

Schedule L – DPIA0013 – Child Health (CHIS) via Connected Care Regional Health and Social Care Information Sharing Agreement

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This schedule to the Regional Health and Social Care Information Sharing Agreement provides 14 questions covering five risk categories which when answered objectively offer an initial assessment of the additional risks to privacy posed by the proposed sharing of information.

Where a question gives rise to an affirmative answer, it does not automatically follow that a full scale Data Protection Impact Assessment is required. Each affirmative answer needs to be assessed for materiality (probability and impact) and for ways in which the potential risks can be avoided or materially mitigated with a revised solution or additional measures.

Where a substantial number of questions give rise to an affirmative answer this is a good indicator that a full scale Data Protection Impact Assessment is required and project plans should include the costs and timescales of this activity and any associated consultation that may be needed.

Wherever practical the rationale for an answer should be included with the answer.

Questions relating to “identifying data” and “identification” (questions 3, 5 and 7 to 11) are of heightened importance in the context of Provision of Care for data that has not been anonymised or pseudonymised.

These questions are derived from guidance provided by the Information Commissioner’s Office and from the Information Governance Alliance (*Integrated Digital Care Records: Data Controller Issues*).

Technology Risk

1. Does the proposed change apply new or additional information technologies that have substantial potential for privacy intrusion? ... **No. The technology and processes are tried and proven over many years and have been in use in the specific context of Connected Care since 2016.**

Identity Risk

2. Does the proposed change involve new identifiers, re-use of existing identifiers, or intrusive identification, identity authentication or identity management processes? ... **No. While datasets will all be identifiable using NHS Number this policy is in regular use in health and social care.**
3. Does the proposed change have the effect of denying anonymity and pseudonymity, or converting transactions that could previously be conducted anonymously or pseudonymously into identified transactions? ... **No – The existing approach already requires identifiable data.**

Organisational Risk

4. Does the proposed change involve multiple organisations that do not have a prior history of working together and sharing information? ... **No. All of the partner organisations have a history of working together and sharing.**
5. Does the proposed change involve data processor organisations that do not have a prior history of working with similar shared information? ... **No. All of the partner organisations have a history of working with similar data.**
6. Are new processes and relationships required to manage issues with the technology solution and with the accuracy, consistency and completeness of the shared information? ... **No. This is an extension of a previous sharing arrangement with Connected Care and the technology is tried and proven in the specific context of Connected Care since 2016.**

Data Risk

7. Does the proposed change involve new or significantly changed handling of identifying data that is of particular concern to individuals? ... **No. This is an extension of a previous sharing arrangement with Connected Care and the technology is tried and proven in the specific context of Connected Care since 2016.**
8. Does the proposed change involve new or significantly changed handling of a considerable amount of identifying data about each individual in the database? ... **No. This is an extension of a previous sharing arrangement with Connected Care and the technology is tried and proven in the specific context of Connected Care since 2016.**
9. Does the proposed change involve new or significantly changed handling of personal data about a large number of individuals? ... **No. This is an extension of a previous sharing arrangement with Connected Care and the technology is tried and proven in the specific context of Connected Care since 2016.**
10. Does the proposed change involve new or significantly changed consolidation, inter-linking, cross referencing or matching of identifying data from multiple sources? ... **No. This is an extension of a previous sharing arrangement with Connected Care and the technology is tried and proven in the specific context of Connected Care since 2016.**

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11. Does the proposed change involve the creation of new data outside of the boundaries of the existing source systems? ... **No. This is an extension of a previous sharing arrangement with Connected Care and the technology is tried and proven in the specific context of Connected Care since 2016.**

Exemption and Exclusion Risk

12. Does the proposed change relate to data processing which is in anyway exempt from legislative privacy protections? ... **No.**
13. Does the proposed change’s justification include significant contributions to public security measures? ... **No.**
14. Does the proposed change involve systematic disclosure of identifying data to, or access by, third parties that are not subject to comparable privacy regulation? ... **No.**

Summary of the Initial Data Protection Impact Assessment

The answers to the above risk questions indicate that a DPIA: **is required / ~~is not required~~ (delete as appropriate).**

A previous Initial Data Protection Impact Assessment, which was answered objectively, identified a number of risks requiring mitigation and consequently a full DPIA was conducted.

A new DPIA has not been conducted as the existing assessments (DPIA0013BHFT, DPIA0013GP, DPIA0013RBWM) are considered appropriate and up to date.

<http://www.regisa.uk/documents/DPIA0013BHFTv2Publish.pdf>

<http://www.regisa.uk/documents/DPIA0013GPv2Publish.pdf>

<http://www.regisa.uk/documents/DPIA0013RBWMv2Publish.pdf>

End of Schedule L