

WELSH HEALTH CIRCULAR



Llywodraeth Cymru
Welsh Government

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Title: Request for responses on information Governance training across Welsh Health Boards

Date of Expiry / Review 11 August 2015

For Action by:
Chief Executives of Health Boards
Chairs of Health Boards
Senior Information Risk owners

Action required by: 11 August 2015

Sender: Ruth Hussey Chief Medical Officer & Peter Jones Deputy Director Digital Health and Care

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Enclosure(s): Letter & ICO report attached

WHC 2015/036 - Request for responses on information Governance training across Welsh Health Boards

Dear Colleague,

Purpose

The purpose of this Welsh Health Circular is to request responses to each of the recommendations made in the report by the Information Commissioners Office into Information Governance training in Wales. The report highlights that there is a lower level of information governance training in Wales which is of major concern to Welsh Government.

Background

As stated in the report, if staff do not receive appropriate information governance training there is a serious risk of information being lost or misused. It can also lead to fines of up to £ 500,000 for serious data security breaches.

Action

Chief Executives of Health Boards and NHS Trusts are asked to reply to Peter Jones on each of the recommendations made in the report, illustrating their information governance training procedures and steps taken to ensure that these procedures are robust and fit for purpose. Responses are requested by 11 August. It is also requested that this Welsh Health circular is forwarded to Senior Information Risk Owners and Caldicott Guardians.

Queries

Any queries relating to this circular should be addressed to

Digital Health & Care
4TH Floor
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Cathays Park
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CF10 3NQ

E mail: DHSS-DigitalHealthandCare@Wales.GSI.Gov.UK.

Yours sincerely,



Peter Jones
Deputy Director of Digital Health & Care



Chief Medical Officer
for Wales

Information Governance Training in NHS Wales:

Summary of findings from ICO reviews

June 2015

Introduction

The Information Commissioner's Office (ICO) is the regulator for data protection and works with Health Boards, NHS Trusts and other bodies to help ensure that the confidentiality of patient identifiable data is respected in line with legal requirements and NHS standards.

As part of a Wales wide piece of work involving online surveys and site visits, the organisations listed in Appendix One and the ICO agreed to work together to raise awareness of the importance of information governance (IG) training. This was in response to our discovery of much lower levels of IG training in NHS Wales, compared to other parts of the UK. In the present context, we use the phrase 'information governance' to denote a framework for secure handling of the sensitive and personal information of NHS Wales employees, patients and service users.

If staff do not receive appropriate IG training, in accordance with their role, there is a risk that personal information will not be processed in accordance with the Data Protection Act 1998 (DPA). The loss or inappropriate disclosure of personal information should be an important consideration for all staff on a day to day basis as it can seriously damage an organisation's reputation, undermine patient trust and lead to regulatory action including fines of up to £500,000.

Key strategic recommendations

Following our review of training and awareness of information governance in Welsh Health Boards, the ICO's key strategic-level recommendations are set out below. Board-level recommendations have been reported separately to the relevant Boards.

1. IG training should be made mandatory at induction and refresher training should be mandated at regular intervals thereafter for all staff who work with personal information. There should be clear consequences for non-compliance.
2. The C-PIP process should be reviewed, revised and strengthened to include clear benchmarks for IG training completion in all NHS Wales organisations, supported by external scrutiny. For example, evidence should be supplied to support the figures reported, with sanctions in place and implemented if baseline targets are not achieved.

Methodology

The purpose of this report is to identify the main issues faced by Welsh Health Boards and other NHS Wales organisations (as listed in Appendix One, for ease collectively referred to here as 'the Boards') in relation to ensuring all staff receive appropriate IG training, and to provide good practice recommendations on how to overcome these issues.

We ran online surveys in each of the Boards from 27 January 2015 to 6 March 2015, and received a total of 5573 responses. Numbers of staff responses in each Board varied significantly, which in itself may indicate that some organisations have higher levels of staff engagement with IG issues, or perhaps that their IG departments have more influence than others.

We also conducted site visits in March 2015 to all but three of the participating Boards; specific findings, and our good practice recommendations from these reviews have already been issued to each participating Board.

This report includes a brief overview of the common challenges that the Boards face, drawn from the responses to the staff survey and the findings from our site visits.

We have included good practice recommendations (in the green boxes below), based on findings from our site visits and examples of good practice highlighted by participating staff.

Summary

There are particular challenges that impact the effective delivery of IG training in Wales. These are discussed in the following report, but listed here in brief:

1. **Non-mandatory nature of training:** Despite featuring in the Caldicott Principles into Practice (C-PIP) manual and tool, IG training is not effectively mandated at a national level and it falls to individual Boards to decide whether to make it compulsory for their staff. Whilst Boards complete a C-PIP return annually, they are not routinely externally scrutinised against this. As there are no sanctions for failing to IG train a high percentage of staff each year there is inevitably less dedicated focus on this as finite resources are used elsewhere. Stronger national oversight of IG and the use of sanctions for poor performance would help raise the profile across NHS Wales.

2. **Geographic spread of staff:** Another major issue is the challenges some Boards face around providing IG training to staff based across multiple locations (some with a very large geographic coverage); low IG training uptake in these cases may be due to the large geographic spread, or the off-site nature of work of a large number of roles. Multiple staff locations also bring related challenges relating to central IG oversight and monitoring of training.
3. **Induction and specialised training issues:** We found a lack of prompt induction and effective refresher training, and lack of training needs analysis which could identify areas of risk and enable appropriate targeting of training. In addition, the provision of tailored training for Caldicott Guardians may be related to their level of effectiveness over the IG agenda within an organisation.
4. **Up to date IG policies and procedures:** A further perceived barrier to effective IG training is that some Boards do not have an up to date suite of IG policies and underpinning procedures in place. Either policies are out of date and need updating or, in some cases, do not exist. Until the relevant policies and procedures are in place, it is not possible to roll out any meaningful training on them.
5. **Management information and strategic oversight:** In most Boards, the inability to produce effective management information (MI) about IG training is a barrier to effective training uptake as it prevents them taking a strategic overview of training compliance. This lack of MI makes it more difficult for a Board to establish if any teams are at particular risk or have been overlooked. We also identified that there is generally a lack of strategic oversight within Boards of the content, provision and uptake of their IG training.
6. **All Wales issues:** The 'all Wales' Core Skills on-line training initiative appears to have had teething problems including the facility to link to the Electronic Staff Report system not functioning properly, which impacts on the ability to produce reliable MI. There also appear to be differing opinions over the content of the training and lack of ability for Boards to use existing training where available.

1. Non mandatory nature of training

Despite featuring in the Caldicott Principles into Practice (C-PIP) manual and tool, IG training is not effectively mandated at a national level and it falls to individual Boards to decide whether to mandate it for their staff. Whilst Boards are expected to complete a C-PIP return annually, they are not routinely externally scrutinised against this and therefore its quality and consequent usefulness to the Board is very dependent on the organisation using it and how honest they are with themselves. The NWIS

Guidance accompanying the All Wales Online Core Skills IG module refers to a Wales wide requirement that staff should refresh their IG training at least every two years, but none of the participating organisations knew the basis of that requirement or any enforcement mechanism to support it.

As there are no national consequences or sanctions for failing to train a high percentage of staff each year there is inevitably less dedicated focus on IG training as finite resources are focussed upon other issues. National oversight of IG and the use of sanctions for poor performance would help raise the profile across all organisations.

The C-PIP Manual is seen as a key element of the Information Governance agenda in Wales; it provides NHS Wales organisations with a set of recommendations and principles to help ensure that personal data (including that of patients, staff and service users) is adequately protected. This C-PIP Manual comes with assessment standards against which all NHS Wales organisations must measure themselves annually.

The C-PIP Manual includes a mandatory annual self-assessment for organisations to measure the extent to which they put the Caldicott Principles into practice. The results should be published and used to form the basis for a Caldicott work plan for the forthcoming year.

However there is no “pass or fail” element to the assessment, nor is there any routine national scrutiny of the self-assessments. The C-PIP Manual simply states that appropriate training must be regarded as a vital building block for compliance, mitigation of risk and improvement in effectiveness and efficiency and that training requirements, including those for the Caldicott Guardian, should be regularly assessed and refreshed by means of a Training Needs Analysis (TNA) in order that staff may remain appropriately skilled and knowledgeable over time (C-PIP Standards TA1 and TA2).

Despite Boards having to report the percentage of staff trained in IG as part of the C-PIP, there are no sanctions for not being able to answer the question, or for failing to train an appropriate percentage of staff each year. There is therefore no regulatory consequence via the C-PIP submission for the Boards as a whole for non-completion of IG training. As a result there is inevitably less dedicated focus on IG training as finite resources are used elsewhere.

We have consistently found that take up of IG data protection and information security training in the Welsh healthcare sector is lower than in equivalent English healthcare providers, where achieving all staff attendance at IG training and annual refresher training is mandated in the IG Toolkit (requirement 11-112) and is monitored by the Health and Social Care Information Centre (HSCIC) in conjunction with annual independent internal audit.

- ✓ Boards could look to adapt the training already available in England through the HSCIC as a basis for their own training. Our visits established that a number of Boards have recently begun to use the NHS England IG Toolkit as a guide and a gap analysis tool as it is more prescriptive in content than the C-PIP.
- ✓ In one Board, staff involved in the audit discussion agreed that their Board's management of IG had improved when they adopted the NHS IG Toolkit as their benchmark. As the Toolkit is designed for the NHS in England they had made some changes to fit the Welsh context. The Board's internal auditors then assess progress against the adapted toolkit.

A number of Boards do not have a finalised IG training policy or IG training needs analysis (TNA) in place with appropriate general and specific training mandated by role, despite this being stipulated in C-PIP standard TA2.

- ✓ In these cases we would recommend Boards finalise and roll out a TNA which includes role specific and regularly refreshed training mandated for roles such as the Caldicott Guardian, training for specific groups of staff such as Information Asset Owners (IAO) or Senior Information Risk Officers (SIROs) if appointed, or staff who process subject access requests or have records management, archiving, disposal, or administrative responsibilities.
- ✓ The ICO has found that some health organisations in Wales do make use of IAO and SIRO roles within their management risk structures; all organisations may wish to consider if allocation of these roles would help inform a more robust information management framework.
- ✓ If the roles of SIRO and IAOs are adopted it should be ensured that they receive suitable training for the post on a regular basis.
- ✓ Boards should also consider other ways of maximising training completion within the current limited resources available such as podcasts, IG workbooks which can be worked through manually, out of hours training, full day training programme, or via quizzes or filmed scenarios to appeal to different learning styles.
- ✓ In addition IG managers could also disseminate IG awareness, such as by simple summary sheets, more use of existing 'flow diagram' posters, awareness raising at clinical team meetings or cascading down of information by line managers.
- ✓ Training should be pitched at an appropriate level (and if necessary differentiated by role) for both permanent and temporary staff in the

categories above. Mandating role specific training modules would enable key staff to understand and carry out their roles adequately.

It was observed that at most Boards the policy was to refresh IG training every two years. However, reported completion rates for mandatory IG training ranged from 76% to 0%, therefore even the highest performing Boards do not appear to be meeting that target. Moreover due to the issues with MI collation (see section 5) not all Boards could confirm that these figures reflected training completed in the last two years only.

2. Geographic spread of staff

The fragmented nature of working across multiple sites may mean that it is harder both to ensure that training takes place due to scheduling or resource issues, and also that Boards may find it more difficult to monitor whether lessons learned in training are being effectively implemented.

- ✓ Consider the use of technological solutions such as regular podcasts or webinars, remote access training, awareness material and metacompliance alerts to reach the maximum number of staff. This is particularly important for management of information risks in outlying areas where working practices may not be easily monitored by the IG team on a regular basis.
- ✓ The use of IG stewards at one health board was seen as good practice, as these individuals could monitor training completion and act as points of contact for departments to relieve workload for central IG team.
- ✓ We have also seen good practice elsewhere such as the use of training workbooks for manual completion by staff who cannot easily access online training or are unfamiliar with computers.

3. Induction and specialised training issues

Local induction processes can vary widely from one Board to another, particularly if induction is carried out locally, and perhaps informally by line managers rather than a central team such as IG or HR.

In some instances there was a significant gap between the staff member starting work and provision of induction IG training. This raises the risk that in the meantime staff would be processing personal data without appropriate training.

Some processes consisted of a 'corporate induction' with an explanation of Board values, but little or no emphasis on IG or information security issues.

Boards in some cases also reported they had a local process going through the particular requirements of a department or post. Boards' IG managers were not necessarily involved in the development of local induction checklists, so were unaware in a number of cases what new staff were being told, if anything, relating to IG and information security.

Even when the local procedures included highlighting IG and information security basics, we did not generally find any consistent sampling of HR files to ensure that local inductions had been adequately completed, or that IG managers were involved.

- ✓ We recommend that both IG and information security training is provided at the earliest opportunity and in a consistent and auditable manner, to reduce the risk of Board staff making basic security errors.
- ✓ We recommend that the IG departments should review any local induction process to ensure that information security and information governance are consistently and appropriately covered during induction, perhaps by adding a brief guide or checklist to the template.
- ✓ Boards should also consider implementing a mechanism for escalating IG training concerns up the management chain or to the information governance department - such as recording and review of monitoring outcomes.

With regard to more specialised training, the C-PIP Manual states that training will need to be role specific; with staff responsible for personal identifiable information requiring in-depth training and access to expert advice on relevant aspects of IG. However, we found a number of Boards where no specialised training was mandated for the staff in specific information management roles, such as processing requests for personal data or records management. We also found that Caldicott Guardians and their deputies did not necessarily receive specific training for the role – again this was a matter for each Board. In the past national training for Caldicott Guardians had been provided, but apparently was not repeated as too many had delegated attendance to their IG professional colleagues. Our investigation found evidence to suggest a correlation between specifically trained Caldicott Guardians and their effectiveness across the IG agenda within an organisation.

- ✓ To ensure good practice, we recommend implementing training pitched at an appropriate level, and if necessary differentiated by role for both permanent and temporary staff with responsibility for handling personal data.

- ✓ This should ideally also include basic awareness training for other 'front line' staff at local sites such as receptionists, administrative clerks and facilities staff; front line staff are key when there is no dedicated records management or facilities staff at smaller sites, as they will likely be dealing with faxes, security, archiving and disposal of information and any requests for personal data that may be received.
- ✓ Boards could explore sharing their training as appropriate with agencies providing temporary and locum staff – particularly where those staff come in for very short placements that do not allow for training time.
- ✓ Boards – or NHS Wales – could consider working with relevant universities to ensure that clinical students coming on placements either have access to relevant IG training in advance of their placement, or time in their placement to undertake IG training. This is an important foundation for their current placement and their future career.
- ✓ Caldicott Guardians and any deputies working with them should receive specific training to support them in taking on the role.

4. Up to date policies and procedures

A further perceived barrier to effective IG training is that some Boards do not have an up to date suite of IG policies and underpinning procedures in place; either policies are out of date and need updating or, in some cases, policies do not exist. Until the relevant policies and procedures are in place, it is not possible to roll out any meaningful training on them. This also raises the importance of IG awareness-raising amongst staff of issues regarding the security of manual and electronic data eg when staff work off-site, as a supplement to training.

Lack of policies and underpinning procedures may be for historic reasons eg the merger of smaller Boards into one organisation, or due to cultural issues such as a lack of focus or priority given to IG.

The C-PIP Manual states that training must be supported by ensuring that staff have ready access to organisational policies, procedures and guidance documents and know when to ask the Caldicott Guardian for advice (C-PIP Standard M1).

In addition the C-PIP Manual says that organisations need to ensure that their staff are aware of all expected best practices, including having a demonstrable understanding of:

- what information they are using, how it should be used, the need for accuracy and how it should be protectively handled, stored and transferred, including outputs from computer systems;
- what procedures, standards and protocols exist for the sharing of information with relevant others and on a 'need to know' basis; and
- how to report a suspected or actual breach of information security within the organisation, to an affected external information service provider or to a partner organisation (C-PIP Standards TA3, TA4).

In our experience, training and raising awareness around basic security issues is key to reducing the number of serious data breaches.

- ✓ We recommend that staff in all sites are made aware of procedures, and that there is some method of checking or dip sampling to ensure they are being implemented.
- ✓ We also recommend that if the Board is spread across multiple sites it considers alternative methods of raising awareness about IG amongst staff. Good practice we have seen includes the use of cascade briefs by team managers, posters in receptions, quick guides attached to payslips and laminated notices near faxes. In addition checklists or brief reminders eg for internal post always do x, for external post do y, for faxes do z, could be produced that could be referred to on an ongoing basis.
- ✓ Boards should also have in place specific recommendations to ensure the security of data and equipment for staff travelling or working off-site, and ensure these policies are properly communicated to staff.

5. Management information and strategic oversight

Whilst providing appropriate training programmes is essential, it is important to monitor staff compliance with training to identify areas of risk. In some Boards, line managers are tasked with ensuring that staff complete mandatory training which includes IG, however, few Boards we visited could identify those staff who had not received training.

We identified that in most Boards the inability to produce effective management information (MI) in relation to IG training, was a barrier to training uptake in Wales as it prevents the Board taking a strategic overview of training compliance. If this MI was consistently available a Board may be able to put in place targeted or 'hotspot' training, for example if a large proportion of untrained staff are concentrated in one team or department.

We also identified a lack of strategic oversight, for example by senior management, of the end-to-end responsibility for IG training. There was a tendency for this oversight function to fall down the gap between HR and IG committee and departmental remits.

It is particularly important to have central IG oversight of local IG training which by its nature will be delivered at multiple sites, perhaps spread over a wide geographic area. If there is no centrally defined process then local training will be highly variable in content and quality, which can lead to mixed messages across the organisation and inconsistencies in practice.

✓ Central oversight could be achieved by regular feedback from local area managers and so on. For example, in one Board the Learning and Development team produces training compliance reports at directorate and organisational level for directorate managers and senior management teams. This ensures that senior managers across the organisation are aware of their training compliance and can take appropriate action where necessary. In another Board, quarterly training reports are considered by the Information Governance Committee. The report we saw included a breakdown by all divisions within the organisation of training compliance rates.

6. All-Wales system issues

The 'All Wales' training initiative appears to have had teething problems including the facility to link to the new Electronic Staff Report (ESR) system not functioning properly or being difficult for managers to operate, thus hindering the availability of management information.

There also appear to be differences of opinion about the content of the Core Skills IG training and lack of availability for health boards to use existing training where they wish because of platform incompatibility.

✓ The Boards should liaise with NWIS and see if a compromise or at least a better understanding of the issue can be reached. A training needs analysis (TNA) should be carried out as it may be that the Core Skills IG Wales training may be suitable for staff that do not handle personal data and only need the basics. The Core Skills IG module could be supplemented locally for those who use personal or sensitive personal data on a daily basis.

Sources of advice

The ICO has produced a range of general guidance that organisations both within and outside of Wales can use to better manage and secure their

personal information. This guidance can be found on our [website](#), with particular health guidance at www.ico.org.uk/health.

Further assistance

The ICO's Wales office can be contacted on 029 2067 8400, or by email at wales@ico.org.uk. The ICO's main helpline will also answer queries about data protection compliance and can be contacted on 0303 123 1113 or by email at casework@ico.org.uk.

Appendix One

Participating NHS Wales organisations:

- Abertawe Bro Morgannwg University Health Board
- Aneurin Bevan University Health Board
- Betsi Cadwaladr University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf University Health Board*
- Hywel Dda University Health Board
- Powys Teaching Health Board*
- Public Health Wales NHS Trust
- NHS Wales Shared Services Partnership
- Welsh Ambulance Service NHS Trust*
- Velindre NHS Trust

* Organisations marked with an asterix did not have a site visit as part of this review as they have completed a full audit with ICO recently.

Appendix Two

The following includes further good practice examples from the site visits and survey responses.

1. Non mandatory training

- ✓ One Board is in the process of enforcing training completion by preventing staff members who have not completed their mandatory training from progressing to the next pay increment.
- ✓ In another Board, in addition to the current face-to-face training sessions the IG team are looking at ways to conduct face-to-face training during evenings and weekends to catch those staff who work out of hours and are not available to attend day time training.
- ✓ Another Board has introduced a number of initiatives such as 'mandatory May and November' when extra face to face sessions are put on to increase completion rates, and a dedicated IT suite is made available to complete e-learning.
- ✓ One Board has mandated that staff who have not completed mandatory training are blocked from accessing other training courses and study leave and their ESR process being rolled out links completing mandatory training to pay progression and specialist training.
- ✓ One Board has a different Board level Information Management Champion each year.

2. Geographical Issues

- ✓ It is key that monitoring and spot checking of staff regularly takes place to ensure that procedures are being consistently followed across sites. This will identify any hotspots of concern, where further training may need to be given, and help build a culture of following information security procedures as business as usual.

3. Induction training; specialised training

- ✓ One Board has stated that all staff are required to attend orientation (induction) training within the first week of commencing employment. There are three fixed start dates per month. A new employee will commence employment on a fixed start date which corresponds with the Orientation Programme schedule.
- ✓ Day one of employment at this Board is usually day one of the Orientation Programme. During orientation staff are given a basic awareness of information governance which includes the ICO DVD "Data Day Hygiene", a copy of the Information Governance Training hand-out and they are instructed to attend a face to face session or to complete the e-learning module within three months of their start date.
- ✓ Another Board has a departmental induction, with a training checklist signed off by supervisors as learning and understanding is demonstrated. The training department notifies managers if staff do not arrive for booked training. Training records are monitored.
- ✓ In another organisation, staff issue IG training leaflets, developed by the IG team, to staff on their first day of employment. New staff are made aware of IT security measures before being given access to the computer network.
- ✓ In one Board, the IG team felt that being proactive in working with doctors – for example through attending their meetings – was an effective approach to getting the IG message across to a busy professional group.

4. Policies and procedures; training and awareness of information security issues

- ✓ One Board has appointed a SIRO who is the Board Secretary, and a deputy SIRO (the Head of Information Governance) to better manage information risk, although these roles are not mandated by NHS Wales.
- ✓ Another Board intends to appoint the clinical directors of each service area as 'deputy SIROs' with a remit to ensure that all IG arrangements including training are in place in their particular areas and to regularly report areas of concerns regarding training, reporting and

implementation of action plans both to the SIRO and to the relevant IG forum.

- ✓ One Board uses a Medical Records Sharepoint site that sends automatic alerts to all staff every time departmental policies or procedures are updated or added. This would include anything in reference to IG issues. They can also post news items on this site. All Medical Records staff are set up on this site on induction and have to sign to say they understand how to use the site and will note or take action on any alerts received.
- ✓ A further Board has all IG policies available via dedicated IG pages on the intranet. In addition, the IG team use front page stories on the intranet to raise awareness of particular issues. There is also a dedicated telephone and email helpline for staff to raise queries with the IG team.

5. Oversight of the training process and MI

- ✓ In one Board, we observed there was a formal training matrix for all IG training. Training completion is logged on the ESR and reported via HR. Monitoring of completion of training is then undertaken by the IG Team and appropriate line manager. Managers are sent regular updates informing them which staff haven't completed the mandatory training.
- ✓ One Board has appointed IG Leads in each area with a remit to ensure that all IG arrangements including training are in place within their particular area. There is also an IG page on the staff intranet where staff can find updates, advice and policies.
- ✓ In another Board, as part of the annual Information Governance Work Programme, there are three quarterly spot checks carried out in various departments to identify IG breaches, potential problems, and check the security of patient data in areas with a high number of patient records. These steps appear to be raising the awareness of IG in this Board as only 15% of survey respondents stated they had not received clear guidance on the use, storing (including external archiving) and disposal of paper records containing personal data or patient or service user information.
- ✓ A third Board has a network of 170 IG stewards in place across the health board including 68 in Mental Health. These staff provide local support and monitoring in IG areas which includes data protection.