

Change Specification

Data Security and Protection Toolkit

Version 5

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Information and technology
for better health and care

Data Alliance Partnership Board

The Data Alliance Partnership Board (DAPB), which holds delegated authority from the Secretary of State for Health and Social Care, has approved a change to an existing information standard for publication under [section 250 of the Health and Social Care Act 2012](#).

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Standards Assurance Service (DSAS) and endorsed by the Data Alliance Partnership Sub Board (DAPSB).

This information standard comprises the following documents:

- Change Specification
- Implementation Guidance
- Requirements Specification.

An Information Standards Notice (DAPB0086 Amd 23/2022) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled copies of these documents can be found on the [NHS Digital website](#). Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

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1. Overview

The proposed changes to the standard will see improved clarity of language and a reduction in the number of mandatory requirements.

This Change Specification outlines the key differences between the Data Security and Protection Toolkit (DSPT) version 4 (2021-22) and the updated DSPT version 5 (2022-23).

This document should be read in conjunction with the DSPT Requirements Specification (specifically Appendix 1 – Assertions and Evidence items) and Implementation Guidance.

2. Definition

The DSPT is an online tool that enables organisations to measure their performance against data security and information governance requirements set by the Department of Health and Social Care.

The Toolkit has been developed in response to The NDG Review (Review of Data Security, Consent and Opt-Outs)¹ published in July 2016 and the government response published in July 2017.

The Data Security and Protection Toolkit is the successor framework to the IG Toolkit.

3. Guidance by user group

In accordance with the requirements of the Government Digital Service, the design and content of the DSPT have been developed to ensure that the system is easy to use. The solution is designed to enable most users to be able to complete and publish an assessment without reference to detailed guidance documentation. The system has been developed in consultation with users and stakeholders.

Guidance materials are made available via the DSPT Help pages:

<https://www.dsptoolkit.nhs.uk/Help>. As far as reasonably possible sector specific guidance will be avoided but language which is suitable for all sectors has been included, tested with users and updated following consultation.

For more information, please refer to the DSPT Implementation Guidance documentation.

4. Statement of all changes to the published Requirements Specification

4.1 DSPT version 5 – overview of changes

The DSPT Standard is reviewed annually. The proposed 2022-23, version 5 standard sees a reduction in the total number of evidence items for all sectors. Changes have been made in order to:

¹ <https://www.gov.uk/government/consultations/new-data-security-standards-for-health-and-social-care>

- Remove Clinical Commissioning Groups from the scope of the DSPT regime and add Integrated Care Boards (as category 1 organisations).
- Recategorise Arm's Length Bodies as category 1 organisations
- Harmonise the requirement with the guidance included on the [NHS information governance portal](#) and further incorporate NHSX “Information Governance simplification” feedback into the DSP Toolkit (see section 4.2.5) and re-order evidence items.
- Rationalise evidence items where they are now considered “business as usual” or where there is overlap between evidence items (see section 4.2.5).
- Strengthen technical requirements to reflect the current threat landscape, including to make specific improvements on unsupported operating systems and connected medical devices (see section 4.2.8).
- Reflect feedback from stakeholders (see section 4.2.5).

4.2 DSPT changes – rationale and examples

Information governance simplification

- 4.2.1 The DSPT standard has been further updated to reflect Information Governance simplification feedback from NHSX².
- 4.2.2 Simplifying Information Governance (IG) is fundamental to giving staff the confidence they need to share data in a timely and appropriate way. IG likewise has a pivotal role in improving the security of our data sets and building the public’s confidence in how we use data. The time has come to dispel some of the most pervasive IG myths and to change the culture in which IG is seen as an insurmountable barrier to data sharing; best avoided by playing safe even when this is to the detriment of care.
- 4.2.3 One reason this culture has arisen is because the IG landscape in England is complex and there is widespread confusion about the rules surrounding the use and sharing of data. This confusion is made worse by the number of different organisations that provide advice and guidance on the topic.
- 4.2.4 The aim is to empower staff in health and care organisations and IG professionals to make appropriate decisions about sharing information without getting tangled in a [complex web of IG guidance and advice](#).
- 4.2.5 For example: in 2021-22 evidence item 2.1.3 pertaining to staff awareness questions has been removed as part of the IG Simplification review and incorporated into 1.3.2 as it is data security spot check activity and should be conducted with other activities rather than stand alone.

ICBs have a higher level of requirements

- 4.2.6 Integrated Care Boards (ICBs) will come into being on 1 July 2022 (subject to legislation). When ICBs are legally established, clinical commissioning groups (CCGs)

² The text below is adapted from: <https://www.nhsx.nhs.uk/blogs/simplifying-information-governance/>

will be abolished. ICBs will be designated as Operators of Essential Services under the Network and Information Systems Directive (<https://www.gov.uk/government/publications/network-and-information-systems-regulations-2018-health-sector-guide>). Being an Operator of Essential Service, places additional security and reporting requirements which are captured in category 1 of the DSP Toolkit.

Arms Length Bodies have a higher level of requirements.

4.2.7 As part of the annual review of DSP Toolkit requirements ALBs information risk profile was judged to be closer to an NHS Trusts. Therefore, they have now been determined to be a category 1 organisation, with greater obligations under this standard (previously ALBs were considered category 2). As a consequence ALBs have 131 evidence items to respond to in 2022-23 compared with 137 in 2021-22 (figure 1) and have 111 mandatory evidence items to respond to compared with 89 in 2021-22 (figure 2).

Strengthen technical requirements to reflect the current threat landscape.

4.2.8 As part of the annual review of DSP Toolkit requirements have been updated to reflect the current threat landscape including to make specific improvements on unsupported operating systems and connected medical devices. For example, evidence item 9.3.9 which requires category 1 organisations to provide their organisation's data security assurance process for medical devices connected to the network has been changed from non-mandatory in 2021-22 (v4) to mandatory in 2022-23 (v5).

4.3 Annual review

4.3.1 The proposed updates to the previous DSPT 2021-22 standard have led to a small reduction in total number of evidence items in Category 1 and Category 3. With the movement of CCGs/ICBs and ALBs to Category 1, that leaves no organisations at Category 2. Comparative breakdowns of both the total number of evidence items and total number of mandatory evidence items are provided in the tables below:

| | Category 1 organisations | Category 2 organisations | Category 3 organisations | Category 4 organisations |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Total number of evidence items 2021-22 v4 | 142 | 137 | 85 | 42 |
| Total Number of evidence items 2022-23 v5 | 131 | N/A | 78 | 39 |

Figure 1

| | Category 1 organisations | Category 2 organisations | Category 3 organisations | Category 4 organisations |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Total number of mandatory evidence items 2021-22 v4 | 110 | 89 | 43 | 29 |
| Total number of mandatory evidence items 2022-23 v5 | 113 | N/A | 42 | 28 |

Figure 2

4.4 DSPT version 4 and 5 comparison

Appendix 1 provides the DSPT 2022-23 (version 5) requirements together with details of changes when compared to DSPT 2021-22 (version 4), including those evidence items which have been removed.

5. Change control during 2022-23

System refinements and new functionality will be deployed throughout 2022-23. Details of these changes will be set out within the “System changes and release notes” page on the DSPT: <https://www.dsptoolkit.nhs.uk/News/release-notes>. Material changes to the wording in the standards themselves will only be made in exceptional circumstances, such as where new legislation amends the requirement. This would be communicated to the users via email to those directly affected and set out within the “Standard changes and release notes” page on the DSPT help page.

Appendix 1 – DSPT 2021-22 (version 4) to 2022-23 (version 5) mapping

Please refer to separate file:

Appendix 1 – Assertions and Evidence Statements v1.xlsx