

South East Neonatal Database (SEND)

Compliance with Caldicott Principles

1. Introduction

The SEND project will collect information on babies admitted for neonatal care in London and the South East and will be used to support the work of clinicians, managers and commissioners.

The requirements were defined in a Business Requirement document which was produced on behalf of the Neonatal Information Group.

The Group is fully committed to confidentiality and adherence to the Caldicott Principles.

2. Justify the purpose(s)

Every use of 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.

The information to be collected is based on the data set defined by BAPM for audit purposes but has been extended to support operational purposes (production of admission and discharge summaries), commissioning purposes and known audit projects (e.g. two year outcomes monitoring). The data set will be reviewed annually by the Neonatal Information Group.

Trust Caldicott Guardians will be informed of the data being collected and its use.

3. Don't use patient-identifiable information unless it is absolutely necessary.

Patient-identifiable information 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 that purpose.

Patient-identifiable information will be used for two main purposes:

- For operational purposes such as the production of discharge summaries
- To facilitate patient care

For other purposes, data will be either anonymised or aggregated.

4. Use the minimum necessary patient-identifiable information

Where use of the patient –identifiable is considered to be essential, the inclusion of each individual item of information should be considered and justified for a given function to be carried out.

Reports generated by the system, will be specified with the above in mind.

5. 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. This may mean introducing access controls or splitting information flows where one information flow is used for several purposes.

The system incorporates access controls so that only those clinicians involved in the care of the patient, can see their information.

6. Every-one with access to patient identifiable information 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 made fully aware of their responsibilities and obligations to respect patient confidentiality.

The staff who will be handling SEND data are NHS staff and the majority will already be aware of the importance of respecting confidentiality and have confidentiality clauses written into their job descriptions. However, to reinforce this, SEND training and documentation will cover confidentiality.

7. Understand and comply with the law

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

This is usually the remit of Trust Data Protection Officers. Network Managers will liaise with Trust Data Protection Officers.