Community Health Index

Management Board

Terms of Reference

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Terms of Reference (Draft)

1.   Name of Group

1.1.   CHI Management Board

2.   Background

2.1.   This group replaces the CHI Advisory group which for many years provided NHS CHI data controllers with expertise and advice on appropriate and lawful access to and use of data held on the Community Health index.

2.2.   The Public Benefit and Privacy Panel considers the use of CHI data for large scale research projects or where complex linkage is required. This leaves however the need for a body that acts as Information Asset Owner (IAO) for the National CHI system. The CHI Management Board will provide strategic leadership and governance of the CHI National system and data, and oversight of the operational National CHI Management Service (CHIMS), the organisation that provides management and operational control of the new CHI system and associated data. This will be especially important given the role the CHI will have to facilitate health and social care across operational boundaries.

2.3.   Data Controllers will delegate powers to the CHI Management Board to make decisions on the CHI national system and CHI national data. This includes how the data will be processed (operational management of the system) as well as CHI services, i.e. the strategic approach, design of CHI services, transition, CHI change management and CHI continuity/resilience.

2.4.   NSS Practitioner Services manage the system contract with the private provider on behalf of the Scottish Government (Digital Health and Care Directorate); currently Atos but moving with new CHI to Wipro.

2.5   Scottish Government (Digital Health and Care Directorate) is the National Information Asset Owner of all national information systems within the NHS Scotland.

3.   Purpose

3.1.   To provide the assurance, strategic direction and public confidence in decision making over use of CHI in all settings on behalf of the data controllers.

3.2.   Provide assurance regarding the arrangements for resilience of the CHI systems, as well as, data quality, privacy protection and confidentiality that surround the CHI system, data, interfaces, its uses and data users.

3.3.   Ensure scrutiny regarding the introduction of new technology, i.e. Accredited Business Systems, and their use, storage and sharing of CHI and CHI database extracts for Health and Social Care and any other purposes.

3.4.   Provide strategic leadership for the ongoing improvement of the CHI system and services with responsibility to identify areas for improvement in current practice.

3.5.   Overall responsibility for assuring the quality of the data held on the National CHI system and ensuring the accountability of those updating CHI data.

3.6.   Responsible for providing oversight and scrutiny of changes to the use of CHI system and data, either during normal circumstances ordering a Public Health Emergency of national or international concern or following enactment of the Civil Contingencies Act.

3.7.   Ensures oversight of the use of CHI data in archived or deceased patient's records to assure compliance with the Public Records (Scotland) Act, Large Scale Inquiries, Public Inquiries etc.

3.8.   Determination of the appropriate use of CHI by other jurisdictions e.g. legal and ethical considerations about using or not CHI data to determine eligibility, immigration status etc.

3.9.   Provide oversight on the legal and appropriate use of CHI data and system by various organisations (e.g. the NHS, other public, private and charitable authorities) for the purposes of positive patient identification for various purposes (e.g. in order to provide health and social care, including in non NHS settings).

3.10.   Ensure adherence to the processes for access to and use of CHI data including scrutiny of related Information Sharing Agreements, Rapid Data Protection Assessments or Data Protection Impact Assessments.

3.11.   Oversee the interaction of CHI with other national data systems, e.g. the national child and adult screening datasets and the National Records of Scotland / Registrar General's data with the NHS Central Registry.

3.12.   Manage close links with the National Records of Scotland / Registrar General regarding vital events and with the Keeper of the Records in to meet the requirements of the Public Records (Scotland) Act.

3.13.   Act as an escalation point for breaches of protocols, Information Governance or Security issues, misuse of CHI data, system or interfaces, etc.

4.   Role and Remit of the Group

4.1.   The Group will act as delegated National Information Asset Owner (IAO)[1], agreeing guidance and giving direction on access to and or use of data from the Community Health Index, primarily to support the functions of NHS Scotland and in the wider health and social care environment.

4.2.   In addition, and in their accountability role, overseeing the policies and processes of the CHI Management Board, the group will:

4.2.1. Legal/regulatory

Ensure that all appropriate legislation and regulations are followed when processing CHI data.

4.2.2. Retention

Agree appropriate retention policies for National CHI data and to recommend retention policies for non-national CHI data.

4.2.3. Quality standards

Agree the data quality policy and standards to be adopted and receive regular reports from the CHIMS of data quality.

4.2.4. Access protocols

All access to and use of National CHI data, systems and interfaces will be subject to agreed protocols signed off by the relevant parties. This group will have the authority to vary these in accordance with any legislation changes or in response to issues arising from data quality checks.

Definition of "pre-authorised" use cases of access to CHI data, systems and interfaces. Escalation point for scrutiny of non-standard (non pre-authorised) use cases.

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[1] While the CHIMB will hold accountability as delegated NIAO, the routine management of the systems and services will be the responsibility of the Director of Practitioner & Counter Fraud Services, a member of the CHIMB.

4.2.5. Advice on interaction with other systems and uses of national CHI data for BAU (Business as usual) operational purposes, and ultimate approval for these.

Agree how the various Accredited Business Systems will operate, and sign off applications for new systems to have access to the CHI system and its data.

4.2.6. Monitor access

Receive reports from the CHIMS on issues arising from the routine monitoring of system access.

4.2.7. Monitor risk and resilience

Ensuring risk and resilience are managed strategically and operationally, and direction on mitigation for both is carried out timeously and effectively.

Ensuring the level of risk in relation to the CHI system and data is within the agreed risk appetite.

4.2.8. Requests to use CHI data

Consider and communicate responses to requests for the use of CHI data, invoking appropriate response procedures to match the urgency or clinical needs of such requests.

5. Membership

5.1. Will be drawn from organisations with a data controller role over CHI data, including mainly NHS Scotland organisations, but not exclusively. The group will also contain lay representatives.

5.2. Membership, including the Chair role, should ideally be rotated on a 3 yearly basis. This may not be practicable in the early years as all members will be starting at the same time. The Chair should seek to negotiate with members' tenure to build in a staggered rotation where possible.

5.3. The Group will also have technical advisors who will attend the group but not be part of the formal decision making process.

5.4. Draft membership list:
1. Directorsof Public Health representative (Chair)
2. National Information Asset Owner, Scottish Government Digital Health and Care CHI designated Information Asset Owners al local level x1

3. Rep from Scottish Association of Medical Directors
4. Lay representative (x2)
5. Health Board Senior Information Risk Owner (SIRO)
6. National IG and Assurance representative (Scottish Government Digital Health and Care, Information Assurance and Risk)
7. Director Practitioner Services
8. Associate Director Service Delivery for Practitioner Services
9. Head of the Practitioner Services CHI Management Service
10. Representative of Territorial Health Board Data Controllers Member of Public Benefits and Privacy Panel (PBPP)
11. Representative of the Chief Social Workers Group, if available, alternatively, an IG representative from Local Authorities or IJBs
12. Head of Profession for Statistics (Public Health Scotland)
13. Registrar General representation
14. Representative from the Health Records Group
15. Representative from the National IG Leads Group
16. Representative of Primary Care
17. Representatives from the National User Group (x2)

The Director of Practitioner Services will act as Accountable NSS Officer for CHI and the associated CHI Management Service. The Practitioner Services Associate Director of Service Delivery, will act as a Senior Responsible Officer (SRO).

The Scottish Government (Digital Health and Care) will act as the National Information Asset Owner, since the CHI System classes as a Category A National System.

5.6 Permanent officers to the group nominated by the Data Controllers
1. Information Security Officer
2. Caldicott Guardian
3. Data Protection Officer (DPO)
4. CHI Management Service

5.5. Additional advisors would be drawn as necessary (e.g. IT System experts, System users (Boards, NSS, Primary/Social Care, Academia)

5.6. It is the responsibility of each member and advisor on the Group to:

Actively participate in discussions at meetings
Access papers and prepare accordingly prior to meetings
Provide feedback where required
Report back on meetings to other groups as appropriate.
Provide a suitable deputy to each meeting when attendance is not possible.

6.   Governance

6.1   This group reports to the Enabling Technology Board (Digital Health and Care, Scottish Government). Once the new Enabling Data Board (or equivalent) is set up, this group will also report to that group with regards to CHI data matters, and will continue reporting to the Enabling Technology Board for the CHI information system and its digital infrastructure matters.

6.2. The role and terms of reference of the Group will be reviewed annually.

6.3   An Annual CHI system and data Assurance report should be provided to the relevant reporting Boards through the Information Assurance and Risk Team (Digital Health and Care Directorate, Scottish Government).

7.   Reporting to Data Controllers

7.1   The CHI Management Board will share its annual report and minutes of quarterly meetings, with the Data Controllers.

7.3   The reporting structure looks as follows:
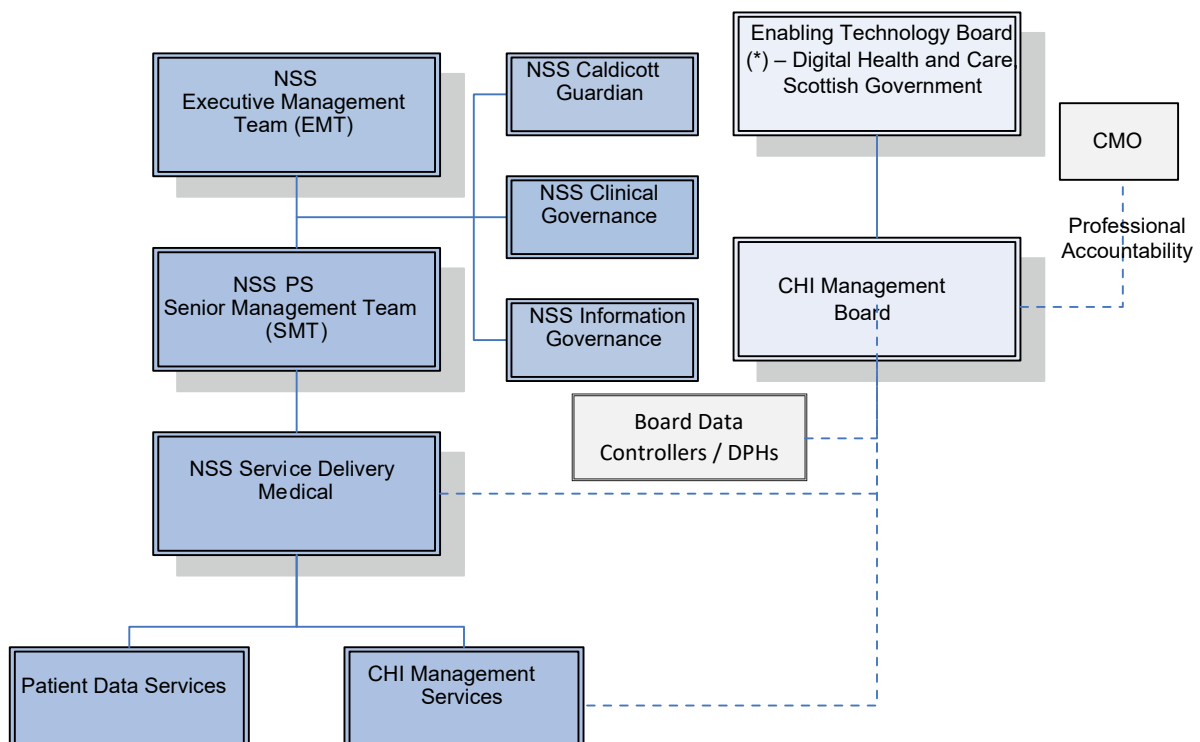
(*) Short term reporting line until the new "data board" is created. Then, reporting lines will be split into these two boards for CHI system and CHI data matters, respectively.

8.   Meetings

8.1.   The Group's meetings will be chaired by the Director of Public Health with the Director Practitioner Services acting as Vice-Chair. NSS will provide the secretariat function.

8.2.   Meetings will be held quarterly.

8.3.   A minimum of 50% of members must be present for the meeting to be quorate. The meeting can still proceed if not quorate but any decisions or actions would need to be homologated at a future meeting.

9.   Papers

9.1.   Meetings will be arranged and coordinated by the Group Secretary who will also be responsible for recording and circulating minutes and actions.

9.2.   Minutes and papers will be published and available on the internet once these have been approved at a full meeting of the group.