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| Date | 1st July 2019 |
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| Authored by | Ikram Musa/Deborah Dillon |
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| 1.0 | 16/10/18 | Deborah Dillon | Final version |
| 1.1 | 16/10/18 | Emma Harewood | Formatting issues |
| 1.2 | 18/10/18 | Ndumbe Shu, Emma Harewood | Revised section 2.5 |
| 1.3 | 01/07/19 | Emma Harewood | Updates to data transfer method for evaluation data |

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| Lighthouse Policy Statement:  The Lighthouse will provide a coordinated approach to supporting children and young people who have experienced sexual abuse. All medical, advocacy, social care, police, and therapeutic support will be delivered from one place. The aim is that children, young people and their families receive the justice, support and therapy in a timely manner meaning that they can move forward towards recovering from the abuse.  NHS England (London region) in conjunction with MOPAC has commissioned the health and wellbeing services which will be provided by University College London Hospitals (UCLH), The Tavistock and Portman and NSPCC.  Lighthouse procedure and guidance will provide clarity over how staff working within the house will work as part of a multi-agency service, whilst being accountable to their own organisational policies. All Lighthouse policies will be signed off by the Lighthouse Delivery Board which has representation from all agencies. |

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Purpose of the project

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| In brief, what is the purpose of the project and how is the processing of information necessary to that work? | The purpose of the project is to provide a one-stop service for children and young people that experience child sexual abuse (including CSE). Services will be provided by UCLH as lead provider and partners including NSPCC, Tavistock and Portman NHS Trust, Solace Women’s Aid, LB Camden (hosting social care liaison role) and Metropolitan Police (hosting police liaison role) Services provided by the Lighthouse will include:   * Comprehensive medical examination * Sexual health follow-up and aftercare * Emotional and mental health assessments * Therapy and counselling services * Specialist advocacy and support * Achieving Best Evidence (ABE) interviews conducted by trained clinical psychologists.   See attached Child House model for details    The programme also involves creation of a single case management system (Excelicare) for the recording of all service user data by all agencies working in the Lighthouse.  The need for a DPIA has been identified it as it will be necessary to share Personal Identifiable information relating to service users between agencies as required to provide safe and effective service, in line with an Information Sharing Agreement.  This is a service that has been built for and designed primarily to protect the rights of the child and vulnerable adults. We are extremely aware that children need particular protection when their personal information is collected and processed as they are not aware of some of the risks involved. We have designed our systems and processes with the child in mind and using a Data Privacy by Design approach and this has been of paramount importance throughout the of the Lighthouse project as a whole.  Young people and children were involved in the development of the privacy statement, consents for service and evaluation and also the leaflet on how to access their information. We shared with them draft documents and reviewed them once amendments were made. These conversations were really helpful in clarifying and simplifying language and helping the team understand young people’s expectations about information governance related issues.  We have made sure that the rights of children/young people have been taken into account, with a right to access their personal information, the right to recertification; and the right to objecting to processing, plus the right to have their personal information erased.  Informed agreement will be the basis used for this data sharing between partner organisations. We will be sharing the information under Section 6.1(e) GDPR Public Task using this as our lawful basis.  It will also be necessary to share Personal Identifiable Information with the MOPAC Evidence and Insight team who will evaluate the effectiveness of the Lighthouse through case tracking of health, wellbeing and criminal justice outcomes, to support future funding of the service. Sharing with MOPAC for the evaluation will be explicit consent.  This pilot is funded through a two-year contract |

# Data flows and the nature of processing

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| Summary of data flows | On referral to the service, a triage process will determine the circumstances including what intervention has taken place, identify any further urgent action which may be required and confirm whether or not a child/young person is already known to the services.  After investigative interview and medical examination a multi-disciplinary meeting will be held with all relevant professionals to inform them of the findings and to plan next steps. This process will be headed by the Child House Clinical Lead, and a case coordinator will be appointed who will have ongoing responsibility of planning and reviewing the case. This will be done in the best interests of the victim and their non-offending family.  The Lead provider will also have a key role in overseeing the business management aspects of the care pathway. This will include day to day operational arrangements through the system from tracking, progress, monitoring and reporting. The entire process of processing can be seen in the attached data flows.  Information will also be shared with MOPAC to allow evaluation of the service.  The Child House data flow mapping summarises data entry into Excelicare and reporting out of Excelicare    The Child House indicative pathway shows the draft content for each section of the Excelicare case management system. Whilst the pathway has not changed, some of the detailed content has changed during the development process and will continue to change throughout the pilot.    Lighthouse summary data sharing:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Organisation | Controller | Processor | Data discloser | Data receiver from Excelicare | | UCLH | Yes |  | Staff enter data into Excelicare | Create reports in Excelicare including service level reports and dashboards  Where explicit consent given, create data extract for evaluation and data extract for research | | T&P | Yes |  | Staff enter data into Excelicare | Receive service level reports | | NSPCC | Yes |  | Staff enter data into Excelicare | Receive service level reports | | MOPAC | Yes |  |  | Data extract with patient identifiable data for evaluation – only where explicit consent has been given by child, young person and/or family/carer | | Excelicare |  | Yes |  | Host data on Excelicare server at RedCentric and create report templates for QAF, service level reporting and dashboards | | NEL CSU |  | Yes |  | Host Lighthouse shared drive on NEL CSU server in the Lighthouse | | Met Police |  | Yes | Staff enter data into Excelicare | Receive service level reports | | LB Camden |  |  | Staff enter data into Excelicare | Receive service level reports | | Solace Women’s Aid |  |  | Staff enter data into Excelicare | Receive service level reports | |

# Nature of the information

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| Will all of the information be truly anonymised information[[1]](#endnote-1)? | NO |

If Y, and we are seeking to use a new system to process the information, please follow this process … ICT form

Where the information will include the processing of personal data, please continue …

## Data controller**[[2]](#endnote-2)**

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| Is UCLH solely responsible for the processing[[3]](#endnote-3)? | NO |
| If N, with whom or which organisation(s) is the Trust sharing this responsibility?  (Please do not include any third party that we are contracting with to process personal data for us.) | The following organisations are joint Data Controllers within the programme:   * UCLH * NSPCC * Tavistock and Portman NHS Trust * MOPAC   There are different levels of engagement and direct information access for each organisation:   * Partners will enter data and need to access it for service delivery * Excelicare need to keep data safe on servers and ensure access rights * MOPAC have commissioned Excelicare and will receive data for evaluation with service user consent where informed and explicit consent from the service user allows   See Information Sharing Agreement for details |
| If Y, how will we tell people about this shared responsibility? | The shared responsibility will be apparent from the data privacy notice on the Lighthouse website. Lighthouse staff will read and explain the agreement process to the service user and seek their agreement in order for The Lighthouse to provide services. |

## Personal data**[[4]](#endnote-4)**

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| Why would it not be possible to do without personal data? | Personal Data is needed within the Excelicare case management system to identify the data subject (service user) and provide the right support and treatment. Given the multi-disciplinary involvement required to provide a holistic service, having one unified record (albeit with some fields of information only accessible to some disciplines) is essential.  MOPAC need to track cases through the criminal justice system in order to complete the evaluation of the service. This will only be done with consent from the service users. Please see separate MOPAC DPIA for Evaluation |
| What are the required personal data? Please itemise them or supply a dummy sample, blank forms, screenshots from the prototype system etc. | Registration data.  Medical and sexual health data  Health, wellbeing and advocacy data  Emotional support and assessment data and therapeutic support case notes (CAMHS and LTFI)  Police interview data  CJS timeline and outcomes data,  Meeting notes and outcomes  Notes of daily allocation meeting  Risk assessments of each CYP |
| Please confirm that this is the minimum amount of personal data that is necessary. | Yes –Data will only be collected as required for clinical care and emotional or therapeutic support or to plan for the police interview or enable the evaluation.  Role based access rights on the system will be deployed to ensure access only to the minimum amount of data necessary for each staff member to deliver care. Access to information systems shall be granted using a formal user registration processes managed by NEL CSU and processed by the Lighthouse Service Manager.  Each user of a system shall have a unique user identity, so that the user can be held accountable for any actions carried out by their allocated user identity.  A formal record of all users connected to an NHS system shall be maintained, including the necessary approvals.  A formal record of all privileges allocated shall be maintained.  When a user account is no longer required, e.g. through staff resignation or a change in duties the account shall be disabled immediately.  Unused accounts shall be monitored and appropriate action taken in line with NHS procedures for disabling and deleting accounts.  Removal of accounts shall also include the removal of any associated access rights.    **Metropolitan police data** will continue to be entered onto the CRIS system by the officer in the case and video recorded interviews will be stored on DVDs and held off site on police premises as per current process. Police liaison officer will record high level information about the pre interview assessment and ABE interview on Excelicare. The police liaison officer will not be the officer in the case. The Lighthouse team will include high level information and dates about the criminal justice process, for example: stage of investigation, CPS charging decision, court preparation dates, court dates.  **Colposcopy video images** are planned to be stored in an access-controlled part of Excelicare document store. Currently UCLH will continue with existing process of burning video recordings to a standalone DVD and store the DVDs in a locked cupboard in a locked room.  **As described in the MOPAC DPIA, for the purposes of the MOPAC evaluation**, Criminal justice data will be required for the evaluation. The majority of this data will be obtained from the MPS, utilising the existing “joint controller” relationship between MOPAC and the MPS to obtain a relevant sample. This relationship is further described in the Information Sharing Agreement (ISA) Ref: MOPAC/MPS/2018/01 and relies upon MOPAC’s lawful basis of public task, under its core oversight function stipulated in the Police Reform and Social Responsibility Act 2011.  The PII will be drawn by E&I staff directly from the MPS Crime Recording Investigation System (CRIS). A CRIS number will be inputted into the CMS by Police Officers working within the Child House and provided to E&I with the Child House data extract. Matching can then occur and additional criminal justice fields, not necessary for the running of Child House and therefore not collected on the CMS, can be analysed. This step in the analysis means E&I can track Child House cases through the initial police investigation and work out key attrition points.  Combining this data with the health and social well-being data from the CMS will enable E&I to work out which key aspects of the service may affect case attrition. Analysis of criminal justice elements are a key requirement for the evaluation, not only because they are a primary interest for the Home Office (a main funder), but because they offer the best chance of being able to demonstrate a measurable impact of the service in the most timely manner. |
| Would it be possible for The Lighthouse to use pseudonymised data[[5]](#endnote-5) for any element of the processing? | Pseudonymised data will be used for some processing related to service improvement and reporting. Following the development of the research plans by the Lighthouse Research Group, the DPIA will be updated and the UCLH Research Governance Process followed. |
| If Y, please specify the element(s) and describe the Pseudonymisation technique(s) that we are proposing to use. | For the purposes of research and service improvement, numeric Lighthouse identifiers will be used.  Names will not be provided in research data set  Potential identifiers in demographic data will be removed or replaced with summary values (e.g. converting date of birth into age bracket, converting postcode into a borough) |

## Scale and constituency (ies)

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| What is the scale of the processing (i.e. (approximately) how many people will be the subject of the processing)? | It is likely that approximately 500 and 1000 service users will have their information entered onto the Excelicare Case management system during the two year pilot to access different parts of the service as required.  The number of service users having video police interviews is unlikely to be more than 50  The number used for evaluation may be less depending on whether informed consent is captured. |
| Please describe the constituency (ies). | The service will be open to any child who is living in North Central London who has been sexually abused (including CSE). This includes:   * Children aged 0 – 12 years and Young people aged 13 – 17 years. * Young people aged 18 – 25 years with a learning disability who are likely to benefit from a paediatric approach (agreed on a case by case basis).   Separate case records may also be created for parent/carers of these children and young people.  **Referral Criteria:**   1. **Allegation of child sexual abuse made to police or social care:**   Non acute Child Sexual Abuse reported to police or social care directly or via school or other practitioner; and outside forensic window/not needing DNA swabs  2. **Referral to Child House from the CYP Haven following forensic examination at the Haven:**  Children and Young people examined at the CYP Havens for a forensic medical examination (FME), will be transferred to the Child House once the acute FME has taken place.  3. **Significant suspicion of Child Sexual Abuse:**  Practitioners conclude, during a Section 47 discussion, that it is highly likely that sexual abuse has occurred and there are signs from Category A and/or B below:  Category A: History of risk and some evidence of harm to the child or a sibling  • They have been in contact with a known individual or alleged person who poses a risk of sexual harm.  • They have a history of disclosure and retraction  • There is a history of sexual abuse in their extended family  • They’re the sibling of a child who has disclosed or retracted sexual abuse  Category B: Behaviours and physical symptoms: symptoms that lead practitioners to suspect child sexual abuse (as defined in the NICE guideline -NG76)  Suspect current or past child sexual abuse:  • If a pre pubertal child displays or is reported to display repeated or coercive sexualised behaviours or preoccupation (for example, sexual talk associated with knowledge, emulating sexual activity with another child).  • If a pre-pubertal child displays or is reported to display unusual sexualised behaviours, including:  o oral–genital contact with another child or a doll  o requesting to be touched in the genital area  o inserting or attempting to insert an object, finger or penis into another child's vagina or anus  • If there are persistent or recurrent genital or anal symptom (for example, bleeding or discharge) that is associated with behavioural or emotional change and that has no medical explanation  • If a child younger than 13 years has gonorrhoea, chlamydia, syphilis, genital herpes, hepatitis C, HIV or trichomonas infection unless there is clear evidence of mother-to-child transmission during birth or blood contamination  4. **Self-referral following child sexual abuse made to the Child House:**  Self-disclosure by a young person or child and family/carer following non acute Child Sexual Abuse, reported to the Child House directly  As well as CONSULTATION with Child House team for advice on referral  Practitioners can seek advice from the Child House if they CONSIDER child sexual abuse if the signs and symptoms below are associated with other concerns such as Domestic Violence, not attending school etc. and seek advice from the Child House team.  • Ano-genital signs and symptoms e.g. gaping anus, dysuria (discomfort on passing urine), evidence of one or more foreign bodies in the vagina or anus.  • Sexually transmitted infections e.g. hepatitis B, gonorrhoea or ano-genital warts, unless there is clear evidence of mother-to-child transmission during birth, non-sexual transmission from a member of the household, blood contamination or that the infection was acquired from consensual sexual activity with a peer  • Pregnancy in a young woman aged 13 to 15 years  • Pregnancy in a young woman over 16 years where there is a clear difference in power or mental capacity between the young person and their sexual partner, in particular when the relationship is incestuous or is with a person in a position of trust (for example, teacher, sports coach, minister of religion)  • Concern that the young person is being exploited  Exclusion criteria:  • Children and young people requiring acute forensic medical examination  • Victims who are also perpetrators or at high risk of offending (based on the professional judgement of the Child House team). The ‘status’ of a child or young person attending the Lighthouse may not become clear until sessions have commenced. Decisions are made locally with exception reporting used to inform the commissioner quarterly to facilitate a shared understanding as operational experience develops.  • Those where an ‘exploratory interview’ is required to determine whether or not sexual abuse has occurred  • Those living outside the geographical boundaries of the five London Boroughs served by the Lighthouse, based on the address at which the child or young person is living  • Young people over the age of 18 years (although those between 18-25 years of age with learning delay or disability for whom a child or young person oriented service appears more suitable will be accommodated.) Exception reporting will be used to identify the volume of ‘clients’ falling into the 18-25 year old age range so that this can be monitored, and the approach regularly reviewed. |

## Outcomes

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| What will be the effects of the processing (i.e. what actions/decisions will result from the processing)? | Provision of service at the Lighthouse will include:   * Data sharing across agencies to ensure the child is safe – appropriate data sharing with social care or other agencies when a child protection is identified (in line with ‘Working Together’ procedures). * Provide necessary treatment and interventions including initial holistic assessment, video recorded interview led by clinical psychologist, assessment of therapeutic need, advocacy support and ongoing therapeutic support for the CYP and their parent/carer as required * Weekly complex case meeting where professionals discuss service users * Clinical decision making * Onward referral and liaison with health and care colleagues * Advice and training across the health, social care, voluntary sector and criminal justice system   **Primary Outcomes of the Child House are:**   * + Enhance referral pathways into and out of the Child House   + Enhance CYP, family and carer experience of support received post disclosure   + Enhance CYP experience of the criminal justice process post disclosure   + Enhance mental health and well being outcomes for CYP   + Enhance professionals awareness, competence and confidence in working with CSA/CSE   + Increased likelihood for CYP who received a Child House service to have cases charged by CPS   + Increased likelihood for CYP who received a Child House service to have their case end in conviction   + Enhance partnership working   **Aspirational Outcomes**  These long term outcomes may arise as a result of Child House. Due to the time scales of implementation and evaluation it is unlikely they will be measureable, but should be aspirations the Child House would like to achieve.   * + Providing CSA victims care and support to reduce the long term impact of victimisation;   Organisations are committed to being victim focused in their support of CSA victims.  In addition to service provision, data will be used for:  Evaluation of the effectiveness of the Lighthouse pilot to enable decision making about sustainability. Evaluation is seeking to demonstrate the outcomes have been achieved and support the decision making about sustainability of the service, including ongoing funding.  Local service improvement based on data such as:   * Utilisation and uptake * Service user experience and feedback * Health and wellbeing outcomes |

## Purpose(s) and legal basis(es) of the processing

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| (Please tick all that apply.) |  |
| Is the processing necessary for a task that is within the Trust remit as a public authority? (please specify below) | Yes the processing/sharing personal data for the Lighthouse (Child House) 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.  UCLH is an NHS Foundation Trust and lead provider of the Lighthouse Health and Wellbeing services.  The purpose and function of NHS Foundation Trusts is found in National Health Service Act 2006.   1. **National Health Act 2006**   **Chapter 3 Section 25 (i) NHS trusts**  (1)The Secretary of State may by order establish bodies, called National Health Service trusts (“NHS trusts”), to provide goods and services for the purposes of the health service.  <http://www.legislation.gov.uk/ukpga/2006/41/part/2/chapter/3>  **Chapter 5 Section 30 NHS foundation trusts**   1. An NHS foundation trust is a public benefit corporation which is authorised under this Chapter to provide goods and services for the purposes of the health service in England.   <http://www.legislation.gov.uk/ukpga/2006/41/part/2/chapter/5>   The legal basis for sharing information is found in  **General Data Protection Regulation (GDPR) 2016 and Data Protection Act (DPA) 2018**    **General Data Protection Regulation (GDPR) 2016:**  In order for the sharing/processing of personal data for the **Child House Project** (service for children and young people that experience child sexual abuse) to comply with [GDPR Article 5](https://gdpr-info.eu/art-5-gdpr/) and [DPA Section 86](http://www.legislation.gov.uk/ukpga/2018/12/part/4/chapter/2/crossheading/the-data-protection-principles/enacted), it must be fair, lawful and transparent, and at least one of the [Article 6](https://gdpr-info.eu/art-6-gdpr/) conditions must be met. [Article 9](https://gdpr-info.eu/art-9-gdpr/) conditions must also be met where special categories of personal data are being shared/processed. Therefore, the following legal bases have been established to unpin to the sharing/processing  GDPR Article 6 Condition:  The processing of personal data in accordance is permitted under the following paragraph:   * [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.](https://gdpr-info.eu/art-6-gdpr/)   GDPR Article 9 Condition  The processing of special categories of personal data is permitted under the following paragraph:   * [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 law or pursuant to contract with a health professional and subject to the conditions and safeguards](https://gdpr-info.eu/art-9-gdpr/)**.**   Art. 10 GDPR Processing of personal data relating to criminal convictions and offences  Processing of personal data relating to criminal convictions and offences or related security measures based on Article 6(1) shall be carried out only under the control of official authority or when the processing is authorised by Union or Member State law providing for appropriate safeguards for the rights and freedoms of data subjects. Any comprehensive register of criminal convictions shall be kept only under the control of official authority.  **Data Protection Act (DPA) 2018:**  The lawfulness of processing personal data set out in Article 6(1) (e) of the GDPR (as above) is permitted under [Section 8 (d) of DPA 2018:](http://www.legislation.gov.uk/ukpga/2018/12/section/8/enacted) as NHS Trusts are exercising a function of Department of Health as established under the **National Health Services Act 2006 (see above)**   * Processing is necessary for the exercise of a function of the Crown, a Minister of the Crown or a government department. * The lawfulness of processing special categories of personal data set out in [Article 9 (2) (h)](https://gdpr-info.eu/art-9-gdpr/) of GDPR (as above) is permitted under [DPA Section 10 (health and social care purposes)](http://www.legislation.gov.uk/ukpga/2018/12/section/10/enacted) and, it meets the following conditions set out in [Part 1, Schedule 1 (2)](http://www.legislation.gov.uk/ukpga/2018/12/schedule/1/enacted) of DPA: * [Health or social care purposes](http://www.legislation.gov.uk/ukpga/2018/12/schedule/1/enacted) means the purposes of:  1. preventive or occupational medicine; 2. medical diagnosis; 3. the provision of health care or treatment; 4. the provision of social care, or 5. the management of health care systems or services or social care systems or services.   Special categories of personal data: [DPA Section 11(1) supplementary](http://www.legislation.gov.uk/ukpga/2018/12/section/11/enacted)  The Children Act 2004 emphasises the importance of safeguarding children by stating that relevant party’s agencies - which include the police, children’s services authorities, NHS bodies and others must make sure that functions are discharged having regard to the need to safeguard and promote the welfare of children. The Act also states that they must make arrangements to promote co-operation between relevant party agencies to improve the well-being of children in their area. Well-being is defined by the Act (and was rephrased into ‘outcomes’ in the 2004 Government policy ‘Every Child Matters’) as relating to a child’s:  • physical and mental health and emotional well-being (‘be healthy’);  • protection from harm and neglect (‘stay safe’);  • education, training and recreation (‘enjoy and achieve’);  • the contribution made by them to society (‘make a positive contribution’);  • social and economic well-being (‘achieve economic well-being’).  It will also be necessary to share Personal Identifiable Information with the MOPAC Evidence and Insight team who will evaluate the effectiveness of the Lighthouse through case tracking of health, wellbeing and criminal justice outcomes, to support future funding of the service. Sharing with MOPAC for the evaluation will be explicit consent. |
| Is the Trust under a legal obligation to carry out the processing? (please specify below) | Yes, safeguarding is the legal obligation under Working Together to Safeguard Children 2018.  There is also a legal obligation to provide clinical notes to a court if they are requested. |
| Is the processing necessary for the arrangement or fulfilment of a contract between the data controller and the subject(s) of the personal data? (please specify below) | Yes, NSPCC will need to process the data on the basis of their contract with UCLH (lead provider) to provide a service to the service user. |
| Will we be seeking, and recording, freely given, specific and informed consent[[6]](#endnote-6) to the processing? If so, please supply a copy of the draft consent form. | Yes – we will seek explicit and informed consent through the use of a user friendly privacy notice and consent forms for specific interventions.  The Lighthouse privacy statement explains how data will be stored and processed with options to consent to all or part of data processing options. There will be four elements to consent:   * Agreement to access the service and associated data sharing as part of clinical service with school, GP, CAMHS and other agencies as listed in the privacy statement * Consent to share personally identifiable information with MOPAC for evaluation * Consent for the VRI forensic interviewing research pilot, * Consent for medical examination with video recorded colposcopy images   Consent will be checked at regular intervals and there will be opportunity to withdraw consent  See agreement and consent forms for detail |
| Is the processing necessary in an emergency situation to protect the life or safety of any person? (please outline below)  (NB This basis should be used only where the processing cannot be based on another legal basis.) | Yes – as advised in Working Together to Safeguard Children 2018  Information Governance section:  23. Effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe. Serious case reviews (SCRs13) have highlighted that missed opportunities to record, understand the significance of and share information in a timely manner can have severe consequences for the safety and welfare of children.  24. Practitioners should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children, whether this is when problems are first emerging, or where a child is already known to local authority children’s social care (e.g. they are being supported as a child in need or have a child protection plan). Practitioners should be alert to sharing important information about any adults with whom that child has contact, which may impact the child’s safety or welfare.  26. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children, which must always be the paramount concern. To ensure effective safeguarding arrangements:  • all organisations and agencies should have arrangements in place that set out clearly the processes and the principles for sharing information. The arrangement should cover how information will be shared within their own organisation/agency; and with others who may be involved in a child’s life |
|  | |
| Is the processing necessary in the legitimate interests of the Trust or a third party?  (NB This basis is not available to the Trust in the performance of its task.) | No |
| In this last case, please specify the legitimate interests and explain why and how they are not in conflict with the interests or rights and freedoms of the subjects of the personal data. |  |

## Special categories of personal data

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| Will the processing involve personal data about: (Please tick all that apply.) | |
| * racial or ethnic origin | Yes |
| * political opinions | No |
| * religious or philosophical beliefs | Yes |
| * trade union membership | No |
| * genetic data[[7]](#endnote-7) | No |
| * biometric data[[8]](#endnote-8) | No |
| * data concerning health[[9]](#endnote-9) | Yes |
| * data concerning the sex life or sexual orientation of the data subjects | Yes |

If N, skip the next section …

## Legal basis (es) for special category personal data

|  |  |
| --- | --- |
| Legal basis | Personal data to which this legal basis relates: |
| * explicit consent | We will have agreement to provide a service for the child. Explicit consent will be captured for the evaluation. |
| * required in the field of employment, social security or social protection law (please specify below) | *N/A* |
| * necessary in an emergency situation to protect the life or safety of any person where the data subject cannot consent (please specify below) | Yes – data may be shared for safeguarding concerns without consent. |
| * data subject has put the personal data in the public domain | N/A |
| * necessary for legal claims or to the Courts (please specify below) | No |
| * necessary for reasons of substantial public interest (please specify below) | Yes – we may need to share alleged perpetrator details with the police and social care if in the public interest for safeguarding purposes. |
| * necessary for health or social care purposes (please specify below) | Yes |
| * necessary for public health (please specify below) | Yes - protecting across cross border threats to health. |
| * necessary for archiving in the public interest, scientific or historical research purposes or statistical purposes (please specify below) | No, because the evaluation is being undertaken on the basis of explicit consent. |

|  |  |
| --- | --- |
| Please confirm that this is the minimum amount of special category personal data that is necessary. | Yes |

If we will not be processing data concerning health or social care, please skip this section …

**Common law duty of confidentiality**

|  |  |
| --- | --- |
| Is the proposed processing for a purpose other than direct care[[10]](#endnote-10)? | Yes - For the services direct care and also for research and evaluation. |
| If Y, will we be seeking, and recording, explicit consent to the processing? | Yes |
| If N, will we be seeking s251 approval[[11]](#endnote-11) to set aside the common law duty of confidentiality for defined medical purposes? | N/A |

## Consultation

|  |  |
| --- | --- |
| Would it be appropriate to seek the views of data subjects or their representatives on the proposed processing? | Yes, with regards to readability of privacy statement |
| If Y, how will this be done? | We consulted with young people to check readability of the privacy statement and accompanying leaflet to see if they understood the documents and made necessary changes. |
| If N, why is this the case? |  |
| Would it be helpful to seek advice from independent experts (clinicians, security experts, ethicists etc.) where their specialist knowledge would be useful in understanding and managing privacy risks? | Yes, and we have included practitioners and data privacy experts. |
| If Y, how will this be done? | This has been undertaken in a series of meetings and will be reviewed after six months of operation. |

## Lighthouse users of the data

|  |  |
| --- | --- |
| Which staff members or teams will use the personal data within the Trust? | Clinicians, administrators, service manager, practitioners, police liaison officers, social care liaison officers and play specialists. |

## Data processor**[[12]](#endnote-12)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Will the processing be wholly or partly performed on our behalf by a data processor(s)? | Yes: Excelicare will be the data processer as the system provider and will ensure that the case management system can create monthly reports. They will also report any breaches to the Data Controllers.  SOLACE clinicians will also process personal information and input data. These clinicians will be sub-contracted via NSPCC.  Lighthouse data sharing summary   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Organisation | Controller | Processor | Data discloser | Data receiver from Excelicare | | UCLH | Yes |  | Staff enter data into Excelicare | Create reports in Excelicare including service level reports and dashboards  Where explicit consent given, quality assure the data extract created for evaluation by Axsys and data extract for research | | T&P | Yes |  | Staff enter data into Excelicare | Receive service level reports | | NSPCC | Yes |  | Staff enter data into Excelicare | Receive service level reports | | MOPAC | Yes |  |  | Data extract with patient identifiable data for evaluation – only where explicit consent has been given by child, young person and/or family/carer | | Excelicare |  | Yes |  | Host data on Excelicare server at RedCentric and create and run report templates for QAF, Evaluation, and dashboards | | NEL CSU |  | Yes |  | Host Lighthouse shared drive on NEL CSU server in the Lighthouse | | Met Police |  | Yes | Staff enter data into Excelicare | Receive service level reports | | LB Camden |  |  | Staff enter data into Excelicare | Receive service level reports | | Solace Women’s Aid |  |  | Staff enter data into Excelicare | Receive service level reports | |

If N, please skip this section …

|  |  |
| --- | --- |
| What assurance has been/will be sought about the/each processor’s compliance with the GDPR? | The following contractual obligations provide assurance about data processing and GDPR:   * Sub-contracts held by UCLH with NSPCC and the Tavistock * Sub-contract between NSPCC and Solace * Contract between MOPAC and NEL CSU, including due diligence completed by NEL CSU on Excelicare * MOPAC have confirmed they will not seek to access any data directly from Excelicare * Data Processing Agreement between UCLH and Excelicare. |
| Will the contract contain standard clauses to require compliance with the GDPR? | Yes |

## Collection of personal data

|  |  |  |  |
| --- | --- | --- | --- |
| Will personal data be collected from the data subject? | Yes | | |
| Will personal data be collected from a third party(ies)? | Yes | | |
| If Y, please identify the third party(ies)? | Police, Local Authorities, Solace, other health and care providers e.g. CYP Havens, CSA hubs | | |
| How will the personal data be collected in each case? | Collector  Social Care (or other referrers)  Metropolitan Police  Excelicare/CMS  Other health and care providers | Mode  Lighthouse Referral form  Verbally from Investigating Officer, CPS and HMCTS. Data viewed on CRIS by PLO  Automated download from NHS Spine into the case management system  Lighthouse referral form | Content  Equivalent to 87a  Key dates and timeline, status of case progression, risk assessment of perpetrator details and court dates  GP, address and summary care record  Referral information including findings of initial assessment |
| How will the data subjects be informed of the processing of personal data about them? | Privacy Notice, Fair processing statements and agreement sought. | | |
| Is the provision of personal data obligatory or voluntary? | Yes - Obligatory to provide minimum service. | | |
| If obligatory, why/how is that the case? | It is needed to provide best and informed care to patient. | | |
| If voluntary, how can the data subject withdraw their consent to the processing? | The child and young people can withdraw agreement at any time to some parts of the service that Lighthouse provides. The children and young people will be given the opportunity to withdraw consent for sharing data for evaluation. In this case, and if the data has already been sent to MOPAC, the MOPAC Evidence and Insight team with delete the case record from the data set. Evaluation will be provided to MOPAC six monthly, which will minimise the need to delete data in the event that a service user withdraws consent. | | |
| What are the possible consequences for a data subject if there is a failure to provide the requested personal data? | Non-provision of service. | | |

## Accuracy of personal data

|  |  |
| --- | --- |
| How will we ensure the accuracy of the personal data (including their rectification or erasure where necessary)? | Keeping our information up-to-date by regularly checking and confirming with the service user. |
| How will we monitor the quality of the personal data? | By regularly checking and confirming with the user. There is a prompt for staff on Exelicare “Have you checked the demographic data”. |

## Subject access

|  |  |
| --- | --- |
| How will it be possible to provide a copy of the personal data processed about a particular individual to them (redacted as necessary) should they request access to this information?  (If you are purchasing an information management system, you should consider including requirements in the specification about searching and subject access requests.) | The requester will make a SAR application to the Lighthouse using [uclh.thelighthouse@nhs.net](mailto:uclh.thelighthouse@nhs.net).  Lighthouse SAR procedure (and associated organisational SAR policies) will be followed with review by Lighthouse senior leadership team, any necessary redaction and release of records following approval with support of the UCLH Caldicott Guardian as lead provider.  The SAR process will require multi-agency review by UCLH, TPFT and NSPCC. The SAR process and flowchart explains this in detail with UCLH IG monitoring the SAR process and Lighthouse service manager collating and sending out the response.  The Lighthouse privacy notice and consent form will state and give instructions on how a SAR can be requested. The Policy will go on the Lighthouse Website. See Subject Access Request guideline for details. |

## Restriction of processing**[[13]](#endnote-13)**

|  |  |
| --- | --- |
| How will it be possible to restrict the processing of personal data about a particular individual should this become necessary? | Lighthouse will have gained agreement from the child/young person to gain access to the services at Lighthouse. If they do not want access to some of the services they can say so and as such personal information will not be passed on. |

## Data sharing

|  |  |
| --- | --- |
| Will some or all of the personal data be shared with a third party(ies)? | Yes – see Data flow diagram in section 2 |

If N, please skip outflows in the next section …

|  |  |
| --- | --- |
| If Y, will the personal data be disclosed to a recipient(s) in a country outside the EU or an international organisation? | NO |
| If Y, why and how will this be done: |  |

## Data storage at the end of the Lighthouse Pilot

|  |  |
| --- | --- |
| How will data be shared and stored at the end of the pilot in the event of:   1. Lighthouse service decommissioned 2. Lighthouse service recommissioned but data transfer to another provider 3. Lighthouse service recommissioned with same lead provider | 1. Lighthouse service decommissioned   Excelicare will create an SQL data file of all health and care records for children, young people and families that attend the Lighthouse. UCLH will keep a full set of records for 25 years in line with NHS Digital Records Management Policy – For Health and Social Care.  Excelicare will create a subset of SQL data file that contains only CAMHS records for Tavistock and Portman  Excelicare will create a subset of SQL data file that contains only LTFI, P&R and advocacy records for NSPCC   1. Lighthouse service recommissioned but data transfer to another provider   Excelicare will work with UCLH as lead provider to transfer the CYP electronic health and care records to the new provider  3. Lighthouse service recommissioned with same lead provider  No change required |

# Risks

## Lighthouse: RISK ASSESSMENT BY GDPR Principles:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Principles** | **Identified Risk** | **Likelihood of harm** | **Severity of harm** | **Mitigation** | **Overall risk** |
| Lawfulness, fairness and transparency | Data Subjects do not fully understand why we need their data, how it will be used and who it will be shared with | Medium | Medium | To ensure that we process data subjects’ data fairly, lawfully and transparently which is central to complying with duties under the Data Protection Legislation;   1. We have established a legitimate reason for collecting and using personal data. 2. Data will not be used in ways that have unjustified adverse effects on the individual concerned 3. We will be open and honest about how it is intended to use the data, provide clear statements or notices that explain what information will be shared, who with and /or seek consent to share where appropriate. 4. We will handle people’s personal data only in ways they would reasonably expect 5. We will make sure nothing unlawful is done with the data.   The above will be included in the Lighthouse fair processing statements (Privacy Notice) on the website. Also, there will be graphical illustration of the privacy notice in clear, concise and easy to understand wordings that will be handed to individuals, displayed in reception areas and other public places or held in case files. | Low |
| Purpose Limitation | Use of identifiable data for further processing outside of the scope of the project will be unlawful | Medium | Medium | The Data controllers and processors will be obliged to comply with the documentation and transparency obligations. This is will be evidenced in the data processing agreement and the processing documentation obligation under Article30 of GDPR. | Low |
| Data minimisation | Collecting too much data which is not required thereby making it unlawful and leading to high request of data rectification / erasure | Medium | Medium | It is our responsibility to demonstrate that we have the appropriate processes to ensure that we only collect and hold the personal data we need. This data is identified in the DPIA. | Low |
| Accuracy | Having invalid or inaccurate personal data details of data subjects. Which could lead to high increase of data rectification. | Medium | Low | The Excelicare system does have a functionality that looks up via the national NHS spine at the point of accessing data subject records for them to confirm some personal data like contact details. Also, in the consent form we request that service users do notify us immediately if there’s any change in their personal data to enable us to have an up-to-date record about them, thereby mitigating any risk of inaccurate personal data. | Low |
| Storage limitation (retention) | The data retention policy of the lead provider is different those of the other data controllers. | Low | Low | All parties involved (joint controllers) in completing the DPIA must adhere to their organisation’s record management policies and procedures specifically in relation to retention and destruction of data. Such policies and procedures must be Data Protection Legislation compliant. (GDPR and DPA 2018)  At the end of the pilot the data processor will securely transfer all the data to the Lead provider in accordance with Article 20 (Data portability) of GDPR. | Low |
| Integrity and confidentiality | Misuse by data by staff, Service Users accessing records of which they are not supposed to, also not having appropriate technical and organisation measures in place | High | High | The Processors must be accredited to the BS ISO/IEC 27001:2005 Standard which governs requirements for establishing, implementing, operating, monitoring, reviewing and improving a documented Information Security Management System or have good security in place. The Processor will make available to the Controller secure access to its extranet facility, by means of a unique username and strong password, to enable secure upload of the Personal Data which is encrypted using a Digicert 128/256-bit encryption key. Upon receipt, the Processor shall store and protect the Personal Data on secure internal servers, housed in an electronically locked communications room, accessible by limited personnel and protected by robust external firewall controls. The Personal Data stored on the Processor’s internal systems are accessed only by authorised Processor staff, access for which is controlled via a unique username and strong password. The Processor’s premises are further enhanced with physical security measures including CCTV, electronic door access control – internal and external – and third-party security controls etc. | Medium |
| Accountability | Not understanding our responsibility | High | High | We are obliged to take full responsibility as data controllers and processors in the processing of personal and sensitive data by agreeing to:   * the terms and conditions of the contract and its scope. * By adopting and implementing data protection policies * By taking a data protection by design and default approach * By putting written contracts in place with organisation that process personal data on our behalf * By maintaining documentation of our processing activities * By Implementing appropriate security measures * By recording and where necessary, reporting personal data breaches * By carrying out data protection impact assessment for uses of personal data that are likely to result in high risk to individual’s interests (coloscopy images and ABEs) * By appointing a data protection officer or IG Lead for this project * By adhering to relevant codes of conduct and signing up to certification schemes. * By Continuous review and where necessary update the measure put in place. | Medium |
| Integrity and confidentiality | Compilation of data download for Evaluation may result in Lighthouse staff having access to data they don’t have permission to see. | High | High | Lighthouse staff will be responsible for receiving a dataset that will be generated by Axsys, accessed by The Lighthouse via SFTP and shared with MOPAC via 7Zip file. This dataset will be created for the evaluation every 6 months where explicit consent has been given by the user. The Lighthouse staff will quality assure the data download before it is sent to MOPAC. However, the dataset will include some data that neither the service manager not admin team have access to (such as ABE details). To mitigate this risk:   * As few roles as possible should be responsible for the evaluation data download. Wherever possible this will be responsibility of the Child House Service Manager who has a high degree of access to data. * The data will be downloaded every 6 months, to minimise the number of times this process is needed. * The data download will be an automated process, with the template set up by Excelicare. This should limit the need for an extensive quality assurance of the data. * The quality assurance of the data should focus on areas of data where the quality assurer already has access to the data. For example, the ABE section of the data download should not be used for quality assurance. * All staff are aware of their responsibilities around data protection and patient confidentiality. | Medium |
| Security | Security in relation to the physical storage of ABE interview recording and colposcope imagery. | High | High | * ABE recordings will continue to be stored in Metropolitan Police premises and not at the Lighthouse, following existing procedures for safe storage and transport * Colposcope images to be stored in a locked cupboard in locked room. These will be restricted access with only named individuals being able to access these. IN the medium term the colposcope images will be stored on the Lighthouse shared drive with secure access by medical staff only * Policies for access of the DVDs, password protected and encrypted DVDs. * In the medium-term, work towards the secure digital storage of recordings and images. | Medium |
| Lawfulness, fairness and transparency | Consent for any part of the service is overridden by a parent or carer where a young person is deemed competent | Low | Low | * Staff training to determine whether a young person is Gillick competent. * User friendly and appropriate literature to explain agreement for service and consent for other aspects such as the evaluation. These have been consulted upon and developed with both adults and children and young people in mind. * Staff to make a determination as to whether an adult can override consent/agreement. However, if a child is Gillick competent then consent will be sought from the child. * An additional ‘data officer’ post is to be recruited to help support the consent process for the evaluation and assist with staff training, | Low |
| Accountability | Data sharing and reporting outside The Lighthouse with partners | Medium | Medium | * Partners have signed an Information Sharing Agreement which sets out roles, responsibilities and procedures. * Any reports/data shared will be sent via a secure email address. Data will be password protected where possible. Passwords will be sent in a separate email. * The amount of personal data shared outside the Lighthouse will be minimised. * Any reporting shared outside the Lighthouse will not contain any personal data with the exception of the evaluation dataset. All other reporting will be at aggregate level and will not be possible to identify individuals. | Low |
| Accountability | Reputational and financial risk to data controllers if data breach and fine by ICO | High | High | * DPIA and individual policies and procedures in place to ensure respective organisations and staff are aware of their roles and responsibilities. * Clear procedures in place detailing process to follow if a breach occurs. * Data protection training to be covered as part of Lighthouse staff induction. * DPIA and policies and procedures to be regularly reviewed and kept up to date. | Medium |
| Lawfulness, fairness and transparency | Children and young people using the service may be less aware of the risks involved in collecting and processing their data | High | High | * Children will be assessed as to their ability to agree to the service (Gillick competence) or whether a family member or carer would need to do this on their behalf. * All service documentation has been developed with children and young people in mind, presenting information in a child friendly manner. Consultation with young people has taken place to help develop this documentation as well as the service in general. * Staff are specifically trained and experienced in working with children and young people. * Children and young people will be made aware of the risks in a way that they will be able to understand. There will be the ability for them to withdraw consent and their competency to consent will be continually assessed whilst they are in receipt of services. | Medium |

# Sign off

|  |  |  |
| --- | --- | --- |
| **Item** | **Name and date** | **Notes** |
| Measures approved by: |  |  |
| Residual risks approved by: |  |  |
| DPO advice provided: |  |  |
| Summary of DPO advice: | | |
| DPO advice accepted or overruled by: |  |  |
| Comments: | | |
| Consultation responses reviewed by: |  |  |
| Comments: | | |
| This DPIA will be kept under review by: | Project Manager |  |

(Where applicable)

## Information Commissioner’s Office

|  |
| --- |
| Advice of the ICO: |
| Date: |

(In all cases)

## UCLH Senior Information Risk Owner

|  |
| --- |
| Decision of the SIRO: |
| Position: |
| Date: |

## Tavistock and Portman Senior Information Risk Owner

|  |
| --- |
| Decision of the SIRO: |
| Position: |
| Date: |

## NSPCC Senior Information Risk Owner

|  |
| --- |
| Decision of the SIRO: |
| Position: |
| Date: |

## Solace Senior Information Risk Owner

|  |
| --- |
| Decision of the SIRO: |
| Position: |
| Date: |

## MOPAC Chief Executive Officer

|  |
| --- |
| Decision of the :Chief Executive Officer |
| Position: |
| Date: |

## NEL CSU Senior Information Risk Owner

|  |
| --- |
| Decision of the SIRO: |
| Position: |
| Date: |
|  |

## Excelicare Senior Information Risk Owner

|  |
| --- |
| Decision of the SIRO: |
| Position: |
| Date: |

1. anonymous information is information which does not relate to an identified or identifiable natural person or to personal data rendered anonymous in such a manner that the data subject is not or no longer identifiable [↑](#endnote-ref-1)
2. 'controller' means the Tavistock and Portman NHS Foundation Trust, alone or jointly with others, determines the purposes and means of the processing of personal data – for example, this is the case where the Trust is obliged by law to carry out a specific function [↑](#endnote-ref-2)
3. 'processing' means any operation or set of operations which is performed on personal data or on sets of personal data, whether or not by automated means, such as collection, recording, organisation, structuring, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transmission, dissemination or otherwise making available, alignment or combination, restriction, erasure or destruction [↑](#endnote-ref-3)
4. ‘personal data’ means any information relating to an identified or identifiable natural person (‘data subject’); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person [↑](#endnote-ref-4)
5. 'pseudonymisation' means the processing of personal data in such a manner that the personal data can no longer be attributed to a specific data subject without the use of additional information, provided that such additional information is kept separately and is subject to technical and organisational measures to ensure that the personal data are not attributed to an identified or identifiable natural person [↑](#endnote-ref-5)
6. 'consent' of the data subject means any freely given, specific, informed and unambiguous indication of the data subject's wishes by which he or she, by a statement or by a clear affirmative action, signifies agreement to the processing of personal data relating to him or her – this must be demonstrable by Trust [↑](#endnote-ref-6)
7. 'genetic data' means personal data relating to the inherited or acquired genetic characteristics of a natural person which give unique information about the physiology or the health of that natural person and which result, in particular, from an analysis of a biological sample from the natural person in question [↑](#endnote-ref-7)
8. 'biometric data' means personal data resulting from specific technical processing relating to the physical, physiological or behavioural characteristics of a natural person, which allow or confirm the unique identification of that natural person, such as facial images or dactyloscopic data [↑](#endnote-ref-8)
9. 'data concerning health' means personal data related to the physical or mental health of a natural person, including the provision of health care services, which reveal information about his or her health status [↑](#endnote-ref-9)
10. direct care: a clinical, social or public health activity concerned with the prevention, investigation and treatment of illness and the alleviation of suffering of individuals. It includes supporting individuals’ ability to function and improve their participation in life and society. It includes the assurance of safe and high quality care and treatment through local audit, the management of untoward or adverse incidents, person satisfaction

    including measurement of outcomes undertaken by one or more registered and regulated health or social care professionals and their team with whom the individual has a legitimate relationship for their care. [↑](#endnote-ref-10)
11. Section 60 of the Health and Social Care Act 2001, as re-enacted by Section 251 of the NHS Act 2006, allows the Secretary of State for Health to make regulations to set aside the common law duty of confidentiality for defined medical purposes. Section 251 was established to enable the common law duty of confidentiality to be overridden to enable disclosure of confidential patient information for medical purposes, where it was not possible to use anonymised information and where seeking consent was not practical, having regard to the cost and technology available. [↑](#endnote-ref-11)
12. 'processor' means a natural or legal person, public authority, agency or other body which processes personal data on behalf of the controller [↑](#endnote-ref-12)
13. 'restriction of processing' means the marking of stored personal data with the aim of limiting their processing in the future [↑](#endnote-ref-13)