Welcome by Phil Walker Head of IG Policy

Dear Colleagues

Welcome to the first IG Bulletin. Subsequent bulletins will be published on a bi-monthly basis.

We have received numerous questions over the past few months about what the future may hold for IG so when I spoke at the NIGB conference in London on 6 June I made it clear that the Department remains committed to:

- Performance assessment through the IG toolkit
- Annual IG training for all staff who have access to personal data
- Strengthening governance arrangements by establishing clear links between expected IG performance and CQC registration
- Using the commissioning process and contracts to hold providers to account
- Taking powers to publish legally binding standards and guidance.

Both central and local teams may be reconfigured and new organisational structures will emerge, but the direction of travel remains clear. The current transition process provides many IG challenges, not least:

- IG capability and capacity in new, evolving and closing organisations
- The need to minimise the risk of serious IG incidents resulting from uncertainty and change
- The need to forge new links to support IG communications and feedback.

This bulletin will play its part in enabling us all to rise to meet these challenges.

Hot Topic

Blagging – Obtaining Information by Deception

Recent news has highlighted the activities of obtaining personal health and other confidential information using deception. This practice is known as “blagging” and is just one of the illegal methods used to obtain information which comes under the heading of “Social Engineering”.

We published a recent article about Social Engineering in issue 15 of the Caldicott Guardian Newsletter which is available via the following link:

www.connectingforhealth.nhs.uk/systemsandservices/infogov/caldicott/newsletter
Information Governance Toolkit

Transition Arrangements for PCTs / PCT Clusters; SHAs / SHA Clusters

Following the creation of PCT and more recently SHA Clusters, we will be asking PCTs and SHAs to work on and publish an assessment for IGT Vers 9 at Cluster Level only. This means an assessment that covers all the PCTs or SHAs in the Cluster and any separate Cluster management and administration arrangements. If there are any PCTs that are not currently part of a Cluster a PCT level assessment will be required in the usual way.

Work is underway to put Cluster codes into the IGT and to look at options for making IGT Vers 8 assessments and evidence available to Cluster staff. Our priority will be the IGT and once this work is complete we will look at the IG Training Tool (IGTT).

As a result of this change PCT Clusters will not be able to meet the July baseline reporting deadline. Further guidance on the changes and the baseline deadline will be issued shortly and published on the "What’s New” page of the IGT and cascaded out through SHA IG leads and SIGN Chairs.

Deadlines for completing the three-stage reporting are unchanged for Acute Trusts (including Foundation Trusts), Ambulance Trusts and Mental Health Trusts.

Deep Dive Review of Acute Version Assessments

The IG Policy Team is currently working on a ‘deep dive’ review of the Acute ‘view’ of IGT Version 8 submissions. The aim is to:

- Test the effectiveness of the audit methodology
- Quality assurance of the evidence submitted
- Provide anonymised feedback to the NHS in general
- Provide specific feedback to individual Trusts in a non-threatening manner.

The scope will be limited to 5 requirements (below) and 'only cover those for which Level 2 or Level 3 was claimed.

Information Governance Management

8-101 There is an adequate Information Governance Management Framework to support the current and evolving Information Governance agenda.

8-112 Information Governance awareness and mandatory training procedures are in place and all staff are appropriately trained.

Information Security Assurance

8-308 All transfers of hardcopy and digital person identifiable and sensitive information have been identified, mapped and risk assessed; technical and organisational measures adequately secure these transfers.

Clinical Information Assurance

8-401 There is consistent and comprehensive use of the NHS Number in line with National Patient Safety Agency requirements.

8-402 Procedures are in place to ensure the accuracy of service user information on
If you have IG material you wish to make available to other users you can send them to the DH IG Policy Team via the Exeter helpdesk.

IGT V10 Knowledge Base Materials - Review

The IG Team are checking through the IGT knowledge base reference materials (Key Resources, Exemplar Materials, Useful Web Sites) to ensure the material content and links support the guidance.

Some of the materials have already been identified as out of date or of limited use. These are being updated or deleted. New exemplar materials are being sought from IG Leads across the NHS. Other materials will be commissioned if a particular gap is identified.

If you have material that you think sets a high standard and you wish to make it available to other users you can send the material to exeter.helpdesk@nhs.net for the attention of IGT 3rd Line. Contributions will be considered for inclusion in IGT Version 10.

IGT Version 9

IGT Version 9 was published on 3rd June. This version includes the rollover of all scores, evidence and comments from the previous assessment.


The large NHS organisations (Acute Trusts, Mental Health Trusts, Ambulance Trusts) are expected to complete 3 stage reporting:

- Baseline assessment by 31st July 2011
- Performance update by 31st October 2011
- Final submission by 31st March 2012

Reporting arrangements for PCTs / PCT Clusters; SHAs / SHA Clusters are described under “Transition Arrangements for PCTs / PCT Clusters; SHAs / SHA Clusters”.

The following documents are available from the IGT website (News > ‘IG Toolkit v9 Now Live (03/06/2011)’)

IG Toolkit v9 Release Note (summary of the system changes)
IG Toolkit v9 Change Notice (changes to the requirements)
Information Governance Training Tool

Recent Changes

The most recent function improvements concerned reports and self-registration (which can now be completed ‘on-screen’ and users can reset their password using a security question and answer). A full description of the changes is on the IGT website (News > ‘IG Training Tool updates (04/05/2011)’).

The system has moved to NHSCFH resilient data servers and improved security is now provided by secure https which was scheduled to complement the improvements to registration and password reset.

Four new modules have now been released.

- IG for Dental Practices
- IG for Pharmacy Staff
- IG for Medical secretaries
- Handling of Confidential Information (primarily for medical students / newly qualified doctors but also appropriate for all healthcare professionals in training or already qualified).

An introduction to each module is given on the Learning tool summaries.

Training Progress

Progress across the NHS has been remarkable. IG Training was mandated at 95% of all staff to pass the “Introduction to Information Governance” or “Information Governance: The Beginner’s Guide”. An alternative revision module was provided “Information Governance: The Refresher Module” for staff who had completed their mandatory module in the previous 12 months.

The deadline to achieve 95% was extended to 30 June 2011 and an option was introduced for alternative training methods (subject to the training material being approved).

We are delighted that the efforts made by IG Leads have resulted in the figures shown below:

IGTT Modules (as shown above) passed on line = over 415,000 staff

NLMS Modules (as shown above) passed on line = nearly 63,000 staff

In addition many NHS organisations (totalling over 300,000 staff) have delivered IG training to sections of their staff using the IGTT training content or content approved by the Information Governance Team.

This has been a tremendous achievement for the NHS and a significant display of commitment to the security of confidential information during a period of NHS change. Well done to everyone involved in achieving this target!
NHS Organisations – IG Training Requirement 1 April 2011 – 31 March 2012

The IG training requirement for 2011/12 is unchanged (see IGT Vers 9 Requirement 9-112 for details).

**Refresh Training.** Staff who completed their training during the lifecycle of IGT v8 i.e. before 31 March 2011 or were included in plans submitted as evidence to support Requirement 8-112 at 31 March 2011 (and received training between 1 April 2011 and 30 June 2011) will be required to refresh their learning during the lifetime of IGT Vers 9 i.e. before 31 March 2012. This can be achieved using the Refresh Module available on the IGTT or NLMS or using materials that cover the same ground that have been reviewed and signed off as fit for purpose by the DH IG Policy team.

**Recording progress.** A separate guidance note for IGTT administrators will be published on the IGTT website shortly. Any queries on this can be sent exeter.helpdesk@nhs.net (enter subject as “IG Training Tool”).

Managing IGTT During NHS Reorganisation

Due to NHS reorganisation (merger / split / ‘PCT Clustering’ or a change of legal status) an organisation title or ODS code may need to be changed, added or deleted from the IGTT. In some cases a large volume of user accounts may need to be transferred to another employing organisation.

Guidance has been developed to supplement the existing administrator user guide for managing ODS Titles and Codes and the transfer of user accounts. The guidance is called “Information Governance Training Tool (IGTT), Organisation Administrators / Support Administrators Guidance, User Account Management During NHS Reorganisation”.

This can be requested from the IGTT national helpdesk contactable via exeter.helpdesk@nhs.net (enter subject as “IG Training Tool”).

IGTT website is at: https://www.igte-learning.connectingforhealth.nhs.uk/igte/index.cfm

Information Standards

NHS Information Standards are a powerful tool for organisations of all sizes, supporting innovation, improving services and increasing productivity. Effective standardisation supports the enhancement of services, enabling an organisation to effectively shape the delivery of safe, interoperable and cost effect health / social care services.

The Department of Health (DH) Information Governance (IG) Policy team are working on a portfolio of information standards initiated by new Government directives; DH policy; identified needs demonstrated via IG Toolkit outcomes; a desire to improve existing operational processes or an initiative produced...
by a professional organisation. The aim is to improve and promote understanding of delivering health and social care within adequate IG arrangements and achieving benefits to the service users.

The Team’s key objectives are:

- Identify and prioritise need for IG Policy lead standards
- Develop IG Policy related Information Standards
- Progress standards through the NHS and Social Care Information Standards Board processes
- Monitor outcomes and obtain feedback on benefits
- Provide an IG input to standards being developed by others.

More information is available on the Information Standards Board website www.isb.nhs.uk

These Standards Aim To:

- continue to enhance services or product capability by implementing standard best practice
- assure service users of quality & legal compliance with specific legislation
- assist the health service to work in an interoperable way which best benefits the service user.

Standards In Development And Engaged With ISB Processes:

- IG Toolkit V9 (Approved by ISB on 25th May 2011)
- Sensitive Data Items
- De-Identification.

Standards Under Consideration:

- NHS Protective Marking
- RCP Clinical Good Record Keeping
- IG Training
- Patient Surveys
- Authenticating Patients/Citizens
- Encryption.

Information Sharing

Leicestershire Together

The DH IG Policy Team has recently been involved in ‘Leicestershire Together’. This is a partnership of the county’s eight local councils, NHS (Leicestershire Partnership NHS Trust, the University Hospitals and the PCT), Police, Leicestershire Fire and Rescue Service, Chamber of Commerce, Learning and Skills Council, Connexions, and voluntary sector.

Three strands of inter-related work come under the umbrella of this partnership:
- Community Budgets. A pilot for ‘Families with Complex Needs’ that will implement a more integrated service model; and co-design a single information sharing framework, which will build on the co-location project (described below).

- Melton Co-location Project. County council, probation, mental health trust, police, the voluntary sector will all located under one roof. The aim is to develop a new collaborative working culture with information sharing being a key element.

- Vulnerable Person’s Multi-Agency Group. This focuses on issues from an individual’s perspective and cuts across service and partnership ‘boundaries’ avoiding information silos. The aim is similar to the co-location project but with a greater number of partners. Again appropriate information sharing is a key element.

A series of workshops are in progress exploring working in a collaborative environment and understanding the issues, benefits and barriers to effective information sharing. The purpose is to develop a framework that will provide frontline staff from a range of partners with the confidence to work in different ways with an overarching aim of improving the lives of local people.

The DH IG Policy team are involved in setting out NHS requirements for information sharing and encouraging implementation of an IG assurance framework based on the health model, with the aims of:

- Ensuring each service to be provided and the information to be shared is clear to service users
- Developing a subset of the NHS IG Toolkit requirements to form the beginnings of a common language for discussing, debating and reaching agreement on information sharing matters
- Advising on appropriate training for staff so that they are adequately informed of IG and information sharing issues.
- Ensuring sharing of NHS patient information takes place in accordance with national requirements, e.g. digital data is secured in transit using encryption.

Information Security

Gone But Not Forgotten – A Tale Of Laptop Woe

NHS staff will be highly conscious of the potential to lose confidential data. Such incidents were originally highlighted by the HMRC incident in November 2007 and more recently the theft in London of a NHS laptop containing partial details of 8 million patients. Data losses on a huge scale are rare but they remain a regular, painful and often avoidable occurrence.

Bulk data losses can happen due to a range of shortfalls in information risk management. Simple laptop or memory stick losses often occur when equipment is being transported and accidentally forgotten. More sinister events are targeted thefts of new equipment or a specific piece of equipment stolen because it is known to contain valuable information. The financial cost of replacing the equipment can be minor compared to the actual impact of losing the data stored on it.
Laptops and software can be purchased cheaply and may not be listed on an organisation's asset register or their whereabouts fully recorded and kept up to date. Mobile technology and computer networks make it easy to copy, update and process data on portable devices. We must take account of the volume, value and sensitivity of information processed in this way. The cost of the equipment will not indicate the impact of the data lost if the equipment is stolen or lost. These information risks must be addressed.

Data encryption is a key security tool in the NHS laptop armoury. When encryption is used, confidential patient information can only be accessed when a laptop is unlocked and the decryption key is available. In cases where an NHS laptop has its hard disc encrypted and it is lost or stolen, it is highly unlikely that information can be accessed.

Legacy and redundant laptops, not decommissioned, pose a major risk to an organisation if lost or stolen. Laptops least often used can be most at risk as sensitive data may not have been included in encryption programmes and these devices could be stored in rooms, cupboards and cabinets in unattended areas vulnerable to theft – so it is highly recommended that NHS organisations undertake a full stock-take of laptops old and new to ensure effective safeguards are in place.

Caldicott Guardian

UK Council Of Caldicott Guardians - A New Strategy

The Council intends to position itself as a preferred body of expertise to advise on Caldicott / Confidentiality. To ensure appropriate and legal information sharing, there is a need to make sure that the current policies and procedures regarding confidentiality issues are replicated within the organisational structures of all providers of services to NHS service users – e.g. all organisations that process identifiable service user data must have an appropriately supported Caldicott function.

The Council’s strategy document is being re-drafted to reflect the new providers of services to NHS and adult social care service users and to set out a series of new / amended objectives that will address:

- Better engagement with all organisations that are promoting or operating good Caldicott / confidentiality practice in health and / or social care
- Raising the profile by providing a national voice for Caldicott Guardians
- Developing a proactive advisory role.
  - Monitoring practice
  - Publishing guidance
  - Identifying, developing and disseminating best practice
  - Supporting and providing advice about appropriate information sharing.
eHealth

eHealth Agenda in Europe

eHealth is the combined use of electronic communication and information technology in the health sector. In the EU context, the focus has been on the development of electronic patient records, information sharing and ePrescriptions but it has the potential to cover a vast range of applications including digital x-ray images, telemedicine, electronic booking of appointments and many more uses.

At EC level there are two Directorates having responsibility for delivering eHealth, this is the Information Society and Media, and the Health and Consumer Policy. There are a number of initiatives, all geared towards action and results around eHealth that DH Informatics is engaged in.

Recent eHealth significant developments include:

- 9th eHealth conference-Budapest 2011
- Article 14 of the Cross Border Directive on the eHealth network
- Proposals for the eHealth Governance Initiative (eHGI)
- The eHealth actions in the EU Digital Agenda
- Consultation on a proposed European Innovation Partnership (EIP) on Healthy Ageing
- Proposals on Electronic Identification (eID)
- Progress under the Smart Open Systems for European Patients (epSOS) large scale pilot project
- eHealth Action Plan (eHAP)
- Creation of the eHealth Task Force.

Upcoming Events

Event 1
08 Sep 2011 Strategic IG Networks Meeting (SIGNs) (Leeds and London)

Event 2
29 Sep 2011 Strategic Health Authority IG Meeting (SHAIG) (Leeds and London)

Event 3
24 Nov 2011 Strategic IG Networks Meeting (SIGNs) (Leeds and London)

Feedback and Suggestions

Please send any feedback or suggestions for articles to:

CFH.IGBulletin@nhs.net

(we have already received suggestions to add sections on Registration Authority and Freedom of Information, Audit which we are looking into)
Copies Available

Copies of the:

- IG Bulletin
- Strategic Health Authority - IG Leads Meetings
- Strategic Information Governance Network – Chairs’ Meetings.

will be made available in pdf format at the IG Bulletin and IG Meetings links on the IGT homepage. The IGT homepage is at:

(N3): https://nww.igt.connectingforhealth.nhs.uk/

(INTERNET): https://www.igt.connectingforhealth.nhs.uk/

About this bulletin

This bulletin is issued by:

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