

## **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.

## **DPIA Summaries of Assets for Cumbria Partnership NHS Foundation Trust (CPFT) and North Cumbria University Hospitals Trust (NCUH)**

A.....	6
B.....	7
BadgerNet .....	7
BoardMaker Software.....	8
Business Conduct – Processing of Interests .....	8
C.....	10
Cerebral Palsy Integrated Pathway UK .....	10
Checking Up on the Check Up.....	10
Clinical Portal eDischarge Summary.....	11
Cohort – Occupational Health .....	11
Complaints and Incidents.....	11
Copernicus .....	12
Correspondence Hub (CHUB) .....	12
Cumbria CV COIN.....	12
D.....	14
Data Warehouse.....	14
Dental Referrals.....	14
Detailed Care Record (DCR).....	15
Diasend.....	15
Digital Dictation.....	15
Directory Manager.....	16
E.....	17
EMIS.....	17
Electronic Staff Records (ESR).....	19
Epidemiology Dental Survey Access Database .....	19
F.....	21
Fastness .....	21
G.....	22
Gestational Diabetes Mellitus (GDM) Health Mobile Application.....	22

H.....	23
HR Case Management.....	23
I.....	24
IAPTUS.....	24
IBM SPSS Statistics Software.....	24
Image Exchange Portal (IEP).....	25
INTEGRATED CARE ENVIRONMENT (ICE).....	25
INFOFLEX.....	26
INFORM Sexual Health.....	26
Iron Mountain.....	26
J.....	28
JayEx Kiosk.....	28
K.....	29
Kingston Court Patient Information Sharing.....	29
L.....	30
Lead Employer Trust (LET) Regional Bank.....	30
LibreView.....	30
M.....	31
Mentor Database.....	31
Meridian.....	31
MES Engage.....	31
Microdiet Nutritional Analysis Software.....	32
Microsoft R Software.....	32
N.....	34
National Cancer Patient Experience Survey (NCPES).....	34
National Data Opt Out.....	34
National Record Locator (NRL).....	35
NCBI High Cost Drugs.....	35
NeoPost.....	35
NHS Jobs System.....	36
NHS Payroll Service.....	36
NHS Public WiFi.....	37

Nutricia.....	37
O.....	38
Online Non-Prescription Ordering Service (ONPOS).....	38
P.....	39
Patient Activation Measure.....	39
Patient Finder.....	39
Phillips Actiwatch.....	39
PhysioTec.....	40
PODFather.....	40
Point of Care Testing (PoCT).....	41
Q.....	42
R.....	43
Radio Frequency Identification (RFID).....	43
Realtime.....	<b>Error! Bookmark not defined.</b>
RiO.....	43
S.....	46
Section 12 Solutions Mobile Application.....	46
SharePoint.....	46
Silverlink PAS.....	47
Speech and Language Therapy University of Manchester Student Audio and Video Recording.....	47
Spirotrac V.....	48
Strata.....	48
T.....	50
U.....	51
V.....	52
W.....	53
Wellbeing Service.....	53
Workforce Dashboard.....	53
X.....	54
Y.....	55
Z.....	56



# A

Asset Name

Summary Table	
---------------	--

## B

### BadgerNet

<b>Project/Process - NCUH</b>
<b>BadgerNet Maternity ePHR</b> <b>April 2019</b>
<b>Description</b>
<p>This project aims to replace the current maternity processes with an electronic personal health record (ePHR) system in line with the Maternity Transformation Programme; improving data quality, information sharing and improving staff efficiency, releasing time to care.</p> <p>The key objectives of this project are to:</p> <ul style="list-style-type: none"><li>• Implement electronic personal health record (ePHR) Maternity system and improve the score on the Maternity Digital Maturity Assessment.</li><li>• Provide a single digital record and enable a paper light Maternity service.</li><li>• Provide clients access to read and update their digital record via an App.</li><li>• Standardise processes, documents and templates across North Cumbria; to ensuring all clients have access to the same service.</li><li>• Reduce clinical time spent on administration; updating paper records and duplicating information.</li><li>• Implement standardised reporting that meets national standards and complies with the Maternity Services Data Set (MSDS).</li><li>• Provide electronic alerts for key information.</li><li>• Improve information sharing, interoperability with key systems (i.e. Silverlink and ICE) and improve data quality.</li><li>• Prove interoperability with the neonatal and SCBU systems to enable information sharing.</li></ul>
<b>IG Recommendation/Conclusion</b>
<p>The implementation of BadgerNet has met the lawful basis for collection and processing the data. There are risks and issue that require mitigation to be out in place in relation to data accuracy and data minimisation. IG are assured by the documentation provided by Clevermed Ltd in relation to the security of data. However, the contract must be signed by all parties prior to go live. There appears to be a lack of interoperability due to the use of IPADS and would question whether this is the best solution in the longer term.</p>

<b>Project/Process – NCUH</b>
<b>BadgerNet eReferrals</b> <b>April 2019</b>
<b>Description</b>
<p>BadgerNet will replace the current paper based and electronic systems to streamline the processes in the Maternity service in line with the Maternity Transformation Programme. This is a change to process as the current paper referrals are to be replaced by electronic referrals. For the first phase of BadgerNet the eReferrals are only being sent to internal teams.</p>
<b>IG Recommendation/Conclusion</b>

The IG recommendation is that eReferrals are sent via NHS Mail (nhs.net) addresses. These have been set up for the receiving teams.

**Project/Process - NCUH**

**BadgerNet – Data Migration from EuroKing E3  
July 2019**

**Description**

The project will replace the current paper based and electronic systems to streamline the processes in the Maternity service in line with the Maternity Transformation Programme. A DPIA has been carried out for the BadgerNet system and this DPIA will relate to the data migration from Euroking to BadgerNet.

Only migrating open episodes. There will be in the region of 1500 records migrating across, based on them being open and having activity within the last 11 months. This last is because E3 creates an 'open' episode for all records it imports from PAS regardless of pregnancy status.

**Data Protection Officer Comments**

I would like to recommend that the decommissioning processes are looked at for Euroking asap and advice from records manager is required re retention processes so that signed off from this dept. Need to look at security measures regarding risks that arise from this data migration and ensure these are documented.

## BoardMaker Software

**Project/Process - CPFT**

**BoardMaker Software  
February 2018**

**Description**

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 do not contain any personal identifiable information. The boards are printed, laminated and given to the family/child as a visual reward system.

**IG Recommendation/Conclusion**

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

**Project/Process - CPFT**

**Business Conduct – processing of interests  
May 2018**

**Description**

To ensure compliance with NHS England's Standards of Business Conduct Policy and NHS England's guidance for managing conflicts of interest. A joint policy is being devised with regards

to Business Conduct. This will be managed centrally to support CPFT and NCUH, with slight deviations to the Publications Scheme.

Change to the breadth of information being gathered and the scope of people for whom interests need to be published. The requirement is to extend the publishing to those who are in a decision making position.

**IG Recommendation/Conclusion**

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)</b> <b>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>

### Checking Up on the Check Up

<b>Project/Process - CPFT</b>
<b>Checking Up on the Check Up</b> <b>August 2018</b>
<b>Description</b>
<p>To improve the way that dental check-ups are provided to the group of continuing care patients seen within the community dental service. Currently the service have a group of patients who are seen by the dental service for regular check-ups for a variety of reasons e.g. complex medical history, cognitive impairment, learning disability etc. These check-ups are booked into our system on an adhoc basis in between other treatment appointments.</p> <p>The new proposed system is to devote entire clinical days to providing check-ups for these patients. This will allow us to ensure that the information we collect on these patients is available for each and every patient prior to their appointment. It will also allow us to better quantify the numbers of patients that we see and why we see them.</p> <p>A hand over document between patients care staff and the dental staff has also been proposed as part of the this scheme as currently it is often the case that junior members of the care team that look after a patient may be sent with them to appointments and their knowledge of the patient and their background is often not ideal.</p>
<b>IG Recommendation/Conclusion</b>
<p>IG have assessed the above under GDPR and are satisfied with the lawful basis for processing. This is a change to the format of the data collection only. The Project Lead is to manage any risks and issues recorded through the DPIA.</p>

## Clinical Portal eDischarge Summary

<b>Project/Process - NCUH</b>
<b>Clinical Portal eDischarge Summary (EDS) May 2019</b>
<b>Description</b>
NCUH is moving towards a single electronic discharge summary within the Clinical Portal across both West Cumberland Hospital (WCH) and the Cumberland Infirmary (CIC). This will enable discharge summaries to be sent via the MIG to the GP practice system to all GP practices in Cumbria.  A DPIA review was required following risks highlighted by the PMO.
<b>IG Recommendation/Conclusion</b>
IG recommend a full review of the process and actions taken to address the risks associated with the EDS to ensure the accuracy of the data. Review of all staff's access to EDS and to remove permissions to those staff who no longer require it.

## Cohort – Occupational Health

<b>Project/Process - Joint</b>
<b>Occupational Health COHORT IT system May 2018</b>
<b>Description</b>
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.
<b>IG Recommendation/Conclusion</b>
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.

## Complaints and Incidents

<b>Project/Process - CPFT</b>
<b>ABI – Complaints and Incidents database May 2018</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 and work undertaken will be used in conjunction with Optimize.

## Correspondence Hub (CHUB)

<b>Project/Process - NCUH</b>
<b>Correspondence Hub (CHUB) May 2018</b>
<b>Description</b>
North Cumbria University Hospitals Trust (NCUH) implemented the Correspondence Hub (CHUB) to improve the storage, retrieval and transmission of clinical letters to GPs, via the MIG, to ensure that clinical information is transferred in a timely manner. All servers that run the CHUB system are provided with first line support by the Trust's IM&T Department. CHUB is accessed using SharePoint functionality.  A DPIA review was required for CHUB as a Privacy Impact Assessment was last carried out upon the implementation of CHUB in 2016.
<b>IG Recommendation/Conclusion</b>
It is recommended that NHS Terms & Conditions are used for any future contracts. The supplier is not registered with the Information Commissioners Office (ICO) and the recommendation to the IAO is that they do this within the next 6 months. No high risks identified.

## 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.

**IG Recommendation/Conclusion**

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 February 2019</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.

### Dental Referrals

<b>Project/Process - CPFT</b>
<b>Dental Referrals Millom February 2019</b>
<b>Description</b>
There is currently long waiting times within CPFT Dental Services for care with sedation. The proposal is to allocate some of the new sedation referrals coming into the service from general dental practitioners (GDPs) to a dental practice in Millom, Horn Hill, with additional skills that enable them to provide sedation. Funding from Dental Commissioning Team within NHSE has been identified for this work.
<b>IG Recommendation/Conclusion</b>
A generic NHS mail address should be in place for the dental service to send/referrals and receive outcomes. A data sharing agreement should be in place for this data flow.

<b>Project/Process – CPFT</b>
<b>Dental Referrals Carlisle March 2019</b>
<b>Description</b>
There is currently long waiting times within CPFT Dental Services for care with sedation. The proposal is to allocate some of the new sedation referrals coming into the service from general dental practitioners (GDPs) to a dental practice in Carlisle with additional skills that enable them to provide sedation. Funding from Dental Commissioning Team within NHSE has been identified for this work.
<b>IG Recommendation/Conclusion</b>
A generic NHS mail address should be in place for the dental service to send/referrals and receive outcomes as individual accounts can lead to a single point of failure.

## Detailed Care Record (DCR)

<b>Project/Process - CPFT</b>
<b>Detailed Care Record (DCRv2) in RiO</b> <b>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 a robust SOP is in place for the use of DCR in RiO. Further testing is to be carried out before go live.

## Diasend

<b>Project/Process - CPFT</b>
<b>Diasend</b> <b>December 2018</b>
<b>Description</b>
The diasend solution provides easy uploading of information from most glucose meters, insulin pumps, CGMs and mobile apps. The diasend solution consolidates and presents the information in clear and structured reports. Diasend will enable the Diabetes Service to provide a seamless method of uploading (either remotely if the patient chooses or in clinic) and presenting data held in patient devices such as glucose meters, insulin pumps, glucose monitors etc. that will better inform the diabetes care of patients.
<b>IG Recommendation/Conclusion</b>
Several low level risks and issues have been identified at in the DPIA. Mitigation is required prior to commencement of this service. A full IT security assessment and test will need to be carried out before deployment.

## Digital Dictation

<b>Project/Process - CPFT</b>
<b>Digital Dictation - Filestream</b> <b>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.
<b>IG Recommendation/Conclusion</b>
Filestream is a proven safe and secure technology already used by the Trust providing bidirectional messaging. This is a significantly cheaper option than using bespoke products from other suppliers whilst maximising the use of existing systems.

## Directory Manager

<b>Project/Process – CPFT</b>
<b>Directory Manager</b> <b>February 2019</b>
<b>Description</b>
The objective is to link the Electronic Staff Record System (ESR) to Active Directory (AD) to automate labour intensive tasks. CPFT currently manages two separate systems which overlap in the information they contain. There is currently no link between the two systems and information entry is duplicated.
<b>IG Recommendation/Conclusion</b>
All risks and issues are low and appropriate mitigation has been provided.

## E

### EMIS

<b>Project/Process - CPFT</b>
<b>EMIS Customer Database (CDB) Palliative Care May 2018</b>
<b>Description</b>
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.
<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. 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.
<b>DPO Comments</b>
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.

<b>Project/Process - CPFT</b>
<b>iBCF Hospital to Home Agile Working February 2018</b>
<b>Description</b>
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.
<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>• 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.</li></ul>

- 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.

<b>Project/Process - CPFT</b>
<b>EMIS Web Diabetes Customer Database (CDB) August 2018</b>
<b>Description</b>
<p>Diabetes services in Cumbria are to be split into north and south, with the north supplied by CPFT and south by UHMB. Separate caseloads and data and defined user access to patient information is required.</p> <p>There is only one EMIS Web CDB for all patients using the diabetes service and staff have in the past worked across the new geographical boundaries. With the operational split this would mean that both north and south staff will be able to see each other's patient caseload information and share assessment material.</p> <p>UHMB don't have an independent EMIS contract so have nowhere to move the data to so there is an SLA for CPFT to maintain support and user access as per BAU.</p>
<b>IG Recommendation/Conclusion</b>
<p>There is a high risk to individuals as the EMIS Diabetes CDB includes data from persons who are not part of the South Cumbria Transfer and vice versa.</p> <p>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.</p> <p>Clarification is required from the SIRO in regard to Data Controllership.</p>
<b>DPO Comments</b>
<p>The Head of IG has reviewed the DPIA and agreed to discuss the Trust's SIRO as effectively the Trust will be operating as Joint Data Controllers with UHMB as a shared database. The SIRO needs sighted on this as the responsible officer.</p>

<b>Project/Process - CPFT</b>
<b>EMIS South Cumbria Database – Update following Diabetes Transfer to UHMB August 2018</b>
<b>Description</b>
<p>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. This assessment has been updated to include the Diabetes data following transfer of service to UHMB on 01/08/2018.</p>
<b>IG Recommendation/Conclusion</b>
<p>Following the transfer of the Diabetes Service to South Cumbria the DPIA has been updated to cover these extracts also. The ISA has now been agreed and signed off by all parties.</p>

<b>Project/Process - NCUH</b>
<b>Musculo-Skeletal (MSK) Pathway Electronic Patient Record (EPR)</b> <b>February 2019</b>
<b>Description</b>
<p>The system is required to support the integration of MSK Physiotherapy services across north Cumbria. NCUH staff will have read and write access to EMIS Web Community CDB 23133, which is currently used by CPFT MSK team.</p> <p>This is a technical change rather than a service change. Involves moving from paper health records to computer based recording system (EMIS Community). "EMIS Community" is already in use in the Trusts, this will be extending its use within the organisations.</p>
<b>IG Recommendation/Conclusion</b>
<p>There is a high risk to individuals as the EMIS CDB will be shared by both CPFT and NCUH MSK Teams. The GDPR therefore raises the stakes for those involved in processing activities together. In conclusion, it is known that NCUH and CPFT are to be one organisation post 1 October 2019 however at the moment are separate legal entities. These risks will lessen once we are one organisation but the SIRO and IAO need to make the decision to continue in the short term noting the potential risks of this scenario although accepting that this is the direction of travel for the organisations.</p>

## Electronic Staff Records (ESR)

<b>Project/Process - CPFT</b>
<b>Electronic Staff Record (ESR)</b> <b>January 2019</b>
<b>Description</b>
<p>This is an annual review of ESR, which is used to pay staff correctly, record absence, job roles, appraisals, supervision and personal information including employment &amp; disciplinary information. ESR was bought by Department of Health (DoH) in 2007 and implemented to the majority of NHS organisations. DoH wanted to standardise pay systems across England &amp; Wales and have the control to request further developments to aid NHS streamlining initiatives.</p>
<b>IG Recommendation/Conclusion</b>
<p>This assessment was carried out as an annual review. Separate DPIAs are in place for payroll, e-expenses, e-Pay and dashboards and will be reviewed as per the IG Asset Management Policy. All access is monitored by the HR Systems Team. Line manager access is via smartcard and is subject to hierarchy rules in ESR. The system is fully auditable. No high risks have been identified during this review.</p>

## Epidemiology Dental Survey Access Database

<b>Project/Process - CPFT</b>
<b>Epidemiology Dental Survey Access Database</b> <b>May 2018</b>
<b>Description</b>
<p>The Dental Team take part in the Epidemiology Dental Survey for Public Health England.</p>

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.

**IG Recommendation/Conclusion**

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

### Fastness

<b>Project/Process – NCUH</b>
<b>Fastness Medical Records Storage March 2019</b>
<b>Description</b>
<p>The Medical Records Department is now using Fastness Data Services Ltd Off-Site Storage facility at Kirkbride, for casenotes to be retained until they reach their IGA2016 Destruction date. Fastness Data Services Ltd provides a storage and management service for paper records including:</p> <ul style="list-style-type: none"><li>• Archive and record management and storage</li><li>• Routine and emergency collection and return services</li><li>• Archive box supply</li><li>• Secure destruction/shredding facilities</li></ul>
<b>IG Recommendation/Conclusion</b>
Risks are within acceptable limits – service provider is changing but the systems and processes have already been tested.

## G

### Gestational Diabetes Mellitus (GDM) Health Mobile Application

<b>Project/Process - CPFT</b>
<b>Gestational Diabetes Mellitus (GDM) Health Mobile Application October 2018</b>
<b>Description</b>
<p>To provide a health application designed for people with gestational diabetes to allow for remote monitoring of blood glucose levels and communication with healthcare professionals. GDm – Health v18.1 is a remote mobile communication system to support patients with gestational diabetes mellitus (GDM); a condition which results in high blood sugar levels in women who are pregnant. The patient uses the app to record and view their blood glucose readings. The website version is visible by the patient's clinician, where they can view the blood glucose readings real-time and can also send a message to the patient about how to optimise their blood glucose level management, based on the readings provided by the patient.</p>
<b>IG Recommendation/Conclusion</b>
<p>IG are satisfied with the conditions for processing the data. There are several low-moderate risks that require mitigation from the project lead. Proposed supplier not registered with ICO or DSP Toolkit. Advised that these should be conditions of the contract.</p>

## H

### HR Case Management

<b>Project/Process - CPFT</b>
<b>HR Case Management September 2018</b>
<b>Description</b>
The HR Team record all information /data in relation to employee relations cases, enabling efficient management of cases in line with policies. A review of the processes around HR Case Management was carried out, including ER tracker system and S drive for disciplinary, grievance, sickness absence, capability, etc.
<b>IG Recommendation/Conclusion</b>
The outcome of any case management process is recorded in the individual's staff HR file which is retained for 6 years from leaving the organisation or until 75th birthday whichever is sooner. Therefore, it is recommended that the details of that case do not need to be held once the appeals process/timescales have expired. A retention period of 6 years from the date of outcome letter would be recommended, however, this is a decision for the IAO. These recommendations relate to HR Case Management documentation only.

I

## IAPTUS

<b>Project/Process - CPFT</b>
<b>IAPT Employment Advisors – IFF Research November 2018</b>
<b>Description</b>
The aim of this DPIA is to assess the sharing of patient data from IAPTus with IFF Research to carry out and evaluation of increasing the ratio of employment advisors in the IAPT services. The aim of the employment advisor evaluation is to robustly determine the likely additional health and employment outcomes from introducing employment advisors in IAPT services (To support patients who are in work, in work on sickness absence, and out of work).
<b>IG Recommendation/Conclusion</b>
The conditions for processing been reviewed in respect to the purpose and lawful basis of processing the data. As explicit consent is being used to share this data, then processes need to be in place regarding the recording and withdrawal of consent as highlighted in the risks and issues. CPFT patients should be fully informed of why their data is being supplied so there are no surprises to the patient when they are contacted by IFF.

<b>Project/Process - CPFT</b>
<b>IAPTus Finder Interface November 2018</b>
<b>Description</b>
Interface to enable RiO Mental Health users to view a summary of the information held in IAPTus directly from RiO.
<b>IG Recommendation/Conclusion</b>
No risks or issues were identified with this process.

## IBM SPSS Statistics Software

<b>Project/Process - CPFT</b>
<b>IBM SPSS Statistics Software February 2018</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.
<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.

All analysis data will be anonymised with no identifiers used for analytical purposes; only the numerical data will be subjected to analysis.

## Image Exchange Portal (IEP)

<b>Project/Process - NCUH</b>
<b>Image Exchange Portal (IEP)</b> <b>April 2019</b>
<b>Description</b>
IEP transfer of image data to patients or medico-legal organisations. Images are currently shared with solicitors requesting them to process patients' medico-legal claims on a CD. The use of IEP to anyone will enable the images to be shared directly with the medico-legal team without the additional time of the CD production. The system is in use currently to share data with other NHS Trusts, but this will enable the sharing of images requested by the patient for medico-legal purposes.
<b>IG Recommendation/Conclusion</b>
The conditions for processing have been met. The IAO should take note of the risks associated with this use of IEP and should ensure these are mitigated before using IEP for this purpose.

## Integrated Care Environment (ICE)

<b>Project/Process - NCUH</b>
<b>ICE Access for Consultant Haematologists On-call</b> <b>August 2018</b>
<b>Description</b>
ICE enables clinical staff to see pathology and radiology results held by the Trust. Consultant Haematologists from Newcastle and Northumbria Hospitals are required to have access to ICE in order to provide on-call advisory services to North Cumbria University Hospitals NHS Trust out of hours. Out of hours access to a Consultant Haematologist is essential to keep hospital services running. Northumbria have provided it for the last 5 years. From 1st August 2018, Newcastle will also be joining the rota. There will be 18 consultants on the rota in total, all of whom will need to be able access our blood results on the ICE system in order to be able to advice clinicians on how best to treat patients with haematological disorders / to advice on abnormal laboratory results / authorise issue of certain blood products.
<b>IG Recommendation/Conclusion</b>
The risks have highlighted that a robust audit process should be in place for this access to ICE.

<b>Project/Process - NCUH</b>
<b>Integrated Clinical Environment (ICE) Requesting by CPFT Neurology</b> <b>November 2018</b>
<b>Description</b>
ICE requesting to be piloted with the CPFT Neurology service in the North of Cumbria from mid-November 2018. Once the pilot is complete, the project will roll out ICE across all CPFT services.

ICE system is owned and maintained by NCUH and last year a project completed allowing CPFT users to view Pathology and Radiology results through it. This project now is to deliver to all CPFT authorised users the ability to use the ICE to request Patient tests whether they are Pathology and/or Radiology.

**IG Recommendation/Conclusion**

The risks have highlighted that a robust audit process should be in place for this access to ICE.

## INFOFLEX

**Project/Process - NCUH**

**Newcastle Cancer Team: Access to Inflex Cancer Data Base  
September 2018**

**Description**

Cumbrian cancer patients are routinely referred to Newcastle for diagnosis and treatment. Currently it is difficult to share real-time information, which is required to track patients to ensure targets and milestones are not breached. Allowing access to Inflex to named individuals in the NUTH NHS Trust Cancer Services Team will reduce errors and reduce risk of missed target dates. This has a direct impact on the Trust's Constitutional Standards.

**IG Recommendation/Conclusion**

IG are satisfied with the basis for processing this data as per the DPIA.

## INFORM Sexual Health

**Project/Process - CPFT**

**Inform (Sexual Health) – Results  
June 2018**

**Description**

To send and receive pathology requests and results electronically via the EPR (Inform) rather than the current process which is manual inputting.

**IG Recommendation/Conclusion**

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.

## Iron Mountain

**Project/Process – NCUH**

**Iron Mountain Medical Records Storage  
March 2019**

**Description**

The Medical Records Department use Iron Mountain UK Services Ltd Off-Site Storage for casenotes to be retained until they reach their IGA2016 Destruction date.

Iron Mountain UK Services Ltd Off- Site Storage provides a storage and management service for paper records including:

- Archive and record management and storage
- Routine and emergency collection and return services
- Archive box supply
- Secure destruction/shredding facilities

**IG Recommendation/Conclusion**

Risks are within acceptable limits – service provider is changing but the systems and processes have already been tested.

## J

### JayEx Kiosk

<b>Project/Process – CPFT</b>
<b>JayEx Kiosk Alfred Barrow August 2019</b>
<b>Description</b>
<p>The Alfred Barrow Health Centre will provide Primary and Community services to the public of the Barrow Area. It will include three individual GP Practices as above and also provide accommodation for a number of community and secondary care services as detailed.</p> <p>When appointments are booked into the respective clinical systems, the data will be passed about the patient and the appointment to the self-check-in system.</p> <p>Patients will arrive to the centre and be confronted with an un-manned reception area. This unmanned area will have electronic booths for the public to “Self-Check in” to the building. The check in system will then direct the patient to the appropriate waiting area and also inform the respective Patient Administration System that the patient has arrived.</p> <p>When it is time for the patient to be seen, the clinician will “Call” the patient electronically from the waiting area to a specific room where treatment will be provided. The patient will then leave or go to another service in the centre.</p> <p>This DPIA is to assess how CPFT provide RiO and IAPTus data to the JayEx Kiosks to allow the check in process to work.</p>
<b>DPO Comments</b>
<p>Recommendations re data sharing agreement must be in place before this progresses. In addition consideration of the new organisational footprints (i.e. Lancashire Care providing mental health services), NTW and / or LCFT providing First Step Services in the future as this should be considered as an additional aspect that may not have been picked up via the due diligence exercise. Recommendation for approval to proceed will only be provided on completion of these steps.</p>

## 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

### Lead Employer Trust (LET) Regional Bank

<b>Project/Process - NCUH</b>
<b>Lead Employer Trust (LET) Regional Bank October 2018</b>
<b>Description</b>
Health Education England in the North East and North Cumbria (HEENE) have an arrangement whereby all specialty and GP trainee doctors in the region are employed by one organisation for the duration of their training. The LET is commissioned by Health Education England in the North East and North Cumbria (HEENE) to employ all junior doctors across the region for the duration of their training. The information to be shared between the LET and participating Trusts will be in relation to doctors who have agreed to participate in the collaborative bank.
<b>IG Recommendation/Conclusion</b>
No personal identifiable data is to be shared in this process so there is no requirement for a full DPIA. An Information Sharing Agreement to be put in place for the above.

### LibreView

<b>Project/Process – CPFT</b>
<b>LibreView Diabetes Portal February 2019</b>
<b>Description</b>
Libre is a flash glucose monitoring system, which allows eligible patients the ability to check their blood glucose readings by simply moving their reader over the sensor (located usually on the arm) to obtain the reading. Libreview provides a web based portal, where the health care professional is able to log in and view the history of the patient's blood glucose readings, these can either be uploaded by the patient remotely, or only uploaded when they come to their face to face appointment with a clinician. Libreview provides full customisable reporting which allows for more informed care of the patient through trend analysis and advance viewing of data prior to appointments if available.
<b>IG Recommendation/Conclusion</b>
Several risk and issues have been identified and mitigation is required prior to commencement of this service. A full IT Security Assessment has been undertaken.

## M

### Mentor Database

<b>Project/Process - CPFT</b>
<b>Mentor Database Transfer</b> <b>July 2019</b>
<b>Description</b>
Transfer of Mentor Database from UHMB to track the supervisions of students and staff who are mentors. The database will hold data for both CPFT and NCUH. There is no special category data collected or stored.
<b>Data Protection Officer Comments</b>
I am fine with this assessment, although internally will need to debate how this is communicated to students in terms of fair processing as the aim is to keep the number of fair processing notices to a minimal.

### Meridian

<b>Project/Process - NCUH</b>
<b>Meridian</b> <b>September 2018</b>
<b>Description</b>
To be able to use an electronic system (Meridian) to collect, hold and report on patient experience feedback, which will replace the current manual processes. Patient experience feedback is currently managed through a manual process within the PET. This is considerably time-consuming, and not an efficient way of being able to collect and report on information. CPFT already use Meridian for this purpose, which enables the use of dashboards and more visible information for teams to use and act upon.
<b>IG Recommendation/Conclusion</b>
IG are satisfied with the basis for processing this data as per the DPIA. The IAA and Project Manager are responsible for the risks and issues listed in the DPIA and are to ensure that mitigation is in place.

### MES Engage

<b>Project/Process - CPFT</b>
<b>MES ENGAGE</b> <b>April 2018</b>
<b>Description</b>
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.  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.

MES Engage have updated privacy statements which sit on all their sites (including membership forms and surveys) to ensure they are aligned with GDPR.

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

Change in lawful condition for processing membership information. MES Engage has been proactive in their preparation in advance of the implementation of GDPR.

## **Microdiet Nutritional Analysis Software**

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

#### **Microdiet Nutritional Analysis Software May 2018**

#### **Description**

The Anorexia Nervosa Intensive Service have requested the installation of this software. 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 to be 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.

## **Microsoft R Software**

### **Project/Process – NCUH**

#### **Microsoft R Software February 2019**

#### **Description**

It is proposed that Microsoft R software be downloaded for installation on devices used in the Information Management Department. It is an open source platform for statistical analysis and data science.  
The product R does not store data. It can process data in a variety of formats but these must already exist (created by other existing products such as Excel). It can save data in formats such as csv and xlsx. These will exist as standalone items indistinguishable from what Excel might read or write.

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

No risks identified, no further IG action required. Recommend downloading of the software.



## N

### National Cancer Patient Experience Survey (NCPES)

<b>Project/Process - NCUH</b>
<b>National Cancer Patient Experience Survey 2018 January 2019</b>
<b>Description</b>
<p>The National Cancer Patient Experience Survey (NCPES) is commissioned by NHS England, to build on progress made and target efforts to continue to improve patients' experience of NHS Cancer care. The survey supports the implementation of 'Achieving World Class Cancer Outcomes: A Strategy for England 2015-2020'. The strategy highlights that improving people's experience across pathways needs to be prioritised and recommends that NCPES should continue to evolve and be repeated every year.</p> <p>The National Cancer Patient Experience Survey is currently conducted by Quality Health Ltd. who act as a data processor on behalf of NHS England.</p>
<b>IG Recommendation/Conclusion</b>
<p>This is a one off, secure transfer of data. No IG related risks have been identified. A data sharing agreement is in place and authorised by the Caldicott Guardian.</p>

### National Data Opt Out

<b>Project/Process – CPFT</b>
<b>National Data Opt Out - Check for National Data Opt Outs Service via MESH March 2019</b>
<b>Description</b>
<p>DPIA undertaken to use the Check for National Data Opt-outs service, by using the Message Exchange for Social Care and Health (MESH) messaging service.</p> <p>MESH, which has been developed by NHS Digital, is a secure messaging service which supports the two-way transfer of data between NHS Digital and affiliated organisations. The MESH service will support the submission of a data file containing a cohort of patient NHS numbers and the subsequent transfer back to the submitting organisation of an updated version of the data file with the NHS numbers of those who have opted out removed.</p>
<b>IG Recommendation/Conclusion</b>
<p>The conditions have been met in regard to the purposes and lawful basis for the processing of this data. However, before this process goes live there must be a robust SOP in place for the process, including retention and storage.</p> <p>The National Data Opt Out process will also be included in the Record of Processing Activities (ROPA) SOP.</p> <p>The next steps will be to expand to NCUH and within primary care and this DPIA will be used to cover all organisations using the same process.</p>

## National Record Locator (NRL)

<b>Project/Process - CPFT</b>
<b>National Record Locator Service (NRLS)</b> <b>November 2018</b>
<b>Description</b>
For the Phase 1 implementation of NRLS, the intention is to provide Mental Health Staying Well Care Plans (crisis plans) to Ambulance and 111 teams. The process for NRLS will be as follows: <ul style="list-style-type: none"><li>Record "pointer" is published from a health care organisation to NRLS held by NHS Digital.</li><li>Staff member employed by healthcare organisation (Ambulance) searches NRLS for a patient and returns "pointer" information and is able to view this.</li><li>Staff member employed by healthcare organisation (Ambulance) proceeds to call record from healthcare organisation (Mental Health).</li></ul>
<b>IG Recommendation/Conclusion</b>
The conditions for processing have been met and sufficient mitigation provided for any identified risks. A DPIA has also been carried out by NHS Digital for this process.

## NCBI High Cost Drugs

<b>Project/Process - CPFT</b>
<b>NCBI High Cost Drugs</b> <b>December 2018</b>
<b>Description</b>
Automated processing of patient data regarding the issuing/delivery of high costs drugs to CPFT patients in order to fulfil the contractual requirement of a monthly submission of patient identifiable High Costs Drugs dataset to NHS England to recover the costs of patient treatment. The existing processing method of High Cost Drugs data received from Finance and Pharmacy is a lengthy and complex manual process, which leaves room for human error due to the volume of manual data manipulation required to achieve the national data specification. Data the BI team receive is of poor quality, with approximately 80% of the mandatory dataset fields not provided.
<b>IG Recommendation/Conclusion</b>
There are no IG risks identified for this process. The database has appropriate permissions and the transfer of the report data is secure. The automation of the data processing described will build in accuracy checks, reduce room for human error and provide mitigation for the financial risk to the Trust.

## NeoPost

<b>Project/Process - NCUH</b>
<b>NeoPost</b> <b>March 2018</b>
<b>Description</b>
The Trust has been collecting information about patients with specific needs for a number of years on Patient Administration System (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. 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.

**IG Recommendation/Conclusion**

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.

### NHS Jobs System

**Project/Process - Joint**

**NHS Jobs System  
March 2018**

**Description**

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.

**IG Recommendation/Conclusion**

The low risks detailed in the DPIA which will be managed through the process (i.e. written into contractual arrangements).

### NHS Payroll Service

**Project/Process - CPFT**

**Transfer to NHS Payroll Service (Northumbria Healthcare)  
August 2018**

**Description**

The current payroll provider for the CPFT is NHS SBS. This will be transferred to NHS Payroll Services with effect from 01 September 2018, which is provided by Northumbria Healthcare who currently provide payroll services for NCUHT.

**IG Recommendation/Conclusion**

A SLA is in place with NHS Payroll Provider Services which details the enhanced data protection terms and responsibilities of the data controller. This SLA has been reviewed by the DPIA author. There is a schedule for the transferring of data to NHS Payroll Provider Services which also states the methods of transfer which has been reviewed by the Information Security team.

## NHS Public WiFi

<b>Project/Process – NCUH/CPFT/CCG/Primary Care</b>
<b>NHS Public WiFi 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.

## Nutricia

<b>Project/Process – CPFT &amp; NCUH</b>
<b>Nutricia Homeward Nursing Application June 2019</b>
<b>Description</b>
An application for Nutricia Nurses to have video calls with patients and health care professionals, including 'in call' texting, 'in call' uploading of photos, access to information resources and links to Nutricia websites. It will not store any information relating to the video call, texting or picture, or interface with any Nutricia system. Photos will not be stored on mobile phones and nurses have been provided with strict operating instructions that forbid them from taking screenshots etc. Nurses will separately record notes of the conversation against the patients' record in Salesforce.com as per standard procedure. Patient ID numbers are the only form of personal data stored in the App and are in pseudonymised format.
<b>IG Recommendation/Conclusion</b>
This DPIA has been completed to provide assurance to both CPFT and NCUH that this is a safe and secure service for use with their patients. We have reviewed the legal basis for this processing and how consent is collected by Nutricia Ltd. Also satisfied with the retention as detailed in the DPIA and Nutricia Ltd Privacy Policy.

## O

### Online Non-Prescription Ordering Service (ONPOS)

<b>Project/Process – CPFT</b>
<b>Online Non-Prescription Ordering Service (ONPOS) February 2019</b>
<b>Description</b>
<p>The objective of this project is to implement a pilot across the East Network to trial a non-prescription ordering service (ONPOS) which will improve patient care by removing delays to the provision of wound care products which will empower all nurses to assess, treat and evaluate wounds and apply the best wound care product to meet an individual patient's needs.</p> <p>The Trust will use a wound care firm to give nurses access, through an online web ordering system, to wound care dressings on a formulary via a distributor. The nurses order the stock and it is delivered twice weekly to bases and is ready for use.</p>
<b>IG Recommendation/Conclusion</b>
<p>There is no personal information collected or recorded within the ONPOS system. This is an online ordering portal for wound care products which are delivered to NHS sites. A full DPIA is not required.</p>

## P

### Patient Activation Measure

<b>Project/Process - CPFT</b>
<b>Insignia Health – Patient Activation Measure (PAM) March 2018</b>
<b>Description</b>
CPFT in North Cumbria are purchasing a licence to use the Patient Activation Measure. 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 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 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 to include a CPAS legacy report.
<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>

### Phillips Actiwatch

<b>Project/Process - CPFT</b>
<b>Phillips Actiwatch May 2019</b>
<b>Description</b>
Phillips actiwatch has been used to monitor sleep and activity levels for patients to inform clinical decision making and therapeutic recommendations. A DPIA is required before reinstallation of actiwatch software to allow use of device now windows 10 has been installed on computer.

The actiwatch is set up via the software on the computer it is used with, there is a logging of a user ID (created by therapist) which is linked to patient name, address and DoB. The actiwatch logs activity levels, light levels and then links this back to the patient data on the computer software. A report is the uploaded into the EMIS record and a paper print out is shared with the patient.

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

The Trust has a privacy statement on its public facing website, carried out this DPIA and has carried out an IT Security Assessment. There will be a record of processing activity completed and stored detailing this process. No high risks identified.

## **PhysioTec**

### **Project/Process – Joint**

**Physio Tec  
August 2019**

### **Description**

Physio Tec was originally put in place to replace Physio Tools. Physio Tec was trialled without full use of the online portal or the patient app functionality. Although patients are able to create an account on PhysioTec and log in, the only way they would be able to access an individual exercise programme as prescribed to them by their physiotherapist is if this has been created and some information is stored on Physio Tec such as their name and email address so a link can be sent to them linking them directly to their own programmes. It is proposed that this functionality will now be used.

### **DPO Comments**

There is a need to ensure that the contract is explicit that this information is not used for any other purposes than providing care, i.e. marketing as there will be a need for us to further assess under PECR rules. The data storage is in Canada and I would recommend that this is further checked from a security perspective due to this being outside of the UK.

## **PODFather**

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

**PODFather – Courier Service UHMB - Update  
May 2018**

### **Description**

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.

UHMB have confirmed that 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.

**IG Recommendation/Conclusion**

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.

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.

**Point of Care Testing (PoCT)****Project/Process - NCUH****Point of Care Testing (PoCT) Interface from Cobas IT1000 to ICE  
April 2018****Description**

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.

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.

**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	
---------------	--

## 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>
Reviewed and approved.

### RealTime

<b>Project/Process - NCUH</b>
<b>RealTime / CareHub September 2018</b>
<b>Description</b>
RealTime / CareHub provides staff with a single patient flow view per patient, with consolidated ward & hospital views. Highly visual, nurses and doctors are prompted when actions are needed to ensure patient flow is optimised for the best care and use of resources. Everyone in the patient's care team can see the current state: the estimated date of discharge, the current bed location, outstanding tasks, pending admissions and other key information.  Using handheld devices at the bedside it automates much of the nurse effort in assessments of patients, increases safety through consistent and transparent nursing observations, reducing length of stay and enabling nurse-led discharge. The system integrates with the Trust's Patient Administration System (PAS) and ensures information is only captured once. Forms are filled automatically using the captured information to create and deliver key documents such as discharge summaries for primary, community and personal care services.
<b>IG Recommendation/Conclusion</b>
IG are satisfied with the basis for processing this data as per the DPIA. The IAO is responsible for the risks and issues listed in the DPIA and are to ensure that mitigation is in place.

### 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.

**IG Recommendation/Conclusion**

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.

**Project/Process - CPFT**

**RiO Store and Forward  
May 2019**

**Description**

Store and Forward allows staff to manage RiO-related tasks offline, for example in a client's home. This includes out coming appointments, updating progress notes and completing assessments and adding medicine details.

The data is encrypted on the users device until it has been synchronised to RiO, then it is deleted from the device. Store and Forward will subsequently synchronise (upload) the information into the client's RiO record.

A DPIA is required as due a version upgrade.

**IG Recommendation/Conclusion**

The processing of this data is assessed as compliant with the 7 GDPR Principles. However, it is recommended that staff are to ensure that they follow Record Keeping Standards and input accurate data. Also synchronisation with RiO must take place upon return to base or when a connection is available. No high risks identified.

**Project/Process – CPFT**

**RiO/Strata Interface  
April 2018**

**Description**

The DPIA has been updated as IG were 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.

<b>Project/Process - CPFT</b>
<b>RiO Text Appointment Reminders June 2018</b>
<b>Description</b>
<p>To provide a texting reminder service (outbound only) to remind patients of their appointments out of RiO. Research in mental health shows that prompts or reminders can reduce non-attendance and that the two predominate factors for non-attendance are:</p> <ul style="list-style-type: none"> <li>• Patients no longer wish to attend (but do not realise they need to alert the Trust) and</li> <li>• Patients who genuinely forget the time/date of their appointment.</li> </ul>
<b>IG Recommendation/Conclusion</b>
<p>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.</p>

## 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. An IT security assessment was also carried out on the s12 application.</p>

### SharePoint

<b>Project/Process - CPFT</b>
<b>SharePoint December 2018</b>
<b>Description</b>
<p>This DPIA was carried out following a request from the Head of IG requested to review SharePoint.</p> <p>SharePoint offers a web based document management system which is accessible at any location which is linked to the Cumbria Partnership NHS Foundation Trust (CPFT) Network. Access is managed through specific permissions, firstly by network access permissions and secondly by specific permission levels to the SharePoint system. SharePoint acts as the main filing system for the CPFT corporate records and within other services allowing storage, retrieval and tracking of documents on the system.</p>
<b>IG Recommendation/Conclusion</b>
<p>The Information Asset Owner with relevant stakeholders needs to identify what the purposes we use it for now and the future strategic direction in advance of a brand new SharePoint.</p> <p>The way the existing SharePoint has been implemented and control given to users and there is nothing at all the Digital Healthcare team can do other than implement a brand new SharePoint, redo all the sites that are there and take control centrally on all permissions. The risks may need to be tolerated until new version of SharePoint is available in order to manage and reduce the current risks. A clear design team would be a requirement in this regard.</p>

In meantime, it is suggested that the Apps Team ask all Site administrators should carry out a regular review of permissions, suggest quarterly. SharePoint IAAs have access to additional tools for review of permissions and site management.

## Silverlink PAS

<b>Project/Process - NCUH</b>
<b>Silverlink Patient Administration System (PAS)</b> <b>May 2019</b>
<b>Description</b>
<p>Silverlink PAS provides the practical tools for managing patient data but delivers analytical and business intelligence, which empowers the Trust to tailor and improve processes to positively enhance the patient outcomes and experiences.</p> <p>The system is currently used by outpatients, admissions (elective, non-elective and maternity) and waiting lists. Also accessed by some CPFT staff as part of cross-organisational work. This DPIA is being carried out retrospectively as per the Change Advisory Board request.</p>
<b>IG Recommendation/Conclusion</b>
The processing of this data is assessed as compliant. Mitigation is in place for all identified risks. No high risks identified.

## 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</b> <b>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. 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. 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> <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 out current method.</p> <p>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.</p>
<b>IG Recommendation/Conclusion</b>

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.

## Spirotrac V

<b>Project/Process – CPFT</b>
<b>Spirotrac V</b> <b>February 2019</b>
<b>Description</b>
Spirotrac V is a software used for lung function testing in conjunction with pneumotrac spirometer. Lung function is used routinely by the community respiratory team as part of the patient assessment and diagnostic process. The software currently in use requires updating to the latest version and the switch to Windows 10 across the organisation means that the software will have to be installed on the new laptops.
<b>IG Recommendation/Conclusion</b>
Only low-level risks identified for IAO/IAA. IG recommend approval.

## Strata

<b>Project/Process - CPFT</b>
<b>RiO/Strata Interface</b> <b>April 2018</b>
<b>Description</b>
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.
<b>IG Recommendation/Conclusion</b>
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.

<b>Project/Process - CPFT</b>
<b>Strata - update</b> <b>January 2018</b>
<b>Description</b>

Map of Medicine is (MoM) will cease to be operational from 31<sup>st</sup> March.

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

Asset Name

Summary Table	
---------------	--

## U

Asset Name

Summary Table	
---------------	--

## V

Asset Name

Summary Table	
---------------	--

## W

### Wellbeing Service

<b>Project/Process – CPFT</b>
<b>Wellbeing Service</b> <b>March 2018</b>
<b>Description</b>
<p>The Wellbeing Service is a new service based in GP practices, but hosted and supervised by CPFT, to provide support to both the frail elderly and people with Long Term Conditions. The service is launching in two ICCs initially, with an overall Clinical Lead Consultant Psychologist as well as 3 Well Being Activators (WBA) and a team of Living Well Coaches (LWCs), aligned to each ICC.</p> <p>Working in the GP surgeries allows improved collaborative working and care planning. The LWC will have access to their own GP surgery EMIS. The WBA will require access to EMIS systems in each surgery within the ICC as they have a supervisory role over the LWCs.</p>
<b>IG Recommendation/Conclusion</b>
<p>Initial recommendations are that a contract/SLA must be in place before CPFT staff input into EMIS Web GP. There should also be a robust SOP for staff, ensuring appropriate training is given.</p> <p>A data sharing agreement is in place with regards to the CPFT data extraction form GP EMIS.</p>

### Workforce Dashboard

<b>Project/Process - CPFT</b>
<b>Workforce Dashboard</b> <b>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.</p> <p>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 identified in the DPIA are to be managed by the IAO.</li></ul>

X

Asset Name

Summary Table	
---------------	--

Y

Asset Name

Summary Table	
---------------	--

## Z

Asset Name

Summary Table	
---------------	--