

**The Northern, Yorkshire & Humberside  
NHS Directors of Informatics Forum**

**Information Governance Sub-Group  
Yorkshire & Humber Area Strategic Information Governance Network  
(SIGN)**

**Lecture Room, Goole & District Hospital, Woodland Avenue, Goole, DN14  
6RX**

**Minutes of the Meeting held on Friday 13 July 2018, 13:00 – 16:00hrs**

**Present:**

<b>Name</b>	<b>Initials</b>	<b>Organisation</b>
Joanne Robertshaw (minute taker)	JR	RDASH
Jenny Pope	JP	ANHS/BTH
Erin Wood	EW	HEE
Mathew Washington	MW	SWY
Peter Wilson	PW	STH
Steve Creighton	SC	Leeds CCG
John Robinson	JRo	Embed
Karen Rose	KR	Leeds CCG
Gurshon Nubour	GN	Embed
Steve Massen	SM	RDASH
Helen Harris	HH	Doncaster CCG
Kay Hill	KH	HD
Jo Higgins	JH	HD
Tracy O'Mullane	TO	Humber
Lucy-Ann Boatman	LB	Humber
Barry Jackson	BJ	Embed
Rachael Nicholson	TN	My
Roy Underwood (acting Chair)	RU	DBTH
Caroline Britten	CB	Mid & Lancs CSU

**1. Apologies:**

Sue Meakin	SMe	RDASH
Lynne Trickett	LT	RDASH
Derek Stowe	DS	Rotherham
Caroline Million	CM	eMBED
John Wolstenholme	JW	SHSC
Rachael Smith	RS	SWY
Leon Kaplan	LK	DMBC
Karen Robinson	KR	H
Narissa Leyland	NL	LCH
Gareth Jones	GJ	Doncaster CCG
Andy Nutting	AN	Leeds CC
Amy Cooper	AC	STH

		<b>ACTION</b>
	<b>INTRODUCTION</b> Due to attendance of new members, round the table introductions were made.	
2.	<u>Minutes of the last meeting held on 8 June 2018 – Paper A</u>  The minutes of the last meeting were agreed as a true record.	
3.	<u>Action Points – Paper B</u>  The actions were closed or updated as required on the action log, confirming all pre-existing actions are now completed. New actions logged.	
4.	<p><u>GDPR</u></p> <p>RU made the group aware that he attended the NYDIF Chairs Meeting that morning and noted the key points:</p> <ul style="list-style-type: none"> <li>• Fees (SARs) – there were still concerns raised that organisations cannot charge fees for requests, and that this will impact on not only on an increase in requests but also resources. The group debated this matter especially around the lack of definition of “manifestly unfounded” and “excessive” and also if this applies, what fees would we charge. RU said he contacted the ICO who said it was down to the organisation to make the decision. PW noted Articles 28-30 and whether the DPO approach as to funding is appropriate to ensure the job is done properly. PW also noted Article 12/5 where it states you can charge for repeat requests. RU suggested using the fees calculator currently used for FOIs. KH noted that they are still receiving requests from solicitors offering to pay whatever fee is applicable for the request. JR noted that she is still receiving requests from the Police under the old DPA legislation, having made them aware of this. PW said that SYP is using a new DPA formatted request;</li> <li>• NHS Mail – RU made the group aware of his recent contact with NHS Digital in relation to accessing staff emails as part of subject access requests or an internal investigation. RU suggested that it was for individual organisations to ensure that their own email related policies reflected NHS Digital policies and guidance as it was a complicated and evolving subject post-GDPR/DPA 2018. A group discussion took place after other members confirmed that they had contacted NHS Digital for the same reason and had to obtain approval by their CEO (or similar) before they provided the information, which would be either maximum 180 days worth of data or a summary longer required.</li> </ul> <p>JP asked the group if anyone was still using the old SIRI grading tool (Ready Reckoner) or is there a new one, as her organisation is currently creating a new one and is willing to share? A group discussion took place where some stated it is not fit for purpose and were not using it, others were using it but said it is not reportable, ie no indication of outcome. KR said that her</p>	<b>JP/KR</b>

	organisation is working on a new tool, to simplify the language, but it is a design in progress, but is happy to share with the group.	
5.	<p><u>Regional/National Event Updates</u></p> <ul style="list-style-type: none"> <li>- <b>National Opt-Out</b> - SME whilst not at the meeting asked the group to let her know if they have any issues so that she can feed them back to the NDOT Team in preparation for their visit to the group in September 2018.</li> <li>- GN asked about guidance/communications in relation to 'direct care' and whether you can opt out or is there no choice? SM noted that he had received a letter at home in relation to his previous choice to opt out, confirming that this still applies, then in smaller print underneath it stated that it will be shared for research and audit purposed and that audit is part of direct care – but how can this be! A short discussion took place around direct care and audits.</li> <li>- SME noted IGA Funding was under review so we may see changes there and that they were asked at a recent SIGN Chairs meeting what we would expect the IGA to support us with?</li> <li>- SME noted a question raised at the recent SIGN Chairs meeting by a member of the group – Where trusts, who provide parents with picture of baby scans, treating this as a separate service to the DPA request (funding)? A short discussion took place where those with this service confirmed that they provided the pictures when requested by the parent/s, but they charged them separately and were not retained on the patient's records as they are not deemed direct care.</li> <li>- <b>DSP Toolkit</b> - RU ask the group how they were logging evidence, as he felt it would be better if we all had a consistent process so that if it ever cropped up for discussion, we were all talking about the same thing. Following a short discussion, it was confirmed that most were creating a locally saved folder on their computers where subfolders for each assertion would contain the relevant documents of evidence, otherwise they would be hyperlinks attached to the toolkit. TO confirmed that this was the preferred method by her auditor. RU asked if anyone had a spreadsheet showing the pathways for these folders and evidence, to circulate to the group for consistency? JP confirmed she has a draft plan which she was willing to share with the group.</li> </ul>	<p><b>All</b></p> <p><b>JP</b></p>
6.	<p><u>IG Education/Personal Development Updates</u></p> <ul style="list-style-type: none"> <li>- BJ confirmed that his organisation had recently facilitated a 2 day course with Amber Hawke to update them from DP to GDPR. They felt the training was useful. GN asked if the ICO certified training providers – the group did not know but did not think so.</li> <li>- TO said that she was aware of a BCS conversation course that was accredited. BCS being British Computer Society.</li> <li>-</li> </ul>	
7.	<p><u>Data Security and Protection Toolkit</u></p> <p>SMe noted:</p> <ul style="list-style-type: none"> <li>- The Incident Reporting Guide has been confirmed by John Hodson as</li> </ul>	

	<p>the approved version and the draft removed;</p> <ul style="list-style-type: none"> <li>- Training?</li> <li>- No current plans to develop the additional training, ie SIRO, Caldicott Guardian/specialists, as previously agreed, so will need to buy in;</li> <li>- The assertions, which relate to staff survey, apply to the National Staff Survey;</li> <li>- Those organisations which have not already registered on the new toolkit, will be contacted by NHS Digital;</li> </ul> <p>A group discussion took place and some members confirmed they are using the NHS Digital training tool and that some had adapted it (reducing it tremendously), and that some were using the slides for face2face sessions and some were using the video, and some both.</p> <p>JR asked the group how they actioned and evidenced assertion 1.5.2/3, which related to monitor compliance/staff “spot checks” are regularly carried out? TO confirmed that she asks staff questions in person whilst walking around, and that any concerns found are documented in a report. JP confirmed that they do ‘walk arounds’ to find any visible concerns. PW confirmed that they have an audit sheet which they complete. KR confirmed that they have ‘secret shoppers’ with a list of specific questions/tasks. They all confirmed that these checks are done with no prior warning and were happy to share these documents/practices with the group.</p>	
8.	<p><u>Confidentiality, Data Protection and Freedom of Information</u></p> <p>JP asked the group if they had any spikes in the number of requests following GDPR – the general consensus was no, although it was noted that the number received was considerable anyway – JR confirming that they average about 90 SARs a month.</p> <p>RU confirmed they receive an average of 40-50 FOI requests a month, and that there had been none so far related to GDPR implementation.</p>	
9.	<p><u>Data and IT / Information Security</u></p> <p>Nothing reported.</p>	
10.	<p><u>Any Other Business</u></p> <ul style="list-style-type: none"> <li>- Information Sharing Agreement - CB asked the group for their advice on an opinion she had given to her organisation in relation to a sharing agreement that was set up with several organisations under the DPA 1998, prior to her employment. The agreement consisted of a CSU (her organisation), GPs, a CCG and a charity (dementia), all of whom disagreed with her opinion and concerns related to explicit consent, best interests, direct care and conflict of data sharing and data processing agreements. Following a group discussion around DPA 2018 Article 9 2 (h), CB was happy with their responses and opinions.</li> </ul>	

	<ul style="list-style-type: none"> <li>- KR made the group aware that she was updating their Information Asset Register to simplify it and asked if anyone had any advice or had any templates she could use. KR said she was happy to share this with the group. CB noted that she was aware that the Care Provider Alliance had templates on their website. EW said they had a template.</li> <li>- JP asked the group whether they used public or generic emails for their ICO DPO notification – most said generic, some said both. BJ said that he asked the ICO and they said it was up to the organisations.</li> <li>- JP asked the group what telephone response they use when a call is made and the recipient is not available to answer, ie ‘number withheld’ or do they have a generic response/number for the recipient to call them back, as they were concerned that they did not want someone, other than the recipient to know who called as this may be a risk for them. Following short discussion the outcome was either “caller withheld” or showed a local number asking the recipient to call them back.</li> <li>- HH asked the group for advice on what course of action should she take following receipt of an information sharing request she had received that day, as she noted it sounded complex but no DPIA had been done and she was concerned that insufficient information had been provided for her to make a judgement. Following a short discussion, further details identified that it was a Tier 2 request but that it was not for her to make the judgement but for the author. She was advised to redirect it to the author.</li> <li>- RU made the group aware that the current Chair (SMe) was leaving her current NHS Trust to work for another NHS Trust and if she continued as Chair for the group, she would not have any admin support, and asked the group for admin support before the next meeting in September 2018. The group congratulated Sue, wishing her all the best in her new role and agreed unanimously for Sue to continue as Chair of the Group with Roy’s continued support as Vice Chair.</li> </ul>	
	<p><u>Date and Time of Next Meeting</u></p> <p>Due to number of apologies for next meeting, it has been decided to cancel the August meeting and reschedule the next meeting for <b>Friday 14 September 2018</b>, 13:00 – 16:00, Lecture Room, Goole and District Hospital, Woodland Avenue, Goole, DN14 6RX.</p>	