

UK Council of Caldicott Guardians



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What is a Caldicott Guardian?

A Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing.

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 patient-identifiable information between NHS organisations in England and to non-NHS bodies. Central to the recommendations was the appointment in each NHS organisation of a “Guardian” of person-based clinical information to oversee the arrangements for the use and sharing of clinical information. Subsequent work extended the requirement to appoint Caldicott Guardians into Councils with Social Services Responsibilities.

Caldicott Guardians play a key role in ensuring that their organisations satisfy the highest practical standards of confidentiality and security for handling patient-identifiable information. Acting as the ‘conscience’ of an organisation, the Guardian actively supports work to facilitate and enable information sharing and advises on options for lawful and ethical processing of information as required.

Further information about the role of the Caldicott Guardian is available in:

- The Caldicott Guardian Manual 2006:
www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/Patientconfidentialityandcaldicottguardians/DH_4100563
- Caldicott Guardian Manual (Scottish version) 2007:
www.elib.scot.nhs.uk/portal/ig/pages/BrowseDirectoryList.aspx?nid=129979&ret=http://www.elib.scot.nhs.uk/portal/ig/pages/index.aspx
- Caldicott - Principles into Practice (Welsh Version) 2008:
www.wales.nhs.uk/caldicott

What is the UK Council of Caldicott Guardians?

The Council is an elected body made up of Caldicott Guardians from organisations involved in the provision of health and social care services in the United Kingdom. It was set up to facilitate the sharing of good confidentiality practice and the promotion of a national approach to confidentiality and information sharing.

What does the Council do?

The Council has a Constitution which contains the following terms of reference:

- To be the national body for Caldicott Guardians.
- To promote the roles and activities of Caldicott Guardians within the UK.
- To be a forum for the exchange of information, views and experience amongst all Caldicott Guardians.
- To seek, consider and to represent the views of Caldicott Guardians on matters of policy relating to the organisation and delivery of Information Governance.
- To be a channel of communication upon Caldicott matters with national organisations concerned with the NHS, the independent health sector, local government and health and social care professionals.
- To act as a resource centre, provide support and arrange learning opportunities for Caldicott Guardians, both current and of the future.



Chairman's Report

This is the first Annual Report of the UK Council of Caldicott Guardians published to coincide with our first AGM and Annual Conference. At the Conference, some 600 Caldicott Guardians and IG specialists will listen to an impressive programme of speakers including our "job title" – Dame Fiona Caldicott who will speak about the Evolution of the Role of Caldicott Guardians.

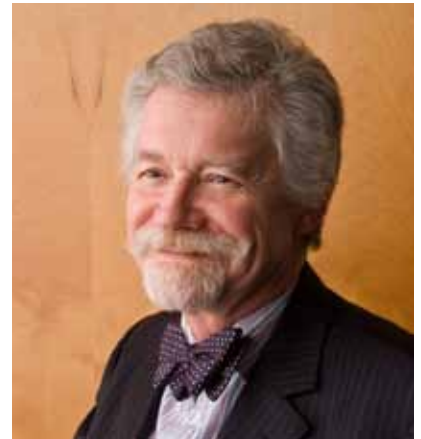
Having been Bupa's Caldicott Guardian since 1997 and involved in the working group that established the Council, it has been an honour and privilege to have chaired the Council for the last three years as its inaugural Chairman.

Much has been achieved by Council during those three years, details of which can be found in the rest of the Report and on our website. However, much of the credit for this must go to the Council Secretariat (Magi Nwolie, Phil Walker and Marie Greenfield) whose support, counsel and hard work has been significant.

I would also like to place on record my appreciation of the support of Council and its professionalism and commitment to the development of the role of Caldicott Guardians.

There is an old Chinese proverb "May you live in interesting times." We have certainly done that. The last eighteen months has seen extensive media coverage of data losses – losses that have affected a significant proportion of the population. The effect of these data loss incidents has had a significant impact on the whole area of data security, information governance and confidentiality in the public and private sectors; with adverse media exposure, fines and enforcement notices issued by Regulators and contractual impact. Indeed, there has been an increase in Letters of Undertaking issued by the Information Commissioner against Health Trusts and Boards over recent months.

The loss of the infamous two CDs by HMRC with 25 million Child Benefit Records led to more security reviews, reports, investigations, Policies and logging of losses than any other incident I am aware of in over 30 years of being involved in Information Governance. This one incident has raised information governance to Board level awareness and commitment.



There were a plethora of Reports published last year as a result of data losses and concerns over data sharing. Council reviewed the recommendations of these Reports from a Caldicott perspective and commented appropriately with respect to changes to IG Policies and the IG Toolkit. Council also responded to the consultation on the Data Sharing Review (Thomas & Walport) and the NHS Constitution with respect to the fundamental Caldicott Principle – that of protecting patient confidentiality.

This concern continues with clause 152 of the Coroners and Justice Bill currently going through Parliament, which potentially gives all ministers (UK and devolved administrations) power to access patient records. In the last three years the information governance environment has changed dramatically; public awareness of confidentiality has increased, as have public expectations. But, and this is a big but, we are still experiencing the same issues of data losses, inappropriate data sharing and ineffective information governance. We do not seem to have learned from the many public mistakes of others. In part, this is the result of under funding of information governance over many years; of an out dated cultural approach to confidentiality and a failure to properly support and fund Caldicott Guardians.

I have to say that post the “two CDs” debacle I can see a glimmer of improvement in protecting patient confidentiality and in information governance at the end of a long tunnel. There is much for Council and each of you to do.

Stephen Hinde

Chair of the UK Council of Caldicott Guardians

Our work 2005 – 2008

The Council first met in October 2005 and has met on a quarterly basis since. During this time we have developed a strategic work plan (see Appendix B) and have:

Published resources for Caldicott Guardians, including:

- The Caldicott Guardian - a quarterly newsletter available at: <http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/caldicott/newsletter>
- The Caldicott Guardian website, available at: <http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/caldicott>
- A training needs analysis questionnaire and report for Caldicott Guardians, see: <http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/caldicott/caldresources/training>

Provided advice and guidance to Caldicott Guardians and Information Governance managers on:

- Disclosure of information for crime and disorder purposes.
- Sharing information with the Samaritans.
- Retention of investigatory information relating to suspected drug misuse.
- Patient disclosure of information notices.
- Disclosure of deceased patient records.
- Using automatic sending for the GP2GP system.

Developed a close working relationship with the National Information Governance Board for Health and Social Care:

The National Information Governance Board for Health and Social Care (NIGB) provides leadership and promotes consistent standards for information governance across health and social care. It considers ethical issues; the interpretation and application of the law and policies; and provides advice on information governance matters at a national level. The Board reports annually to the Secretary of State for Health and is responsible for the NHS Care Record Guarantee for England.

- The Council has a seat on the NIGB.
- The two bodies have developed a Statement of Collaborative Working.
- The Chair of the NIGB has attended Council meetings to discuss the DH/NHS Information Governance review and the role of the Caldicott Guardian.
- The Council has referred the issue of medical students' access to hospital IT systems to the NIGB.
- The Council representative sits on the Research Capability Programme Reference Group to give a Caldicott view.

Provided formal responses to consultations:

- Thomas / Walport: Data sharing review.
- Department of Health: The NHS Constitution.
- NHS Connecting for Health: Consultation on public, patients, and other interested parties views on additional uses of patient data.
- NHS Security Management Service of the NHS Business Services Authority: Marking the electronic care records of violent patients.

Approved:

- The revised Caldicott Guardian Manual 2006.
- The Caldicott Guardian Manual - Scotland 2008.
- The Foundation Manual for Caldicott Guardians – Wales 2008.
- Job descriptions for NHS and Social Care Guardians.
- Information Governance training for Caldicott Guardians via the IG Training Tool (Available at: <http://www.connectingforhealth.nhs.uk/igtrainingtool>).
- A project to review IG resourcing within the NHS.
- A change to our Constitution to better reflect our constituencies.
- The Caldicott Guardian strap line of: Protecting the confidentiality of Your Health & Social Care Data.
- A definition of Caldicott Guardians as the: "Senior Person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing."

Considered:

- The role and activities of Caldicott Guardians in relation to the NHS Care Records Service, specifically in relation to access to the service and confidentiality alerts.
- Information sharing and outsourcing - European Economic Area / Data Protection Act issues and the need for risk assessment.
- The "Cherrie" project (Common Healthcare Educational Recordings Reusability Infrastructure): a review of consent issues and processes and other procedures relating to the secure deposit, sharing and reuse of clinical materials in teaching, research and other educational activities).
- Disclosure of information following a major incident.
- Secure transfers of data and the Information Governance Assurance Programme instigated by David Nicholson.
- Audit Commission Code of Practice on data matching Consultation.

Our work 2005 – 2008 *(cont.)*

Received presentations and participated in discussions with representatives from:

- The Department of Children, Families and Schools in relation to ContactPoint.
- The British Medical Association Ethics Committee on key issues relating to confidentiality.
- Community pharmacies on the usage of national systems and smartcards in community pharmacies.
- The Patient Information Advisory Group on the role of PIAG (now the Ethics & Confidentiality Committee of the NIGB).
- Samaritans in relation to their work in delivering services to NHS patients and the difficulties around sharing patient information.
- Reviewed the following papers from NHS Connecting for Health:
 - Opt in / opt out and monitoring of confidentiality alerts in relation to the NHS Care Records Service.
 - A paper on the common law duty of confidentiality.
 - Anonymisation of personal information.
 - Public interest disclosure of confidential information.

Outside of meetings, discussions took place with:

- Samaritans.
- Researchers from the Cherrie project.
- Scottish Executive Health Department IG Managed Knowledge Network.
- The British Association for Adoption and Fostering re Access to Information and Support Services for Post Care Adults.
- Defence Medical Service Department (MoD).



The Council members

To 25 February 2009

At the time of writing, elections to the Council were being held. The members below comprise the composition of the Council until 25 February 2009.

- **Chair: Mr Stephen Hinde**, Group Information Protection Manager and Group Caldicott Guardian, BUPA
- **Vice Chair: Dr Stephen Watkins**, Director of Public Health, Stockport PCT
- **Dr. Stella Clarke**, Association of Medical Directors Fife NHS
- **Dr. Tom Dening**, Medical Director, Cambridgeshire & Peterborough Mental Health Partnership NHS Trust
- **Ms. Stephanie Ellis**, Chair of Camden and Islington Community NHS Local Research Ethics Committee and a member of the Ethics and Confidentiality Committee of the NIGB
- **Dr. Elizabeth Fellow-Smith**, Medical Director, West London Mental Health NHS Trust
- **Mr. Ben Heal**, Caldicott Guardian, Sefton Social Services
- **Professor Dame Joan Higgins**, Chair of the Ethics and Confidentiality Committee of the NIGB
- **Dr Alex Horne**, Medical Director, North East London NHS Foundation Trust
- **Dr. Emyr Wyn Jones**, Consultant Physician and Medical Director, Doncaster & Bassetlaw Hospitals NHS Foundation Trust
- **Dr Alison McCallum**, Director of Public Health and Health Policy, NHS Lothian
- **Dr Lorna Ramsay**, Associate Specialist PHM (Health Informatics), ISD Clinical Lead for eHealth, National Clinical Dataset Development Programme (NCDDP), & NHS Scotland Information Governance Programme
- **Mr. David Riley**, Information Governance Manager and Caldicott Guardian, London Borough of Greenwich
- **Dr. Guy Turner**, Consultant Anaesthetist / Caldicott Guardian, Royal West Sussex NHS Trust
- **Mr. Phil Walker**, Deputy Director of Digital and Health Information Policy, NHS Connecting for Health

The Council members

25 February 2009 onwards

The Council members as of 25/02/2009

- **Chair: Dr. Emyr Wyn Jones**, Consultant Physician and Medical Director, Doncaster & Bassetlaw Hospitals NHS Foundation Trust
- **Joint Vice Chair: Dr. Tom Dening**, Medical Director, Cambridgeshire & Peterborough Mental Health Partnership NHS Trust
- **Joint Vice Chair: Mr. Ben Heal**, Caldicott Guardian and lead welfare Emergency Planner, Health and Social Care Department, Sefton Council
- **Mr Rob Bellingham**, Director of Standards & Performance, NHS Blackburn with Darwen
- **Dr. Stella Clarke**, Association of Medical Directors, NHS Fife
- **Ms. Stephanie Ellis**, Chair of Camden and Islington Community NHS Local Research Ethics Committee
- **Mr Christopher Fincken**, Caldicott Guardian, Hereford Hospitals NHS Trust
- **Mr Mike Foster**, Associate Director of Risk Management, Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust
- **Professor Dame Joan Higgins**, Chair of the Ethics and Confidentiality Committee of the National Information Governance Board for Health and Social Care
- **Mr Stephen Hinde**, Group Information Protection Manager, BUPA Group
- **Dr Alex Horne**, Medical Director, North East London NHS Foundation Trust
- **Ms Sandra Howard**, Head of Adults Social Care and Health, London Borough of Waltham Forest
- **Dr Alison McCallum**, Director of Public Health and Health Policy, NHS Lothian
- **Ms Mary Monnington**, Director of Nursing & Patient Safety, Somerset PCT
- **Dr Janet Murray**, Information Service Division, NHS Scotland
- **Mr. David Riley**, Information Governance Manager and Caldicott Guardian, London Borough of Greenwich
- **Mr Martin Strange**, Head of Information Governance and Caldicott Guardian, Lloydspharmacy Ltd
- **Dr. Guy Turner**, Consultant Anaesthetist / Caldicott Guardian, Royal West Sussex NHS Trust
- **Mr. Phil Walker**, Deputy Head of Digital and Health Information Policy, NHS Connecting for Health
- **Ms Claire Warner**, Director of Communications and Corporate Affairs, NHS Dorset

Appendix one

The United Kingdom Council Of Caldicott Guardians Constitution

1. NAME

The name of the Council will be “The United Kingdom Council of Caldicott Guardians” which is an independent council supported by NHS Connecting for Health.

2. OBJECT

- To be the national body for Caldicott Guardians.
- To promote the roles and activities of Caldicott Guardians within the United Kingdom.
- To be a forum for the exchange of information, views and experience amongst all Caldicott Guardians.
- To seek, consider and to represent the views of Caldicott Guardians on matters of policy relating to the organisation and delivery of Information Governance.
- To be a channel of communication upon Caldicott matters with national organisations concerned with the NHS, the independent health sector, local government and health and social care professionals.
- To act as a resource centre, provide support and arrange learning opportunities for Caldicott Guardians, both current and of the future.

3. CONSTITUENTS

Those eligible to vote in elections of the Council shall be all registered Caldicott Guardians i.e. included in the national Caldicott Guardian Register, howsoever their job is entitled, provided such work involves Caldicott activity and is conducted within the United Kingdom.

4. POWERS OF THE COUNCIL

The Council shall:

- a. elect from its membership its own office bearers and determine its own procedures, with a balance being maintained across the various disciplines represented in the Council;
- b. appoint committees/sub-committees with such powers as are deemed expedient;
- c. manage funds and authorise expenditure as it may deem necessary;
- d. have power to secure independent sources of funding should support from public funds become inadequate.

5. MEMBERSHIP AND OFFICE BEARERS OF THE COUNCIL

Office Bearers of the Council shall form an Executive and shall be:

- A Chairman
- A Vice Chairman

who shall be appointed at the Annual General Meeting of the Council from within the elected Council Members.

The composition of the Council will include the following constituencies:

- One member elected from the strategic health authorities and regulatory bodies
- Three members elected from the acute hospitals sector in England
- Three members elected from the primary care sector in England
- Three members elected from the social services sector in England
- Three members elected from the mental health services sector in England
- One member elected from the independent health sector in England
- Two members elected from the regional ambulance services
- One member elected from general medical practitioners
- One member elected to represent health, social care and voluntary organisations not already represented
- Two members elected from each of the devolved administrations
- One lay representatives
- One nominated member from NHS Connecting for Health

Co-opted members:

- The Chair of the Patient Information Advisory Group / or successor organisation
- One member from the Ministry of Defence
- One member from secure units providing healthcare (prisons and secure psychiatric hospitals)
- One member from research/public health/patient safety/secondary use service

Appendix one

The United Kingdom Council Of Caldicott Guardians Constitution (*cont.*)

Other members will be co-opted from time to time and against specific reason at the discretion of Council or the Executive thereof. Co-option by the Executive would be subject to review at the next Council meeting following the co-option.

Elected and co-opted members shall enjoy full voting rights; however, nominated members are not eligible to vote. Elected, nominated and co-opted members shall be eligible to attend all meetings of the Council and their attendance will register in the establishment of a quorum.

6. ELECTIONS

Nominations for the Office Bearers shall be intimated to the Secretariat along with the names of the proposers and seconders, who shall be Members of Council, 7 days before the date of the Annual General Meeting.

The Chairman will be a Caldicott Guardian and will be elected for three years and will not be eligible for re-election or election to other posts for a period of three years.

The Vice Chairman will be a Caldicott Guardian and will be elected for three years and will not normally be eligible for re-election, but will be eligible for election to other posts.

If the Chairman or Vice Chairman ceases to be a Caldicott Guardian or ceases to be a member of the Council, the office shall be declared vacant. A new Chairman or Vice Chairman will be elected at the next General Meeting.

From 2007, elections to the Council shall be held by postal ballot prior to the Annual General Meeting in each year.

Elected Members of Council will serve for three years and will be eligible for re-election.

Nominated Members of Council will serve for three years and will be eligible for re-nomination.

Co-opted members will serve for three years and will be eligible for re-nomination.

The tenure of elected Members of Council will overlap so that every year from 2007 one third of each constituency will be replaced in rotation within the constituency. To secure this the members elected in 2005 shall serve for 2, 3, or 4 years to be determined by order of votes received, or in the case of members elected unopposed, by election by the Council at its Annual General Meeting in 2006.

If a Member of the Council fails to attend a meeting on three consecutive occasions, without good reason, they will be asked to stand down and the post will be declared vacant. Nominations for a new Council Member will be sought from the relevant constituency.

7. GENERAL MEETING

The Annual General Meeting of the Council will normally be held in association with the Annual Conference. General Meetings, other than the Annual General Meeting, shall be called by written notification of 21 clear days. The quorum for a General Meeting or an Extraordinary General Meeting shall be five members.

General Meetings will be held at least four times per year at locations to be decided.

In the event of a drawn vote, the Chairman shall have a casting vote as well as a deliberative vote.

An Extraordinary General Meeting of the Council will be called at the written request of any five members addressed to the Secretariat giving notification of 21 clear days stating the express purpose for which the meeting is desired.

8. CASUAL VACANCIES

Casual vacancies among the Office Bearers, occurring between Annual General Meetings, will be filled at the discretion of the Executive acting together. The vacancy will be definitively filled by an open election at the next Annual General Meeting and those filling the casual vacancy will be eligible for re-election.

9. DUTIES OF THE SECRETARIAT

Secretariat support for the Council will be provided by NHS Connecting for Health. The Secretariat will issue all notices summoning meetings of members and shall record and file formal Minutes of all the meetings. The Secretariat will also undertake actions, within resource constraints, as determined by the Council.

10. ALTERATION OF THE CONSTITUTION

The Constitution will not be altered except by consent of two thirds of those members of the Council who are present at the Annual General Meeting or at a General Meeting expressly called for the purpose of considering a proposed alteration.

Notice of any such proposal will be given to each member in writing, at least 14 days before the date of the meeting at which the alteration is proposed to be made.

Appendix two

UK Council of Caldicott Guardians Strategic work plan

Purpose

The purpose of this document is to provide a structured and formal process for the work of the UK Council of Caldicott Guardians, an elected body of Caldicott Guardians from the health and social services settings.

The strategic work plan sets out how the Council intends to address issues identified as important by the wider Caldicott community, and how it will meet the objectives defined in its Constitution. The plan includes an education, training and development component to facilitate the provision of appropriate training to Caldicott Guardians.

Background

The UK Council of Caldicott Guardians was set up in late 2004 as a national body for Caldicott Guardians. It has developed a Constitution (UKCGC0205) that sets out the Council's composition, powers, role and objectives. The Council's objectives are:

- To be the national body for Caldicott Guardians
- To promote the roles and activities of Caldicott Guardians within the United Kingdom
- To be a forum for the exchange of information, views and experience amongst all Caldicott Guardians
- To seek, consider and to represent the views of Caldicott Guardians on matters of policy relating to the organisation and delivery of Information Governance
- To be a channel of communication upon Caldicott matters with national organisations concerned with the NHS, the independent health sector, local government and health and social care professionals
- To act as a resource centre, provide support and arrange learning opportunities for Caldicott Guardians, both current and of the future.

The full Constitution document and meeting papers of the Council can be accessed from:

www.connectingforhealth.nhs.uk/systemsandservices/infogov/policy/caldicott

Following its inaugural meeting in October 2005, the Council sought information from the wider Caldicott community about issues and topics of concern. The community identified concerns regarding the confidentiality and security of patient / service user information and appropriate and legal information sharing. Additionally, there was a recognition of the further challenges presented by the range of services to be delivered under the National Programme for Information Technology by NHS Connecting for Health.

The UK Council of Caldicott Guardians work plan

Key Objective	Priority	Purpose	Work to be done/progress	Lead	Targets and Progress
EDUCATION TRAINING AND DEVELOPMENT					
Carry out training needs analyses for new and existing CGs.	High	To enable the development of targeted and appropriate training for new and existing CGs.	Draft a training needs analysis (TNA) form and circulate it to the Council for review.	Secretariat	Completed
		To develop an understanding of the different environments in which CGs work and the way the Caldicott function is performed.	Circulate the TNA to the Caldicott community either by email or via a website.	Secretariat	Completed
			Collate results of TNA and feedback to the Council and Caldicott community.	Secretariat	Full report published November 2006 and available at: www.connectingforhealth.nhs.uk/systemsandservices/infogov/policy/resources/training_needs
Review training delivery methods for CG training.	High	To ensure that the training provided is accessible and cost-effective.	Obtain advice from ETD personnel within NHS CFH about providing and evaluating training.	Secretariat	On-going discussions
			Review the IG Training Tool developed by NHS CFH and Cerner.	Council	Reviewed
			Review feasibility of providing training videos and booklets, a national training day and regional seminars.	Secretariat / Council	August 2008
Provide formal induction training for new CGs and on-going training for existing CGs.	High	To establish a baseline of good practice and support services.	Review new e-learning tool developed by NHS CFH and Epic	Council	April 2008
		To assist CGs to engage with the expanding IG agenda	Ensure training is developed in accordance with the TNA and the review of training delivery methods.	Secretariat / Council	Initial materials made available at: www.connectingforhealth.nhs.uk/systemsandservices/infogov/policy/resources/training
			Inform the Caldicott community of the training provisions made available to them.	Secretariat	
		Monitor take-up of training.		Secretariat	

The UK Council of Caldicott Guardians work plan

Key Objective	Priority	Purpose	Work to be done/progress	Lead	Targets and Progress
EDUCATION TRAINING AND DEVELOPMENT					
Evaluate the training provided to new and existing CGs.	High	To ensure that the training offered is adequate, relevant and up-to-date. To inform the development of further training.	Develop an evaluation form based on ETD personnel advice. Make the evaluation forms available to all who have undertaken the training. Collate the responses and feedback to the Council and Caldicott community.	Secretariat Secretariat Secretariat	Within IG e-learning tool, scheduled for release 2008 Allow three months for responses after release and publication of IG e-learning tool
Key Objective					
Purpose					
Work to be done/progress					
Lead					
Targets and Progress					
IMPROVE AND DEVELOP COMMUNICATIONS					
Host a national conference for CGs and others carrying out the Caldicott function.	Medium	To publicise the Council and this work plan, and to inform the Caldicott community and others of progress within NHS CFH, in particular in relation to the NHS Care Record Service.	Make contact with events personnel to determine the options and resources required to host a national conference. If a conference is feasible, engage/contract events personnel. Publicise the conference to the Caldicott community.	Secretariat Secretariat / Council Secretariat / Council	August 2007 November 2008 2008
Publish a quarterly newsletter (The Caldicott Guardian).	High	To inform the Caldicott community of current issues and new developments.	Provide a first draft for discussion and circulate before the next meeting of the Council. Review the newsletter and send comments and suggestions for improvement to the Secretariat. If necessary amend the newsletter based on comments and suggestions. Place final version on the Caldicott website and circulate email to CGs advising them of publication.	Secretariat Council Secretariat Secretariat	7th edition published March 2008 Completed Completed Completed

The UK Council of Caldicott Guardians work plan

Key Objective	Priority	Purpose	Work to be done/progress	Lead	Targets and Progress
IMPROVE AND DEVELOP COMMUNICATIONS					
Develop a UK Council of Caldicott Guardians website.	High	To inform the Caldicott community of the work of the Council, training opportunities, resources and links to other sites of interest.	Minutes, agendas, membership and the Constitution of the Council are now available on the IG Policy site of the NHS CFH website	Secretariat	June 2006 www.connectingforhealth.nhs.uk/systemsandservices/infogov/policy/caldicott
Set up a Caldicott Guardian email distribution list.	High	To notify the Caldicott community of important and time-limited issues.	An emailing list for Caldicott Guardians and others has been compiled and is maintained by the Secretariat.	Secretariat	Completed
Consider setting up a discussion forum or special interest group.	Medium	To develop a forum for Caldicott specific issues to be confidentially discussed.	Determine whether there is interest in such a group.	Secretariat	Sept 2007
PROVIDE ACCESS TO ADVICE AND GUIDANCE					
For all CGs to be fully informed of the scope and extent of the Caldicott function.	High	To provide up-to-date advice about the Caldicott function.	Assist in the review and update of the NHS and Caldicott Manual.	Council	Completed
			Obtain a first draft of the NHS Caldicott Manual for discussion at the next Council meeting.	Secretariat	Completed
			Assist in the review and update of the Social Care Caldicott Manual.	Council	Work plans are being drawn up following a social care workshop held June 2007
			Review NHS Caldicott Manual and send comments to the Secretariat.	Council	Completed
			Revise NHS Caldicott Manual as necessary and publish on the Council website.	Secretariat	Published October 2006, available at: www.connectingforhealth.nhs.uk/systemsandservices/infogov/policy/resources/new_guidance/caldicott_2006.pdf

The UK Council of Caldicott Guardians work plan

Key Objective	Priority	Purpose	Work to be done/progress	Lead	Targets and Progress
PROVIDE ACCESS TO ADVICE AND GUIDANCE					
To develop a 'Useful Links' page for the website.	High	To ensure that all CGs are aware of the guidance available from other sources.	Seek information about guidance that has been useful to CGs.	Secretariat	August / Sept 2006
			Review the guidance to ensure it remains relevant and up-to-date.	Secretariat / Council	On – going
			Where possible, place the link to appropriate guidance on the Council website.		On – going
Work to be done/progress					
Lead					
Targets and Progress					
DEVELOP AND MAINTAIN LINKS WITH OTHER BODIES					
Make contact with existing local Caldicott groups.	Medium	To seek assistance and advice with setting up other local networks, in particular regarding maintaining attendance and interest levels.	Make contact with any known Caldicott Groups / Forums revealed by the TNA and Survey. Some members of the Council have undertaken to contact Guardians in their area with a view to hosting a local group.	Secretariat / Council Council	On – going On – going
Make contact with the professional bodies, such as the BMA, GMC, NMC, the General Social Care Council, the Academy of Royal Colleges, etc.	Medium	To raise awareness of the work of the Council and to encourage joint working strategies, e.g. utilising the GMC guidance on teamwork.	Council meeting attended by British Medical Association representative.	Council	July 2006
Work with other teams within NHS Connecting for Health	Medium	To influence the debate on all aspects of Caldicott and information governance, in particular regarding the NHS Care Record Service.	Meeting held with senior representatives of the Samaritans regarding patients / service users referred to them by the NHS. Contact has been made with Harry Cayton and Phil Brown as part of the NHS IG review, to inform them of the work of the Council and of Caldicott Guardianship in general.	Council Council	June 2007 Harry Cayton attended Council meeting April 2007
			Council involved in review of information re: confidentiality alerts within the new systems		On-going

This report can be downloaded from our website at:
www.connectingforhealth.nhs.uk/systemsandservices/infogov/caldicott

Printed copies can be requested from
<http://information.connectingforhealth.nhs.uk>



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