



RCSLT and IGA Webinar

What Can I share? Exploding the myths about information sharing presentation

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Good afternoon, welcome to today's webinar: What can I share? Exploding the myths about information sharing, jointly hosted by the Information Governance Alliance and the Royal College of Speech and Language Therapists.

My name is Kamini Gadhok and I'm the Chief Executive at the Royal College of Speech and Language Therapists. I will be chairing today's webinar and supporting some of the question and answer session at the end.

The webinar will last for about 45 minutes and, before I introduce you to the presenters, I'll just go through some of the housekeeping. For those of you that have joined us, you will see that there are opportunities for you to get involved, particularly through the Q&A button if you have any questions. But also if you have any technical issues in particular or concerns in being engaged or hearing anything on the webinar, do send in a chat message at any time using the chat button. Kaleigh will be able to help you.

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Before we start, just a little bit about some of the learning objectives. Now, we're hoping that after this webinar those of you who've joined us will have a better understanding of how to share information safely, be aware of some of the common misconceptions about information sharing, understand the benefits of information sharing and how risks can be mitigated, be aware of the legal framework that underpins information sharing and also be familiar with the SLCN outcome tool and how it supports information sharing within a multidisciplinary team.

Linked to that, there will be a discussion about having an understanding of the practical issues around information sharing.

So, if I introduce the panel. Today, we have Andrew Rose, who is Senior Policy Officer at the Information Commissioner's Office, Stephen Elgar, who is a Subject Matter Expert at the Information Governance Alliance and Mark Bedwell, Director at Different Class Solutions.

So before we start, I thought it would be helpful just to say a little bit about what got us to this place today. For those of you who do not work with children, you may not be aware but there was something called the Children and Families Act that was introduced in 2014 and actually was around looking at reforms to support the way that services for children and young people with special educational needs in England, how their needs are met. To support implementation of these reforms, the Royal College received funding from the Department for Education in 2015 to develop a web-based tool called the SLCN Outcome Tool.

The project team worked with four pilot sites to develop and test the tool. However, in all of the areas the biggest barrier to using the tool were concerns about information governance. And it was as a result of this

that we identified the need to really explore this area in more detail to support practitioners to understand how they can share information safely.

So I'm now going to introduce Andrew Rose, who is Senior Policy Officer at the ICO. Andrew, I've spoken a little bit about what brought us to this place; could you just talk to us a little bit about the role of the ICO and what the Data Protection Act says about the sharing of information.

Andrew Rose, Senior Policy Officer, ICO

Yes, thank you, Kamini. The ICO is responsible for regulating the Data Protection Act, which involves a number of activities. Now, many people are aware of our powers to take action against organisations that fail to comply with the Data Protection Act when processing personal data, and this includes the power to impose civil monetary penalties of up to £500,000 for the most serious issues. But many people aren't quite so aware of the work we do to advise organisations to get things right in the first place.

So this is the work that we do to educate and engage and enable organisations to comply with their obligations. Now, if organisations follow this advice it will vastly reduce the likelihood of us taking regulatory action. And we do this in a number of ways. So, for example, through the publication of guidance and codes of practice on our website, we do this through audits and advisory visits carried out by our Good Practice Department, and we also do it through direct contact with organisations where we provide advice to specific projects or developments they're considering.

Now, we spend a lot of time and commit a lot of resource to this advisory and preventative activity. And that's because us, as the regulator, we would prefer people to do things in the right way in the first place, rather than have to come in in force later because something has gone wrong.

Now, I think it's fair to say there is a lot of confusion over when it's okay to share data and many people are unsure about this. But there are two particular myths I'd like to talk about today that will hopefully help put peoples' minds at rest and help their understanding.

So the first concern I want to address is that the Data Protection Act often gets blamed for being a barrier to data sharing. But, really, where the sharing is appropriate then this just isn't true and, much of the time, we find that it's used as a convenient excuse. Now, as the foreword to our Data Sharing Code of Practice says, data sharing can play a crucial role in providing a better, more efficient service to customers. It also goes on to say that people expect their data to be shared, and this will help provide them with the services they want and need. And also, it's important to point out that people can be disadvantaged when organisations are too cautious about sharing peoples' data.

Now, you clearly can't just share data with anyone for any purpose, and that's something that the DPA doesn't allow, but where processing can be clearly justified, this is okay. Now, in the context of today's discussion, we're talking about developing care plans for individuals and their families who need extra help and support. This is a really important activity to help people access the resources they need and the DPA doesn't stop you from doing this.

Kamini Gadhok MBE, CEO, RCLT

Thank you, Andrew. So what do you think some of the barriers are to sharing information?

Andrew Rose, Senior Policy Officer, ICO

What we've found, both from our own work and work done by others, such as the Information Governance Alliance and the Centre of Excellence for Information Sharing, is that when data protection is cited as a reason for not sharing information there's usually other factors involved which are the real cause of the

problem. Now, some of those issues include cultural issues. So, for example, sometimes there's a bit of a lack of trust about the people you're intending to share with, and this could just be that you're not very familiar with them. There's also uncertainty; sometimes people are just not well enough informed about the legal framework that allows them to share data, and they don't understand the legislation in enough detail. This can, in turn, be linked back to a lack of resources, or staff with the appropriate knowledge being too busy to get fully involved.

Yes, there is work to be done before you can implement a data sharing solution, but the key point is: it's very achievable.

Now, the other myth I'd like to address today is closely linked to the other barrier that we've identified, which is misplaced concerns. And this is sometimes the fear of the consequences of inappropriate data sharing and, more specifically, the fear that ICO will take regulatory action and potentially even issue a fine against an organisation for sharing data inappropriately.

Now, I speak about data sharing quite regularly, and I often get people coming up to me afterwards to say they're worried about this aspect and that it's impacted on their willingness to share. But I do want people listening today to be reassured and to understand that where they have followed our advice about data sharing – which I'll cover in a bit more detail later – they're very unlikely to be on the receiving end of a monetary penalty, or other enforcement action. And this point was made very clearly by Dame Fiona Caldicot in an information governance Review called *To Share or Not to Share* from a few years ago.

Now, I think it's worth quoting directly from the report here. And it says:

“The review panel concludes that individuals should not be discouraged from sharing simply through the fear of doing this incorrectly. With the help of the ICO’s data sharing code and tools such as privacy impact assessments, data sharing can be achieved where appropriate in a secure and proper way.”

Now, it's also worth saying a bit about when we consider taking action, and this includes issuing fines to organisations. Now, firstly, we've published our regulatory action policy and monetary penalties guidance on our website, and this clearly explains when we will and when we won't take action. And these documents are available for anybody to look at, if they're interested in looking at this in more detail. But we also publish details about all the enforcement action we take, so that people can see exactly why we've taken the action we have. And a simple analysis of the civil monetary penalties issues shows that we'll take enforcement action where organisations have been negligent in complying with their data protection responsibilities. The process that usually attracts a fine usually involves them doing something really avoidable. It often involves a lack of attention to detail or a lack of adequate procedures, or even a lack of training. And sometimes it's all of these combined, and often the fine is issued as a result of a cumulative problem.

Kamini Gadhok MBE, CEO, RCSLT

Thank you, Andrew. That was very useful to hear about in terms of some of the myths that actually exist around information sharing and what you can actually do to share information safely.

I'm now going to introduce Stephen Elgar. Stephen will talk about information governance in the context of health and social care. He's been working with us to provide advice on the development of an information governance pack for the SLCN Outcome Tool that Mark will talk about later.

So over to you, Stephen.

Stephen Elgar, Subject Matter Expert, IGA

Thank you, Kamini. It's good to be here, and it's been great working with you and your colleagues.

So I'm just going to briefly introduce where I work, what we do. I'm going to talk about the information framework for sharing information for clinicians. And then, lastly, the implications when people don't share information.

So I work for the IGA and that was set up following the report that Andrew referenced, the *To Share or not to Share*, so that's Dame Fiona and her colleagues, in 2013. We've existed for two years and there's about eight of us. And essentially we're a team put together across DH, NHS England, Public Health England and HSCIC, which is soon to be branded NHS Digital. And our job is to provide a joined-up approach information governance and particularly to provide an authoritative source of advice. That's what we've sought to do. Mark will be talking about the pack that's been put together in a few minutes to support the new tool that the Royal College has developed.

Coming back to us then, we have a programme of work. You'll see the webpage we've got there. We also have a network of local IG Leads and I'd be really interested to hear if anyone on this session is a member of that and would be very happy to introduce people to their local group, because our belief is that it is through partnership that we'll thrive.

And we also run a query service. I think we've got some questions at the end of the session; I hope we do. But if you do have questions, please fire them off to us, we'll have a go at answering them. We also answer the questions for the UK Caldicot Guardian Council.

So I'm just going to talk a little bit about the legal framework for information sharing. Now, the first thing is when it comes to emergency care – and I appreciate most of the care that attendees, that clinicians do in this context is not emergency care. Basically, you can share it and you need to share it quickly. And there's a reference there if you're interested. If you're in a situation where you have to defend yourself for a decision to share, there's a lot of material out there. Personally, a long, long time ago I was a nurse; it is much better to be in a position where you share and defend later, rather than worry about sharing in the first instance.

To go through the information sharing framework, the organisation you work for is registered with the Data Protection Act and when it registers it has to state the purposes for holding. And in terms of sharing data, it should draw up a series of information sharing agreements, and that is what should underpin the sharing that we're talking about today. And I'm glad to say, Mark and colleagues have prepared a pack to support you, those of you who are thinking of going forward with this particular outcome tool.

Other elements of the framework – and essentially, this is done by the organisation, not individuals – is that care is managed by registered healthcare professionals. So that's certainly the case for speech and language therapists; I mean, it's true for most of the leaders of care in the NHS in a wider care context.

A really important component is that service users are able to be aware of how their information is held and shared, normally done through consultations, posters, web statements and the capacity to discuss with both individual clinicians and also the organisation if people are worried about sharing.

And just a final element that I'm going to mention: consent. That is the strongest basis for sharing information, and I know that the tool we're going to hear Mark talk about in a moment is based on consent.

Now, there are other things – staff training and so forth –but I just wanted to move on to say one more thing before I stop, which is: What are the implications of not sharing? And, from my perspective, they are poor experience of care. This is the dislocation; you go to one place, they don't know you're receiving care

from somewhere else. Second is the effect of outcomes, that is, care is much better if it is planned and delivered by teams across organisations and, lastly, care is less effective, less efficient and costs more if it isn't based on a shared approach.

So I've said enough for the moment, Kamini; I'm going to hand back to you.

Kamini Gadhok MBE, CEO, RCSLT

Thank you very much, Stephen.

So I'm now going to introduce Mark, Mark Bedwell, who's led in the development of the SLCN Outcome Tool and will provide an overview of this and the information governance pack that he's developed with support from Stephen to support the use of the tool.

Over to you, Mark.

Mark Bedwell, Director, Different Class Solutions

Hello everybody. First of all, I won't go into much detail about the Act, just to really say that it changed special education needs from appearing to be just the concern of the education community. So it isn't managed any longer by a statement of special education needs, but is managed by something called an education, health and care plan, which, by its very name, indicates the very multidisciplinary nature of the care that should be provided. In other words, it's just saying for a young person to reach their potential they should be supported by health, social care and education where appropriate.

So the tool itself was a place to facilitate and govern the sharing of information to enable coordinated care and support for children and young people with speech and language and communication needs. It was a way to use technology to overcome the large logistical challenges of getting the right people together. It may even help identify who the right people are, as this is not always known. Instead of needing all the professionals to be available at the same time in the same place, the tool allows secure, virtual collaboration so that relevant professionals can access and see information that will help them form judgements relating to the care and support of the young person. It does not seek to replace face-to-face discussion or professional dialogue, but rather it provides a framework for them, enabling more detailed preparation and understanding where meetings are not possible, but also enabling work to carry on where meetings are not possible. I think I said 'not possible' twice there and it was supposed to be 'possible' first!

People may imagine that such a system and idea could be applicable in other areas of work, more detailed work on case management or safeguarding or care record. This is not the case. This is not the place to place detailed notes; this is the place to share information that is relevant to production of coordinated care.

So the tool to achieve this facilitates discussion between the team around the child. It enables the sharing of relevant information with others, say, assessments, targets, outcome. It collates information in one place, so you don't have to go searching for it. You may know that an assessment was carried out by a particular service, but not know how to find it. With this tool, you would go to the one place and have all the information you would need to provide a holistic picture to help to facilitate care for the young person. The tool also facilitates conversation with the child, young person or their families about what outcomes matter to them to help structure the plan that's relevant to them.

But when we came to introduce the tool into the pilot areas, we found information governance was a significant bump in the road and that people had quite large concerns and questions that were stopping them being able to use the tool, pilot it or test it in any way. The questions were in these four broad categories, if you can see on the screen.

Consent. How is consent managed in the system? What if a child or young person withdraws their consent?

Storage. Where would the data be stored? How long will it be stored for? Can the data in the system be destroyed?

Security. Is it safe? Can it be hacked? Is it secure and how can users of the system be sure that other users of the system are bona fide and should have access to the information that's going on there?

The last questions concern the stuff that Stephen and Andrew have been talking about, which is really the legal framework and the regulatory framework around information governance. People were so unsure of what this was they didn't feel they were able to use the tool. So our approach at this point was to contact the Information Governance Alliance at a national level to actually discuss, where does the tool fit in to the national Information Governance framework? So once we established what that was, we then worked with the local Information Governance Lead to find what the local blockages were, what the local misconceptions were. Then we changed the data model that the tool uses to make sure it fitted exactly with the national framework. And then all of this led us to develop a resource, an information governance pack to support local people, so that they could actually start to use the useful tool.

The data sharing model... I won't go into technical details, but effectively each service controls their own data. You cannot edit other services' data; other services cannot edit your data. The NHS number is a unique identifier. That's the number that is used to join the data from the different services together. Before any data can go into the system and before it is seen by any other service, explicit consent has to be gained from the young person or family and indicated within the system. If the consent isn't there, the information will not be shared. Also, you cannot go searching for someone. You cannot go fishing for information. You have to actively be working with a young person for you to see other services that are working with the young person.

I will now go on to talk about the very structure of the pack. The pack goes from top to bottom. It starts with a local area protocol. This is a sort of agreement at the high end between healthcare trusts, local authorities or local youth offending teams. In other words, the local management structures in care, health and education that manage the services within a locality. It is not a legal document, more it's a statement of intent. It's a statement that we feel it is right to share information for this purpose within this tool.

Next, there are documents that deal with validating services, i.e. testing that the service actually has a right to go onto the tool as a bona fide need, and should have access to the information in a multidisciplinary way to support coordinated care. So there is a roles and responsibilities document which details, if you are a service, what type of thing must you be doing and what are your roles and responsibilities when looking at the data.

Next are agreements between services and services. This may be an agreement between a school and a local speech and language therapy team. So it is at the actual operational level rather than at the strategic level.

Next, because of the data model, each service has to have a direct agreement with the data processor, in this case Different Class Solutions. It's a legal document and a legal requirement that you have to sign a data processing agreement, which details exactly what data we can process, what we can do with it and what we can't do with it. Underpinning that is an agreement between the service and the practitioner. The practitioner in this case is the person who's actually going to be using the system. It says, what is acceptable use, what you can do, what you can't do with the information that's in the system. It also talks about how you manage the content within the system, what type of things you can put up, what type of

things you can't put up. And, at the bottom, the brick which the whole façade is based on is consent; the consent of the young person and family. Without consent, there simply can be no sharing.

So the contents of the pack itself, there are some mandatory documents which are related to yourselves and the tool. There's a roles and responsibilities document which details if you're going to use the tool what roles and responsibilities do you have. A content management policy which details what is acceptable content to put onto the tool and to share for the purposes of coordinated care. And then an acceptable use policy, which is for individuals practitioners; what they can't do with the tool, what they can do with the tool.

Next, there are supporting templates, local information sharing protocol, information sharing agreements and information sharing agreement between the agency and the processor and a consent template. It is recognised that some of these documents may already exist locally. Where that's the case, the SLCN Outcome Tool must simply be added to these documents. Where it isn't the case, these provide you with a useful starter for ten in knowing what type of documents you need to fill in and agree upon. As Andrew said, these documents are the basis upon which sharing can occur.

Next, there's some information in the pack to do with guiding you. They're not templates to fill in and they are not documents to sign; they are information support. So there's an information about data and information security, which you can use with your local Information Governance and IT Lead.

Next, each area should, as mentioned previously, fill in a privacy impact assessment as a way to identify risks when data is shared. Now, when going round the pilot sites we discovered that these varied in size, shape and content, but they all had similar themes. So the guide attempts to extract those themes and give you exactly the type of answer you will need when filling in your privacy impact assessments.

Kamini Gadhok MBE, CEO, RCSLT

Thank you very much, Mark. Andrew, I'm just going to turn back to you, having heard from Mark about the SLCN Outcome Tool, can you provide any advice or good practice for listeners who might be thinking about starting to share information in a similar way?

Andrew Rose, Senior Policy Officer, ICO

Okay, yes, there's a couple of codes of practice I'd like to draw people's attention to. Now, before implementing an information sharing agreement in a local area, it is very important that partners get together to discuss and agree their data protection responsibilities, and this is what Mark has just talked about in terms of the data sharing agreements, and the templates he's got in the tool there. This includes agreeing what fair processing you give to individuals. So by that I mean you need to tell people what information you are sharing about them, what you're doing with it, who you're sharing it with and so on. Also how will you retain the data? So, in this case, the care plan. How do you respond to a subject access request? So if somebody asks for their personal data that you're holding about them, and who sends the response.

So there's a whole bunch of questions that you can look at and all of this should be documented in a data sharing agreement which is then regularly reviewed by the organisation sharing the data. It's also important that partners in a local area do a privacy impact assessment for the project. Now, a PIA, as it's known, is the process aimed at helping organisations identify and minimise the privacy risks of a new project or process. So this is very important when starting a data sharing agreement, because there's always scope for information to be mishandled if care is not taken. And given the sensitivity of the data involved in creating care plans for individuals, it's clear that the loss or disclosure of that data to the wrong person would be very distressing to the people affected. So we've developed codes of practice for both

data sharing and PIAs and these give a lot more detail than I'm able to go into today, but they are available on the websites... on the ICO website.

Kamini Gadhok MBE, CEO, RCSLT

Thank you, Andrew. And, finally, having looked at the SLCN Outcome Tool, how do you feel users can ensure they comply with the DPA?

Andrew Rose, Senior Policy Officer, ICO

Okay, well at this point I should first of all say that, as the regulator, the ICO does not endorse or approve the use of a particular product, and people need to use their own judgement to decide whether the use of this tool is appropriate to their needs. Having said that, I'm happy to mention that some of the features in the tool that should help organisations comply with their data protection responsibilities, if it's used as intended and in the right situations.

Now, as Mark has explained, the tool is designed to overcome the logistical issues around creating care plans and overcome the delays caused by the difficulties in getting the right people together to create a plan. So the tool allows people to provide just the relevant information needed for the creation and maintenance of care plans without the need for them all to get together. Now, this is important, because it means that each participating organisation has control over what information is shared with others on a case by case basis.

Another important feature is that before information is entered into the tool and shared with other organisations, the relevant professionals are expected to have a conversation with the person affected and their parent or guardian, where appropriate, to explain what data is being shared and why. And this gives the professional the opportunity to check that the individual concerned, or their representative, understands what processing is proposed and they consent to it. So it's worth noting at this point that the tool is only designed to be used in situations where consent to the processing has been clearly given, as Mark has explained earlier.

Now, if there's any doubt about this or in situations where it isn't appropriate to ask for consent, then the tool isn't designed for that and another approach should be taken.

Mark also mentioned the data storage and security features built into the tool and, again, these should help users to comply with their data protection obligations.

And the final point I'd like to mention is about the guidance and the information governance documents that Mark's talked about and is provided with the tool. So it includes guidance and templates for developing things like PIAs and data sharing agreements. And, as I said before, they're very important when you are considering data sharing.

Kamini Gadhok MBE, CEO, RCSLT

Thank you very much, Andrew. And before we go to the questions that have been submitted, I'm just going to go to the final slide, which is around what the next steps will be, particularly around the SLCN Tool and the information governance work that we've been doing.

Well, we're going to continue to collaborate with national organisations, particularly with the IGA being a key partner in that to really stress the importance of sharing information for care and seeing what else we need to do to provide people with the support they need locally.

So turning to questions, we have had a number that were put in prior to the webinar and we've had some online as well while we've been speaking.

So I'm going to turn to some of our presenters are I go through these. One of them has also come in online but was submitted before was around the role... well, I suppose it's speech and language therapists or anybody working in independent or privately what they need to do in terms of information sharing between private or independent practice in the NHS or also what their responsibilities are as private practitioners.

So, Andrew, I don't know if you can just help with responding to that question?

Andrew Rose, Senior Policy Officer, ICO

Yes, there's a couple of things that people need to think about. Obviously, as an independent therapist, you really need to be aware of your requirements under the Data Protection Act. One of the things that a lot of people might not be aware of is that because you're processing personal data, you will need to register with the Information Commissioner's Office. Now, that's quite a simple process and we can give you more details about that afterwards if you need it. But that is very important.

Really, I would recommend that you do get hold of... have a look at the data sharing code and read through that, because that does give you an awful lot of detail. And you can always come back to the ICO or indeed the IGA if you do have other questions when you've had a chance to look through the information.

Kamini Gadhok MBE, CEO, RCSLT

Thank you very much, Andrew. And talking about working across sectors, Stephen, can you say a little bit about a question that's come in, which is what are the restrictions on sharing information between health services and youth offending teams, such as a child who's been previously known?

Stephen Elgar, Subject Matter Expert, IGA

The position is NHS staff should share for care, but that it should be proportionate and appropriate, and that's context-specific. So, obviously we haven't got a huge amount of information here, Kamini, but the assumption I have is that... well, the key point is that because someone has contact with a youth offending team or any of the criminal justice system, that is something which should not be communicated by the care providers, by NHS staff unless it is germane to treatment. So that should not be broadcast and there'd be an expectation that's withheld. I mean, if people want to add a more detailed context for that, please use the IGA mailbox that we advertised earlier.

Kamini Gadhok MBE, CEO, RCSLT

In terms of sharing information with, for example with schools, what... one of the questions that's come in is: What should be considered when emailing children's names to schools and parents? Is it okay to do this with the consent of parents and schools?

Stephen Elgar, Subject Matter Expert, IGA

Well, I'll have a run at that and perhaps you can come in, Andrew, if you've got something else to add.

Obviously, great care has got to be taken with emailing lists. But when it comes to individual communication between education and health about an individual child or indeed a family, as long as the child and family are aware that that's going on, that's fine. Now, probably, their own email address will be part of this communication, or I'm assuming this is the context we're talking about. Again, it's really

important that, as a consent step, to make sure that the individual who is using their email is aware of the problems. So problems could be email accounts are often hacked; my wife's been hacked a couple of days ago, particularly Gmail and the free services. So there are risks and, of course, in a busy household some people answer other people's emails. So there are risks that need to be understood. And that needs to be explained. And the care provider, be it education or health, have to explain that to the individual or the family who's engaging in the email discussion.

Yeah, there's a particular risk with sending lists of children and great care has to occur with that. Rambling answer! Andrew, have you got anything to cut through that?

Andrew Rose, Senior Policy Officer, ICO

The only thing I would add to that is that it really does depend on the purpose and circumstances. So what is the email about, what's the information sharing and why are you doing that? If, for instance, the child is well known and all the different people are well known involved then, yeah sure, it's fine, as long as you've taken care over it and you're using a secure way of sharing it, if possible.

You might not need consent if it's appropriate to share anyway, but otherwise, as Stephen said, there's a few other bits and pieces to think through. Again, if there's something a bit more specific that you'd like to ask and think about, you can fire it through and we can respond after the webinar.

Kamini Gadhok MBE, CEO, RCSLT

Thank you very much. And, in fact, I've had a query come through online. I think we might not have understood an initial question was really I think the person was asking about information sharing between the NHS and private workers. There was also a query that had come in about what your role is as an independent practitioner.

So if we just decouple those two, so one going the other way round, if the NHS should be... again, I guess, if whether it's a client that might be having treatment through the NHS and privately, what's the expectation about sharing information for the benefit of care?

Andrew Rose, Senior Policy Officer, ICO

The expectation is there should be communication; it's entirely reasonable and proper that people receive private care and we often have to, and there should be communication with NHS organisations involved.

I don't know whether the question is specifically about email, but I guess that's the usual channel that's used. But that could be an issue in that the NHS has a secure email environment, it's called NHS Mail. It's actually very difficult for individuals who are not employed by NHS organisations to get an account. So in that instance I would suggest the main thing is to communicate and to send email effectively to a secure location. And do things like make sure that you're using the right email address. Perhaps get a confirmation from the private individual that's providing care that that really is their email address. And of course you can use secure couriers in addition or instead of email if there's concern in that context.

Kamini Gadhok MBE, CEO, RCSLT

And we have had another query about Skype and sharing information over Skype. Stephen, do you want to say a little bit about that?

Stephen Elgar, Subject Matter Expert, IGA

Yes, so obviously we talked a lot about email, but video conferencing and the different channels available to it. So there's also FaceTime, which is another alternative.

There is going to be... there is already an explosion of the use of such technologies. I think the key thing is that you must follow your organisational policy. The IGA is producing some guidance. I'm going to check whether we've published it yet. If we haven't then if people send a query in we'll send you the draft copy. But essentially a risk-based approach needs to be taken by the organisation to set up channels for staff to use Skype and the other video conferencing.

There are varying degrees of security of the different free applications and, of course, organisations often invest in video conferencing, which is much more secure because it's going through the regular telecoms that is managed by organisations themselves.

Kamini Gadhok MBE, CEO, RCLT

Thank you very much, Stephen. One other question that came in was about the best way of sharing video of clients for practitioners working in different organisations, or might be, sort of, again between NHS and private therapists. Have you got any ideas as to how that might happen safely?

Stephen Elgar, Subject Matter Expert, IGA

Yeah, this is perhaps something we should either prepare some frequently asked questions or indeed do a short guide. In summary, videos should be gathered on the basis of consent, with the understanding of the people who are being videoed how that information will be used onward. Now, whether that is just generally to say to support your care or to share with another individual, perhaps a private practitioner, that's obviously context-specific. So has to be consented, secondly the video must be held securely and in a way that can be retrieved and somehow linked to the record. And that's quite a problem because, of course, you've got paper record, you've got electronic record and we've got... now we'll have video clips. Attaching video clips to an electronic record and the register of clients and patients is probably currently beyond an organisation's capacity. I'm sure that will come.

And then in terms of exchange or sharing it, a secure channel should be used. That can be done electronically by email and encrypted, or it can be done through a server; people are given a URL to log onto and a password and a username. Obviously, the key management is important.

Anyway, I'm probably waffling too much on this subject now. Hope that gives a flavour of the answer!

Kamini Gadhok MBE, CEO, RCLT

Okay, we've got one minute left, so I'll just... there's another question that's come in which is... I'm not sure who wants to answer this one. Is an IG lessons learned approach helpful and how could we practically implement this at an SLT team level?

Stephen Elgar, Subject Matter Expert, IGA

Steve, I'll go here. Well, I hope so. I guess one of the issues is, if you're in a large organisation you're a small cog and the team perhaps is a small part of that wider organisation. So understanding the tools which are coming down the line, understanding the best way to use existing tools and then how to meet new challenges, such as video or Skype. But, yeah, lessons learned, reflective practice, challenging corporate leave for things you know are helpful in your care context, challenging the organisation to provide adequate modern tools.

Is that answer, Kamini? Would you like to come in and sweep that up?

Kamini Gadhok MBE, CEO, RCLT

I think, like you said, there's an opportunity here for us to reflect and really think about what else we can do. I'm seeing there's a lot more questions come in. Unfortunately, we've now... running out of time, so we will be endeavouring to answer your questions after the event. And if we've misunderstood something or not quite responded in the way you'd hoped, please clarify your question because sometimes it's not always clear exactly what you were hoping to get from the question you were asking. So very happy to follow up with colleagues who had taken out the time to join us today.

And say thank you to the presenters, to Andrew to Stephen and to Mark and obviously to the team here for setting up the webinar and to all of those who... of you have joined us. And, as we said, we know this is a live issue and we'll continue to build on the learning we've had and to support people as we go forward.

So thank you very much indeed.