Bristol North Somerset and South Gloucestershire

Connecting Care

Weston General Hospital PAS replacement system

Overview and Document Summary

Step 1 - Identifying the need for a Data Protection Impact Assessment

Please give a BRIEF overview of the aims of this project; what are the purposes of the processing and what is the intended benefit of this processing?

To include:

- Project **objectives**
- **Describe the purpose(s) of the processing**
- **Describe** what data is being shared and how it is to be transferred
- **Identify** the key stages and organisational responsibilities
- Identify any **high risk processing** *for the project*

Project Objectives

- **Weston Hospital Trust currently have a Cerner Patient Administration System (PAS). There is a HL7 based data feed into Connecting Care. In Q3 2020, Weston are planning on moving to a new PAS called Medway.**
- The main focus of the project is to replace the existing data feed from Cerner Millennium with Medway. The aim is to ensure that Weston data continues to flow through into Connecting Care
- Associated with the above are 2 other functions – (a) the in-context launch from the new PAS Medway into Connecting Care and (b) ensuing that the document sharing service from Weston to GPs is not interrupted
- The project aims to
    - Ensure that there is continuity of data flow from Weston and no 'gaps' resulting from the system change
    - Avoid purging or back loading activities in Connecting Care by keeping the same 'data formats' currently used (with Cerner) when the change is made to the Medway System
    - Ensure that the impact on Connecting Care of the planned changes is minimal – in terms of data being available to users
    - Ensure that the documents are available through Cross-Enterprise Document Sharing (XDS)
    - Ensure that the in-context launch is configured in Medway for ease of use and improved security by healthcare professionals and administrative staff.

Purpose of Processing

Data is being shared for the following purposes only:

- This data is being processed in order to continue to share the exact same data fields as was previously generated by Cerner Millennium for individual patient care

Type of data being transferred

- The data to be transferred are the already agreed 20 data item as described in the appendix
- The data consists of the Weston General Hospital cohort only

Please give a BRIEF overview of the aims of this project; what are the purposes of the processing and what is the intended benefit of this processing?

Identify any high risk processing for the project

- No high risks have been currently identified.
- There are some potential data quality risks –
    - There is a risk if the data types are not correctly mapped or configured in the canonical layer [1] then there is a possibility that some messages may not be received
    - If Visit IDs are not replicated in Medway for Cerner's current open encounters then the records will not process as the Visit ID is the primary ID on which encounters are linked to. This will need to be addressed before Go-Live

[1] used in system/database integration processes where data is exchanged between different systems, regardless of the technology used

Step 2 - Describe the processing (data sources and information flow)

A. Describe the nature of the processing: how will you collect, use, and store data? (If available, provide flow diagrams to show the collection and information flow)		
1. What data will be shared and where is it from – • Which organisation(s) is the data from? • Which system(s) is the data from?	The exact data types will not change – i.e. those currently shared by WGH Cerner Millennium will be shared with Connecting Care generated in the new Medway system. • The data is from Weston General Hospital which is now part of UHBW NHS Trust • The system in which the data is from is Medway PAS system	
2. Will the data be shared with any new organisations? If yes, please give details.	**No**	
3. Is this new data being shared? If yes, please give details.	**N/A**	This data is not new. The same data will be generated through Medway PAS
4. Has it been agreed which Roles will access this data in Connecting Care? If yes, please list the roles.	**N/A**	There will be no change to the Roles that will access this data
5. Are new roles needed? If yes, please provide details, and embed the updated role based matrix.	**No**	
6. Will the data be leaving the Connecting Care/Orion Health environment? If yes, please give details (which environment, how, when and why)	**No**	
7. Will data be transferred outside of the United Kingdom (international transfers)? If yes, please give details.	**No**	

B. Describe the context of the processing		
1. Do you know how much control patients/service users have over the use of this data? Please give details.	**N/A**	Service users' rights and control over their data will be unaffected by the change in processing within Connecting Care.
2. Is this an expected use of people's data ie, is it reasonable to expect patients/service users will already know their data is used in this way? Please give details.	**Yes**	The data will be used in exactly the same way that it is currently being used it will be just generated by a different system
3. Is this a new way of processing people's data? If yes, please give details eg: • The data is processed in a new system • The data is combined with other data • The data is stored outside of the UK or kept for a longer retention period	**Yes**	The data is being processed for the same purposes but by different means. The data is being processed in WGH in a new system (Medway not Cerner) but delivering the data to Connecting Care in the same format.
4. Are there any current issues of public concern that should be factored into this project ie any publicised data breaches? If yes, please give details.	**No**	

Step 3 – Informing & Consultation

A. Consider how to consult and inform the relevant stakeholders		
1. Will patient/service user/the public's views be sought? If yes, please give details of how and when will they be sought. If no, please explain why this is not necessary.	**No**	This is a change in the means of processing rather than the purposes (i.e. there is no change in terms of why the data is being used or who it is being shared with). Individuals do not need to be informed of changes to the means of processing (if it continues to be processed within the UK).
2. Will other stakeholders be involved in patient/service user/the public consultations? If yes, please give details.	**No**	
3. Will the current Connecting Care informing materials need to be updated eg, external facing website, leaflets, posters? If yes, please give details.	**No**	
4. Will partner organisations need to review/update their informing materials? If yes, please give details.	**No**	
5. Will other information security experts need to be consulted as part of this project eg Information Commissioner's Office (ICO) where the risks identified are 'high risk' If yes, please give details.	**No**	No unmitigated high risks have been identified.

Step 4 - Assess compliance and proportionality

A. Describe compliance and proportionality measures, in particular		
1. Have you identified the appropriate basis for lawful processing? If yes, please give details?	**Yes**	Yes, GDPR Article 6.1(e) and 9.2 (h)
2. Is the basis for processing data different from those currently listed in the Data Sharing Agreement (appendix 3)? If yes, please give details.	**No**	
3. Have steps been put in place to ensure that data quality is maintained and data minimisation[2] is achieved? Please give details.	**Yes**	• Thorough testing will take place in order to ensure that the data arrives into Connecting Care in its current format. • Data minimisation will remain the same
4. Does the project rely on 'consent' [3]as the lawful basis for processing? If yes, please give details of why this is appropriate and how this consent will be managed?	**No**	
5. Have Processors identified how they will ensure their compliance with GDPR? If yes, please give details, eg specific contract clauses will cover this matter If no, please advise what action will be taken to ensure processors comply with their legal requirements?	N/A	

[2] Article 5(1)(c) says:
"Personal data shall be:
(c) adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed (data minimisation)"

[3] 'consent' must be unambiguous and involve a clear affirmative action (an opt-in). Pre-ticked opt-in boxes are banned. Consent requires distinct ('granular') options for distinct processing operations. Clear records to demonstrate consent must be kept. The GDPR gives a specific right to withdraw consent. The public must be advised about their right to withdraw, and offer them easy ways to withdraw consent at any time.

A. Describe compliance and proportionality measures, in particular		
5. If this data is going to be processed in a new system, have adequate security checks of the system been made? Please give details.	**Yes**	Thorough testing will take place prior to implementing the canonical layer within Medway.
6. Are there known concerns over this type of processing eg have there been any known security incidents using this technology/approach? If yes, please give details.	**No**	

Step 5 - Identify and assess risks and measures to reduce risk

Describe the source of any risk(s) and nature of potential impact on individuals. Include associated compliance and corporate risks as necessary.

Identify additional measures you could take to reduce or eliminate risks identified as medium or high risk.

If you have identified any high risk elements, which can't be mitigated by additional measures you must bring this to the attention of the IG Lead immediately.

The main potential risks of a 'system change' project of this nature from the Connecting Care perspective are -

1. Data quality – when changing from one system to another there are changes in patient record numbering and this can result in duplicates. (Project mitigation action will be to agree a test plan with Weston and to also agree any remedial action taken if duplicates are created by Weston) See also Step 1 in this document for identified risks relating to data quality.

2. Multiple parties – Connecting Care are working with Weston Trust and also their 3rd party IT support services. There can be risks when dealing with multiple parties (e.g. aligning plans). (Project mitigation actions will be to institute weekly team meetings and to communicate project / plans and check with all parties)

3. Incorrect data sent – there is a risk that Weston may send Connecting care the incorrect data . (Project mitigation action will be to agree a test plan with Weston and to also agree any remedial action taken if duplicates are created by Weston)

Step 6 - Sign off and record outcomes

Item	Name/date	Notes
Confirmation that risks have been approved from affected organisations' IG Lead(s):		*If accepting any residual high risk, consult the ICO before going ahead*
Comments:		
This DPIA will be kept under review by the Project Manager[4].	[redacted] 20/07/2020	*The relevant IG Lead(s) must also be advised of reviews and updates of the DPIA*

[4] This includes reviewing the initial statements made within the assessment (these may need to be updated as the project progresses) and the risk log.

Appendix A – data

UHBW (Weston) data

PAS data - Information Item	Displayed where in portal
Message Date/Time	Not displayed
Date/Time of Event	Not displayed
Medical Record Number	Person Summary Dashboard - Organisations Involved
NHS number	Banner
NHS number status	Banner
Patient Address	Banner
Patient contact numbers	Banner
GP and Practice Details	Not displayed
Patient visit type	Person Summary Dashboard - All Events and Appointments
Patient visit location	Person Summary Dashboard - All Events and Appointments
Patient visit attending person	Person Summary Dashboard - All Events and Appointments
Patient visit admission reason	Person Summary Dashboard - All Events and Appointments (for Emergency Admissions only)
Patient visit admission date	Person Summary Dashboard - All Events and Appointments
Patient visit discharge date	Person Summary Dashboard - All Events and Appointments
Patient visit speciality	Person Summary Dashboard - All Events and Appointments
Patient visit admission source	Not Displayed
Patient visit discharge disposition	Person Summary Dashboard - All Events and Appointments
Patient visit discharge location	Person Summary Dashboard - All Events and Appointments
Patient visit presenting reason	Not Displayed
Merge patient information	Not Displayed

Information received and NOT processed (stored in the TDS only)	
Information Item	
WAHT Additional person information WAHT Group encounter WAHT speciality code GP Information	

Document Sharing	
Information Item	**Displayed where in portal**
Date and time document was added to CDS	Document View - Request Date
Unique document id	Document View - Unique ID
Size of document pdf doc in bytes	Not Displayed
Clinically Relevant Date	Not Displayed
Clinically Relevant Date	Not Displayed
Unique repository ID	Not Displayed
Consultant name	Document View - Author
Trust name	Document View - Site
Consultant GMC Code	Not Displayed
(local) Sub-specialty name	Not Displayed
Name of the document type	Document View - Category
Code of document type	Not Displayed
Document available to GPs	Not Displayed
Mime type of document	Not Displayed
Organisation type	Not Displayed
National Specialty Name	Document View - Service
National Specialty Code	Not Displayed
Date and time the request to XDS was generated	Not Displayed
Intended Recipient	Not Displayed
Trust MRN	Not Displayed
Id of submission set	Not Displayed
Id of Document Set	Not Displayed

Step 7 – Document information

Document Version	Date	Contributing Authors	Project Stage
V0.1	31/07/2020	[redacted]	Draft DPIA
V0.2	01/09/2020	[redacted], Connecting Care IG lead	Review (comments and track changes)
V1.0	15/09/2020	[redacted]	Completed DPIA with changes requested by Alex Bunn (IG) and Risks added
V1.1	09/10/2020	[redacted]	Edits to formatting / end of project