

Caldicott Guardians Training Needs Analysis and Survey Report

November 2006



CALDICOTT GUARDIANS TRAINING NEEDS ANALYSIS REPORT

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CALDICOTT GUARDIANS TRAINING NEEDS ANALYSIS

INTRODUCTION

Caldicott Guardians were introduced into the NHS following the 1997 Report of the Caldicott Committee, a joint venture between the Department of Health and the British Medical Association. The report recognised the importance of keeping patient-identifiable data secure and confidential and proposed that all NHS Organisations appoint a “Guardian” to oversee the use and sharing of clinical information within their organisations. Health Ministers agreed this recommendation and, following consultation on the scope of the role during 1998, the appointment of Caldicott Guardians became a requirement from April 1999 onwards.

Caldicott Guardians were subsequently adopted by the wider health and social care community and there are currently some 750 Caldicott Guardians working within the NHS, Social Care and other care related organisations.

Since the inception of the role, there have been major developments in information technology and governance, the legal framework and in the operation and configuration of health and social care services generally. These developments, whilst increasing the knowledge base required by Caldicott Guardians, have also added further dimensions to a role undertaken, in many cases, by senior health professionals already carrying out multi-functional roles within the organisation.

At the request of the UK Council of Caldicott Guardians¹ a training needs analysis was therefore undertaken by NHS Connecting for Health in July 2006, using an email questionnaire. The questionnaire was sent to all Caldicott Guardians registered at the time and responses were subsequently received from 124. This represented an overall response rate of 17%.

When completing the survey, respondents were asked to state their current roles and responsibilities, the level of support they considered available to them in their role of Guardian and the level of training they had either received or expected to receive. The survey also asked respondents to state their current training needs and preferences for how these could be delivered.

Acknowledgements

The UK Caldicott Guardian Council and NHS Connecting for Health would like to thank the Caldicott Guardians who responded to the survey.

¹ The Council is an elected body made up of Caldicott Guardians from health and social care, drawn from all parts of the United Kingdom

KEY RESULTS

The Caldicott Committee recommended that “Guardians” within the NHS should be Senior Health professionals with Board responsibility and the profile of respondents to the survey was in line with this recommendation. It was also broadly representative of the national profile of registered Caldicott Guardians, although wide variation of job titles in the register made it difficult, in some cases, to ascribe a particular profession to a Guardian. Outside of the Acute Trust and PCT environments the survey illustrated the wide variation in how the role had been assigned across organisations.

Most respondents had very little time allocated to their role as Guardian and little, or no, administrative staff to support them in this. Few had been given specific job descriptions. Few Guardians have received training and the majority of the training that has been undertaken has been through attendance at national events. Training needs are diverse and partially dependent upon the professional background of the Guardians and the organisation type where they are employed. Preferred training methods are also diverse but local workshops/seminars and web-based/interactive learning had the majority vote.

Profile of Respondents

- NHS respondents were mainly from clinical backgrounds, i.e. senior Doctors or Nurses as advised in Department of Health guidelines. Social care respondents were predominantly social care staff.
- 31% of Caldicott Guardians had been in post for less than 1 year and only 27% of respondents had been a Caldicott Guardian for more than 4 years.
- Only 19% of respondents had been provided with a job description for their role.

Resources & Support

- 71% of respondents had been allocated just half a day per week to the role, 15% were allocated less than this, with only a small percentage indicating that they allocated a full day or more each week.
- More than 40% of respondents had little or no administrative support and only 14% had support for 2 or more days each week.
- 86% of respondents felt that they had access to specialist Confidentiality and Data Protection advice when needed and 95% said that they worked closely with other Information Governance staff within their organisation.
- 88% of respondents attended internal Information Governance groups/boards, whilst only 22% attended external groups, 18% of respondents attended neither.

Training Needs

- 61% of respondents reported that they had received no training at all to help them in their role.
- 48% of respondents viewed training on Freedom of Information as their highest priority. The Health and Social Care Act 2001 and mental health legislation were also favoured areas for training. The survey highlighted

different priorities for training needs across the various organisational types, particularly in regard to guidance materials and operational issues.

- The great majority of respondents preferred training to be delivered through workshops and seminars with web-based training as a secondary choice. Written materials, videos, and national conferences were all of interest but were not the preferred vehicle for training.

CONCLUSIONS

Many Caldicott Guardians are relatively new to their role and less than one in five appears to have a job description. The need to clarify the role of the Caldicott Guardian and to raise the profile of Guardians within organisations is fundamental and will need to underpin the future training agenda. The new model job description for Caldicott Guardians endorsed by the UK Council of Caldicott Guardians may help to clarify the role of the Guardian but there may be a need to draw this to the attention of organisation Boards in a robust way.

There is clearly a concern about the continuity of the role within organisations, whether this is simply down to organisational change, staff turnover or problems in fulfilling the role with so many other demands on a Guardian's time. The high turnover suggests that training provision needs to be responsive to, and triggered by, staff and organisational changes.

The time allocated to the role, and the low level of direct support, may also be a cause for concern, particularly as demands upon Caldicott Guardians seem set to increase. It is possible however that the emergence of specialist roles in other areas of Information Governance, such as Records Management and Data Protection, are providing Guardians with support even though there are no direct line management arrangements, and the survey's findings on availability of specialist advice and close working with other Information Governance staff would appear to support this conclusion. This requires further investigation.

Although 88% of Caldicott Guardians stated that they attended internal Information Governance Boards or Groups, the majority of those that did not were social care Guardians who have not been tasked with this to date through the Information Governance Toolkit. The 5% of Acute Trust Guardians and 5% of PCT Guardians who do not do so are perhaps of more immediate concern.

The lack of training undertaken by Caldicott Guardians might have suggested that there was a blank slate in terms of future training but the self-identified training needs were both diverse and variable. Clearly there is a different perception amongst Guardians about what they need to know to discharge their responsibilities effectively, and this appears to reflect both professional and organisational backgrounds. Whilst this is worthy of further investigation, taken at face value there is clearly a wide variation in the content of training that needs to be provided. Content relating to information sharing constraints and best practice was generally flagged as a high priority and should be developed as a matter of urgency.

The generally preferred training environment was that of local workshops and seminars, indicating that short, interactive sessions close to the work place are seen as effective and good value. The central capacity to field knowledgeable staff to provide training in this way is limited, but clearly needs to be fully deployed.

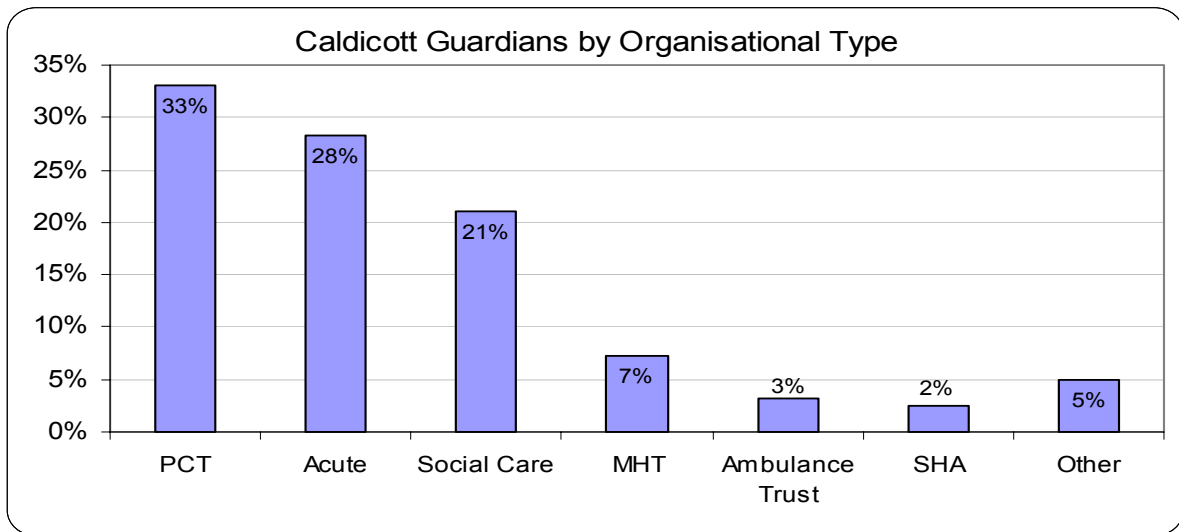
The second highest preference was for web-based interactive learning materials and clearly this is an area where central support can be developed and deployed. Many respondents saw value in written guidance and other media for delivery was of interest to many, so a suite of downloadable training materials accessed through a web portal should also be developed and implemented alongside more interactive e-learning tools.

FULL SURVEY RESULTS

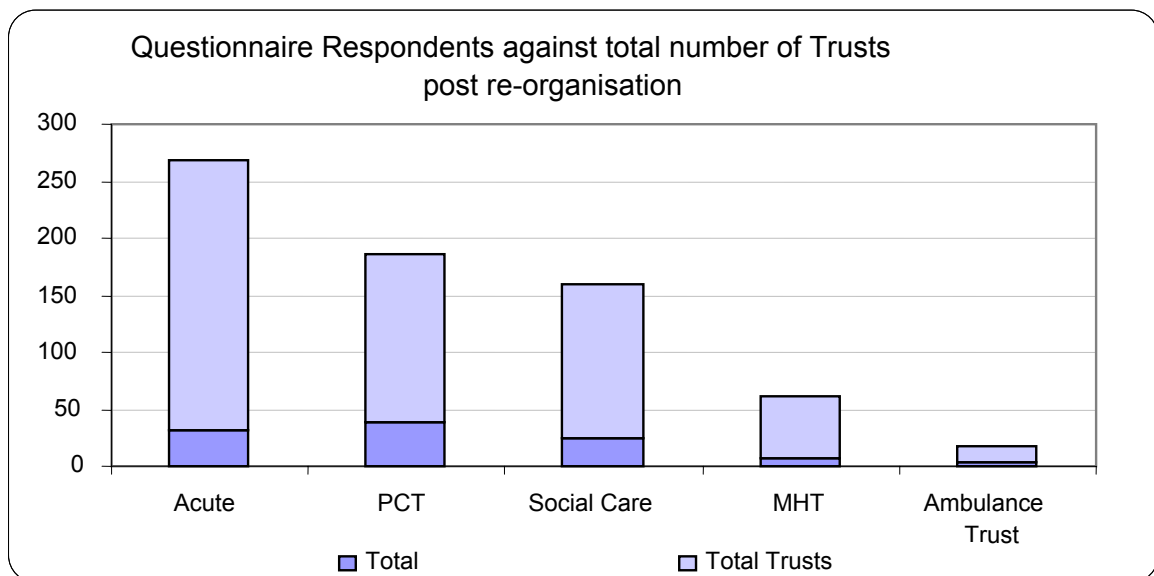
PROFILE OF RESPONDENTS

Of the 750 Caldicott Guardians registered, 124 responded to the survey, representing an overall response rate of 17%.

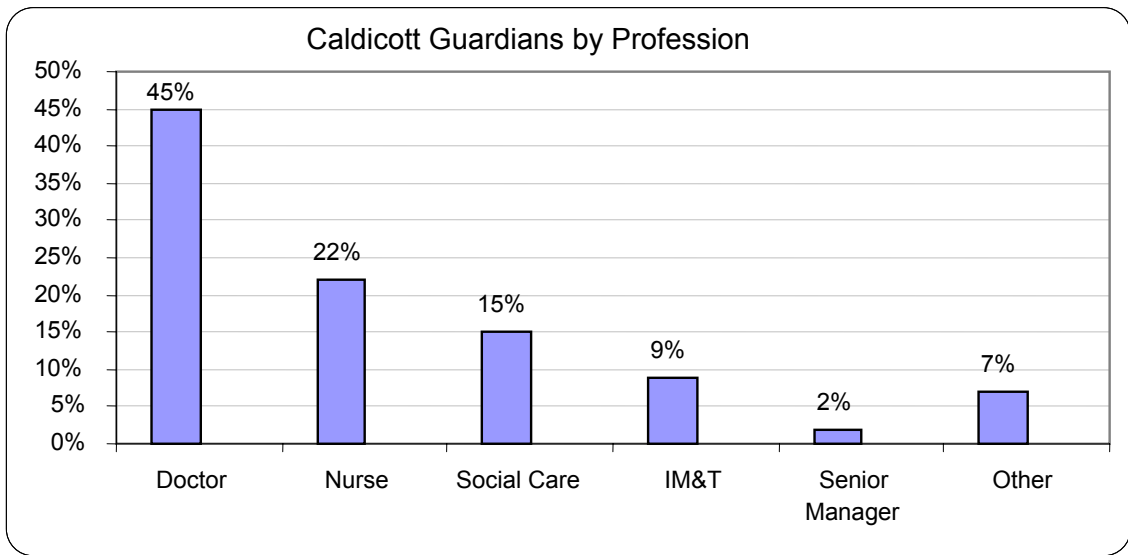
Caldicott Guardians working in PCTs accounted for 33% of all respondents to the survey. 28% of respondents worked in Acute Trusts and 21% in Local Authorities.



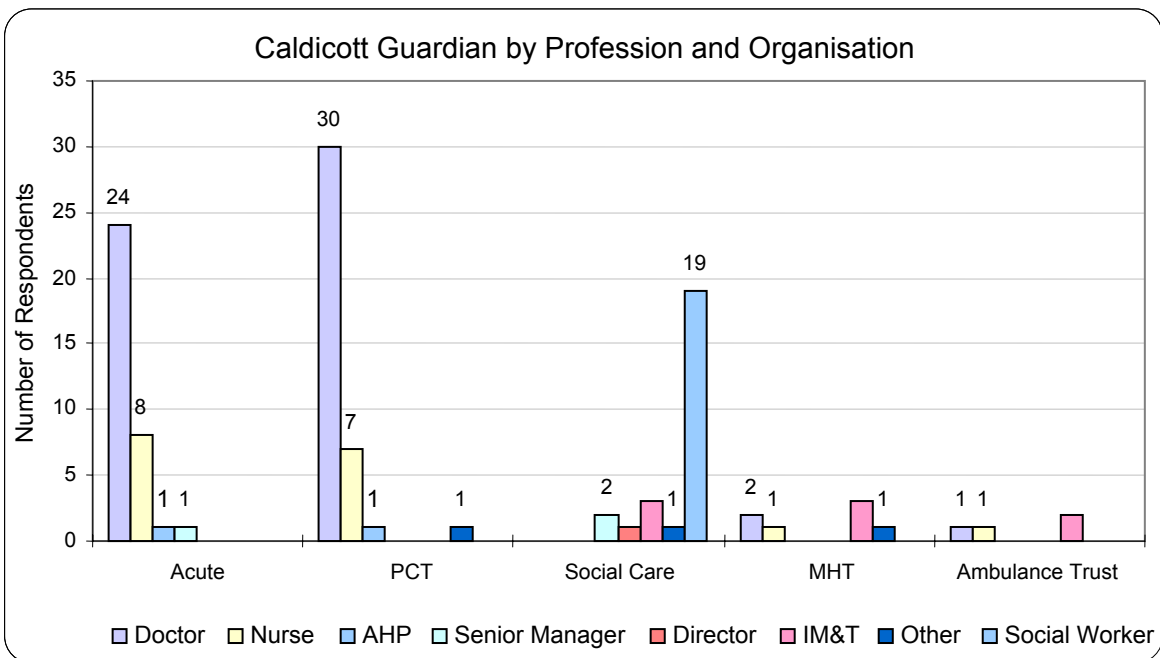
In total, responses were obtained from 26% of PCTs, 13% of Acute Trusts, 13% of MHTs, and 19% of Local Authorities.



67% of NHS respondents were from clinical, rather than non-clinical backgrounds with senior doctors and nurses being the most likely profession of a Caldicott Guardian.



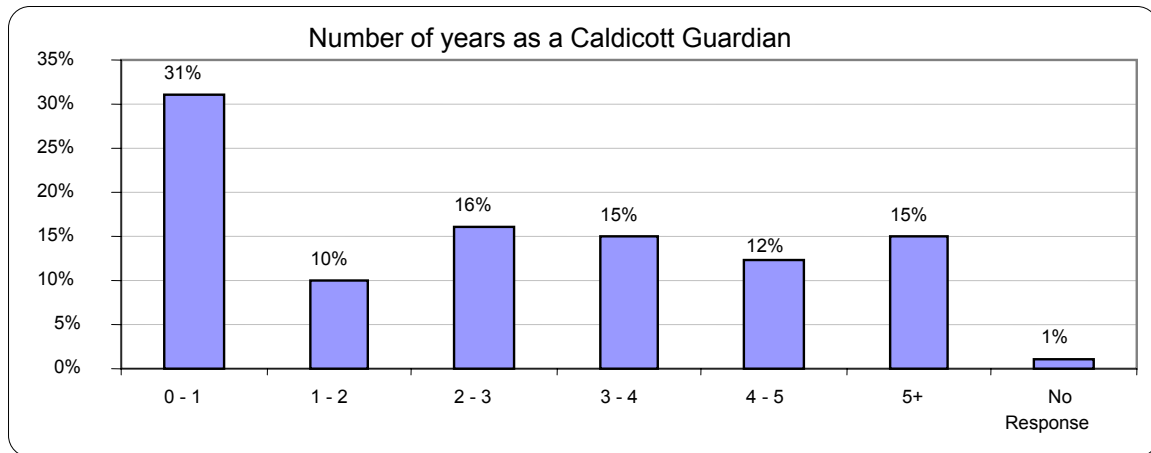
Whilst the great majority of Caldicott Guardians within Acute Trusts and PCTs were senior doctors and nurses, there was much greater variety in Mental Health and Ambulance Trusts. The profile within social care was, unsurprisingly, different and variable.



RESPONSE TO GENERAL QUESTIONS - Infrastructure Support

Q1 - How long have you been a Caldicott Guardian?

31% of respondents had fulfilled the role of Caldicott Guardian for less than one year. Only 27% of respondents had been a Caldicott Guardian for more than 4 years.

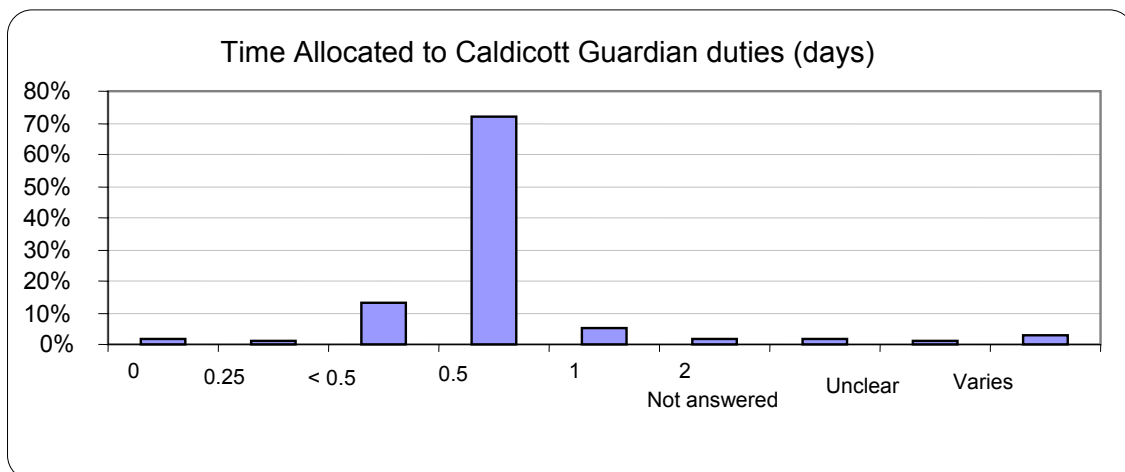


Q2 – Do you have a job description for your Caldicott Guardian Role?

Only 19% of respondents had been given a job description for their Caldicott Guardian role.

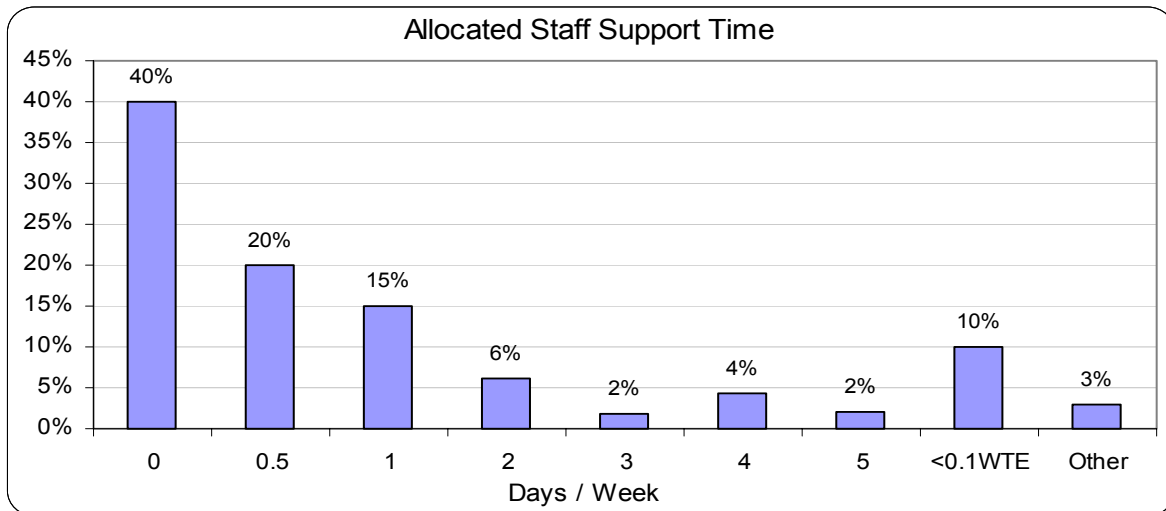
Q3 – How much (approx) of your weekly time is allocated to the Caldicott Guardian Function?

Over 71% of those who responded stated that the amount of time allocated to the role of Caldicott Guardian equated to half a day a week. A further 15% indicated that even less time was allocated and only a small percentage indicated that they allocated a full day or more each week.



Q4 –How much (approx) support staff time is allocated to the Caldicott function?

40% of respondents had no staff time allocated to support their role of Caldicott Guardian and only 15% had more support than one person for one day/week.



Q5 – Are you able to access specialist Confidentiality / Data Protection advice quickly if required?

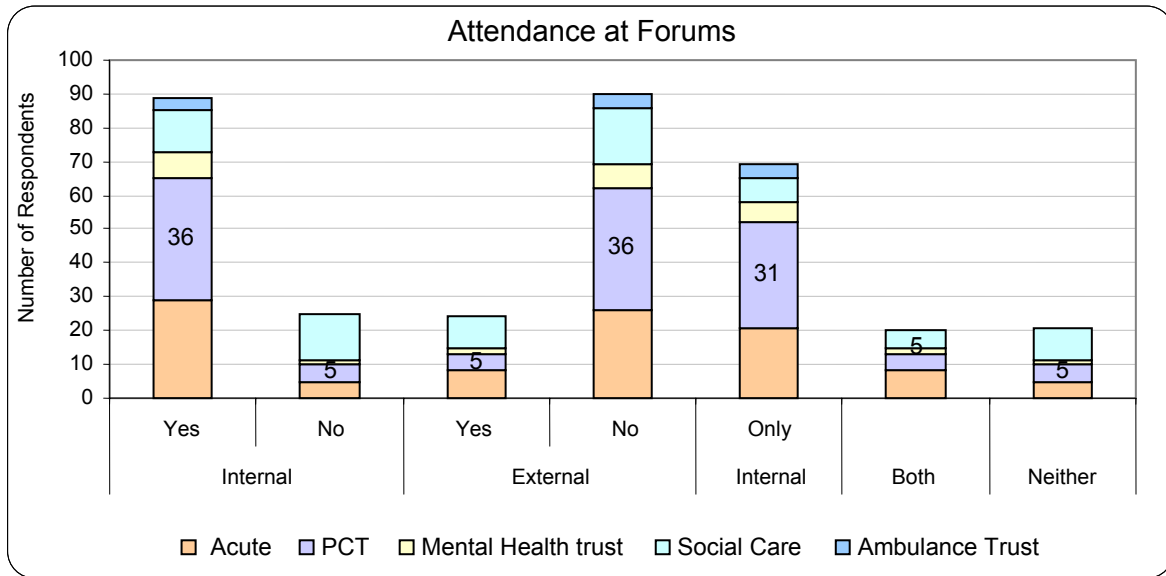
86% of respondents considered that they had access to specialist advice if required.

Q6 – Do you work closely with other Information Governance staff in your own organisation?

95% stated that they worked closely with other Information Governance staff within their organisation.

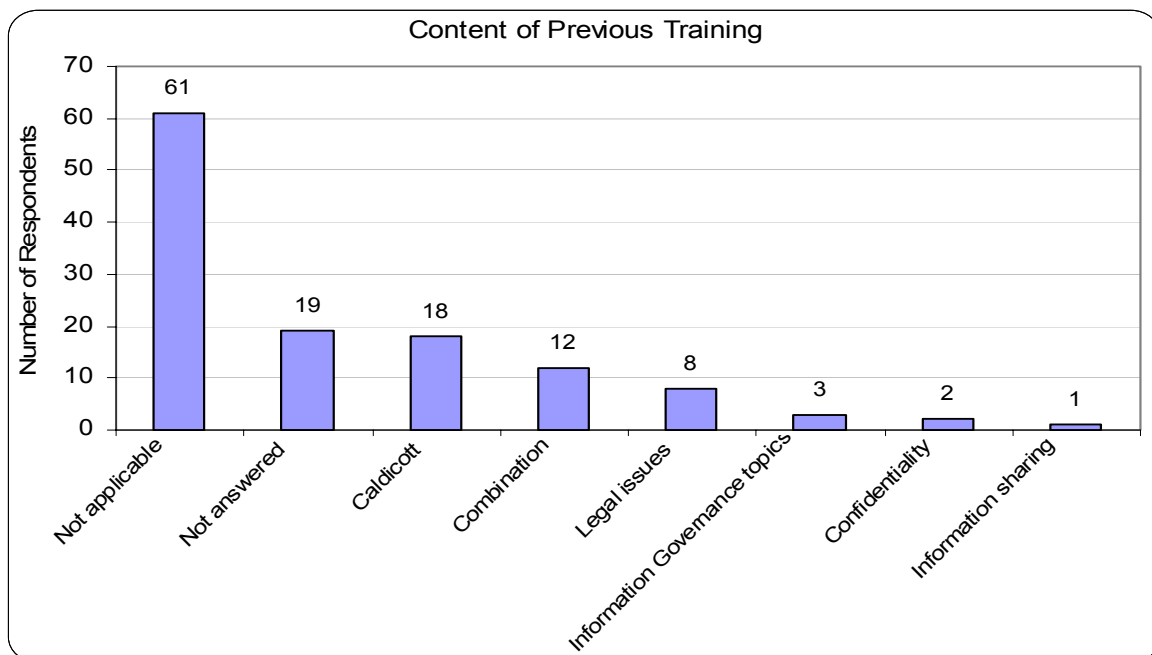
Q7 & Q8 – Do you attend an internal or external Information Governance group / board?

Overall, 88% of respondents attended internal Information Governance groups or boards whilst only 22% attended external ones. 18% of respondents did not attend either internal or external groups.



Q 9& Q10 – Have you received any training relevant to your Caldicott Guardian role and if so what was this and how was it delivered?

61% of Caldicott Guardians said they had not received any training relevant to their role as Guardian.



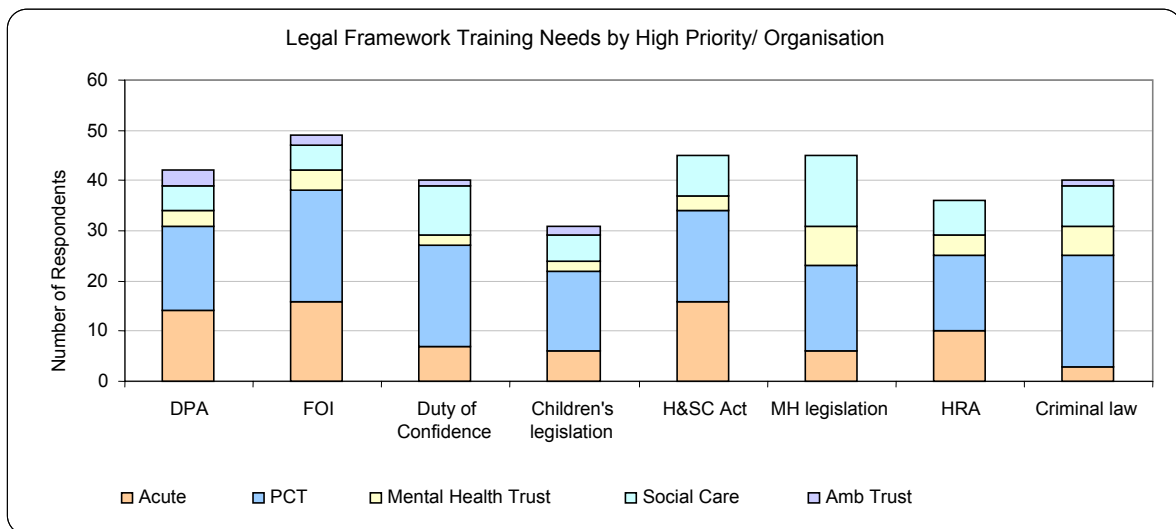
Most of the training received by Caldicott Guardians had been delivered through national training events.



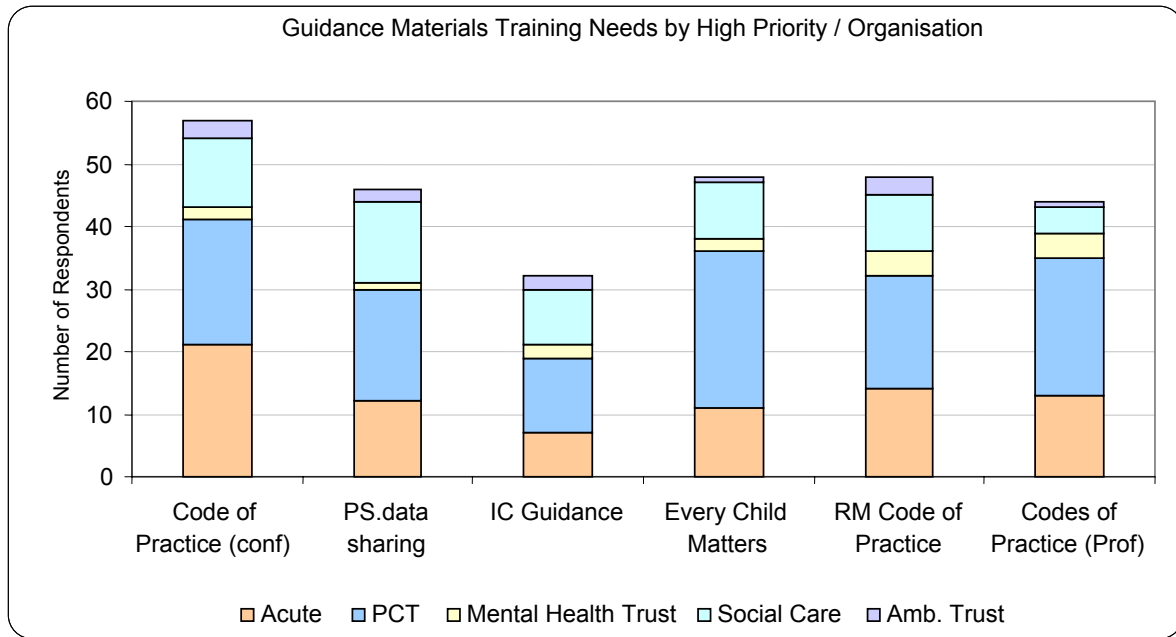
RESPONSE TO SPECIFIC QUESTIONS – Training Needs

As part of the survey, Caldicott Guardians were asked to give an indication of their future training needs, specifically what training was required and how they would prefer this to be delivered. Training was broken down into three areas: legal framework, e.g. legislation and Acts of Parliament pertinent to Information Governance, guidance materials, e.g. to support implementation of the legal framework and local operational issues, e.g. local initiatives or implementation locally of national initiatives. Survey results were further analysed to see whether the organisational background and professional background of respondents influenced training needs or preferences in the way this could be delivered.

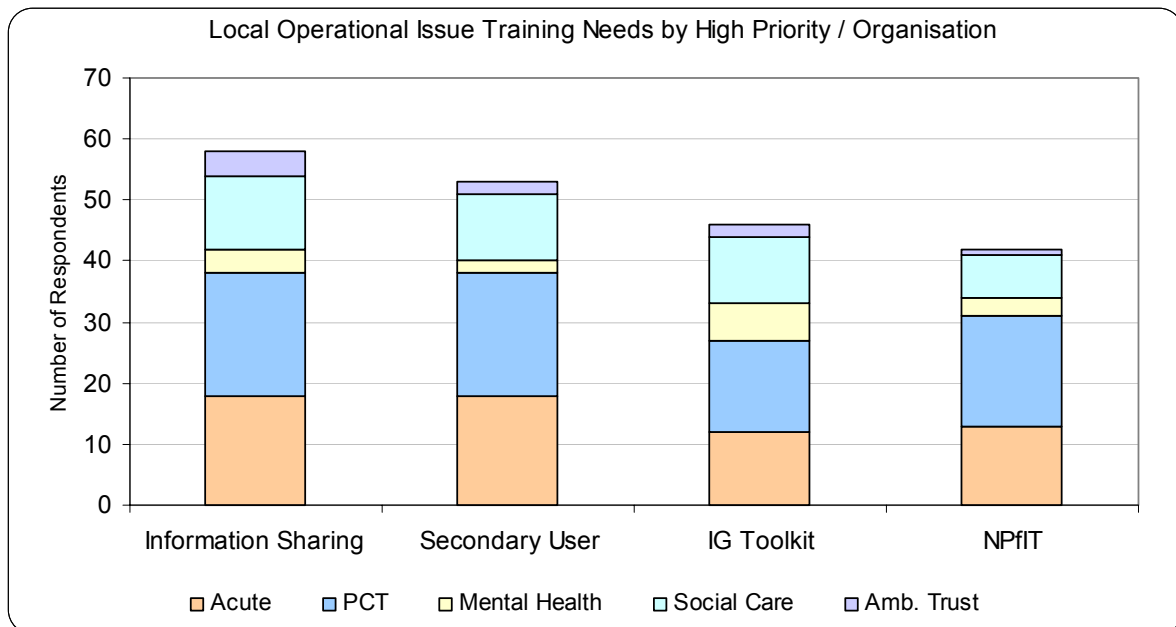
In terms of the legal framework, most respondents stated Freedom of Information, followed jointly by the Health and Social Care Act and mental health legislation as high priority areas for training.



Guidance on the Confidentiality Code of Practice figured high on 58% of all respondents' wish lists and was the top priority for respondents from Acute Trusts.

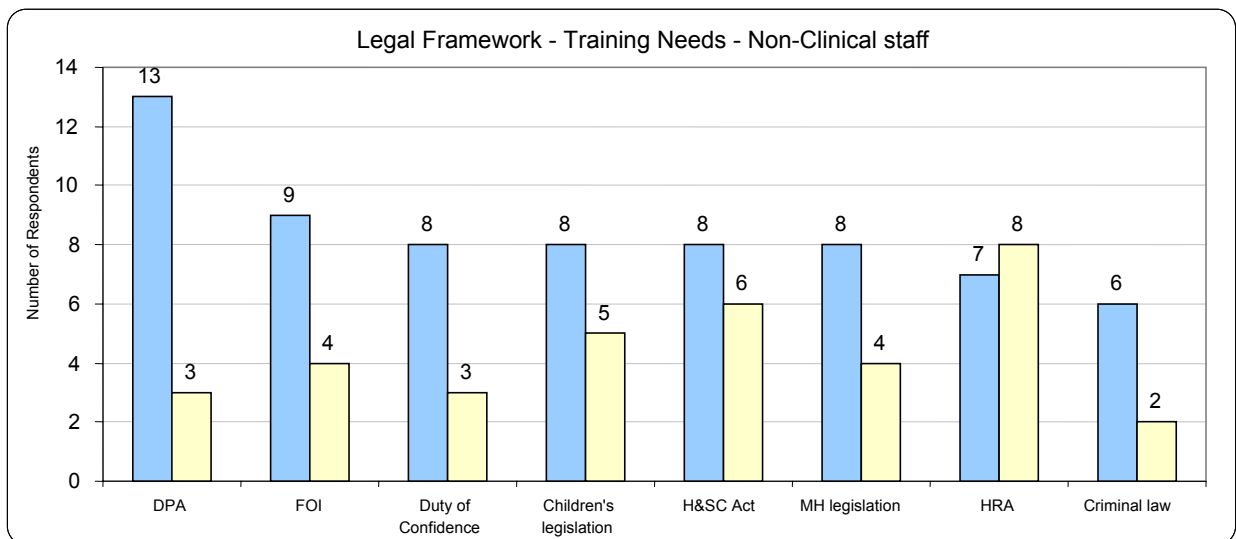
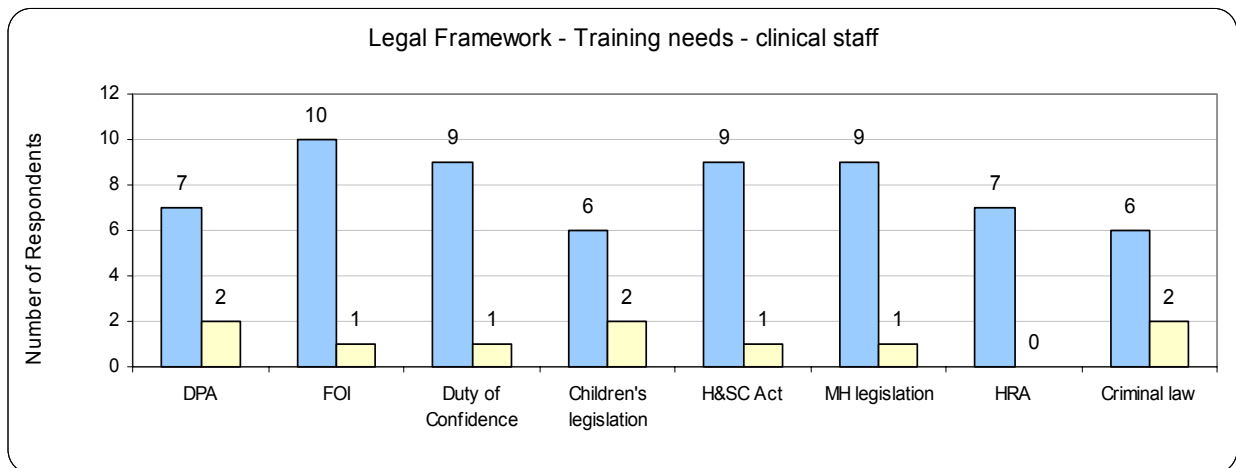
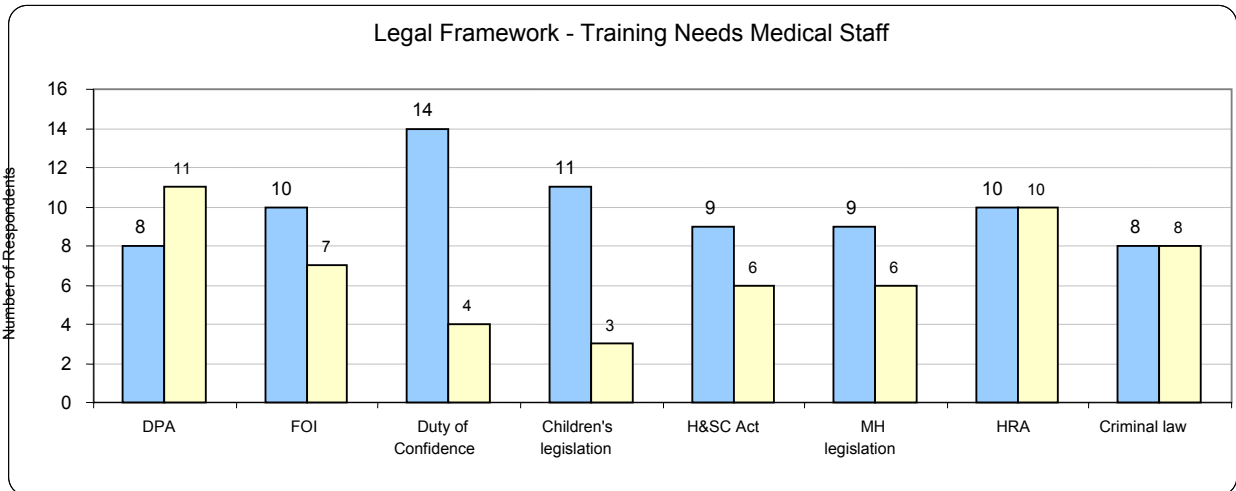


Respondents working in Acute, Primary and Social Care organisations had common training requirements on local operational issues, all citing information sharing as their number one priority. The majority of Mental Health Trust respondents named the IG Toolkit as a priority training area.



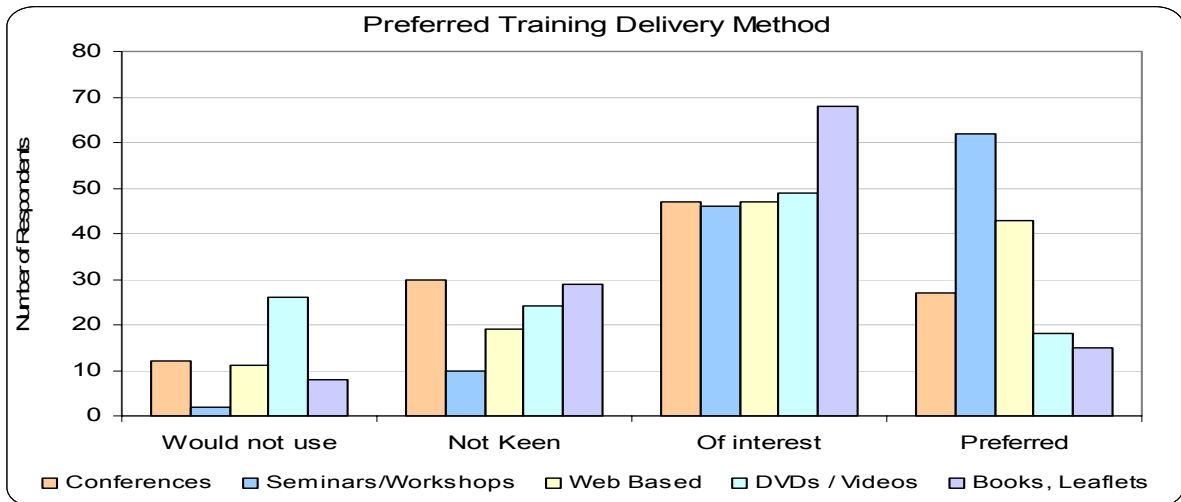
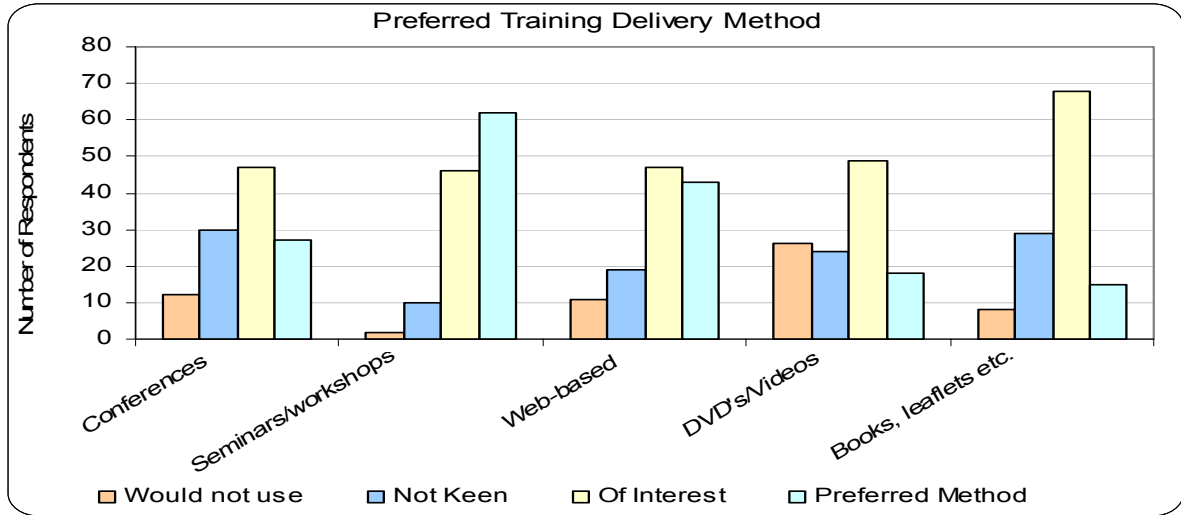
Respondents varied considerably in their perceived requirements for additional training and although there were some areas where the majority agreed on areas of high priority, in many cases opinion was split on the value of training in a particular area.

Key High Low

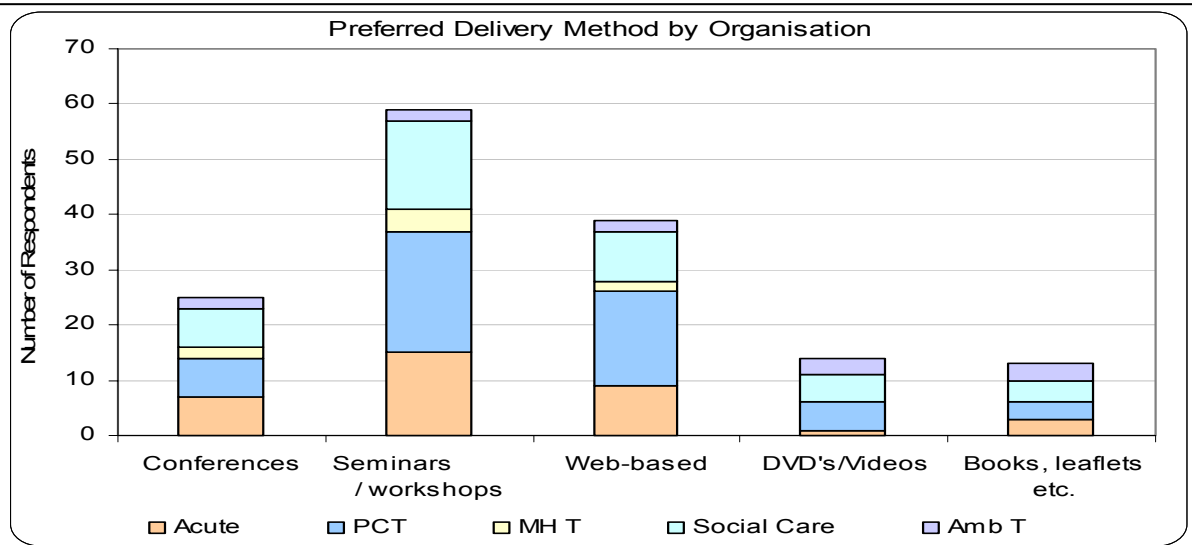


RESPONSE TO SPECIFIC QUESTIONS – Training Delivery

Seminars and workshops were clearly the preferred way of delivering training with 61% of respondents stating this as their first choice. Delivery of training through web-based, interactive learning was also popular, particularly with PCT respondents.

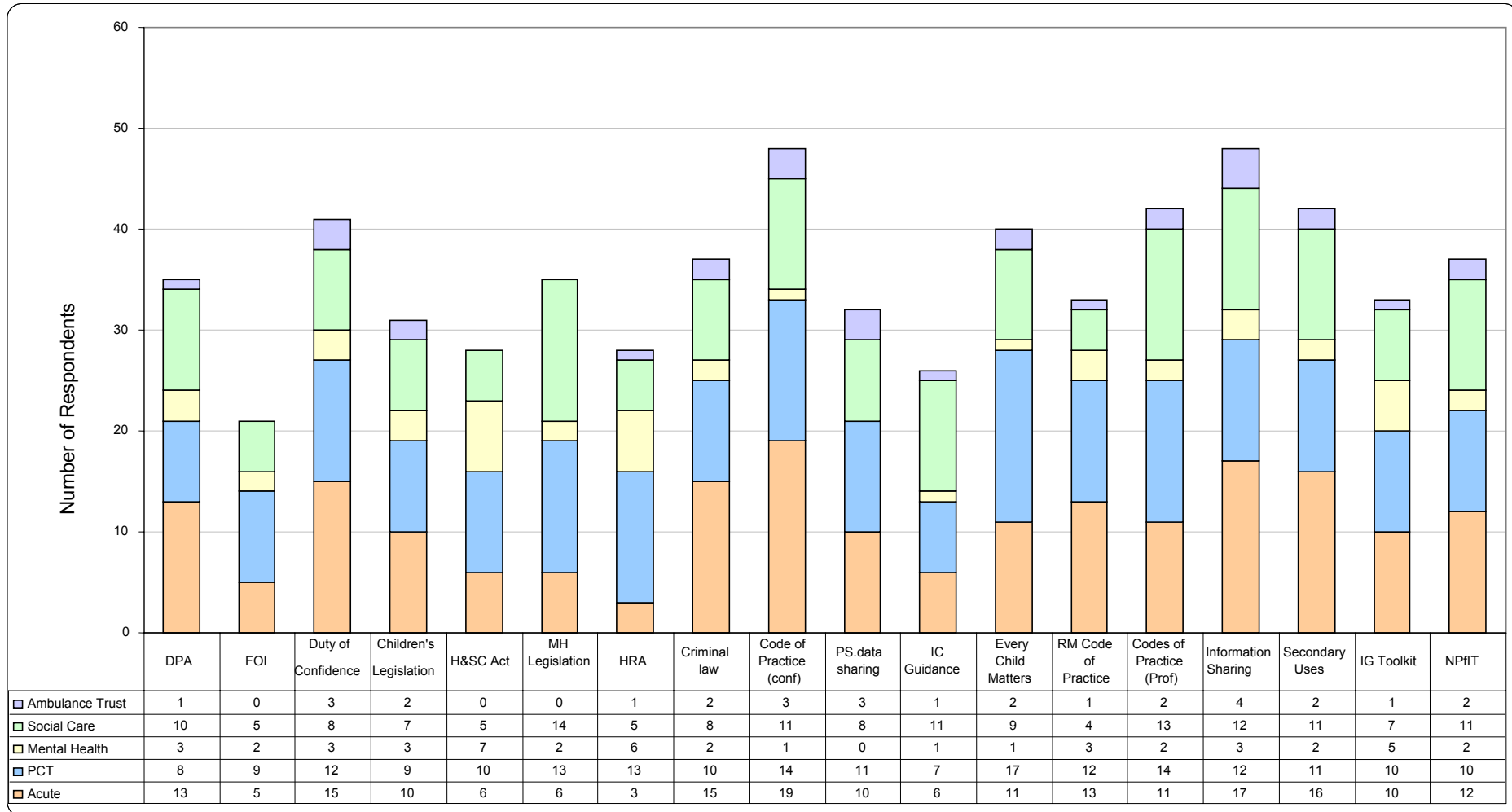


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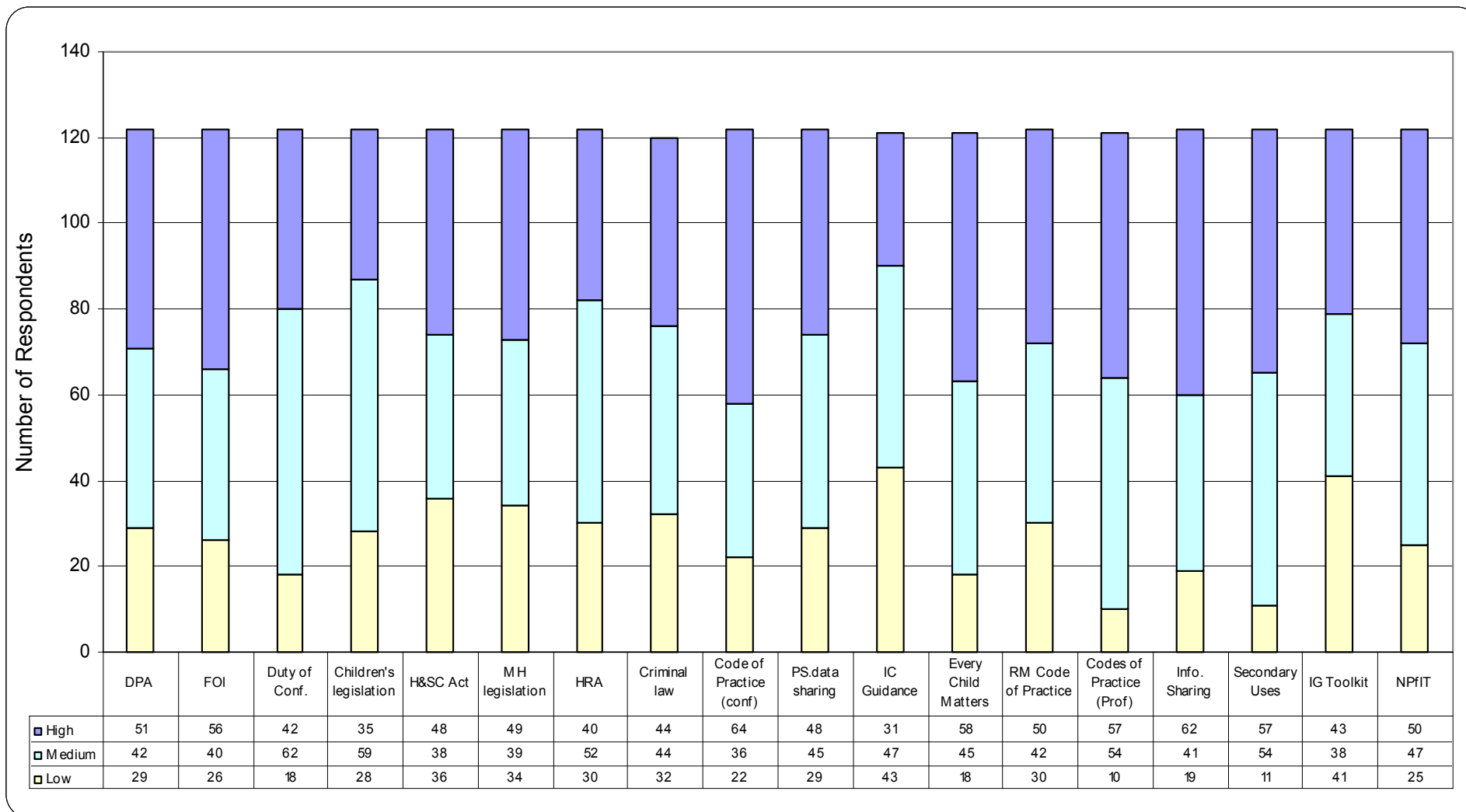
Overall Training Needs by Organisation and Topic

Appendix B



Overall - Training Needs by Priority

Appendix C



Caldicott Guardians Training Needs Analysis and Survey form

Name						
Profession	Doctor Nurse PAM IM&T S.Care Other (specify).....					
Substantive job title						
Organisation Type	Acute PCT MHT AmbT S.Care Other (specify)					
General						
1.	How long have you been a Caldicott Guardian?	Number of years: 0-1 1-2 2-3 3-4 4-5 5+				
2.	Do you have a Job Description for your Caldicott Guardian Role?	Yes		No		
3.	How much (approx.) of your weekly time is allocated to Caldicott Guardianship?	Number of days: ½ 1 2 3 4 5				
Internal support						
4.	How much (approx.) support staff time is allocated to the Caldicott function? wte/days per week (Put zero if you have no support)				
5.	Are you able to access specialist confidentiality/Data Protection advice quickly if required?	Yes		No		
6.	Do you work closely with other Information Governance staff in your own organisation?	Yes		No		
7.	Do you attend an internal Information Governance group/board?	Yes		No		

External support networks			
8.	Do you regularly attend a Caldicott or IG network/group outside of your organisation?	Yes	No
<p>We would find it helpful to catalogue all networking groups. If there is a group in your area it would be helpful if you could provide a contact e-mail address for the group's convenor/facilitator, the title of the group and the frequency of meetings.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			
Training and Development			
9.	Have you received any training relevant to your Caldicott Guardian role?	Yes	No
		No	
10.	<p>What training have you received? (E.g. topics, delivery method)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		
Future Development Needs. Please indicate against each listed topic whether you believe training would be: <u>High</u> priority, <u>Medium</u> priority, <u>Low</u> priority			
The Legal Framework			
11.	Common law duty of confidentiality	High	Med Low
12.	Data Protection Act	High	Med Low
13.	Health & Social Care Act 2001 (Section 60)	High	Med Low
14.	Human Rights Act	High	Med Low
15.	Freedom of Information Act	High	Med Low
16.	Mental Health legislation (e.g. Mental Capacity Act)	High	Med Low
17.	Children's legislation (e.g. Children's Acts)	High	Med Low
18.	Criminal law, (e.g. Crime & Disorder Act; Multi-Agency Public Protection Agreements; Youth Offending Teams)	High	Med Low
Guidance materials			

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19.	DH Confidentiality Code of Practice	High	Med	Low	
20.	DH Records Management Code of practice	High	Med	Low	
21.	Professional Codes & Guidelines (e.g. GMC)	High	Med	Low	
22.	Public sector data sharing (DCA guidance)	High	Med	Low	
23.	Working together to safeguard vulnerable children / Every Child Matters	High	Med	Low	
24.	Guidance from the Information Commissioner's Office	High	Med	Low	
Local operational issues					
25.	Information sharing protocols/agreements	High	Med	Low	
26.	Secondary uses of data (research, audit, public health)	High	Med	Low	
27.	National Programme for IT	High	Med	Low	
28.	Information Governance Toolkit	High	Med	Low	
Other topics and issues (Use the space below to tell us about any topics or issues that should be covered in training and are not already described)					
		High	Med	Low	
		High	Med	Low	
Please indicate how you would prefer Caldicott Guardian training to be delivered. Rate as 3 = Preferred, 2 = Of interest, 1 = Not keen, 0 = Would not use					
29.	Conferences	0	1	2	3
30.	Seminars/workshops	0	1	2	3
31.	Web-based, interactive learning	0	1	2	3
32.	DVD's/Videos	0	1	2	3
33.	Books, leaflets etc.	0	1	2	3