


**Information Governance
Privacy Impact Assessment Leeds Care Record
July 2013**

Report of:	Leeds Care Record Project
Paper prepared by:	
Subject/Title:	Privacy Impact Assessment Leeds Care Record
Background papers:	<ul style="list-style-type: none"> • Undertaking Privacy Impact Assessments Guidance • Undertaking Privacy Impact Assessments Flowchart •
Purpose of Paper:	The purpose of this paper is to outline the key issues which will impact upon patient confidentiality during the pilot project for Leeds Care Record.
Action/Decision required:	The Leeds Care Record Project Manager has provided a fair and accurate view within this Privacy Impact Assessment and that this reflects the changes that the pilot project will introduce.

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Information Governance Privacy Impact Assessment Leeds Care Record

1. Purpose

The purpose of this paper is to outline the key issues which will impact upon patient confidentiality throughout the Leeds Care Record project.

2. Background

The overarching principle of the Leeds partner organisations is that information sharing between health and social care professionals and their teams when it is needed for the safe and effective care of the individual service user is supported, encouraged and expected.

The **Leeds Care Record** (LCR) is under development and, when completed, will provide a common set of information about each service user that health and social care professionals working together will be able to access to help them provide even better joined-up care and support to patients.

Information should be shared between authorised health and social care professionals and their teams with whom the individual has a legitimate relationship where it is necessary for the purpose of their direct care.

“Direct care” is defined as a clinical, social, or public health activity concerned with the prevention, investigation and treatment of illness and the alleviation of suffering of individuals (all activities that contribute to the diagnosis, care and treatment of an individual) ¹. It includes:

- Assessment of need and the development of care plans;
- Provision of health care, social care and support;
- The management of outcomes;
- The local audit or assurance of the quality of care provided;
- The management of untoward incidents;
- The investigation of complaints

4. Proposal

The purpose of the project is to:

- Improve outcomes and the service provided to the citizens of Leeds
- Provide a core single care view of the citizens of Leeds
- Provide core commonly needed information for care professionals at the point of care to support the need to provide more community based care
- Reduce the need to ask the citizen multiple times for the same information

¹ Health and Social Care Information Centre Confidentiality Guidance for Health and Social Care - references

- Support Integrated Health and Social Care teams and foster an environment of integration and collaboration
- Built on Open Standards and using Open Source technology where possible to standardise the information and share learning with other health and social care organisations

Quality – Improved information at the point of care across additional organisations in the city, facilitating more accurate clinical decisions. For example, the visibility of existing medications at the point of care. This will lead to improved clinical and care decisions.

Innovation – The Leeds Care Record is one of the first multi-agency, city-wide implementations of its type involving Open Standards in the NHS. The Leeds Care Record will support the development of a ‘Living Lab’ within Leeds; A facility for software and healthcare providers to test the delivery of ‘real world outcomes.’

Productivity – By having a centralised patient record accessible online (via N3) in due course, clinicians and care professionals (both health and social care) will be able to access the information directly without the need to contact multiple agencies. There will be time savings associated with viewing one record rather than accessing multiple systems to understand the patient / service user’s clinical activity.

Prevention – By having a more complete view of a patient / service user’s needs and activity within the city, clinicians / carers will be able to ensure more appropriate medication and treatment as well as understand which organisations are involved in a care episode. This will lead to safer decisions about patients/clients.

Patient, Public and Membership Engagement The project has a developed a full suite of communication materials which supports fair processing and provides guidance to participating organisations. A full city wide communications campaign is to take place in the 3rd quarter of 2014 and has a supporting communication plan signed off by all participating organisations. Engagement has been made during previous phases of the project and continues throughout the project.

5. Summary of changes that impact upon the confidentiality of patients and service users

The system allows Care Professionals within the Leeds Health and Social Care community to view, personal and sensitive information about service users. The information held on this system will include Social Care data, as well as data provided by other primary and secondary healthcare providers in the Leeds Health community.

Information should be shared between authorised health and social care professionals and their teams with whom the individual has a legitimate relationship where it is necessary for the purpose of their direct care.

6.2 “Direct care” is defined as a clinical, social, or public health activity concerned with the prevention, investigation and treatment of illness and the alleviation of suffering of individuals (all activities that contribute to the diagnosis, care and treatment of an individual) . It includes:

- Assessment of need and the development of care plans;
- Provision of health care, social care and support;
- The management of outcomes;
- The local audit or assurance of the quality of care provided;
- The management of untoward incidents;
- The investigation of complaints

6. Privacy Impact Assessment Methodology

The methodology behind the Privacy Impact Assessment will identify new processes or changes to existing processes that will impact upon the confidentiality and integrity of patient data. .

This impact will be outlined and potential measures to rectify the impact outlined. If there are no suitable measures identified to reduce the impact on patient confidentiality a risk assessment of this process must be performed.

7. Recommendations

The Recommendations following this assessment have been outlined below:

- A model for legitimate relationship should be developed to enable access by partner organisation staff to be fully audited across partner organisations.
- RBAC should be further developed to ensure that items, such as menu options, that a person does not have right to view, will be fully hidden for that user.

Appendix A – Privacy Impact Assessment

Assessor: ██████████ Designation: Leeds Care Record Project Manager Date: 1/07/2013	
IMPACTS IDENTIFIED:	CONTROL MEASURES ALREADY IN PLACE
Data items that are being shared and the reason for it being shared.	
<ul style="list-style-type: none"> The system allows Care Professionals within the Leeds Health and Social Care community to view, personal and sensitive information about service users 	<ul style="list-style-type: none"> Information will be transferred via secure network. Data encryption is employed. The database is within the N3 network. Annual Information Governance training.
<ul style="list-style-type: none"> Health and social care organisations will have access to limited clinical information regarding Trust patients 	<ul style="list-style-type: none"> The partner organisations have signed upto Information Sharing Agreements. Access to the Leeds Care Record system and information is controlled by Role Based Access Control (RBAC) Access is through legitimate relationship, all access leaves an audit trail. The system will prompt a approval .

<p>The NHS Constitution established the following rights:</p> <ul style="list-style-type: none"> • You have the right to privacy and confidentiality and to expect the NHS to keep your confidential information safe and secure. • You have the right to be informed about how your information is used. • Where identifiable information has to be used, to give you the chance to object wherever possible (pledge)² 	<ul style="list-style-type: none"> •
<ul style="list-style-type: none"> • How do service users know about the LCR 	<ul style="list-style-type: none"> •

² NHS Constitution for England 2013 Section 3a Patients and the Public – your rights and NHS pledges to you. Department of Health March 2013.

<ul style="list-style-type: none"> • Is there a legal basis of sharing the data between the organisations to satisfy schedules 2 & 3 of the Data Protection Act 1998 	<ul style="list-style-type: none"> •
<p>Is there a change of purpose for data that has been collected</p>	<ul style="list-style-type: none"> •
<ul style="list-style-type: none"> • Is there a restriction the the data that is been shared or is 'all' data regarding service users from the partner organisations being shared 	<ul style="list-style-type: none"> •
<ul style="list-style-type: none"> • Is the data accurate and upto data 	<ul style="list-style-type: none"> •
<ul style="list-style-type: none"> • How long is the data retained 	<ul style="list-style-type: none"> •
<ul style="list-style-type: none"> • How is the right of subject access being management 	<ul style="list-style-type: none"> •

<ul style="list-style-type: none">• What technical and organisational measures have been implanted to prevent unauthorised access to data	<ul style="list-style-type: none">•
<ul style="list-style-type: none">• Is the data being transferred outside of the EEA	<ul style="list-style-type: none">•