minutes (APPROVED)

NHS NATIONAL SERVICES SCOTLAND (NSS)

MINUTES OF INFORMATION GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 25 JANUARY 2018 IN BOARDROOM 2, GYLE SQUARE, EDINBURGH COMMENCING AT 0930HRS

Present: Mr Ian Cant, Non-Executive Director [Committee Chair]
Ms Kate Dunlop, Non-Executive Director
Professor Elizabeth Ireland, Chair of NSS

Apologies Ms Alison Rooney, Non Executive Director

In Attendance: Mr Colin Howarth - Principal IT Security Consultant (Item 10 only)
Dr Kirsty Licence - Consultant in Public Health Medicine (Item 11 only).
Mrs Eilidh McLaughlin - Associate Director, Corporate Affairs and Compliance
Dr Lorna Ramsay - Interim Medical Director (Items 1-4)
Mr Colin Sinclair - NSS Chief Executive
Mrs Lynsey Bailey - Committee Secretary [Minutes]

ACTION

1. **CHAIR’S INTRODUCTION**

1.1 The Chair welcomed everyone present to the meeting and noted apologies as above.

1.2 Members confirmed that they had no interests to declare in the context of the agenda items to be considered.

2. **MINUTES OF THE NSS INFORMATION GOVERNANCE COMMITTEE MEETING HELD ON 7 SEPTEMBER 2017 [paper IG/18/02 refers]**

2.1 Mr I Cant wished to record his thanks to Ms K Dunlop for chairing in his absence. Pending the correction of a minor typographical error, Members were content to approve the minutes as an accurate reflection.

3. **MATTERS ARISING FROM THE NSS INFORMATION GOVERNANCE COMMITTEE MEETING OF 7 SEPTEMBER 2017 [Paper IG/18/03 refers]**

3.1 All of the action points were complete, covered by the agenda for this meeting, or programmed into a future meeting.

[Secretary’s Note: The next item was brought forward.]

4. **FOCUS ON CLINICAL DIRECTORATE**

4.1 Dr L Ramsay spoke to a presentation which provided an overview of the Clinical Directorate’s information governance work to date. Members were pleased to note the positive position. Members briefly discussed the impact of the change in data controller roles between GP practices and health boards.
4.2. This led on to a further discussion about the need for clarity around the impact and requirements arising from the establishment of the new Public Health Body in respect of data access and Members requested a session on the Information Asset Register at a future meeting to be familiar with NSS’s own position. Members agreed that the preferred approach would be for nothing to be moved from NSS in the first instance and that the new Public Health Body be granted the necessary access/powers unless there is a demonstrable need to move particular data out of NSS.

4.3. Members recognised the challenges ahead, specifically the potential impact of the Public Health Body staff movements on NSS’s cohort of Caldicott Leads. Members were updated on strategy work in areas such as common standards, public engagement and patient care focus. Members noted the input of NSS staff in the Short-Life Working Group being lead by Dr A Fraser of Health Scotland, including the clinical and Caldicott input. Members were keen that consideration be given to how that expertise could be used to further influence the broader national strategic conversations.

5. LESSONS LEARNED FROM LOSS OF PATIENT RECORDS [Paper IG/18/04 refers]

5.1. Mrs E McLaughlin spoke to the paper, which updated on the progress around identified actions and suggested process improvements. Members were pleased to receive confirmation that all letters had been sent. Members noted that the planned next steps would be the provision of regular brief progress updates for assurance on the remaining actions. Members were also keen to get an update on the status of paper records more generally, and the move towards digitisation.

5.2. Members sought and received assurance around the risk of recurrence and processes in place to manage events should that happen. Members were provided with an overview of the response from NHS Highland. They were also given confirmation that there was nothing further that NSS could or would be required to do, over and above what had already been done.

6. NSS INFORMATION GOVERNANCE IMPROVEMENT AND STRATEGY UPDATE [Paper IG/18/05 refers]

6.1. Members discussed the paper, which provided an update on progress against the 2017/18 Information Governance Improvement Strategy KPIs. They were pleased to note that the training figures were positive - minor discrepancies affected the head-counts in two areas but this was not a cause for concern. Members were also provided with an overview of the updates being made to the Safe Information Handling mandatory training. This mainly related to Data Protection and how the right to restrict would be managed. Members recognised that some work still needed to be done around this but were satisfied that NSS was currently well-positioned.

6.2. Members were advised that the Information Asset Register was progressing well. For the moment, the focus was on critical and personal identifiable assets. Members were keen that Information Governance was perceived as an enabler for this work, and in the context of the bigger strategy picture. Members also wished to ensure NSS kept patients at the heart of any future work. Being mindful of the impact on the staff involved, Members sought assurance that, when the register was discussed, the discussions were run in partnership. Members were also provided with a brief overview of the ongoing collaboration work with Healthcare Improvement Scotland on records management.
6.3. Members were updated on the adverse events management plan and noted that a number of actions were currently on hold pending the decision on the future of Q-Pulse as NSS’s adverse events management tool. Members were assured that, while Q-Pulse did have its challenges and limitations, these were not hindering the reporting and management of adverse events. Therefore, its replacement was not as much of a priority as other aspects of the strategy.

7. INFORMATION GOVERNANCE ADVERSE EVENTS, RISKS AND COMPLAINTS REPORT [Paper IG/18/06 refers]

7.1. Members noted that there was one new Category 2 event, which was potentially predominantly a clinical risk rather than information governance but it had been included for completeness. This led on to a brief discussion about using the upcoming Board development session as an opportunity to look at how to reduce duplication of discussions across the governance committees. Members were interested in the number of events relating to lost or stolen encrypted mobile electronic devices and the actions to address it. They were assured that a one page guide had been drafted and a full communications plan was in place. In respect of complaints, Members were keen to see these being addressed.

8. INFORMATION GOVERNANCE RISKS [Paper IG/18/07 refers]

8.1 Members were updated on the latest risk position and were pleased to note that NSS was well-positioned in respect of its information governance risks. The risks relating the new Public Health Body would be reported through the short-life working group set up by Mrs M Morgan, Director of the Scottish National Blood Transfusion Service. Members were content to have this separately but recognised that there would potentially be merit in having a combined Adverse Events, Risks and Complaints Report. The format of reports was something which would be discussed at the upcoming Board Development Session on 2 March 2018

[Secretary’s Note: The next two items were taken out of order.]

9. NSS DIGITAL TRANSFORMATION PROGRAMME PROJECT UPDATE

9.1. Members were given an overview of the Digital Design Authority’s membership, remit and work. Members noted that the proposed standards to be implemented would require all projects to consider information governance issues and digital engagement in the beginning/planning stages. Members were briefly updated on some of the cases which had been looked at, and the engagement work which had been undertaken. Mr C Sinclair assured Members that the momentum and enthusiasm seen at the Board offsite had been maintained and provided a brief summary of the discussions at the Digital Resource Allocation Meeting. Members noted that the key priority would be the interlinking of systems, and trying to digitise existing paper processes.

10. CYBER SECURITY

10.1. Mr C Howarth provided an update on Cyber Security. He advised that internally NSS was still implementing its framework and looking to have this completed by the end of March. There were 30 controls sitting with an amber status and 20 or so with a green status but some of the ambers/gaps were not necessarily a priority or even applicable to NSS’s work. The biggest concern in IT was resilience and disaster recovery. NSS had good practices in place but needed recording and evidence processes to back
that up. Members received an overview of the national climate in terms of regulations and standards, which was fast moving in response to a growing cyber crime threat and presented challenges for organisations in keeping up with it. Members were assured that NSS was relatively well positioned in this respect.

10.2. Members were also provided with assurance that the current IT contracts in place were fit for purpose. However, there was room for improvement – particularly around upgrading applications when necessary. A lot of work was being done to develop better contracts and make cases for investment in IT to make NSS as future-proof as possible. Members discussed the barriers and challenges around achieving a national strategy or agreed minimum standard, and the benefits of focussing on outcome-based measures instead.

11. NATIONAL STRATEGIC AND OPERATIONAL GOVERNANCE UPDATE [Paper IG/18/08 refers]

11.1. Dr K Licence spoke to the paper, which updated on the current strategic and regulatory environment, developments in the use of health and social care data, and any particular challenges faced in these areas. Members were given a brief overview of the main highlights, which were:

- The increasing importance in strategic developments of a ‘Once for Scotland’ approach, which included other sectors;
- The progress made in SPIRE Developments;
- The challenges on the horizon arising from changes in research structures in 2018;
- The challenges faced by the Public Benefit and Privacy Panel

11.2. Members sought and received assurance around shared services and addressing the current lack of accounting for Information Governance support within the planning structure. They were also pleased to note that there was confidence in the viability of the full business case for the work on the Community Health Index (CHI) and Child Health systems. However, Members noted the considerations and potential challenges with regard to its implementation.

12. BOARD HIGHLIGHTS REPORT [Paper IG/18/09 refers]

12.1. Emerging Themes for Board Awareness e.g. changing trends in elements of NSS performance

- The Committee received a presentation which provided assurance of information governance processes in respect of clinical directorate, as well as highlighting their potential role in influencing strategic conversations at a national level.
- The Committee were pleased to note that information governance risks were being well managed
- Of the 417 Freedom of Information Requests managed in the last year, none had been referred to the Scottish Information Commissioner
- The Committee were provide d with an overview of the work being done around Cyber Security and were pleased to not e that NSS was, overall, well placed in this respect.

Governance Improvements e.g. actions which have strengthened governance of Committee and should be shared

- The Committee was keen to ensure that Information Governance was perceived as an enabling tool rather than an obstacle.
• The Committee received an update on the updated training on safe information handing and agreed that there should be a discussion at the Board Development Session in March 2018 as to whether it should be mandatory for Non-Executives.
• The Committee also agreed there was a need to review the format of report and look at the interplay between committees at the March 2018 Board Development Session.
• The Full Business Case for the CHI and Child Health Transformation Programme would be coming to a future meeting.

12.2 Mrs L Bailey would compile the highlights report as above and submit it to the Board Secretary for the next NSS Board Meeting on Friday, 2 February 2018

L Bailey

13. ANY OTHER BUSINESS

13.1 In response to an invitation to suggest future agenda items, Members agreed it would be useful to take time to focus on the information governance implications of the new Public Health Body formation.

L Bailey (for fwd programme)

14. DATE OF NEXT MEETING

14.1 The next NSS Information Governance Committee Meeting would be held on Wednesday 25 April 2018 at 09.30 hrs in Gyle Square Edinburgh.

15. DOCUMENTS CIRCULATED FOR INFORMATION/GENERAL UPDATE ONLY

15.1 NSS Information Governance Committee Forward Programme [Paper IG/18/10 refers]

There being no further business, the meeting finished at 1230hrs