

## Health and Social Care Information Centre

### Minutes of Board Meeting – Wednesday 23 September 2015

#### Part 1 - Public Session

##### Present:

Chair	Kingsley Manning
Non-Executive Director	Sir Ian Andrews
Non-Executive Director	Sir John Chisholm
Non-Executive Director	Prof. Maria Goddard
Non-Executive Director (Vice Chair)	Sir Nick Partridge (from 11am)
Chief Executive Officer	Andy Williams
Director of Operations and Assurance Services	Rob Shaw
Director of Human Resources and Transformation	Rachael Allsop
Director of Finance and Corporate Services	Carl Vincent

##### In attendance:

Chief Technology Officer	Peter Counter
National Provider Support Director	Tom Denwood
Director of Programmes	James Hawkins
Interim Director of Information and Analytics and Lead Clinician (Caldicott Guardian)	Prof. Martin Severs
Assistant Director for Strategy and Policy	Linda Whalley
Secretary to the Board	Annabelle McGuire

1. **Chair's Introduction and Apologies** (HSCIC 15 04 01)
  - 1.1 The Chair convened a meeting of the HSCIC Board. He welcomed the observers attending the Board meeting. He expressed the Board's thanks to the HSCIC staff in Bridgewater Place for welcoming the Board, and the Board's thanks to those who had undertaken the organisation and administration of the Board.
  - 1.2 Non-Executive Director, Dr Sarah Blackburn and Director of Customer Relations, Isabel Hunt had registered their apologies.
2. **Declaration of Interests and Minutes** (HSCIC 15 04 02)
  - 2.1 (a) Register of Interests (paper): HSCIC 15 04 02 (a)  
The Board agreed the Register of Interests was correct.
  - 2.2 (b) Minutes of Board meeting on 15 July 2015 (paper): HSCIC 15 04 02 (b)  
The Board ratified the minutes of the meeting on 15 July 2015 as correct.
  - 2.3 (c) Progress on action points (paper): HSCIC 15 04 02 (c)  
The Board noted the progress on action points resulting from the previous meeting.
  - 2.4 (d) Matters Arising: HSCIC 15 04 02 (d):
    - The interim Director of Information and Analytics and Lead Clinician noted there had been two rewording amendments to the Dementia Prevalence Direction accepted at 15 July Board meeting. He stated the revisions were not material or substantive, the changes were as follows:
      - There was a minor re-wording of the Direction to reflect the fact that the specification is not part of an information standard issued by Standardisation Committee for Care Information (SCCI).
      - There was a change to the embedded specification to make it clearer that the GP cohort is all GP practices rather than the previous wording of "every general practice that participates in the 2015-16 Quality and Outcomes Framework (QOF) Subset Extract for Dementia Prevalence customer requirement".
3. **Business and Performance Reporting** (HSCIC 15 04 03)
  - 3.1 (a) Board Performance Pack (paper): HSCIC 15 04 03 (a)  
The CEO presented this item, he highlighted by exception items to be brought to the Boards attention. The purpose was to provide the Board with a summary of performance. He reported the amber rating of IT Service performance, however green technically it was amber due to the Electronic Referral Service (e-RS). Programme Achievement stayed amber/green. Organisational Health remained amber, due to slow progress on Professional Groups. The forecast for the Finance indicator was green at year-end, but the rate of recruitment may affect this. The CEO stated the executive management team was focusing on forecast recruitment issues. The Board received and noted the Board Performance Pack.  
  
The CEO provided a status report on data disseminations, stating that the service is working reasonably well now in respect to new requests. There remained some challenges in relation to breeches to service level agreements; however, he considered the work was going in the right direction. The major issue is now with the Medical Research Information Service (MRIS) and this area has the most attention. The CEO felt that by the end of the year this would be in a much better position. The interim Director of Information and Analytics and Lead Clinician said the direction of travel was to be as helpful as possible to researchers. The team were beginning to get some positive informal feedback about the improvements to the service. The Board received and noted the update.  
  
The interim Director of Information and Analytics and Lead Clinician said he would contact all 80 organisations with unresolved data access requests personally to explain the position.

**Action: The interim Director of Information and Analytics and Lead Clinician**

The interim Director of Information and Analytics and Lead Clinician said he would write to Professor Dame Sally Davies Chief Medical Officer, copied to Minister for Life Sciences, to communicate the HSCIC's progress in respect to data disseminations.

**Action: The interim Director of Information and Analytics and Lead Clinician**

(a) i Data Quality Key Performance Indicator Plan (paper): HSCIC 15 04 03 (a) i

(a) ii Data Quality Strategy on a Page (paper): HSCIC 15 04 03 (a) ii

(a) iii Data Quality Policy (paper): HSCIC 15 04 03 (a) iii

(a) iv Data Quality Next Steps (paper): HSCIC 15 04 03 (a) iv

The interim Director of Information and Analytics and Lead Clinician presented these items. The Board took the data quality papers as one item. He acknowledged the long development timescales, and summarised the contents of the papers. The Board were pleased to see the demonstration of progress. In the ensuing discussion, the Board debated raising the data quality of data received from provider trusts, and the levers and incentives for improving data quality. He highlighted the development of a data quality reporting tool. The Board observed this was an initial step in the right direction. The Board noted the update and supported the on-going work, observing they looked forward to a further data quality update in January 2016.

**Action: The interim Director of Information and Analytics and Lead Clinician**

3.2 (b) Transformation Programme Mid-Year Report 2015-16 (paper): HSCIC 15 04 03 (b)

The Director of Human Resources presented this item. The purpose was to refresh Board members with the original vision and objectives for the HSCIC Transformation Programme, provide a review of progress to date and set out plans for a more radical approach going forward. She said that this was a formal update to the Board following debate at the Board Business Meeting on 02 September. The Board noted the update, the focus the executive management team were giving to the organisational transformation agenda and the Board supported the work. The Director of Human Resources and Transformation would provide a further update in October 2015.

**Action: Director of Human Resources and Transformation**

3.3 (c) Board Overview and Pipeline of Investment Decisions (paper): HSCIC 15 04 03 (c)

The Director of Finance and Corporate Services presented this item. The purpose was to set out proposals for Board oversight of investment decisions. This was in response to interest expressed previously by the Board. The full report would come to the Board for information in the future. The Board received the report and noted the progress made.

The Board considered the importance of alignment of the pipeline with the Board's forward business schedule, and requested updates to the Board's forward business schedule address this aspect.

**Action: Director of Finance and Corporate Services**

4. **Supporting the Health and Social Care System** (HSCIC 15 04 04)

4.1 (a) Type 2 Objections Direction (paper): HSCIC 15 04 04 (a)

The interim Director of Information and Analytics and Lead Clinician presented this item. The purpose was to enable the consideration of the views of the Board as part of the formal consultation on the draft Direction prior to signing by the Secretary of State for Health. The consultation is in line with the agreed HSCIC process. He recommended that the Board accept the draft Direction, and delegate responsibility to the executive management team to approve any necessary non-material additional detail. The Board being satisfied with the assurances provided accepted the Direction.

4.2 (b) Assuring Transformation Direction Update (paper): HSCIC 15 04 04 (b)

The interim Director of Information and Analytics and Lead Clinician presented this item. The purpose was to enable the consideration of the views of the Board as part of the formal consultation on the draft Direction prior to signing by the Secretary of State for Health. The consultation is in line with the agreed HSCIC process. He recommended that the Board accept

the draft Direction, which he did not believe was contentious. The Board being satisfied with the assurances provided accepted the Direction.

4.3 (c) E-med 3 Direction: Fit Note Aggregated Data (paper): HSCIC 15 04 04 (c)

The Director of Programmes presented this item. The purpose was to request the acceptance of the HSCIC Board of the e-Med 3 Direction for the extraction of Fit Note Data, and to enable the consideration of the views of the Board as part of the formal consultation on the draft Direction. He said he believed this to be in the public interest, and recommend to the Board for acceptance. The Board established that it was de-identified data. The Board requested confirmation of the opinion of the National Data Guardian and, subject to a supportive response, accepted the Direction.

**Action: The Director of Programmes**

The Board requested that the Director of Programmes report any identified issues in respect to the data collection to the Board in March 2016.

**Action: The Director of Programmes**

4.4 (d) Female Genital Mutilation (FGM) Risk Information System (RIS) Direction (paper): HSCIC 15 04 04 (d)

The Director of Programmes presented this item. The purpose was to enable the consideration of the views of the Board as part of the formal consultation on the draft Direction and to request the Board accept the Direction. The Board noted that there were risks associated with compliance and transparency, security and sensitivity. The Board recommended highlighting the issues with the Senior Responsible Owner for the programme. The Board being satisfied with the assurances provided accepted the Direction.

4.5 (e) HSCIC Information Governance (IG) Strategy (paper): HSCIC 15 04 04 (e)

The interim Director of Information and Analytics and Lead Clinician presented this item. The purpose was to seek approval of the IG Strategy, with approval for publication. The Director of Operations and Assurance Services confirmed a review of the IG strategy by the Information Assurance and Cyber Security Committee on 15 September, from which he had received helpful and constructive feedback. The Board observed that the focus was internal, and it would be useful to know how this relates to the HSCIC external role. The Board noted that the strategy would be returning to the Information Assurance and Cyber Security Committee in March 2016. The Board approved the IG Strategy, and noted the on-going work.

4.6 (f) Streamlining the Independent Information Governance Advice to HSCIC (paper): HSCIC 15 04 04 (f)

The interim Director of Information and Analytics and Lead Clinician presented this item. The purpose was to feedback the consultation results of the independent group to provide advice on data dissemination. He summarised the outcome of the consultation, and highlighted the challenge of managing the juxtaposition between users of data and demonstrating public trust in the use of data. His aims were to improve the membership and representation on the Independent Group Advising on the Release of Data (IGARD), by opening up recruitment to public adverts and removing a third of IGARD membership every three years to increase turnover. He recommended that the executive management team make operational decisions and that IGARD be advisory to the HSCIC Board. In terms of skills and competency, he recommended that IGARD would provide information governance advice as part of the Standardisation Committee for Care Information (SCCI) process.

The interim Director of Information and Analytics and Lead Clinician would bring a progress report to the Board every three months; the next update would be in November 2015.

**Action: The interim Director of Information and Analytics and Lead Clinician**

The Board agreed the principle that IGARD is advisory, that the process be more transparent and open, and to the development of the membership of IGARD. The Board noted that IGARD was balancing complex issues between public trust and sharing data and observed that the process is very complex. The Board endorsed the implementation of IGARD to replace the Data Access Advisory Group (DAAG), and supported the offering of services to SCCI.

The interim Director of Information and Analytics and Lead Clinician said he would write to Professor Dame Sally Davies Chief Medical Officer, to communicate the outcomes of the IGARD consultation.

**Action: The interim Director of Information and Analytics and Lead Clinician**

5. **Transparency and Governance (HSCIC 15 04 05)**

5.1 (a) Committee Reports: HSCIC 15 04 05 (a)

(a) i Assurance and Risk Committee (ARC) (oral): HSCIC 15 04 05 (a) i

Sir Ian Andrews, representing the Chair of the Assurance and Risk Committee, reported that the Committee had met on 16 September. It had received reports on the risk register, including risk mitigations, and the Statement of Internal Control: although these generally reflected progress in the right direction, the Committee was concerned that the pace was too slow. The Committee had considered “Deep Dives” into two strategic risks and received updates on the Information Asset Owner (IAO) structure, and the HSCIC’s statutory powers and clinical negligence. A first report on financial reporting and accounting issues report was welcome and should enable the avoidance of problems experienced in previous years. The executive management team now needed to take this work forward.

The Committee had received two internal audit reports rated as “Limited”. The Committee noted the way in which management had recognised the need to acknowledge the recommendations and put in place clear action plans for their delivery. The internal audit on Payroll, in particular, was a model of its kind. The Committee had also been grateful to the Department of Health (DH) for sharing an internal audit report on the SeeYou product, implications of which were not entirely clear for the HSCIC. The Committee had also reviewed the Board and ARC terms of reference.

In summary, there had been much hard work but there was potentially an element of duplication. Proposals from management to bring risk and assurance together in one place were welcome but more work was required to align the multiple assurance processes and compliance reporting in a way that would make them more meaningful to senior and middle managers. The Committee had also been concerned about the presentation of many pages of assurance documentation, and requested shorter committee papers in future that brought out more succinctly the key issues on which assurance depended.

(a) ii Assurance and Risk Committee Terms of Reference (paper): HSCIC 15 04 05 (a) ii

The Board approved the amended Assurance and Risk Committee Terms of Reference 2015-16.

(a) iii Information Assurance and Cyber Security (oral): HSCIC 15 04 05 (a) iii

The Committee Chair reported that the Committee had met on 15 September. It had received an oral report of the outcome of the Information Security Risk Board on 22 August and had discussed follow up action. The Secretary of State (SoS) for Health had subsequently commissioned a review by the National Data Guardian and the Care Quality Commission (CQC) of the effectiveness of information security standards across the system. This was very welcome, although the timetable for completion of the end of January 2016 was challenging.

The Committee received a report and update on the HSCIC cyber security programme, and reviewed the Information Governance Strategy. It also received reports on the progress of CareCERT, and the quality of external IG toolkit self-assessments. The focus for next few months would be on supporting the review but this would need a careful balancing of priorities.

The Board welcomed the SoS’s announcement of a review, and supported the commitment of HSCIC resources to this important work.

(a) iv Remuneration Committee: 07 August 2015 (oral): HSCIC 15 04 05 (a) iv

The Chair reported that the Committee had convened on 7 August. The Committee had considered the executive management team’s objectives. These have now been agreed and published. The Chair confirmed that the CEO’s objectives had also been agreed. The Committee had discussed equality and diversity, and other remuneration matters.

(a) v Remuneration Committee: Terms of Reference (paper): HSCIC 15 04 05 (a) v  
The Board approved the updated Remuneration Committee Terms of Reference 2015-16.

(a) vi Board Terms of Reference (paper): HSCIC 15 04 05 (a) vi  
The Board approved the amended Board Terms of Reference 2015-16.

5.2 (b) Board Forward Business Schedule 2015-16: HSCIC 15 04 05 (b)  
The Board noted the forward business schedule.

## 6. **Any Other Business**

6.1 (a) Research Advisory Group (paper): HSCIC 15 04 06 (a)  
With the Chair's agreement, the interim Director of Information and Analytics and Lead Clinician had submitted a paper for discussion under any other business. This was a proposal for a research advisory group for the HSCIC Board.

The objective was to create a strategic partnership where researchers can deliver improved research results by using high quality HSCIC data to advance the health of patients and the population, and to enable the HSCIC to enhance its data and data services whilst demonstrating trustworthiness to the public. The Board approved the proposal, observing that it would be of potential benefit to include a research participant in the membership of the group.

## 7. **Background Papers (HSCIC 15 04 07)**

7.1 (a) Forthcoming Statistical Publications (paper): HSCIC 15 04 07 (a)  
The Board noted this paper for information.

7.2 (b) Programme Definitions (paper): HSCIC 15 04 07 (b)  
The Board noted this paper for information.

7.3 (c) Correspondence from the UK Statistics Authority (paper): HSCIC 15 04 07 (c)  
The Chair drew the Board's attention to this correspondence, and the Board noted the welcome endorsement.

7.4 (d) Office for National Statistics Direction (paper): HSCIC 15 04 07 (d)  
The Board noted this paper for information.

7.5 (e) Request from NHS Scotland under section 255 Health and Social Care Act 2012: HSCIC 15 04 07 (e)  
The Chair drew the Board's attention to this request, which the Board noted.

7.6 (f) Data Disseminations (paper): HSCIC 15 04 07 (f)  
The Board noted this paper for information.

The arranged date of the next public Board meeting was for 25 November 2015.

## 8. **Date of Next Meeting**

8.1 The next statutory Board meeting was scheduled for 25 November 2015.

**Table of Actions:**

Action	Action Owner
<b>Data Disseminations:</b> The interim Director of Information and Analytics and Lead Clinician said he would contact all 80 organisations with unresolved data access requests personally to explain the position.	<b>The interim Director of Information and Analytics and Lead Clinician</b>
<b>Data Disseminations:</b> The interim Director of Information and Analytics and Lead Clinician said he would write to Professor Dame Sally Davies Chief Medical Officer, copied to Minister for Life Sciences, to communicate the HSCIC's progress in respect to data disseminations.	<b>The interim Director of Information and Analytics and Lead Clinician</b>
<b>Data Quality:</b> The Board noted the update and supported the on-going work, observing they looked forward to a further data quality update in January 2016.	<b>The interim Director of Information and Analytics and Lead Clinician</b>
The Board noted the update, the focus the executive management team were giving to the organisational transformation agenda and the Board supported the work. The Director of Human Resources and Transformation would provide a further update in October 2015.	<b>The Director of Human Resources and Transformation</b>
The Board considered the importance of alignment of the pipeline with the Board's forward business schedule, and requested updates to the Board's forward business schedule address this aspect.	<b>The Director of Finance and Corporate Services</b>
<b>E-med 3 Direction: Fit Note Aggregated Data:</b> The Board requested confirmation of the opinion of the National Data Guardian and, subject to a supportive response, accepted the Direction.	<b>The Director of Programmes</b>
<b>E-med 3 Direction: Fit Note Aggregated Data:</b> The Board requested that the Director of Programmes report any identified issues in respect to the data collection to the Board in March 2016.	<b>The Director of Programmes</b>
<b>Streamlining the Independent Information Governance Advice to HSCIC:</b> The interim Director of Information and Analytics and Lead Clinician would bring a progress report to the Board every three months; the next update would be in November 2015.	<b>The interim Director of Information and Analytics and Lead Clinician</b>
The interim Director of Information and Analytics and Lead Clinician said he would write to Professor Dame Sally Davies Chief Medical Officer, to communicate the outcomes of the Independent Group Advising on the Release of Data (IGARD) consultation.	<b>The interim Director of Information and Analytics and Lead Clinician</b>

<b>Agreed as an accurate record of the meeting</b>	
<b>Date:</b>	
<b>Signature:</b>	
<b>Name:</b>	Sir Nick Partridge
<b>Title:</b>	HSCIC Vice-Chair