



# NHS Wales Information Security Policy

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Advisory Group Policy Sub Group

**Approved by:** Information Governance Management Advisory Group

**Approved by:** Wales Information Governance Board

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# 1. Introduction

This document is issued under the All Wales Information Governance Policy Framework and maintained by the NHS Wales Informatics Service (NWIS) on behalf of all NHS Wales organisations.

# 2. Purpose

The purpose of the Policy is to set out the responsibilities of NHS Wales organisations in relation to the security of the information they process. Processing broadly means collecting, using, disclosing, sharing, retaining or disposing of personal data or information.

These responsibilities include, but are not restricted to, ensuring that:

- All systems are properly assessed for security;
- The confidentiality, integrity, availability and suitability of information is maintained;
- All individuals as referenced within the scope of this policy are aware of their obligations.

This policy must be read in conjunction with relevant organisational procedures.

Information must only be shared where there is a defined purpose to do so. Nothing in this policy will restrict any organisation from sharing or disclosing any information provided they have an appropriate legal basis for doing so. Any information sharing which involves Personal Data or business sensitive information must be transferred securely.

# 3. Scope

This policy applies to the workforce of all NHS Wales organisations including staff, students, trainees, secondees, volunteers, contracted third parties and any persons undertaking duties on behalf of NHS Wales.

For the purpose of this policy 'NHS Wales Organisations' will include all NHS Wales organisations including all Health Boards and NHS Trusts.

It applies to all forms of information processed by NHS Wales organisations; and covers all business functions and the information, information systems, networks, physical environment and relevant people who support those business functions.

# 4. Roles and responsibilities

The Chief Executive is responsible for ensuring the highest level of organisational commitment to the policy and the availability of resources to support its implementation and any associated legal requirements. Specific responsibilities will be delegated to the Data Protection Officer, Senior Information Risk Owner and the Caldicott Guardian or an Executive Director as appropriate.

For Cwm Taf Morgannwg:

Data Protection Officer: Claire Northwell-Todd, Information Governance Manager ([Claire.northwell-todd@wales.nhs.uk](mailto:Claire.northwell-todd@wales.nhs.uk))

Senior Information Risk Owner: Georgina Galletly, Director of Governance / Board Secretary (Interim)  
([Georgina.galletly2@wales.nhs.uk](mailto:Georgina.galletly2@wales.nhs.uk))  
Caldicott Guardian: Nick Lyons, Medical Director ([Nick.Lyons@wales.nhs.uk](mailto:Nick.Lyons@wales.nhs.uk))

Managers are responsible for the implementation of this policy within their department/directorate. In addition, they must ensure that their staff are aware of this policy understand their responsibilities in complying with the policy requirements and are up to date with mandatory information governance training. Breaches of the policy must be reported via local incident reporting processes and dealt with in line with the All Wales Disciplinary Policy where appropriate.

The workforce must familiarise themselves with the policy content and ensure the policy requirements are implemented and followed within their own work area. Mandatory information governance training must be undertaken at least every two years. Breaches of this policy must be reported via local incident reporting processes.

## 5. Policy

### 5.1 User Access Controls

Access to information will be controlled on the basis of business requirements.

System Managers will ensure that appropriate security controls and data validation processes, including audit trails, will be designed into application systems that store any information, especially personal data.

The workforce has a responsibility to access only the information which they need to know in order to carry out their duties. Examples of inappropriate access include but are not restricted to:

- Accessing your own health record;
- Accessing any record of colleagues, family, friends, neighbours etc., even if you have their consent, except where this forms part of your legitimate duties;
- Accessing the record of any individual without a legitimate business requirement.

#### 5.1.1 Physical Access Controls

All organisations are responsible for determining the security measures required based on local risk assessment.

Maintaining confidentiality in clinical areas can be challenging and the need to preserve confidentiality must be carefully balanced with the appropriate care, treatment and safety of the patient.

Where physical security measures exist it must be ensured that they are employed at all times (e.g. filing cabinets must be locked, security doors and windows must be closed securely, blinds to secure areas closed). Access cards, PIN codes, keycodes, etc. must be kept secure and regularly changed as required.

The workforce must ensure a clear desk and clear screen when away from their work area ensuring that confidential information, in any format, is secure and not visible to anyone who is not authorised to access it.

All central file servers and central network equipment will be located in secure areas with access restricted to designated staff as required by their job function.

### 5.1.2 Passwords

The workforce are responsible for the security of their own passwords which must be developed in line with NHS guidance ensuring they are regularly changed. Passwords must not be disclosed to anyone, and users must not allow anyone to access any work using their log-in details.

In the absence of evidence to the contrary, any inappropriate access to a system will be deemed as the action of the user. If a user believes that any of their passwords have been compromised they must change them immediately.

### 5.1.3 Remote Working

NHS Wales recognises that there is a need for a flexible approach to where, when and how our workforce undertake their duties or roles. Handling confidential information outside of your normal working environment brings risks that must be managed.

Examples of remote working include, but are not restricted to:

- Working from home
- Working whilst travelling on public/shared transport
- Working from public venues (e.g. coffee shops, hotels etc.)
- Working at other organisations (e.g. NHS, local authority or academic establishments etc.)
- Working abroad

As a control measure to mitigate risks involved in remote working, no member of the workforce will work remotely unless they have been authorised to do so. Remote working must not be authorised for anyone who is not up to date with mandatory training in information governance.

### 5.1.4 Staff Leavers and Movers

Managers will be responsible for ensuring that local leaving procedures are followed when any member of the workforce leaves or changes roles to ensure that user accounts are revoked / amended as required and any equipment and/or files are returned. Confidential, patient or staff information must not be transferred to a new role unless authorised by the relevant heads of service. A leaver's checklist should be completed in all cases.

### 5.1.5 Third Party Access to Systems

Any third party access to systems must have prior authorisation from the IT Department, and where personal data is involved, authorisation must also be sought from the Information Governance Department.

## 5.2 Storage of Information

All information stored on or within NHS Wales organisations is the property of that organisation. All software, information and programmes developed for NHS Wales organisations by the workforce during the course of their employment will remain the property of the organisation.

Information in an electronic format should be stored on a dedicated network drive or be securely protected by encryption.

Copying or storing of anything that is not work related onto organisational devices is a breach of this policy. Users are not permitted to use their personal devices for the purposes of NHS Wales business unless they have been explicitly authorised to do so.

All systems supported by NHS Wales organisations will be backed up as part of their backup regime. Unless specifically told otherwise this will not include information held on local hard drives, portable devices or removable media. Users must not store information on local drives (usually referred to as the C Drive). Exceptions to this may be for legitimate work purpose to a device that is encrypted.

### 5.3 Portable Devices and Removable Media

Whilst it is recognised that both portable devices and removable media are widely used throughout NHS Wales, unless they are used appropriately they pose a security risk to the organisation.

Portable devices include, but are not limited to, laptops, tablets, Dictaphones®, mobile phones and cameras.

All portable devices must either be encrypted, or access the network via NHS Wales approved applications (e.g. Mobile Device Management Software).

Users must not attach any personal (i.e. privately owned) portable devices to any NHS organisational network without prior authorisation.

Removable media includes, but is not limited to, USB 'sticks' (memory sticks), memory cards, external hard drives, CDs / DVDs and tapes. Appropriate controls must be in place to ensure any information copied to removable media is encrypted.

All removable media such as CDs must be encrypted if used to transport confidential information and should only be used if no other secure method of transfer is available. Users must not send details of how to unencrypt with the removable media.

### 5.4 Secure Disposal

For the purposes of this policy, confidential waste is any paper, electronic or other waste of any other format which contains personal data or business sensitive information.

#### 5.4.1 Paper

All confidential paper waste must be stored securely and disposed of in a timely manner in the designated confidential waste bins or bags; or shredded on site as appropriate. This must be carried out in line with local retention and destruction arrangements.

#### 5.4.2 Electronic

Any IT equipment or other electronic waste must be disposed of securely in accordance with local disposal arrangements. For further information, please contact your IT Department.

### 5.4.3 Other Items

Any other items containing confidential information which cannot be classed as paper or electronic records e.g. film x-rays, orthodontic casts, carbon fax/printer rolls etc, must be destroyed under special conditions. For further information, please contact your information governance team.

## 5.5 Transporting and relocation of information

### 5.5.1 Transporting Information

When information is to be transported from one location to another location, local procedures must be formulated and followed to ensure the security of that information.

### 5.5.2 Relocating information

When information is to be relocated to another location, local procedures must be formulated and followed to ensure no information is left at the original location.

## 6. Training and Awareness

Information governance is everyone's responsibility. Training is mandatory for NHS staff and must be completed at commencement of employment and at least every two years subsequently. Non NHS employees must have appropriate information governance training in line with the requirements of their role.

Staff who need support in understanding the legal, professional and ethical obligations that apply to them should contact their local Information Governance Department.

## 7. Monitoring and compliance

NHS Wales trusts its workforce, however it reserves the right to monitor work processes to ensure the effectiveness of the service. This will mean that any personal activities that the employee practices in work may come under scrutiny. NHS Wales organisations respect the privacy of its employees and does not want to interfere in their personal lives but monitoring of work processes is a legitimate business interest.

Staff should be reassured that NHS Wales organisations take a considered approach to monitoring, however it reserves the right to adopt different monitoring patterns as required. Monitoring is normally conducted where it is suspected that there is a breach of either policy or legislation. Furthermore, on deciding whether such analysis is appropriate in any given circumstances, full consideration is given to the rights of the employee.

Managers are expected to speak to staff of their concerns should any minor issues arise. If breaches are detected an investigation may take place. Where this or another policy is found to have been breached, disciplinary procedures will be followed.

Concerns about possible fraud and/or corruption should be reported to the Counter Fraud team.

In order for NHS organisations to achieve good information governance practice staff must be encouraged to recognise the importance of good governance and report any breaches to enable lessons learned. They must be provided with the necessary tools, support, knowledge and training to help them deliver their services in compliance with legislation. Ultimately a skilled workforce will have the confidence to challenge bad information governance practices, and understand how to use information legally in the right place and at the right time. This should minimise the risk of incidents occurring or recurring.

## 8. Review

This policy will be reviewed every two years or more frequently where the contents are affected by major internal or external changes such as:

- Changes in legislation;
- Practice change or change in system/technology; or
- Changing methodology.

## 9. Equality Impact Assessment

This policy has been subject to an equality assessment.

Following assessment, this policy was not felt to be discriminatory or detrimental in any way with regard to the protected characteristics, the Welsh Language or carers.

## Annex: Policy Development - Version Control

### Revision History

Date	Version	Author	Revision Summary
05/10/2017	V0.1	Andrew Fletcher (Chair of the IGMAG policy sub group)	IG Leads in sub group first draft.
08/12/2017	V0.2	Andrew Fletcher (Chair of the IGMAG policy sub group)	Comments from IG Leads in sub group applied to policy.
07/02/2018	V0.3	Andrew Fletcher (Chair of the IGMAG policy sub group)	Comments from all IG Leads in IGMAG applied
08/03/2018	V0.4	Andrew Fletcher (Chair of the IGMAG policy sub group)	Version control information updated
08/05/2018	V0.5	Andrew Fletcher (Chair of the IGMAG policy sub group)	Changes following Equality Impact Assessment
26/06/2018	V1	Andrew Fletcher (Chair of the IGMAG policy sub group)	Minor amendment by Wales Information Governance Board incorporated

### Reviewers

This document requires the following reviews:

Date	Version	Name	Position
07/02/2018	V0.3	Internet and Email policy sub group	Sub group of the Information Governance Management and Advisory Group
08/03/2018	V0.4	Information Governance Management Advisory Group	All Wales Information Governance Leads
30/04/2018	V0.4	Welsh Partnership Forum	All Wales workforce leads and trade unions
08/05/2018	V0.4	Equality Impact Assessment	NWIS Equality Impact Assessment Group
26/06/2018	V0.5 For Approval	Wales Information Governance Board	Advisory Board to the Minister for Health and Social Care (Welsh Government)

### Approvers

This document requires the following approvals:

Date	Version	Name	Position
07/06/2018	V0.5	Information Governance Management and Advisory Group	All Wales Information Governance Leads
26/6/2018	V1	Wales Information Governance Board	Advisory Board to the Minister for Health and Social Care (Welsh Government)

## Annex 2: Equality Impact Assessment

Equality Impact Assessment (EQIA) Form	
Ref no: POL/IGMAG/IS/v1	
Name of the policy, service, scheme or project:	Service Area
NHS Wales Information Security Policy	Information Governance
<b>Preparation</b>	
Aims and Brief Description	The policy is a new All Wales Information Security Policy. The policy will replace all local policies in this area.
Which Director is responsible for this policy/service/scheme etc	All Wales policy developed in conjunction with Health Boards/Trusts
Who is involved in undertaking the EQIA	Andrew Fletcher and EQIA group
Have you consulted with stakeholders in the development of this policy?	<p>Yes. A sub group has developed this policy with a membership consisting of information governance leads and an OSSMB representative. IM&amp;T leads and the Wales Partnership Forum have been consulted.</p> <p>The NHS Wales Information Governance Management and Advisory Group have approved the text of this Policy. The policy will be approved by the Wales Information Governance Board.</p>
Does the policy assist services or staff in meeting their most basic needs such as; Improved Health, fair recruitment etc	Yes. The policy will provide consistency throughout NHS Wales in having a single policy. This will ensure that staff who work across boundaries have a consistent standard to work to, hence strengthening the governance framework. A key driver during the process was the need to recognise that organisations needed to trust their staff.
Who and how many (if known) may be affected by the policy?	All NHS Wales staff within the Health Boards and NHS Trusts.
What guidance have you used in the development of this service, policy etc?	The policy is based on good practice and legal obligations as set out by the Information Commissioners Office and in the legislation. The policy has also been constructed from existing agreed principles and the corporate knowledge of its stakeholders.



## Equality Duties

Key	
✓	Yes
x	No
-	Neutral

The Policy/service/project or scheme aims to meet the specific duties set out in equality legislation.	Protected Characteristics										
	Race	Sex/Gender	Disability	Sexual orientation	Religion and Belief	Age	Gender reassignment	Pregnancy and Maternity	Marriage & civil Partnerships	Welsh Language	Carers
<b>To eliminate discrimination and harassment</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Promote equality of opportunity</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Promote good relations and positive attitudes</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Encourage participation in public life</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>In relation to disability only, should the policy / service / project or scheme take account of difference, even if involves treating some individuals more favourably?</b>	✓										

## Human Rights Based Approach – Issues of Dignity & Respect

The Human Rights Act contains 15 rights, all of which NHS organisations have a duty. The 7 rights that are relevant to healthcare are listed below.			
Consider is the policy/service/project or scheme relevant to:	Yes	No	N/A
<b>Article 2: The Right to Life</b>	X		
<b>Article 3: the right not to be tortured or treated in a inhumane or degrading way</b>	X		
<b>Article 5: The right to liberty</b>	X		
<b>Article 6: the right to a fair trial</b>	X		
<b>Article 8: the right to respect for private and family life</b>	X		
<b>Article 9: Freedom of thought, conscience and religion</b>	X		
<b>Article 14: prohibition of discrimination</b>	X		

## Measuring the Impact

What operational impact does this <b>policy, service, scheme or project</b> , have with regard to the Protected Characteristics. Please cross reference with equality duties	
	<b>Impact – operational &amp; financial</b>
<b>Race</b>	The revised policy is high level and focused on the security of information and the operational service management boards need to consider the detail around cyber security and procedures.
<b>Sex/gender</b>	
<b>Disability</b>	
<b>Sexual orientation</b>	
<b>Religion belief and non belief</b>	
<b>Age</b>	
<b>Gender reassignment</b>	
<b>Pregnancy and maternity</b>	
<b>Marriage and civil partnership</b>	
<b>Other areas</b>	
<b>Welsh language</b>	It is about protecting information around the protected characteristics so it is used appropriately.
<b>Carers</b>	

### Outcome report

<b>Equality Impact Assessment: Recommendations</b>						
Please list below any recommendations for action that you plan to take as a result of this impact assessment						
Recommendation	Action Required	Lead Officer	Time-scale	Resource implications	Comments	
1	Updated statement in policy	Inclusion of reference to protected characteristics rather than homophobic, bi-phobic, racist etc so inclusive of all in the statement	AF	ASAP	Time	
2	Communication of the changes	Make sure staff aware of the changes	AF	ASAP	Time	
3	Updated EQIA statement	Inclusion of reference to protected characteristics	AF	ASAP	Time	

Recommendation	Likelihood	Impact	Risk Grading
1	2	2	4
2	2	2	4
3	2	2	4

### Risk Assessment based on above recommendations

<b>Reputation and compromise position</b>		<b>Outcome</b>	
It is providing security and reassurance to stakeholders that the information we hold is used appropriately and any breach may lead to fines and reputational damage.		To ensure that information is used and protected appropriately and a framework in place to ensure that happens.	
<b>Training and dissemination of policy</b>			
More training and dissemination in Health Boards on this policy.			
<b>Is the policy etc lawful?</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<b>Review date</b>

Does the EQIA group support the policy be adopted?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	3 years
Signed on behalf of NWIS Equal Impact Assessment Group	S Brooks	Lead Officer	
Date:	8 May 2018	Date: 8 May 2018	

	1	2	3	4	5
	Negligible	Minor	Moderate	Major	Catastrophic
Statutory duty	No or minimal impact or breach of guidance / statutory duty  Potential for public concern  Informal complaint  Risk of claim remote	Breach of statutory legislation  Formal complaint  Local media coverage – short term reduction in public confidence  Failure to meet internal standards  Claims less than £10,000  Elements of public expectations not being met	Single breach in statutory duty  Challenging external recommendations  Local media interest  Claims between £10,000 and £100,000  Formal complaint expected  Impacts on small number of the population	Multiple breaches in statutory duty  Legal action certain between £100,000 and £1million  Multiple complaints expected  National media interest	Multiple breaches in statutory duty  Legal action certain amounting to over £1million  National media interest  Zero compliance with legislation Impacts on large percentage of the population  Gross failure to meet national standards

### Risk Grading Descriptors

LIKELIHOOD DESCRIPTION	
5 Almost Certain	Likely to occur, on many occasions
4 Likely	Will probably occur, but is not a persistent issue
3 Possible	May occur occasionally
2 Unlikely	Not expected it to happen, but may do
1 Rare	Can't believe that this will ever happen