North East Ambulance Service NHS
NHS Foundation Trust

Caldicott Procedure

Doc No: CO-PRO-31 | **Version: 1**

Procedure	
Document Author:	Information Governance Manager
Document Owner:	Caldicott Guardian
Approved By:	
Date Processed:	30 October 2014
Review Date:	7 May 2017
Directorate:	Finance and Resources
Authorised Staff:	All

1. Scope

1.1. This document outlines the Trust's Caldicott procedure for processing requests to access, use or release patient identifiable data.

1.2. The original Caldicott Report, published in 1997, established six principles for NHS bodies (and parties contracting with such bodies) to adhere to in order to protect patient information and confidentiality.

1.3. The government commissioned Dame Fiona Caldicott to conduct a further Information Governance Review (the "Review") which was published at the end of April 2013.

1.4. Any request for personal confidential data should be justified against the now 7 Caldicott Principles before it is released. Personal confidential data does not 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. Responsiblity

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 personal confidential data, 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 personal confidential data.

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. 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 personal confidential data 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 personal confidential data 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 2012.

3.3. Monitoring of requests

3.3.1. All requests needing Caldicott approval are logged with the IG Manager and reported to 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 an Incident Report 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, 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.

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

3.5.3. 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.

3.5.4. 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.

3.5.5. 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 personal confidential data within or from an organisation should be clearly defined, scrutinised and documented, with continuing uses regularly reviewed, by an appropriate guardian.

Principle 2: Don't use personal confidential data unless it is absolutely necessary
Personal confidential data items should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose(s).

Principle 3: Use the minimum necessary personal confidential data
Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data is transferred or accessible as is necessary for a given function to be carried out.

Principle 4: Access to personal confidential data should be on a strict need to know basis
Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.

Principle 5: Everyone with access to personal confidential data should be aware of their responsibilities
Action should be taken to ensure that those handling personal confidential data both clinical and non clinical staff are aware of their responsibilities and obligations to respect patient confidentiality.

Principle 6: Comply with the law
Every use of personal confidential data must be lawful. Someone in each organisation should be responsible for ensuring that the organisation complies with legal requirements.

Principle 7: The duty to share information can be as important as the duty to protect patient confidentiality.
Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

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