Data Protection Impact Assessment (DPIA) - Full Assessment

Guidance for the Project Manager and Sponsor

Use the pre-screening template first. If that shows a high risk in processing the data then you must carry out this full DPIA. **Do not complete this form unless you have already completed the pre-screening and it shows high risk and the DPO as advised you to do a full DPIA.**

The Data Privacy Impact Assessment (DPIA) will enable you to systematically and thoroughly analyse how your project or system will affect the privacy of the people whose data you are dealing with and show how you will minimise the privacy risks. This template has been designed to incorporate the legal requirements of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. Conducting a DPIA is a legal requirement under the GDPR particularly if the proposed processing is using new technologies and poses a high-risk to people's data. Further information and guidance on the DPIA is also available on the ICO website here: ICO's PIA code of practice and the Article 29 Working Party here.

GOVERNANCE ARRANGEMENTS

This DPIA will be submitted to the Corporate Information Governance Group (CIGG) and the advice of the Data Protection Officer (DPO) will be sought as part of that process. You must keep the signed DPIA and all supporting documents with your project file for audit purposes.

1. PROJECT SUMMARY

Project Name	Carer's Covid-19 vaccinations	**Directorate and Service**	Transformation and Performance, Adult Social Care, Supporting People
Project Sponsor and Position	Jamie Spencer Head of Transformation and Performance	**Project Manager and Position**	Gemma Webster, Project Manager Jessica Lawson, Service Manager, Prevention and Wellbeing

Project Start Date **Project End Date**	TBC	**Project Go Live Date (anticipated/planned)**	TBC
Third parties involved/associated with the Project:	Camden Carers Service (CCS) Family Action (FA) – Islington and Camden Young Carers service NHS/CCG	**Does this DPIA cover multiple projects?**	Yes

High Level description of the Project:

- ***Explain what this project is in plain language. For example: "We would like to share data with a third party so that they can carry out research into how to improve people's access to benefits."***
- ***Attach the pre-screen DPIA. The conclusion to that will explain why it is necessary to carry out this DPIA.***

The NHS are now vaccinating people who fall within priority group 6, this includes unpaid carers. GP services are aware of many but not all carers in the U.K. and as such a request has been made from the NHS to Local Authorities to provide them with the details of carers known to the Local Authority and their partner organisations. Therefore we would like to share data with the NHS so that they can contact Camden residents who are carers and offer them a Covid-19 vaccine. The data we are required to share will be a combination of data already owned by Camden Council and also data requested from and owned by the Camden Carers Service (CCS) and Family Action (FA). Both CS and FA are commissioned by Camden Council to support carers in Camden.
There is now a notice in place under s259 Health and Social Care Act 2012 formally allowing sharing of this data :
https://digital.nhs.uk/binaries/content/assets/website-assets/corporate-information/directions-and-data-provision-notices/data-provision-notices/covid-19-carers-data-local-authorities-dpn-v1.0.pdf

We have been advised by Sarah Laws that in the interest of time there is no requirement to complete a DPIA pre-screen.

2. DESCRIPTION OF THE PROJECT

Include here a plain English description of:

a) the Project (set the context so that it is clear what you want to do)

The NHS is currently offering the Covid-19 vaccine to people most at risk from coronavirus. There are 10 defined priority groups. Everyone in the UK population falls into one of these 10 groups. It was recently announced that the NHS will soon start inviting people in **priority group 6** for a vaccination. Priority group 6 includes adults aged 16 to 65 years in an at risk group**, including adult carers.**

In order to vaccinate unpaid carers in priority group 6, the NHS are creating a single list of all known, eligible carers, drawing data from DWP, GP carer flags, **and Local Authorities and local carer organisations**. Data from all these sources will be combined into one consolidated list which will be used by the NHS to invite people to attend for vaccination.

The NHS has announced that key responsibilities of Local Authorities includes:

1. Compiling a list of eligible carers known to the LA (adults and young carers age 17/18) and known to local carers organisations
2. Sharing this list with the NHS programme office
3. Identifying a lead local point of contact for any queries
4. Ensuring there is a local process for checking eligibility of any 'unknown' carers who may come forward seeking vaccination.
5. Ensuring good communication and local messaging

In order to fulfil these responsibilities (particularly points 1, 2, and 4), Camden Council is required to:

1. Request data from the CCS and FA on carers who they are supporting (as many people they support will either a) not have a record in mosaic or b) will have a record but will not be flagged as a carer)
2. Identify carers known to both Adult and Children's Services within the Council (these carers will have records in Mosaic)
3. Undertake a data cleanse to remove duplicates and check data validity (e.g. checking whether any people have passed away)
4. Share this data with the NHS via secure data transfer in accordance with the Data Provision Notice.

Prior to the full dataset being provided to the NHS, the Council also have the option to provide a list of all carers and their listed GP practice to the GP Federation, who will then ensure these carers are flagged in their system as carers.

b) what will be done with the data (the processing activities)

The data from CCS and FA will be compared against the Council's records with a view to removing any duplicates. Once the data has been cleansed and duplicates removed a subset of fields provided for each record (For each person: First name, Surname, Postcode, Gender, Date of birth, NHS number) will be shared securely with the NHS.

We can also consider using the data provided by the CCS and FA to improve the quality of data we hold on the people who also have a record in Mosaic e.g. checking for changes in contact details, flagging people as carers who are not already flagged.

c) the reasons why you need to process the data (the purpose)

Of all the unpaid carers in Camden who are eligible for a vaccine under priority group 6, not all of them will be flagged as a carer within their GP's database. Equally, not all of them will be flagged as carers with Mosaic, and nor will CCS or FA have records of all carers within the borough. As such, Local Authorities have been requested to provide a consolidated list of all eligible carers known to them and their partner organisations (in Camden's case this is CCS and FA) to the NHS in order that as many eligible carers can be invited to receive a vaccine.

Processing is also required in terms of sending data to the NHS to comply with the Data Provision Notice

d) the benefits that this project will provide

Sharing this data with the NHS will ensure that as many people as possible who provide unpaid care are contacted by their GP at the appropriate time with an invitation to receive a Covid-19 vaccine. This is also a good opportunity to cross check data provided by the CCS and FA against the data we hold in Mosaic to improve the quality of this data. Improved data quality will benefit carers who are entitled under the Care Act 2014 to carers assessments and support from the Council.

e) how the data will be processed (for example, who will carry out the processing and will they use software or other devices to do it)

CCS and FA will be responsible for extracting data from their databases and will be requested to securely share this with the Council in excel spreadsheets. Camden will extract data from Mosaic and will combine it with data from FA and CCS to create one consolidated spreadsheet. Data Analyst colleagues will endeavour to fill in any gaps in the data by cross checking the three datasets and then removing duplicates. This will be done in excel. The consolidated spreadsheet may contain some missing information e.g. contact numbers. Data Analyst colleagues will use other council-owned data sources such as Northgate (housing), Civica (Council Tax), Transport, Libraries, Parking Permits and the Citixen Portal to fill in data gaps where possible.

f) how will the data be stored?

Whilst Camden Council is checking and cleansing the consolidated data it will be stored as an excel spreadsheet in a shared MS Teams Folder. All individuals with access to this folder will have appropriate Mosaic data permissions and/or Mosaic AUP. The data will then be shared with the NHS, who will take responsibility for storing securely.

g) where have you obtained the data from?

The data will be obtained from the CCS and FA. This data will be combined with data held within Mosaic into one consolidated set of data which will be shared with the NHS.

h) How long will you be processing the data for and how often? For example, once a week for six months.

We will store the data for the duration of the COPI notice. The NHS DPN says Once the NHS Numbers have been supplied to NHS England, the data will be retained by NHS Digital for a period of 3 years.

Once the data has been supplied to the NHS it will be retained by the council for the duration of the COPI notice (and then destroyed) where an individual is not on Mosaic. For people who do have Mosaic records, the data will be retained and then destroyed within the limits set in the Council's retention schedule (7 years, or until the case becomes inactive).

i) What is the volume of the data? For example, 150 records of service users.

Initial data analysis suggests that there are approximately 1300 people listed in Mosaic who may provide unpaid care to a Camden resident. However, many of these people will have already received a vaccination. If the Council is unsure whether certain eligible carers in Mosaic have already received a vaccination, their data will still be shared with the NHS who will then against their records.

We know that CCS support approximately 4,500 carers in Camden, and FA support 2 young carers in Camden. However, we do not have details about the quality of data that each organisation holds on the people they support, and as such it is challenging to estimate the number of records they will provide to us. There will also likely be duplication of records across the three data sources, which will be removed before being shared with the NHS, but the amount of duplication is unknown at this stage.

Types of personal data to be processed and data flow map(s):

Personal data:

List the types of data that you intend to process and the types of data subject (for example, names, addresses of residents, service users etc):

- *Refer to this guidance to assess what is personal data:* https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/key-definitions/what-is-personal-data/

- Name (carer and cared for person)
- Gender and title (carer and cared for person)
- Address (carer and cared for person)
- Date of birth (carer and cared for person)
- Telephone number (carer and cared for person)
- Email address
- GP surgery details (carer and cared for person)
- Mosaic number (carer and cared for person)
- Relationship between (carer and cared for person)
- NHS number (carer)

Special category data:

Special Category data that will be collected includes:

- Package of care/ in receipt of services – within the last 2 years (carer and cared for person)
- Are they deemed clinically extremely vulnerable (carer and cared for person)
- Whether they are known to have been vaccinated (carer and cared for person)

- Cared for person in residential/nursing accommodation

Not all of this personal and sensitive data will be shared with the NHS. However, ASC may request this data from the CCS and FA and the data will be used to quality check, filter and refine the data so as accurate a list as possible is shared with the NHS.

List the types of special category data and the types of data subject:

Refer to this guidance to assess what is special category data: **https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/special-category-data/**

Any criminal convictions data?

No criminal convictions data will be shared.

Data Flows:

- *You may find it useful to use a flowchart, which you can attach at Annex A.*
- *The flowchart should show, for example: Data entry and exit points, location, user categories, data subject categories*

3. DATA PROTECTION PRINCIPLES

This section demonstrates how the project meets the data protection principles.

- How will you make sure that you only process the data that is necessary and proportionate for the purpose of the project, and no more than is necessary?
- If the data was originally collected for one purpose and you intend to use it for another purpose, explain how you will inform the data subjects.
- How will you make sure that the data is kept accurate and up to date?
- How long will you keep the data for and how will you destroy it at the end of the retention period?

The data being collected is the critical data to help us identify the maximum number of carers possible who may be eligible for a vaccine.

All the categories extracted from Mosaic, and sent by CS and FA will enable the Camden data team to do a thorough matching exercise to ensure the list provided to the NHS is as comprehensive and accurate as possible.

We may ask for a lot of categories from the CCS and FA in order to quality check and refine the list we share with the NHS. Not all of the information shared with the Council by CCS and FA will be sent to the NHS. Only data required under the DPN will be shared with NHS.

Only those categories which will help with the quality check or that are needed by the NHS will be handled.

Those processing the data are highly experienced with data extraction, processing and sharing principles. The processing is considered not to be incompatible with the purposes for which it was first obtained

Once the data has been supplied to the NHS it will be retained for the duration of the COPI notice (and then destroyed) where an individual is not on Mosaic. For people who do have Mosaic records, the data will be retained and then destroyed within the limits set in the Council's retention schedule (7 years, or until the case becomes inactive).

The data supplied will also be used to quality check and update the data within Mosaic. This falls within the limits of the COPI notice.

If there are any further requests for carer data relating to vaccines, after this NHS submission, then any changes in data will be requested from the CCS and FA.

- Have you cleared the information security arrangements with the Information Security Manager? YES
- **Record the Information Security manager's comments here:**

4. BASIS OF PROCESSING

- Which legal basis in Article 6 are you relying on? See this guide to help you identify the legal basis https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/
- If you think you need to rely on legitimate interests then ask the Information and Records Management Team for advice.

- If you are processing special category data, you will also need a legal basis under Article 9 to process this. See this guide to help you identify the legal basis **https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/special-category-data/**
- If you are processing criminal convictions data or data for law enforcement reasons then you should speak to the Legal team as you need an additional legal basis to do this.

Basis for processing under Art 6 (and Art 9 if special category data):

Article 6 (e) public task. Legal basis set out in the control of patient information regulation. Article 6(1)(c) (legal obligation) under the Data Processing Notice

Article 9 (h) health or social care – with a basis in law and 6(1)(e) (public interest task)

5. DISCLOSURES OF DATA

- Will you be transferring/ sharing/giving this data to a data processor or a sub-processor? **NO**
- Tick here to agree that you will be entering into a data processing agreement with them **[ ]**
- Will you be sharing data with any other third party? **yes**
- List the third parties that you propose to share with: NHS
- Tick here to agree that you will be entering into a data sharing agreement with the third parties **[already in place and covered by the Data Processing Notice]**

6. TRANSFERS OF DATA OUTSIDE OF THE EEA

Will any personal data be processed outside of the EEA? NO
See a list of countries here: https://www.gov.uk/eu-eea

If your answer is yes, you must consult the DPO straight away, and see the guidance here:
https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/international-transfers/

If there WILL be a transfer out of EEA enter comments of the data protection advisor:

To contain comments detailing the safeguards that need to be put in place.

7. DATA SUBJECT RIGHTS AND COMPLIANCE WITH CORPORATE POLICIES

Information in Camden contains the Council's policies and procedures on data protection compliance, including how to respond to requests from people to enforce their rights under data protection law.

- You must comply with the requirements in Information in Camden. Tick here to agree that you will be complying with IIC on Data Subject Rights **[y]** If there is a reason why you cannot do this, please explain why here:

8. CONSULTATION WITH INTERESTED PARTIES

Is one of the outcomes of your project going to make a change which will have a direct effect on data subjects?, For example: introducing CCTV into a library? If so, contact the Information and Records Management Team for advice at dpa@camden.gov.uk about whether you need to consult with stakeholders.

Record the comments of the data protection adviser here: in the circumstances consultation is not required, particularly given the urgency

To include advice on whether consultation is necessary and the steps to take.

9. RISK ASSESSMENT AND MITIGATION

Risk is a combination of **impact**- how bad the effect of the risk would be- and **probability** – the likelihood of the risk happening**.** Risk is assessed from the perspective of the data subject (as opposed to risk to the Council) and what the impact could be on them as a result of the proposed data processing. For each of the risks you identify:

1. think about how likely they are to occur and categorise them according to **Table 1 in the appendix (e.g., rare, unlikely etc)**.
2. Then consider the impact each risk will have and categorise them according to **Table 2 in the appendix (e.g., minor, moderate etc)**.
3. Then look at **Table 3** and see the risk level. Where the level says mitigations are needed, think about what these will be and how they will reduce the risk level down.
4. Enter the details in the grid below

There is more information on the council's approach to risk here
https://lbcamden.sharepoint.com/sites/intranet/finance/Pages/Risk_Management.aspx

Risk 1	Risk Level Before any Mitigations	Risk Level After Mitigations

[include as many rows as necessary to identify each risk individually]		
Source of risk: Data being transferred from CCS, FA or NHS could not be done securely or sent to the wrong place **Potential impact on individuals:** Personal and special category data could be lost **Threats that could lead to illegitimate access, undesired modification and disappearance of data:** The location the data is being sent to may not be checked before sending. People may not be aware of ways they can send data securely. **Any compliance or corporate risks?** (refer to the council's approach to risk here https://lbcamden.sharepoint.com/sites/intranet/finance/Pages/Risk_Management.aspx if you need to) This could be a data breach either for the Council, CCS or FA. **Where mitigations are required what are these?** Ensure people have adequate training on sending sensitive information. Agree the method data will be shared which has been approved by the information security manager. Before sending any data the process is checked and destination confirmed. Only the absolutely necessary information will be shared.	12 Likelihood: Possible Impact: Major	4 Likelihood: Rare Impact: Major
Risk 2	**Details and Risk Level Before any Mitigations**	**Risk Level After Mitigations**

Source of risk: Data not being accurate **Potential impact on individuals:** People are contacted when they are not eligible for the vaccine and/or being vaccinated when they shouldn't be. **Threats that could lead to illegitimate access, undesired modification and disappearance of data:** Inadequate checks are made on the data or the data shared is unreliable. **Any compliance or corporate risks?** Reputational risks **Where mitigations are required what are these?** Data supplied by FA and CCS will be quality checked before sending to Camden's data team. Several categories will be supplied to enable better quality checks (the fields requested will only be those that are absolutely necessary). Camden's data team will then match these against an extract from Mosaic and do further checks to improve accuracy.	6 Likelihood: Possible Impact: Minor	**4** Likelihood: Unlikely Impact: Minor
Risk 3 *[include as many rows as necessary to identify each risk individually]*	**Risk Level Before any Mitigations**	**Risk Level After Mitigations**

Source of risk: The council processing people's data and sharing with NHS may be deemed a privacy intrusion by some/many carers. **Potential impact on individuals:** Privacy intrusion and consequent lack of trust towards the council and NHS and potential lack of engagement with services. People may no longer engage with carer services. Questions to ICO. **Threats that could lead to illegitimate access, undesired modification and disappearance of data:** Carers may not be aware that their data is being shared with the council even though there is a legal duty. Carer may feel they would not have consented to this. The risk is on the carer organisation but the council may have the bad PR if any. **Any compliance or corporate risks?** (refer to the council's approach to risk here https://lbcamden.sharepoint.com/sites/intranet/finance/Pages/Risk_Management.aspx if you need to)s Reputational risks **Where mitigations are required what are these?** Legal duty to comply with data share. Ensuring there is a data sharing agreement in place with CCS and FA and legal reasons are known to front-line staff in case there are any enquiries on this. Will have the data sharing agreement if there are any questions from the ICO. DPN requires sharing with NHS.	9 Likelihood: Possible Impact: Moderate	9 Likelihood: Possible Impact: Moderate

10. OVERALL RISK RATING FOR THE PROJECT AS A WHOLE ONCE THE MITIGATING MEASURES HAVE BEEN PUT IN PLACE:

	MODERATE **Whilst moderate risk, this applies**		

	to receiving data form the carer organisations, the sharing with the NHS is considered very low risk not least as it is covered by the Data Processing Notice		

ANNEX A: DATA FLOW MAPS

ANNEX B Risk Assessment Tables

Table 1 Likelihood of Risk Occurring

Rare	One-off failure
Unlikely	Possible that it may reoccur but not likely
Possible	Might happen or reoccur on a semi-regular basis (no more than once a quarter)
Likely	Will reoccur on a regular basis, pointing to some failure in controls
Almost Certain	Wilful act, systemic failure in controls

Table 2 Impact of Risk if it occurs

Negligible	No personal data involved, or risk won't have any impact.
Minor	• Short-term, minimal embarrassment to an individual • Would involve small amounts of sensitive personal data about an individual • Minimal disruption or inconvenience in service delivery to an individual (e.g. an individual has to re-submit an address or re-register for a service)
Moderate	*More than a minimal amount of sensitive personal data is involved at this level* • Short-term distress or significant embarrassment to an individual or group of individuals (e.g. a family) • The potential of a financial loss for individuals concerned • Minimal disruption to a group of individuals or significant disruption in service delivery or distress to an individual (e.g. availability to a set of personal information is lost, requiring resubmission of identity evidence before services

Major	Significant amount of HR, or resident personal, and / or sensitive data released outside the organisation leading to significant actual or potential detriment (including emotional distress as well as both physical and financial damage) and / or safeguarding concerns
Catastrophic	Catastrophic amount of HR or service user personal and or sensitive data released outside the organisation leading to proven detriment and / or high-risk safeguarding concerns. Data subjects encounter significant or irreversible consequences which they may not overcome (e.g. an illegitimate access to data leading to a threat on the life of the data subjects, layoff, a financial jeopardy)

Risk Assessment: Table 3

	Score:	PROBABILITY				
		Rare	Unlikely	Possible	Likely	Almost Certain
IMPACT	Catastrophic	5	10	15	20	25
	Major	4	8	12	16	20
	Moderate	3	6	9	12	15
	Minor	2	4	6	8	10
	Negligible	1	2	3	4	5

Level of risk	
1-3 Low Risk	Acceptable risk No further action or additional controls required Risk at this level should be monitored and reassessed at appropriate intervals
4-6 Moderate Risk	A risk at this level may be acceptable, if so no further action or additional controls required If not acceptable, existing controls should be monitored or adjusted
8-12 Medium / High Risk	Not normally acceptable Efforts should be made to reduce the risk, provided this is not disproportionate Determine the need for improved control measures
15-25 High Risk	Unacceptable Immediate action must be taken to manage the risk A number of control measures may be required

Annex C:
Any DPO Advice or comments not included above

I am content that this is justified in the current circumstances and in the public's interest despite the processing of personal data which is required.

Andrew Maughan
Borough Solicitor
Statutory DPO

9th March 2021