

**National Health Service Governance Board  
Tenth Meeting: 19 July 2011**

**Minutes**

Duncan Macniven	Registrar General, National Records of Scotland (NRS) (Chairman)
George Mackenzie	Keeper, NRS
Dr Fiona Bisset	Scottish Government (SG) Medical Services
Paul Rhodes	SG e-Health
Prof Graeme Laurie	University of Edinburgh
Kirsty MacLachlan	Head of Demography, NRS
Muriel Douglas	Head of NHSCR, NRS
Iain Young	NHS National Services Scotland, Practitioner Service Division (PSD)
Irene Henry	NHSCR, NRS (Minutes)

**Welcome and Introductions**

1. The Chairman welcomed members, particularly Iain Young who was representing Martin Morrison, and introduced George Mackenzie who will succeed him on his retirement as Registrar General. There were apologies from Dr Janet Murray, Dr Eric Baijal and Jim Kinney.

**Minutes of meeting on 8 July 2010 and matters arising**

2. The minutes were approved. Matters arising were discussed under appropriate agenda items.

**NHSCR Performance Targets 2010-11 and Objectives 2011-12**

3. Muriel Douglas spoke to paper NHSCR GB 1/11. Muriel Douglas provided an overview of lower volume work items of the Letter Forwarding Service and Adoptions (LFSA) with examples of the types of cases involved. The Letter Forwarding Service was re-introduced in 2006 with strict governance in place to screen enquiries by only accepting cases from registered charities. Of particular interest were enquiries from the Red Cross seeking family members separated through conflict in countries such as Iraq.
4. Graeme Laurie advised that the Privacy Advisory Committee (PAC) had recommended NHSCR should be used as a sampling frame and that the resultant study was proving to be very useful. He also raised the issue that was discussed at PAC of adults with incapacity who may be contacted. Muriel Douglas confirmed that a paper would be written about the NHSCR's role in the study, to inform consideration of future applications. The Registrar General had provided a covering letter to accompany the contact letter from the researcher to the patient. Patients who had declined to take part in the study would be flagged to ensure that they were not re-selected in another sample meantime.
5. The Board welcomed the efficiency improvements made in 2010-11. Iain Young noted there was a marked improvement in the transfer times of medical records moving into Scotland from England since the introduction of the shorter 2010-11

health target times. In 2009/10 52.8% of patients had their paper medical records transferred within 6 weeks; this had increased to 71% in 2010/11, the remaining 29% being dependant on the transfer system in England and are outwith Scottish health control. There was no equivalent improvement in the timescale for patients moving from Scotland into England. Paul Rhodes advised that the considerable investment in IT by Connecting for Health (CfH) in England had not delivered the anticipated service improvements and CfH's focus would be on delivering the core outcomes rather than on improving the interface with NHSCR. Muriel Douglas advised that the shortcomings of the Personal Demographic Spine (PDS) did impact on NHSCR with additional manual work being undertaken which was annoying rather than concerning. NHSCR were working with CfH and NHS Information Centre to ensure continuity of the cross border paper record transfer service.

### **NHSCR Memorandum Trading Account**

6. Kirsty MacLachlan provided an oral report to the Board. The SLA with the improvement service had been agreed for the next three years and the current SLA with Health would remain in place for 2011-12. In 2011-12 there is to be a change to the approval process for the use of the ATOS Development Resource. All development proposals are submitted to the SG Health Portfolio Management Group and evidence is required of the benefit across NHS systems to be accrued from the proposal. This could be problematic for future medical research and NHSCR extract enhancements where it would be difficult to demonstrate direct benefits across NHS Boards. Paul Rhodes advised that next year there would not be an ATOS committed development pool. Instead, proposed developments would be approved case-by-case, and funded from a general budget.
7. The Board welcomed the reduction in NHSCR funding costs, achieved through staff becoming part time; there were now 7 part time staff. Medical research work was carried out on a cost recovery basis: funding for the Ministry of Defence (MOD) Veterans study had been agreed but was outstanding.
8. The Chairman advised that the Improvement Service had secured funding for this year and both the McClelland Report and the Christie Commission Report were positive about the achievements of the Improvement Service. This gave greater assurance about the continuity of the NHSCR's work on the Citizen Account.

### **Using NHSCR for statistical purposes**

9. Kirsty MacLachlan spoke to paper NHSCR GB 2/11. It provided an update to the Board on the progress made by NRS with the use of NHSCR data for statistical purposes. The next steps will be to link the 2011 census data against the NHSCR and develop a population spine as part of Beyond 2011 project in Scotland. Work so far had identified NHSCR data as the best source data, probably un-matched by any other public data set, for the development of more efficient system for the production of statistics in Scotland.
10. Graeme Laurie asked if a Privacy Impact Assessment (PIA) had been carried out, Kirsty MacLachlan advised that this will be done when a staff vacancy has been filled. The Board discussed the merits of the PIA focusing on NHSCR or the wider use of data in NRS. It was agreed that it was best to focus on the proposals for a new population statistics system, because that represented a substantial change.

### **Possible Legislation on NHSCR**

11. The Chairman advised that no progress had been made with legislation to allow the NHSCR to include Citizen Account clients not already on the NHSCR - those who are not registered with an NHS GP or born in Scotland. Since there were currently only two, this was not an urgent matter and could be done through primary or secondary legislation.

### **Draft Report to Chief Medical Officer**

12. The Chairman spoke to paper NHSCR GB 3/11 and invited comment from the Board. Amendments were agreed, which would be incorporated in the final version.

### **Any other business**

13. No other business.

### **Date of next meeting**

14. It was agreed that that the Board would meet again in July 2012, unless urgent business required an earlier meeting.

**National Records of Scotland  
21 July 2011**