



THE SCOTTISH OFFICE

NHS
MEL (1992) 59

National Health Service in Scotland Management Executive

St. Andrew's House
Edinburgh EH1 3DG

Dear Colleague

NHS IN SCOTLAND IT SECURITY POLICY

Summary

1. In September of last year I issued under cover of NHS MEL(1992)45 copies of the document "IT Security Guidelines". I also indicated actions which required to be taken by Boards, Units, and NHS Trusts. An action to be taken by DIS was the production of a policy statement of IT Security for the NHS in Scotland. This has now been completed, and a copy of the document "IT Security Policy" is enclosed.

Background

2. The Policy is intended to establish a common baseline across all Health Service operations in Scotland, so that the design, monitoring and audit of security provision can be based on consistent policies and standards.
3. The various roles and responsibilities required to execute the Policy are listed in the document. These are split down into functional areas, but in reality may be combined as deemed appropriate to the location and allocated as additions to existing responsibilities if necessary. This is particularly likely in small sites, but the policy is appropriate to large and small. It is the role and responsibilities which are important; not the job title.
4. The resource implications are likely to be significant, as the earlier security reviews suggested short-comings in a number of areas. However security is a fundamental requirement of IT systems, and must be considered as part of the implementation and operating cost. Inadequate provision in this area in the past is likely to have left a backlog to be addressed. Board and NHS

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Circular SHHD/DGM

is cancelled

Addressees

For action:
General Managers,
Health Boards

General Manager,
Common Services Agency

General Manager, State
Hospital

Chief Executives
NHS Trusts

For information

General Manager,
Health Education Board
for Scotland

To be copied to Unit
General Managers

Enquiries to:

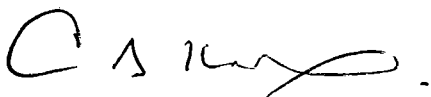
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Trusts must consider the relative priorities of implementing new systems or rectifying exposure of existing systems.

5. Proper assessment of the vulnerabilities and risks attaching to any one or any group of systems should ensure that counter-measures proposed are appropriate to the system and the information held on it. This should prevent over-elaborate and over-expensive security systems being introduced, and will permit priorities to be set for the introduction of security measures for existing systems. The cost of appropriate security measures must form part of the business care for new computer systems.
6. The implementation of security measures arising from this policy will be regarded as a National Priority and Boards and NHS Trusts will be able to bid for, and spend, allocations from CDCF and SIF for this purpose.
7. DIS will provide advice and guidance where appropriate and ensure by periodic review that Boards and NHS Trusts are aware of the protective actions required.

Action

8. Information strategies for Boards and NHS Trusts should be reviewed to ensure that they reflect the statement of IT Security Policy.
9. The names of those designated as Security Officer for each Board and NHS Trust should be passed to me by end June 1993 to enable the DIS IT Security Officer, Mr Alistair Donaldson, to make contact with them.
10. Boards and NHS Trusts should consider carefully how the roles and responsibilities described in the Policy are to be met. It is important that these responsibilities are established at the correct level in the organisation.
11. Standards development is underway in DIS at present. It is anticipated that these will form a minimum set of standards which Boards and NHS Trusts could then complement as necessary. In addition, some material has been gathered to assist Security Officers in development of Awareness Campaigns and training. Appointment of local Security Officers will now help to further that work.
12. This circular should be copied to Unit General Managers for action



C B Knox
Director of Information Services

