Data Protection Impact Assessment (DPIA)

Project title	Fit For the Future Programme – Engagement & Consultation phase
DPIA Reference no. (from IG Lead)	DPIA079a, updated 15/10/20 as highlighted in yellow
DPIA prepared by (project lead)	Mark Woodward - Project Manager – Fit For the Future

1. Summarise the project or change, including the benefits
The Fit For the Future (FFtF) Programme sits as part of our One Gloucestershire ICS strategy. This sets out our ambitions to deliver a step change for health and social care in Gloucestershire. Our Vision is to: – Place a far greater emphasis on personal responsibility, prevention and self-care, supported by additional investment in helping people to help themselves   – Place a greater emphasis on joined up community based care and support, provided in patients' own homes and in the right number of community centres, supported by specialist staff and teams when needed   – Continue to bring together specialist services and resources in to 'Centres of Excellence', where possible reducing the reliance on inpatient care (and consequently the need for bed based services) across our system by repurposing the facilities we have in order to use them more efficiently and effectively in future   – Develop new roles and ways of working across our system to make best use of the workforce we have, and bring new people and skills into our delivery system to deliver patient care   Have a continued focus on ensuring Parity of Esteem for Mental health   The programme has recently completed a 'Solutions Appraisal' process and has a shortlist of solutions that it wishes to progress through an iterative Pre Consultation Business Case (PCBC) process. The PCBC will be presented to the ICS and partner organisations (v1), the Clinical Senate (v2), NHSE/I (v3) and then HOSC (v4). Should the PCBC be approved then it is anticipated that a solution(s) will be subject to a public consultation in 2020.   This DPIA covers the Solutions Appraisal phase of the programme, drafting of the PCBC and the period up until the end of any consultation process.   The Programme was paused in the Spring of 2020 due to the system response to COVID-19 until June when the PCBC v4 was refreshed. It is planned that the Consultation phase will commence following the 22nd October HOSC meeting. The DPIA will then be refreshed for the Decision Making Business Case phase of the programme.

2. Describe the data, data flows, and retention period.   If this is a trial or pilot project, include the criteria, process and data that will be used for evaluating its outcome
The FFtF Programme is currently focusing on a PCBC and then a consultation process so there should be no change to any patient pathways and patient data flows during the current phase of the programme.   A separate DPIA will be completed post consultation to consider impacts on data processing at this time.   At no time will any patient identifiable data be held by the programme.

The data that will be held by the programme is as follows –

Project Management

- TOR's for working groups and Programme Governance groups
- Agenda's for meetings
- Action notes from meetings
- Minutes from meetings
- Risk and issues log for the programme
- Project plans
- Communication and consultation strategy and plan
- Highlight reports

Programme Governance

- PCBC and appendices
- Integrated Impact Assessment (IIA)
- Travel Impact Assessment (TIA)
- Date Protection Impact Assessment (DPIA)

Consultation documentation

- Consultation documentation e.g. – leaflets
- Consultation online / paper based surveys
- Staff consultation
- Public consultation
- Citizens Jury documentation
- Letters
- Emails
- Feedback extracted from the Engagement HQ system (non-patient identifiable data)

Data Flows –

- Project Management

Project management documentation will be issued by the FFtF programme office by way of email from NHS email accounts or from the generic Fit For the Future email account. All email accounts are controlled by user name and password protection. The recipients will predominantly have NHS email accounts.

The Project Management documentation will contain project team members' names and job titles and be stored on the CCG's network and the FFtF Programme MS Teams shared storage area. The MS Teams shared storage area is subject to a national DPIA / information Governance arrangements.

The CCG's network access is controlled through Line Managers authorising access to certain areas of the network based on employees needs to access the folders.

The above data will be stored on the CCG's network and the MS Teams shared storage area for the lifetime of the programme and any challenge period. The data will then be archived in line with the CCG's data retention policy.

- Programme Governance

The PCBC document and appendices will not contain any patient or staff member identifiable information other than the authors. Summary data will be included as well as anonymised quotes from stakeholders.

The PCBC will have an Integrated Impact Assessment (IIA), which is being created by Mid & South Essex University Hospitals Group. Various non patient identifiable data sets have been sent via NHS email to Mid & South Essex University Hospitals Group who will in turn create an assessment. The aim of the reports is to understand the current services and assess the consequences of any change whilst maximising the positive impacts and minimising negative impacts of the proposed change. The majority of the information provided is considered as 'in the public domain'. The IIA will be appended to the PCBC.

The PCBC will also contain a number of Travel Impact Assessments (TIA) as appendices which are being created by the Commissioning Support Unit (CSU) using non patient identifiable data sets. The data has been sent to the CSU using the NHS email system. When completed the impact assessments will be stored on the CCG network and form part of the PCBC.

The PCBC will also contain a South West Ambulance Service (SWAST) impact assessment. The modelling to develop the impact assessment will be completed by ORH Management Consultancy who currently undertake all of the SWAST transport modelling. A contract is currently in place between SWAST and ORH for data transfer and management.

A contract will be put into place between GHFT (the data controller) and ORH for modelling the impacts of potential hospital service reconfigurations on SWAST resources.

The contract will be appropriate to the low level of risk in sending this data, using an encrypted service to an existing SWAST contractor. The following data will be provided to ORH as part of the Fit For the Future Programme –

- SWAST ID / incident number
- Arrival time at a location

The data will be sent to ORH NHS mail [SECURE] email and ORH will extract this data using the egress end to end encryption email service.

It is anticipated that the data will be sent on a single occasion. The data will then be manipulated by ORH and it will be presented back in a spatial format using licensed base maps.

The spatial mapping will then be agreed as appropriate for inclusion in the PCBC by the FFTF Programme Director.

The draft and final versions of the PCBC will be stored on the CCG's network and the ultimately the MS Teams shared storage area. The document will be shared to the Programme team and stakeholders using NHS mail.

The PCBC and appendices will be stored on the CCG's network and the MS Teams shared storage area for the lifetime of the programme and any challenge period. The data will then be archived in line with the CCG's data retention policy.

- Consultation Documentation

An online questionnaire has been used as part of the Solutions appraisal process to allow invited attendees to answer a set of questions in advance of the event. Respondents could provide a name and attendee role if they wished to do so when completing the survey. This data is held in the third party Smart Survey system. Smart Survey is based in Tewkesbury, Gloucestershire and all data is stored on servers which are located in the UK. The physical location of the servers is something that formed part of the procurement evaluation criteria.

A hyperlink to the survey was emailed to attendees from the Fit For the Future email account using the bcc option.

When the questionnaire was completed summary reports were generated from the system and used to analyse feedback. The summary reports are stored on the CCG network.

It is planned that a similar questionnaire will be used during the Consultation phase of the programme and a similar process will be followed.

Due to the impacts of COVID-19 pandemic the approach to the consultation phase of the programme has been reviewed and the Communication and Consultation plan has been updated.

During the Consultation process stakeholders will be encouraged to provide feedback through the following methods –

Online consultation and feedback using the online participation platform: Get involved Gloucestershire https://getinvolved.glos.nhs.uk
Media and Social media promotions which will encourage feedback
QR codes linked to consultation materials and surveys to provide feedback
Online information – booklets & FAQ's
Ad hoc emails
Ad hoc letters
Roadshows
Virtual Citizens' Jury

The online participation platform: the Get involved Gloucestershire will be used to collect and manage non-identifiable patient demographic data provided through feedback during the Consultation period.

Data that is collected will be held on the Bang the Table (system developers) system servers in the UK. The CCG's Patient Engagement team will then be able to extract required data through its data analytics reporting functionality. Any reports that are extracted will be stored on the CCG's M Drive or MS Teams shared storage area.

Access to the online participation platform: the Get involved Gloucestershire system will be controlled by username and password protection and will be limited to the CCG's Patient Engagement team.

Following the consultation exercise the data will be held in the online participation platform: the Get involved Gloucestershire for a period in line with the CCG's retention schedules.

A range of non-identifiable demographic data will be collected throughout the consultation process

via online and paper based surveys. It will also be possible to complete the survey at one of the roadshows (Information Bus Tour) that are planned.

The surveys can be completed by any stakeholder and posted back to the CCG by Freepost, at one of the roadshows or online. When collated the paper survey data will be input into the online participation platform: the Get involved Gloucestershire and then shredded.

All emails relating to the consultation process will be administered through the Engagement Team's online participation platform: the Get involved Gloucestershire generic email account. Access to this account is through Line Manager authorisation and user name and password protection.

Should a letter be received then this is scanned and the hard copy shredded. The letter is then held on the Patient Engagement team 'M' drive together with any response. The letter is stored in accordance with the team's retention schedule.

In January 2020 an independently facilitated Citizens' Jury took place and it is planned that another Citizens' Jury, this time facilitated virtually, will be held in the winter of 2021. The Citizens Jury process is operated by a Company Called Citizens Juries CIC who administered the event. This resulted in the CCG not holding any attendee identifiable data.

3. What is the lawful basis for processing the personal data under GDPR/DPA 2018? (refer to IG Lead or NHS Digital guidance, particularly sections 5 and 6)
For processing Personal Data: GDPR 6(1)(e) – the processing is necessary for the performance of a task carried out in the exercise of official authority vested in the controller by the NHS Act 2006. **For processing Special Category Data (e.g. health):** No special categories of personal data will be processed.

4. Relevant stakeholders who have been consulted about data protection and privacy risks (name, role)
Ellen Rule – Director of Transformation Tony Ware – Information Governance Manager Micky Griffith - Fit For the Future Programme Director Becky Parish – Associate Director Engagement and Experience Caroline Smith – Senior Manager Engagement & Inclusion Anthony Dallimore – Associate Director Communications

5. Describe any data protection and privacy risks identified

• Risk 1 – Unauthorised access to lists of individuals names and job titles and email addresses contained on ToR's, action log, minutes etc.
• Risk 2 – Unauthorised access to surveys completed through the Smart Survey / Engagement HQ systems via hacking the site or accessing the summary reports generated by the system.
• Risk 3 - Unauthorised access to 'hard copy' surveys completed.
• Risk 4 – That paper copy completed surveys or hand delivered letters are delivered to the wrong CCG department.
• Risk 5 – Unauthorised access to the ORH data transfer or business systems containing
    o SWAST ID number
    o Arrival time at a location

6. Describe the risk management measures agreed (what, why, who, when), **including how they will be implemented**
• Risk 1 – Access to the network will only be available to those with a CCG user account with

	approved access by a line manager to the Fit For the Future filing structure and Fit For the Future email account which both have user name and password protection in place.
	• Risk 2 – Access to the Smart Survey / Engagement HQ systems will be limited to the Engagement Team this will be controlled through user name and password protected accounts.
	• Risk 3 – Hard copy surveys will be stored by members of the CCG's Engagement & Experience team and only made available to Programme Team members on request with a business need for the hard copy forms.
	• Risk 4 – Ensure that a procedure is agreed with those responsible at the CCG for post opening and distribution.
	• Risk 5 – The data will be sent to ORH using an NHS.net email account and the egress encrypted file transfer service. ORH will only allow access to its systems using user name and password protection and the data will be stored on the ORH servers in line with the ORH data retention schedules.

7. Approved and signed off by the GCCG IG Lead (Tony Ware)
T Ware. 10/3/20 Updated version DPIA079a approved, by email dated 15/10/20

8. Approved and signed off by the relevant Director (name, signature, role, date)

9. Does this DPIA need to be reviewed? If yes, when?
At the end of the fit For the Future Consultation Process.

The DPIA Process

DPIAs ensure that data protection and privacy are built into projects and new ways of working from the start. The CCG requires all projects to follow the DPIA process as outlined below.

Note that if the DPIA is for a trial or pilot project, the DPIA must cover the evaluation of the outcome at the end of trial/pilot. The evaluation criteria, process and data that will be used for the evaluation must be described in the DPIA and approved before the project starts. This will avoid delays with the evaluation.

The CCG's IG lead, Tony Ware, will provide advice about when a DPIA is required and how to complete it.

Step	Action	Comment
1	Project Lead checks whether a DPIA is required by completing the DPIA screening form in Verto. If the screening points to a DPIA being required, go to step 2.	If the project is not using Verto, obtain the screening form from the IG Lead. If DPIA is not required, send the screening form to the IG Lead – no further actions.
2	Project lead starts the DPIA.	DPIA template is available in Verto or from the IG Lead. The DPIA reference number will be assigned by the IG Lead.

Step	Action	Comment
3	Project lead consults with the IG Lead and all the relevant stakeholders, including the Caldicott Guardian and SIRO if needed.	A stakeholder is anyone who can affect or be affected by the process being proposed. E.g. if data will pass through the DSCRO, the DSCRO Lead is a stakeholder.
4	Project Lead completes the DPIA and circulates it to stakeholders for review.	
5	When all stakeholders agree that the DPIA is correct, the Project Lead sends it to the IG Lead for approval.	The Project Lead must ensure that all stakeholders, including the IG Lead, agree with the content of the DPIA before the Director is asked for approval.
6	If approved, Project Lead asks the relevant CCG Director to approve the DPIA. Project Lead sends the signed copy to the IG Lead for filing.	
7	Project Lead adds any risks identified in the DPIA to the project risk log.	
8	IG Lead adds it to the DPIA register and circulates it to the IG Working Group.	