

Regional Health and Social Care Information Sharing Agreement

Data Protection Impact Assessment – Mental Health Integrated Community Service (Surrey Heath and North East Hampshire and Farnham)

For approval by:

Lead Controller Data Protection Officer	(signature required)
GP Data Protection Officers (practices)	(signatures required)
Lead Director responsible for all mitigations	(signature required)

Contents

Data Protection Impact Assessment – DPIA0028 – Mental Health Integrated Community Service	2
Rationale for Conducting a Data Protection Impact Assessment	2
Summary of the Processing and Sharing Requirement Purpose	2
Summary of the Legal Basis for Processing and Sharing	3
Summary of the Processing and Sharing Requirement Process	3
The Roles Involved	3
The Processing and Sharing Process	4
Processing and Sharing Privacy Arrangements	6
The Scope of the Data Controller Organisations Involved in the Processing	6
The Scope of the Data Processed and Shared	6
Necessity and Proportionality	8
Summary of Consultations	8
Risks – identified and assessed (prior to mitigation and controls)	9
Measures to reduce risks	9
Data Protection Impact Assessment Signature and Approvals Page	12
Lead Controller’s Data Protection Officer	12
General Practice Data Controller Data Protection Officers	12
Lead Controller’s Lead Director	12

Visit www.regisa.uk

Data Protection Impact Assessment – DPIA0028 – Mental Health Integrated Community Service

DPIA Identifier:	DPIA0028
DPIA Name:	Mental Health Integrated Community Service
DPIA Effective Date:	28th April 2020
DPIA Review/End Date:	30 th Sept 2020
Direct Care or Other Uses:	Direct Care
Sharing Data Controllership:	Joint control with Surrey and Borders Partnership NHs Foundation Trust (SABP) as the lead controller
Information Assets:	Interim Tactical Solution (ITS), GP clinical systems, SABP SystmOne, SABP shared mailboxes
Data Processor(s):	GP Federation, GP clinical system supplier, NHS Digital, Voluntary sector and Social Enterprise providers
Status:	Active
Version:	v1.1

This schedule to the Regional Health and Social Care Information Sharing Agreement provides a Data Protection Impact Assessment (DPIA) for the above processing and sharing arrangements. It is based in part on the pre-existing Community Mental Health Transformation Programme (CMHTP) impact assessment document drafted by external consultants.

Rationale for Conducting a Data Protection Impact Assessment

An assessment has been carried out that indicates the requirement for a new DPIA for the Community Mental Health Transformation Programme (CMHTP). CMHTP includes the implementation of the Mental Health Integrated Community Service (MHICS) which is a new facility involving a large number of controllers and processors across the Surrey Heartlands and the Frimley ICS.

Summary of the Processing and Sharing Requirement Purpose

The Community Mental Health Transformation Programme (CMHTP) and the Frimley Mental Health Integrated Community Service (MHICS) are designed to deliver support closer to communities by providing services focussed on Primary Care Network (PCN) populations, building on community assets and involving voluntary sector, housing & social care partners.

The model will improve access to NICE-recommended interventions where required with increased and easy access in and out of highly specialised psychological therapies for people with Serious Mental Illness and those with complex mental health difficulties associated with traits of or a diagnosis of personality disorder.

The patient groups within the scope of the joint processing and sharing arrangements are:

1. Service users in primary care with unmet needs:
 - a. Not meeting secondary care Community and Mental Health Recovery Services (CMHRS) and Improving Access to Psychological Therapies (IAPT) criteria, or where patients are not appropriate for IAPT
 - b. Difficulty accessing the right services
 - c. Utilise services in potentially chaotic patterns; physical health concerns, medication dependence, substance misuse, co-morbid physical long-term conditions contributing to poor mental health
 - d. 'Held' by GPs as frequent attenders, absorbing excessive non-medical short-term prop-up interventions;
2. People in secondary care mental health services that can alternatively receive recovery focused services in primary care:
 - a. Seamless step-up and step-down as required
 - b. With potential shared care arrangements for medication. These typically comprise stable psychotic and mood disorders, and emotionally unstable personality disorder; and
3. Physical health of SMI patients in primary care:
 - a. Supporting primary care to improve their delivery of physical health checks and facilitating bridging to evidence based interventions for people on the SMI registers

The approach will remove unhelpful thresholds and barriers through the deployment of a trusted assessor model.

Care can be stepped up and stepped down flexibly without the need for time-consuming referrals and multiple assessments processes.

Data Protection Impact Assessment – DPIA0028 – Mental Health Integrated Community Service Regional Health and Social Care Information Sharing Agreement

Practices working together as Primary Care Networks (PCNs) have employed administrative staff (the “MHICS Administrators”) through their respective GP federations to work within the practices as part of the CMHTP MHICS. MHICS operates under Surrey and Borders Partnership NHS Foundation Trust’s (SABP) CQC registration.

Summary of the Legal Basis for Processing and Sharing

Unless a patient has objected to processing or joint processing and sharing and the sharing organisation has accepted the patient’s objection(s) 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 objected to processing or joint processing and sharing and the sharing organisation has accepted the patient’s objection 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, on the basis of Union or Member state laws.”.
3. The ‘official authority’ and the ‘member state laws’ establish the legal bases that organisations rely upon for the need to share and jointly process data to deliver care.

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.

In general patients are made aware of data sharing either via ‘fair processing notices’, specific discussion with care staff or in most cases by both methods.

For MHICS, the individual patients and clients concerned are provided with a MHICS-specific information leaflet which includes key processing and privacy notice content.

Summary of the Processing and Sharing Requirement Process

The processing and sharing requirement is described in terms of:

1. The roles involved;
2. The processing and sharing process;
3. The processing and sharing privacy arrangements;
4. The scope of the organisations involved in the processing and sharing arrangements; and
5. The scope of the data processed and shared.

The Roles Involved

The roles involved in the joint processing and sharing arrangements and their employing organisations are as follows:

1. Practices (as data controllers) – Practice staff as appropriate in each case;
2. GP Federations (or equivalent as data processors on behalf of SABP and practices) – MHICS Administrator;
3. SABP (as data controller):
 - a. Clinical Lead
 - b. Mental Health Practitioner (MHP)
 - c. Consultant Psychiatrist
 - d. Mental Health Pharmacist; and

4. Voluntary Care and Social Enterprise providers – Community Connections Link Workers (as data processors on behalf of SABP).

The Processing and Sharing Process

The joint processing and sharing arrangements for MHICS are as follows:

1. Raising the Request for Service (RFS) [General Practice]:
 - a. The GP or other staff member completes the Request for Service (RFS) template within the GP clinical system.
 - b. For Surrey Heath practices the SPA/LAP forms may also be used as the RFS.
2. The RFS is emailed via NHS mail by the practice as an attachment to [General Practice]:
 - a. For North East Hampshire and Farnham practices – the respective MHICS PCN email account managed by the MHICS Administrator and hosted on the SABP systems
 - b. For Surrey Heath practices – the Surrey Heath Single Point of Access (SPA/ICT/LAP)
 - c. For Surrey Heath practices, the SPA forwards the RFS to the MHICS PCN email account managed by the MHICS Administrator and hosted on the SABP systems.
3. RFS received / Create RFS record [GP Federation on behalf of SABP]:
 - a. The MHICS Administrator receives the RFS and reviews it to ensure that all information is complete. Incomplete RFS documents are returned to the practice by email for completion.
 - b. For completed RFS documents, the MHICS Administrator uses the information in the RFS document to manually create an electronic patient record in the ITS using the NHS Number as a unique identifier. Once submitted to the ITS, the information entered is locked and cannot be amended. Records can be amended for data quality reasons where the user has the appropriate access rights (System Administrators and MHICS Administrators only).
 - c. The RFS itself is also uploaded into the ITS.
 - d. Once the RFS has been created within the ITS and saved, the RFS status will be set to 'Awaiting Allocation'.
 - e. The MHICS Administrator is responsible for manually entering the data and checking that the data entry is complete and succinct. The ITS solution has defined mandatory fields and validation rules have been implemented, for example:
 - i. The form cannot be saved unless the mandatory fields are populated
 - ii. NHS number must meet the prescribed formatsIn conjunction with point 7 below, the Mental Health Practitioner or Clinical Lead will also verify the information during contact with the patient or when reviewing information within SystmOne or EMIS. This is identified within the Standard Operating procedures.
4. RFS review, assessment and allocation [SABP]:
 - a. The Mental Health Practitioner will use filters within the ITS to action all items which are 'Awaiting Allocation'.
 - b. The Mental Health Practitioner accesses the RFS record in the ITS and records the assessment and allocation outcome within the ITS.
 - c. During this activity the Mental Health Practitioner may also consult the patient record in the GP clinical system and SABP SystmOne to review pertinent patient information relating to presentation of risk and complexity.
 - d. Once the RFS has been assessed and saved the Mental Health Practitioner will set the status to 'Allocated'
5. Assessment and allocation outcome [GP Federation on behalf of SABP]:
 - a. The MHICS Administrator accesses the assessment and allocation outcome within the ITS.
 - b. The MHICS Administrator directly contacts the patient and books an appointment for the MHICS team. The appointment information is recorded in the Patient Diary Sheet.
 - c. If the RFS was allocated to the Mental Health Pharmacist, the pharmacist is contacted by the MHICS Administrator.
 - d. Once an appointment has been booked, the MHICS Administrator will add the appointment date into the ITS and add the appointment date to the patient diary sheet. The patient diary sheet is stored within SharePoint for each PCN. All MHICS teams members have access to the patient diary sheet. The patient diary sheet contains minimal information NHS number, Patient Name, appointment status and appointment dates.
6. Mental Health Pharmacist consultations [SABP and GP Federation on behalf of SABP]:
 - a. If a Mental Health Pharmacist consultation is required, this will be identified during step 4: RFS review, assessment and allocation.

Data Protection Impact Assessment – DPIA0028 – Mental Health Integrated Community Service Regional Health and Social Care Information Sharing Agreement

- b. The MHICS Administrator will email the Mental Health Pharmacist with the relevant information provided by the Mental Health Practitioner and request a medication review.
 - c. The Mental Health Pharmacist will reply to the email and the MHICS Administrator will update the patient record (upload the Mental Health Pharmacist response) within the ITS and change the status to 'Awaiting Allocation'.
 - d. Where a practice has provided the necessary access rights and on behalf of the practice concerned, the MHICS Administrator then updates the patient record within the respective GP clinical system with the outcomes. These are coded using the agreed clinical codes.
7. Consultations [SABP and Voluntary Care and Social Enterprise providers]:
 - a. The Mental Health Practitioner, Clinical Lead or Community Connections Link Worker access the appointment information and then locate the originating RFS record within the ITS.
 - b. As preparation for the consultation appointment, the Mental Health Practitioner and Clinical Lead may also consult the patient records in the GP clinical system and SABP SystemOne. (Community Connections link workers do not have access to the GP clinical system and SystemOne.)
 - c. Consultations may also be undertaken by the Mental Health Practitioner, Clinical Lead or Consultant Psychiatrist or jointly, following the same process.
 - d. After the appointment, a consultation form is completed and saved within the ITS and the RFS status is set to 'Action'.
8. Consultation outcome [GP Federation on behalf of SABP unless stated otherwise]:
 - a. The MHICS Administrator will use filters within the ITS to action all items which has a status of 'Action'.
 - b. The MHICS Administrator accesses the consultation outcomes within the ITS.
 - c. The MHICS Administrator generates a PDF version of the consultation form
 - d. The MHICS Administrator uploads the PDF version of the consultation form to the respective patient record within the GP clinical system of the patient's registered practices [on behalf of practices].
 - e. At the same time any relevant clinical outcome codes are also added [on behalf of practices].
 - f. The MHICS Administrator will set the RFS status to 'RFS Complete' if no further appointments are required.
 - g. Where necessary, the MHICS Administrator books follow up appointments using the same process as described in 5.b above. The RFS Status will be set to 'Book Appointment'.
9. General:
 - a. All patient interactions that are not scheduled appointments or brief clinical interventions, for example phone calls to book, reschedule or cancel appointments, are recorded within the ITS.
 - b. Once an entry is submitted, it is date and time stamped, then recorded against the user and cannot be edited or deleted. Records can be amended for data quality reasons where the user has the appropriate access rights (ITS System Administrators and MHICS Administrators only).
 - c. All RFS forms that have been received and processed are moved from the Inbox into a folder called 'RFS received'. This is partly to ensure that the service can maintain business continuity in case the ITS is not available and the RFS is required for reference.
 - d. An audit process has been defined within the Standard Operating Procedures; in summary the MHICS Administrators delete all non-essential/ related emails associated with the incoming RFS on a monthly basis.
 - e. This process is only applicable for the period where the ITS is in use.
10. The systems used to process and store records related to the MHICS are:
 - a. Registered practice's GP clinical systems
 - b. Practices provide the MHICS Administrators with access to their GP clinical system
 - c. The SABP Interim Tactical Solution (ITS). The ITS comprises:
 - i. Microsoft SharePoint
 - ii. Microsoft SharePoint Power Apps
 - iii. Microsoft Teams
 - iv. Microsoft Office 365
 - d. The MHICS Administrators are provided with SABP user credentials, laptops and software including the EMIS Web Client.

Data Protection Impact Assessment – DPIA0028 – Mental Health Integrated Community Service Regional Health and Social Care Information Sharing Agreement

- e. Community Connections Link Workers are provided with SABP user credentials, laptops and software such as O365. However, Community Connections Link Workers do not have SABP SystemOne or GP clinical system access.
- f. Access to EMIS via HSCN is provided through mobile phone tethering and VPN access into SABP's network.

Processing and Sharing Privacy Arrangements

The joint processing and sharing privacy arrangements for MHICS are as follows:

1. All emails are sent using secure, encrypted email services.
2. Access to the GP clinical systems for the GP federation employee working in the MHICS Administrator role is granted access and controlled by each practice.
3. No personal data is processed on or copied from the GP clinical system by the MHICS Administrator unless instructed to do so by a medical practitioner within the practice.
4. MHICS Administrator access to the GP clinical system is auditable by the practice.
5. No personal data will be stored on GP federations own systems.
6. All passwords must be complex (e.g. include numbers plus upper- and lower-case letters) and must be changed at least annually.
7. All individuals have been subject to appropriate vetting.
8. All data controller organisations comply with the ISA qualifying standard.
9. All data processor organisations are engaged using agreements that satisfy GDPR article 28(3).
10. Each organisation ensures that the staff nominated to access systems have a duty of confidence and have received appropriate training around the systems and the data protection considerations.
11. Where point 10 above is not achieved through employment contracts to a satisfactory standard, appropriate, formal confidentiality agreements or terms and conditions are in place.
12. Once no longer required, SABP Records Management are responsible for removing the data created by this service in accordance with SABP's retention policies and providing data destruction certificates where appropriate.
13. Practice data retention and destruction policies apply to data created and held within practices.
14. GP clinical system access is granted to SABP staff at the discretion of each practice.
15. Provision has been made for practices to allocate read-only EMIS access roles to SABP staff.
16. SABP staff do not write into the GP clinical system record. Audits can be carried out by practices on a periodic basis to ensure no data is written to EMIS by the SABP staff roles.

In general patients are made aware of data sharing either via 'fair processing notices', specific discussion with care staff or in most cases by both methods. For MHICS, the individual patients and clients concerned are provided with a MHICS-specific privacy notice.

The Scope of the Data Controller Organisations Involved in the Processing

The data controller organisations include all organisations that have signed a copy of this schedule.

The data controller organisations include all practice organisations that:

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 data controller organisation are those organisations that have signed the Regional Health and Social Care Information Sharing Agreement and that are NHS mental health Trusts

The Scope of the Data Processed and Shared

The scope of the shared and jointly processed data includes:

1. Requests for Service
2. Consultation Forms
3. The service diary/calendar
4. GP patient records.

Requests for Service

Service requests created and shared by practices and viewed and processed by mental health service providers include:

1. Personal Details
2. Contact Details
3. Contact Permissions
4. GP Details
5. Medical Details
 - a. Diagnoses
 - b. Health Conditions
 - c. SMI register
 - d. Current medications
 - e. Reason for the referral
 - f. Risk issues or concerns
6. Other Details
 - a. Secondary care mental health service status
 - b. IAPT for LTC status
 - c. SMI check follow-up status
 - d. Date of SMI check
 - e. Interpreter requirement
 - f. Language
 - g. Disabled access requirement.

Consultation Forms

Consultation notes are created for all consultations and may include:

1. Personal Details
2. GP Details
3. Date of Consultation
4. Name of Clinician
5. Type of Contact
6. Type of consultation
7. Carer status and requirements
8. Risk and/or safeguarding concerns
9. Summary statement of Presented Risk
10. Summary of needs
11. Action plan and advice
12. Outcomes.

The Patient Diary Sheet

Diary entries are created for all consultations and may include:

1. Patient name
2. NHS Number
3. Date and time of consultation
4. Consultation status
5. Name of Clinician
6. Type of consultation.

GP Patient Record

The data types accessed within GP clinical systems include:

1. Person Details and Demographics
2. Allergies
3. Events
4. Health Promotion
5. Medications
6. Preventative Procedures
7. Problems

Data Protection Impact Assessment – DPIA0028 – Mental Health Integrated Community Service Regional Health and Social Care Information Sharing Agreement

8. Procedures
9. Results
10. Social / Family History.

Roles, Data and Systems

The table below illustrates the data and system types accessed by each MHICS role.

Role	Patient		Consultation		Other Access
	Request For Service	Diary	Medication Review	Form	
Practice	EMIS and NHSmail				
MHICS administrator (GP Fed)	SABP mail and ITS	ITS	ITS and SABP mail	ITS	EMIS
Clinical Lead (SABP)		ITS		ITS	S1 and EMIS
Mental Health Practitioner (SABP)	ITS	ITS		ITS	S1 and EMIS
Psychiatrist (SABP)		ITS		ITS	S1
Mental Health Pharmacist (SABP)			SABP mail		S1 and ITS
Community Connections Link Worker		ITS		ITS	

Necessity and Proportionality

It is necessary and proportional to share the above spectrum of confidential data into a SABP controlled data repository on the grounds that:

1. The data categories are all required for the safe care of the patients supported through the MHICS;
2. The alternative of processing data that is created, viewed, processed and updated in real-time using the data controllers’ source systems is not technically feasible given the current capabilities offered by the data controllers’ source systems; and
3. The copying of identifiable confidential data into a data repository for the purposes above can be regarded as in the best interests of the data subjects.

This policy has been tested with Queen’s Counsel and it is Counsel’s opinion that the policy and approach are necessary and proportional given the technical barriers, extended delays and costs associated with a just in time or real time sharing.

Summary of Consultations

Surrey Heartlands has been field testing the MHICS model since March 2019. Prior to this a number of stakeholder workshops and clinical engagement events were facilitated, supported by the National Association of Primary Care.

Since receiving the NHSE funding in the autumn of 2019, a range of events and meetings have been held with over 320 individuals across both Frimley and Surrey Heartlands ICS’ to socialise the Community Mental Health Transformation model and seek feedback on the GPimhs and MHICS models. Participants have included people who use services, representatives from service user and carer groups; VCSE organisations; County, District and Borough authorities including representation from adult social care, housing, DWP, Public Health and Learning Disability; Housing Associations; Community Policing; and clinical and non-clinical workforce from PCNs. A separate event was held with youth focused stakeholders in programme design for 18-25-year olds.

Clinical Engagement Workshops have been held in some of the participating Wave 1 and 2 PCNs with 80+ Clinical and non-clinical staff from primary care in order to socialise and mobilise the service. PCN clinical meetings included representatives from place based mental health services (CMHRS; Single Point of Access; Recovery College; as well as Integrated Care Team representatives, Social Care and Housing representatives, IAPT and VCSE partners).

Communications are routinely circulated through the CMHTP Strategic Programme Board and through both ICS Mental Health Transformation Boards where there is representation from a wide range of mental health stakeholders including citizen ambassadors and other patient led organisations.

Risks – identified and assessed (prior to mitigation and controls)

A full risk and issues log is maintained for the solution. The list below comes from that but is a high-level summary in digestible form and only includes risks related to the approved use cases for the solution.

Risk description		Likelihood	Consequence / Impact	Risk Rating/ Score AFTER mitigation actions implemented
1	Processing may be considered unfair	Possible	Moderate	Low
2	Inadequate subject rights and compliance measures in place	Unlikely	Minor	Low
3	Arrangements between the parties not adequately transparent and inadequate management controls	Possible	Moderate	Low
4	Voluntary Care and Social Enterprise sector organisations may be deemed to be acting as data controllers rather than processors	Possible	Moderate	Low
5	Inadequate data processing contracts may lead to inadequate management controls	Very likely	Major	Low
6	Inadequate technical and organisational measures in place to allow data subjects to exercise their rights and to prevent data breaches	Unlikely	Major	Low
7	Inadequate technical and organisational controls in place to protect the integrity of GP clinical system records	Possible	Major	Low
8	Starters and leavers processes and processes relating to temporary cover for holidays and sickness	Possible	Low	Low
9	Surrey Heath practice Request For Service forwarding arrangements	Possible	Low	Low
Likelihood Ratings – Rare (1), Unlikely (2), Possible (3), Likely (4), Almost Certain (5)				
Consequence/ Impact – Insignificant (1), Minor (2), Moderate (3), Major (4), Catastrophic (5)				
Risk Rating – Green = Low, Amber - Moderate, Red – High, Purple – Extremely High				

Measures to reduce risks

Risk description		Measures to reduce, or remove risk	Effect on risk	Residual risk	Measure approved? Y/N
1	Processing may be considered unfair	<ol style="list-style-type: none"> 1. Requests for Service submitted by GP Practices will occur with the knowledge of the patient. 2. Clear branding on all materials to reflect SABP as lead data controller. 3. Ensure fair processing materials are provided to all patients referred to the service at the point of referral and on first contact with MHICS. 4. Ensure a review of the Privacy Materials has been undertaken to confirm that it complies fully with the 'ICO's Detailed Guidance on the Right to be Informed'. 5. Standard Operating Procedure in place detailing how the right to be informed will be upheld by the MHICS (which professionals are responsible for providing transparency materials and when these will be provided to 	Moderate	Low	Yes

Data Protection Impact Assessment – DPIA0028 – Mental Health Integrated Community Service
Regional Health and Social Care Information Sharing Agreement

	Risk description	Measures to reduce, or remove risk	Effect on risk	Residual risk	Measure approved? Y/N
		data subjects as part of their interaction with the service).			
2	Inadequate subject rights and compliance measures in place	<ol style="list-style-type: none"> 1. SABP have a tried and proven SAR policy 2. Addressed by the Standard Operating Procedure for the MHICS 	Major	Low	Yes
3	Arrangements between the parties not adequately transparent and inadequate management controls	<ol style="list-style-type: none"> 1. The ISA is used to ensure that the joint processing and sharing responsibilities are clearly understood by all parties (a SABP responsibility as lead controller) 2. All controllers sign up to the joint processing and sharing schedules supported by this DPIA 	Major	Low	Yes
4	Voluntary Care and Social Enterprise sector organisations may be deemed to be acting as data controllers rather than processors	<ol style="list-style-type: none"> 1. The Regional ISA is used to ensure the roles and responsibilities of each party are clearly set out. 2. SABP will act as the lead data controller. 3. The essence of the arrangement will be made available to the data subject through fair processing materials relating to the MHICS. 4. All voluntary sector organisations are engaged under a NHS Standard Contract which identifies them as data processors acting on behalf of SABP. 5. All record keeping takes place within SABP systems allowing SABP to operate effectively as the lead data controller. 6. Ensure contracts with all data processors have been reviewed to confirm these are based on NHS Standard Terms and that Schedule 6F has been completed to accurately reflect the roles and responsibilities of the organisation as a data processor. 	Major	Low	Yes
5	Inadequate data processing contracts may lead to inadequate management controls	<ol style="list-style-type: none"> 1. All GP Federations must have current DSPT submissions in place. 2. Ensure contracts with all data processors have been reviewed to confirm these are based on NHS Standard Terms and that Schedule 6F has been completed to accurately reflect the roles and responsibilities of the organisation as a data processor. 3. Regular reviews of processor compliance with contracted requirements. 	Major	Low	Yes
6	Inadequate technical and organisational measures in place to allow data subjects to exercise their rights and to prevent data breaches	<ol style="list-style-type: none"> 1. The ISA is used to ensure that the joint processing and sharing responsibilities are clearly understood by all parties (a SABP responsibility as lead controller). 2. All controllers sign up to the joint processing and sharing schedules supported by this DPIA. 3. Use of EMIS RBAC roles to limit access to the GP clinical system records. 4. Instructions and training for all MHICS staff. 	Major	Low	Yes

Data Protection Impact Assessment – DPIA0028 – Mental Health Integrated Community Service
Regional Health and Social Care Information Sharing Agreement

Risk description		Measures to reduce, or remove risk	Effect on risk	Residual risk	Measure approved? Y/N
		5. Practices run audits of MHICS staff actions on GP clinical systems.			
7	Inadequate technical and organisational controls in place to protect the integrity of GP clinical system records	<ol style="list-style-type: none"> 1. Instructions and training for all MHICS staff. 2. Practices run audits of MHICS staff actions on GP clinical systems. 3. Use of EMIS RBAC roles to provide limited access to the GP clinical system records. 4. The SABP and NHS mail systems are compliant with the relevant security standards including DCB 1596. 	Moderate	Low	Yes
8	Starters and leavers processes	<ol style="list-style-type: none"> 1. SABP starters and leavers process to be amended to ensure that all starters and leavers associated with the MHICS are notified to relevant GP Practices to ensure access to GP systems can be granted/amended/removed. 2. GP Federations to develop and adopt starters and leavers processes which include the requirement to work with practices to ensure practices retain proper control over MHICS Administrator access to GP systems. This applies to permanent and temporary staff changes as well as changes relating to sickness and holiday cover. 3. Practices to develop and adopt an updated starters and leavers process which includes the requirement to issue individual user accounts to third party staff members accessing GP systems, to share the user credentials with the third party user securely, to remove access when no longer required and routinely audit user accounts to ensure all access remains appropriate. 	Moderate	Low	Yes
9	Surrey Heath practice Request For Service forwarding arrangements	<ol style="list-style-type: none"> 1. Instructions for all Surrey Heath SPA/ICT/LAP administrators. 	Major	Low	Yes

Data Protection Impact Assessment Signature and Approvals Page

Lead Controller's Data Protection Officer

On behalf of the Lead Controller Organisation I confirm that the Data Protection Impact Assessment and the specific mitigation arrangements and residual risk status described in this schedule are satisfactory and have been agreed.

Comments: {{{*Comments1_es_:signer1:multiline(4):prefill("DPO's comments or 'none'")}}}

{{SBlk_es_:signer1:signatureblock}}

Agreed by {{{*DPOname_es_:signer1}}}(name)
as Data Protection Officer, for and on behalf of {{{*ORGname1_es_:signer1}}}(organisation).

General Practice Data Controller Data Protection Officers

On behalf of the General Practice Data Controller Organisations we confirm that the Data Protection Impact Assessment and the specific mitigation arrangements and residual risk status described in this schedule are satisfactory and have been agreed.

Comments: {{{*Comments1_es_:signer2:multiline(3):prefill("GP DPO's comments or 'none'")}}}

{{SBlk_es_:signer2:signatureblock}}

Agreed by {{{*gpDPOname_es_:signer2}}}(name)
as Data Protection Officer, for and on behalf of {{{*gpORGname2_es_:signer2}}}(CCG's practices).

Comments: {{{*Comments1_es_:signer3:multiline(3):prefill("GP DPO's comments or 'none'")}}}

{{SBlk_es_:signer3:signatureblock}}

Agreed by {{{*gpDPOname_es_:signer3}}}(name)
as Data Protection Officer, for and on behalf of {{{*gpORGname3_es_:signer3}}}(CCG's practices).

Lead Controller's Lead Director

On behalf of the Lead Controller Organisation I confirm that the Data Protection Impact Assessment and the specific mitigation arrangements and residual risk status described in this schedule are agreed and all measures have been or will be implemented.

Comments: {{{*Comments2_es_:signer4:multiline(2) prefill("CIO's or SIRO's comments or 'none'")}}}

{{SBlk_es_:signer4:signatureblock}}

Agreed by {{{*CIOname_es_:signer4}}}(name and title)
as Lead Director, for and on behalf of {{{*ORGname4_es_:signer4}}}(organisation).

End of DPIA