

Health and Social Care Information Centre

Board Meeting

Public Session

Title of Paper:	Role of HSCIC in System Wide IG Issues
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Agenda Item No:	HSCIC 14 02 05 (d)
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Paper approved by (Sponsor Director)	Richard Wild, Executive Advisor
Purpose of the paper:	This paper proposes the role of the HSCIC in system wide IG matters, for endorsement by the Board.
Patient/Public Interest:	In the medium / longer term this proposal will have a positive impact in terms of enhancing transparency, knowledge and controls around handling of patient data.
Actions required by the Board:	Endorsement of the approach

Role of HSCIC in System Wide IG Matters

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Purpose

This paper proposes the role of the HSCIC in system wide IG matters, for endorsement by the Board.

Summary

It is proposed that the HSCIC will focus on the following three areas to contribute to system wide IG matters:

1. IG Alliance;
2. Code of Practice for Confidential Information and
3. Cyber Security Programme.

The Board should note that the HSCIC are already supporting system-wide IG improvement by administering and developing the IG Toolkit, which is a policy delivery tool used by over 38,000 organisations to show their level of compliance to IG policy. This covers health and social care and includes a helpdesk facility which offers IG advice and guidance. The HSCIC also manage and develop the IG Training Tool which is used by NHS organisations to complete mandatory IG training. These two items are descoped from this paper as these are already in operation and have been since 2003 (IG Toolkit) and 2008 (IG Training Tool).

IG Alliance

Background

There are considerable resources dedicated to information governance across the national bodies within the health and social care sector in England¹. However, there is a lack of cohesion across these national bodies and an absence of a pool of resources possessing the scarce detailed knowledge of information governance (IG) which is often required to resolve complex system-wide IG issues. Since the abolition of the Strategic Health Authorities, many of the networks of IG expertise which were relied upon by many have been disbanded. The Information Governance Alliance has been proposed as a means of bringing these resources together to consolidate specialist knowledge from member organisations and provide a single source of authoritative and credible guidance on IG to the health and social care sector.

HSCIC was commissioned by the Information Governance Oversight Group, chaired by Karen Wheeler and with senior representation from NHS England and the HSCIC, to create the Information Governance Alliance. This decision was subsequently supported by MPs and endorsed by a wider group of Arms Length Bodies (ALBs) through their representation on the IG Sub-group of the Informatics Services Commissioning Group. Dame Fiona Caldicott's Independent Oversight Panel advised the Informatics Services Commissioning Group IG Sub-group that a single source of truth for IG guidance is developed for the whole health and social care system. The IG Alliance was offered as a resource to facilitate this.

¹ Definition of national bodies across the health and social care sector is in line with Informatics Services Commissioning Group (now National Informatics Board) Terms of Reference '5. Membership' <http://www.england.nhs.uk/iscg/wp-content/uploads/sites/4/2013/07/iscg-tor.pdf>

Membership

It is proposed that the founding members of the Alliance will be HSCIC, NHS England and the Department of Health, all of which will be equal members. HSCIC will host the IG Alliance and there will be an iterative membership process to allow additional national bodies / organisations from across the health and social care sector to join the IG Alliance. Currently other national bodies such as Monitor and Public Health England have also expressed interest in joining the IG Alliance.

Governance

The first phase of the IG Alliance will run for a 3 month term and the IG Alliance Board will help to evolve this. A Director / Head of IG Alliance will report into the IG Alliance Board. The Board will have membership from senior leadership from across the IG Alliance member organisations and will provide a level of internal assurance around advice and guidance. The IG Alliance Board will be accountable to the Informatics Accountable Officer.

Outputs

A web portal will be established for the IG Alliance. The web portal will be used as a route to disseminate best practice and guidance from the IG Alliance to health and social care staff. Initially this will be hosted on the HSCIC website, however plans are in place to move to a fully independent site. The first document produced and published by the IG Alliance will be an information handout for health and social care staff, 'confidentiality and the duty to share information for direct care' to empower front line clinical staff to share confidential information when it is needed for the safe and effective care of an individual. The web portal is scheduled to be launched following 22nd May which marks the end of the purdah communications restrictions.² The document 'confidentiality and the duty to share information for direct care' will be published on the portal at launch. Feedback received from the integration pioneers, CCGs, CSUs, Monitor, social care, and local authorities has established that there is a high demand for additional guidance material. An associated suite of guidance materials linked to the Code of Practice for Confidential Information will be published on the portal in due course.

Communications

It is proposed that Norman Lamb will launch the IG Alliance website, through the inclusion of a quote on the initial web page, and broader discussions are planned regarding the Minister's promotion of the IG Alliance website. Work will also be undertaken with IG Alliance founder member organisations' communications teams to co-ordinate web portal launch communications. A full communications strategy for implementation of the IG Alliance will be produced once the relevant IG Alliance resource is in place. This strategy will identify the key stakeholders and detail the plan and approach for communicating with those stakeholders during the implementation of the IG Alliance. Work will also be undertaken once necessary resource is in place to define the branding and identity for the Alliance.

Resources

As part of the first phase of the establishment of the IG Alliance it has been proposed that the founder members will each commit the following resources for the IG Alliance:

² this is subject to Ministerial approval of the first document produced by the IG Alliance, and agreement from founder organisation corporate branding and Identity teams

- HSCIC will provide 2 FTEs
- DH will provide 1 or 2 FTEs
- NHS England will provide 2.5 FTEs

As part of the iterative membership process resource commitments will be negotiated on a case by case basis and agreed by the IG Alliance Board.

Code of Practice for Confidential Information

Background

Under the Health and Social Care Act (2012) the Health and Social Care Information Centre is required to prepare and publish a Code in respect of the practice to be followed in relation to the “collection, analysis, publication and other dissemination” (collectively referred to as ‘handling’) of confidential information concerning, or connected with, the provision of health services or of adult social care in England. It will transparently show how the HSCIC and other bodies carrying out functions similar to the HSCIC handle confidential information. Those to whom the Code is applicable will have to have regard to it by law. Primarily these are the HSCIC, others that do tasks similar to the HSCIC, those who supply information to the HSCIC – eg GPs, and those who consume information disseminated from the HSCIC.

The aim is that citizens feel confident that health and social care bodies conforming to the Code of Practice handle confidential information appropriately.

Links to the Confidentiality Guide

The HSCIC has already published a Confidentiality Guide which sets out five clear confidentiality rules. This was launched by Kingsley Manning, Dame Fiona Caldicott and the Secretary of State for Health in September 2013.

This document was produced collaboratively after over a year of consultation with numerous health and social care representatives including the British Medical Association, Public Health England, The Information Commissioner’s Office, NHS England, The Confidentiality Advisory Group, The Department of Health, the Association of Directors of Adult Social Services, the independent sector and patient/service user representatives.

This group originally gathered to support the development of the Code of Practice. However as the group reached out further and listened to broader stakeholders, agreement was reached that the health and social care system required a clear, Plain English guide on confidentiality as a necessary precursor to the Code of Practice. The health and social care system was not ready for a Code of Practice, as there were too many unresolved policy issues which would underpin the messages in the Code of Practice.

Release of the Code of Practice

It is expected that policy decisions underpinning the Code of Practice (such as the purpose of and criteria for Accredited Safe Havens (ASHs)) will be made in Spring/Summer 2014. This is therefore the first time that the HSCIC can release the Code of Practice for consultation.

Development Approach

The HSCIC's approach to development of the Code of Practice is to convene an editorial group to review and advise on updates to the Code of Practice fortnightly. A Plain English author has been sourced to ensure that the Code of Practice and associated artefacts are accessible to the public. An agreement has been drafted with the DH to document a clear and jointly agreed scope, purpose and audience and this has been agreed with NHS England. Approval is required from NHS England and Secretary of State before this can be published so this collaborative and transparent way of working is essential given the tight timescales.

After HSCIC Executive Management Team (EMT) approval, the Code of Practice will go out for consultation in June 2014. This will include targeted consultations with a broad range of key stakeholders including Arm's Length Bodies, the Information Commissioner's Office, medical royal colleges, clinical, medical, research and public representation groups. Following completion of the consultation, and subject to feedback received, the Code of Practice will be published by the end of September 2014.

The Code of Practice will be reviewed at least annually, as necessary, to reflect feedback and to ensure that it is relevant and up to date.

Cyber Security Programme

Background

The Interim Cyber Security Review (ICSR) commissioned by the HSCIC Board took a high level look at the operation and organisation of people, process and technology to identify key areas for improvement. The Cyber Security Programme was established as a result of this review to deliver business change which is expected to extend across the whole of the HSCIC.

High Level Objectives

This will positively impact on the whole of the NHS and the health and social care system, as data and information the HSCIC collect, maintain and protect on their behalf, and access to that data through security management and controls, is made even more secure.

Any new or enhanced security facilities introduced would impact on all users of the health and care system. These facilities, and the services developed to support them, would serve to protect the approximately 70 million summary care records and many other health records in existence, such as the approximately 1 billion electronic prescriptions.

The Cyber Security Programme has a strong focus on enhancing the existing capabilities within the HSCIC and developing the required people, process and technologies to deliver world class services. The programme is also closely aligned with Department of Health ambitions for Cyber Security across the Health and Care System, and is taking a lead role in developing capability and expertise to support national level work.

Outputs

The Cyber Security Programme is in the process of formalising programme arrangements and building the required business cases to support the implementation of enhanced functions. Within the 5 workstreams, this includes:

- **Cyber Security Governance and Management**
Implementation and management of corporate governance through the Information Assurance and Cyber Security Committee (IACSC)
- **HSCIC IA/Cyber Risks and Management**
Procurement of specialist resources to support a risk and threat assessment for HSCIC and the establishment of a Cyber Risk Appetite
- **Internal Services Delivery, and Programme Delivery and Operations**
Development of a new Security Operations function which includes protective monitoring, enhanced capacity in the organisation and a strategic partner to support specialist work.
- **Staff and Culture**
In conjunction with the strategic partner above, the CSP is working with HR to implement new controls in relation to staff and culture which are informed by standards and guidance developed by the Centre for the Protection of National Infrastructure (CPNI)

Actions Required of the Board

For endorsement.