

**Title of policy: Caldicott Guardian Manual 2010**

**Short description of policy: Guidance for Caldicott Guardians.**

The 1997 report of the Review of Patient-Identifiable Information, chaired by Dame Fiona Caldicott (the Caldicott Report), made a number of recommendations for regulating the use and transfer of person identifiable information between NHS organisations in England and to non-NHS bodies. The Caldicott Committee's remit included all patient-identifiable information passing between organisations for purposes other than direct care, medical research, or where there was a statutory requirement for information. The aim was to ensure that patient-identifiable information was shared only for justified purposes and that only the minimum necessary information was shared in each case. The Committee also advised on where action to minimise risks of confidentiality would be desirable.

This guidance takes account of developments in Information Management in the NHS and Councils with Social Care responsibilities since the Caldicott role was established, and sets the role of the Caldicott Guardian within an organisational Caldicott/Confidentiality function, which is itself a part of broader Information Governance. The guidance does not aim to reproduce or codify all the guidance available, but it updates existing materials where necessary and otherwise provides pointers to other current sources of guidance and standards. It replaces the Caldicott Guardian manual published in 2006. The intention is that this new Caldicott Guardian guidance will be reviewed annually and updated as required. Where necessary, updates will be published on the Caldicott web pages at:

<http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/caldicott>

This Manual should be read alongside the e-learning module "The Role of the Caldicott Guardian: NHS and Social Care", which provides more detailed information on all aspects of the Caldicott Guardian role. The module is available at:

<http://www.connectingforhealth.nhs.uk/igtrainingtool>

## Negative impact

How could the policy have a **significant** negative impact on equality in relation to each area?

Age, Disability, Ethnicity, Gender (including transgendered people), Religion or Belief, Sexual Orientation, Socio Economic Groups

We do not anticipate that there will be any negative impact on the above groups.

<b>Positive impact</b>
Could the policy have a <b>significant</b> positive impact on equality by reducing inequalities that already exist? Explain how will it meet our duty to:
<b>1.</b> Promote <b>equal opportunities</b>
<b>2.</b> Get rid of <b>discrimination</b>
<b>3.</b> Get rid of <b>harassment</b>
<b>4.</b> Promote <b>good community relations</b>
<b>5.</b> Promote <b>positive attitudes</b> towards disabled people
<b>6.</b> Encourage <b>participation</b> by disabled people
<b>7.</b> Consider <b>more favourable treatment</b> of disabled people

**8. Promote and protect human rights**

**The main aim of the policy and the use of Caldicott Guardians is to protect the Human Rights of patients and service users and their right to privacy.**

**Evidence**

What is the evidence for your answers to the above questions?

In the light of the requirements in *The Protection and Use of Patient Information* and taking into account work undertaken by a joint Department of Health (DH) and British Medical Association (BMA) Working Group which has been considering NHS Information Management and Technology (IM&T) security and confidentiality, the Chief Medical Officer established the Caldicott Committee to review all patient-identifiable information which passes from National Health Service (NHS) organisations in England to other NHS or non-NHS bodies for purposes other than direct care, medical research, or where there is a statutory requirement for information. The report, published in December 1997, made a number of recommendations including:

**Recommendation 3:** A senior person, preferably a health professional, should be nominated in each health organisation to act as a guardian, responsible for safeguarding the confidentiality of patient information.

**Recommendation 4:** Clear guidance should be provided for those individuals/bodies responsible for approving uses of patient-identifiable information.

What does available research say?

N/A

What further research or data do you need to fill any gaps in your understanding of the potential or known effects of the policy?

Have you thought about commissioning new data or research?

N/A

**Screening assessment**

Now that you have looked at the evidence, do you think that the policy needs a **Full EqIA** ? **No**

<b>Next steps</b>
If you do <b>not</b> need to do a <b>Full EqlA</b> :
How will you <b>monitor</b> the situation as the policy develops and takes effect? The Information Governance Toolkit has to be completed on an annual basis to show that NHS organisations are meeting the requirement of the Information Governance Framework. Included in this annual assessment are requirements regarding the role of the Caldicott Guardian in upholding and improving the standards around IG Management and Confidentiality and Data Protection. These assessments will be signed off by the Board of the NHS organisation, and after submission are approved by the Digital Information Policy Team at NHS Connecting for Health, before submission of the scores to the Care Quality Commission
What <b>further research</b> do you need? N/A
<b>For the record</b>
<b>Name of person who carried out the EqlA:</b> Carol Wade
<b>Date EqlA completed:</b> 1st March 2010
<b>Name of Director/Director General who signed the EqlA:</b> Giles Wilmore
<b>Date EqlA was signed:</b> <b>11<sup>th</sup> March 2010</b>