Data Protection Impact Assessment

A council-wide information document

Transfer of data from/to CareNotes and MOSAIC.

January 2022

1 PROJECT AND STAKEHOLDER INFORMATION

1.1 Project/Programme/Work outline

Project Name	Transfer of data from/to CareNotes and MOSAIC
The Purpose of the Project	To identify what data needs to be transferred from a Trust system to an LBC system and vice versa. For example, for safeguarding – this is currently being stored on CareNotes (CandI/Trust system) for the mental health sector. This data is required for the SAC Return, which is an annual statutory return from LA's to the government. Other areas to consider are assessments and reviews.
The desired outcomes of the project	To be able to automatically transfer data from system to system in an easy, accessible way, minimising mistakes and human error.
How is the processing of data necessary to the work?	It is essential to ensure our (LBC) annual returns are submitted with the correct data and outcomes.
How much data will you be using and how often?	How much data – unclear at this time on exact figure but approx. 40 service users records per month for example for safeguarding. This figure will be bigger the more areas we start to add in.
Will the project collect new data or does it use existing data in a new way?	This will be new data, which is stored on CareNotes.
When the processing is expected to start? If the project is time limited, please note the expected end date	ASAP – no date set and no end date. We are currently working with Performance and other departments to look at how this will work.

1.1.1 Project/Programme/Work Description

To identify what data needs to be transferred from a Trust system to an LBC system and vice versa. For example, for safeguarding – this is currently being stored on CareNotes (CandI/Trust system) for the mental health sector. This data is required for the SAC Return, which is an annual statutory return from LA's to the government. Currently the data is being stored on a excel spreadsheet and passed to Safeguarding/Performance Team to overview and cross reference. This is timely and open to human error. The concern of where this data is stored has been raised as it needs to be accessible and due to GDPR, service user data should be stored on the most appropriate system, which is MOSAIC for Adults. However, we have no means to transfer this data from a spreadsheet to MOSAIC at present. This is currently being looked at. Other areas to consider in the future are assessments and reviews.

1.2 Project Stakeholders

Role	Participant (name(s))			
Project manager/ Person responsible for delivery	[redacted], Service Manager for MH SW			
Senior Responsible Officer for the Project	Andrew Reece			
Information Asset Owner	Jess McGregor, Director of Adult Social Care			
If the project requires the use of council datasets which belong to other directorates, please specify the directorate and the Information Asset Owner here.	N/A			
Does the NHS National Data Opt Out apply to any of the datasets?	*Is the project subject to Confidential Advisory Group (CAG) approval for purposes under Regulation 2 or 5 of the Control of Patient Information Regulations (2002), under s251 of the NHS Act 2006?* N/A			
Are there any joint data controllers in the project?	Data will come to/from CandI and LBC.			
Name(s) of Digital Services representatives				
Is any of the project subject to a contract?	**Yes**		**No**	No
If Yes, please state the contract number and contract term.	**Contract Number**	N/A		
	Contract Term	N/A		

2 SCREENING QUESTIONS

Screening Questions	Y/N
Is there a requirement under GDPR to carry out a DPIA? If you answer "Yes" to this question you do not need to answer the remainder of the screening questions and may **proceed to Section** 3 of this form.	Y
Does the project involve new or significantly changed processing of personal data about each individual?	N/A
Will the project compel individuals to provide information about themselves?	N/A
Will information about individuals be shared with organisations or people who have not previously had routine access to the information?	N/A
Will the project use information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	N/A
Does the project involve you using new technology that might be perceived as being privacy intrusive? For example, the use of biometrics or facial recognition.	N/A
Will the project result in you making decisions or treating individuals in ways which can have a significant impact on them?	N/A
Is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For example, health records, criminal records, racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union information, biometric data, sex life or sexual orientation or other information that people would consider to be private?	N/A
Will the project require contact with individuals in ways they may find intrusive, for example, unexpected telephone calls?	N/A
Does the project involve new or significantly changed consolidation, inter-linking, cross referencing or matching of personal data/special category data from multiple sources?	N/A
Comments	
Service user identifiable data will be transferred between organisations.	

If **any** of the screening questions have been answered **"YES**", then please continue with the remainder of the Data Protection Impact Assessment.

3 DATA PROTECTION IMPACT ASSESSMENT

3.1 Dataflow Map

Data Mapping Assessment	Y/N
Has a Records of Processing Activity (ROPA) exercise been carried out?	N

3.2 Transfers of Data

Is personal data transferred in an identifiable form? *If yes,please use this space to describe how the information moves either internally, between departments or externally if other organisaitons are involved.* *Where is the data stored at the start of its journey and will it be moved to different locations?Who will have access to the data at different stages?* *Who are the recipients of the data? Consider internal and external recipients, including teams outside of your immediate team.*	Yes, currently a spreadsheet is being used between organisations via secure email. This is then screened and overviewed by the Safeguarding Team and Performance Team. There are many concerns about where this data is stored, how accessible it is to those who need to know and the high risk of human error. If the data is not stored where accessible to teams/individuals such as safeguarding, this may mean duplicate records being made and/or service users being missed, as they believe mental health is involved/following up.
Please describe all the media used for the transfer of data. NB This could be in a number of formats: courier, post, email, FTP.	Spreadsheet via email.

3.3 Controllers and Processors

	Y/N
Are multiple organisations involved in the processing of the data? *For guidance click here* *If you have answered "Yes" please fill out the table below. If you have answered "No" please move on to the next question.*	Y

Name of organisation	Controller or Processor?
Camden and Islington NHS Foundation Trust (Candi)	Controller

3.4 Describe the specific cases of data to be collected or processed

Personal data is any information which identifies a living person. Add "Y" to each field where applicable, otherwise leave blank.

Personal Data	**Y**	**Comments**
Name	Y	Used in safeguarding, assessments and reviews.
Address data / postcode	Y	Used in safeguarding, assessments and reviews.
Email Address	Y	Used in safeguarding, assessments and reviews.
Date of Birth	Y	Used in safeguarding, assessments and reviews.
Government issued ID – passport, driving licence	N	
Payroll Number	N	
HR / Employment data	N	
NHS Number	Y	Used in safeguarding, assessments and reviews.
Housing Data	N	
Online identifiers, including IP address and cookies	N	
Location data, GPS etc.	N	
Special Category Data / Elevated Risk	**Y**	**Comments**
Ethnicity	Y	Used in safeguarding, assessments and reviews.
Political Opinion / Affiliation	N	
Religious Beliefs	Y	Used in safeguarding, assessments and reviews.
Trade Union Membership	N	
Physical or Mental Health	Y	Used in safeguarding, assessments and reviews.
Sexuality / Sexual Life	Y	Used in safeguarding, assessments and reviews.
Criminal Offences	N	
Biometrics: Fingerprints, Retina, DNA profile	N	
Bank, credit card or financial details	N	
National Insurance Number	N	
Pension, Benefit or Tax Data	N	
Health and/ or Social Services Records	Y	Used in safeguarding, assessments and reviews.
Children's data, child protection, school records, adoption	N	
Please specify any other types of data not listed in the previous table.		N/A

3.5 Data Source(s)

If the data has not come from the data subject, where does the personal data come from?

Source	Comments
Previously collected by department carrying out the change	N/A
Previously collected by another Camden Council department	N/A
Previously provided by a partner agency (eg, NHS, Police, Department of Work and Pensions)	CandI
Does ths project affect only data which will be collected once the change is made	N/A

3.5.1 Data Source Description

Data will mainly be transferred from CareNotes to LBC.

3.6 Who will access the data?

Categories of users	How users access the system and their intended use of the system
Council staff	Yes – depends on method moving forward which has not been agreed. Currently only a couple of LBC staff have access to the spreadsheet, which is then disseminated to other managers as required.
Third party staff	No
Members of the public	No

3.7 The Data Protection Principles

Principle	Comments and risks
Are you processing data as a statutory duty and if so, under what legislation?	*You should be able to identify the obligation in question, either by reference to the specific legal provision or else by pointing to an appropriate source of guidance that sets it out clearly: for example, "Duty to levy and collect Council Tax under Section 1 of the Local Government and Finance Act (1992)"* SALT and SAC Return as mandated by section 254(1), (2)(a), (5), (6) and 304(9), (10) and (12)(a),(v) of the Health and Social Care Act 2012. Further details are available here: https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/data-provision-notices-dpns/adult-social-care-collections
Data is processed lawfully, fairly and in a transparent manner in relation to the data subject. Examples include: • Consent of data subject, • Contract with data subject, • Council under legal obligation, • Necessary to protect the vital interests of data subject, • Processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller	*You will need to identify the legal basis using the GDPR article 6 (for personal data) and/or article 9 (for special category data) as referenced in Chapter 2, section 8 and 10 of the Data Protection Act 2018.* *Consent is not always necessary – however, where this is intended to be obtained, please provide a copy of the consent statement and a description of where consent is stored,* *(ICO Guidance on Lawful Basis for Processing)* The lawful basis for processing information and sharing the information with NHS Digital/Department for Health and Social care is Article 6(1)(c) legal obligation. Further details on the lawful bases relied upon to process data in relation to Adult Social Care can be found on the following privacy notice:
The data is collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes	*How will you ensure that personal data is only processed for its original intended purpose and not processed for additional purposes? How will function creep be prevented?* This is processed for statutory purposes.
Data is adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed ('data minimisation')	*You should collect only the minimum data required for the intended processing activity. On the other hand, the amount of data needs to be sufficient to ensure that it can support effective decision making.* Data is adequate, relevant and limited to provide a service and ensure timely statutory submissions to NHS Digital/Deparrtent for Health and Social Care.
Retention. The data must be held for no longer than required for this purpose. How long should this data be held?	*Where there are concerns about the appropriate retention of data, this section will be reviewed by the Information Governance Team.* As per Camden retention schedule

How will it be securely disposed or/permanently deleted?	20 years and stored in line with policy – MOSAIC hopefully if agreement can be made as to the method. Currently the spreadsheets are stored in a non-accessible manner.
Are there measures in place to deal with data subjects' rights? Data subjects have the right to ask for a copy of their data – this must be provided within 30 days. Data subjects have the right to have incorrect data corrected Data subjects may ask the council to 'cease processing.' This could involve deleted data there is no legal reason to hold, or to desist from contacting them.	*Where LBC controls the data, data subjects' rights will be managed using existing Camden processes. However, where data is processed by a third party please detail the measures which are in place. If new technology is being introduced, consider how the technology helps us meet our obligations.* *(ICO Guidance on Data Subject Rights)* All subject access requests, requests to rectify data or any other rights requests will be managed under the council's normal procedures.
Data must not be transferred outside the EEA without appropriate provisions. Please confirm where the data will be stored, sent and where it will be accessed from. If a third party hosts or accesses the data you will need to confirm the location of the data in a written contract.	*EEA (European Economic Area) consists of EU member states and three European Free Trade Association (EFTA) states (Iceland, Liechtenstein, and Norway). Due to Britain leaving the EU, our current requirement is that Servers should be UK based.* N/A – will be in Camden between LBC and CandI/Trust.

3.8 Risk Management

3.8.1 Identify and assess risks

Identify and Assess Risks			
Risk	**Likelihood of harm**	**Severity of harm**	**Overall risk**
Data is lost or misplaced/miss-stored when transferring from organisation to organisation or within LBC	Unlikely	Medium	Low
Data is not stored in an accessible format i.e. MOSAIC which means safeguarding for example, there are duplicate records or missing records due to staff believing mental health/CandI are managing a case	Unlikely	Medium	Low
If data cannot be checked by teams, service users may fall through the gaps, as staff believe their primary need is mental health therefore not followed up by ASC.	Unlikely	Medium	Low
Users accessing data inappropriately or using for unauthorised purposes	Possible	Major	Medium/High
Data kept for longer than retention periods	Unlikely	Low	Low

Identify Measures to reduce risks which are not classed as Low				
Identify measures to reduce or eliminate risks identified in previous step as higher than Low. *Remember that risks need to be reduced to an acceptable level, and not all risks can be eliminated.*				
Risk identified	**Options to reduce or eliminate risk**	**Effect on risk**	**Residual risk**	**Measure approved?**
Unathorised access/inappropriate use	Role based access control. Audits of access and use. All staff trained and employee checks. Clear processes and polcies in place	Reduced	Low	Yes
Residual (remaining) risk level when all mitigations have been applied: ***Note IRT/DPO may change this***				
Low				

Record Data Protection Officer advice and outcome	
DPO involved in preparing DPIA? If not, name of IRO	No. Jo Clark and Sarah Laws
DPO advice	Agreed and Approved by Andrew Maoughan DPO
Information Asset Owner acceptance of residual risks	Names of IAOs : Jess McGregor ,Director of Adult Social Care
This DPIA will kept under review by: (*usually the author or the IAO)*	Andrew Reece