

**NHSCR Governance Board  
Eighth Meeting: 9 June 2009**

**Minutes**

Duncan Macniven, Registrar General (Chairman)  
Prof Graeme Laurie, University of Edinburgh  
Dr Eric Baijal, Director of Public Health, Highland NHS Board  
Dr Janet Murray, NHS National Services Scotland, Medical Advisor to GROS  
Jim Kinney, Improvement Service  
Muriel Douglas, Head of NHSCR, GROS  
Kirsty Maclachlan, Head of Demography, GROS  
Janet Mair, NHS National Services Scotland, PSD  
Irene Henry, NHSCR, GROS (Minutes)

**Welcome and Introductions**

1. The Chairman welcomed members, particularly Dr Janet Murray and Dr Eric Baijal who have replaced Dr Lorna Ramsay and Dr Andrew Riley respectively and Janet Mair who was representing Martin Morrison. There were apologies from Paul Rhodes and Dr Malcolm McWhirter.

**Minutes of meeting on 10 December 2008 and matters arising**

2. The minutes were approved. On item 3, the GROS Information Security Manager's visit had taken place and the annual signing of staff Confidentiality Declarations was complete. On item 5, a deficiency in the bandwidth for accessing the digitised records had been identified and was with BT for resolution. On item 7, Parliament had approved the revision of the NHSCR regulations. On item 8, Graeme Laurie advised the Board that PAC were looking at being put on a legal footing, as part of Information Governance at national level. On item 10, a report to the Chief Medical Officer was still to be prepared. On item 11, assistance within the scope of the LEARS (Scotland) Act 2006 had been offered to the SG Public Protection Unit to trace missing offenders who were on the Sex Offenders Register.

**NHSCR and the Citizen Account**

3. Muriel Douglas spoke to paper NHSCR GB 1/09. Jim Kinney was to visit NHSCR in Dumfries to discuss the Improvement Service's requirements in cases where the applicant's details had failed the CAS verification process. Jim Kinney stated that the quality of the data from some Entitlement Card applications was poor due to data capture issues. He advised that the aspiration was for data sharing to be a 2-way process between the CAS and NHSCR. The make-up of the Unique Citizen Reference Number (UCRN) was explained to members.

## **NHSCR Memorandum Trading Account (MTA)**

4. The Chairman spoke to paper NHSCR GB 2/09. The MTA attributed the costs of the NHSCR to its users: SG Health Directorate, the Improvement Service and to a lesser extent Medical Researchers. The element of Vital Events chargeable to the NHSCR had been reduced from 100% to 25% in 2008/09 which was a fairer attribution. Current apportionment between SG and the Improvement Service was 80/20, reflecting how staff time was spent, but this would be looked at again when the Improvement Service work moves into a steady state. Jim Kinney added that the budget for the Improvement Service beyond 2009-10 had not yet been approved and was under discussion with SG.

## **NHSCR and Scottish Longitudinal Study (SLS)**

5. Kirsty Maclachlan spoke to paper NHSCR GB 3/09. There was a desire to create a UK wide study, bringing together the SLS, England and Wales LS and Northern Ireland's LS. There was to be a feasibility study drawing on a selection of the population using records from all three studies. The storage of the SLS database on an Economic and Social Research Council (ESRC) secure data service terminal which could be accessed from Edinburgh was discussed. The Board raised concerns over whether personal data would be secure under such an arrangement. The Privacy Advisory Committee (PAC) received a report from the SG on health informatics which Graeme Laurie would arrange to be provided to the Board for information. Muriel Douglas gave an update on the success of the feasibility study on the incorporation on the SLS of historical data using the digitised records.

## **Using the NHSCR for Statistical Purposes**

6. Kirsty MacLachlan spoke to paper NHSCR GB 4/09. There had been eight GROS extracts taken from NHSCR, providing an anonymised snapshot for statistical analysis. The project has been put on hold as the checking of the extracts had proved more complex than originally forecast. But the main requirement could be met from the extracted snapshots.

## **Access to English Personal Demographic Spine**

7. Muriel Douglas gave an oral report on the progress of the Personal Demographic Spine (PDS) and tabled a paper on the highlights. The PDS was an overarching system encompassing all health care in England and Wales. Access to the PDS by NHSCR was vital for the movement of medical records across the border. She and Irene Henry had been approved in order to allow that access. Compliance with Connecting for Health's Information Governance criteria had been greatly helped by NHSCR having been put on a statutory basis by Section 57 of the LEARS Act 2006. As PDS would not handle Medical Research flags, a new system would be put in place to continue the seamless cross border service for researchers.

## **NHSCR Performance Targets 2008-2009 and Objectives 2009-2009**

8. The Chairman spoke to paper NHSCR GB 5/09. The Board found useful the information on the volume and types of work carried out by NHSCR. It was agreed that a similar report would be available at future meetings. Discussion took place on requests from outside the UK on the confidentiality, legal differences and data protection issues.

## **Any other business**

9. The Chairman advised the Board that he would include a reference to the work of the NHSCR in the Registrar General's report published on 7 August 2009, as part of a chapter about the implementation of the LEARS Act 2006.

## **Date of next meeting**

10. There was agreement that the Governance Board meetings would be held annually in June. Proposed dates would be circulated nearer the time.