

Information Governance in NHSScotland: A Competency Framework



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Foreword

by Malcolm Wright, Chief Executive, NES
and Ian Crichton, Chief Executive, NSS

NHSScotland faces rapidly growing demand for an increasingly sophisticated range of clinical treatments and services. At the same time, there are higher expectations about the way the NHS collects and manages an enormous amount of information about service users, staff, costs and services. Not only is a larger volume of information handled, but it is also presented in different formats, for a wider range of audiences and for more complex purposes.

As the volume and complexity of information increases, we demand the highest standards of probity in the way it is gathered, recorded, stored and transmitted. These requirements are set out in legislation such as the Data Protection Act 1998, the Human Rights Act 1998, Freedom of Information (Scotland) Act 2002 and NHS Quality Improvement Scotland's Information Governance Standards. While this gives the public and service users greater confidence that their personal data will be used appropriately, it presents considerable challenges and risks to NHS Boards, primary care providers and their staff. Such challenges are clearly evident in the Scottish Government's strategy for development of an eHealth culture in NHSScotland, centred on the introduction of an Electronic Health Record.

In response to the challenges and risks faced by NHS Boards, NHS Education for Scotland and NHS National Services Scotland (NSS) are working in partnership to develop a framework of educational support for information governance. We are pleased to present *Information Governance in NHSScotland: A Competency Framework* as a key tool to assist NHS Boards with the planning and implementation of local workforce development initiatives.

Modernisation and redesign projects will have implications for the way staff work, communicate and use information. We believe it is crucial to our success that we have a cohesive, integrated approach to education and training on information governance. *Information Governance in NHSScotland: A Competency Framework* marks our determination to ensure we have such an approach in place.

The document has been developed by an editorial group of subject experts (see Appendix 1) and was subject to wide consultation, ensuring that it is practical, relevant and has gained widespread support. We are confident that it will be of significant benefit to NHS Boards, NHS contractors, staff and service users.

Executive Summary

Effective information governance practice is a feature of high quality health services in NHSScotland. By ensuring that information is obtained, held, used and shared securely and appropriately, it underpins professional and patient confidence in services. Almost all staff working within primary care and acute services have access to sensitive data of various types and therefore have a role in information governance. This includes those who have access to staff details and confidential business information, as well as those who use patient identifiable information in clinical or administrative roles.

The storage and use of large amounts of clinical and other sensitive data needed for effective health services bring with them a significant level of risk. The provision of good quality education and training in information governance is an important method of managing this risk. It also assists healthcare organisations in meeting their statutory responsibilities and policy obligations in the areas of data protection, confidentiality, freedom of information and IT security.

The Information Governance Competency Framework provides a firm foundation for the development, commissioning and review of education and training to support effective practice. It is organised in five 'domains' reflecting different aspects of information handling, and four levels each describing a different type of responsibility in this area. This approach is designed to enable training commissioners/providers to tailor education for the specific needs of individuals and groups.

In addition to specifying the competences required for effective information governance practice, the document will assist healthcare organisations in implementing related education and development. A key precursor of any educational programme is an Education and Training Needs Analysis to identify workforce requirements. This will help those involved in co-ordinating learning and development to design or commission educational interventions for particular staff groups and will indicate resource requirements.

NHS Boards and other organisations and individual staff members already commit significant time and resources to training and development. Current imperatives for education include the Knowledge and Skills Framework and personal development planning for staff covered by the NHS Agenda for Change, professional CPD and ethical requirements and local 'learning plans'. It is therefore important that information governance education and training should form part of organisations' broad strategic approach to workforce development. The Workforce Education Planning Template provided at the end of the document provides one suggested approach to implementing educational support on this important topic.



1 **Why?** Information Governance and Workforce Development

1.1 Information Governance

NHSScotland collects and uses considerable quantities of information for clinical, administrative, research and planning purposes, each of which contributes to the services patients receive. Information governance refers to the practice of handling information in a confidential and secure manner, following appropriate ethical and quality standards.

Information governance is a key issue for all NHS and contracting organisations and is fundamental to the effective delivery of health services, particularly as the service moves towards the introduction of an Electronic Health Record. Without effective and trusted arrangements for handling service user-identifying information and other sensitive data, the ability of NHSScotland to provide high-quality services would be severely compromised.

The fundamental objectives of information governance are to:

- support high-quality care by promoting the safe, effective and appropriate use of information in NHSScotland;
- encourage closer working within NHSScotland and contracting organisations to prevent duplication of effort and enable a more efficient use of resources;
- allow staff to discharge their responsibilities to consistently high standards and comply with legislation and professional codes of ethics by developing support arrangements and providing appropriate tools.

By achieving these aims, NHSScotland will gain the following benefits:

- an integrated way of thinking and working;
- better understanding within NHS service providers of their performance;
- the creation of connections between clinical and corporate governance;
- effective use of limited resource;
- sharing of good practice;
- effective management of risks associated with the use of personal and other sensitive data;
- increased public confidence regarding data handling in NHSScotland and partner organisations.

In addition to these significant benefits, organisations providing NHSScotland services are subject to legal and policy imperatives for safe and effective practice in this important aspect of practice. These range from key statutes such as the Data Protection Act 1998 and the Freedom of Information Act (Scotland) 2002, to Information Governance Standards published by NHS Quality Improvement Scotland to which all NHS Boards are expected to conform and against which their performance is reviewed.

1.2 Workforce development

Ongoing workforce education plays a major part in preparing NHS staff and staff employed by contractor organisations to deliver effective, high-quality services. It is necessary not only to maintain performance, but also for individuals to achieve personal aspirations and meet professional requirements and for teams and organisations to achieve their objectives.

This document provides a route map to multi-professional education and training in information governance, although it is recognised that there will be occasions when uni-disciplinary activity will be more appropriate. It aims to offer organisations a 'direction of travel' for education and training activity in information governance from which they can design local action plans to ensure their staff can access the right education preparation to enable them to contribute effectively to information governance practices and initiatives locally.

'Inclusivity' is the watchword. Education and training opportunities must be made available to staff in all locations within the organisation, based on an overall ethos that promotes:

- increased access to education and training opportunities;
- equal opportunities for all;
- recognition of the individual learning needs of people with disabilities and the implications of promoting education and training to staff from diverse social and education backgrounds;
- developing people to their full potential;
- the delivery of quality education and training.

1.3 Why educate for information handling?

There are numerous reasons for providing education and training in information handling. These include obvious reasons such as the maintenance and improvement of services, respect for service users and the need to comply with legislation on the way information is collected, stored and used.

But good information handling also confers a number of benefits for individual staff members, organisations and service users. The importance of good information governance practice is recognised by the Scottish Government Health Directorates and other organisations, which have sought to enhance practice in this area through a range of legislative and policy initiatives (see Appendix 2). Staff education and training is identified consistently in policy statements as a key component in ensuring the delivery of high-quality, effective services.

This Competency Framework reflects the importance of optimal support and supervision being provided for all staff involved in providing healthcare services, each of whom works in a challenging environment. This will help to ensure that staff are appropriately supported to carry out their roles in relation to information governance effectively and develop their skills and knowledge.

For staff covered by Agenda for Change, the Knowledge and Skills Framework (KSF) provides the basis of a framework for support and supervision that promotes a competency-based approach to lifelong learning. This approach should therefore be adopted, using the KSF outlines and competency statements issued by NHS Education for Scotland and other appropriate bodies, where possible. Other staff covered by professional codes of ethics and conduct are equally responsible for ensuring that their skills and knowledge are appropriate in this aspect of service.

Learning in relation to information governance and service delivery go hand-in-hand. Learning needs are constantly evolving in relation to changes in service delivery, and service delivery is constantly being informed by new learning. All NHS Boards and partner organisations should remain alert to changes in service delivery that have an impact on information governance learning needs by facilitating education and training activity for appropriate staff in response to:

- new legislation, guidelines, protocols and standards as they emerge;
- new equipment and health technologies that become available.

The aim is to ensure staff receive appropriate support throughout their careers that will enhance their abilities in relation to information governance.

1.4 Using this document

The Information Governance Competency Framework provides broad guidance on the recommended content, delivery and governance of education and training to support effective information governance practice across a range of staff groups. Its principles and practices can be applied at the level of a whole NHS board or by smaller units or organisations, such as GP Practices.

By drawing from a number of important reference points and through consultation with a range of staff and stakeholders, the document identifies relevant areas of skills and knowledge to be developed through in-house education and training or commissioned external provision. These skills and areas of knowledge are presented in a number of 'domains' representing key areas of activity for health service staff. It is hoped that this framework will provide NHS Boards and partner organisations with a firm foundation for identifying learning needs, evaluating existing courses, commissioning or evaluating new provision, and designing new in-house education and training. The Competency Framework is also designed to aid managers in designing job roles as they relate to information handling.

In addition to providing guidance on indicative education content, the document broadly outlines the processes required for effective implementation of multi-disciplinary training and development to support information governance. These processes include the identification and analysis of education and training needs (linked with Personal Development Planning and ongoing development processes), good commissioning practice and monitoring and evaluation.

The document indicates the competences that organisations delivering NHSScotland services should seek to develop among staff to ensure effective and safe information handling. It recognises that many such organisations already offer training in subjects such as Data Protection and Freedom of Information and provides the basis for a consistent approach to this type of education.

The competencies presented in Chapter 2 reflect that the needs of individuals and groups of staff differ widely depending on role and context. It is clear, however, that a broad range of staff is responsible for processing sensitive

data as a significant part of their wider clinical or administrative role.

This includes staff groups as diverse as receptionists, doctors, allied health professionals, medical secretaries, healthcare assistants and management accountants.

Finally, the document includes a Workforce Education Planning Template to assist organisations in collecting and presenting information about education needs, planning education solutions and tracking progress.



What? Information Governance Competencies

2.1 Understanding information governance competencies

The information governance competencies presented in this document specify the knowledge, skills and understanding required for the competent handling of healthcare related information to recognised ethical, legal and quality standards. They reflect that different levels and areas of competence are needed for different job roles, according to postholders' level of responsibility, the range, sensitivity and complexity of information handled, and the risks to service-users and health service organisations. It is expected that competencies can be matched to specific job roles using Knowledge and Skills Framework outlines (where relevant), profession specific codes of practice and competency frameworks, occupational standards, local and national policies, and other reference points. They are also informed by the following (HORUS¹) principles of information handling:

- **H**olding information securely and confidentially
- **O**btaining information fairly and efficiently
- **R**ecording information accurately and reliably
- **U**sing information effectively and ethically
- **S**haring information appropriately and lawfully

The competencies set out below describe what health service staff should know and be able to do to perform their jobs at a competent standard in the information governance related aspects of their work. They therefore indicate the intended learning outcomes of education and training activities of various types, and indicate the breadth of learning required and associated descriptors of competent performance. In this way, the Framework will guide the design of education and training for individuals, departments, organisations and NHSScotland as a whole.

Not all of the competencies are needed for all NHS jobs. They are therefore set out in 'domains', 'learning outcomes' and 'competences', which may be combined according to local needs and preferences.

¹ Connecting for Health, Department of Health.

2.2 Levels of competence

The information governance competencies are set out in four levels, reflecting that most NHSScotland staff have responsibility for handling personal data and other sensitive information in at least part of their job role. The four levels of competence in information governance are described very broadly in the following table and are a guide to the education and training required for effective performance. An indicative Scottish Credit and Qualifications Framework level has been assigned to each competency level as a broad guide to any learning required. It is assumed that competence may be developed through a variety of means ranging from on-the-job experience to work-based training, formal education courses or a combination of these.

Level	Description	Examples
Advanced knowledge and skills	Develops policy, procedures and practice in own organisation as it relates to information governance. Maintains own awareness of changes in legislation, case law, best practice, policy and guidance. SCQF level 10	Heads of Health Records Heads of Information Governance
Intermediate level 2	Applies data protection principles and key legislation to own work role and work of others. Monitors compliance with policies/procedures. SCQF level 8	Clinicians Supervisory roles Middle managers
Intermediate level 1	Understanding of data protection principles and awareness of key legislation and policy. SCQF level 6	Administrators Medical Records staff Clinical Coding staff Healthcare Assistants
Foundation level competence	Understanding of the need for secure and confidential information handling in relation to own work role. Awareness of sources of information, referral, advice and guidance (including local policies). SCQF level 4	Support staff including those providing domestic services

2.3 The information governance competencies

The following information governance competencies are set out under five main **domains** which link related competences under one of the HORUS areas of practice described in 2.1 above.

Each domain includes one or more **learning outcome**, which describe what staff should know and be able to do as a result of their learning. The learning outcomes are a key feature for those involved in the design of learning activities/programmes, and for educational supervisors, tutors, trainers and assessors. They are also very useful for learners in understanding what they and their tutors are aiming to achieve.

Competencies are closely related to the learning outcomes and, as described above, specify the knowledge, skills and understanding required for competent performance in the workplace in defined areas of activity. The competency statements set out below recognise that different levels of competence will be required for different posts and that the same level will not necessarily apply to a post across each domain and competency. Each post will require competence in several of the areas described below although there will be few posts where all are directly relevant. The competencies are linked to relevant Knowledge and Skills Framework dimensions in some areas, and relate to curricula and codes of ethics and practice specified by the healthcare professional bodies.

Each of the learning outcomes set out below is supported by statements describing the **core content** of learning under the heading. This section of the competency framework is provided as a guide to the knowledge underpinning competent performance in a specified area of activity. It will help learners identify the detailed knowledge required for competence, and guide curriculum designers, and tutors/educational supervisors etc.

Domain 1: Holding information securely and confidentially

Learning outcome H.1:

Store, transport and transfer health records and other personal or other sensitive data securely and effectively.

Core content

- Meaning of personal and sensitive data
- Importance of secure and confidential information handling to patient privacy and dignity
- Secure physical and electronic storage, transportation and transfer of sensitive data
- Legal and ethical requirements and principles – Data Protection Act 1998, Freedom of Information (Scotland) Act 2002, Access to Health Records Act 1990, codes of ethics/practice
- Scottish Government Records Management NHS Code of Practice (Scotland) (currently in draft)
- Local policies and procedures including Health Records Management Strategy
- Risks – patient care for different individuals and social groups (including those for whom confidentiality is particularly important such as individuals with mental health issues and dependent children presenting with sensitive health problems), legal, reputational, financial
- Training and development, communication, and policy development
- Organisational and personal responsibilities and accountabilities
– e.g. Data Controller, Caldicott Guardian

Knowledge and Skills Framework dimensions (for staff covered by Agenda for Change)

Core 1: Communication

*Core 2: Personal and People Development
(especially at 'Advanced' level of competence)*

Core 3: Health, safety and security

Core 4: Service Improvement (especially at 'Advanced' level of competence)

Core 5: Quality

Core 6: Equality and diversity

IK2: Information collection and analysis

IK3: Knowledge and information resources

Competencies	Foundation	Intermediate 1	Intermediate 2	Advanced
H.1.1 Treat patient/ personal information with confidentiality	In relation to own role, understand: <ul style="list-style-type: none"> • individuals' rights to confidentiality; • different formats and types of sensitive data; • risks associated with poor practice; • who is entitled to access records/data. <p>Be aware of sources of advice in relation to patient confidentiality.</p>	Be aware of professional, ethical, legal and policy requirements for patient confidentiality. Use appropriate sources of information, advice and guidance to maintain patient confidentiality.	Apply professional, ethical, legal and policy standards in the storage of patient information. Understand different types of risk associated with patient confidentiality, including the implications for different individuals and social groups.	Develop capacity of team, department and/or organisation for maintaining patient confidentiality through policy development, review of procedures/governance and staff training. Provide accurate and effective advice and guidance to colleagues in relation to patient confidentiality.
H.1.2 Maintain the security of personal data	Under supervision, use established procedures to maintain security of paper based data, computer files, and oral communication as it relates to records/data.	Apply organisational protocols and principles for the storage and security of personal data. Understand the role of the Data Controller and others with responsibility and accountability for the control of records/data.	Understand national information governance standards applicable to the storage of records/data, including the safe and effective retention and disposal of records/data. Monitor data security practices in team, department or organisation.	Develop team, departmental or organisation policies, practice and capacity in relation to safe and effective storage of confidential data. Manage breaches of confidentiality effectively.
H.1.3 Transfer and transport records/ data securely	Under supervision, use established procedures for the manual transport and electronic transfer of records and data including identifying associated risks and applying an appropriate solution.	Apply organisational protocols and principles for the transfer and transport of records/data. Understand the technical and operational risks associated with the transfer and transportation of records/data.	Understand national information governance standards applicable to the transfer/transportation of records/data. Monitor application of policies/procedures/protocols in team, department or organisation.	Develop team, departmental or organisation policies, practice and capacity in relation to safe and effective transfer/transportation of confidential data. Manage breaches of policies/procedures and protocols effectively.

Learning outcome H.2:

Use Information and Communication Technology securely for handling personal and other sensitive data.

Core content

- Staff identification and authentication principles (User ID and password)
- Community Health Index (CHI) number as unique patient identifier
- Application of information and communication technology

Knowledge and Skills Framework dimensions (for staff covered by Agenda for Change)

*Core 2: Personal and People Development
(especially at 'Advanced' level of competence)*

Core 3: Health, safety and security

EF1: Systems, vehicles and equipment

IK1: Information processing

IK3: Knowledge and information resources

Competencies	Foundation	Intermediate 1	Intermediate 2	Advanced
H.2.1 Understand the safe use of information and communication technology	Understand need for staff identification and authentication. Under supervision, use established procedures for use and control of password access. Understand need for CHI number on all clinical communication and patient identification.	Understand the principles of systems audit. Ensure use of CHI number for all clinical communication and patient identification.	Apply the principles of systems audit to systems development.	Develop team, departmental or organisation policies, practice and capacity in relation to secure data handling using IT. Interpret national IT Security standards and apply locally. Promote use of CHI number in all system development.

Domain 2: Obtaining information fairly and efficiently

Learning outcome O.1:

Obtain personal data effectively and lawfully.

Core content

- Rights and responsibilities in relation to personal data
- Consent – definition, types, duration, recording, capacity
- Sources of personal information
- Accuracy of data

Knowledge and Skills Framework dimensions (for staff covered by Agenda for Change)

Core 1: Communication

Core 2: Personal and People Development
(especially at 'Advanced' level of competence)

Core 5: Quality

IK2: Information Collection and Analysis

IK3: Knowledge and Information Resources

Competencies	Foundation	Intermediate 1	Intermediate 2	Advanced
O.1.1 Inform individuals about the use of their data	Understand the content of relevant patient information leaflets relating to the use of personal data.	Explain the content of patient information leaflets relating to the use of their data. Make clear to individuals when information is recorded and when information is accessed/shared.	Provide explanation of how information will be used according to context. Check that patients have no concerns or queries about how their information is used. Answer queries about use of data or direct patients to other sources of information. Respect patients' decisions to restrict the disclosure or use of information, explaining implications.	Provide advice and guidance to colleagues relating to consent and obtaining personal data.

Table continues overleaf

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Competencies	Foundation	Intermediate 1	Intermediate 2	Advanced
<p>O.1.2 Understand the circumstances when consent should be sought prior to obtaining and recording personal data</p>	<p>Understand that patients and other individuals have rights in relation to their own personal data.</p> <p>Understand that personal data is obtained on the basis of consent.</p> <p>Under supervision, obtain personal data using organisational procedures and/or professional guidance relating to consent.</p> <p>Be aware of appropriate points of assistance for the collection of personal data.</p>	<p>Understand process for subjects accessing their own records/data.</p> <p>Understand the need for reliable and valid sources of personal data.</p> <p>Identify range of sources of personal information.</p> <p>Understand types of consent and the conditions that apply to their scope.</p> <p>As appropriate, and in accordance with legal requirements, professional guidance and local procedures, record consent for use of personal data.</p> <p>Communicate effectively with patients and carers to explain the purpose for which personal data will be used.</p>	<p>Provide basic guidance and advice on the collection of personal data.</p> <p>Apply the requirements for obtaining consent in cases of children, vulnerable adults or others where capacity is an issue.</p>	<p>Develop team, departmental or organisation policies, practice and capacity in relation to the collection of personal data</p> <p>Provide advice and guidance to colleagues relating to consent and obtaining personal data.</p> <p>Monitor practice in obtaining personal data.</p>

Domain 3: Recording information accurately and reliably

Learning outcome R.1:

Ensure records containing personal data and other information are accurate, relevant, not excessive and up-to-date.

Core content

- Contexts for record keeping and duty to record within professional guidance and legislation
- Caldicott and Data Protection principles
- Authority and responsibility
- Reliance of self and others on accurate and complete information
- Positive patient identification
- Verification of information
- Record keeping standards (technical, data definitions and professional standards)

- Audit of administrative and clinical content in accordance with data quality standards
- Reporting incidents and inaccuracy

Knowledge and Skills Framework dimensions (for staff covered by Agenda for Change)

Core 1: Communication

Core 2: Personal and People Development (especially at 'Advanced' level of competence)

Core 3: Health, safety and security

Core 4: Service Improvement (especially at 'Advanced' level of competence)

Core 5: Quality

IK1: Information processing

IK3: Knowledge and information resources

Competencies	Foundation	Intermediate 1	Intermediate 2	Advanced
R.1.1 Verify recorded data	Ensure any contact with patients is based on a process of positive identification.	Positively identify patients at each contact or intervention. Routinely update records.	Near misses, non-matches and exceptions are reported.	Establish protocols for patient identification. Encourage verification. Monitor verification practice.
R.1.2 Record personal information accurately and consistently	Understand the need for accurate, complete and up-to-date records.	Apply relevant record keeping standards for recording all personal information (manual or electronic). Identify inaccuracies, inconsistencies, and omissions and report the need for corrective action.	Understand the principles and process for auditing recorded information. Understand the relationship between administrative and clinical record audit. Monitor compliance with record keeping standards, recommending corrective action.	Lead programme of audit and/or data quality assurance. Develop local strategies to support record-keeping.
R.1.3 Ensure that information recorded is relevant and not excessive	Understand the significance of gathering relevant, adequate information that is not excessive for its purpose.	Understand Caldicott and Data Protection principles in relation to the relevance, quantity and quality of information.	Develop processes to capture relevant information in accordance with Caldicott and Data Protection principles.	Lead programme of audit and/or data quality assurance. Develop local strategies to support record-keeping.

Domain 4: Using information effectively and ethically

Learning outcome U.1:

Use personal data securely, ethically and effectively.

Core content

- Duty of confidence
- Right patient, right record, right place, right time
- Use of records for the delivery of healthcare
- Secondary uses (research, disease registers, audit, clinical trials, statistical monitoring)
- Professional codes of ethics and NHSScotland Code of Confidentiality
- Understanding consent

Knowledge and Skills Framework dimensions (for staff covered by Agenda for Change)

Core 1: Communication

Core 2: Personal and People Development
(especially at 'Advanced' level of competence)

Core 3: Health, safety and security

Core 4: Service Improvement (especially at 'Intermediate 2'
and 'Advanced' levels of competence)

IK1: Information processing

IK2: Information collection and analysis

Competencies	Foundation	Intermediate 1	Intermediate 2	Advanced
U.1.1 Use patient related data to support the delivery and management of direct and indirect healthcare	Understand ethical/professional codes of practice relating to use of information.	Use records management policies and procedures to ensure: <ul style="list-style-type: none"> • timely availability of records/ data; • information is complete and up-to-date; • information is available to those that need it; • information is protected; • information is used within limits of obtained consent. 	Develop policies and procedures to support effective use of information.	Lead programme of audit and/or data quality assurance. Develop local strategies to support the effective and appropriate use of information.
U.1.2 Use information for secondary purposes	Understand the circumstances in which data is/may be used for secondary purposes. Be aware of sources of advice in relation to secondary use of data.		Maintain individuals' rights to confidentiality by ensuring compliance with national and local policy and guidance, including seeking approval of Caldicott Guardian if applicable.	Develop local strategies to support the effective and appropriate use of information for secondary purposes.

Domain 5: Sharing information appropriately and lawfully

Learning outcome S.1:

Understand the conditions under which personal data can, should and must be shared.

Core content

- Information sharing protocols (internal and external)
- Joint working (Managed Clinical Networks, Regional Services, Inter-agency)
- Statutory obligations (child protection, vulnerable adults, public health, law enforcement)
- Secondary purposes
- Bodies with statutory investigative powers (e.g. Procurator Fiscal, General Medical Council, Scottish Public Services Ombudsman)
- Court Orders*
- Solicitors and other legal representatives*
- Subject Access (Data Protection Act 1998/Access to Health Records Act 1990)*
- Human Fertilisation and Embryology Authority and other similar bodies

Knowledge and Skills Framework dimensions (for staff covered by Agenda for Change)

Core 1: Communication

Core 3: Health, safety and security

Core 4: Service Improvement
(especially at 'Advanced' level of competence)

IK1: Information processing

IK2: Information collection and analysis

Competencies	Foundation	Intermediate 1	Intermediate 2	Advanced
S.1.1 Identify circumstances when personal data can, should and must be shared	Understand ethical/professional codes of practice relating to use of information.	Understand the circumstances under which data can, should and must be shared, including relevant standards and procedures.	Provide advice and guidance relating to the circumstances under which data can, should and must be shared.	Lead development of policies for information sharing in accordance with national guidance/relevant legislation.

* Indicates circumstances in which personal data must be shared. In the case of 'Solicitors and other legal representatives,' healthcare organisations are obliged to share information only with patients' representatives and where consent has been given.

Learning outcome S.2:

Understand the duties of public sector healthcare organisations for compliance with the Freedom of Information (Scotland) Act 2002.

Core content

- Types of information request
- Processing information requests
- Relationship between Freedom of Information (Scotland) Act 2002 (FOISA) and Data Protection Act 1998
- Gathering of information
- Publication scheme
- Formulation of response
- Risks of non-response
- Application of exemptions
- Time limits for responding to requests

Knowledge and Skills Framework dimensions
(for staff covered by Agenda for Change)

Core 1: Communication

Core 4: Service Improvement
(especially at 'Advanced' level of competence)

IK1: Information processing

IK2: Information collection and analysis

Competencies	Foundation	Intermediate 1	Intermediate 2	Advanced
<p>S.2.1 Respond timeously and effectively to requests for information</p>	<p>Understanding of local FOISA arrangements/ procedures including who to contact.</p>	<p>Be able to interpret a request and compile a draft response.</p> <p>Be able to fully respond if no contentious issues – business as usual.</p> <p>Understand escalation procedure for contentious issues.</p>	<p>Be able to assess responses in line with FOISA exemptions.</p> <p>Be able to deal with escalated issues.</p> <p>Understand the role of the Information Commissioner and wider impact of FOISA on the organisation.</p>	<p>Develop local strategies to support the effective and appropriate management of FOISA.</p>



3 How? Analysing Training Needs and Monitoring Quality and Outcomes

3.1 Education and training needs

While local, area, regional and national² policies will always be important drivers of education and training, the needs of staff as they perceive them will also have a significant impact on the education and training activity developed at local level within NHSScotland.

Conducting an education and training needs analysis (ETNA)

Conducting a formal education and training needs analysis (ETNA) in information governance may be of benefit to NHS Boards and contractor organisations, and they are encouraged to consider whether this would be appropriate. Higher and further education institutions may be able to offer advice and support on taking this forward.

New legislation, policies and guidance relating to information governance should be reflected in the education and training needs analysis as they appear, particularly those that have core education and training implications.

The key elements of conducting a typical ETNA are set out in Appendix 3. NHS Boards and other organisations may wish to follow the process set out there, but it should be emphasised that there are other equally effective models of conducting an ETNA that may be pursued. Such approaches include the analysis of Knowledge and Skills Framework outlines (where relevant) and Personal Development Plans to produce organisational learning/workforce development plans.

Options in keeping up-to-date

Individual healthcare workers are jointly responsible with their employers for ensuring that skills, knowledge and competence remain up-to-date and appropriate for their work. Healthcare workers are accountable for their performance to service users, their employer and, where appropriate, their professional regulatory body. Managers have a particular responsibility and opportunity to create a culture in which learning is valued and diverse education and training methods are recognised and used.

Clearly, all learning activity does not need to be 'course' based. There are many ways in which individual healthcare workers can update their knowledge and skills in relation to information governance – accessing journals, online sources, libraries and open learning centres, meeting and discussing issues with colleagues, participating in in-service training activities, attending professional events and learning experientially through day-to-day work. Opportunities for flexible learning should be actively encouraged, including workplace learning, e-learning and 'shadowing' opportunities. In addition, the *National Standards for Information Governance* (see Appendix 2) act as benchmarks against which staff can assess their current performance and education and training needs.

A number of organisations and resources have been introduced in recent years to support healthcare workers in keeping up-to-date with current knowledge and developing their practice in a range of subjects through the application of reliable research evidence. These include the NHSScotland e-Library, which has developed a specialist portal in information governance³ and is accessible to all NHS staff.

All the communication mechanisms at NHS organisations' disposal, including meetings, newsletters, notice boards, e-mail and the intranet, should be used to increase staff awareness of education and training opportunities.

Personal development planning and education and training needs

Personal development planning (PDP) is one of the means through which staff in NHSScotland can reflect on their education and training needs with their line managers and supervisors and also focus on organisational objectives. A significant part of the PDP process focuses on individuals' perceptions of their own needs and how they relate to team, local, area, regional and national needs and priorities.

All NHSScotland staff should have opportunities to address education and training in information governance through personal development planning based on the principles of fairness, openness and transparency. They should also have opportunities for structured reflection to enable them to identify strengths and weakness in their performance and knowledge base.

The introduction of the Knowledge and Skills Framework (KSF) in April 2005 (see Appendix 4) significantly supports personal development planning and provides a framework for career development and review for all NHS staff groups except doctors and dentists.

External courses and training programmes

Learning is about much more than studying courses in higher and further education institutions. The workplace, for instance, is becoming increasingly recognised as a core setting in which learning takes place. There will be occasions, however, where the learning requirements of identified members of staff will indicate a need to undertake courses and training programmes relevant to information governance which lead to further or higher education awards. Support for staff to access these programmes should be made available by NHS organisations and other healthcare service providers according to explicit criteria based on a range of factors, including identified local and service needs/priorities, level of relevance to the applicant's current post and/or future career, and budget allocations for that year.

Access to relevant non-accredited courses, seminars or conferences may also be supported through local training budgets.

Listening to service users and carers

NHSScotland has a positive focus on receiving and responding to service users' and carers' comments and suggestions. Many such contributions will indicate important staff information governance training needs that can subsequently be addressed at local level. Formal surveys of service users' and carers' views will also contribute to determining education and training needs.

The education and training needs of staff who have responsibility for responding to service users' and carers' comments and suggestions should also be addressed by NHS organisations on an ongoing basis.

3.2 Monitoring quality and outcomes

Selectivity about the kinds of information governance-related education and training activities provided or facilitated is essential. Factors that should be taken into account in relation to all potential education and training activities include available resources and service, team and personal needs, as well as the following:

- What are the potential benefits to service users/carers, staff and services of offering or facilitating the education and training activity for staff?
- What type of education and training activity is appropriate for the subject, and what is its duration, location and frequency?
- Should participants' learning be assessed?
- Is the learning activity and assessment quality assured?
- For which staff would the activity be most appropriate?
- How should the activity be evaluated?
- What kind of resources will be required over the short, medium and long terms as a result of the activity?
- How readily can staff be released from regular duties to take part in the activity?
- What are the financial and other resource implications of running the activity?
- Is the activity more cost-effective if arranged locally or collectively?
- What level is required of the activity?
- How does the activity relate to the learning outcomes specified in the information governance competency frameworks?

The aim of monitoring quality and outcomes is to make the best use of resources to ensure maximum effectiveness. Education and training activity should therefore be linked with local and national objectives and be quality assured and evaluated. Central to this activity will be compliance with the expectations set out in NHS Health Department Letter (2006) 36 (Education and Policy Statement for NHSScotland), which states that the Scottish Executive anticipates that those committing expenditure on education and training shall ensure that, where possible, commissioned activity:

- is service user/person focused, evidence based and risk assessed, and that decisions to target resources are open and transparent;
- focuses on capabilities (competencies, skills, knowledge, behaviours, attitudes and values), not professions;
- complies with legislation and existing policy frameworks, including the Partnership Information Network (PIN) policy and practice guidelines on training;
- recognises and accredits prior learning where appropriate;
- promotes flexible learning pathways where appropriate;
- encourages development and training that supports inter-disciplinary working and learning and is delivered in ways that promote multi-disciplinary learning and working;
- has its safety and effectiveness confirmed through educational governance;
- equips all staff to deal confidently and sensitively with the multiple identities of public, service users and fellow staff;
- is underpinned by a statement outlining the mutual expectations of employers and employees.

Education and training activity evaluations

In complying with the Scottish Government's expectations, NHS organisations should strive to ensure that:

- each education and training activity will have defined learning outcomes, where appropriate;
- participants will be asked for their views on issues such as: appropriateness of the activity to their needs and expectations; process and content of the activity; quality of delivery; potential impact of the activity on services; further education/training/activity required;
- the effectiveness of activities for individual staff will be assessed through personal development planning and review processes and team, service, local and area learning plans review, to ensure the activities' continuing fitness for purpose;
- the public's evaluation of services will be monitored, thereby assessing the appropriateness of education and training activities in meeting their needs; comments and complaints received will also be monitored for indications of how education and training activity should develop;
- evaluations of learning will be explored and used to affect improvement;
- options in conducting cost-benefit analyses of education and training activity will be explored.

Recording education and training activity

Education and training activity that is recorded and accredited is transferable between organisations/systems. Some professional groups have a statutory requirement to record their ongoing education and training activity, but not all. It is recommended that a centralised, standardised, secure electronic system for recording healthcare workers' participation in information governance-related education and training activities should be developed locally within NHS organisations and at area level to complement individual and local team records.

² In this planning document: 'local' equates to community health/healthcare partnership level; 'area' with NHS Boards; 'regional' with West, North or South East Scotland; and 'national' with the Scottish Government.

³ www.elib.scot.nhs.uk/portal/ig/pages/index.aspx?referer=AAS&un=nouusername



4

Who? Education and Training for All, and Developing Partnerships

4.1 Education and training for all...

The overall objective is to establish a framework of education initiatives to support staff providing NHS services in the safe and effective management of information, including service user-sensitive data. The framework follows a stepped approach, with the level of education and training offered being commensurate with the professional background, existing skills and role responsibilities of staff members. A range of education activities relevant to each level of the framework should be designed and delivered, and set out in NHS organisations' local action plans.

Foundation training for all

A large proportion of NHS boards currently provide training to staff on the principles and practice of confidentiality and data protection. While such training is undoubtedly useful, the Competency Framework may assist NHSScotland and partner organisations to evaluate existing provision and, in some cases, make adjustments. It is also intended to help others to design or commission new foundation training in this area by setting out learning outcomes and competencies.

Training for statutory obligations

Statutory training activities are those required by law. *Mandatory* training activities are those the government, NHSScotland and/or particular NHS organisations decree are compulsory for all staff (or groups of staff).

At present, there are no specific references to statutory training relating to information governance. Principle 7 of the Data Protection Act 1998, however, requires that *'appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data'*. The UK information Commissioner has indicated that these "organisational measures" include staff training.

The NHS Code of Practice on Protecting Patient Confidentiality sets out the expectations of the Scottish Government Health Directorate relating to staff responsibilities. The Code indicates that all staff *'must be aware of where to seek support, further information and training, and be able to demonstrate that they are making every reasonable effort to comply with the relevant standards'*.

It also states that *'failure to comply with the Code of Practice is a disciplinary offence'*. At organisational level, NHS Boards are accountable for their performance against the *Information Governance Standards*.

NHS organisations should aim for a consistent and inclusive approach to statutory training in relation to information governance. This should be based on an effective assessment and recording system which will identify development needs, and which affords access to relevant training.

Local action plans should define the statutory training initiatives required for specific groups of staff and set out specific recall systems for re-training, where appropriate. This process can be facilitated by an education and training needs analysis (ETNA) referred to in Chapter 3, which would provide guidance for managers.

Flexible means of delivering statutory training using, for example, video, online sources, CDs and DVDs and video-conferencing facilities should be explored, and opportunities for joint statutory training activities with other healthcare organisations and external agencies should also be reviewed. Topic areas for statutory training change over time, and services should remain responsive to new needs as they arise.

For many healthcare professions regulated by a statutory body, information governance requirements are specified in standards and codes of ethics. Bodies such as the General Medical Council, Nursing and Midwifery Council and Royal Pharmaceutical Society of Great Britain publish clear guidelines on themes such as service-user confidentiality, information sharing and record keeping. Training and development on information governance issues therefore demonstrates commitment to continuing professional development for these staff groups.

Intermediate education and training for many

Many NHSScotland staff are responsible for the effective and safe handling of service user-identifying information and other sensitive data as part of a wider clinical or support role. This information is collected, used and stored for a range of legitimate reasons, but its huge volume and complexity exposes service users, individual staff members and healthcare providers to considerable risk.

The provision of targeted education and training is consequently viewed as a way of managing this risk by ensuring that staff understand personal and organisational responsibilities and have the required skills and knowledge to handle information with confidence. The knowledge and skills required for competent information handling is specified in the KSF profile for each post covered by Agenda for Change.

Some professional groups have prior education in these areas of professional practice, acquired through pre- and post-registration training.

Advanced practice education and training for a few

All NHSScotland Boards and primary care organisations employ staff to provide specialist Information Governance services. In NHS Boards these include Data Protection Officers, Information Governance Managers, Records Managers, Freedom of Information Officers and others with responsibility for developing policy, monitoring practice, providing specialist advice and guidance, training others etc. Practice Managers also have a key role in the safe and effective management of sensitive data in General Practice. These individuals are a key resource for NHS Boards and Primary Care Organisations and it is therefore essential that their skills and knowledge are developed and maintained. The range of specialist education and training available to support high level information governance practice is increasing and currently includes the following:

- specialist professional conferences in defined areas of Information Governance practice;
- postgraduate courses ranging from individual modules to full masters degrees (some of which are available in e-learning formats);
- specialist courses offered by law firms.

Further details about courses are available from the Information Governance Specialist e-Library. To support Information Governance Specialists in their training roles it is recommended that they contact local Organisation Development/Learning and Development managers to discuss their needs and available training and development. Staff based in Primary Care Organisations/Community Health Partnerships may be able to access such training through professional networks or local education providers.

4.2 Developing partnerships

Information Governance in NHSScotland: A *Competency Framework* is all about making the best use of resources to provide education and training opportunities that will help staff to deliver quality, effective services to service users and carers directly and indirectly. This can be achieved through the measures set out in the previous chapters, by sharing good practice and by tapping into the wealth of knowledge, skills and experience possessed by staff, particularly those with specialist expertise.

But while the talent throughout healthcare organisations is recognised and respected, links and partnerships built with a number of outside agencies are also greatly valued. These partnerships should be strengthened and improved to promote quality in, and widen access to, education and training opportunities not only for NHS staff, but also for the staff of other agencies and for members of the public. They include the following:

The Scottish Government Health Directorates

Provides the policy framework within which Health Boards and other healthcare organisations address their obligations for effective information governance.

NHS National Services Scotland

NHS National Services Scotland (NHS NSS) works at the very heart of the health service providing a diverse range of support services to ensure that frontline service-user care is delivered effectively across Scotland.

NHS Education for Scotland (NES)

NES has an important role in supporting education and training initiatives for all staff at local and regional level and in helping NHS Boards and individual organisations to build the quality frameworks within which local action plans can be taken forward.

NHS Quality Improvement Scotland (NHS QIS)

NHS QIS is responsible for publishing standards for information governance which are used to assess NHS Boards' effectiveness in this area of activity. NHS QIS conducts an annual assessment requiring NHS Boards to complete a self-assessment which is verified by a subsequent visiting process.

Skills for Health

Skills for Health works with employers and other stakeholders to ensure that those working in the public sector throughout the UK are equipped with the right skills to support the development and delivery of healthcare services. They are responsible for developing and disseminating National Occupational Standards (NOS) and National Workforce Competences (NWC) and a number of education and training programmes that support workforce development across the health sector.

Higher and further education institutions

Partnerships with higher and further education institutions should be further developed by working with them to:

- develop information governance-related curricula that ensure the courses they provide complement local and area service and policy drivers;
- develop multi-disciplinary, multi-sectoral education activities;
- develop new and innovative ways of delivering education to staff.

Professional experts

Where appropriate, professional experts within and outwith NHS Boards should be commissioned to provide education and training opportunities consistent with learning need, professional expertise, access and availability of resources.

NHSScotland Boards

Partnerships with a variety of groups and organisations should be developed and strengthened with a view to improving the quality of education and training activity provided and facilitated. Of particular importance is the development opportunities presented by other NHS Boards, in partnership with relevant stakeholders such as service users, carers and support agencies where appropriate.

NHSScotland Information Governance Network

A network of specialist information governance practitioners (e.g. Data Protection Officers, Freedom of Information Officers, IT Security Officers) co-ordinated by the NHS National Services Scotland Information Governance Team. The purposes of the network include professional updating, consultation on related developments and discussion of common issues.

UK Caldicott Guardian Council

The UK Caldicott Guardian Council is an elected body made up of Caldicott Guardians from health and social care. The objects of the Council include promotion of the role, exchanging information, representing members' views in policy matters, arranging learning opportunities and acting as a resource centre.

Scottish Consumer Council

The Scottish Consumer Council is an independent policy organisation with a foundation in consumer research. It has a special focus on the needs of disadvantaged consumers across a wide range of products and services. Its Health Rights Information Scotland project has a particular focus on confidentiality, consent, information sharing and record keeping.

Professional regulatory bodies and Royal Colleges

Workforce education initiatives must comply with professional regulatory requirements from professional bodies and Royal Colleges. Reviews of post-registration education are regularly carried out by such bodies.

Professional organisations and trade unions

NHSScotland already has strong links with professional organisations and trade unions across a range of work-related issues, and it aims to increase the mutual benefits to be gained from joint working on education and training activity. Most healthcare-related professional and statutory bodies publish professional standards and codes of ethics with a strong emphasis on information governance themes.

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Appendices

Appendix 1: Editorial Group

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Appendix 2: Policy drivers

This appendix focuses on specific workforce development and information governance initiatives that have an immediate impact on this planning tool.

Key policies on lifelong learning, continuing professional development and workforce development

Knowledge and Skills Framework (NHS KSF)

The KSF defines and describes the knowledge and skills that NHS staff need for competent performance in their work. One of the purposes of the KSF is to support the effective learning and development of individuals and teams, ensuring they are supported to learn and are given the resources to do so. Each member of NHSScotland staff will have an agreed KSF profile and a Personal Development Plan based on a review of development needs.

The KSF comprises six core dimensions (see Appendix 4) and 25 more specialist dimensions, which each have four levels. KSF profiles are constructed for each post, reflecting required skills and knowledge in the core dimensions and any relevant specialist dimensions. A number of these dimensions (such as Core 3, *Health, safety and security*, and IK2, *Information collection and analysis*) relate directly to information governance themes. The KSF consequently emphasises organisational and individual needs for training and development in this aspect of service provision.

Better Health, Better Care Action Plan (The Scottish Government Health Directorate) (2007)

The action plan takes up a number of themes addressed in *Delivering for Health* (SEHD, 2005). Although there are no direct references to information governance, several of the options outlined in the document have implications for data protection, confidentiality and training and development as follows:

‘Develop a new strategy for eHealth by Spring 2008, that provides a shared vision for staff and patients of how we can make the most of new technology in improving patient care’.

‘Continue to invest in staff skills, training and competencies to drive all aspects of service improvement’.

Education and Training Policy Statement for NHSScotland (SEHD HDL [2006] 36)

The HDL is underpinned by a statement outlining the mutual expectations of employers and employees. It states that employees can expect:

- to work in an environment that supports learning, education and training;
- to be appropriately inducted to their role and the organisation;
- to receive ongoing development;
- to have access to supervision and coaching to supplement formal learning;
- to be supported in seeking accredited learning as appropriate;
- their employers to open up access to learning for all groups of staff;
- that some participation may involve release from work;
- that increasingly participation will move towards e-learning and blended learning.

It goes on to state that **employers can expect employees to:**

- take ownership of their own personal and professional development;
- take advantage of learning opportunities;
- maintain records for their Personal Development Plan;
- support colleagues' learning, education and training.

Staff Governance Standard, 2002 (SEHD, 2002a)

Under this standard, all staff in NHSScotland are entitled to be:

- well-informed;
- appropriately trained;
- involved in decisions which affect them;
- treated fairly and consistently;
- provided with an improved and safe working environment.

NHSScotland organisations fully recognise the importance of these standards to staff. The Workforce Education Planning Tool addresses those parts of the standard which relate to education and training specifically in the area of information governance.

Ongoing Learning and Development in NHSScotland: Planning Manual, 2003 (SEHD, 2003a)

The manual sets out the broad principles that govern learning and development in NHSScotland, focusing on many of the issues set out in this Workforce Education Planning document.

Working for Health, 2002 (SEHD, 2002b)

The workforce development plan for NHSScotland, Working for Health, was published in 2002. It presented the national, regional and local structures for integrated workforce planning throughout the service, which have a significant impact on education and training activity within all NHSScotland provider organisations.

Delivering for Health (SEHD, 2005) provides a route map for the new NHS in Scotland, focusing on key issues related to bringing general services closer to service users, focusing highly-specialised services in key areas, and meeting the challenges of an ageing population with progressively greater health and social care needs. Delivering for Health also sets out a strategy for taking forward the eHealth culture in NHSScotland, centred on the introduction of an Electronic Health Record. Developments in eHealth and information and communications technology will have important implications for education and training in relation to information governance.

Key legislation, policy and initiatives relating to information governance

Patient Focus and Public Involvement (PFPI), 2001 (SEHD, 2001b)

As the title suggests, this document paves the way for greater service user and public involvement in designing, delivering and evaluating services. It calls for a culture change in the way NHSScotland interacts with the people it serves and the way services are delivered. Services cannot simply do things to people, the document states; a modern healthcare service must do things with the people it serves. Service user and public involvement is a core principle underlying Workforce Education Planning, and ensuring appropriate involvement of service users at all stages of the implementation process must be a key objective. The PFPI policy was given legal force by the National Health Service Reform (Scotland) Act 2004, which requires NHS boards to involve and consult service users in planning and review.

Strategy for Information, 2001 (SEHD, 2001d)

Information management and technology (IM&T) plays an increasingly important role in the planning, delivery and evaluation of modern health services. This national strategic programme for IM&T in NHSScotland sets out a vision of how IM&T can be developed to enhance service user care and information provision within the service. Training in IM&T skills is a core component of education and training activity for staff.

Information Governance standards (NHS Quality Improvement Scotland, 2005)

All NHSScotland organisations are accountable for their performance against national standards for information governance published by NHS Quality Improvement Scotland (NHS QIS). These standards, which form part of a suite of Clinical Governance and Risk Management standards, are used by NHS QIS as part of a regular peer review process leading to published reports. Of key significance in this context, Standard 1.0004 states:

“The Board’s Information Governance plan includes appropriate training for all staff on the elements of Information Governance (e.g. confidentiality, data protection, security and professional standards in information collection and processing).”

Appendix 3: Education and training needs analysis

Education and training needs analysis

The aim of education and training needs analysis is to identify the education and training needs of the organisation and individuals through a process of consultation with staff, service users and others. This creates the opportunity to design an ongoing education and training programme that is systematic, affordable and appropriate to the needs of service users, the organisation and the workforce.

Carrying out this kind of exercise requires fairly sophisticated skills and significant time commitment. Specialist expertise may therefore be needed to support this work. The exercise will nevertheless provide important information from the front-line of care services on the education and training issues staff and service users most value.

There are different ways to conduct an education and training needs analysis (ETNA) but most include six key elements.

1. Consultation

Managers, supervisors, healthcare workers, service users and carers will need to feel their views on the design, delivery and evaluation of CPD activity have been properly canvassed and taken into account. Consultation can take many forms – focus groups, questionnaires and face-to-face interviews, for example. But it is wise not to over-estimate how wide the consultation process can be; smaller units may be able to seek views from all staff and some service users, but representative samples may have to be identified for larger organisations.

2. Information analysis

Reliable and valid means of sifting information from consultations are needed to arrive at logical conclusions for action. Some data collection tools (such as ‘tick box’ questionnaires) will require only arithmetical skills, but more complex methods (such as semi-structured interviews) will require sophisticated analysis. There are well-tested qualitative data analysis software packages available to allow analysis of interview and questionnaire information. Examples include Formic (www.formic.co.uk), Q-Nudist and Atlas/ti (www.socresonline.org.uk/3/3/4.html). Other relevant information is collected through KSF outlines and personal development plans.

3. Feeding back to interested parties

When the information has been gathered and analysed, it is important that conclusions are fed back to the participants to check for accuracy and validity. All of the organisation's communication systems – staff meetings, educational seminars, newsletters, memos, intranet and team briefings, for instance – can be used for this purpose. Allowance should also be made for time for people to respond to ideas.

4. Setting an action plan

Having achieved general agreement that the analysis has identified education and training needs that will help to improve services and assist the organisation to meet its goals, a course of action can be planned. Key people within and outwith the organisation can be identified to assist. Managers, supervisors, workforce representatives, trade union officials, health and safety officials, human resources staff and finance managers, service users, carers, education institutions and accrediting bodies are examples of the kinds of expertise that can be accessed to inform the process.

5. Dissemination and consultation

The action plan will be more suited to the needs of the organisation, the workforce and service users if it has their endorsement. A further period of consultation, in which the action plan is disseminated to representative individuals for analysis and comment, will help to ensure that the final version of the plan is truly fit for purpose.

6. Delivery and evaluation

The plan can then be put into action and the resultant CPD programme (and individual activities within it) evaluated. Further activity to match education needs to service-user and organisation needs can be launched periodically, beginning with the process of consultation.

Appendix 4: Agenda for Change

Agenda for Change, the NHS pay and conditions framework, was introduced to the NHS across the UK on 1 December 2004. It represents the biggest review of pay and conditions for all staff (excluding doctors and dentists) since the NHS' inception. The system introduces the Knowledge and Skills Framework (KSF) as the foundation for describing and redesigning future job roles. The focus within the KSF is very much on individual posts and the required knowledge and skills. KSF profiles for each post provide the basis of Personal Development Plans for individual staff members.

The Workforce Education Development Strategy supports Agenda for Change and the KSF outlines as they relate to information governance themes. Together, KSF post outlines⁴ and pay gateways⁵, the annual review and personal development planning mechanisms, and the Workforce Education Development Strategy provide the foundation for professional development for all affected staff.

Agenda for Change and the KSF are based on six 'core dimensions' relevant to all posts and 24 dimensions specific to particular job roles. The following dimensions are relevant to information governance:

- Core Dimension 1: Communication
- Core Dimension 2: Personal and people development
- Core Dimension 3: Health, safety and security
- Core Dimension 4: Service Improvement
- Core Dimension 5: Quality
- Core Dimension 6: Equality, diversity and rights
- Specific Dimension EF1: Systems, vehicles and equipment
- Specific Dimension IK1: Information processing
- Specific Dimension IK2: Information collection and analysis
- Specific Dimension IK3: Knowledge and information resources
- Specific Dimension G1: Learning and development
- Specific Dimension G2: Development and innovation

⁴ The KSF post outlines describe the skills and knowledge practitioners require to undertake defined roles. They help practitioners identify development needs and provide guidance on appropriate pay bands for individual jobs.

⁵ Nine pay bands are described in the pay gateways, each with three parts consisting of a series of progressive steps.

Appendix 5: Scottish Credit and Qualifications Framework

The call for the development of the SCQF came in 1998's Government Green Paper on lifelong learning, Opportunity Scotland. It set out a ten-point action plan that included the implementation of the SCQF as part of a lifelong learning strategy for Scotland. The development of the SCQF is a joint venture involving:

- the Scottish Executive;
- the Quality Assurance Agency for Higher Education;
- Universities Scotland;
- the Scottish Qualifications Authority.

The SCQF is based on a 12-level scale that reflects the current Scottish system of education and training and has been devised to:

- provide a national framework for recognising all learning, regardless of whether it is linked to a formal qualification or not, provided it has (or can be) subject to valid, reliable and quality-assured assessment;
- clarify relationships between different Scottish qualifications and between Scottish qualifications and those of the rest of the UK, Europe and beyond;
- enhance flexibility by building more credit links between different kinds of qualifications;
- provide a common means of describing and recording all individual learning achievements.

The framework levels are shown below, and the framework can be accessed at: www.scqf.com

SCQF level	SQA national units, courses and group awards	Higher education	Scottish Vocational Qualifications
12		Doctorates	
11		Masters	SVQ 5
10		Honours degree/Graduate Diploma/Certificate	
9		Ordinary degree/ Graduate Diploma/Certificate	
8		Higher National Diploma Diploma in Higher Education	SVQ 4
7	Advanced Higher	Higher National Certificate Certificate in Higher Education	
6	Higher		SVQ 3
5	Intermediate 2 Credit Standard Grade		SVQ 2
4	Intermediate 2 Credit Standard Grade	National Certificates	SVQ 1
3	Access 3 Foundation Standard Grade		
2	Access 2		
1	Access 1		

Appendix 6: Glossary

Anonymised data

Data from which in practice the patient cannot be identified by the recipient of the information, and where the theoretical probability of the patient's identity being discovered is extremely small.

Consent

Directions expressed by the patient indicating the terms on which their personal information may be disclosed, and what and where data may not be disclosed. Consent for disclosure may be expressed orally, in writing or implied where the patient has opportunities to withhold consent but declines to do so.

Data Controller

Person(s) who determines the purposes for which and manner in which any personal data may be processed.

Data disclosure

Any access to personal information given to an individual, whether it be access to a data flow or stored records, or within an organisation or across organisation boundaries.

Data processor

Person(s) (other than an employee of the Data Controller) who processes (e.g. obtains, holds, records or analyses) data on behalf of the Data Controller.

Data subject

Individual who is the subject of personal data, i.e. a living individual who can be identified from data, including data which relate to expressions of opinion

Health records management

The process of managing records throughout their life cycle, from their creation, usage, maintenance and storage to their management ultimate destruction or permanent preservation.

Patient identifiable

Data sets which may include some or all of the 'Personal data' is the term used in the Data Protection Act 1998. The Act information treats much health information as 'Sensitive Personal Data' – with additional protections. Key identifiable information includes:

- patient's name, address, full postcode, date of birth;
- pictures, photographs, videos, audio-tapes or other images of patients;
- NHS number and local patient identifiable codes;
- anything else that may be used to identify a patient directly or indirectly. For example, rare diseases, drug treatments or statistical analyses which have very small numbers within a small population may allow individuals to be identified.

Personal data

Information relating to an identifiable living individual.

Public interest

Exceptional circumstances that justify overruling the right of an individual to confidentiality in order to serve a broader societal interest. Decisions about the public interest are complex and must take account of both the potential harm that disclosure may cause and the interest of society in the continued provision of confidential health services.

Records

'Information created, received, and maintained as evidence and information by an organization or person, in pursuance of legal obligations or in the transaction of business'. (International Standards Organisation)

Sensitive data

Any patient identifiable information, plus personal data relating to employees, contractors or other third party. Commercially sensitive data exempt from publication under the Freedom of Information (Scotland) Act 2002 may also be considered sensitive data.

Workforce Education Planning Template

Issue	Action required	Responsibility (staff/group)	Timescale
General			
Identify workforce education and training needs in relation to Information Governance	<ul style="list-style-type: none"> • Consultation with staff and service users through surveys etc. • Analyse consultation data to produce a workforce 'profile'. • Feedback to interested parties to check validity etc. • Develop an education and training action plan. • Dissemination and consultation. • Delivery and evaluation. 		
Ensure action plan links with other organisational initiatives	Review action plan in relation to: <ul style="list-style-type: none"> • Healthcare Governance agenda; • Board Strategic Plan; • Human Resources Strategy; • Organisational Development/Learning and Development Strategy; • National and local policy drivers. 		
Prepare a prospectus of current organisational CPD provision relevant to information governance themes	Review existing provision in relation to identified needs.		
Undertake an inventory of training and development resources	Review: <ul style="list-style-type: none"> • classroom provision; • E-learning access; • learning centres; • personnel available to provide training; • IT/library facilities. 		
Examine capacity systems	Review systems for: <ul style="list-style-type: none"> • identifying education and training needs; • costing provision and maintaining budgets. 		
Monitoring workforce development	Monitor workforce development to ensure: <ul style="list-style-type: none"> • personal development plans are updated; • widespread participation in relevant participation; • intended learning outcomes are achieved. 		
Evaluate education and training	Evaluate: <ul style="list-style-type: none"> • staff satisfaction with training provided; • effects on service provision; • return on investment. 		
Plan revision of education and training 'portfolio' and quality improvements	As appropriate, use evaluation data to: <ul style="list-style-type: none"> • discontinue provision; • commission/design new provision; • revise existing education and training. 		

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