged that this has been shared with DM’s team and a number of bodies, but it has not been formally signed off. Andrew is happy to share, but with caveats regarding the status of the guidance document (included within the Agenda pack) | |  |
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| 5. | **ISAs and indemnity clauses**  Deferred to next meeting. | |  |
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| 6. | **DSPT feedback**  In Sussex SIGN reviewed the DSPT line by line basis to critique it and feedback to NHSD. AH invited comments on this because NHSD are seeking feedback and looking to issue revised version for next year, but we need to bring influence where possible to the DSPT questions that are being asked.  John Hodson has provided a brief update, read out by AH, but was not in attendance:   * All NHS Trusts completed the toolkits. * 26,000 submissions. * Many organisations have submitted improvement Plans (approx. a third of Trusts), which were currently being reviewed * There is a spreadsheet listing those organisations that have submitted. There will be a web-style public view of that information soon, with 2019/20 version due 26/05/2019. * Organisations can still update their evidence, unpublish and republish their 2018/19 toolkit. * Questions were raised as to whether action taken now against a ‘failing’ in the 2018/19 DSPT and whether this counts against 2018/19, 2019/20 or both? * CQC Inspections will take account of DSPT information going forward, and a few headline changes flagged. * Concern raised that CQC might be focusing on non-compliant organisations rather than looking at those that claimed compliance without necessarily having an accurate and fully evidenced toolkit in place. | |  |
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| 7. | **MDT guidance**  Deferred to next meeting. | |  |
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| 8. | **Brexit**  DM reported that a number of work streams set up, but data only included late in the programme. Support provided to DH and Brexit Team around 10/2018 around IG and implications from Brexit. Since then big focus on the implications for the NHS in particular arising from a No Deal exit. From a data perspective, key risk identified was around a DC in EEA sending data back to the UK. From a data point of view, data circulated on in 12/2018, with some further guidance in 02/2019 – again focusing on scenario if a No Deal exit.  EU Exit Team currently stood down, but a lot of work still required to understand the implications and work required / guidance to be issued between now and 31/10/2019.  Party line is still to carry on as if a No Deal, until further political certainty emerges. Query why this is necessary if parliament has determined that there will not be No Deal. The view is that until we have a deal, we have to plan for the worst case scenario, and that remains no deal.  Party line is that much of this work (understanding data flows etc.) should already have been done, so message is to ensure that organisations have completed the process and all that they were advised to do in 12/2018 and 02/2019, even recognising that No Deal is highly unlikely, but to ensure that they are prepared for ‘every eventuality’.  Query raised around the new NHS Standard Contract which organisations are being told to include within contracts with third party organisations including those outside the UK. Some restrictions at the moment around what is available and status for release of information and guidance, which is being negotiated between DM & RM, and DH/ DHSC.  SIGN / AH raise formal concern re DCMS etc. not being willing to share list of 18 suppliers being dealt with re EU data processors. | | **AH** |
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| 9. | **NHS Apps**  RM confirmed there is a process in place for NHS Apps, and with NHSX formation, the digital era is very much here and we are expected to work within the NHS App Terms and Conditions. There is a library on the website that sets out all NHS Apps, and the key issue is for any local Trusts to be aware of the apps that they use and if they have any queries then there should be a formal process to follow.  BM highlighted a risk that his concern is those apps that organisations might be procuring / obtaining locally that are not on the official white-list, but which will inevitably be installed and used. What are the standards and considerations that should be followed when assessing these local apps – currently left to local consideration, and as a result individual Trusts are applying their own standards. RM indicated that this is likely to come under NHSX and would hope that guidance would emerge potentially once NHSX is up and running, but there is a view that this should be for local organisations to go through a proper process and determine whether an app is appropriate. Concern from SIGN Group that this lack of guidance is not helpful – and where BM has looked at some examples locally, an app might be in use, but checking the Privacy Notice and detail of the vendors in more detail, this creates concern around the appropriateness, rigour and transparency about the App – e.g., what it is collecting, what permissions it might have, what data is actually being processed etc. General concern from the group that waiting for NHSX formation and potential subsequent guidance is not a clear answer now.  Flagged that there is a document / assessment tool on the website that can/ should be completed when assessing an App; question raised whether this had been completed by anyone around the room, and also suggested need to engage with NHS Digital around this – and a question posed that when carrying out an assessment, IG Professionals can look at privacy notices and IG considerations etc., but does a local Trust have the skills and Cyber Security expertise to actually review and identify if it did have an App that contained malicious code or vulnerabilities?  Need to find out who within NHSX taking lead on providing guidance? | | **RM** |
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| 10. | **What is NHSX?**  DM outlined that NHSX has not formally launched yet, and will launch on 01/07 2019, but it had a soft launch in 04/2019. There is a website. The key purpose is to improve patient care through use of technology. NHSX will comprise some teams from NHSE, NHSI and DHSC. Currently an interim leadership team in place, working directly to the Sec of State. When formally launched, Matthew Gould (CEX of NHSX) will be the route of reporting for NHSX. 25/04/2019 awayday for those involved in NHSX which will put some flesh on the bones of what NHSX will be expected to do and achieve. Optimism and expectation that NHSX will be more agile than current and traditional NHS bodies. NHSX will set national policy, including data sharing and transparency (not just technology). Responsibilities will also include setting standards, eg on user experience and IG.  Still questions around the relationship and communications from and between IGA, NHSD and NHSX. Between now and 01/07/2019, business plans and priorities are being submitted and worked through.  Still in abeyance around where IGA will sit within NHSX. This will be clarified and announced on 1 July, but anticipating being within NHSX. | |  |
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| 11. | **NHSmail / secure emailing**  Presentation from Clive Star, NHS Digital.  Presentation slides embedded below.  Note that around 80% of emails received are dropped as spam – that’s 800 million out of a billion emails received each month.  Discussion around forensic investigations where information requested from NHS Mail, and the application of disproportionate effort. DM expressed a view that if you can technically get the information, you should. At the point you have the data, it is then a matter of judgement by the DPO whether the volume of information and work required might be a matter of disproportionate effort.  Re secure email, secure email will include NHSmail, Gsuite (Google) and secure.nhs.uk. The secure.nhs.uk was introduced because although cumbersome, it is clear what it is. Organisations have until 31/03/2019 to meet the secure email standard – intention is that at this point, all organisations will be secure and so NHSD will drop secure.nhs.uk as it will be assumed that all nhs.uk addresses will be secure.  Re secure email configuration, email from NHSmail to 43,000 domains typically each day. 91% accept TLS and 100% of emails to gov.uk accept TLS. Only 40% of NHS emails accept TLS, generally because nhs.uk email systems have not been configured properly locally.  CS to raise issues around Forensic Investigations of NHSmail to AH and internal DPO. Link in with RE / DM / AH / Clive / NHSD DPO. AH arrange external meeting with CS re what is secure when sending email. | | **AH / CS** |
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| 12 | **Broader IG training going forward**  Confirmed that there is nothing further from the centre. Question for SIGN, what does the group do about this? YS flagged that their local group is looking to provide some form of training that would be applicable across the board for different types of organisations (Northumberland, Tyne and Wear).  There is a general view that we can save the NHS money by drawing on the experience that we have rather than paying to develop/ secure something externally – noted that this would still provide cross-pollination of ideas and approaches across the group. Also flagged that GCHQ also have various training material available which people might like to look at and use? | |  |
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| 13. | **Genomics Medicine Service update**  Presentation from Hayden Thomas, NHS England.  Looking to put all genomics data within one place – will be a national system in place. There is a need for Trusts to understand the process, to have proper agreements / documentation in place, but importantly to understand where your liability ends. E.g. for cancer cases, intention that in future there will be a genomics test to explore whether there are genetic factors. Want to offer every patient that has a genetic test the opportunity to participate in research. HT is asking SIGNs to help inform/ support data sharing agreements between NHS Trusts and the Genomics Medicine Service. | |  |
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| 14. | **IG journal**  Brief update that this is moving ahead, and watch this space. First issue unlikely to be more than a few academically written articles to turn the focus on various IG issues. Will welcome people that want to be involved, but won’t be paid for and any content will be peer reviewed by others before publication. | |  |
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| 15. | **Any other business**   1. **ICO Bounty fine:**   DM gave an overview of the case and £400k fine (under DPA98). The relevance to SIGN is that there is concern at highest government level as to why / how a commercial company was allowed to interact with NHS Trusts and get information from / re patients around maternity, in particular at a time when the data subjects might not be in a calm / fit state of mind. There is a concern (entirely anecdotal) that Trusts are making money off the back of this, from commercial arrangements. Some organisations are receiving money, yet clear contracts/ data sharing agreements not yet in place. FoI requests could be coming in now (including from journalists) wanting to delve into this area. DM is seeking feedback in terms of ‘what guidance do you expect from NHSX’ in this area. What are your concerns, and in the context of working with commercial organisations, what are the things you need to consider and what are you doing that might put you at risk.  Feedback to DM what is required in guidance re working with companies like Bounty. Ask for feedback from individual SIGNs.   1. **Meeting length**   Agreed that meetings should be extended to 4 hours duration. | | **All** |
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| 16. | **Date of next meeting**  Confirmed as 18/06/2019. | |  |