

NHS DIGITAL Civil Registration Dataset DATA SHARING AGREEMENT DATA PROTECTION IMPACT ASSESSMENT “LITE”

This should only be completed after agreement from IG

Name of project: NHS Digital Local Authority Civil Registration Dataset – Cambridgeshire County Council (CCC) and Peterborough City Council (PCC)	Expected project implementation date: Already live - this is not a new project. CCC and PCC have active Data Sharing Agreements (DSAs) in place with NHS Digital for Civil Registration Data to 31/05/2019.
Department contact: David Lea, Assistant Director Public Health Intelligence, Cambridgeshire County Council	Submission date: Already live - this is not a new project. CCC and PCC have had active DSAs in place since 1 June 2018.
Project Manager: David Lea, Assistant Director Public Health Intelligence, Cambridgeshire County Council	Project Sponsor: Dr Liz Robin, Director of Public Health, Cambridgeshire County Council and Peterborough City Council
Information Asset Owner: Dr Liz Robin, Director of Public Health, Cambridgeshire County Council and Peterborough City Council	Business Case Reference No (if applicable): n/a

1. Project Outline *Explain what the aims are, the benefits to all parties and why a DPIA has been completed.*

- ⇒ Access to the Civil Registration Data (deaths and births data) provides CCC and PCC Public Health access to record level data via data feeds from NHS Digital. The funding for this is provided by Public Health England, via an arrangement with NHS Digital. The Civil Registration Data provides us with access to the following datasets: Vital Statistics Service, Primary Care Mortality Data Civil Registration – Births.
- ⇒ The purpose, expected outputs and objectives for holding these data and the full list of expected and yielded benefits of analysing these data are outlined in Sections 5a, 5c, and 5d of the CCC and PCC Data Sharing Agreements held with NHS Digital – references DARS-NIC-37060-F5M7B-v2.4 and DARS-NIC-37047-V8V0H-v1.3; expiry dates 31/05/2019. The benefits are summarised below.

Cambridgeshire County Council and Peterborough City Council have the following statutory and regulatory duties and functions, which are relevant to the use of the Civil Registration data received under these data sharing agreements (DSAs) with NHS Digital:

- To improve public health in Cambridgeshire by commissioning services or working with partners to commission services that maintain or improve population health. In practice this involves the production of a local health and wellbeing strategy, which is based on a local joint strategic needs assessment (JSNA).
- To provide a public health advice service to the local CCG.

⇒ Analysis of Civil Registration Data (births and deaths) for the local population is enabling of these statutory requirements it enables the:

- Routine surveillance of the burden of, trends in, and outcomes from disease in the population using mortality and life expectancy.
- Identification local health inequalities in the distribution mortality or poor birth outcomes.
- Production of local JSNA and hence informs the local health and wellbeing strategy.
- Production of the local Annual Public Health Report, which outlines local public health priorities.
- Production of routine population health needs profiles and needs assessments for the local CCG to assist in the commissioning of health and associated services and the prevention of poor health outcomes.

⇒ The need for a DPIA was identified during a NHS Digital audit of NHS Digital Data Sharing Agreement (DSA) for NHS Digital Hospital Episode (HES) data during October 2017. We require a DPIA because the data are record level and NHS Digital define some constituent data items as identifiable, but non-sensitive.

Data Flows and Consultation	Response
<p>Confirm which internal and external partners have been informed of the project.</p>	<p>A consultation was not required.</p> <p>CCC ICT, CCC IG, CCC and Peterborough City Council and NHS Cambridgeshire and Peterborough Clinical Commissioning Group have been notified that we receive these data.</p>
<p>Provide details of :</p> <ul style="list-style-type: none"> what data will be collected, (personal and/or special) how the data will be collected, who it will be shared with who it will be received from (internal and external) how will it be used how it will be deleted/retained describe how this will be done securely 	<p>The data that are received are assembled by NHS Digital from the routine births and deaths registration system in England and Wales. The data include details of births and deaths for the local population of Cambridgeshire and Peterborough. The following datasets are received under the Civil Registration Data (CRD) DSA and the type of data for each is stated below:</p> <ul style="list-style-type: none"> ⇒ Vital Statistics Service: Tabulation. Aggregated, Small Numbers Not Suppressed, Pseudo/Anonymised. ⇒ Civil Registration - births: Record Level. Identifiable; Non-Sensitive. ⇒ Primary Care Mortality Data (PCMD) Record Level. Identifiable; Non-Sensitive. <p>Restricted and named individuals within Cambridgeshire and Peterborough’s Public Health Intelligence Team (PHI) extract, download, process and store the record level data. De-identified data are made available to the remaining named members of the PHI team for analysis. The source data are held on a CCC network folder that is only accessible to members of the PHI team and the DSA reflects this arrangement. Routine aggregated outputs are calculated and are stored in a further CCC restricted network folder.</p> <p>Network locations</p> <p><i>Vital statistics service source data.</i></p> <p><i>Births source data:</i></p> <p><i>PCMD (deaths) data:</i></p> <p><i>Routine outputs (births):</i></p> <p><i>Routine outputs (deaths):</i></p> <p>A named member of the PHI team receives the CRD data from NHS Digital via a secure file transfer system known as SEFT, administered by NHS Digital. Local data are updated as frequently as possible, routinely on a monthly basis, valuable additional fields are added and a time-series is maintained. A processing guide has been written to describe the data collection, processing and storage methods.</p>

	<p>The aggregated results of analyses may be made available to other parties in line with NHS Digital guidance, the DSA and other relevant regulations, guidance and legislation. A publication that uses the CRD data can be found at https://cambridgeshireinsight.org.uk/wp-content/uploads/2018/06/CP_JSNA_CDS_FINAL_20180605.pdf, as an example.</p> <p>Data are currently retained for the purposes of statistical analysis, statistical robustness and the monitoring of trends and are supplied by NHS Digital to cover the periods, 1993-2017 in the case of the Vital Statistics Service, 1995-2017 in the case of births and 1996-2018 in the case of PCMD (deaths).</p> <p>The processed, cleaned and stored data will be used by the CCC and PCC PHI team to analyse births and deaths data for the purposes stated in the project outline above. A log of analytical uses of the CRD data is maintained.</p>
<p>How many data subjects will this affect?</p>	<p>PCMD (deaths): 96,402 records for the period to the end of 2017. Births: 214,710 records for the period to the end of 2017. Vital Statistics Service (VS) Data are tabulated counts and so are not record level, but the counts of births and deaths within the VS data would correspond to those in the PCMD and births data for equivalent time periods.</p>
<p>What categories of data subjects are they?</p>	<p>Patients/Service users</p>
<p>On what basis are you undertaking the project?</p>	<p>The legal bases for the processing and dissemination of these data from NHS Digital to CCC and PCC:</p> <p><i>Processing:</i> Other (General Data Protection Regulation Article 9 (2) (h)), General Data Protection Regulation Article 6 (1) (e). <i>Dissemination:</i> Health and Social Care Act 2012 - s261 (5)(d).</p>
<p>Does the use of data need consent to take place?</p>	<p>No.</p>

Will there be any consultation of affected individuals and if so how will you conduct this consultation?	No.
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Risks and Benefits			
What are the risks to the individual(s) and how will you mitigate these? Provide a list of risks and how you will manage these. For example, how will you limit the exposure of a data subject and limit the invasion into privacy? What are the benefits to the subjects? Are there any risks for the council?			
Issue/Risk (indicate whether a risk to the individual or the council)	Solution/Mitigation	Expected Outcome	How will this be monitored/evaluated
a) Inappropriate access to the source record level data and/or inappropriate distribution of the record level data (individual and council risk).	Data are held on a restricted network drive and are only distributed in an analysed aggregated format in line with relevant data protection regulations and law. The DSA and the key guidance and regulations are saved on the CCC ICT network and are available to those individuals who have access to the record level data. A log of data uses is maintained.	Record level data will not be accessed or distributed inappropriately and if it is in error there are processes in place to spot this so it can be dealt with.	A monthly check on who has access to the network location where the record level data is carried out and documented. A log of data uses is maintained.
b) Inappropriate disclosure of small numbers of aggregated records during analyses (individual and council risk).	The DSA provides a link to the appropriate guidance on disclosure and this is also saved on the PHI area of the network. PHI analysts are told to read the DSA and the guidance.	Relevant factors have been considered in order to minimise the risk of the disclosure of disclosive records	Regular emphasis on the need to understand the terms by which we access and use the data at PHI team meetings. A log of data uses is maintained.
c) CCC does not continue to have the adequate IG and/or ICT processes, procedures or policies required by the NHS Digital DSA and therefore could not continue to hold or receive the CRD data. This would mean that the Council could not benefit from the CRD data in meeting its statutory PH	IG and ICT have recently (October 2017) participated in an audit of the DSA by NHS Digital and are aware of NHS Digital's requirements under the terms of the DSA. As part of the findings of this audit we have worked to ensure that the appropriate IG/ICT elements are in place. There will be a follow-up to this audit by NHS Digital to	In the main the appropriate IG/ICT elements will be in place and we will continue to be able to receive the CRD data.	Under the work that continues as part of the NHS Digital DSA audit and subsequently by involving IG/ICT in the DSA renewal process each year.

duties (council risk and population risk).	cover the findings and our position going forward will be clear at that point. There are no equivalent alternative data sources.		
d) If issued with a NHS Digital data destruction notice, CCC ICT is unable to destroy the data on back-ups to NHS Digital standards (council risk).	A 12 month back-up retention period is an industry standard and we have advised NHS Digital verbally and in writing through our HES DSA audit response that this is the case and meets our policy.	We will be able to retain the data.	In liaison with our named NHS Digital DARS contact, CCC/LGSS ICT and NHS Digital's DSA audit team.
e) CCC/PCC PHI does not have the capacity or skills to process the data (council and population risk).	Continued training of PHI staff in Stata software to build capacity and resilience and good processing documentation. Alternatives are sought – e.g. arrangements with other local organisations or local authorities for the delivery and processing of the data or a local health/care system wide data warehousing with role based access.	PH continues to receive, process, store and analyse the data.	Regular discussion with PHI staff.



FOR INFORMATION GOVERNANCE USE ONLY

Processing personal data

Can we legitimise processing of personal data in accordance with the terms of data protection legislation? If yes - legitimate process (Please tick – at least one of the terms opposite MUST apply)

Recorded consent	<input type="checkbox"/>
Contract	<input type="checkbox"/>

Compliance with a legal obligation		
Vital interests		
Statutory duty/Justice/enactment	Y	
Legitimate interests (cannot be linked to our statutory duties)		

Sensitive personal data

Can we legitimise processing of sensitive personal data in accordance with the terms of DP legislation? If yes – terms need to be satisfied (Please tick all that apply)

Explicit consent of the data subject		
Processing is necessary for carrying out obligations under employment, social security or social		

protection law, or a collective agreement		
To protect the vital interests of a data subject or another individual where the data subject is physically or legally incapable of giving consent		
The person has already made the data public themselves		
We need it for the establishment, exercise or defence of legal claims		
It is in the substantial public interest as defined in the new		

Bill and includes a function required of the authority		
The purposes of preventative or occupational medicine, for assessing the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or management of health or social care systems and services	Y	
Public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of healthcare and of	Y	

medicinal products or medical devices		
Processing is necessary for archiving purposes in the public interest, or scientific and historical research purposes or statistical purposes		

	Sections	Comments
1	Project Outline - are the aims and outcomes clear	Yes, specific purpose for the information and how it will be used.
2	Organisational Level – all relevant services/teams have been identified and informed	Yes, all relevant parties have been involved
3	Data Protection Identify any concerns as regards purpose, training, policies, privacy notices, location of data, training	No specific concerns are raised as there is a well-thought out process behind the handling of the data by specific trained individuals, with checks in place (such as regular audit checks on access to the restricted drive) to manage the risks involved. Public Health Privacy Notices on CCC and PCC websites contain specific detailed sections on the access and use of NHS Digital Civil Registration Data.
4	Systems Does the system have sufficient capability, controls, and security? Does it enable rights to be met e.g. access Is it a new asset?	The information is transferred to CCC securely under NHS Digital’s terms using their system. The information is then appropriately managed locally using network restrictions that limit access only to specific individuals.

	Has a secure means of sharing been found?	
5	Data Is level of data appropriate? are the types set out? Are data flows and processes described Is purpose clear? Is data quality addressed? Are standards being used?	The specifics of the data received from NHS Digital and how it is processed are clear and well-designed.
6	Information Processing Is an ISA needed? Has the basis for processing been identified? Is consent required? Are subjects aware? Has a consultation been done	Data Sharing Agreements are in place with NHS Digital, the basis for processing is clear and our use of this data is made transparent in the CCC and PCC Public Health Privacy notices.
7	Risks and Benefits Have all risks been identified? are risks sufficiently mitigated? What controls need to be introduced? Has a balance between the two been found? Is there a plan for monitoring?	There are clear benefits to the project and using the data in the way described. As this is a project that is already live then the risks involved have been thought through and developed through working practices and any issues that have arisen, such as in the recommendations from the NHS Digital audit.
8	Records Management Are sufficient processes in place?	Yes, clear processes are in place around how the data is used, stored and retained.
IG	Overall assessment What needs to change? if anything	Nothing specific needs to change as a result of the DPIA. As stated above, this work is already established and follows best practice in respect of the management of the data, so all of the key areas have been identified previously and considered. There are monitoring processes in place (audit on network access, logs of use of the data, potential for internal/external audit such as the recent NHS Digital audit) to ensure that practices are kept under review.

SIGN OFF				
Sign off	Title	Name	Signature	Date

	Project Owner	David Lea	[signed]	18/10/2018
	Head of Service/Senior Manager	Liz Robin	[signed]	19/10/2018
	Data Protection Officer (CCC)	Dan Horrex	[signed]	18/10/2018
	Data Protection Officer (PCC)	Ben Stevenson	[signed]	18/10/2018