DATA PROTECTION IMPACT ASSESSMENT

A Data Protection Impact Assessment (DPIA) is a process that helps an organisation identify and minimise the data protection risks of a project. **You should only complete this full DPIA where you have been told that one is required by the Information Rights Team or the Data Protection Officer.** If you have not been asked to do a full DPIA please do the pre-screen first. Search on essentials for 'DPIA' and download the DPIA pre-screen.

A DPIA is a legal requirement therefore please complete the form in as much detail as you can so the council has the necessary assurances of data protection legal compliance. Avoid technical language and jargon, and assume little prior knowledge of your subject and project by readers.

Ethics screening: If you have been advised to proceed straight to a full DPIA please complete the ethics screening at the end of this document. If you have already completed a DPIA pre-screen then the ethics screening need not be duplicated.

Project Name	**Get Active Pilot service**	
Project Lead and Information Asset Owner/s	Project Lead	Piers Simey, Assistant Director of Public Health Meinir Jones, Public Health Strategist [redacted], Healthy Living Contracts Manager
	IAO name and asset	Nigel Robinson – Camden
	IAO name and asset	Mahnaz Shaukat Pending – Public Health
Summary of the project. *Outline what your project is about. Start with a general headline and then go into more detail.* E*xplain any acronyms on first use.*	A new pilot project, 'Get Active', is being developed in Camden and Islington, in partnership with local primary care services. The aim of the service is to support inactive residents with a long-term health condition, through the use of evidence-based behavior change theories. The model is based on good practice implemented in other areas of the country. The service will employ four Get Active Specialists, who will be based at 8 GP practices across Camden and Islington. Get Active Specialists will be employed by the Camden Sport and Physical Activity Team (although they will deliver the service in selected GP practices in Camden and Islington). GP practices participating in the pilot will identify patients who would benefit from this service, and with the consent of the patient will make a referral to the Get Active Specialist. The eligibility criteria for the service will be: - Aged over 18 years	

	- Camden or Islington resident and/or registered with a Camden or Islington General Practitioner (GP) - Classified as inactive (doing less than 30 minutes of physical activity per week) - Living with a long term health condition - Expressed a willingness and motivation to increase their levels of physical activity Once the patient has been referred, the Get Active Specialist will: - Contact the individual to arrange an initial appointment, to be held at their GP practice. - Support the individual to complete baseline surveys on their physical activity habits, their mental wellbeing, and their perceptions of health. - Use a range of behavior change techniques to support the individual to create a personalised 'Get Active' plan. - Support individual to find appropriate opportunities to be active in their local community, and signpost or refer them to these activities. - Arrange follow up appointments at 2 weeks, three months, six months and 12 months. If further support is needed, the individual can make contact with their specialist by phone and email. - Motivational text messages will also be sent to the individual. As part of improving the customer experience, health outcomes and staff delivery of the programme the Service would seek to audio record the initial face to face meeting between the referred patient and the Get Active Specialist (The Get Active Specialist would require two recordings per year for review and training purposes only). This process is to quality assure the discussion and would only be used in pre-arranged training sessions and written and verbal consent will be used.
Implementation Date: *Should be at least a month to allow for assessment and any necessary steps to be undertaken*	The pilot is planned to commence in February 2022 and will run for a minimum of 12 months. The audio recordings (face to face consultations between the Specialist and referred patient ONLY) are scheduled to be used at the next training session with Dr Angel Chater from November 2022 (date to be confirmed).

Initial risk assessment: Screening questions are to do an initial risk assessment and highlight problems that need to be addressed. Answering "Yes" to any of the screening questions above represents a potential privacy/data protection/security risk factor.

If you have already completed a pre-screen, attach it to the DPIA, skip q1 and go to q2 otherwise please answer the questions below.

Q 1	Step 1: Initial Risk Assessment	Yes/No
1.1	Does the project introduce new or additional information technologies that have privacy implications? (like facial recognition, AI?)	No
1.2	Will there be large scale systematic monitoring in a publicly accessible place – like a new CCTV system	No
1.3	Will you use profiling, automated decision-making or special category data to help make decisions on someone's access to a service, opportunity or benefit?	No
1.4	Does the project involve new identifiers, re-use or existing identifiers e.g. NHS or NI number, Mosaic ref, Northgate ref, and/or will use intrusive identification or identity management processes and/or electronic linkage of personal data?	No
1.5	Might the project have the effect of denying anonymity and pseudonymity, or converting transactions that could previously be conducted anonymously or pseudonymously into identified transactions?	Yes
1.6	Does the project involve multiple organisations, eg public sector agencies like joined up government initiatives, or private sector e.g. outsourced service providers/ business partners?	No
1.7	Does the project involve new processing or significantly change the way in which personal data/special categories of personal data is handled?	Yes
1.8	Does the project involve new or significantly change handling of personal data/special categories of personal data about a large number of individuals?	No
1.9	Will data be combined, compared or matched from multiple sources?	No
1.10	Will you process biometric (finger print /facial recognition) or genetic data?	No
1.11	Will the personal data be processed out of the U.K?	No
1.12	Will children's personal data be processed for profiling or automated decision-making or for marketing purposes, or offering online services directly to them?	No
1.13	Does the project relate to data processing which is in any way exempt from legislative privacy protections?	No
1.14	Will personal data be processed in a way which involves tracking individuals' online or offline location or behaviour?	No
1.15	Will personal data be processed which could result in a risk of physical harm in the event of a security breach?	No
1.16	Does the project involve systematic disclosure of personal data to, or access by, third parties that are not subject to comparable privacy regulation?	No

<table>
<tr><th colspan="12">Step 2: What personal data is being used?</th></tr>
<tr><td>2.1</td><td colspan="8">Is this use of personal data/special categories of personal data a new use? Or is it already happening and this is a change?</td><td colspan="3">New/Changed
New</td></tr>
<tr><td>2.2</td><td colspan="11">What data will be processed/shared/viewed?
Audio recording of the face to face consultation between the Get Active Specialist and the referred patient.</td></tr>
<tr><td></td><td colspan="11"><u>Personal Data</u></td></tr>
<tr><td></td><td>Name</td><td>X</td><td>Date of Birth</td><td>X</td><td>Gender</td><td>X</td><td>National Insurance Number</td><td></td><td>Financial Information about the person</td><td colspan="2"></td></tr>
<tr><td></td><td>Address</td><td>X</td><td>Email address</td><td>X</td><td>Telephone number</td><td>X</td><td>NHS No</td><td></td><td>Other eg a reference number such as Mosaic ref</td><td colspan="2"></td></tr>
<tr><td></td><td colspan="3">Other data (Please state):</td><td colspan="8">Health status</td></tr>
<tr><td></td><td colspan="11"><u>Special Categories of Personal Data</u></td></tr>
<tr><td></td><td>Racial or ethnic origin</td><td>X</td><td>Fingerprints/ Biometrics</td><td></td><td colspan="6">Religious or philosophical beliefs Political opinion</td><td></td></tr>
<tr><td></td><td>Trade Union membership</td><td></td><td colspan="7">Physical or mental health or condition</td><td>X</td></tr>
<tr><td></td><td>Sexual life or sexual orientation</td><td>X</td><td>Housing records Social services records</td><td></td><td>Tax, benefit or pension records</td><td></td><td colspan="3">Employee/HR records</td><td></td></tr>
<tr><td></td><td colspan="3">Other data (Please state):</td><td colspan="8">- What long term conditions the individual has
- Whether the individual smokes
- Individual’s alcohol consumption
- Employment status
- Weight
- Height
- Physical activity levels (measured through short active lives survey, 3 questions).
- Mental wellbeing (measured through ONS wellbeing survey, 4 questions).
- Perceptions of health (measured through EuroQoL EQ-5D-5L, 6 questions).</td></tr>
<tr><td>2.3</td><td colspan="3">Will it include data about any criminal offence committed or alleged, or criminal offence record?</td><td colspan="8">No</td></tr>
</table>

Step 3: Describe the data processing		
3.1	**Describe in as much detail what is being done with the data**	Audio Recording: As part of a continual improvement for the Service and staff (Get Active Specialists) audio recording of the initial consultation are to be safely recorded using the Camden laptop. At the start of each recording, each Get Active Specialist will ask for consent, explain/introduce the reason for the conversation being recorded, safety measures of how the recording will stored and when it will be deleted. These recordings (two each a year per Get Active Specialist - of which there are currently 3 staff) would be saved for each planned training session with Dr Angel Chater. The service estimates no more than two training days per annum, resulting in approximately 4 recordings at any one time being saved onto staff Camden laptops and then deleted. The recording would be limited with personal data as the Get Active Specialist would collect this prior to the audio recording. Due to the nature of the conversation, this may include reference to the individual's health status, and their first name. A referral will be made by GP practice staff via an EMIS form. The referral form asks for the following data: - Name - Gender - Date of birth - Mobile telephone number - Home telephone number - Email address - Home address - Ethnic origin - The number of days in which the patient has done a total of 30 minutes or more physical activity - Long term conditions - Whether the patient has any contraindications for exercise - Reason for referral (open text for referrer, if required)

		- Whether the patient is willing to increase their physical activity levels (yes/no) - Whether the patient has given consent for this referral to be made (yes/no) - Referrer details The EMIS form will be received into an NHS secure email account. This information will be uploaded by council staff into the service client database which is paid for by the Council (Refer-All). Only licenced users will have access to this database. These licenced users will be the Get Active Specialists, the project manager and any admin staff associated with the service. The Get Active Specialist will access the referral information on Refer-All to contact the patient. During the first appointment with the Get Active Specialist, the Specialist will collect the following information and upload directly to the Refer-All system: - Disability status - Whether the individual smokes - Alcohol consumption - Employment status - Sexual orientation - Weight - Height - Physical activity levels (measured through short active lives survey, 3 questions). - Mental wellbeing (measured through ONS wellbeing survey, 4 questions). - Perceptions of health (measured through EuroQoL EQ-5D-5L, 6 questions). Responses to the three surveys (physical activity; mental wellbeing; perceptions of health) and weight, will be measured again at three months, six months and twelve months.

		Information will be uploaded directly to the individual's record on Refer-All. Anonymised data for each service user will be extracted from the Refer-All system to be analysed and evaluated internally by the Camden and Islington Public Health Department.
3.2	**Explain in as much detail as possible why this is being done**	As part of a continual improvement process for the Service and Get Active Specialists, audio recording of the initial face to face consultation with referred patients are to be safely recorded using a Camden laptop. Please see below the main reason why: - Staff development – to continually improve on the quality of consultations with referred patients - The consultation is based on behaviour change and motivational techniques and reviewing real 'live' recording is an important part of improving the future staff consultation, patient journey and outcomes - Improve on patients mental and physical health (long-term medical condition) by identifying the correct type of physical activity, signposting leading to increased adherence to physical activity The audio recording is essential part of developing and improving the overall delivery of the Service. Audio recordings are required as it allows the Service and staff to improve on all aspects of the programme objectives e.g. increase residents who are highly inactive to be more physically active. This approach was used in the Active Herts model (tried and tested programme) where audio recordings were used to improve the staff consultations process and hence physical activity outcomes for patients

		(an average of 49 mins increase in patients physical activity per week after 12 weeks). Our Get Active Specialist main objective is to promote physical activity to betters one's health and wellbeing. Our staff are NOT medically qualified and any segueing into areas which are classified as 'medical' our staff are trained to stop/halt the patient discussion and fully explain their role as a 'Get Active Specialist' is to signpost them into suitable physical activity provision and refer the patient back to their GP for any medical advice. Other methods of recording the face to face meeting have been discussed, which may be less intrusive for example note taking. However as the meeting is face to face it would be difficult for the staff to take exact notes of the words and deliver the specialist training in sequence (using the specialist behaviour change COM-B model and method of delivery). The use of audio recording would allow the staff member and trainer to review exact wording and sequence which is extremely important as part of the COM-B method of delivery, as evidenced by Active Herts where this method of reviewing audio recording training has proven useful resulting improved delivery of the patient consultation and programme outcomes. The data are being collected in order to evaluate the impact of the Get Active service on measures of health and wellbeing, and to facilitate the analysis of process indicators to evaluate the uptake of the service among different demographic groups.

3.3	**Are you sharing the data with an external organisation or partner or are they involved in processing the data?**		No
	External organisation or partner Name	**Controller or Processor?**	**Is there an existing contract or Data Sharing Agreement between the council and the parties which covers information security and data protection ? Yes/No/In progress**
3.4.	**Has a data flow mapping exercise been undertaken?** **If yes, please provide a copy, if no, please undertake**		In progress
3.5	**How will the information be processed/shared. Details eg secure file transfer**		For audio recording – this will be saved on each Camden laptop. Any files transferred to the external trainer (Dr Angel Chater), the service would use a secure system used by Camden Council. The Information Security Team at Camden have confirmed that the Service is able to AIP, Egress or CJSM, these are considered secure and trusted by Camden. The recording would be limited with personal data as the Get Active Specialist would collect this prior to the audio recording. Due to the nature of the audio conversation, this may include reference to the individual's health status, and their first name. Information will be shared via secure email and the Refer-All system.

Step 4: Assess lawful basis, necessity, and proportionality			
4.1	**Identify Lawful Basis for processing personal data/special category /criminal data. Ask IRT for advice if needed (DPA@camden.gov.uk if you have no named Information Rights Officer advising)** **If not processing the category say N/A**		
	Personal data Article 6(1) UK GDPR condition For the audio recording and processing of the recordings:	**Special Category data UK GDPR Art 9 condition and DPA18 schedule condition**	**Criminal data UK GDPR Art 10 condition and corresponding art 6 condition**

	Consent 6(1)(a) - The data subject has given consent to the processing of his or her personal data for one or more specific purposes. For the other processing to deliver the Get Active Scheme - Public task 6(1)(e): the processing is necessary to perform a task in the public interest and the task or function has a clear basis in law under Health and Social Care Act 2012. If the data subject discloses something that requires sharing information to safeguard the data subject or someone else Article 6(1)(d): processing is necessary in order to protect the vital interests of the data subject or of another natural person	For the audio recording and processing of the recordings: Consent 9(2)(a) The data subject has given explicit consent to the processing of those personal data for one or more specified purposes. For the other processing to deliver the Get Active Scheme – Public Interest 9(2)(g) That there is a substantial public interest based on Union or Member State law. The Data Protection Act 2018 Schedule 1 Part 2 processing condition met is para 6. Statutory and government purposes and the underlying law is the Health and Social Care Act 2012 If the data subject discloses something that requires sharing information to safeguard the data subject or someone else Vital Interests 9(2)(c)	**N/A**
4.2	**If consent is a legal basis how is it obtained? Note that in most cases consent is not the basis relied on by the council. Only use consent when Information Tights Team have advised this is appropriate**		
	The GP practice staff will obtain consent from the individual before making a referral. This will be noted on the referral form.		
4.3	**How will you ensure data quality and data minimisation?** If this is covered in a pre-screen refer to the pre-screen, otherwise detail below		
	By using an EMIS form, some patient information fields will be auto populated to facilitate data quality. The Refer-All system will be tailored with mandatory fields to ensure data quality. In accordance with council retention schedule, this information will be retained for 6 years or sooner if data are no longer required after the evaluation is completed. For audio recording of patient consultations, this information will be retained until the next planned training session (approx. no longer than 6 months) after which the audio recording will be safely deleted.		
4.4	**Have individuals been informed about the proposed use of their data?** For example, do all the organisations/partners who will process the data inc the council cover this use in their Processing Notice online		Yes, as part of the consent process

4.5	**Will you comply with the council's policies on to Subject Access Requests and other data subject rights? Do contracts with any processors for the council contain the council's clauses on data subject rights?**
	Yes
4.6	**Will the processing of data include automated individual decision-making, including profiling?** If yes, please outline the profiling processes and the rights of the data subject
	No
4.7	**Data Retention Period - how long will the data be kept?**
	6 years (open to suggestions from the IG team) No more than 6 months for audio recording
	Step 5: Information Security Process
5.1	**On what systems will the data will be stored** *Examples of Storage include bespoke system (e.g. EPR, Emis & other clinical systems, SharePoint, data repository, Network Drives, Filing cabinet (office and location), storage area/filing room (and location) etc.*
	Referral form will be completed via EMIS Information about individuals will be stored on the Refer-All system Anonymised data downloaded from the Refer-All system will be stored in password protected spreadsheets and accessed only by the Get Active Project Manager, associated admin staff and Public Health staff. Audio recordings will be stored on Camden secure laptops
5.2	**Where is the data stored geographically?**
	Data will be stored on the Refer-All system Laptops remain with each Get Active Specialist and would be used at GP practices (travelling in from their residential location)
5.3	**What roles will have access to the information?** (list individuals or staff groups)
	Get Active Specialists (audio recording only and this will solely be used in pre-planned training session – with Dr Angel Chater) Manager of the Get Active Specialists Administrator for the Get Active Specialists
5.4	Is there role based access control on all applicable systems? **How will access to information be controlled?**

	Yes. Records can only be access by the Get Active Specialist and any admin staff who are licenced users Audio recording can only be used/accessed by the Get Active Specialist and the trainer Dr Angel Chater)
5.5	**Is there an ability to audit access to the information?**
	Yes
5.6	**What security and audit measures have been implemented to secure access to and limit use of personal data/special categories data and/or criminal data?**
	Only licenced users will have access to the Refer All system Only the Get Active Specialist and Dr Angel Chater would have access to the audio recording
5.7	**Has the Information Security Manager advised on the security measures? What were his/her comments?**
	No

Step 6: Identify and Assess Risks			
Describe source of privacy (data protection, privacy and information security) risk and nature of potential impact on individuals. Include associated compliance and corporate risks as necessary. **These are the risk *before* any controls (mitigations are applied).** Assess risk assuming there are no controls in place-controls/mitigations are discussed in the next step. **Use tables 1, 2 and 3 in the appendix to help you.** *Note that risks and scores are subject to review and change by IRT/DPO*	**Likelihood of harm- see table 1**	**Severity of harm- see table 2**	**Overall risk – see table 3**
Misuse of data; Personal data could be used in a manner incompatible with the Data Sharing Agreement. This would be privacy intrusive to the data subject and may be processing they would not expect to occur. Compliance risk: could be a breach of purpose limitation and transparency Corporate risk: Reputational risk. Loss of trust from data subjects and the partners providing the data. Legal implications.	Medium	High	Medium/high
Privacy intrusion - patients may not automatically know that the Get Active Specialist is employed by the Council	Medium	Minor	Medium
Privacy intrusion – for audio recording of referred patients	Minor	Medium	Medium

Data sharing between organisations (GPs and Camden Council) – risk of sharing unnecessary data between parties.	Medium	High	Medium/High
Risk of audio being lost in sending (i.e. email)	Minor	Medium	Medium
Risk of audio recording being kept longer than the retention period as manual deletion	Minor	Minor	Minor

Step 7: Identify Measures to reduce risk

Identify measures to reduce or eliminate risks identified in step 6. *Remember that risks need to be reduced to an acceptable level, and not all risks can be eliminated.*

Then calculate the risk that remains after the mitigations/controls are in place: the residual risk. Tables 1, 2 and 3 will help with this. *Note that risks and scores are subject to review and change by IRT/DPO*

The Information Asset Owner/s need to decide if the mitigations are achievable and if the residual risk is accepted in the 'measure approved?' column by inserting a Yes or No. Table 4 provides guidance on what level of residual risk could be acceptable.

Risk identified in step 6	Options to reduce or eliminate risk	Effect on risk	Residual risk	Measure approved?
Misuse of data	All staff to undertake mandatory data protection training as part of their induction. Appropriate use of data is discussed as part of the Get Active Specialist's supervision. Appropriate level of access on the Refer-All system which holds personal information. Full explanation of why the data is being recorded, where it will be stored, who will listen to the recording and the safe deletion after each training session.	Lower	Medium	
Privacy intrusion	A privacy notice will be included on the referral form, and the referrer will verify that the patient has given consent (this will be a verbal and written consent as part of the audio recording) to be referred to the Get Active Specialist.	Lower	Low	
Data sharing between organisations	Sharing data between organisations, this will be mitigated by written terms in a data sharing agreement – to be drafted.	Lower	Medium	

Risk of audio recording be lost in transfer	The Information Security Team at Camden have confirmed that the Service is able to AIP, Egress or CJSM, these are considered secure and trusted by Camden. This would only be sent by a dedicated member of staff (programme lead) ensuring that the transfer has been completed by a trained management level staff member.			
Residual (remaining) risk level when all mitigations have been applied: ***Note IRT/DPO may change this***				
Medium				

Step 8: Record Data Protection Officer advice and outcome	
DPO involved in preparing DPIA? **If not, name of IRO**	**No, Sarah Laws, Data Protection Manager**
DPO advice	Approved by Andrew Maughan DPO November 2022
Information Asset Owner acceptance of residual risks	Mahnaz Shaukat Pending – Public Health Nigel Robinson – Camden
This DPIA will kept under review by: (*usually the author or the IAO)*	Mahnaz Shaukat Pending – Public Health Nigel Robinson – Camden

Version Control

Version	**Reason**	**Date**	**Author(s)**
1.0	**First draft to include audio**	**27/10/22**	[redacted]

Appendix 1
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	Willful 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 - risk level

IMPACT	Score:	PROBABILITY				
		Rare	Unlikely	Possible	Likely	Almost Certain
	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

Table 4: is the risk level acceptable

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