

## **Data Protection Impact Assessment**

## Background

The name of the new programme is STATE NAME OF PROJECT

Name of Project focuses on the small number of people that are high intensity users of \$136 of the Mental Health Act and or associated crisis services including ambulance, police, mental health and emergency care. The main aim is to reduce \$136 occurrences for these individuals and improve the individual's wellbeing and quality of life.

It is an integrated model of care bringing police and mental health professionals together. In joint mentoring teams, they intensively support service users who were struggling to manage high frequency and high-risk crisis behaviours.

One of the key components of this joint approach is a Care and Response Plan shared with the relevant partner organisations which include:

- Name of Organisation 1
- Name of Organisation 2
- Name of Organisation 3

The sharing of the Care and Response Plan is a crucial element of the project as the partner organisations must follow it to

- ensure consistency in care that will lead to the reductions in \$136 and overall better care for the service user.
- ensure service users are the key beneficiaries of improved outcomes, to guarantee accurate reporting, to target the most appropriate high intensity user's data sharing across organisations is required.

The Service acknowledges that these high intensity service users are known to cross geographical and organisational boundaries.

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| Additional Information Required – tick check box to confirm included   | Additional Information Required – tick check box to confirm included |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Please provide the following:  |  |  |  |  |  |  |
| <ul> <li>Copy of the contract or agreement with the supplier if applicable/available</li> <li>N/A</li> </ul> |  |  |  |  |  |  |
| Copy of the Business Case     See Document Library – Document 6 (BUSINES CASE)                               |  |  |  |  |  |  |
| Copy of the IT system requirements from the supplier N/A   |  |  |  |  |  |  |
| Copy of Information sharing agreement     See <b>Document Library – Document 1 (ISA)</b>                     | $\boxtimes$  |  |  |  |  |  |

| System Management  |  |
|--|--|
| Who will be the information asset owner?   | Name:  |
|  | Name of Organisation Name of Asset Owner   |
|  | Name of Organisation Name of Asset Owner   |
|  | Name of Organisation Name of Asset Owner   |
|  | Name of Organisation Name of Asset Owner   |
|  |  |
| Please describe any changes needed in the Trust's Privacy Notice to incorporate this programme | See Document Library – Document 3 (PRIVACY NOTICE)   |
| Which stakeholders have you consulted with on this new programme?                              | Complete   |
| Will the programme have any impact on staff workload?  | The NHS Care Coordinator and Police Officer/staff will be required to complete a Care and Response Plan. The Police officer/staff is a new addition to the trust and will be trained in Mental health and an on an honorary NHS contract. The programme is currently live in 7 NHS Trusts and the evidence suggests that there would not be an increase in workload. |

| Abou | t the Information held                       |      |             |
|------|--|------|-------------|
| 1.0  | What personal information will be collected? | Name | $\boxtimes$ |

|     |  | D . (D: 1)                                | N   |
|-----|--|---|---|
|     |  | Date of Birth                             |   |
|     |  | Age                                       |   |
|     |  | Gender                                    |   |
|     |  | Address                                   |   |
|     |  | Postcode                                  |   |
|     |  | NHS Number                                |   |
|     |  | Other:                                    |   |
|     |  |   | identify the service user (marks, scars, tattoos, DNA reference |
|     |  | number, photographs)                      |   |
|     |  |   |   |
| 1.1 | What sensitive information will be collected?  | Racial or ethnic origin                   |   |
|     |  | Political opinion                         |   |
|     |  | Religious or similar beliefs              |   |
|     |  | Trade union membership                    |   |
|     |  | Physical or mental health condition       |   |
|     |  | Criminal justice information              |   |
|     | GENDER RE-ASSIGNMENT: ADVICE   | Clinical information                      |   |
|     |  | Financial information                     |   |
|     | Care needs to be taken to avoid disclosing gender reassignment unnecessarily, particularly if the individual | Other                                     |   |
|     | has obtained a Gender Recognition Certificate further to   | Sexual orientation                        |   |
|     | the Gender Recognition Act 2004  | Gender re-assignment,                     |   |
|     |  | Disability Marriage and civil partnership |   |
|     |  | Pregnancy and maternity.                  |   |
|     |  | GP  |   |
|     |  | Medical information about mental, phy     | ysical and behavioural health.                                  |
|     |  |   |   |
|     |  | More info in: Equality Impact Assessm     | ent   |
|     |  | Special categories of data can be eather  | ered under Article 9 due the 2 lawful bases used to lawfully    |
|     |  | justify data sharing:                     | erea ander Article 9 due the 2 lawjul bases used to lawjully    |
|     |  | 1. Vital Interests                        |   |
|     |  | 2. Public Duty                            |   |

| 1.2 | How will the data be processed?   | The collection of the following data is required to   |                       |                        |   |
|-----|---|---|-----------------------|------------------------|---|
|     |   | 1. Identify and select the High Intensity Users for the SIM London programme.                 |                       |                        | don programme.                              |
|     |   | 2. Monitor all the o  | utcomes for the indiv | riduals on the SIM Lor | ndon Programme and partner organisations    |
|     |   | 3. Ensure quality ar  | nd inform the program | nme.                   |   |
|     |   | 4. Monitor the imp  | act of the programme  | e against the high imp | pact equalities characteristics identified. |
|     |   | • S136 Dete   | ntions and Mental He  | alth Act Assessments   | 5   |
|     |   | Mental He   | alth 24-hour bed day  | admissions             |   |
|     |   | • London Ar   | nbulance deployment   | t                      |   |
|     |   | Police incident   | dents requiring deplo | yment                  |   |
|     |   | • Emergence   | y department attenda  | inces                  |   |
|     |   |   |                       |                        |   |
|     |   | See <b>Document Lib</b> r   | ary – Document 5 (D/  | ATA FLOW)              |   |
|     |   | See <b>Document Lib</b> r   | ary – Document 4 (D   | ATA SHARED)            |   |
|     |   |   |                       |                        |   |
|     |   |   |                       |                        |   |
|     |   |   |                       |                        |   |
| 1.3 | Will this new programme involve any automated decision-making processes or profiling? | Yes   |                       | No                     | $\boxtimes$                                 |
|     | decision-making processes or proming:   | Please provide detail of the process, logic and whether there will be any human intervention? |                       |                        | will be any human intervention?             |
|     |   |   |                       |                        |   |
|     |   | Who will be responsible for conducting checks on the automated processing?                    |                       |                        |   |
|     |   |   |                       |                        |   |
|     |   |   |                       |                        |   |

| Legal | Basis for processing   |                                     |  |   |        |  |  |
|-------|--|-------------------------------------|--|---|--------|--|--|
| 2.0   | What is the legal basis for processing this information?           |                                     | blic task: Necessary for the pofficial authority vested in t   | performance of a task carried out in the <b>public interest</b> on he controller  | r in 🖂 |  |  |
|       |  | medicine, for a                     | for the purposes of preventative or occupational ty of an employee, medical diagnosis, the provision of ment of health or social care systems or a contract with   | a   |        |  |  |
|       |  | • •                                 | Article 6 (d) Vital interests: Necessary to protect the vital interests of a data subject or another where the data subject is incapable of giving consent   |   |        |  |  |
|       |  | • •                                 | Article 9 (c) Vital interests: Necessary to protect the vital interests of a data subject who is physically incapable of giving consent  |   |        |  |  |
|       |  | Article 9 (i) Pull as protecting a  | Article 9 (i) Public Health: Necessary for the reason of public interest in the area of public health, as protecting against serious cross border threats to health or ensuring high standards of healthcar and of medicinal products or medical devices   |   |        |  |  |
|       |  | Article 6 (b) Co<br>steps preparate | rformance of a <b>contract</b> with the data subject or to take  |   |        |  |  |
|       |  | Article 6 (c) Leg                   |  | compliance with a <b>legal obligation</b> (not including                          |        |  |  |
|       |  |                                     | gal Obligation: Necessary for ial protection law, or a collection law, o | r the carrying out of <b>obligations under employment, soc</b><br>ctive agreement | al 🗆   |  |  |
|       |  | Article 9 (e) Pu                    | blic information: Data mani  | festly made public by the data subject  |        |  |  |
|       |  |                                     | nsent: Consent of the data sere another basis is not applic  |   |        |  |  |
|       |  | EU or Member                        |  | e data subject, unless reliance on consent is prohibited b                        | у      |  |  |
| 2.1   | Will the information be used for secondary purposes?               | Yes                                 | $\boxtimes$  | No $\square$  |        |  |  |
|       | Collation of case data nationally to                               | If YES, will the                    | e data be anonymised for   | secondary use?  |        |  |  |
|       | advance our clinical understanding of high intensity mental health | Yes                                 | $\boxtimes$  | No $\square$  |        |  |  |

| 2.2 | How will you record consent?   | Consent N/A   |
|-----|--|---|
|     |  |   |
| 2.3 | How will individuals be able to access the information held on them? | Process for each organisation – generic statement  Request for information is known as a <b>subject access request</b> , each organisation has a statutory obligation to process this request. Contact relevant organisation or data controller to request their information. |

| Organ | nisations involved in processing the information |  |  |
|-------|--|--|--|
| 3.0   | Where will the data be held?                     | Information held in the UK.  |  |
|       |  | Held on own systems which are secure   |  |
|       |  | Care and response plan – trusts keep on  | n own records                          |
| 3.1   | Who is the Data Controller for this information? | Personal Data  | Other(s)                               |
|       |  | Individual Partners are responsible for their own data regarding each data subject |  |
|       |  | Response Plans   |  |
|       |  | The host NHS trust of the team is the  |  |
|       |  | Data Controller of the Response Plans.   |  |
|       |  | If OTHER, Are they compliant with the D  | OSPT Data Security Protection Toolkit? |
|       |  | Yes  | No $\square$                           |
|       |  | What is their DSPT Organisation Code?  | Name of Organisation Code              |
|       |  |  | Name of Organisation Code              |
|       |  |  | Name of Organisation Code              |

| 3.2 | Are you using another company or organisation to process data?   | Yes                    |                         | No               | $\boxtimes$   |   |
|-----|--|------------------------|-------------------------|------------------|---|---|
|     |  | Please name ther       | n:                      |                  |   |   |
|     |  | What is their DSP      | T Organisation Code?    |                  |   |   |
| 3.3 | Will you be sharing information with any other organisation?   | Yes                    | $\boxtimes$             | No               |   |   |
|     |  | If YES, please des     | cribe how information   | will be shared a | nd how it will be protec                            | ted in transit                          |
|     |  | Information may        | be shared with other s  | tatutory public- | sector police and health                            | care providers                          |
|     |  | Shared via secure      | e network email         |                  |   |   |
|     |  |                        |                         |                  |   |   |
|     |  |                        |                         |                  |   |   |
|     |  |                        |                         |                  |   |   |
|     |  | If YES, do you hav     | ve an information shari | ng agreement?    | See <b>Document Library</b>                         | – Document 1 (ISA)                      |
|     |  | Yes                    | $\boxtimes$             | No               |   |   |
| 3.4 | How will you inform recipients of shared information about corrections to information previously shared? |                        |                         |                  | d practice correct infor<br>Library – Document 3 (F | rmation and send to the PRIVACY NOTICE) |
| 3.5 | Has a data flow mapping been undertaken?   | Yes                    | $\boxtimes$             |                  | No  |   |
|     |  | See <b>Document Li</b> | brary – Document 5 (D   | OATA FLOW)       |   |   |

| Syste | em Management and Security  |   |   |    |  |  |
|-------|---|---|---|----|--|--|
| 4.0   | How will you ensure that the system holds accurate information?           |   | There is no centralised HIN/SIM system at present, so this section is not applicable. Each organisation will make use of their own records system, which will be subject to organisational rules on accuracy. |    |  |  |
| 4.1   | How will the system deal with the correction and deletion of information? |   |   |    | s section is not applicable. Each organisation will make organisational rules on security. |  |
| 4.2   | What security measures will be in place to limit ac                       | cess to personall   | ly identifiable information?  |    |  |  |
|       | System roles (administrator, user, reporting, etc)                        | Staff groups as   | ssigned   |    | Security mechanism (password/smartcard, etc)   |  |
|       |   |   |   |    |  |  |
|       |   |   |   |    |  |  |
|       |   |   |   |    |  |  |
|       |   |   |   |    |  |  |
| 4.3   | Is remote access required (for end users or IT Support)?                  | Yes   | $\boxtimes$   | No |  |  |
|       |   | If remote acce  | If remote access is required, does the supplier have access   |    | s to N3?   |  |
|       |   | Yes   | $\boxtimes$   | No |  |  |
| 4.4   | What are the plans around disaster recovery/business continuity?          |   | oss several organisations. Res<br>ect all organisations. Loss of da   | •  | shared across multiple organisations. Disaster highly use direct risk to any person.       |  |
| 4.5   | How will access be monitored?   | All IT systems in use have user monitoring software.              |   |    |  |  |
| 4.6   | How will the system be maintained up to date?                             | As per organisational IT maintenance programme via IT departments |   |    |  |  |

| 4.7   | Has the system been subject to a vulnerability scan/penetration test?   | Yes  As per organisational IT maintenance programme via IT dep   | No 🗆  |
|-------|---|--|---|
| Risks |   |  |   |
| 5.0   | Does the implementation of this programme introde.g. volumes of data, sensitivity or scope of data,   | Risk   | Mitigation  |
|       | how long data is retained, sharing information, individuals being unaware of the data collection, use of technology, security controls, unsupported | Organisation not informing others when an incidence occurs   | Hosting meeting – standing item on agenda of regular joint meetings   |
|       | software  RECOMMENDATION:   | Partner organisations may gain access to greater volumes of sensitive information about an individual than they would have had previously (for instance, criminal justice interactions, certain social care information), with an impact on an individual's privacy generally. | Individuals will be informed in greater detail about what information is shared through the provision of detailed fair processing information and can exercise their data protection rights if they wish. |
|       | Each organisation's IG Dept should independently review the level of risk and seek advice from the ICO if necessary.                                | impact on an individual 3 privacy generally.   |   |
|       |   |  |   |
|       |   |  |   |

## 6.0 Who will sign off on the Data Protection Impact Assessment? In the event of any 'local over-rule' the organisation over-ruling MUST contact the High Intensity Network Measures approved by: E.g. Name and Date

| Risks approved by:                      | E.g. Name and Date. If accepting any residual high risk, consult the ICO before going ahead.   |
|---|--|
| DPO Advice provided:                    | E.g. Name and date. DPO should advise on compliance.   |
| Summary of DPO advice:                  | E.g. Name and Date   |
| DPA advice accepted or overruled by:    | E.g. Name and Date. If overruled, you must explain your reasons.                               |
| Consultation responses reviewed by:     | E.g. Name and Date. If decision departs from individuals' view, you must explain your reasons. |
| This DPIA will be kept under review by: | E.g. Name and Date. The DPO should also review ongoing compliance with DPIA.                   |