

Data Protection Impact Assessments - Guidelines and Form

For any new or changes to processes, systems and services

1. What is a DPIA?	1
2. When should a DPIA be conducted?	2
3. Examples of Privacy Risk Considerations.....	2
Privacy Impact Assessment Questionnaire	2

What is a DPIA?

It is a process to help us identify and minimise the privacy risks of new projects, policies or changes to existing services. It involves working with people within the Trust, our partners and the people affected by a project to identify and reduce privacy risks.

1. When should a DPIA be conducted?

A DPIA should be conducted as soon as possible towards the start of project or proposed change involving personal data as this will ensure identification of issues early on, when resolving them will usually be simpler and less costly than towards the end of the project/change implementation. The DPIA must:

- Describe the processing and your purposes;
- Assess necessity and proportionality;
- Identify and assess risks to individuals; and
- Identify any measures to mitigate those risks and protect the data.

2. Examples of Privacy Risk Considerations

To assess the level of risk, the likelihood and the severity of any impact on individuals must be considered. High risk could result from either a high probability of some harm, or a lower possibility of serious harm.

The Data Protection Officer (DPO), where appropriate, will be consulted where a risk is identified. If we identify a high risk and you cannot mitigate that risk, we will consult the ICO before starting the processing. The ICO will give written advice within eight weeks, or 14 weeks in complex cases. In appropriate cases they may issue a formal warning not to process the data, or ban the processing altogether.

Data Protection Impact Assessment

Improving mental health services for adults and older people in West Sussex

This DPIA should be conducted at the start of a new project or proposed change to an existing process or policy involving the use of personal data to identify privacy risks early on when resolving them will usually be simpler and less costly than towards the end of the project/change implementation.

Additional guidance is available from the Data Protection, Security and Compliance Team.

Privacy Impact Assessment Reference Number: (to be provided by DPSC team)		PIA2019-047
Project / Initiative / Service Name:	West Sussex Inpatient Redesign Programme	
Care Delivery Service:	Coastal & North West Sussex CDS	
Individual responsible for completing the DPIA:	Name:	Karen Burch / Katie Rees
	Job Title:	Business Development Administrator
	Date:	FINAL 12 th March 2019
Explain what the project aims to achieve and what type of processing it involves.	<p>The programme of work is to redesign the mental health services for adults of working age and older people in West Sussex. The programme involves relocating adult and older adult inpatient care currently provided at the Harold Kidd Unit in Chichester and Iris Ward at Horsham Hospital.</p> <p>In summary, the process for change developed by the CDS leadership team is to:</p> <ol style="list-style-type: none"> 1. Close the inpatient service currently provided at the Harold Kidd Unit in Chichester and Iris Ward at Horsham Hospital 2. Relocate the current inpatient bed provision on both sites to Langley Green Hospital in Crawley and Salvington Lodge at Swandean in Worthing 3. Establish single gender wards across at Langley Green Hospital, Meadowfield Hospital and Salvington Lodge. <p>Existing staff and service users, will be relocated as described above. Corresponding paper records and information will be transferred and the wards are re-located. All such records will be safely transported along with the patients in the project planned move.</p> <p>Electronic records including the full patient record and history and all associated care plans, risks and medication records, incidents and serious incidents are retained on the Trust systems. There will be no change to information held on those systems nor access to the systems themselves.</p>	
Planned go-live date:	Final ward changes to take place in April 2021	

To be completed by requester

No.	Question	Response
1	Will person-identifiable data (staff, carer, member or service user) be collected?	<p>Yes.</p> <p>Person identifiable information relating to patients, carers and staff is currently being collected electronically and to some extent on paper. Information will continue to be collected and processed in the same way following project completion. This will not breach any of the any of the 8 principles of The Data Protection Act 1998 or Trust policies.</p>
2	What data / information will be collected?	<p>The SPFT electronic patient information system, Carenotes, contains the entire patient record. Allocate and R-Roster contains staff information relating to hours worked, annual leave and sickness.</p> <p>The Trust Ulysess system collates electronic information in relation to incidents, serious incidents and breaches. This will remain unchanged following completion.</p> <p>Some paper records, for example drug charts and observations are maintained for inpatients and these records will move with the patients at the point of re-location.</p> <p>Paper records relating to supervision and appraisals etc. will be safely moved with the staff at the point of re-location.</p>
3	<p>Why is the data / information being collected?</p> <p>Could the project be completed without PID?</p>	<p>Healthcare records for medical and treatment purposes. Carenotes contains the full patient record. Electronic staff records on the systems, Allocate and R-Roster plus MyLearning to capture rostering and staff annual leave and sickness activity will remain unchanged.</p> <p>Some paper records are collated whilst the patients are on an inpatient ward which is then archived. This includes for example drug charts, observations etc. Some paper staff records including supervision and appraisals are collated which will remain with the line manager through the re-location.</p> <p>No. The West Sussex reconfiguration business case outlines all the changes and there is a detailed project plan and risk log sitting behind that.</p>

No.	Question	Response
4	Does the project involve multiple organisations? (Give details)	<p>Yes.</p> <p>The project involves multiple organisations, and information is shared between these organisations when appropriate. Organisation include CCG, Local Authorities, Councils, Third Sector and Private Contractors and there will be no change to the day to day practice across these organisations.</p>
5	Have service users / staff been informed of the changes which may affect their data?	<p>Yes. Staff have been updated on progress for the project since the beginning. Public and staff consultations will commence in June and all changes affecting staff will be discussed, including those changes that will affect their data. Staff will be reassured that electronic records will remain unaffected and that paper records will be retained with the staff upon completion.</p> <p>Service users will be assured that the any paper records will safely move with them and that all electronic records will remain unaffected.</p>
6	If applicable, have service users been asked to consent for the collection / sharing of their data?	<p>No</p> <p>Service users have been consulted about the wider implications for example travel to different wards as a result of the changes. In terms of data, the same electronic systems will be utilised therefore resulting in no change to the patients, friends, family and carers and similarly, no change in relation to staff data recorded.</p> <p>All paper records will move with the patients and staff.</p>
7	Are there any new or additional reporting requirements for this project?	<p>No.</p> <p>Data collection and entry plus reporting will continue in the same way following the changes.</p>
8	Will staff be trained in how to collect information or use the system?	<p>Yes.</p> <p>All staff will continue to be trained in Information Governance annually. Staff are provided with training to use the Carenotes system and the staff Roster system as part of their induction and the systems they use are within their remit.</p>
9	Will any information be transferred outside the organisation?	<p>Yes.</p> <p>We will continue to share data where appropriate to agencies for example GP's, Local Authorities and Councils in accordance with our data sharing agreements and principles.</p>

No.	Question	Response
10	If so, are information sharing agreements in place?	Yes.
11	How will you ensure service users and staff are aware of how to access their records?	Currently: <ul style="list-style-type: none"> Informed with leaflets, posters, websites and appointment letters Explicitly using a consent form
12	What processes are in place for removal / destruction of patient identifiable data when it is no longer needed?	All Trust current policies are adhered to including Information Governance and IT Security.
13	If the project should end / stop, what plans are in place for how information will be retained / archived / transferred?	All current data and information will remain with each staff login and centrally. Service user and carer information would remain centrally with Carenotes and/or an alternative system and paper records would remain, be archived or transferred accordingly with each respective ward/service.

To be completed by the Solutions Team

No.	Question	Response
1	Who is the 'owner' of the data?	Sussex Partnership NHS Foundation Trust
2	What measures are in place to ensure the data remains secure? (technical and/or physical)	Already in place
3	Are there audit trails in the system?	Already in place
4	Where will the data / information be stored?	On Care Notes. Designated and locked cupboards/ offices that are access controlled/ patient records on their bed.

No.	Question	Response
5	Will the data be collected and stored electronically? (if not, please give details)	Yes in Care Notes.

To be completed by Data Protection and Compliance Manager

Lawful Basis for Sharing Information	
<i>Article 6 (Personal Data)</i>	<i>Article 9 (Special Category Data)</i>
<i>Direct Care and Treatment</i>	<i>Healthcare services</i>

Description of Risk and why it arises	Likelihood of harm	Severity of harm	Overall risk
<i>Description of risk</i>	<i>Remote, possible or probable</i>	<i>Minimal, significant or severe</i>	<i>Low, medium or high</i>
Paper records go missing	Possible	Minimal	Low

Authorisations

<p>Stage 1 Authorisation: Data Protection and Compliance Manager</p> <p><i>Confirmation or refusal that the DPIA is sufficient / not sufficient to address privacy risks and compliance with relevant legislation.</i></p>
<p>IG Questions:</p> <ul style="list-style-type: none"> How will paper records be transferred? You have stated a project planned move. I would like to see this document and all casenote tracking applied to all patients affected. The Health Records Team need to be aware of where records are kept. Provided the NHSE approve the Stage 2, that the Public Consultation outcome is approved by the NHSE, CCGs and Trust Board, a project plan would be produced showing the plans for removal agreed with estates, IG and the service You must ensure that all teams locations in Care Notes are updated for each service user. This is because location is linked to legitimate access rights to the record. An individual should only be able to access individuals linked to their primary location or CDS team.

- All staff records currently in paper form should be scanned on to the B drive in team locked down folders. We should not be using paper for staff records. If these for any reason cannot be scanned they should be archived. I would suggest scanning and ensuring dates are reflected on My Learning.
- You have stated information will be shared across multiple organisations (which is already happening). Please bear in mind that some of these Information Sharing Agreements will need review and updating and I will be in contact with you for this.
- Have you sent a letter to service users informing of this move and what will be done with their information (not so much their electronic record but their paper records)No letter has gone to services users as yet. Subject to the outcome requirements for the project before that.

Recommendations:

As long as all questions above are answered and the physical transfer of documents from site to site is documented and reflected within Case Note Tracking on Care Notes this is provisionally approved.

Reviewed by:	Katie Rees, Head of IG	Date reviewed:	12/03/2019
---------------------	------------------------	-----------------------	------------

Stage 2 Authorisation: Data Protection Officer

DPO should advise on compliance, step 6 measures and whether processing can proceed

pp. Katie Rees

Authorised by:	Katie Rees	Date authorised:	13/03/2019
-----------------------	------------	-------------------------	------------

Stage 3 Consult ICO: Data Protection Officer (only if high risk)

If accepting any residual high risk, consult the ICO before going ahead

N/A

Reported by:	n/a	Date reported:	DD/MM/YY
---------------------	-----	-----------------------	----------

Review - to ensure the DPIA remains current and the project parameters aren't changed	Review by Karen Burch/ Katie Rees	Review Date:	12/03/2020
--	-----------------------------------	---------------------	------------