

Regional Health and Social Care Information Sharing Agreement

Data Flow – SU200011 – SABP and Connected Care Analytics:

Schedule K – Processing and Sharing Specification (signature required)

Sharing Agreement Narrative and Guidance

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Schedule K – SU200011 – SABP and Connected Care Analytics Regional Health and Social Care Information Sharing Agreement

Schedule K – SU200011 – SABP and Connected Care Analytics

Sharing Requirement Identifier:	SU200011
Sharing Requirement Name:	SABP and Connected Care Analytics (SABP)
Sharing Requirement Start Date:	May 2020
Sharing Requirement End Date:	30 April 2023
Sharing Organisation:	Surrey and Borders Partnership NHS Trust
Direct Care or Other Uses:	Other (secondary) uses
Risk Sharing and Indemnity:	Out of scope
Sharing Data Controllership:	Joint control with Frimley Health NHS Foundation Trust as lead controller
Data Processor(s):	SoftCat - Graphnet - System C - Microsoft
Status:	Active
Version:	V4

Summary of the Sharing Requirement Purpose

The Surrey and Borders Partnership NHS Foundation Trust (SABP) is extending its participation in the Connected Care shared care record service. To date SABP have been accessing Connected Care to consume information content via patient and user context launch (termed 'SSO') from SystmOne core business system and via portal, web browser, login.

The intention is to undertake an immediate, demanding timescale, supply of SABP Mental Health information into Connected Care. Connected Care is a system for sharing information about an individual's medical condition across subscribing health and social care organisations, giving you instant, secure access to health and social care records.

The Connected Care shared care record is a mature Integrated Digital Care Record (IDCR) service provided under the ICS programme with a principal geographic footprint covering Berkshire. There is considerable population and geographic overlap with Surrey in the east of the area including Frimley Health and Surrey Heath CCGs.

The local health and social care economies have identified improved intelligence regarding the local health and social care system as a priority. This is to be delivered through a strong analytics competency that can harness both personal and organisational (e.g. capacity, bed availability) data to create actionable insights, set future vision, improve outcomes and reduce the time required to deliver value to patients and professionals alike. The benefits of this capability include:

1. Improved ability to identify "at risk" individuals and provide appropriate services based on evidence;
2. The information provides improved insight into direct patient care;
3. Timeliness of data. With access to near real-time dashboards there is the potential to rapidly and responsively reconfigure healthcare delivery across the health and social care community;
4. An extension of Connected Care's role as a single trusted repository of data for the whole system;
5. System wide planning and modelling using consistent and commonly understood data sources; and
6. Dashboards and reports can be published in the clinical portal and can be fully embedded operationally within provider source systems.

The Defined Purpose

As required by section 7 of the Regional Health and Social Care Information Sharing Agreement the "defined purpose" for this sharing requirement is:

1. To provide system-wide intelligence using the Connected Care data and the GraphNet Azure data analytics platform; and
2. To provide direct care intelligence **ONLY** analysis views of the data to support whole system planning and analysis covering:
 - a. System wide bed state
 - b. Population health management
 - c. Frailty
 - d. QOF Registers.

Schedule K – SU200011 – SABP and Connected Care Analytics Regional Health and Social Care Information Sharing Agreement

3. While secondary uses capabilities typically support commissioning, commissioning planning, performance and contract management, such purposes are explicitly excluded in this instance and the data provided under this processing and sharing specification **is not to be used for**:
 - a. Operational performance management purposes; or for
 - b. Operational commissioning and commissioning planning purposes including all processes involved in or leading up to:
 - i. services being put out to tender
 - ii. the preparation and or submission of tenders for services.

Additional future use cases or any extension of the above defined purpose for the Connected Care analytics capability will be subject to separate sharing specifications and explicit approval by Surrey and Borders Partnership NHS Foundation Trust (“SABP”).

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 patients 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 Sharing Requirement Process

To bring together both personal and organisational data the analytics capability Connected Care utilises the Graphnet CareCentric solution. The analytics capability within CareCentric utilises a secure UK based instance of the Microsoft Azure platform (UK South and UK West data centre locations).

Data Extraction Process

The data extraction process is as follows:

1. There is no change to the manner in which mental health data is extracted from SABP clinical systems for use within Connected Care;
2. There is also no change to the clinical data extracts from GP systems and from other Acute, Community, Mental Health and Social Care systems for use within Connected Care;
3. Supplementary non-clinical data covering topics such as capacity and bed state are provided to Connected Care by all the Acute, Community, Mental Health and Social Care organisations daily;
4. An encrypted copy of the above data is passed from the core CareCentric operational data repository to the CareCentric Azure-based data warehouse on a near real time basis. This replication of the operational data within a separate warehouse protects the performance of the operational CareCentric database; and

Schedule K – SU200011 – SABP and Connected Care Analytics Regional Health and Social Care Information Sharing Agreement

5. The Connected Care data is loaded into the data warehouse and configured for use through the Connected Care CareCentric dashboards and Intelligence and analytics data views (referred to as “Data Marts” here).

Data Analysis Process

The data analysis process is as set out below:

6. As indicated above, the Connected Care data is loaded into the Azure-based data warehouse and configured for use through the Connected Care Intelligence and analytics data views (referred to as “Data Marts”). These Data Marts are:
 - a. Data Mart 1 – Identifiable data for use by clinicians and social care professionals with a legitimate relationship and purpose
 - b. Data Mart 2 – Pseudonymised data for use by individuals involved in the management of cohorts of service users, services themselves, pathways, etc
 - c. Data Mart 3, - Fully anonymised data for use in activities such as commissioning and research;
7. From the combination of SABP data and other disparate data sources from other trusts and providers within Connected Care, the Data Marts provide unified, local health and social care economy wide data sets for:
 - a. A&E activity
 - b. Inpatient episodes
 - c. Inpatient spells
 - d. Outpatient activity;
8. Analytics users are allocated to an analytics user role as described in User Access Profiles below; and
9. Analytics users make use of the data available through the Data Mart to support whole system planning and analysis covering:
 - a. System wide bed state
 - b. Population health management
 - c. Frailty
 - d. QOF Registers.

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 Profiles below;
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. Data items are not made available for sharing where a practice has indicated that the data items concerned are not to be shared;
4. Only the data summarised in Shared Categories of Data below is extracted from the practice clinical systems;
5. Sensitive diagnoses are excluded;
6. Connected Care includes an audit trail showing which user accessed a data subject’s records;
7. Key security aspects include:
 - a. the physical security of the system servers
 - b. the use of HSCN 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
8. 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. Local authorities; and
2. NHS Trusts, including:
 - a. Acute service providers
 - b. Community service providers
 - c. Emergency services
 - d. Mental health providers
 - e. Specialist service providers.

The User Access Profiles

There are four user access profiles in the Connected Care role-based access control (RBAC) model for intelligence. These are:

1. Professional – which provides access to Data Mart 1 and permits analysis using identifiable data;
2. Management – which provides access to Data Mart 2 and permits analysis using pseudonymous data;
3. Commissioning – which provides access to Data Mart 3 and permits analysis using anonymous data; and
4. Administrator – which is used to control access and define analyses.

For the purposes of this sharing specification, the Commissioning user profile will NOT be made available for use.

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.

Schedule K – SU200011 – SABP and Connected Care Analytics Regional Health and Social Care Information Sharing Agreement

The categories of patient data shared from Surrey and Borders Partnership NHS Trust (SABP) SystemOne clinical system are:

1. Demographics
2. Mental Health:
 - a. CPA Episodes
 - b. CPA Level
 - c. Diagnosis
 - d. Mental Health Act
 - e. Early Intervention in Psychosis
3. Referrals
4. Risk assessments
5. Risk Scores

Data that is shared by practices, the local authorities and other provider trusts for use alongside the abovementioned includes:

6. Person Details and Demographics;
7. Admissions;
8. Appointments Details;
9. Assessment;
10. Associated People;
11. Carer Details;
12. Diagnosis Details;
13. Diagnostic Tests;
14. Discharges;
15. DOLs (Deprivation of Liberty);
16. Early Interventions;
17. Electronic Documents;
18. Events;
19. Health Promotion;
20. Referrals Details;
21. Results;
22. Social / Family History; and
23. Service Planning.

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

By design, the linked general practice data excludes particularly sensitive diagnoses and records.

Summary of the Data Protection Impact Assessment

Surrey and Borders Partnership NHS Foundation Trust (SABP) has joined the local Shared Care Records programmes.

Shared Care Records are a local, digital shared care record for health and care professionals across the Integrated Care Systems. The Shared Care Records allow the secure sharing of health and care data between authorised health and care professionals for the purposes of delivering safer, quicker, more personalised and coordinated local health and care services. This is a text file-based type of integration dedicated to daily clinical shared data record exchange between SystemOne and Graphnet's signature software application product called Care Centric. This 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.

Schedule K – SU200011 – SABP and Connected Care Analytics Regional Health and Social Care Information Sharing Agreement

Connected Care is the name of the system that enables access to health and social care records across Frimley ICS and Berkshire West ICP, with neighbouring partners' information from Hampshire. This will be for people registered with a GP in North East Hants and Farnham and Surrey Heath.

The local health and social care economies participating in Connected Care have identified improved intelligence regarding the local health and social care system as a priority. This is to be delivered through a strong analytics competency that can harness both personal and organisational (e.g. capacity, bed availability) data to create actionable insights, set future vision, improve outcomes and reduce the time required to deliver value to patients and professionals alike.

The scope of the data to be shared by SABP includes both children's and adult data from our multi-unit SystemOne structure including, our Main Services and Learning Disabilities Unit, Perinatal Mental Health Unit, and Adult Single Point of Access Unit. SABP has since extended the scope of data shared to I-Access (Drug and Alcohol) and GP Integrated Mental Health Services data.

SABP have consulted the following stakeholders during the completion of the DPIA:

- Data Protection Officer
- Caldicott Guardian and Chief Digital and Information Officer
- Communications Department
- Surrey and Borders SystemOne Users
- Wider SABP staff and Foundation Trust Governors
- Patient and Carer Advocacy Groups and Involvement Networks e.g.
 - Healthwatch
 - Forum of Carers and People who Use Services
 - Carers Action Group Foundation Trust Members
- People who use our services and carers

The scope of the data to be shared by SABP includes both children's and adult data from our multi-unit SystemOne structure including, our Main Services and Learning Disabilities Unit, Perinatal Mental Health Unit and Adult Single Point of Access Unit. The data sharing has now been extended to include our i-Access (Drug and Alcohol) and GP Integrated Mental Health Services data.

It is the recommendation of the Data Protection Impact Assessment that the sharing of information for Connected Care is appropriately secure. 14 areas of risk have been identified, documented and assessed in the DPIA and following further assessment of the risk mitigation measures the residual risk is considered low or medium.

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.

However, patient groups were established in Surrey 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.

Schedule K – SU200011 – SABP and Connected Care Analytics Regional Health and Social Care Information Sharing Agreement

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 Matt McCormick as Senior Responsible Officer, Louis Lau as Data Protection Officer and Toby Avery as Caldicott Guardian / Designated Officer / Data Protection Officer, for and on behalf of Surrey and Borders Partnership NHS Trust.

End of Schedule K