CALDICOTT GUARDIANS IN THE NHS

Summary

1. NHS organisations are required, on receipt of this circular and by no later than 31 March 1999, to appoint a Caldicott Guardian. The Guardian's name and address for correspondence, including e-mail address, should be sent to Raj Kaur, NHS Executive, 3E58 Quarry House, Leeds LS27UE (Fax: 0113254 6114).

2. This circular provides a broad overview of the Guardian role in the NHS. Detailed guidance on specific actions to be addressed in 1999/2000 by NHS organisations and by Guardians will be made available prior to 31 March 1999. Training seminars will be held in each NHS Executive Region from March onwards for Guardians and the staff who will most closely support them (see Annex A).

3. The appointment of Guardians and, in general terms, work to improve confidentiality and security, should be included in local IM&T implementation plans (HSC 1998/225 refers). Resources to support Guardians and work generally on confidentiality and security matters can be allocated from the IM&T modernisation funds made available to support the implementation of *Information for Health.*

Background

4. In its Report, published in December 1997, the Caldicott Committee made a number of recommendations aimed at improving the way that the NHS handles and protects patient information. These recommendations received widespread support and the programme of work established to implement them underpins many aspects of the NHS information strategy: *Information for Health.*

5. A key recommendation of the Caldicott Report was the establishment of a network of organisational Guardians to oversee access to patient-identifiable information.

6. It is intended that Caldicott Guardians will be central to the development of a new framework for handling patient information in the NHS. Other Caldicott recommendations identified actions which should be undertaken by NHS organisations in support of the Guardian, namely to:

. develop local protocols governing the disclosure of patient information to other organisations

. restrict access to patient information within each organisation by enforcing strict need to know principles

- regularly review and justify the uses of patient information
- improve organisational performance across a range of related areas: database design, staff induction, training, compliance with guidance etc.

7. Responses to consultation on the introduction of Caldicott Guardians and the implementation of the Caldicott recommendations emphasised the need to introduce change at a pace that would not prove disruptive, whilst ensuring that we support and sustain momentum. This support and emphasis will be provided by the clinical governance initiative:

- NHS organisations will be held accountable, through clinical governance, for continuously improving confidentiality and security procedures in accordance with the Caldicott Report. Annual improvement plans and outcome reports will be mandatory.

Who should be the Guardian?

8. The Guardian should be, in order of priority:

- an existing member of the management board of the organisation
- a senior health professional
- an individual with responsibility for promoting clinical governance within the organisation

Where it is not practicable to satisfy the criteria listed above, assignment of Guardian responsibility should be kept under review.

9. It is particularly important that the Guardian have the seniority and authority to exercise the necessary influence on policy and strategic planning and carry the confidence of his or her colleagues. Obvious candidates include:

Health Authority:	Director of Public Health
NHS Trust:	Board level clinician
Primary Care Group:	Board member with clinical governance responsibilities

10. Other organisations that share NHS patient information, such as Special Health Authorities, the National Blood Authority, PHLS, Cancer Registries, research bodies etc should also nominate a senior officer to fulfil the Guardian's role.

11. It is recognised that a degree of flexibility is required to accommodate the organisational structure and complexity of Primary Care Groups. There should be a single Guardian appointed by each Primary Care Group, but within each practice there should be a nominated lead person for confidentiality and security issues.

Resources and Support for Guardians

12. Preserving the confidentiality of patient information, specifically through implementation of the Caldicott recommendations, is a cornerstone of the NHS information strategy. Action in this area, including the appointment of Guardians, should be specified as part of each organisation's local information strategy implementation plan. The modernisation funds that are being made available to support local implementation could legitimately be used to support Caldicott Guardians and/or broader work on confidentiality and security.

13. The requirement for a senior member of an organisation to act as the Caldicott Guardian will raise concerns about workload and priorities. Nevertheless, this is an extremely important role and Guardian responsibilities must only be delegated within a clear framework. Guidance for Guardians will identify key Guardian responsibilities which should not be delegated, and which aspects might be actioned by other staff under the Guardian's direction. Wherever possible, tasks will build on existing procedures and requirements. This clarity of focus should minimise the additional workload resulting from Guardian responsibilities.

14. It is not intended or even desirable that the Guardian should have responsibility for all aspects of confidentiality, or IM&T security, though this may be the pragmatic solution in small organisations. However, the Guardian should liaise closely with IM&T Security Officers, Data Protection Officers and others charged with similar responsibilities, to ensure that there is no duplication / omission of duties.

15. Local networks of Guardians may find it advantageous to discuss issues, share best practice and identify training needs. The Regional Offices of the NHS Executive should facilitate this local networking.

16. Training seminars for Guardians and supporting staff will be run in each Region from March 1999 onwards. Details of these seminars and an application form can be found in Annex A to this paper. These will cover the actions required by each organisation in the first year (see para 24 below), the wider responsibilities of Guardians and the sources of advice that are available to Guardians. The NHS Executive will shortly be consulting on the need for, and possible remit of, a national body that might provide a focal point for advice, good practice guidance and uniform standards in this area. Advice on specific issues should, in the interim, be sought by e-mail to rwalkereu@doh.gov.uk or by writing to the contact address provided at the end of this circular.

17. Detailed guidance will be available by 1 March 1999 on the specific tasks that will need to be addressed by NHS organisations and their Guardians in the first year. Additional material will draw together, from existing sources, relevant guidance on a wide spectrum of confidentiality and security related issues. This additional consolidated guidance will be updated periodically and will form a valuable reference tool both for Guardians and other staff.

The Guardian Role

18. The creation of a network of Caldicott Guardians in the NHS is a key component of work to establish the highest practical standards for handling patient information in the NHS. NHS performance in this area will be monitored against annual improvement plans developed locally by each organisation.

19. This emphasis on year on year improvement, at a pace that the NHS is able to sustain, is of paramount importance. Pressure for improvement must be balanced by a realistic appraisal of what is practicable each year. The specific tasks for NHS organisations and Guardians outlined later in this paper take account of this balance and should be addressed by all NHS organisations. However, we recognise that some organisations have already made improvements in this area and it is not intended that this limited approach should constrain those able to achieve more.

20. Guardians will be responsible for agreeing and reviewing internal protocols governing the protection and use of patient-identifiable information by the staff of their organisation. Guardians will need to be satisfied that these protocols address the requirements of national guidance / policy and law and that their operation is monitored.

21. Guardians will also be responsible for agreeing and reviewing protocols governing the disclosure of patient information across organisational boundaries, e.g. with social services and other partner organisations contributing to the local provision of care. These protocols should underpin and facilitate the development of cross boundary working, health improvement programmed and other changes heralded in the White Paper 'The *New NHS: Modern, Dependable'*.

22. Guardians will have a strategic role, developing security and confidentiality policy, representing confidentiality requirements and issues at Board level, advising on annual improvement plans, and agreeing and presenting annual outcome reports.

23. Local issues will inevitably arise and be referred to the Guardian for resolution. It will be important in these circumstances for the Guardian to know when and where to seek advice. This may be either on the particular issue or on the alternative and perhaps more appropriate ways of handling the issue e.g. referral on to the NHS Complaints Procedures, to the local Research Ethics Committee or to the Data Protection Commissioner.

Specific Tasks in the First Year

24. The following section briefly outlines the action that each NHS organisation is required to undertake during 1999-2000. Caldicott Guardians will have an important role in developing policy and "signing off" many of these actions as having been

satisfactorily completed. However, safeguarding confidentiality should be seen as an organisational responsibility – the Guardian's role is essentially advisory even though in some organisational settings he/she may be closely involved in implementation.

25. The initial task for each organisation will be to conduct a management audit of existing procedures for protecting and using patient-identifiable information. This management audit will inform an initial 'stock-take' report for the Guardian to present to the organisation's senior management team. Detailed guidance on conducting the management audit and the required content of the stock-take report will be made available shortly, but it will cover the following core areas:

. an overall "health-check" assessment of the organisation, including existing codes of conduct, induction procedures, training needs, IM&T risk management, operational and environmental security, quality of information supplied to the public etc

- a review of existing flows of patient-identifiable information

. a review of database construction and management where patient-identifiable information is stored

. a review of procedures for handling patient-identifiable information collected by or transferred to the organisation, and of procedures for disclosing information to other organisations.

26. This stock-take will itself inform the development of an improvement plan that will begin to address any identified deficiencies. Again, detailed guidance on the content of improvement plans and the standards that all NHS organisations are expected to achieve in 1999/2000 will be available shortly, but key requirements will include:

. Procedures to control staff access to the NHS Strategic Tracing Service to be put in place in advance of this service being made available

. Protocols governing the receipt, collection and disclosure of patient-identifiable information to be locally agreed and complied with.

Further Information

27. Any enquiries about the content of this circular or further information on related subjects should be addressed to:

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