

# Regional Health and Social Care Information Sharing Agreement

Data Flow – PC190016 – Connected Care Childrens Social Care (BFC):  
**Schedule K – Processing and Sharing Specification (signature required)**

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## Schedule K – PC190016 – Connected Care Childrens Social Care (BFC) Regional Health and Social Care Information Sharing Agreement

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### Schedule K – PC190016 – Connected Care Childrens Social Care (BFC)

Sharing Requirement Identifier:	PC190016
Sharing Requirement Name:	Connected Care Childrens Social Care (BFC)
Sharing Requirement Start Date:	1st March 2021
Sharing Requirement End Date:	30th April 2023
Sharing Organisation:	{{!org_es_:font(name=calibri,size=10)}}
Direct Care or Other Uses:	Direct care
Risk Sharing and Indemnity:	Out of scope
Sharing Data Contollership:	Joint control with Frimley Health NHS Foundation Trust as lead controller
Data Processor(s):	SoftCat - Graphnet - System C - Microsoft
Status:	Active
Version:	v1

### Summary of the Sharing Requirement Purpose

The purpose of the Berkshire Connected Care Interoperability solution is to enable information about an individual’s medical condition and social care packages and requirements to be shared electronically across subscribing health and social care organisations in order to ensure that the care provided is safe and consistent with patients’ existing risks, diagnoses, conditions, problems, medication and other treatment. These records are known locally as Connected Care.

Unless a patient has opted out from sharing and the sharing organisation has accepted the patient’s opt-out the legal basis for sharing and viewing the shared records includes provisions of Section 251B of the Health and Social Care Act 2012 (as amended by the Health and Social Care (Safety and Quality) Act 2015):

2. The sharing organisation must ensure that the information is disclosed to:
  - (a) persons working for the sharing organisation
  - (b) any other relevant health or adult social care commissioner or provider with whom the sharing organisation communicates about the individual; and
3. So far as the sharing organisation considers that the disclosure is:
  - (a) likely to facilitate the provision to the individual of health services or adult social care in England
  - (b) in the individual’s best interests.

Unless a patient has opted out from sharing and the sharing organisation has accepted the patient’s opt-out the legal basis for viewing the shared records is also provided by General Data Protection Regulation:

1. Article 6(1)e  
“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”; and
2. Article 9(2)h  
“processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services”.

Where access to confidential data is legitimate, the common law duties of confidentiality are satisfied because consent to view a patient’s record is implied where the patient concerned agrees to be referred to a service or where the patient concerned refers themselves or presents to a service.

### Summary of the Processing and Sharing Requirement Process

The technical platform for Connected Care is the CareCentric product from Graphnet Limited. CareCentric is a Microsoft Azure web based secure system that allows secure cross boundary access to patient information held in the shared records.

For the purposes of this schedule the sharing process is as follows:

1. The Connected Care data is extracted from Bracknell Forest Council’s Servelec MOSAIC system;
2. The Connected Care extract process runs every 24 hours;
3. The extracted data is securely transmitted over SFTP to the Graphnet CareCentric data repository by means of a tried and proven data extraction and transfer process;
4. Where data has been modified or deleted within the Servelec MOSAIC system these changes and deletions are reflected within the Connected Care data repository;

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5. Where a data subject's opt-in/opt-out status has changed these changes are also reflected in the update process;
6. The Connected Care data is stored in the CareCentric data repository housed in the fully accredited and secure Graphnet data centre;
7. The Connected Care data is made available to and accessed by health and social care practitioners with a legitimate relationship with the individual, using the CareCentric system and within the constraints set by the Connected Care opt-in/opt-out and consent model; and
8. Subject to a legitimate relationship being established the data is made available through the CareCentric system for viewing by the users in the user organisations identified in this Schedule and in accordance with the User Service Profiles identified in this Schedule.

### Summary of the Sharing Requirement Privacy Arrangements

The privacy arrangements are considered satisfactory as:

1. Access to view data is managed in accordance with the RBAC (Role Based Access Control) arrangements for Connected Care. These are summarised in the section User Access Model below and in Annex K.1 Sharing Service Profiles;
2. The data is accessed in accordance with the opt-in/opt-out and consent model as summarised below and presented in more detail within Annex K.2 Opt-in/opt-out and Consent Model;
3. No data is made available for sharing where a data subject has indicated that the data subject does not want their data to be shared;
4. No data is made available for sharing where a data subject has indicated to the data subject's practice that the data subject does not want their data to be shared and where the practice has recorded this election within the data subject's patient record;
5. Explicit consent to view the shared data relating to an individual who has not opted out is not required for the purpose of provision of care to the patient;
6. Where any of the data controller organisations other than the data subject's practice are notified by the data subject that the data subject does not wish to have the data subject data shared the data controller organisation directs the data subject to the data subject's practice for the purposes of making this election;
7. Data items are not made available for sharing where a practice has indicated that the data items concerned are not to be shared for the data subject concerned;
8. In healthcare data, only the coded data as summarised in Shared Categories of Data below is extracted from the practice clinical systems. A detailed description of the extracted data is presented in Annex K.3 Sharing Dataset Definitions;
9. Connected Care includes an audit trail showing which user accessed a data subject's records;
10. Key security aspects include:
  - a. the physical security of the system servers
  - b. the use of secure Azure web servers for all data transactions
  - c. multi-factor authentication for user access to the system
  - d. role based access profiles to control user permissions
  - e. the Local Authorities are compliant with equivalent PSN security standards; and
11. Representatives from each of the participating partner organisations have completed a thorough review of data security measures and safeguards as well as a physical inspection of the Data Centre that will host the Connected Care solution. The group is satisfied that all appropriate technical and physical measures against unauthorised or unlawful access, accidental loss or destruction of care data are in place.

### The Sharing Organisations (data providers and data controllers)

For the purposes of this sharing requirement the sharing organisations may determine the purpose and use of the personal confidential data including creating, editing, archiving and deleting the data.

The sharing organisations are all organisations of all classes that have:

1. Signed the Regional Health and Social Care Information Sharing Agreement; and
2. Signed a copy of this Schedule to the Regional Health and Social Care Information Sharing Agreement.

## The User Organisations

The following classes of Regional Health and Social Care Information Sharing Agreement member organisations have committed to use the personal confidential data identified in this document at the point of care in a manner compliant with the Regional Health and Social Care Information Sharing Agreement and solely for the purposes defined in this document.

The user organisations include all practice organisations that have:

1. Have signed the Regional Health and Social Care Information Sharing Agreement; and
2. Is the patient's registered practice or are providing care on behalf of the patient's registered practice.

The other classes of user organisation are those organisations that have signed the Regional Health and Social Care Information Sharing Agreement and that are:

1. Independent sector health care providers (including primary care and GP alliances and networks);
2. Independent sector social care providers (adults and children);
3. Local authorities;
4. NHS Trusts, including:
  - a. Acute service providers
  - b. Community service providers
  - c. Emergency services
  - d. Mental health providers
  - e. Specialist service providers; and
5. Voluntary sector providers (commissioned or coordinated by Local Authority and NHS organisations).

## The User Access Model and Service Profiles

The level of detail and the categories of data that can be viewed are dependent on the sector in which the care and services are being provided and the service profile the user is allocated to. There are five user service profiles in the Connected Care role based access control (RBAC) model. These are:

1. Clinical Practitioner;
2. Health Professional;
3. Social Worker;
4. Admin/Clinical Support; and
5. Clerical.

Details of the interaction between the service profiles and the data segments are summarised within Annex K.1 Sharing Service Profiles.

## The Shared Categories of Data

The following categories of data are shared as part of the Regional Health and Social Care Information Sharing Agreement using the Connected Care solution.

While a sharing agreement is only necessary for information regarded as personal confidential data, some of the data identified below is included for the purpose of completeness and not because the data is regarded as personal confidential data.

Data that is shared by the local authorities, by practices, by provider trusts and by independent providers includes:

1. Person Details and Demographics;
2. Admissions;
3. Alerting;
4. Allergies;
5. Appointments Details;
6. Assessment;
7. Associated People;
8. Care Plan Interventions Details;
9. Care Plan Problems Details;
10. Care Plans Details;

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11. Carer Details;
12. Childrens Data;
13. Classification;
14. Diagnosis Details;
15. Diagnostic Tests;
16. Disabilities;
17. Discharges;
18. DOLs (Deprivation of Liberty);
19. Early Interventions;
20. Electronic Documents;
21. Events;
22. Health Promotion;
23. Medications;
24. Next of Kin;
25. Person Details and Demographics;
26. Practitioner;
27. Preventative Procedures;
28. Problems;
29. Procedures;
30. Referrals Details;
31. Results;
32. Risk Management plans;
33. Risks And Warnings;
34. Safeguarding;
35. Service Planning; and
36. Social / Family History.

Further details of each of these data sources are provided in the attached Annex K.3 Sharing Dataset Definitions.

Availability of these categories of data through Connected Care is to be phased in during the period of this sharing specification and not all of the data categories identified above are expected to be available through Connected Care immediately.

By design, the shared primary data excludes particularly sensitive records.

### Summary of the Initial Data Protection Impact Assessment

The project has been carefully designed to place the interests of patients uppermost. Concepts of informed consent and compliance with the Caldicott and Data Protection Principles have been incorporated into the software design.

The design and data protection and security risks and the associated security measures and safeguards have previously been subjected to a detailed and rigorous impact assessment by representatives from each of the participating partner organisations acting together as the IG Steering Group that oversees Connected Care .

Based on its prior approval of [DPIA0001](#) for the Connected Care Clinical Platform and [DPIA0002](#) for the Connected Care Analytics Platform which cover all processing of social care data the Regional Information Governance Steering Group is satisfied that all appropriate technical and physical measures against unauthorised or unlawful access, accidental loss or destruction of care data are in place.

***As a consequence a new Data Protection Impact Assessment is not required.***

### Summary of Consultations

As the uses of the identifiable data covered by this sharing requirement are restricted to the provision of care, no explicit and direct consultation has been carried with the public in respect of this sharing requirement.

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However, patient groups were established in east and west Berkshire for the specific purpose of commenting on the sharing planned and on the information governance put in place to protect the confidentiality of the data. These groups include CCG and Healthwatch patient representatives with other self-selecting volunteers to form groups that have current awareness with health and social care issues.

### Agreement Implementation Status

On behalf of the Sharing Organisation I confirm that the information sharing arrangements described in this schedule are agreed and the information described in this schedule is to be made available to the User Organisations and individuals identified in this schedule starting on the Sharing Requirement Start Date and ending on the Sharing Requirement End Date.

Agreed by **{{!guardian\_es\_:font(name=calibri,size=10)}}** }}  
as Caldicott Guardian / Designated Officer / Data Protection Officer, for and  
on behalf of **{{!org\_es\_:font(name=calibri,size=10)}}** }}  
**{{!addr\_es\_:font(name=calibri,size=10)}}** }}.

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**Annex K.1 – Sharing Service Profiles**

The data access capabilities of each of the Connected Care role profiles is presented in the table below

	<b>User Group:</b>	<b>Clinical Practitioner</b>	<b>Health Professional</b>	<b>Social Worker</b>	<b>Admin/Clinical Support</b>	<b>Clerical</b>
<b>Demographics/ Allergies</b>	Demographics	•	•	•	•	•
	Allergies	•	•	•	•	•
<b>GP Medications</b>	Repeat Medications	•	•	•	•	
	Medications Issued	•	•	•	•	
<b>GP Problems</b>	Active Problems	•	•	•		
	Past Problems	•	•	•		
	Additional Problems	•	•	•		
<b>GP Results</b>	Results	•	•			
<b>GP Lifestyle</b>	Alcohol	•	•	•	•	•
	Smoking	•	•	•	•	•
	Exercise/Diet	•	•	•	•	•
<b>GP Vitals</b>	Height/weight	•	•	•	•	•
	Blood Pressure	•	•	•	•	•
	Physiological Function	•	•	•	•	•
<b>GP Additional Information</b>	GP Encounters	•	•	•	•	
	Vaccs & Imms	•	•			
	Contraindications	•	•		•	
	OTC & Prophylactic Therapy	•	•	•	•	
	GP Family History	•	•	•	•	
	Child Health	•	•			
	Diabetes Diagnosis	•	•			
	Chronic Disease Monitoring	•	•			
	Medication Administration	•	•	•	•	
	Pregnancy, Birth & Post Natal	•	•			
	Contraception & HRT	•	•			
<b>Hospital Activity Summary</b>	Outpatient Activity	•	•	•	•	•
	Inpatient Activity	•	•	•	•	•
	Emergency Activity	•	•	•	•	•
	Dianoses and Procedures	•	•			
<b>Social Care Summary Summary</b>	Case Details	•	•	•	•	
	Case Worker	•	•	•	•	
	Carer Details	•	•	•	•	
	Disabilities	•	•	•	•	
	Risks	•	•	•	•	
<b>Community &amp; Mental Health Summary</b>	Next of Kin/Personal Contacts	•	•	•		
	Inpatient Activity	•	•	•		
	Outpatient Activity	•	•	•		
	Referrals	•	•	•	•	
	Inpatient Activity	•	•	•		
	Outpatient Activity	•	•	•		
	Personal Contacts	•	•	•	•	•
	Diagnoses	•	•	•		
	Care Programme Approach (CPA)	•	•	•		
	Mental Health Act (MHA)	•	•			
	Risk Summary	•	•	•		
	Care Plans	•	•	•		

## Annex K.2 – Opt-in/opt-out and Consent Model

The key opt-in/opt-out and consent model policies for Connect Care are:

1. No data is made available for sharing where an individual has indicated to the data controller organisation that the subject of the data does not want their data to be shared;
2. No data is made available for sharing where a patient has indicated to the patient’s practice that the patient does not want their data to be shared and where the practice has recorded this election within the patient’s record;
3. Explicit consent to view the data of an individual is not required within the Connected Care CareCentric solution for the purpose of the provision of care to the patient; and
4. Consent to view a data subject’s record is implied where the data subject concerned agrees to be referred to a service and where the data subject concerned refers themselves to a service.

## Annex K.3 – Sharing Dataset Definitions

The table below provides detailed definitions for each of the categories of data that are sourced from systems and presented for use through Connected Care.

### Data Categories for the Shared Local Authority Data

Data category	Data item
<b>Person Details and Demographics</b>	Person Identifier
	NHS Number
	Forenames
	Middle Names
	Surnames
	Date of Birth
	Gender
	Address
<b>Person Extended</b>	Email address
	Telephone number
	Mobile number
	Ethnicity
	Religion
	Marital Status
	Interpreter Required
	Disabled
	Secondary Address
	Deceased
	Secondary Address
	Deceased
	Language
	Restricted Person?
	Consent Not Granted
Forename Alias	
Surname Alias	
Purge request	
<b>Referral</b>	Status
	Requester
	Team
	Reason
	Description
	Status
<b>Event</b>	Purge Request
	Status
	Description
	Start Date
	End Date
Reason	



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Data category	Data item
	Status
	Purge Request
<b>Alerts</b>	Description
	Note
	Date
	Created By
	Status
	Purge Request
<b>Disability</b>	Description
	Note
	Status
	Date
<b>Related Person</b>	Relationship Description
	Flag
	Forename
	Surname
	Gender
	BirthDate
	Email Address
	Telephone Number
	Mobile Number
	Address
	NHS Number
	Status
	Purge Request
<b>Practitioner</b>	Role
	Forename
	Surname
	Team
	Address
	Email
	Phone Number
	Mobile Number
	Status
	Purge Request
<b>Classification</b>	Description
	Note
	Status
	Purge

**Data Categories for Other Sources**

Data source	Data category
<b>Acute</b>	Person Details and Demographics
	Allergies
	Diagnostic Tests
	Electronic Documents
	Emergency Attendance
	Inpatient Activity
	Inpatient Admission Waiting List
	Outpatient Activity
	Outpatient Referral
<b>Community and Mental Health</b>	Person Details and Demographics
	Alerts
	Allergies
	Care Plans

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Data source	Data category
	Care Programme Approach (CPA)
	Data category
	Diagnoses
	DOLs
	Inpatient Admissions and History
	Mental Health Act
	Outpatient Appointments and History
	Referrals
	Risk Summary
	Safeguarding
	Service Planning
<b>Primary Care</b>	Person Details and Demographics
	Allergies
	Clinical Documentation
	Events
	Health Promotion
	Medications
	Preventative Procedures
	Problems
	Procedures
	Results
	Social / Family History
<b>Social Care</b>	Person Details and Demographics
	Alerting
	Assessment
	Associated People
	Carer Details
	DOLs
	Safeguarding
	Service Planning

End of Schedule K