



## Caldicott Procedure

### 1. Scope

- 1.1. This document outlines the North East Ambulance Service (NEAS) NHS Trust's Caldicott procedure for processing requests to access, use or release patient identifiable data.
- 1.2. In 1996, the Chief Medical Officer commissioned a review of patient identifiable information. The review was in response to increasing concern about the ways in which patient information was used in the NHS and the need to ensure that confidentiality is not undermined.
- 1.3. The committee, chaired by Dame Fiona Caldicott, published its report in December 1997. The report identified 6 key principles to ensure best practice in information handling within the NHS. These principles ensure that the optimum balance is maintained between the NHS' need to collect, hold, share and use patient information, and the expectation of patients that their information will be kept confidential.
- 1.4. A key outcome of the report was the establishment of a Caldicott Guardian within each NHS organisation and Local Authority Social Service Department. Caldicott Guardians are senior health or social care professionals, ideally at Board level, who have a responsibility for, and the authority to, enforce the Caldicott Principles within their organisations.
- 1.5. Any request for patient identifiable information should be justified against these principles before it is released. Patient identifiable information doesn't necessarily mean name of a patient, but any information that on its own, or in combination with other information makes a patient potentially identifiable e.g. NHS number, postcode, date of birth, health condition.

### 2. Responsibility and Accountability

- 2.1. **The Caldicott Guardian** has 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. The Caldicott Guardian will be responsible for agreeing and reviewing internal protocols governing the protection and use of patient-identifiable information NEAS, as well as protocols governing the disclosure of patient information across organisational boundaries. The Guardian is also responsible for the authorisation of access to collections of patient identifiable information.
- 2.2. **The NEAS Information Governance Working Group** is responsible for advising the Caldicott Guardian on Data Protection and other legislation pertinent to Caldicott.

### **3. Approval Procedure**

#### **3.1. When is Caldicott approval required?**

- 3.1.1. Caldicott approval is required whenever a new process is being proposed to use or transfer of patient identifiable information within or from NEAS.
- 3.1.2. Examples of instances where Caldicott approval must be sought are:
  - Creating an information sharing protocol to share patient information with another organisation i.e. Social Services.
  - Proposals for research projects that will use patient information.
  - Collecting patient information for the purpose of creating a new database.
- 3.1.3. Requests for information may come from a variety of sources and are usually received by either the Information Governance Department, the Research & Development Department or by the Caldicott Guardian themselves.
- 3.1.4. The use or transfer of patient identifiable information for the purposes of providing direct healthcare, do not require an application for Caldicott approval.
- 3.1.5. Activities such as audits which do not use any patient identifiable data do not require an application for Caldicott approval.
- 3.1.6. If you are not sure whether you need to obtain Caldicott approval for any activity, please contact the Information Governance Manager for advice.

#### **3.2. Consent**

- 3.2.1. When a Caldicott application is made, consideration will be given regarding consent. If an application states that consent is not being obtained a reason must be stated e.g. evidence of exemption under section 60 of the Health and Social Care Act.

#### **3.3. Monitoring of requests**

- 3.3.1. All requests needing Caldicott approval are logged on a Caldicott database and a report generated from this database is reviewed quarterly at the Information Governance Working Group to ensure that all relevant staff are aware of the requests approved by the Caldicott Guardian.

#### **3.4. Breaches and near misses reporting**

- 3.4.1. Any breaches or near misses concerning confidentiality should be reported using a NEAS07 form. The Caldicott Guardian is advised of and involved as appropriate in the investigation of all such incidents. Reports of near misses and beaches of confidentiality and lessons learnt from their investigation will be feed back to the Information Governance Working Group
- 3.4.2. A systematic annual review of trends will be undertaken by this group.

#### **3.5. The process for reviewing Caldicott applications**

- 3.5.1. A completed and signed, hard copy of the Caldicott Approval Form must be received before Caldicott approval will be given. However, it will assist the quick processing of the application if

a copy of the form (and any supporting documentation) is emailed, at the earliest opportunity to [caldicott@neas.nhs.uk](mailto:caldicott@neas.nhs.uk).

3.5.2. Hard copies should be sent to:

Information Governance Manager, North East Ambulance Service NHS Trust, Bernicia House, Goldcrest Way, Newburn Riverside, Newcastle upon Tyne, NE15 8NY.

3.5.3. A decision on whether the request meets the Caldicott Principles will be made by the Caldicott Guardian.

3.5.4. If any further information is required to process the request, the applicant named on the approval form will be contacted. In some cases, if the request is complicated, unusual, or on the borderline of acceptability, the applicant maybe invited to attend a Caldicott meeting to discuss the request. When the Caldicott Guardian is satisfied that the application meets the Caldicott Principles, the application will be approved and the applicant notified via email. If there are any extra conditions to the approval, they will be attached to the form along with any extra information received or amendments made after the form was submitted.

3.5.5. If the Caldicott Guardian is not satisfied that the application meets the Caldicott Principles, the applicant will be advised, in writing, why the application has been refused. The applicant will be invited to address these issues and resubmit the application. Copies of all applications will be retained on file by NEAS, in accordance with the NEAS Records Retention Policy and Schedule.

3.5.6. NEAS will endeavour to process all Caldicott applications as quickly as possible. Most applications will be processed within 40 days of receipt of a completed form. However this deadline may have to be extended if the Caldicott Guardian feels that further information/clarification or a meeting with the applicant is required, or if there are other extenuating circumstances.

## **Appendix 1: The Caldicott Principles**

### Principle 1: Justify the Purpose(s)

Every proposed use or transfer of patient identifiable information within or from an organisation should be clearly defined and scrutinised, with continuing uses regularly reviewed by an appropriate guardian.

### Principle 2: Don't use patient identifiable information unless it is absolutely necessary

Patient identifiable information items should not be used unless there is no alternative.

### Principle 3: Use the minimum necessary patient identifiable information

Where use of patient identifiable information is considered to be essential, each individual item of information should be justified with the aim of reducing identifiability.

### Principle 4: Access to patient identifiable information should be on a strict need to know basis

Only those individuals who need access to patient identifiable information should have access to it, and they should only have access to the information items that they need to see.

### Principle 5: Everyone should be aware of their responsibilities

Action should be taken to ensure that those handling patient identifiable information both clinical and non clinical staff are aware of their responsibilities and obligations to respect patient confidentiality.

### Principle 6: Understand and comply with the law

Every use of patient identifiable information must be lawful. Someone in each organisation should be responsible for ensuring that the organisation complies with legal requirements.

### The Caldicott Guardian

The Caldicott Guardian for NEAS is the Director of Clinical Care and Patient Safety, Ann Fox.