NHS Education for Scotland Board

Board Paper Summary

1. **Title of Paper**
Caldicott Guardian: Annual Report to the Board 2016

2. **Author(s) of Paper**
Stewart Irvine, Caldicott Guardian.
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3. **Purpose of Paper**
To provide the Board with assurance around NES compliance with the Caldicott Principles.

4. **Key Issues**
(i) In general the risks of inappropriate disclosure of PII in all the workstreams within NES are considered to be low and the level of attention to the Caldicott principles is generally high. There remains a risk in Dentistry, Medicine and Pharmacy around the use of e-portfolios and video consultations. Postgraduate Deans, tutors and advisers continue to maintain high awareness of the risk, ensure “at risk” groups are kept aware of their obligations, and employ new technology wherever possible to minimise the risk.

(ii) There is an annual Information Security/Information Governance improvement plan, which covers Caldicott issues. This is reported separately, although it would be possible to align Information Security/Information Governance and Caldicott annual reports in future, if the Board would find that helpful.

5. **Recommendation(s) for Decision**
The Board is invited to note the content of the report.
NES Review of Compliance with Caldicott Requirements, 2015-2016

Summary

“The Caldicott Guardian plays a key operational role in ensuring that NHSS and partner organisations satisfy the highest practical standards for handling patient identifiable information.”

NHSScotland Caldicott Guardian’s Principles into Practice

Caldicott Guardians are responsible for agreeing and reviewing the governance and use of (Patient Identifiable Information) PII by the staff of their organisation or those shared with other NHS Scotland organisations.

Access to PII is not required for core NES business and our standard strategy is to avoid PII being received, accessed or processed by NES staff or contractors in their NES capacities.

There are some areas where there is a risk of inadvertent inclusion of PII on NES systems and the risk has to be mitigated, or where there is an exceptional business requirement where some processing of PII by NES is necessary and this must be managed appropriately.

The format of the report has been altered this year to reduce the volume of text, remove duplication of common issues across disciplines and to emphasise areas where there is potential or actual NES exposure to PII.

This report provides an overview of mitigation and controls in these cases, key areas being:

- The risk of accidental inclusion of PII in ePortfolio, SEA, practice logs or similar documents.
- The management of video or audio recordings of patient consultations in General Medical Practice, Pharmacy and Psychology.
- The visibility of PII to the Family Nursing Partnership in their capacity of providing national support

Conclusion

In general the risks of inappropriate disclosure of PII in all the workstreams within NES are considered to be low and the level of attention to the Caldicott principles is generally high. There remains a risk in Dentistry, Medicine and Pharmacy around the use of e-portfolios and video consultations. Postgraduate Deans, tutors and advisers continue to maintain high awareness of the risk, ensure “at risk” groups are kept aware of their obligations, and employ new technology wherever possible to minimise the risk.
<table>
<thead>
<tr>
<th>Function/activity</th>
<th>NES use of, or exposure to, patient data</th>
<th>Controls</th>
<th>Planned actions 2016-17</th>
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<tbody>
<tr>
<td>All disciplines – ePortfolios and Significant Event Analyses</td>
<td>Risk of inadvertent inclusion of PII within ePortfolio content, SEAs, placement logs, case studies or similar.</td>
<td>Trainees and practitioners made aware of the requirement to exclude PII in ePortfolio content, SEAs, placement logs, case studies or similar products for reflective practice. Trainers/mentors raise incidents of inappropriate PII use with trainee.</td>
<td>Conduct audit of sample ePortfolio content for incidents of PII inclusion, Oct 2016. Psychology requirement to track trainee progress in relation to cases without presenting a risk of identification of clients: Develop process &amp; guidance. (May-Aug 2016).</td>
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<td>All disciplines – Sessional and seconded clinical staff in NES</td>
<td>Risk of inadvertent inclusion of patient records/data on NES systems.</td>
<td>Management and use of patient data is governed by the Caldicott and Information Governance controls of the relevant Health Board or Practice. Clinicians are subject to professional ethical codes including relevant patient confidentiality</td>
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<td>All disciplines – Trainees in clinical environments</td>
<td>None.</td>
<td>Management and use of patient data is governed by the Caldicott and Information Governance controls of the relevant Health Board or Practice. Trainees in all disciplines are required to complete appropriate IG training by employing/hosting Board. (Dental) A written MoU between NES and dental trainees (VDP and VDHT) explicitly covers Caldicott guidelines and is signed by all trainees. The VT Trainer-trainee contract covers the trainee’s responsibility under Caldicott and is signed by both trainer and trainee.</td>
<td>Engagement with NHSScotland Information Governance leads to agree common standards and requirements for mandatory IG learning for trainees on placement. (Sep 2016)</td>
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<td>Medicine - General Practice</td>
<td>Consultation peer review, with the educational emphasis on patient centered consulting, is an</td>
<td>Following GMC guidance all patients who have their consultations recorded are informed and</td>
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<td>Training - Consultation peer review</td>
<td>Important part of teaching both for doctors in training and established doctors returning to NHS practice. It has been incorporated into both Scottish Prospective Educational Supervisor Course (SPESC) and is a component of the NES Returners to General Practice Scheme. Consultations are viewed in the surgery, but occasionally these files are taken to district training sessions or calibration meetings elsewhere. GP returners are required to submit 4 consultations to the National GP Peer Review process.</td>
<td>GPs use standard digital video recorders and transfer the information to their secure NHS computers for this purpose. The digital recording is then transferred to an encrypted memory stick. All GPs and GPSTs making digital files of their consultations are made aware that they are responsible for the security of these files. GP returners follow the same processes.</td>
<td>Continue to explore opportunities to reduce exposure to PII Explore potential for MIDIS to undertake regular random review of audit trail in FNP SIS to check staff have not opened client records Bespoke refresher training is scheduled for FNP NU staff in December 2016</td>
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<td>NMAHP - Family Nurse Partnership (FNP)</td>
<td>Three staff occupying specialist analytic roles in the FNP National Unit (FNP NU) have access to PII. This information is accessed via the FNP Scottish Information System (FNP SIS). FNP SIS is a specific instance of the MiDIS platform which is hosted by NHS Tayside. The system is accessed through a secure web-based portal on the SWAN network. The three staff build and edit data reports, while also undertaking system administration of the data entry side of the system: • Report build &amp; edit: Staff have access</td>
<td>FNP NU has an Information Sharing Protocol in place with Boards who are implementing FNP: Boards approve FNP NU staff to view PII relating to their clients. FNP data reports are accessed through a secure web portal. The system itself, housed at NHS Tayside, as the facility to store specific reports online without the need to download data to NES. During report development, it is often necessary to download Excel versions of reports to undertake analysis that cannot be performed using the portal’s own software client. Such files are stored in secure folders within NES Sharepoint which can only be accessed by aforementioned members of staff. Files are deleted when no longer required by the FNP NU. Once deleted, files remain available in the</td>
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<td>to a range of PII as FNP SIS pulls demographic data from the national CHI registry. The purpose of receiving PII is to monitor fidelity with the FNP licence agreement which exists between the Scottish Government and University of Colorado in Denver. Health Board reports are required by staff at the implementation sites to monitor the clinical implementation of the programme and it is necessary to include several patient identifiable fields on some reports (eg. Infant name, infant date of birth, client and infant CHI number).</td>
<td>recycle bin for 90 days then become unrecoverable. PII is shared only with the relevant health board with local teams viewing reports with data pertaining to their own Board only. Aggregated (non PII), national-level data is shared with the Scottish Government (and other bodies, e.g. the University of Colorado) on request. All requests for information (PII and non PII) are logged and subject to systematic review against governance parameters before responding. As part of the overarching governance for FNP NU this log is reviewed monthly to identify emerging trends/issues and risks. Most requests come from NHS Boards for information on their own data – asking for it to be provided in a more readable format. Transmission of PII is via email to either NHS domain email addresses or .gsx domain addresses (where FNP teams are embedded within local councils rather than Boards). All FNP NU staff undertake standard mandatory Information Governance training and this is captured in Essential Learning. Furthermore, FNP NU analytical staff who can access PII attend bespoke workshops with the Info Gov Manager. Where issues arise that are not covered by the protocols in place, there is direct contact with the IG Manager to seek advice in the first instance.</td>
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| **Pharmacy - Pharmacist consultations with patients** | Patient consultations are video recorded for review by pharmacist Independent Prescribers following training. This is an important part of teaching for pharmacists who are qualified prescribers with the educational emphasis on patient centered consulting.  

The number of submitted consultations is approximately 20-30 per annum.  

Caldicott requirements and Code of Conduct on Confidentiality are elements of the Pre-Registration Pharmacist Scheme (PRPS) Programme.  

In relation to the Hospital Vocational Training Scheme, students and tutors are advised that any submissions, paper or electronic, do not include PII. Caldicott requirements and Code of Conduct on Confidentiality will be formally covered in trainee and tutor training. | Recordings stored on an encrypted memory tablet, which is sent to any pharmacist wishing to submit. Tablet data then downloaded by NES staff to encrypted sticks. Encrypted sticks sent by registered post to Peer Reviewers.  

Patients sign a consent form (based on GMC guidance) pre and post consultation and are free to ask the pharmacist to delete their consultation at any time thereafter.  

PRPS Trainees are reminded that any material used in tutorials must have PII removed.  

NES Pharmacy has 3 members of staff who have responsibility within their job description for managing this service. All are very aware of Caldicott confidentiality and security.  

System for logging incidents of non-compliance to the encrypted procedure. No such incidents have been recorded. |  |
| **Psychology - Psychology of Parenting Project (PoPP).** | PII held on the PoPP database includes data on the children and families enrolled in the national programme. These data are required to assess impact and reach.  

Arrangements are in place between the Public Health and Intelligence business unit of NHS National Services Scotland (the former Information Services Division), and NES regarding storage and use of PoPP data held in the newly developed PoPP Database. The data are owned by NES, and the database has been built at NSS. | Direct access to the PII is via password protected role-based user accounts.  

Relevant staff are aware of their responsibilities to maintain confidentiality and have completed appropriate training.  

Caldicott Guardian and IG leads from both organisations have reviewed internal procedures for use, development and storage of the PoPP data, and were satisfied that internal protocols address the requirements of national guidance and policy, and that their operation is monitored. |  |