

ICS and Connected Care Platform Initial Project Request Form

This document supports an initial assessment for new and revised information processing and sharing requirements that make use of the Connected Care and ICS analytics platforms.

Please read the completion notes at the bottom of the form which will assist in completing the form.

Summary of the request

(Completion notes are included at the end of the form.)

<i>Project name</i>	Unscheduled Care Notification – Community Matron and Crisis Teams
<i>Date</i>	9 th December 2019
<i>Sponsor and sponsoring organisation</i>	[deleted]
<i>Summary of the project purpose</i>	The purpose of the report is to provide case managers with a summary view of their patients that have experienced an episode of unscheduled care in the preceding days.
<i>Summary of the project benefits</i>	<p>The benefits of the Connected Care Unscheduled Care Notification report are:</p> <ol style="list-style-type: none"> 1. Allows the Matrons to improve their preparation and planning for patient care after discharge, reducing the risk of a delay in patient discharge 2. Allows the Matrons to exchange relevant information with the acute care team to improve the patients care while in hospital and reduce the risk of avoidable or extended hospital stays 3. Reduces the risk of Matrons making a home visit when the patient is not there due to an unscheduled care episode 4. Time and effort currently spent trying to locate or identify if patients have experienced an unscheduled care episode can be better spent on improving patient care.
<i>Legal basis for sharing and processing</i>	<p>The sharing and processing are performed for direct care purposes.</p> <p>The legal basis for sharing and viewing the shared records is Section 251B(2) and 251B(3) of the Health and Social Care Act 2012.</p> <p>The legal basis for viewing the records is also provided by General Data Protection Regulation Articles 6(1)e and 9(2)h.</p> <p>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.</p>
<i>What information is being shared and processed?</i>	<p>The following data is made available:</p> <ol style="list-style-type: none"> 1. Patient NHS# first name, last name; 2. Location of patient (organisation, site, current ward, etc); 3. Patient admission status; 4. Date and Time of Admission/Attendance; 5. Date and Time of Transfer; 6. Date and Time of Discharge; and 7. Admission Speciality 8. Admission Method

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<i>Which organisations are controllers of the information being shared?</i>	The data is held in a data repository with multiple data controllers operating on a joint control basis. The lead controller for the repository is Frimley Health NHS Foundation Trust.
<i>Where is the information currently held?</i>	The data is currently held in the Connected Care analytics platform.
<i>Will the information be anonymised / pseudonymised / identifiable? (Select all that apply)</i>	Identifiable patient information is provided to the patients' direct care case managers.
<i>Which types of organisations will be users of the information?</i>	The users of the information will be NHS Trusts and independent sector healthcare providers: <ol style="list-style-type: none"> 1. Community service providers 2. Mental health providers.
<i>Which analytics platform roles will access the information? (Professional / Management / Commissioning / Administrator ... select all that apply)</i>	Only the professional role will have access to the information.
<i>How is the project transparent to the service user? (Is the use case referred to explicitly or in general terms within published privacy and processing notices?)</i>	Direct care processing requirements are presented to patients as part of multiple privacy and processing notices.
<i>Details of the person completing this project request (name, role, organisation, email, phone)</i>	[deleted]

Additional questions (please only complete if the answers are known)

<i>How is the information going to be kept secure when at rest and in transit?</i>	Data access, protection, security and privacy arrangements are described in the Connected Care Analytics Platform (BI) DPIA.
<i>Does a current DPIA or Initial DPIA exist for the data flows, repository, analytics, views and reports? (If yes, please provide a copy if available.)</i>	A DPIA exists for the Connected Care Analytics Platform (BI)
<i>For how long is the proposed project solution expected to be in use?</i>	For the operational life of the Connected Care Analytics Platform.

IGSG initial assessment (for IGSG completion only)

<i>Is the project purpose and benefits consistent with the legal basis?</i>	Yes. The information provided indicates that the purpose, benefits and legal basis are consistent.
<i>Is the legal basis appropriate to the proposed user roles and user organisations/types of organisation?</i>	Yes. The information provided indicates that the legal basis and the proposed user roles and organisations are compatible. Furthermore, the source data controllers have existing approvals in place for the data concerned to be used for the purposes specified.
<i>Is the information being shared and processed and is its visible form (anonymised / pseudonymised / identifiable)</i>	It is appropriate for identifiable data to be used for this purpose.

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<i>appropriate given the stated purpose and legal basis?</i>	
<i>Where a new or existing DPIA is available, are the risk mitigation measures appropriate given the nature of the shared and processed information?</i>	<p>DPIA0001 (Connected Care Clinical Platform) and DPIA0002 (Connected Care Analytics Platform) cover the Community Nursing Unscheduled Care Notifications processing and uses.</p> <p>A Schedule K document should be prepared for signature by the organisations providing the additional data processing approvals:</p> <ol style="list-style-type: none"> 1. Berkshire Healthcare NHS Foundation Trust (who are providing the caseload and case team data) 2. Frimley Health NHS Foundation Trust (who are providing attendance, admission and discharge data) 3. Royal Berkshire NHS Foundation Trust (who are providing attendance, admission and discharge data)
<i>Details of the person completing this initial assessment on behalf of IGSG (name, role, organisation, email, phone)</i>	[deleted]

Additional Supporting Information Provided

<i>How will the data be processed?</i>	<p>The data is processed in Microsoft PowerBI by comparing team caseload tables within the Community Referrals data source feed in Connected Care to the A&E Attendance and Inpatients data source feeds within Connected Care.</p> <p>NHS number matches found in both the Community Matron or Crisis Team caseloads and the Inpatients / A&E Attendance feeds are formatted and output to the report and assigned to one of three Alert Types:</p> <ul style="list-style-type: none"> • In A&E/ED • Current Admissions • Discharge in last 3 days
<i>Who can see the data?</i>	<p>The report is made available to care team members involved in direct care as approved and requested by Berkshire Healthcare.</p> <p>Graphnet developers and support engineers are able to access the report for development and 2nd line support purposes.</p> <p>Request for access for the approved list of users is submitted to the Cloud access security desk (CAS) by one of the designated Trust Authority Staff within the Frimley ICS.</p>
<i>How long are the data held?</i>	<p>The report is dynamically regenerated every 15 minutes from source data held in Connected Care.</p> <p>The A&E Attendance and Inpatients data feeds are refreshed every 15 minutes, The Community Referrals data feed is refreshed once daily.</p> <p>The report itself does not hold or store data outside of this data refresh window. The source data is held as per the Connected Care data retention schedules.</p>

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	Individual Alerts will continue to be shown on the report for as long as the referral that generated the Alert remains open. This typically varies between 1 day and 2 months.
<i>How do users get access and via what device platform(s) (PC,iPad, phone etc.)?</i>	<p>The report is generated by Microsoft Power BI. Power BI uses Azure Active Directory (AAD) to authenticate users.</p> <p>The users will receive a Hypertext Transfer Protocol Secure (https) link with Transport Layer Security (TLS) encryption via email to login to the Microsoft Power BI service using the email address submitted by the customer Trust Authority as their effective username.</p> <p>The effective username is mapped to a User Principal Name (UPN) and resolved to the users associated Microsoft Windows domain account so that the recipients are prompted to enter their Microsoft account login credentials before being granted access to the report within the Power BI platform.</p> <p>The first release provides a report designed for viewing on desktop or laptop PCs or iPads. A version designed for use on phones is planned but is not included in this release.</p>

Completion notes

If you have any urgent questions when completing the above, please contact the Connected Care programme team.

IGSG will be able to give an initial opinion regarding IG feasibility if requests are completed with a similar level of detail. IGSG approval for active use must be requested after development completes.

In addition to GDPR art.9(2)h as a legal basis for processing as presented in the example, with respect to the analytics platform, legal bases can include:

1. Art.9(2)g
“processing is necessary for reasons of substantial public interest, on the basis of Union or Member State law” ... typically appropriate for Commissioning use cases;
2. Art.9(2)i
“processing is necessary for reasons of public interest in the area of public health”; and
3. Art.9(2)j
“processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes”.

If the data is to be used based on art.9(2)g then an appropriate, approved and current Data Use Policy must exist.

IGSG will be looking in particular for a clear and unambiguous correlation between:

1. Purpose;
2. Legal basis; and
3. Visibility (*anonymised / pseudonymised / identifiable*).

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Where made available for use through the Connected Care analytics platform the data views are presented through “Data Marts”. These Data Marts are:

1. Data Mart 1 – **Identifiable data** for use by clinicians and social care professionals with a legitimate relationship and purpose. Data is only accessible through this Mart for users with a “professional” role;
2. Data Mart 2 – **Pseudonymised data** for use by individuals involved in the management of cohorts of service users, services themselves, pathways, etc. Data is only accessible through this Mart for users with “management” and “professional”; and
3. Data Mart 3, – **Fully anonymised data** for use in activities such as commissioning and research. Data is accessible through this Mart for users with “commissioning”, “management” and “professional” roles.

Research processing is subject to additional data access controls.

Finally, if IGSG determines that an existing approved use case can be applied to a new request the IGSG approval process and documentation requirements can be streamlined.