

Board meeting – Public session

Title of paper:	Streamlining the Independent Information Governance Advice to HSCIC
Board meeting date:	29 April 2015
Agenda item no:	HSCIC 15 01 05 (c)
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Purpose of the paper:	<ol style="list-style-type: none"> 1. Update the Board on further developments on the integration of GP Extraction Service Independent Advisory Group [GPES IAG] into the Standardisation Committee for Care Information [SCCI] and HSCIC. 2. Update the Board on further developments of the HSCIC Data Access Advisory Group [DAAG] and its change of name 3. Demonstrate through presentation the changes represent a coherent and consistent improvement activity 4. Seek guidance from the Board on a number of key issues
Key risks and issues:	<p>The paper outlines key proposed changes to the current advisory structure employed by the HSCIC, including the closure of the GPES IAG.</p> <p>The key risks are the changes are perceived to weaken independent advice rather than strengthen them, which is the intent. The change will make transparency simpler and customer relations easier for all.</p>
Patient/public interest:	Public interest lies in improving the effectiveness of the operating framework for collections in the health and social care system whilst maintaining or improving trust.
Actions required by the board:	For decision.

Streamlining & Improving the Information Governance Advice to HSCIC

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Date: 20th April 2015

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Background summary

The current advisory system appears confusing for customers, duplicating effort in some places and having gaps in others. HSCIC information governance systems needed to change following the Partridge Review and the Care Act 2014 and the question was how?

1. An internal review of the HSCIC IG Advisory Structures was undertaken by David Evans, senior IG adviser called CAG, DAAG, GPES IAG – now and tomorrow
2. A piece of work led by the Deputy Caldicott Guardian, Dr Alan Hassey, and supported by Dawn Foster the HSCIC Head of Information Governance looked at how to make the current DAAG process better in terms of efficiency, effectiveness and customer experience whilst addressing short falls exposed by the Health Select Committee
3. Operational planning work with the DH, HRA and HSCIC began to explore the optimum way of working for HSCIC to receive CAG advice and both processes to avoid duplication, improve efficiency and improve customer experience

The conclusions were that GPES IAG structure and function should be:

- Subsumed into the SCCI structure and process for collections and initial flows and
- Subsumed into the new DAAG structures and processes and this should be consulted upon and
- DAAG should be re-named and
- This should be undertaken openly in full view of the National Data Guardian (NDG), such that any significant concerns could be made directly known to the HSCIC Board

Purpose of this paper

This paper aims to do four things:

1. Update the Board on further developments on the integration of GP Extraction Service Independent Advisory Group [GPES IAG] into the Standardisation Committee for Care Information [SCCI] and HSCIC.
2. Update the Board on further developments of the HSCIC Data Access Advisory Group [DAAG] and its change of name
3. Demonstrate through presentation the changes represent a coherent and consistent improvement activity
4. Seek guidance from the Board on a number of key issues

[Please note there are two background documents, which have not been circulated but which are available upon request. The first is the For Information document presented at the last Board meeting [HSCIC150908b_GPESIAG_FIpaper_170315v2.pdf] the second is the proposed structure and process for the DAAG replacement [DDAG Draft Terms of Reference V1.1.docx]

GPES IAG proposal to SCCI

The HSCIC is submitting a proposal to SCCI to be assessed at its April Meeting - the proposal has 5 component parts summarised below:

- The SCCI “idea to need” stage is better informed by the recruitment of up to 4 GPs who are independent and suitably qualified
- The SCCI “Impact Assessment Process” is improved to include a suitably qualified and independent GP voice
- The Independent Information Standards Assurance Service recruits additional independent and suitably qualified GP input
- Any SCCI consultation independent or otherwise that involves General Practice must include a panel of independent GPs as a minimum through Joint GP IT Committee or other option as agreed
- The SCCI Committee should explicitly have an independent and suitably qualified GP member

The detail of this proposal was discussed with the National Data Guardian’s Independent Information Oversight Group [IIGOP] who advised that if supported by SCCI this change in the SCCI operating framework should be discussed and ratified by the National Information Board [NIB] as SCCI is a sub-committee of that Board. The Chair, deputy chair and secretariat of SCCI have been made aware of that advice.

The future of DAAG

Extensive work and internal consultation has been undertaken by Dr Alan Hassey [Deputy Caldicott Guardian] on the future of DAAG. It is worthy of note that Dr Hassey has led the implementation of a much more independent approach to DAAG activities following the Partridge Review and the Health Select Committee appearances with an increase in independent suitably qualified individuals [2] and much more open and transparent processes. The openness and transparency along with changes regulatory and legal changes has brought about a much more robust process that maintains public trust but equally some increased rigour which is not universally welcomed.

DAAG is now ready to undergo a further improvement by absorbing the best form GPES IAG, becoming a fully independent advisory role and having open and transparent “terms of reference” covering:

1. Constitution
2. Purpose
3. Membership
4. Quorum
5. Attendance
6. Access
7. Frequency
8. Authority

9. Standard Operating Procedures

10. Function

It is proposed to call the new group IGARD, the Independent Group Advising (on) Release of Data.

This documentation has had widescale internal scrutiny and the Board can be re-assured that IGARD is NOT executive but advisory and it will explicitly explore 'class action' that can be supported by the Confidentiality Advisory Group and implemented through Information Asset Owners so that processing time can be decreased and efficiency increased over time.

The authors sought the advice of the National Data Guardian through her Independent Information Governance Oversight Panel and were advised.

HSCIC Board should consider the proposals for the IAG / DAAG > IGARD transition & that the NDG would welcome the opportunity for further discussion with the HSCIC Board chairman. This paper completes the first part of that advice and the authors have separately made the chair aware of the second part.

What is next?

The proposed process is set out below:

1. To plan that GPES IAG will close on June 30th 2015
2. That the responsibilities of GPES IAG will be transferred to SCCI and the IGARD
3. That a consultation on the IGARD will be conducted by Nicholas Oughtibridge (who will attend GPES IAG meeting as part of that consultation)
4. That the consultation will either be an informal consultation with important stakeholders, a consultation including the public (taking approximately 5 weeks) or a public consultation that will take a minimum of 12 weeks with further time to collate and publish findings
5. The current preference is for a consultation with the public but that this decision needs to be made by the HSCIC Board on 29th April 2015
6. If the decision is for a public consultation then the proposed date of start for IGARD (July 1st) will inevitably be later particularly as pre-election restrictions will interfere and that a start date of August 2015 is more likely
7. The SCCI proposal which is currently held by Dave Roberts and Gwen Smith will be an informal consultation including GP stakeholders hopefully resulting in a final proposal that will be accepted by SCCI on 29th April 2015 and go to the NIB in May or June
8. The SCCI proposal is not part of the IGARD consultation as it is progressing through the National Information Board which has multi-organisational representation including patients and public.
9. If the new DAAG is not fully formed on July 1st 2015 then the GPES IAG responsibilities for the dissemination of data by the HSCIC from GP clinical systems will transfer to [old] DAAG in the interim period before IGARD is formed

Actions Required of the Board [For Decision]

Is the Board content with the new name for DAAG namely IGARD, the Independent Group Advising (on) Release of Data?

Is the Board content to support the current preference for a consultation with the public [an informal consultation with important stakeholders, a consultation including the public taking approximately 5 weeks]?

If either the SCCI component does not progress or the Board do not support the IGARD proposal does the Board either:

- Support the back stop proposal in the 'what is next section' OR
- Prefer to re-instate GPES IAG and maintain the dual system. [Our advice is that this option is not preferred because it would be difficult to reinstate the GPES IAG in it's current form given that all members have been written to informing them of the closure.]