

## **Data Protection Impact Assessment (DPIA) Summaries for Cumbria Partnership NHS Foundation Trust (CPFT) and North Cumbria University Hospitals Trust (NCUH)**

### What is a data protection impact assessment?

The Data Protection Impact Assessment (previously known as privacy impact assessment or PIA) is a tool which can help organisations identify the most effective way to comply with their data management obligations and meet individuals' expectations of privacy. An effective DPIA will allow organisations to identify and fix problems at an early stage, reducing the associated costs and damage to reputation, which might otherwise occur.

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## A

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## B

### BoardMaker Software

<b>Project/Process - CPFT</b>
<b>BoardMaker Software</b> <b>February 2018</b>
<b>Description</b>
The software is currently used by Springboard and the Children's OT East team. The software creates valuable printed materials, like communication boards, sequences and schedules. The boards are saved to the S:Drive and do not contain any personal identifiable information either on the boards or in the naming convention. The boards are printed, laminated and given to the family/child as a visual reward system.
<b>IG Recommendation/Conclusion</b>
A full DPIA is not required. There is no Personal Identifiable Data contained in either the boards or the naming convention for the boards. There are no IG risks and issues associated with this software. The IG recommendation is that the service continue to use this software.

### Business Conduct – Processing of Interests

<b>Project/Process - CPFT</b>
<b>Business Conduct – processing of interests</b> <b>May 2018</b>
<b>Description</b>
To ensure compliance with NHS England's Standards of Business Conduct Policy and NHS England's guidance for managing conflicts of interest. <ul style="list-style-type: none"><li>• Joint policy is being devised with regards to Business Conduct</li><li>• This will be managed centrally to support CPFT and NCUH, with slight deviations to the Publications Scheme – such as there being no requirement for a membership.</li><li>• Policy needs to be updated to meet 2017 guidance from NHS England</li><li>• Change to the breadth of information being gathered– expanded types of interests need to be declared; and the group of 'staff' includes specific non-staff.</li><li>• Change to the scope of people for whom interests need to be published - previously interests about Directors and Governors were published, as well as a small number under a Hospitality/Gifts Register. The requirement is to extend the publishing to those who are in a decision making position.</li></ul>
<b>IG Recommendation/Conclusion</b>
This is an internal process developed to meet NHS England mandated requirements to publish interests. There are no high rated risks.

## C

### Cerebral Palsy Integrated Pathway UK

<b>Project/Process - CPFT</b>
<b>Cerebral Palsy Integrated Pathway UK (CPIP-UK) June 2018</b>
<b>Description</b>
<p>For CPFT to join a UK support network aiming to deliver 'best practice' standard of care to children in Cumbria with cerebral palsy.</p> <p>The overall aim is to provide a high quality, standardised follow-up programme, including hip surveillance, for children with cerebral palsy that will identify musculoskeletal problems by regular physical and radiological examinations to enable effective management of these problems during childhood. The Pathway involves a nationally agreed protocol of standardised musculoskeletal examination for children with Cerebral palsy. The data will be used by trained staff to improve the quality of information and communication between specialists in accordance with NICE guidelines.</p>
<b>IG Recommendation/Conclusion</b>
<p>The risks and issues associated with this change are minor and have been mitigated against. Recommendation is that this can go ahead.</p>

### Cohort – Occupational Health

<b>Project/Process - Joint</b>
<b>Occupational Health COHORT IT system May 2018</b>
<b>Description</b>
<p>To provide a consistent and efficient Occupational Health service to both NCUH and CPFT. This is a retrospective DPIA as the service has been running within NCUH for some time and the CPFT staff were transferred across on 01 April 2018.</p>
<b>IG Recommendation/Conclusion</b>
<p>IAO is to ensure that the staff fair processing notice should be included in the 'staff letter' and published on staff intranet sites. Any fair processing notices and privacy policies will need to be kept under review to ensure they accurately capture any new types of data collected or any additional or different processing of such data.</p>

## Complaints and Incidents

<b>Project/Process - CPFT</b>
<b>ABI – Complaints and Incidents database</b>
<b>Description</b>
To compile a spreadsheet to be able to track and evidence all responses to complaints and incidents, i.e. evidence for both internal and CQC audit / inspection. Currently there is no one central place to collate this data and accordingly it is difficult and time consuming to be able to evidence / confirm the status of investigations / responses to complaints or incidents.
<b>IG Recommendation/Conclusion</b>
There are no risks or issues associated with this change in process. Recommendation is that this can go ahead.

## Copernicus

<b>Project/Process - CPFT</b>
<b>SOCT Copernicus REVO Software deployment February 2018</b>
<b>Description</b>
Installation of software to be used to take images of patients eyes as part of current Digital Surveillance pathway. To retain patients within the DESP pathway by introducing new OCT scan. This will prevent false positive referrals into the Acute trust relieving pressure on hospital eye services.
<b>IG Recommendation/Conclusion</b>
This is a new piece of software. Login credentials are required. The software contains person identifiable information as the images will be recorded using the naming convention specified in the Photography and Video Recording Policy. The software and work undertaken will be used in conjunction with Optimize.

## Cumbria CV COIN

<b>Project/Process - Joint</b>
<b>Cumbria CV COIN May 2018</b>
<b>Description</b>
To deliver an affordable high availability high speed Wide Area Network and Edge Security Solution. The new system is required primarily to reduce the ongoing costs of providing Wide Area Network infrastructure to all NHS sites in Cumbria.

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<b>IG Recommendation/Conclusion</b>
As there is no personal data involved with the COIN there is no requirement to complete a full DPIA.



## D

### Data Warehouse

<b>Project/Process - CPFT</b>
<b>BI Data Warehouse Migration</b>
<b>Description</b>
A part of the migration of services and support to the new Information Technology infrastructure.
<b>IG Recommendation/Conclusion</b>
The checks in regard to processing have been carried out and the IG recommendation is that the data warehouse migration goes ahead.

### Detailed Care Record (DCR)

<b>Project/Process - CPFT</b>
<b>Detailed Care Record (DCRv2) in RiO February 2018</b>
<b>Description</b>
To upgrade the existing DCRv1 view of datasets to DCRv2. To improve the capability of the Detailed Care Record to consume additional datasets from EMIS. To improve future capability in order to test and develop the RiO Information Viewer (RiV).
<b>IG Recommendation/Conclusion</b>
It is recommended that an IAA be assigned for CPFT use of the DCR and that a robust SOP is in place for the use of DCR in RiO. Further testing is to be carried out before go live and this DPIA will be updated once the testing is complete.

### Digital Dictation

<b>Project/Process - CPFT</b>
<b>Digital Dictation - Filestream February 2018</b>
<b>Description</b>
CPFT aim to provide a safe and secure means of sending documents via the MiG to GPs where the document has been created outside of Digital Dictation e.g. EMIS Community and RiO.

**IG Recommendation/Conclusion**

Filestream is a proven safe and secure technology already used by the Trust providing bidirectional messaging (rejection reasons from GP). This is a significantly cheaper option than using bespoke products from other suppliers whilst maximising the use of existing systems.

## E

### EMIS

<b>Project/Process - CPFT</b>
<b>EMIS CDB Consolidation – Data Migration</b> <b>May 2018</b>
<b>Description</b>
The objectives of this project are as follows: <ul style="list-style-type: none"><li>• To move from 26 active CDBs to 3 active CDBs: North, South and Countywide</li><li>• To provide one Single Patient Record per CDB</li><li>• Spine compliant with Smartcard use</li><li>• Implement an access audit tool, i.e. FairWarning</li><li>• Standardised ways of working of Partnership Services working, document and clinical templates</li></ul>
<b>IG Recommendation/Conclusion</b>
It is the recommendation of the DPIA author that due to the number of high and moderate risks, especially around the migration of data, prior consultation is sought from the ICO. The DPIA will be presented to the Head of IG/DPO for final consultation and escalation.
<b>DPO Comments</b>
The DPO has put the consultation with the ICO on hold pending the outcome of the decision on whether to proceed with the data migration option.

<b>Project/Process - CPFT</b>
<b>EMIS CDB Palliative Care</b> <b>May 2018</b>
<b>Description</b>
<p>The Trust is currently progressing a consolidation of CDBs project. As part of this project the palliative care CDB has been brought into focus. It has been confirmed by EMIS that the Hospices do not reside within CPFT's Live environment so will not be impacted by the CDB Consolidation Project.</p> <p>The palliative care CDB was a CCG initiative and is 'owned' by Eden Valley Hospice. CPFT (including Medical Teams, clinical Nurse Specialist and previous CPFT employed OT staff), Hospice at Home West Cumbria and Hospice at Home Carlisle and North Lakeland also input to this CDB in order to provide joined up, seamless end of life care.</p> <p>The CPFT Medical Secretary and System Administrator has full access rights and is responsible for attaching users and providing training in the use of the system (along with some support from PRIMIS) for CPFT staff only. Each of the other services/Hospices has a Super user who has the same access rights.</p>
<b>IG Recommendation/Conclusion</b>

The Palliative care CDB should be kept out of scope of the consolidation project. The information should be kept within the CDB with access kept at current levels as this provides the joined up care necessary for end of life.

Investigations are ongoing as to who will be defined as the data owner and controller. There is also concern as to when the contract may expire.

There are a number of concerns which have been raised by the Medical Secretary and System Administrator which should be addressed as a matter of urgency.

General agreement that CPFT should host the Hospice CDB within the CPFT CDB to provide the single patient record.

Senior Project Manager is preparing a report for the Business managers to outline the options and recommendations going forward.

#### **DPO Comments**

This goes against the agreement made by the SIRO that there shouldn't be Joint Data Controllers as there is a risk with regard to subject access requests.

#### **Project/Process - CPFT**

##### **EMIS Web – Password Reset Functionality Request by UHMB May 2018**

#### **Description**

UHMB are requesting that their IT Service Desk staff have EMIS Web accounts set up which will allow them to carry out password resets.

As data controller, CPFT would not have a record of user accounts or permissions granted.

There would also be a cost implication as CPFT would need to purchase another full licence which is not included in the SLA.

#### **IG Recommendation/Conclusion**

Taking the risks and issues highlighted in the DPIA into consideration, the IG recommendation is that the EMIS Web Community password reset functionality should not be assigned to the UHMB IT service desks staff.

It is recommended that all requests should go through the CPFT IT Service Desk as per the agreed SLA to ensure that an audit trail is kept by the data controller.

#### **DPO Comments**

Agreed with IG recommendation above.

#### **Project/Process - CPFT**

##### **EMIS South Cumbria Database May 2018**

#### **Description**

Provide UHMB relevant data from the CPFT EMIS Extract. The EMIS Extract can be split in to a separate South Cumbria database, containing information that relates to South Cumbria patients only and care received after the transfer of services on and after the 1/4/2018.

#### **IG Recommendation/Conclusion**

There is a high risk to individuals as the EMIS extract may include data from persons who are not part of the South Cumbria Transfer.

The Information Sharing Agreement has not yet been signed off and as such the extract cannot go ahead until this is completed.

IG have not seen sight of the BI SLA to ensure that this flow is under a specific agreement.

It is the recommendation of the DPIA author that due to the high risks the DPIA will be presented to the Head of DPO for final consultation and escalation if required.

#### **DPO Comments**

Head of IG / Data Protection Officer (interim) reviewed 6 June 2018. Advice back to UHMB is as follows:

DS001994 Data Summary and DF002750 Data Flow to be updated to include:

- relevant legal gateway to be included
- Use of legitimate interests as well as public function
- No benefits listed – don't imagine that this is mandatory
- Purpose doesn't actually state why we are doing this which should be added as well.

On completion of this the Head of IG / Data Protection Officer (interim) would recommend this extract to date place – decision needs to be made by the Information Asset Owner for the system.

#### **Project/Process - CPFT**

##### **iBCF Hospital to Home Agile Working February 2018**

#### **Description**

iBCF (Improved Better Care Funding) has been secured for Cumbria to allow more patients to receive healthcare support in their usual place of residence and reduce hospital stays.

Three Teams are being formed of approximately 10 staff that will be based in Copeland, Allerdale and Carlisle and will deliver these targeted and intensive care packages through nursing, therapy and health care input.

Due to the nature of the service and to make most efficient use of our care resource the teams will be required to work in an agile manner, being able to update EPRs whilst face to face and work through electronic EMIS schedules.

It is suggested that existing community based CDBs and templates would be appropriate to this service.

#### **IG Recommendation/Conclusion**

The following IG points are to be taken into consideration before commencement of the programme:

- There is no new functionality being used in EMIS Web, the change to process is that the record is being updated at point of care. In places where there is no connection staff will continue to use notes and enter them into EMIS when they have connection back at base.
- Staff must not use the patient's home Wi-Fi to access clinical systems.
- Staff should be aware of environment when typing into EMIS. e.g. If there is a safeguarding issue be aware of others around them.
- Staff to ensure that they continue to leave proportionate and accurate information in the patient's home for other services.

## Epidemiology Dental Survey Access Database

<b>Project/Process - CPFT</b>
<b>Epidemiology Dental Survey Access Database May 2018</b>
<b>Description</b>
The Dental Team take part in the Epidemiology Dental Survey for Public Health England. The data is anonymised. The programme has recently changed to Microsoft Access to provide the data. Therefore, the use of Microsoft Access Database on one user's device is required to provide anonymised data to Public Health England.
<b>IG Recommendation/Conclusion</b>
As the data in the access data base and used for the survey is anonymised a full DPIA is not required. The service are to ensure the MS Access is inly used for the Epidemiology Dental Survey database and that other databases are not be created.

## F

Asset Name

Summary Table	
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## G

Asset Name

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## H

Asset Name

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I

## IBM SPSS Statistics Software

<b>Project/Process - CPFT</b>
<b>IBM SPSS Statistics Software</b>
<b>Description</b>
Software required to perform advanced statistical analysis for the purposes of research and evaluation of the Personality Disorder pathway. All data will be anonymised with no identifiers used for analytical purposes; only the numerical data will be subjected to analysis. IBM SPSS Statistics is provided as a SaaS which is hosted in the Cloud and accessed via the internet. A separate DPIA has been carried out for the data analysis process.
<b>IG Recommendation/Conclusion</b>
Access to SPSS Statistics is through individual accounts. The user will be required to register with IBM to use the software and will need to provide name, phone number, email address, and any other information relevant to the product/service they are subscribing to. The IAO needs to satisfy herself with the use of this software and the submission of her personal details, as IG is not able to give any assurances as to what data IBM may share. All analysis data will be anonymised with no identifiers used for analytical purposes; only the numerical data will be subjected to analysis. The data is hosted on IBM SaaS Cloud service which is ISO27001 compliant.

## INFORM Sexual Health

<b>Project/Process - CPFT</b>
<b>Inform (Sexual Health) – Results June 2018</b>
<b>Description</b>
To send and receive pathology requests and results electronically via the EPR (Inform) rather than the current process which is manual inputting. Currently requests for pathology tests are entered manually into the EPR, and on the sample collected and on the request form. Results are received back via paper or are looked up on another system written on paper or printed off then inputted manually into the EPR. Results can take up to and more than two weeks from taking of the sample to the patient receiving the result via text. Results are texted out manually for each individual patient. A great deal of time is used by staff for the management of results.
<b>IG Recommendation/Conclusion</b>
SOP to be developed around new process. Audit programme to be developed. This appears to be a safer and more efficient process for the inputting of results and advising service users of results.



## J

Asset Name

Summary Table	
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## K

### Kingston Court Patient Information Sharing

<b>Project/Process - NCUH</b>
<b>Kingston Court Patient Information Sharing July 2018</b>
<b>Description</b>
NCUH has commissioned 15 beds in Kingston Court Nursing Home to support patient flow. A NCUH therapy team are working with these patients and require access to the assessments that were undertaken during the in-patient episode in the Cumberland Infirmary. Sharing the patient assessments will facilitate seamless care and discharge.
<b>IG Recommendation/Conclusion</b>
Advise obtaining reassurance from Express Care (Guest Services) limited that they provide appropriate Data Protection training for their staff.

L

Asset Name

Summary Table	
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## M

### MES Engage

<b>Project/Process - CPFT</b>
<b>MES ENGAGE</b> <b>April 2018</b>
<b>Description</b>
<p>NHS foundation trusts are not-for-profit, public benefit corporations. They are part of the NHS and provide over half of all NHS hospital, mental health and ambulance services.</p> <p>NHS foundation trusts were created to devolve decision making from central government to local organisations and communities. They provide and develop healthcare according to core NHS principles - free care, based on need and not ability to pay.</p> <p>Foundation trusts are not directed by government so have greater freedom to decide, with their governors and members, their own strategy and the way services are run. They can retain their surpluses and borrow to invest in services for patients and service users.</p> <p>The use of the current model is required to be reviewed prior to the Implementation of the General Data Protection Regulation which the Trust will have to be compliant with by the 25 May 2018; there remains a requirement to ensure an appropriate tool is in place to manage the information and ensure it is compliant with legislative and regulatory demands. MES Engage has been proactive and has reviewed their process.</p> <p>MES Engage have updated privacy statements which sit on all their sites (including membership forms and surveys) to ensure they are aligned with GDPR.</p>
<b>IG Recommendation/Conclusion</b>
<p>Change in lawful condition for processing membership information. MES Engage has been proactive in their preparation in advance of the implementation of GDPR.</p> <p>Governor Support Officer will be sending information to members to cleanse the data held; IGCO will assist in adding text detailing how processing conditions will change.</p>
<b>DPO Comments</b>
Agreed with IG recommendation above.

### Microdiet Nutritional Analysis Software

<b>Project/Process - CPFT</b>
<b>Microdiet Nutritional Analysis Software</b> <b>May 2018</b>
<b>Description</b>

The Anorexia Nervosa Intensive Service have requested the installation of this software on 2 devices within the team.

The Microdiet analysis software will allow the team to provide detailed nutritional analysis of current intakes and best tailor nutritional interventions to meet evidence based requirements. In Eating Disorders, this can help to challenge unhelpful perceptions of food and diet, provide knowledge and education, containment for anxiety.

It can also be used to demonstrate an effective intervention, for audit and to evidence best practice.

#### **IG Recommendation/Conclusion**

IG recommends the installation of Microdiet Nutritional Analysis Software on 2 devices used by ANIS Specialist Eating Disorder Dieticians.

The IAO is to ensure that mitigation is in place for the risks prior to the installation of the software.



## N

### NeoPost

<b>Project/Process - NCUH</b>
<b>NeoPost</b> <b>March 2018</b>
<b>Description</b>
<p>The Trust has been collecting information about patients with specific needs for a number of years on PAS e.g. Blind/Partially Sighted, Learning Disability, Hearing impairment, Email addresses, Preferred Language. In order to be compliant with requirements of Accessible Information Standards (AIS) this process will ensure that patient preference for communication method is collected and complied with.</p> <p>Every patient who is a new referral to the service will be sent a consent form with their appointment letter to complete and bring with them to clinic. Their consent will be recorded on PAS at that point and the form filed in the health record or scanned and stored electronically.</p>
<b>IG Recommendation/Conclusion</b>
<p>Patient explicit and informed consent will be obtained for the additional information being collected and held in PAS. This is a minor addition to current process without major privacy impact. The Information Asset Owner has assessed this as low risk.</p>

### NHS Jobs System

<b>Project/Process - Joint</b>
<b>NHS Jobs System</b> <b>March 2018</b>
<b>Description</b>
<p>To provide access to the CPFT NHS Jobs system for the Agency team at North Cumbria University Hospitals NHS Trust who will be providing an Agency Management service to CPFT from 1st April 2018. Access required to enable them to check vacancy and applicant data to help inform decision making relating to the use of Agency workers.</p>
<b>IG Recommendation/Conclusion</b>
<p>The low risks detailed in the DPIA which will be managed through the process (i.e. written into contractual arrangements). This DPIA should be read with reference to the DPIA prepared for Brookson Direct which is still in progress.</p>

## NHS Public WiFi

<b>Project/Process – NCUH/CPFT/CCG/Primary Care</b>
<b>NHS Public WiFi</b> <b>February 2018</b>
<b>Description</b>
The objective is to deliver a joint Public WiFi Service across WNE Cumbria. This is a new service for NCUH and a change of Service Supplier for CPFT and the CCG/Primary Care.
<b>IG Recommendation/Conclusion</b>
No health care information is captured or stored by the system. TNP are registered on the Data Protection Register. Under the GDPR, the Trusts have a general obligation to implement technical and organisational measures to show that they have considered and integrated data protection into their processing activities. As NHS WiFi was implemented in the Trusts in December 2017, this is a retrospective DPIA and as such we have been unable to take the 'privacy by design' approach to this project.

O

Asset Name

Summary Table	
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## P

### Patient Activation Measure

<b>Project/Process - CPFT</b>
<b>Insignia Health – Patient Activation Measure (PAM)</b> <b>March 2018</b>
<b>Description</b>
CPFT in North Cumbria are purchasing a licence to use the Patient Activation Measure – this licence will be split between the community services (1000 licences) and specialist services (2000 licences). 3000 licences will be purchased in total. The community services will use the PAM as an integral part of the CQUIN targets, Specialist Services as part of the Familiar Faces and Long Term Conditions Business Cases which are both part of the STP high Profile Integrated Care Organisational (ICO) work across North Cumbria.
<b>IG Recommendation/Conclusion</b>
A pilot has been completed in the south of the county prior to the rollout. The PAM will provide a broad approach to the management of health issues and allowing workforce efficiency – targeting patient need. A SOP should be developed for use across both care groups.

### Patient Finder

<b>Project/Process - CPFT</b>
<b>Patient Finder</b> <b>June 2018</b>
<b>Description</b>
Patient Finder was developed to enable a designated person to access several systems in the data warehouse to check patients on the caseload of CPFT. This is deemed necessary as part of the real time alerts for suicide prevention and post suicide support work. This will provide reliable, timely and accurate suicide statistics and identify clusters and contagions. This is a change to the Patient Finder process. Following the decommissioning of CPAS, the user will now be able to view a CPAS legacy report in Patient Finder.
<b>IG Recommendation/Conclusion</b>
The following IG points are to be taken into consideration before commencement of the programme: <ul style="list-style-type: none"><li>• A robust SOP should be put in place by the IAO and shared with all users of Patient Finder.</li></ul>

## PODFather

<b>Project/Process - CPFT</b>
<b>PODFather – Courier Service UHMB - Update May 2018</b>
<b>Description</b>
<p>When this original assessment was undertaken the Trust were under the impression that Medical Support UK Ltd would only be used as a last resort and was not used regularly to transport red bags, in this situation the Trust were happy to notify our users and advise them to hold off on sending any records on these days. Now it appears that this situation has changed and Medical Support UK Ltd is being used regularly to transport red bags containing medical records around the Trust.</p> <p>UHMB have confirmed that due to low staffing they have employed Medical Support UK Ltd to provide the service on a week by week contract basis to allow the management team to evaluate the staff base and structures at WGH. If UHMB decide this is a suitable and sufficient option they will look into developing a contract. They are currently under contract for their passenger/ambulance services with the UHMB. The current 'ambulance' contract involves the movement of Patients, Drugs, Samples, Records and post and this would be an extension of this contract.</p>
<b>IG Recommendation/Conclusion</b>
<p>No mitigation has been provided for any of the risks identified in the initial assessment last year. Assurances are required regarding the security and confidentiality of the Trust's health records if they are to be transported by Medical Support UK Ltd.</p> <p>As per CPFT Health Records team current practice, in the instances of Medical Support UK Ltd being employed to transport red bags the Health Records team will notify their users and advise them to hold off on sending any records on these days. However, if this is a regular occurrence then delays will occur in the transporting of health records.</p>
<b>DPO Comments</b>
Agreed with IG recommendation above.

## Point of Care Testing (PoCT)

<b>Project/Process - NCUH</b>
<b>Point of Care Testing (PoCT) Interface from Cobas IT1000 to ICE April 2018</b>
<b>Description</b>
<p>To ensure that diagnostic results obtained at the point of care (e.g. glucose) are transmitted into ICE as a permanent record. Wards have hand held blood glucose monitors / other point of care testing devices which are wirelessly operated. The diagnostic result obtained is assigned to a patient ID during the testing procedure and the result is transmitted to the Roche middleware Cobas IT1000. The ADT feed is applied to all connected meters so that users can select a patient from a ward list.</p>

Whilst some clinical staff have access to the results stored on Roche Cobas IT1000 an interface into ICE is required so that all clinical users can access test results. All devices are password protected, so only staff trained in the use of the device are able to access patient results. Data for any given ward is held on the individual meter, i.e. glucose results from patients on Aspen will be available on the glucose meter present on Aspen.

**IG Recommendation/Conclusion**

Some of the risks and issues associated with this change have been mitigated against and are recorded in the full DPIA. For the remaining risks and issues, the IAO is to ensure that mitigation is in place prior to commencement.

IG have received assurances from the supplier and recommend that the contract should be updated accordingly.

Q

Asset Name

Summary Table	
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## R

### Radio Frequency Identification (RFID)

<b>Project/Process - NCUH</b>
<b>RFID (Radio Frequency Identification)</b>
<b>Description</b>
The Trust has improved case note availability across the Trust but this is very labour intensive. This system will improve the speed the process for case note availability and clinical prep of the case notes and enable the Trust to reduce resources. This will also assist in the implementation of EPR.
<b>IG Recommendation/Conclusion</b>
No recommendation available.

## RiO

<b>Project/Process</b>
<b>RiO Agile Working April 2018</b>
<b>Description</b>
The aim of this project is to pilot internet connectivity in a small number of services within both Children and Families' and Mental Health Care Groups. The services chosen will have staff currently using the "Store and Forward" functionality as well as laptops with VPN Access. This will minimise disruption to the service whilst providing the opportunity to experience and measure the practicality to use Mi-Fi units. Wi-Fi connectivity will be provided using MiFi units using the EE network who are the Trust's agreed mobile network provider for mobile technology.
<b>IG Recommendation/Conclusion</b>
The IG recommendation is that the pilot for RiO Agile Working should go ahead and that the low risks listed in the DPIA are fed back into the project with the appropriate mitigation in place.

<b>Project/Process – CPFT</b>
<b>RiO/Strata Interface April 2018</b>
<b>Description</b>
The original DPIA was reviewed by this group on 21 February 2018.



The DPIA has been updated as IG was informed that the Programme Manager has requested that the interface ability for users to access Strata without updating the clients' patient demographic details be removed from the interface.

If this step is removed, the RiO Patient will overwrite the Strata Patient every time and will also force an update each time Strata is used from RiO. This could enable the incorrect patient to have their demographics overwritten.

**IG Recommendation/Conclusion**

IG recommends that the 'To Modify a referral for an existing client Strata Pathways (Without updating the client demographics)' screen remains in the interface as per the original assessment.

**DPO Comments**

Agreed with IG recommendation above.

**Project/Process - CPFT**

**RiO Text Appointment Reminders**

**June 2018**

**Description**

To provide a texting reminder service (outbound only) to remind patients of their appointments out of RiO. As part of the RiO Tranche II 'current state' process mapping work, existing functionality to text clients was identified within the CMHART South team who were using a SMS (Short Message Service) texting service to streamline communication with patients. Research in mental health shows that prompts or reminders can reduce non-attendance and that the two predominate factors for non-attendance are:

- Patients no longer wish to attend (but do not realise they need to alert the Trust) and
- Patients who genuinely forget the time/date of their appointment.

**IG Recommendation/Conclusion**

The issues referenced in this DPIA to be addressed once clarity has been received regarding the contract with the supplier. SOP to be developed which will address any risky areas in the process.

## S

### Section 12 Solutions Mobile Application

<b>Project/Process - CPFT</b>
<b>S12 Solutions Mobile Application February 2018</b>
<b>Description</b>
<p>Current system does not allow our s12 Doctors to quickly and easily specify their availability and location for Mental Health Act assessments. It does also not allow the s12 Doctors to easily specify their preferred contact method.</p> <p>By utilising this application CPFT should be able to significantly reduce the current time taken from a Mental Health Act Assessment being called to the assessment commencing. This will improve outcomes for people being assessed as this should occur faster and should also improve staff, Police and AMHP satisfaction and experience. The use of the application should also enhance multi-agency working.</p>
<b>IG Recommendation/Conclusion</b>
<p>No health care information is captured or stored by the application. The application requires the clinician's name, postcode and their availability to undertake Mental Health Act assessments. The supplier is registered on the Data Protection Register.</p> <p>An IT security assessment was also carried out on the s12 application.</p>

### Speech and Language Therapy University of Manchester Student Audio and Video Recording

<b>Project/Process - CPFT</b>
<b>University of Manchester Speech and Language Therapy Student Audio and Video Recording February 2018</b>
<b>Description</b>
<p>The University of Manchester's pre-qualification BSc (Hon)/Integrated Master's degree programmes have introduced iPads for students. They currently provide standard digital video cameras for students to video their clinical practice, in order for them to reflect on their developing clinical skills, and to provide video of them working with clients. A video of the student working with a client (or other activity typically undertaken by a speech and language therapist) is required for the Client Case Presentation Examinations. These carry all the marks for their Clinical Practice course.</p> <p>They also require students to transcribe a client's speech 'live' using the International Phonetic Alphabet, while simultaneously recording the client. The student then uses the recording to check their accuracy of transcription. The recording is then deleted.</p> <p>Both types of recording require video of clients, including their faces in order to see and hear what the client is saying.</p>

They have introduced iPads which are managed by the University of Manchester IT department, and can be tracked and deleted remotely, should they be lost or stolen. Access to the video and audio recordings is protected by a password/finger print. This is therefore more secure than our current method.

Students are provided with Information Governance training and would face disciplinary action by the University, should they inappropriately share, or fail to ensure that recordings are stored correctly.

#### **IG Recommendation/Conclusion**

The following IG points are to be taken into consideration before commencement of the programme:

- The equipment is provided by the University of Manchester and not used with any CPFT device.
- IAO to ensure that students obtain consent for every recording and store consent form in the clinical notes.
- Local Standard Operating Procedure to be produced.

## **Strata**

#### **Project/Process - CPFT**

#### **RiO/Strata Interface**

**April 2018**

#### **Description**

The original DPIA was reviewed by this group on 21 February 2018.

The DPIA has been updated as IG was informed that the Programme Manager has requested that the interface ability for users to access Strata without updating the clients' patient demographic details be removed from the interface.

If this step is removed, the RiO Patient will overwrite the Strata Patient every time and will also force an update each time Strata is used from RiO. This could enable the incorrect patient to have their demographics overwritten.

#### **IG Recommendation/Conclusion**

IG recommends that the 'To Modify a referral for an existing client Strata Pathways (Without updating the client demographics)' screen remains in the interface as per the original assessment.

#### **DPO Comments**

Agreed with IG recommendation above.

#### **Project/Process - CPFT**

#### **Strata - update**

**January 2018**

#### **Description**

Map of Medicine is (MoM) will cease to be operational from 31<sup>st</sup> March. STRATA will pick up the slack as far as e-referrals into care types and knowledge base pathways are concerned.

An interim solution is required between MoM ceasing and Strata commencing all referrals. It has been decided that this will be by Strata emailing GP practices referrals to a generic CPFT email account which will be managed by the Choose and Book team at CPFT. This has been approved by the Senior Network Manager on behalf of the Booking Centre Manager. Rules will be set up which will mean that emails will be automatically sent to the teams detailed in the subject field. Any errors will then come back to the inbox to be solved or escalated as appropriate by the C&B team. This will be implemented as there was a risk that any incorrect emails sent directly to the teams without the transitional inbox would be sent back to sender (GP).

**IG Recommendation/Conclusion**

Whilst this is not an ideal solution, it will be considerably more secure than information being faxed or hand delivered.

**Project/Process - CPFT**

**Strata Update - GP email referral changes  
June 2018**

**Description**

Strata referrals are sent via blank email with the referral attached as a PDF. Emails are automatically forwarded to the teams detailed in the subject field. Any errors will then come back to the inbox to be solved or escalated as appropriate by the Booking Centre team. Currently these emails do not have any identifiers and the referral must be opened to establish which GP has sent the email.

**IG Recommendation/Conclusion**

Recommendation that the referral email will detail the organisation sending the referral i.e. GP Practice name and the NHS number of the patient being referred in the main body of the email and not in the email heading. This will enable the Booking Centre team to contact the correct GP Practice without having to view the attached referral. No new risks were added for this change to process.

T

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## W

### Workforce Dashboard

<b>Project/Process - CPFT</b>
<b>Workforce Dashboard March 2018</b>
<b>Description</b>
<p>The software MS Power BI that is used by the Information Development team to generate the dashboard has been upgraded. The content of the dashboard has been also been reviewed and updated with changes to presentation of existing data and the addition of new data in regard to mandatory training.</p>
<b>IG Recommendation/Conclusion</b>
<p>The following IG points are to be taken into consideration before commencement of the programme:</p> <ul style="list-style-type: none"><li>• This is an upgrade of software with the addition of mandatory training data into the dashboard.</li><li>• The low risks and issues listed at section 46 of the DPIA are to be managed by the IAO.</li></ul>



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