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# *Data Protection Impact Assessment*

***Short form for temporary usage on projects to maintain running of essential services during the COVID-19 outbreak***

This is simplified Data Protection Impact Assessment (DPIA) that has been developed for use with urgent Data Protection developments during the COVID-19 Coronavirus outbreak, to not delay the development / deployment of essential services during the pandemic. It has been designed to ensure rudimentary due diligence in line with Data Protection legislation, to capture and manage any immediate Data Protection concerns. It does not cover all elements required of a standard DPIA that would be used within a Business as Usual scenario. Consequently, **once the immediate pandemic situation has subsided, the Team implementing the project to which this DPIA relates will be required to complete a full retrospective DPIA**.

The Civil Contingencies Act enables sharing of Personal and ‘Special Categories’ (including health) data to be shared between Category 1 and Category 2 responders. **This short DPIA should only be used where information is requested by one of the organisations listed on page 3 to support the emergency response.**

**Step 1: Project Administration**

**Lead organisation:** *Dr Rasib & Partners*

**Project Title: CoVid-19 Vaccination Programme**

**Senior contact person for the project:**

Name: *Sam Rasib*

Job Title: *Managing Partner*

Email: *s.rasib@nhs.net*

Extension/Mobile Number: *07846 579024*

**Date:** *December 2020*

**Name of person completing this form**: Paul Could &

**Job title of person completing this form: Data Protection Officer**

**Organisation person completing this form belongs to:**

**Step 2: Project Details**

2.1 What are the full details and rationale of the project?

To facilitate Direct Patient Care and to enable health and care professionals share patients’ data in the current event/situation which threatens serious damage to human welfare, in accordance with the Civil Contingencies Act 2004.

There is an urgent need for health and care professionals to share personal data concerning health in order to help the NHS stem the rise of **COVID-19.**

To enable staff and agency/workers from other agencies to access patient data as a data processor to administer and manage CoVid-19 Vaccinations, records keeping and processing of patient data, in accordance with Covid-19 – Notice under Regulation 3(4) of the Health Service Control of Patient Information Regulations 2002

2.2 What is the name of the system / application to be used?

*Pinnacle*

2.3 Is the system / application being used in any similar organisation to this, and if so, which?

*Not Sure*

2.4 Outline any risks to service users (or other) of the project not going ahead at this point in time:

Risks of poor vaccination roll out include further damage to public health, the economy and the vital interest of our most vulnerable patients.

**Step 3: Risk Assessment and Mitigation**

3.1 Are there any risks to the **Confidentiality** of personal data? *Confidentiality is defined as unauthorised disclosure of, or access to, personal data.*

None. Access is in the best interest of the patient in order to receive care.

**The legal basis and justification are as follows:**

**Covid-19 – Notice under Regulation 3(4) of the Health Service Control of Patient Information Regulations 2002**

**Coronavirus Act 2020**

**Civil Contingencies Act 2004 defines an “emergency” as:**

* an event or situation which threatens serious damage to human welfare in a place in the United Kingdom;
* an event or situation which threatens serious damage to the environment of a place in the United Kingdom, or
* war, or terrorism, which threatens serious damage to the security of the United Kingdom.

**General Data Protection Regulation (GDPR) 2016:**

* GDPR [Article 9 (2) (C) – theprocessing is necessary to protect the vital interests of the data subject](https://gdpr-info.eu/art-9-gdpr/);
* GDPR[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 on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards](https://gdpr-info.eu/art-9-gdpr/)**.**

**Data Protection Act (DPA) 2018:**

* [In accordance with DPA Schedule 1, Part 3, (30) (b) the conditions for protecting individual’s vital interests is met where the data subject is physically or legally incapable of giving consent.](http://www.legislation.gov.uk/ukpga/2018/12/schedule/1/enacted)
* The lawfulness of sharing/processing personal data concerning health set out in [Article 9 (2) (h)](https://gdpr-info.eu/art-9-gdpr/) of the GDPR (as above) is permitted under [DPA Section 10 (health and social care purposes)](http://www.legislation.gov.uk/ukpga/2018/12/section/10/enacted).
* [Health or social care purposes](http://www.legislation.gov.uk/ukpga/2018/12/schedule/1/enacted) means the purposes of:
1. preventive or occupational medicine;
2. medical diagnosis;
3. the provision of health care or treatment;
4. the provision of social care, or

the management of health care systems or services or social care systems or services.

3.2 Are there any risks to the **Integrity** of personal data? *Integrity is defined as unauthorised or accidental alteration of personal data.*

None.

Access will be on a strict ‘Need to Know’ basis and managed in line with the access rights that health/care professionals already have within their source system.

Access to personal data concerning health will be carried out –

1. by or under the responsibility of a health professional, or
2. by another person who in the circumstances owes a duty of confidentiality under an enactment or rule of law.

3.3 Are there any risks to the **Availability** of personal data? *Availability is defined as unauthorised or accidental loss of access to, or destruction of personal data.*

No -data kept on site or shared lawfully.

3.4 Are there any known or immediate technical / IT / Information Security / Cyber Security concerns?

No

3.5 If the answer is “Yes” to 3.1, 3.2, 3.3 or 3.4 how are these to be Reduced or Mitigated?

No

3.6 Once the mitigations in 3.5 are implemented, how would you score any remaining risk in the following Risk Assessment? If you consider that there are no remaining risks give a value of 1 for both Likelihood and Severity.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Likelihood** *(please tick)* |  | **Severity** *(please tick)* | **=** |  |
| **1** |  | Rare | **1** |  | Negligible |
| **2** |  | Unlikely | **2** |  | Minor |
| **3** |  | Possible | **3** |  | Moderate |
| **4** |  | Likely | **4** |  | Major |
| **5** |  | Almost certain | **5** |  | Catastrophic |

Any risks scoring above 6 will need to be reviewed by the organisations Senior Information Risk Owner, Data Protection Officer or where these staff are unavailable due to the outbreak, a Directorial member of staff.

**Step 4: Civil Contingencies Act**

4.1 Select all organisations below who are involved in this project:

Please see over for details of which organisations are considered within these categories:-

|  |  |  |  |
| --- | --- | --- | --- |
| **CATEGORY 1 RESPONDERS** |  | **CATEGORY 2 RESPONDERS** |  |
| Emergencies services |  | Utilities |  |
| Local authorities |  | Transport |  |
| Health bodies | X | Government agencies |  |
| Government agencies |  |  |  |

**Step 5: Project Sign-Off**

This DPIA will be prioritised by the IG Team for review and sign off. For those scoring above 6 in Q3.6 this must be reviewed by the CSU’s or relevant CCG’s Senior Information Risk Owner, Data Protection Officer or where these staff are unavailable due to the outbreak, a Directorial member of staff, demonstrating that risks have been acknowledged and accepted for the duration of the pandemic, and will be added to the CSU or relevant CCGs Risk Register.

Name: Sam Rasib

Job Title: Managing Partner

Email: s.rasib@nhs.net

Extension/Mobile Number: 07846 579024

Date: 23/03/2020

For projects requiring SIRO or DPO sign off:

Name:

Job Title:

Email:

Extension/Mobile Number:

Date:

**APPENDIX A**

**Category 1 and 2 organisations**

|  |  |
| --- | --- |
| **Category 1 responders (“core responders”)** | **Category 2 responders (“co-operating responders”)** |
| **Emergencies services** | **Utilities** |
| * Police forces
 | * Electricity distributors and transmitters
 |
| * British Transport Police
 | * Gas distributors
 |
| * Fire authorities
 | * Water and sewerage undertakers
 |
| * Ambulance services
 | * Telephone service providers (fixed and mobile)
 |
| * Maritime and Coastguard Agency
 | **Transport** |
| **Local authorities** | * Network Rail
 |
| * All principal local authorities (i.e. metropolitan districts, shire counties, shire districts, shire unitaries)
 | * Train Operating Companies (passenger and freight)
 |
| * Port Health Authorities
 | * London Underground
 |
| **Health bodies** | * Transport for London
 |
| * CCGs and CSUs
 | * Airport operators
 |
| * Acute Trusts
 | * Harbour authorities
 |
| * Foundation Trusts
 | * Highways Agency
 |
| * Local Health Boards (in Wales)
 | **Government agencies** |
| * Any Welsh NHS Trust which provides public health services
 | * Health and Safety Executive
 |
| * Health Protection Agency
 |  |
| **Government agencies** |  |
| * Environment Agency
 |  |
| * Scottish Environment Agency
 |  |