**Data Protection Impact Assessment:** if you are processing personal information you must consider completing a DPIA (Covid Short Form)

Complete by Emma Tucker

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| **Screening Checklist (Highlight in red which apply)** |
| Use new technologies, or Innovative technological or organisational solutions.  | Process personal data which could result in a risk of physical harm in the event of a security breach.  |
| Combine, compare or match data from multiple sources or process special category data or criminal offence data on a large scale’ | Processing of sensitive data or data of a highly personal nature, or process data concerning vulnerable data subjects. |
| Use automated decision making or special category data to help make decisions someone’s access to a service, opportunity or benefit  | Process personal data without providing a privacy notice directly to the individual |

**Your Covid Recovery (Feb 2021)**

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| **Step 1: What Is this DPIA for?** |
| What data is going to be processed, how, and to what end?Identifiers and health information related to recovery from COVID. Patients will enter name and NHS number as identifiable data. They will then log outcome measures according to symptoms, and progress through graded and appropriate exercise tasks and components. Clinicians will use this data to support management of symptoms and aid and progress rehabilitation strategies accordingly.  |

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| **Step 2: Describe the processing** |
| **Nature*** How will you collect, use, store and delete data:

Patients input data via the yourcovidrecovery website. The web based programme processes patient information and provides a summary of the outcomes, patient involvement and progression through the exercise component, and it is this data which will be observed regularly by the Trust clinician dashboard. * Where is the data from, is it to be shared, with who, what is the flow:

Data is processed via the yourcovidrecovery website, which is an external process. A clinical summary is provided to the Trust and this is accessed by Trust clinicians on a regular monitoring basis.* Is any high-risk processing involved: No
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|  **Scope*** What data is it, is it special category:

Yes, Patient identifiable health data, symptom specific, relating to post COVID recovery.* Volume collected and used, number of people, frequency:

Potentially up to 200 patients will participate and up to 10 Trust staff will access and monitor the patients on a daily basis.* Storage period, area covered:

The Trust will process data from assessment to discharge from service (approx. 3-6 months. UHL may retain records beyond statutory period (20 years from last date of which content was added) set by the Public Records Act, 1958. An opt in process is utilised to recruit patients. The retention is for research purposes. Patients are recruited following referral and assessment into the Post COVID Rehab Service. If deemed suitable for the YCR platform following an assessment they are informed regarding the programme, what it entails and how we as a service will monitor their progress and can be communicated with via the website communication link. They will then be given a code (generated following our service inputting data into the platform) which will be verbally given to the patient to log into the site. |
|  **Context*** Relationship with individuals, control by them, is there a reasonable expectation:

The specific treatment / exercise component of the yourcovidrecovery website is available to those patients who consent to use it and have been assessed as ‘safe to exercise’ by a qualified clinician. The patient will be fully informed about the operation of the website and its ownership by UHL. Patients expected to interact with web based platform on a regular basis throughout the week to enable close monitoring of symptoms and progression of rehab. Recruitment and participation will give rise to a reasonable expectation about how information relating to the patients will be processed.* State of technology, public concern, code of conduct or certification scheme:

Web based exercise platforms are increasingly used to aid and monitor provision of healthcare and patient care and recovery. COVID has caused significant impact on patients and care pathways supporting recovery are being developed, enabling clinicians to target large patient populations. UHL have been funded by NHSE to provide this rehabilitation pathway to support post COVID recovery (NICE recommendations) and the Trust has completed due diligence in relation to the product. UHL have provided their assessment and DPIA, and an Information Sharing Agreement will also be in place. |
|  **Purposes** * Aim and effect on individuals:

The web based platform is for healthcare purposes and is designed to aid long term COVID recovery. Patients are assured that they are being monitored in order to engage in rehab strategies and symptom management. There is an increased ability to communicate with clinicians and resolve issues related to rehabilitation in a timely manner. * Benefits for Trust, you, or others:

Ability to manage large numbers of patients, rehabilitate and exercise conveniently and safely, recognise deterioration of symptoms and act accordingly, reducing other primary care contact, more controlled method of communication between clinicians and patients – shared responsibility. There is potential to achieve wide scale health benefits. The intervention, and the use of information, is necessary and proportionate. |

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| **Step 3: Consultation process** |
| * What stakeholders, sought views, why not:

Discussed within CCG, collective of AHP’s involved in clinical management of patients. Patients have expressed enthusiasm for the app during informal discussion. NHSE / NICE recommended management of large numbers of patients suffering with symptoms post COVID – particularly patients managed in hospital.* Others involved in Trust, outside processors, security or other experts:

IG, OHFT Data contractors.Trust clinicians will only be able to access the dashboard that have a direct relationship with the Post COVID Rehab service and have an assigned log in and password. |

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| **Step 4: Assess necessity and proportionality**  |
| * Lawful basis, does processing achieve purpose, alternatives:

Consent is the lawful basis and patients consent to use the app, Article 6 (1)(a) applies as does 9(2)(a) & (h)* Function creep, accuracy, data minimisation:

Use of information for research purposes by the Trust is under consideration. Pseudonymisation and anonymisation will be performed for monitoring, evaluation and research.* Information for individuals, supporting rights:

Participants will be provided with information about the web based platform and how it processes data about them.* Processor compliance, international transfers:

UHL is a data controller with respect to information in the website and their facilities. There will be no international transfers. |

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| **Step 5: Risk Assessment and Mitigation** |
| Describe source of risk and nature of potential impact on individuals. Include associated compliance and corporate risks as necessary. | Likelihood of harm1 to 5 | Severity of harm1 to 5 | Overall risk1 x 2 |
| Data LossUnlawful processing | 11 | 33 | 33 |

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| **6: Measures to reduce or eliminate risks identified as medium or high risk above** |
| Options to reduce or eliminate risk. | Effect on risk | Residual risk | Measure approved |
| Deletion Record audit trailDue diligence | 111 | 222 |  |

Step 7: Sign off and record outcomes

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| **Item**  | **Name/date** | **Notes** |
| Measures approved by: |  | Integrate actions back into project plan, with date and responsibility for completion |
| Residual risks approved by: |  | If accepting any residual high risk, consult the ICO before going ahead |
| DPO advice provided: |  | DPO should advise on compliance, step 6 measures and whether processing can proceed |
| Summary of DPO advice:10/02/2021 – further questions relayed to Emma Tucker.16/02/2021 - Summary of DPO advice: patients are introduced to a third party, they must clearly understand and be provided with information which makes this explicit in order that they can make an informed choice and are able to choose to participate freely. |
| DPO advice accepted or overruled by: | Mark Underwood, DDPO, 16 February 2021 | If overruled, you must explain your reasons |
| Comments: |