DPIA/PIA – Project Details

This Data Protection Impact Assessment/Privacy Impact Assessment must be completed where there is a change to an existing process or service, or a new process or information asset is introduced that is likely to involve a new use or significantly changes the way in which personal data is handled.

PIA Reference Number:	Internal use
Project Description:	East London Patient Record
Implementing Organisation:	All Health and Social Care Organisations in North East London
Project Manager details: **Name** **Designation** **Contact details**	[redacted]
Overview: ***(Summary of the proposal)*** *What the project aims to achieve*	In East London there are a number of mechanisms used for the sharing of data for the direct care of our patients and residents. These are shared with people involved directly in patients' or residents' care be it their GP, or the A&E team, or the social care team. This is constantly evolving as systems are allowing us to share more relevant information improving the quality of care our local services can provide and helping staff to be more efficient in delivering care. This work is being led by our local clinicians and regulated professionals to help support our services to deliver the best quality care possible. All of the people accessing and sharing the information will have some form of direct interaction with the patient or resident and the reason they want to access the information is that this can improve the quality of care that is being delivered or improve the efficiency of the way it is delivered. The mechanisms involved in the direct care of patients form the East London Patient Record and will be listed in this DPIA and any new mechanisms will see this DPIA reviewed to see if there has been a material difference that would change the outcome of this DPIA
State the purpose of the project – e.g. patient treatment, administration, audit, research etc.	• To support the direct care of our local patients and residents • To support our local services in making the best quality decisions when treating our local patients and residents • To improve the efficiency of how care is delivered by supporting improved communications, messaging and patient flows such as direct booking from one service to another.

Key stakeholders (including contact details) - can include – project management team, developers, data processors, designers.	Name [redacted]	Job Title [redacted]	Contact Number [redacted]
Implementation Date:	Ongoing		

Stage 1 – Initial Screening Question

Answering 'Yes' to any of the screening questions below represents a potential IG risk factor that will have to be further analysed to ensure those risks are identified, assessed and fully mitigated

Q	Screening question	Yes/No
1.0	Does the project include new software, apps or any other new form of information asset that uses personal identifiable information in any way?	Yes
1.1	Does the project involve new identifiers, re-use of existing identifiers, or intrusive identification, identity authentication or identity management processes?	Yes
1.2	Might the project have the effect of denying anonymity and pseudonymity, or converting transactions that could previously be conducted anonymously or pseudonymously into identified transactions?	No
1.3	Does the project involve multiple organisations whether they are government agencies (e.g. in 'joined-up government' initiatives) or private sector organisations (e.g. as outsourced service providers or as 'business partners') who have not previously had routine access to the information?	No
1.4	Does the project involve the collection of new information about individuals?	No
1.5	Will the project compel individuals to provide information about themselves?	No
1.6	Does the project use information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	Yes
1.7	Does the project involve new or changed handling of personal data about a large number of individuals?	Yes

1.8	Does the project involve new or significantly changed consolidation, inter-linking, cross-referencing or matching of personal data from multiple sources?	No
1.9	Does the project relate to data processing which is in anyway exempt from legislative privacy protections?	No
1.10	Does the project result in you making decisions or taking action against individuals in ways which could have a significant impact on them?	No
1.11	Is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For example health records or information that people are likely to consider as private?	Yes
1.12	Does the project require to contact individuals in ways which they may find intrusive including contacting patients for reasons other than their direct care?	No
1.13	Does the project's justification include significant contributions to public security measures?	No

If you have answered "Yes" to any of the questions below please proceed and complete stage 2

Stage 2 – Privacy Impact Assessment

<table>
<tr><td></td><td>Question</td><td></td><td>Explanation</td></tr>
<tr><td>2.1</td><td>Is this a new or change of personal information/data that is already collected?</td><td>Changed</td><td>The information is not new but who has access to it is being changed. For example as our shared care record is expanding more organisations involved in direct care will have access to the relevant information</td></tr>
<tr><td>2.2</td><td colspan="2">What data will be collected?

Name:☒ DoB:☒ Age: ☒ Gender: ☒
Address: ☒ Postcode: ☒ NHS No: ☒
Another unique identifier (please specify) :

Other data (Please state):

Special Categories of data
Racial or Ethnic Origin ☒
Sexual Life ☐
Political Opinion ☐
Religious Belief ☐
Trade Union membership ☐
Physical or mental health or condition ☒
Biometric or Genetic Data ☐

Criminal Record
Commission or alleged commission of an offence ☐
Proceedings for any offence committed or alleged ☐

Details and description of other data collected:

The East London Patient Record involves data held for the direct care of patients within the following organisations.

The local organisations involved in your Direct Care Team include:
• Barts Health NHS Trust
• Homerton University Hospital
• Barking, Havering and Redbridge University Hospitals NHS Trust
• East London Foundation Trust
• North East London Foundation Trust
• GP Provider Federations
• General Practices
• Community Health Services (on their own or through the organisations they are hosted in)
• City of London Corporation
• London Borough of Hackney
• London Borough of Newham
• London Borough of Tower Hamlets
• London Borough of Waltham Forest
• London Borough of Barking & Dagenham
• London Borough of Havering
• London Borough of Redbridge
• St Joseph's Hospice
• Richard House Hospice
• St Frances Hospice
• London Ambulance Service

Each of these local providers and services will direct control over the amount of data they share and with whom</td><td></td></tr>
</table>

2.3	Can the same outcome be achieved without processing any of the above data set?		No		
2.4	Is the processing fair, lawful and transparent?		Yes		
2.5	What is the lawful processing basis for this dataset being processed?		Article 6 paragraph (c) (processing for legal obligation); paragraph (d) (processing for vital interests of data subject); and/or paragraph (e) (public interest or in the exercise of official authority) Sensitive Personal Data or Special Category Data is permitted under Article 9 (h) (processing for medical purposes); and/or paragraph (i) (public interest in the area of public health).		
2.6	If Legitimate Interest is being used has the means test been completed		N/A		
2.7	If consent if the lawful processing basis, is the consent and context it was provided recorded		N/A		
2.8	Is the information being used for a different purpose than it was originally collected for?		No		
2.9	If yes, please list the new purpose(s): N/A				
2.10	If being used for new purpose, is the new purpose compatible with the original purpose?		N/A		
2.11	Are other Organisations involved in processing (including receipt) of the collected data?		Yes *If yes list below*		
	Name of the organisation	Data Controller (DC)/ Data Processor (DP)	Completed and Compliant with IG Toolkit		Assurance (i.e.) ISO Cert. Cyber Ess +
			Complete Y/N		
	Barts Health NHS Trust	Data Controller	Y		Y
	Homerton University Hospital	Data Controller	Y		Y
	Barking, Havering and Redbridge University Hospitals NHS Trust	Data Controller	Y		Y
	East London Foundation Trust	Data Controller	Y		Y
	North East London Foundation Trust	Data Controller	Y		Y
	GP Provider Federations	Data Controller	Y		Y
	General Practices	Data Controller	Y		Y
	Community Health Services (on their own or through the organisations they are hosted in)	Data Controller	Y		Y
	City of London Corporation	Data Controller	Y		Y
	London Borough of Hackney	Data Controller	Y		Y
	London Borough of Newham	Data Controller	Y		Y
	London Borough of Tower Hamlets	Data Controller	Y		Y
	London Borough of Waltham Forest	Data Controller	Y		Y
	London Borough of Barking & Dagenham	Data Controller	Y		Y
	London Borough of Havering	Data Controller	Y		Y
	London Borough of Redbridge	Data Controller	Y		Y
	St Joseph's Hospice	Data Controller	Y		Y
	Richard House Hospice	Data Controller	Y		Y
	St Frances Hospice	Data Controller	Y		Y
	London Ambulance Service	Data Controller	Y		Y

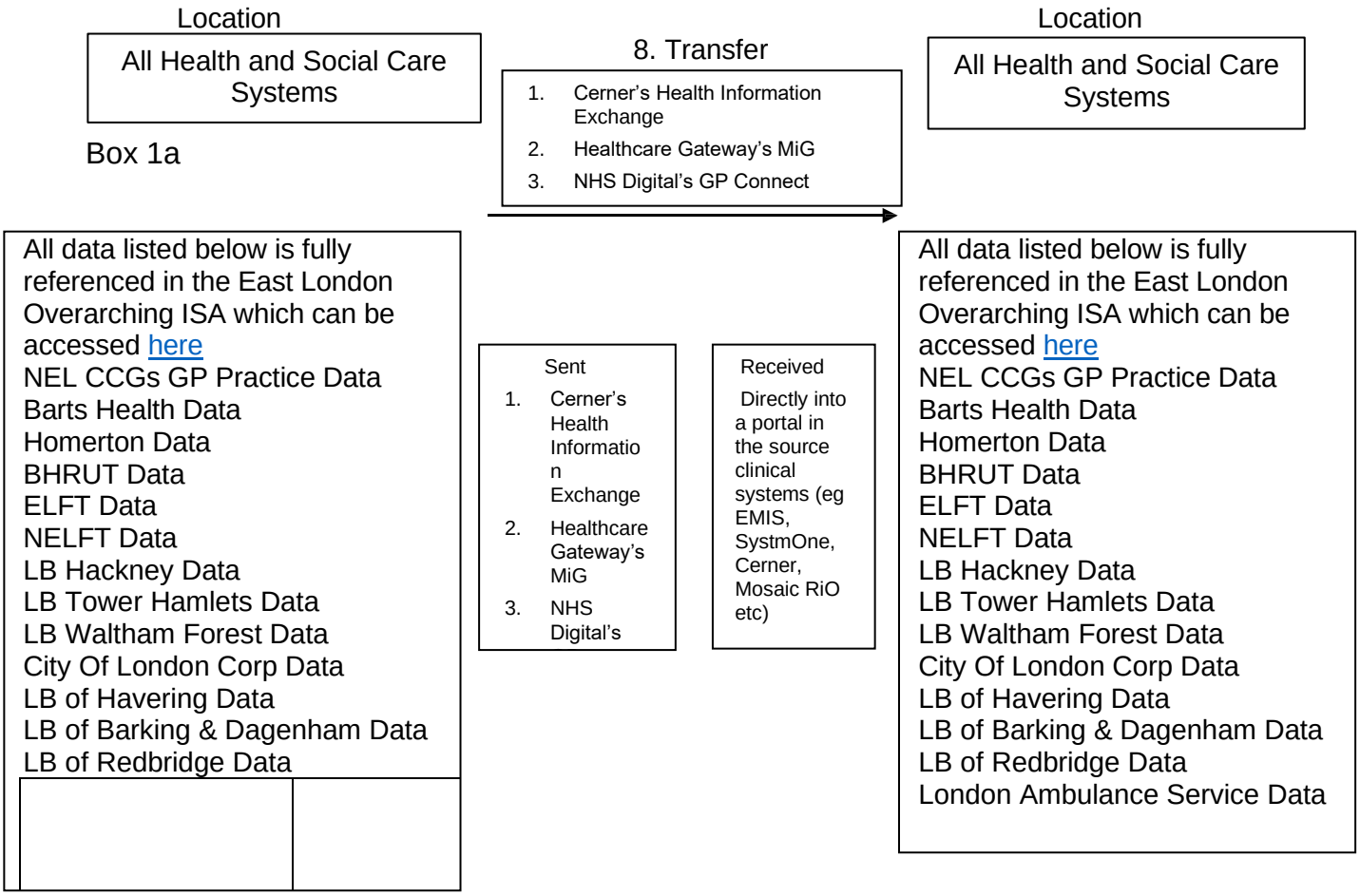
	Egton Medical Information Systems Limited	Data Processor	Y		Y
	TPP	Data Processor	Y		Y
	Vision	Data Processor	Y		Y
	Cerner	Data Processor	Y		Y
	Healthcare Gateway	Data Processor	Y		Y
	One Advanced	Data Processor	Y		Y
	NHS Digital	Data Processor	Y		Y

2.12	Has a data flow mapping exercise been undertaken?	Yes See section 3
2.13	Does the work involve employing external third party contractors accessing system/data? *If yes, please provide a copy of agreement/contract*	No
2.14	Will the information be collected electronically, on paper or both?	Electronic ☒ Paper ☐ Both ☐
2.15	Where will the information be stored? (*Examples of Storage include bespoke system (eg SystmOne, SharePoint), Spreadsheet or database in Network Drive, server location, filing cabinet (office and location), storage area/filing room (and location) etc.)* The data will be stored and viewed within the current existing Electronic Patient Record systems and Social Care systems in use in East London. These systems hold their data within an array of different secure sources (for exampla Amazon Web Services)	
2.16	Who will have access to the system/data? (list individuals or staff groups) Each individual organisation will manage who will have access to data shared. They arethe ones best place to know which of the members of staff need to have access to data to support the direct care of local patients and aresidents.	
2.17	Is there an ability to audit access to the information?	Yes
2.18	If yes, who will have access to audit logs: The systems suppliers and their contract holders (eg Barts Health with Cerner)	
2.19	Does the system involve new links with personal data held in other systems or have existing links been significantly changed?	No – the links are between the providers and not the systems.
2.20	If yes, please list the systems	
2.21	How will the information be kept up to date and checked for accuracy and completeness (data quality)? If you are procuring new software does it allow you to amend data when necessary? How are you ensuring that personal data obtained from individuals or other organisations is accurate? One of the key benefits of the East London Patient Record is to help ensure all organisations have accurate and complete records on our local patients and residents. For example allowing all clinicians to see the current list of medications listed in each other's records allows those clinicians to see any anomalies and help correct them.	
2.22	What security and audit measures have been implemented to secure access to and limit use of personal identifiable information Username and Password ☒ Encryption ☐ Smartcard ☒ Locked physically secure location ☐ Secure Token ☒ Restricted access to file servers ☐ Other (please describe):	
2.23	Is system level security policy in place for the proposed system? If yes, please provide a copy	Yes – These will be held by the individual systems
	If No, when will a policy be in place	
2.24	Is staff training for the system in place? • Data Collection	 Yes Yes

	• System Usage • Collecting Consent • Secure Processing	Yes NA
2.25	Will any information be sent offsite i.e. outside of the organisation and its computed network?	Yes
2.26	If yes Within the organisation in a standalone system ☒ Outside of the organisation ☒ Outside of UK ☐ Outside of EEA ☐	The data will be viewed and shared between the individual organisations at the point of care
2.27	If being set outside of EEA, what safeguards will be in place to ensure the fair and lawfulness of data i.e. BCR,SCC,EU-US Privacy Shield N/A	
2.28	Please state by which method the information will be transferred Non-secure email ☐ Courier ☐ Secure Email ☐ Post (internal) ☐ Website Access ☐ Secure File Transfer Service ☐ Fax ☐ File Transfer Service ☐ Other (please describe): By APIs and secure web portal access	
2.29	If this new/revised function should stop, are there plans in place for how the information will be retained / archived / transferred or disposed of?	Yes
2.30	How will individuals be informed about the proposed uses of their personal data (e.g. privacy notice)? The East London Health and Care Partnership host the privacy notice on its webpage. All providers and services hold a link on their own websites to this central location which can be viewed here: http://eastlondonhcp.nhs.uk/about-us/fair-processing-and-gdpr/	
2.31	Will patients be asked for consent for their information to be collected and/or shared? *If no, list the reason for gaining consent*	No – Consent is not the legal basis for our organisations to collect and share data
2.32	Are arrangements in place for the following: 1. Access to Data (SAR) Yes 2. Right to Rectification Yes 3. Right to be forgotten Yes 4. Right to data portability Yes 5. Right to notification Yes 6. Right to Object Yes	
2.33	Have you had data retention policy defined for the collected dataset?	Yes

2.34	How would you ensure the secure disposal of data at the end of retention period Each individual system involved has contracts in place with local or national providers and services which include details about secure disposal of data.

Stage 3 Data Mapping



There may be multiple data sources; these will need to be added as separate boxes and the data fields noted in the above table.

Privacy Impact Assessment – Assessment of Legal Compliance

"Please provide comments relating to your project that demonstrate how it is compliant with the Data Protection Act OR which legislation provide the basis for this activity OR why the Data Protection Act requirements may be set aside. We have provided references to previous questions whose answers would likely contain the information you need

PIA Reference No ELPR1

Does the PIA meeting the following legal requirements?

Principles	**Ref Sec**	**Comment**
Principle A (processed lawfully, fairly and in a transparent manner in relation to individuals)	2.1, 2.5, 2.6, 2.7	This data is being processed for individual's care or direct care purposes in line with articles 6c, 6d and 6e and also article 9h of GDPR
Principle B (collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes)	2.8, 2.9, 2.10, 2.19	The data is not being used for any further purposes
Principle C (adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed)	2.2, 2.3	All data being shared is relevant in supporting a patient's or resident's care across the health and social care organisations that are looking after them.
Principle D (accurate and, where necessary, kept up to date)	2.21	This data is shared real time and is therefore an up to date view of data from the source system
Principle E (kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed)	2.23, 2.33, 2.34	Once the consultation is over the portal is closed and the data is no longer visible and not stored in the viewing system. A new call to view the data would need to be made at the next consultation
Principle F (processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measure)	2.11, 2.12, 2.13, 2.14, 2.15, 2.16, 2.17, 2.18, 2.22, 2.23, 2.24, 2.28	There are a number of core systems that run the east London Patient Record and they all meet national standards for security and each health and social care organisation has policies in place to ensure against unlawful use.

Individuals Rights obligation	2.11, 2.30, 2.32	Individuals have the right to make an objection to their data but it is up to the individual organisations involved as to whether this objection is upheld. It will not be upheld if: 1. If it is in the public interest for data to still be shared. For example if there is a safeguarding issue, or in the case of a mental health patient who might be at risk from harming themselves or a member of the public 2. If clinical care cannot be provided. For example in referring a patient to hospital and data needs to be shared for the hospital clinician to do their job properly. In this instance obviously the patient can then choose not to have the treatment and therefore not have their data shared. 3. If systems are not well enough developed enough to not share the information. For example GP Systems are relatively well developed and can handle objections a lot more easily than other

		providers but they still may be asked not to share something which the system cannot do. In this instance points 1 and 2 above would apply.
Transfer to Third countries obligations	2.25, 2.26, 2.27, 2.28	No data will be shared to third world countries

Sign off Forms and agreed actions

Identified Risks, Agreed Actions and Sign off Form.

What are the key privacy issues and associated compliance and corporate risks? (Some Privacy Issues may have more than one type of risk i.e. it may be a risk to individuals and a corporate risk)

Privacy Issue	Risk to Individuals	Compliance Risk	Corporate Risk
Unauthorised disclosure.	Possible	Significant	Medium

Describe the actions you could take to reduce the risk and any future steps which would be necessary (e.g. new guidance)

Risk	Solution (s)	**Result:** Is the risk reduced, eliminated or accepted?	**Evaluation:** is the final impact on the individuals after implementing each solution a justified, compliant and proportionate response to the aims of the project?
Unauthorised discosure.	Use	Reduced	The solution a justified, compliant and proportionate response to the aims of the project.

What solutions need to be implemented?

Risk	Approved Solution	Solution Approved by

Unauthorised disclosure.	Ongoing communications and engagement and training	Bill Jenks

Actions

Action to be taken	Date for completion	Responsibility for Action

Have any other risks been identified which do not relate to Privacy but need to be escalated e.g. Business Continuity, Health & Safety?

Risk	Escalated to?

Advised by

Information Governance Representative	
Name	
Job Title	
Signature	
Date	
Caldicott/SIRO	
Name	
Job Title	
Signature	
Date	