



# Appendix 16 - BNSSG Stroke Programme – Data Protection Impact Assessment (DPIA)

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## 1. Introduction

The Bristol, North Somerset & South Gloucestershire (BNSSG) Stroke Programme, is reviewing the delivery of stroke care across the region to understand how changes to the stroke pathway can bring about improvements to patient outcomes.

A comprehensive new service model is put forward. The proposed model centralises hyper acute care for stroke patients at a single site in Southmead Hospital, which will have a “hyper acute stroke unit” (HASU) and become a “Comprehensive Stroke Centre” under the new National Stroke Service Specification.

There are two clinically viable options to consider for acute care following on from the hyper-acute episode, further detail regarding the evaluation process can be found in the PCBC document.

## 2. DPIA Development

Article 35 of the General Data Protection Regulation 2016 (GDPR) requires that a Data Protection Impact Assessment (DPIA) is undertaken where there are ‘high risks to the rights and freedoms of natural persons resulting from the processing of their personal data’.

The use of Privacy Impact Assessments has become common practice in the NHS to achieve compliance with the NHS Digital Information Governance Toolkit (now the Data Security and Protection toolkit) and DPIAs build on that practice. The GDPR identifies a number of situations where the processing could be considered high risk and where a DPIA is a legal requirement.

The DPIA has been developed to ensure that data protection and privacy are built into the programme and future new ways of working.

This version of the DPIA covers the pre consultation business case (PCBC) phase of the programme and the period up until the end of the consultation process.

It is expected that a further iteration of the DPIA will be developed for the decision making business case (DMBC) phase of the programme.

## 3. Description of data, data flows and retention period

### 2.1 Description of data

The BNSSG Stroke Programme is currently developing the PCBC document with a view to enacting a formal public consultation process. There will be no changes to any patient pathways and patient data flows during this current phase of the programme.

A further iteration of the DPIA will be completed post consultation to consider impacts on data processing at this time and will be included as part of the DMBC.

At no time during the PCBC phase will any patient identifiable data be held by the programme.

The data that will be held by the programme is as follows:

### **2.1.1 Project Management:**

- TOR's for working groups and Programme Governance groups
- Agenda's for meetings
- Action notes from meetings
- Minutes from meetings
- Risk and issues log for the programme
- Project plans
- Communication and consultation strategy and plan
- Highlight reports

### **2.1.2 Programme Governance:**

- PCBC and appendices including:
- Quality Impact Assessment (QIA)
- Equality Impact Assessment (EIA)
- Travel Impact Assessment (TIA)
- Data Protection Impact Assessment (DPIA)
- Activity and Finance

### **2.1.3 Consultation documentation:**

- Consultation documentation e.g. – leaflets
- Consultation online / paper based surveys
- Staff consultation
- Public consultation
- Letters
- Emails
- Feedback (non-patient identifiable data)

## **2.2 Data Flows**

### **2.2.1 Project Management**

Project management documentation will be issued by the programme office by way of email from NHS email accounts. All email accounts are controlled by user name and password protection. The recipients will predominantly have NHS email accounts.

The Project Management documentation will contain project team members' names and job titles and be stored on the CCG's network and the programme MS Teams and NHS Futures shared storage area.

The NHS Futures and MS Teams shared storage area is subject to a national DPIA / information Governance arrangements.

The CCG's network access is controlled through Line Managers authorising access to certain areas of the network based on employees needs to access the folders.

The above data will be stored on the CCG's network, MS Teams shared storage area and NHS Futures for the lifetime of the programme and any challenge period. The data will then be archived in line with the CCG's data retention policy.

## 2.3 Programme Governance

The PCBC document and appendices will not contain any patient or staff member identifiable information other than the authors. Summary data will be included as well as anonymised quotes from stakeholders.

The PCBC has supporting appendices in the form of a QIA and EIA. Various non patient identifiable data sets have been collated across a CCG and Commissioning Support Unit (CSU) business intelligence network to create the assessment. The aim of the reports are to understand the current services and assess the consequences of any change whilst maximising the positive impacts and minimising negative impacts of the proposed change. The majority of the information provided is considered as 'in the public domain'.

The PCBC also contains a Travel Impact Assessment (TIA) appendix. Data contained within has been created by the Commissioning Support Unit (CSU) using non patient identifiable data sets. The impact assessment is stored on the CCG network.

The PCBC also contains a South West Ambulance Service (SWAST) impact assessment. The modelling to develop the impact assessment will be completed by ORH Management Consultancy who currently undertake all of the SWAST transport modelling. A contract is currently in place between SWAST and ORH for data transfer and management. All data has been sent to ORH in accordance with information governance requirements.

### 2.3.1 Programme Documentation Storage

The draft and final versions of the PCBC will be stored on the CCG's network and the NHS Futures platform (Where also required MS Teams shared storage area).

The document has been shared to the programme team and stakeholders using NHS mail and supporting NHS Futures links.

NHS Futures is a secure NHS platform, with managed authorisation access to specific aspects of the platform. Permission can be granted and reviewed by the project and programme managers.

Programme documents will remain stored on the CCG's network area for the lifetime of the programme and any challenge period. The data will then be archived in line with the CCG's data retention policy.

## 2.4 Consultation Documentation

Consultation documentation has been developed collaboratively to inform the PCBC material.

Between 4th February and 11th March 2020, ten initial meetings were held at which NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (CCG) collected feedback on behalf of those recovering from stroke, clinicians, members of the public, carers and those from the third sector.

During this period, the CCG received 443 pieces of feedback representing 153 individual attendees. All feedback has been anonymised, records of the meetings do not include patient or public names.

A further range of non-identifiable demographic data will be collected throughout the consultation process via online and paper based surveys.

It is anticipated that surveys can be completed by any stakeholder and posted back to the CCG by Freepost or online. When collated the paper survey data will be input into an online participation platform and then shredded.

All emails relating to the consultation process will be administered through the Engagement Team's generic email account. Access to this account is through Line Manager authorisation and user name and password protection. Should a letter be received then this is scanned and the hard copy shredded. The letter is then held on the Patient Engagement team 'S' drive together with any response. The letter is stored in accordance with the team's retention schedule.

## 3 Lawful basis for processing personal data under GDPR/DPA 2018 (NHS Digital guidance)

NHS digital guidance has been consulted

### **For processing Personal Data:**

GDPR 6(1)(e) – the processing is necessary for the performance of a task carried out in the exercise of official authority vested in the controller by the NHS Act 2006.

### **For processing Special Category Data (e.g. health):**

No special categories of personal data will be processed.

## 4 Stakeholder consultation - data protection and privacy risks

The BNSSG Stroke Programme sits under the Healthier Together Integrated Care System, comprised of commissioning organisations and health and social care delivery partners, so there is whole-system ownership of the process used to develop the proposals, and all risks relating to the proposals are shared.

The assurance and governance requirements for proposals for change of this scale are rigorous. To enable this and facilitate the governance and assurance process, the programme has a robust governance structure to ensure that the proposals are co-designed and assured by both HT system governance and people with lived experience of services.

The BNSSG Stroke Programme is overseen by the Stroke Programme Board where a centralised risk register is managed to identify and mitigate risks associated with the programme. Any data protection and privacy risks are highlighted to the board.

## 5 Data Protection - Summary Risks

The following data protection risks have been identified:

|               | Risk   | Mitigation   |
|---------------|--|--|
| <b>Risk 1</b> | Unauthorised access to lists of individuals names and job titles and email addresses contained on ToR's, action log, minutes etc.                              | Secure file structure and use of NHS mail.<br>Access to the documents will be available to those with a CCG user account.<br>For documents on the NHS Futures platform, access will be centrally managed and granted by the programme management team.   |
| <b>Risk 2</b> | Unauthorised access to surveys completed through the survey / engagement systems via hacking the site or accessing the summary reports generated by the system | Strict access control, password protection. Access to the survey / engagement online systems will be limited to the Engagement Team this will be controlled through user name and password protected accounts.   |
| <b>Risk 3</b> | Unauthorised access to 'hard copy' surveys completed.  | Hard copy surveys will be stored by members of the CCG's Engagement & Experience team and only made available to Programme Team members on request with a business need for the hard copy forms.<br><br>Development and implementation of IG processes including confidential waste management |
| <b>Risk 4</b> | Paper copy completed surveys or hand delivered letters are delivered to the wrong CCG department   | Clear centralised location for submission, as described on all consultation material.  |
| <b>Risk 5</b> | Access to commercially sensitive data such as financial information and analysis   | Secure file structure and use of NHS mail.   |

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|  |  | Organisations to follow internal agreed governance processes for commercially sensitive information. |
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