



The Caldicott Guardian

The newsletter for the Caldicott community

Welcome

Welcome to edition eleven of The Caldicott Guardian. In this issue we welcome the new Chair of the UK Council of Caldicott Guardians. Version 7 of the IG Toolkit has been launched and if you work for one of the organisations mentioned below you should have already completed the first stage of the new reporting process, there are more details about this in the piece on the NHS Information Assurance Framework. Staying with the theme of the IG Toolkit, the Digital Information Policy team is seeking your help to develop version 8 - find out more in the article below.

Remaining with topical issues, Security Corner urges you not to overlook the importance of staff when doing business continuity planning, particularly important in view of the current flu pandemic. This issue also contains an article from one of the newer recruits to the Digital Information Policy team, who discusses the differences she has found since moving from local to national working.

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Editorial

Message from the new Chair of the Council

Emyr Wyn Jones

This is my first editorial for the newsletter, since I took on the responsibility of Chair of the UK Council of Caldicott Guardians. I would like to thank all of the members of the Council who voted for me and hope that I will be able to repay their trust in my abilities to steer the Council's business in an appropriate and useful direction.

I would like to record my personal thanks and appreciation to my predecessor, Stephen Hinde, for the capable way in which he has managed the varying responsibilities of the Chair – he will be a very hard act to follow. I am extremely pleased that Stephen "survived" the recent ballot and remains the representative on the Council for the Independent Health Sector. It will be a bonus for me to have his continued input and expertise to help me as I settle into the role.

Thanks also to Magi Nwolie for continuing to provide such expert and capable support as the Secretariat for the Council. I look forward to working closely with Magi and with all the members of the Council, both re-elected and newly elected, over the next three years.

I see the Council as having an important role as a resource and support for all those who have the responsibility of being Caldicott Guardian in Health



Emyr Wyn Jones
Consultant Physician
and Medical Director,
Doncaster and
Bassetlaw Hospitals
NHS Foundation Trust
and Chairman of the
UK Council of Caldicott
Guardians

and in Social Care. The Council is also a source of expertise and experience for any individual or organisation with a query about issues of confidentiality and of appropriate sharing of patient and client information.

At the last meeting of the Council, we discussed the draft statement of collaborative working between the Council and the National Information Governance Board (NIGB), chaired by Harry Cayton. It was decided that a clear statement is required to the effect that we should "Ensure that the Council is appropriately engaged in NIGB activities. This will be by UKCGC's formal membership of the NIGB and also by direct contact between the NIGB office and the UKCGC secretariat". I am happy that Stephen Hinde will continue to attend the meetings of the NIGB as the Council's representative and will represent the Council's position and report to Council on issues of mutual importance and interest.

I have received an e-mail from Dame Joan Higgins indicating that she thinks it appropriate for her to resign from membership of the Council. She indicates that she had to send her apologies for the July meeting and cannot manage the other two dates scheduled for 2009. Joan recalls that when the Council first invited her to become a member it was because there was an understandable desire to establish links with PIAG, which she then chaired. However, now that the responsibilities of PIAG have been transferred to the NIGB, Joan suggests that the need for her membership of the Council has receded.

Joan now chairs the Ethics and Confidentiality Committee of the NIGB. Stephanie Ellis, who is a member of the Council (and who was also a member of PIAG), is also a member of the Ethics and Confidentiality Committee of the NIGB. In addition, as mentioned above, Stephen Hinde continues to represent the Council on the NIGB. Given these changed circumstances and the recognition of the importance of collaborative working as in the draft statement, I felt it appropriate to accept Dame Joan Higgins' resignation from the Council and will bring this amendment to the Council's membership for discussion and ratification at the next meeting.

Information Governance issues remain high on the agenda for all public services, including Health and Social Care. The Caldicott Guardian role ensures that the interests of patients and clients remain at the forefront of discussions about data security and information sharing. I know that the contents of this newsletter will add to the sum total of knowledge about this important and sometimes difficult area.

I look forward to continuing to work with Caldicott Guardians both in the Council and out in the service to ensure that the Caldicott principles are maintained and that Guardians continue to feel supported in discharging their responsibilities.

Lack of staff training implicated in data losses

Over the past 3 years successive surveys of NHS staff reveal that the majority (84% in 2008) believe that patient information is treated confidentially in their organisation. This is supported by the improved IG Toolkit scores also seen over the same period.

The staff surveys additionally reveal that during 2005 - 2008 approximately two thirds of staff members that responded had received training in how to handle confidential information about patients/service users. There was a 5% rise from 2007 to 2008, perhaps reflecting the increased importance placed on staff training in the Cabinet Office data handling review, and the availability of the IG Training Tool e-learning modules. Although the incidence of staff responding "no" had decreased by 3% in 2008, it is still of great concern that approximately one third of staff continue to receive no confidentiality training. This situation might account for the continued presence

of NHS organisations on the news pages of the Information Commissioner website due to breaches of the Data Protection Act 1998. Some of the more recent cases are outlined below.

On the 15 July 2009, the Information Commissioner's Office (ICO) issued a press release revealing that they have required five NHS organisations to sign Undertakings following breaches of the Data Protection Act. The breaches primarily involved lost or stolen data, but recurrent themes were the lack of encryption for portable and removable media despite the availability of the NHS encryption tool; and concurrent secure storage issues with staff training, or lack thereof, implicated.

- An unencrypted compact disk was lost containing medical treatment details of patients from the Royal Free Hampstead NHS Trust cardiology department. The Trust initially believed that there were 20,000

patient records on the disk, but has since reported that it cannot be precise about the information contained on the disk.

- An unencrypted memory stick was stolen from an unlocked office that was being used as a walk-in clinic at Chelsea and Westminster Hospital Foundation Trust. The details of 143 patients including sensitive medical information were saved to the stick by a member of staff to take home for use on his personal computer.
- Epsom and St Helier University Hospital NHS Foundation Trust revealed they had been storing hospital records insecurely for nearly two years following data being transferred between hospitals.
- Surrey and Sussex NHS Trust reported the theft of two laptop computers. Although they were kept behind three locked doors, they were not encrypted. Additionally, a handover sheet containing the details of 23 patients was found on a bus.
- The personal data of 349 patients and 258 staff was put at risk when an unencrypted laptop was stolen at a health conference. Hampshire Partnership NHS Trust informed the ICO that some of the information was sensitive personal data.

Each of the NHS bodies has given an Undertaking that they will implement appropriate security measures to ensure that personal details are properly protected. The organisations will also ensure their staff members are provided with training on the secure storage of personal information. Laptops, mobile and portable devices held by The Royal Free Hampstead NHS Trust, Chelsea and Westminster Hospital NHS Foundation Trust and Hampshire Partnership Trust will be password protected and encrypted.

A spokeswoman at the ICO said: “These five cases serve as a reminder to all NHS organisations that sensitive patient information is not always being handled with adequate security. It is important that staff adhere to policies designed to protect individuals’ sensitive information. Data protection must be a matter of good corporate governance and executive teams must ensure they have the right procedures in place to properly protect the personal information entrusted to them. Failure to do so could result in patient information, including sensitive medical records and treatment details falling into the wrong hands. The Data Protection Act clearly states that organisations must take appropriate measures to ensure that personal data is kept secure. These five organisations recognise the seriousness of these data losses and have agreed to take immediate remedial action.”

Prior to the announcement made on 15 July the Information Commissioner has, since 20 January 2009, taken enforcement action against one primary care trust and has required Undertakings from thirteen other NHS organisations that they will meet their responsibilities under the Data Protection Act 1998.

Failure to meet the terms of an Undertaking is likely to lead to enforcement action by the ICO. A copy of the Undertakings can be downloaded from the ICO website at: www.ico.gov.uk/what_we_cover/data_protection/enforcement.aspx

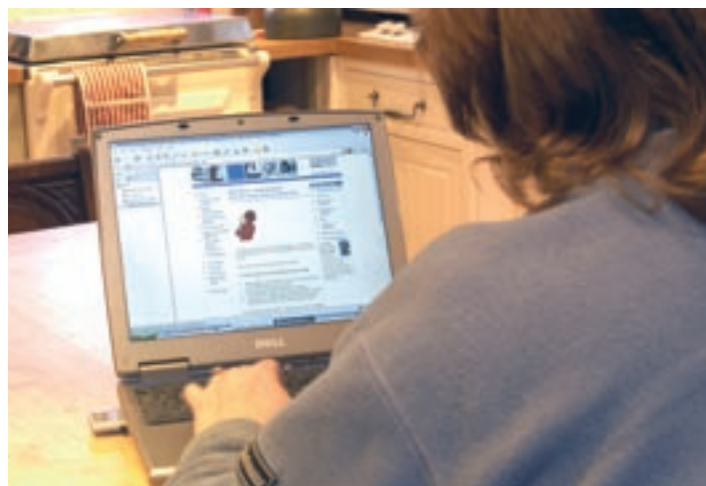
National versus local working: an IG manager's perspective

Catherine Kay, Information Governance Manager Policy Support Manager, Digital Information Policy, NHS Connecting for Health

The move from working in Information Governance in an acute trust to working as part of the Digital Information Policy team at a national level has been an interesting and challenging transition. What has been of greatest interest is experiencing firsthand the differences in working practices, views on IG and common misconceptions (that I am sure I once held myself!).

I started in Information Governance with limited knowledge of what it was all about. Luckily I had a good teacher, but what I quickly learned were not just the details of Data Protection, Freedom of Information, Caldicott and Information Security but the enormous struggles Caldicott Guardians and Information Governance Managers face every day in trying to champion the cause within their organisations, on the frontline, and usually on their own.

For many, many years Information Governance has not been top of the agenda but the number of incidents over recent years has raised the profile significantly, to the point where boards in NHS organisations can no longer deny their responsibilities and simply do the minimum necessary to fulfil their legal obligations. Having said all that, while the profile has been raised many NHS organisations are still lacking IG specialists, a role dedicated to the huge agenda that is information governance. As I have experienced firsthand general NHS staff knowledge around information governance is still, worryingly, very limited and support from the board and senior managers is in many cases scarce. There are always more pressing priorities, and it is often a case of 'make do and mend' rather than invest the time and man hours needed to tackle some of the



bigger pieces of work, for example records audit and information mapping, that 'we'll get round to one day'.

Information governance is not an area that really needs huge financial resource to make it work and make things happen, huge improvements can be made simply by working on education, training and culture change. Unfortunately, though these things are biggest issues, culture and working practices are often the main cause of frustration if you are working within IG in an NHS trust. If information governance was all about having the right equipment and technical solutions in place then it is quite likely that the number of incidents occurring would reduce significantly (we could manage equipment fairly easily), but it isn't, most of these incidents are about people, human behaviour and working practices and mind set of "well we've always done it this way", and "I didn't know".

I can empathise with the data loss cases described above as I understand, having been an IG manager in an acute trust working closely with the Caldicott Guardian, how frustrating it is to have a 'lost'

laptop reported to you that no-one was aware even existed because we had been just so busy being the 'one man IG band' that we hadn't quite got round to documenting all our information assets. Most IG managers and Caldicott Guardians in NHS organisations, particularly the smaller organisations, have a number of different roles merged into one, for example Medical Director, Consultant and Caldicott Guardian; Head of Quality Assurance (encompassing all aspects of IG, Clinical Audit and Data Quality!!) so it is therefore understandable when planned work continues to be carried over onto next year's work programme.

It has been a very different experience working as part of the Digital Information Policy team - granted there are frustrations, but of a very different nature. It has been interesting, being aware of the misconceptions in the NHS about the DIP team, seeing the amount of work that goes into products like the Information Governance Toolkit. It isn't a case of people sat around making up requirements unnecessarily, everything within the toolkit is driven by legislation and is really a vehicle for helping organisations to assess where they are, identify gaps and weaknesses and look at ways of improving areas to avoid them being involved in any high profile incidents, which in turn can not only affect clinical care of the patients, but also have a negative impact on the reputation of the organisation.

Before joining the team I was probably one of many who used to think that there were too many standards, some which appeared unnecessary and impossible to achieve and questioned whether any of the developers ever worked in a trust environment or consulted anyone that does. The answer to the latter two questions is actually 'yes', and in fact there will be more consultation with future developments of products like the IG Toolkit and IG Training Tool. For more on how you can help the development of the next version of the IG Toolkit, please see the information below on the version 8 refresh.

It has been particularly interesting to have to move the way you think about, and work on,

IG from local level to a national level - thinking about issues such as how changes within the IG Toolkit will affect people on the ground doing the work, for example; is it asking too much, are there resources available to do something, if we are being told that there is little or no knowledge about a particular area what can we do to help organisations. A recent example are the PCT and GP workshops, discussed in the news and updates section below, that were hosted across the country by the Digital Information Policy team with no cost to organisations in response to the demand for more training, awareness and guidance.

The IG Training Tool, the centrally provided e-learning solution for information governance training has been a particularly useful product for organisations, some of which have now made certain modules mandatory for their staff and are able to monitor progress and provide evidence of IG training undertaken. The IG Training Tool can be accessed by anyone with an NHS or government email address, there are modules on a range of IG topics and, once they have passed an assessment, learners can receive a certificate as evidence of attainment. The training is useful and convenient for those who may not be able to get to a classroom training session but do still need to have a good awareness of IG principles, legislation, their own responsibilities and the way they work.

I think the most surprising thing I have learnt in my short time here is that, while the main aspect of this team is policy work, a huge focus always remains on supporting organisations with all aspects of IG, whether it is through providing additional guidance documentation, clarification on aspects of policy via phone or email, taking on board feedback and implementing any necessary changes based on this. It all focuses on those working with our target audiences (primarily the NHS and adult social care) because we have all been there and do understand that our Caldicott Guardians and IG Managers are constantly working to improve Information Governance practices in the NHS, and sometimes just need that little bit of help and support to push further.

The NHS Information Governance Assurance Framework

The Information Governance Framework for health and social care is formed by those elements of law and policy from which applicable information governance standards are derived, and the activities and roles which individually and collectively ensure that these standards are clearly defined and met.

Whilst a key focus of information governance is the use of information about service users, it applies to information and information processing in its broadest sense and underpins both clinical and corporate governance. Accordingly it should be afforded appropriate priority.

In recent months concerns about public sector data protection have resulted in the Cabinet Office mandating a range of standards for managing information risk, an important element of information governance. These standards are reflected within the NHS Information Governance Toolkit.

In his communications to the NHS, David Nicholson the NHS Chief Executive, has made it clear that ultimate responsibility for information governance

in the NHS rests with the board of each organisation, who should note that:

- From 2008/9 information governance must be explicitly referenced within each organisation's statement of internal controls.
- A board-level Senior Information Risk Owner (SIRO) is required in each organisation and a senior Information Asset Owner should be designated for every separate database or other major information asset.
- Appropriate information governance training is mandatory for all users of personal data and for all those in key roles. (On-line training is available through the Information Governance Training Tool: www.connectingforhealth.nhs.uk/igtrainingtool).
- The annual information governance assessment, via the Information Governance Toolkit, will continue with performance assessments submitted on 31 March each year shared with the Care Quality Commission, Audit Commission, Monitor and a new National Information Governance Board.



However, from 2009/10 onwards the major NHS organisations must baseline their performance within the Toolkit by the end of July each year and should update the assessment with improvements at the end of October to enable performance and actions to be tracked by SHAs and commissioners. The purpose of the new reporting mechanism is to enable SHAs and others to identify organisations that are having difficulty reaching the required attainment level and to enable assistance to be offered before the March deadline for final submission.

This will be particularly important in relation to the key requirements in the NHS Operating Framework for 2009/10, on which organisations are required to achieve level 2 performance by the end of the financial year. Organisations must sign the Information Governance Statement of Compliance (IGSoC) to provide assurance that they are meeting these key requirements and must have robust improvement plans to address any shortfalls against other requirements.

Details of serious untoward incidents involving actual or potential loss of personal data or

breach of confidentiality must be published in annual reports and reported to the SHA and to the Information Commissioner. Foundation Trusts are subject to the same requirements, set out by Monitor. The contractual arrangements with independent sector providers also contain strengthened information governance requirements.

Version 7 of the IG toolkit was released on time on 30 June 2009. Changes are primarily confined to the information security requirements to reflect the need for information governance staff to work closely with risk managers. The IGSoC requirements have been aligned with the IG assurance framework requirements and this list represents the "key requirements" referred to in the NHS Operating Framework. Version 7 also contains the new 3 stage reporting process outlined above.

The Social Care and General Practice assessment sets have also been reviewed and updates made to the information security requirements to reflect the new emphasis on data handling and risk management.

IG Toolkit Version 8 refresh: Help wanted!

The Digital Information Policy team has commenced work to refresh the IG Toolkit for version 8 as part of the



IG Assurance Framework development work. A Business Analyst has been appointed who will be engaging directly with stakeholder groups in the NHS and with others in the Department of Health, the NIGB, the NHS Information Centre, etc, to obtain views on all aspects of the IG Toolkit.

As part of this work the team is seeking your comments, suggestions and ideas on the technical specifications of the IG Toolkit, i.e. the look and feel, navigation, and functionality including reports etc. PLEASE NOTE: views on the content of specific

IG standards will be obtained from a separate policy-setting group. To ensure that opinions are obtained from as wide an audience as possible, it would be appreciated if you could download the feedback form from the IG Toolkit website (www.igt.connectingforhealth.nhs.uk) and email it back to cfh.igsurvey@nhs.net

The team would also like to contact some respondents to discuss responses and gain further feedback. If you are interested in participating in this wider consultation please provide your contact details on the feedback form. Additionally, workshops will be arranged to support the refresh and more information will be published about this at a later date.

The deadline for responses is Monday 7th September.

Security Corner: Business Continuity Planning

Potentially disruptive events such as the current Swine Flu pandemic serve to remind us all of the importance of the people aspects of information service provision and management. In the context of NHS information assets, the availability of skilled personnel to manage and support information services is a vital consideration. Conversely, NHS information assets that have become unreliable, or that cannot be accessed by their intended users could have a negative impact on the quality of patient care.

The cornerstone of good business continuity planning is to understand which information services are important to the organisation and why, and what direct or indirect impacts are likely if those services cannot function in their intended ways. Most NHS Trusts will already have business continuity plans covering aspects of their information infrastructure and services, including those from commercial service providers. These

are likely to form a sub-set of the Trust's overall business continuity framework. It is good practice that all Trust business continuity plans are regularly reviewed for potential changes that could affect the Trust's ability to activate, operate and then recover from temporary contingencies. When conducting such reviews it is important to consider if any new risk or impact scenarios now exist that may have been overlooked when the original plans were drawn up. Caldicott Guardians will wish to be aware of or involved in reviews where these involve services that process patient information.

A new NHS Information Governance on-line training module is currently in development for publication later this year. This module will further help those individuals within NHS organisations with business continuity interest to identify and apply an appropriate Plan, Do, Check Act approach to their local information risk management and contingency needs.



News and updates

Launch of the Social Care Record Guarantee

The Council has formally endorsed the Social Care Record Guarantee for England as reflecting good practice.

The Guarantee relates to both paper and electronic records and explains to service users in a clear and concise manner how their information is used in social care and what control they can have over this. It mirrors the NHS Care Record Guarantee for England and is a significant step forward for both service users and social care professionals. Together the Social Care Record Guarantee and the NHS Care Record Guarantee for England form a framework for informed, safe

and secure information sharing between health and social care.

The Guarantee has been developed by the Electronic Social Care Record Implementation Board and approved by the National Information Governance Board, which will now own it and ensure that it is reviewed regularly to reflect any changes to legislation or best practice.

The Social Care Record Guarantee will be launched in autumn this year by the NIGB. Final details of the launch and a copy of the Guarantee will be available on the NIGB website www.nigb.nhs.uk.

Best practice guidance on information security within Choose and Book

The Choose and Book team have published guidance which is aimed at organisations that are providing services to NHS patients using the Choose and Book application. The document discusses the controls in place to ensure patient information is protected - the registration process; role based access; and legitimate relationships. It also contains practical guidance to employees on

maintaining best practice standards when using the Choose and Book application, including using smartcards, printing and sending referral letters and when to use NHSmail.

The guidance is available on the Information Governance web pages at:

www.connectingforhealth.nhs.uk/systemsandservices/infogov/links

Best practice guidance on information security within NHSmail

Joint guidance on the use of NHSmail has been issued by the British Medical Association and NHS Connecting for Health. The document covers the improvements to the service following a recent upgrade and provides guidance on information governance for users who are required to use the

service to transmit sensitive and patient identifiable information.

The guidance is available on the Information Governance web pages at:

www.connectingforhealth.nhs.uk/systemsandservices/infogov/links

The evolving face of Information Governance - updates on workshops

The Digital Information Policy team has recently hosted a series of workshops titled “The Evolving Face of Information Governance” for Primary Care Trusts (PCTs) and General Practices. The project recognised the gap in Information Governance knowledge and management skills within primary care. The objectives of the workshops were to:

- Meet the high demand for training in IG and related agendas in the primary care sector;
- Ensure consistency in strategic approaches and decision making with IG agendas across England;
- Fulfil one of the NHS Connecting for Health Digital Information Policy Team’s responsibilities to communicate the national stance on the IG agenda for NHS organisations, especially with work related to the National Programme for IT;
- Support the PCTs in fulfilling their responsibilities with regards to IG Toolkit submissions for the PCT and for General Practices.
- Provide training at operational management level within Primary Care, with a target audience of:
 - IG Managers/Senior Management IG Leads

- Practice Managers and Facilitators – including Data Quality Facilitators and PRIMIS+ Facilitators working with Primary Care services to complete either IM&T DES or SoC processes.

Feedback for the workshops has on the whole been positive, with most delegates getting something out of the workshops even if only an opportunity to network and see that others are in the same boat. Many delegates expressed a wish for IG to be taken more seriously by senior managers and a common theme was lack of support from higher in the organisation. There were also many pleas for regular workshops to be held. The delegate pack for these workshops is available in PDF on the IG web pages at: www.connectingforhealth.nhs.uk/systemsandservices/infogov/links

Additionally a resource pack and a set of FAQs were also developed to accompany the workshops, these are available at: www.connectingforhealth.nhs.uk/systemsandservices/infogov/resourcepack
www.connectingforhealth.nhs.uk/systemsandservices/infogov/faqindex

Consultations

There are often consultations being undertaken that impact on the work of the Caldicott Guardian and other Information Governance staff. The newsletter will endeavour to highlight relevant consultations as they arise.

Department for Children, Schools and Families: Handling Allegations of Abuse made against Adults who Work with Children and Young People

The DCSF is seeking views on practice guidance drafted to supplement the guidance contained in Appendix 5 of Working Together to Safeguard Children, Chapter 5 of Safeguarding Children and Safer Recruitment in Education. The draft guidance sets out the statutory framework and underlying principles of handling allegations of abuse for those involved in dealing with allegations. It also

covers practical issues surrounding exercising professional judgement along with information sharing and record keeping.

Consultation closes: 7 August 2009

www.dcsf.gov.uk/consultations/index.cfm?action=consultationDetails&consultationId=1639&external=no&menu=1

Department of Health: Health protection regulations: a consultation

A consultation on draft health protection regulations to be made under the amended Public Health (Control of Disease) Act 1984, to continue the process of modernising health protection legislation in England. The regulations cover requirements for notification of disease caused by infection or contamination by chemicals or radiation, to allow prompt investigation and

response; evidential requirements and safeguards for people who might be subject to a JP order under the amended Act; and updated local authority powers to protect public health.

Consultation closes: 30 September 2009

www.dh.gov.uk/en/Consultations/Liveconsultations/DH_102134

The Scottish Government: Freedom of Information: Improving Openness - Reducing the term of certain exemptions within the Freedom of Information (Scotland) Act 2002

The consultation seeks views on whether the lifespan of certain 'exemptions' in FOISA should be reduced from 30 years to 15 years. This would allow information to be available at an earlier date. As indicated in the consultation paper, although Scottish Ministers' preliminary view is that a 15 year lifespan may be appropriate, views are sought on the practical implications of this. Opinions

are in particular sought on whether reduction to another period is appropriate, and if so the reasons for this.

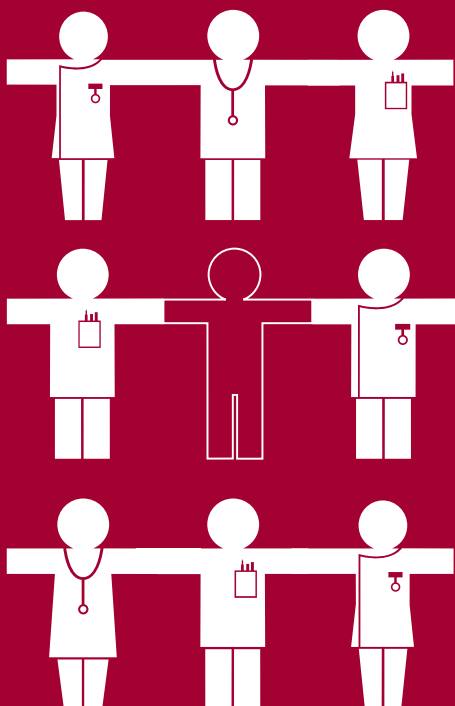
Consultation closes: 30 September 2009

www.scotland.gov.uk/Publications/2009/07/01094653/0

Contacts

For information about the UK Council of Caldicott Guardians, to suggest a topic or contribute an article for future issues of The Caldicott Guardian, please contact the Secretariat at: ukccgsecretariat@nhs.net

For assistance with Information Governance issues, please send an email to: exeter.helpdesk@nhs.net or telephone 01392 251289



NHS Connecting for Health is delivering the
National Programme for Information Technology