

# 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 / IT developments during the COVID-19 Coronavirus outbreak, so as 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, so as 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.**

## Step 1: Project Administration

Trust Name: BNSSG CCG / BRISDOC

Project Title: Regional COVID-19 Staff Testing Co-ordination Centre

### Senior Responsible Officer for the Project:

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## Step 2: Project Details

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

The first cases of COVID-19 were reported in England on 29 January and as of 20 April 2020, over 124,000 people in the UK have tested positive for the virus. From 20 April 2020 a regional staff testing process has been implemented across BNSSG to ensure that staff and family members are appropriately tested in order to ensure that wherever possible staff are able to attend work without risk of transmission. The Local Coordination Centre (LCC) for regional staff testing is based at BrisDoc's head office.

All BNSSG organisations that have key workers are able to request testing of staff via the service; this includes primary care, community services, care homes, AWP, Police, Fire, Justice and many others. Organisations will refer staff who meet the following criteria to the LCC:

*Symptomatic for 3-5 days can test on day 1*

*An individual (adult or child) with COVID-19 symptoms living in the same household as a member of NHS staff or wider NHS family.*

*OR*

*• A member of staff in the NHS family, with COVID-19 symptoms.*

*In addition, you should be in the first three days of the onset of your COVID-19 symptoms at the time the swab is taken - although testing is considered effective up until day five. No testing should be undertaken after day five, unless it's for a specific reason agreed on a case by case basis by local microbiologists*

The attached BNSSG Covid19 Staff & Family Testing process will be followed.



BNSSG Staff Testing  
Process Summary Vn

The referring organisation will provide a spreadsheet including organisational information and the following personal data via email to [brisdoc.bnssglcc@nhs.net](mailto:brisdoc.bnssglcc@nhs.net):

- Staff member's Name
- Mobile Number (this is the person who will be tested)
- Index case name (this is the person who will be tested)
- Index Case DOB
- Index Case Age
- Anticoagulants Prescribed
- Requires Transport or Home Test because unable to travel
- Other notes

The LCC will collate and co-ordinate all referrals and forward necessary information via email to the appropriate testing centres.

Testing Centre	Regional Testing Centre	UHB	NBT
<b>Address for referrals</b>	<a href="mailto:england.swcovid19co-ord@nhs.net">england.swcovid19co-ord@nhs.net</a> / <a href="mailto:kirstyedlin@nhs.net">kirstyedlin@nhs.net</a>	<a href="mailto:Claire.Hepden@uhbw.nhs.uk">Claire.Hepden@uhbw.nhs.uk</a>	<a href="mailto:Tim.Keen@nbt.nhs.uk">Tim.Keen@nbt.nhs.uk</a>
<b>Data shared</b>	Subject Full Name Mobile number Trust	LCC Organisation (always BNSSG CCG) Staff member's Name Mobile Number (of person who will be tested) Index case name (of person who will be tested) Index Case DOB Index Case Age Anticoagulants Prescribed Requires Transport or Home Test Other note	

UHB/NBT require more info as they use ICE as their clinical system and will need to identify the patient with their DOB. Testing at UHB/NBT will form part of the individuals GP record as it will be visible in ICE. The regional testing centre does not have ability to write/connect with the individuals' patient record.

The testing centres will further screen the individuals and either offer them a testing appointment or advise another course of action. The testing centre will return a daily spreadsheet of these outcomes to the LCC. The LCC will share this with the employing organisation by a spreadsheet via [brisdodoc.bnssglcc@nhs.net](mailto:brisdodoc.bnssglcc@nhs.net).

Daily aggregate data summarising volume of requests, testing centres and outcomes will be submitted to BNSSG Silver Command and the BNSSG EPPR Inbox.

When the service ceases the [brisdodoc.bnssglcc@nhs.net](mailto:brisdodoc.bnssglcc@nhs.net) email account will be cleared, and all files will be deleted once final reporting is complete.

Sharing results with the individual is done via text to by the Regional Testing Centre and via a phone call from UHB/NBT. UHB and NBT do not usually phone patients to provide results in this way the lawful basis identified below enables UHB and NBT to act in this way and this will be supported by appropriate informing.

Lawful basis for processing the personal data

**For processing Personal Data:** GDPR 6(1)(e) 'processing is necessary for the performance of a task carried out in the exercise of official authority vested in the controller.'

The proposal has been developed in line with the correspondence received from the Department of H&SC regarding the Covid-19 Notice under regulation 3(4) of the Health Service Control of Patient Information Regulations (2002). Within this there is a responsibility to ensure information is shared for identifying and understanding information about patients or potential patients with or at risk of Covid-19, information about incidents of patient exposure to Covid-19 and the management of patients with or at risk of Covid-19 including: locating, contacting, screening, flagging and monitoring such patients and collecting information about and providing **services in relation to testing**, diagnosis, self-isolation, fitness to work, treatment, medical and social interventions and recovery from Covid-19. Sharing of information is to be the minimum required to deliver the function.

**For processing Special Category Data:** (e.g. health): GDPR 9(2)(h) 'processing is necessary for the purposes of preventive medicine, the provision of health care, and the management of health or social care systems.'

**Common law duty of confidentiality:** The use of patients' confidential information is on the basis of implied consent.

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

No new systems/applications are being used. Information is to be shared via email both NHS.net and NHS.uk emails addresses are to be used. Data will be shared in spreadsheets and stored securely in restricted access folders on BrisDoc servers.

2.3 Is the system / application being used in any similar organisation to this, and if so, which? (See also Q3.5.)

No new technologies are being used; the process of setting up regional testing centres is not specific to BNSSG.

### **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.*

Staff accessing data within BRISDOC and originating organisations are subject to a duty of confidentiality and have completed appropriate IG training. Access is restricted.

Risk 1 Lack of Privacy notice: An appropriate privacy notice is required to inform staff and family members as to how their personal data is being used and shared. This notice to be shared by partner organisations with their staff.

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

No.

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.*

Risk 2: Personal email accounts: There is a risk of using an individual's email account to receive and share information from NBT and UHB, should these be unavailable for any reason access to the emails may not be possible.

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

Risk 3: Insecure Email: Emails sent between NHS.net accounts are considered secure, however sending between nhs.uk and nhs.net email account is not secure and is not recommended.

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?

Risk 1: Privacy Notice a template notice has been prepared for organisations to share with staff who are being referred for testing. (See embedded document below which is based on <https://www.gov.uk/government/publications/coronavirus-covid-19-testing-privacy-information> and will mitigate the risk above.



BNSSG Staff Testing  
LCC Privacy Notice Vr

Risk 2: This is a known risk and UHB/NBT will manage according to their usual processes.

Risk 3: Email from NHS.net email accounts can be secured through the insertion of [Secure] in the subject line, this will require the recipient to register to be able to access the message, this is not the preferred solution in this case. In order to provide an additional level of protection spreadsheets will be password protected using a strong (hard to guess) password when shared between insecure email. This provides a level of mitigation but there remains a level of risk relating to the insecure sharing on patient data.

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 <i>(please tick)</i>			x	Severity <i>(please tick)</i>			=	6
1		Rare		1		Negligible		
2		Unlikely	2	2	Minor			
3	3	Possible	3		Moderate			
4		Likely	4		Major			
5		Almost certain	5		Catastrophic			

Any risks scoring above 6 will need to be reviewed by either the BNSSG CCG/Brisdoc Senior Information Risk Owner (Sarah Truelove / Nigel Gazzard), Data Protection Officer (Thom Manning / TBC) or a Directorial member of staff (depending on availability during the outbreak).

#### Step 4: Project Sign-Off

Sign-off can be given by a Senior Manager for any DPIAs scoring up to 6 in Q3.6, a copy of which must be emailed to the IG Team. For those scoring above this it must be from the BNSSG CCG/BrisDoc Senior Information Risk Owner (Sarah Truelove / Nigel Gazzard), Data Protection Officer (Thom Manning / Nigel Gazzard) or a Directorial member of staff (depending on availability during the outbreak), demonstrating that risks have been acknowledged and accepted for the duration of the pandemic, and will be added to the BNSSG CCG / BrisDoc Risk Register.

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