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**Kent Police research study using linked NHS**

**Data Protection Impact Assessment**

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| Document Owner | Version | Status | Approved by | Date |
| Paul Bolton | 1.0 |  |  |  |
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# Data Protection Impact Assessment (DPIA) screening questions

The following questions must be answered fully to determine the need for a DPIA .

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| **Project Name** |
| Research study using linked police and NHS data to predict high harm intimate partner violence. |
| **Project Sponsor** |
| Kent Police |
| **Project Manager** |
| Richard Vickery |
| 1. **Will the project involve the collection of new information about individuals?** |
| No |
| 1. **Will the project compel individuals to provide information about themselves?** |
| No |
| 1. **Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?** |
| Yes |
| 1. **Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?** |
| Yes. We are linking multiple person level datasets that are normally used for contracting and performance, into a ‘research ready’ dataset for Kent Police to conduct research which includes developing new algorithms for risk profiling Intimate Partner Violence |
| 1. **Does the project involve you using new technology which might be perceived as being privacy intrusive? For example, the use of biometrics or facial recognition.** |
| No |
| 1. **Will the project result in you making decisions or taking action against individuals in ways which can have a significant impact on them?** |
| No |
| 1. **Is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For example, health records, criminal records or other information that people would consider to be particularly private.** |
| No |
| 1. **Will the project require you to contact individuals in ways which they may find intrusive?** |
| No |

If answering ‘Yes’ to any of the questions it is likely a PIA is required.

# Data Protection Impact Assessment

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| Step one: Identify the need for a DPIA |
| This pilot research study aims to answer the following questions:  • Does combined Police/NHS Data identify pre-event variables that influence risk of high-harm intimate partner violence (IPV) across the Family Unit Cohort, pre-event?  • Does combined Police/NHS Data identify pre-event variables that influence risk of high-harm IPV across the cohort individually, in terms of  o Offenders  o Victims  o Children  • From Partner Agency data can any assertion be made regarding levels of pre-event, non-reported, pre-cursor IPV, when compared to the Police data  This research is carried out in order to identify potential characteristics present in the lethal/potentially lethal IPV cohort which may contribute to an enhanced predictive model as an enabler to inform early police and partner agency intervention and prevent instances of high-harm IPV. |

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| Step two: Describe the information flows |
| Kent Police will first select and prepare a clear / identifiable dataset of 200 individuals known to them and convicted under the following categories:  i) Murder and attempted murder  ii) Manslaughter  iii) S18 GBH  Information on family members will also be collected where applicable which will bring the dataset sample up to 600 individuals. And where the victim is the current/ex intimate partner at the time of the commission of the offence (event). The initial 200-offender cohort will be derived from a period from 2012 to year-end 2017 (5 years).    The clear / identifiable dataset will then be passed via secure file transfer into the HISBi (MTW) data warehouse team for data matching using the Patient Master Index (derived from local NHS trust data flows). Data on service utilisation and other demographic information will then be extracted from local data flows into HISbi. The acute trust data will be as follows:  1) A & E attendance and admissions  i) Dates of visits from 2011 onwards and at least 12 months prior to event (month and year only)  ii) Frequency within the above time period  iii) Method of attendance (Ambulance/walk-in/with family member/other)  iv) Recorded illness/injury  2) Demographics  i). LSOA  ii). Age  iv). IMD (Deprivation)  The dataset once prepared and subject to data quality checks (as shown in accompanying diagram) will be passed back to Kent Police for analyses. Once the clear data has been shared with HISbi, Kent Police will digitally dispose of both case and control records that contained **any** identifiable data, (there are no hard copies). Names, addresses, dob, are all superfluous to the analysis. All analysis will be conducted based on the URN numbers alone ( RG/1/CG/1 etc.) The data will be exchanged on a one off sharing basis for this research and there would never be a need to refer back to the original clear data thereafter. The sequential URN’s are unique to this research and cannot be routed back to any individual or family group. |
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| Consultation requirements |
| **Internal**  Through Maidstone and Tunbridge Wells NHS Trust (MTW) internal Information Governance (IG) process for HISbi as data processor which will include the IG committee, DPO, IG lead and Caldicott Guardian  Internal for Kent Police  Information Assurance Board  **External**  The appropriate DPO/IG leads from the respective trusts  Dartford and Gravesham NHS Trust  Maidstone and Tunbridge Wells NHS Trust  East Kent Hospitals University NHS Foundation Trust  Medway NHS Foundation Trust   * The data matching methodology will be shared with them * The final dataset once prepared, after probabilistic matching and data linkage, will undergo a data quality check and risk assessment to check for and quantify the extent of ‘outliers’ (based on selected variables) in the dataset before sending onward to Kent Police. * Any original police data retained in HISBi will be ‘pseudonymised at rest’ to minimise risk of reidentification / unauthorised disclosure once the anonymised dataset has been passed to the police   **Other**  Because of the nature of the pilot, there is no requirement for public consultation |

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| Step three: identify the privacy and related risks | | | |
| * Identify the key privacy risks and the associated compliance and corporate risks. Larger-scale DPIAs might record this information | | | |
| Privacy issue | Risk to individuals | Compliance risk | Associated organisation / corporate risk |
| ***Information security*** |  |  |  |
| Unauthorised access to the data  Loss of data  Amendment of data | Inadequate disclosure controls increase the likelihood of information being shared inappropriately.  Information which is collected and stored unnecessarily, or is not properly managed so that duplicate records are created, presents a greater security risk. | Non-compliance with the General Data Protection Regulation (GDPR)  Negative impact on NHS Data Security and Protection Toolkit | Non-compliance with the GDPR or other legislation can lead to sanctions, fines and reputational damage.  Inability to meet statutory requirements eg sharing data with NHS Number for direct care purposes |
| ***Inappropriate disclosure*** |  |  |  |
| Unexpected sharing of data undermines the legitimacy of the research study | HIsbi (MTW) and Kent Police may know more about an individual than expected | Non-compliance with the GDPR  Non-compliance with duty of confidentiality  Non-compliance with human rights legislation. | Non-compliance with the GDPR or other legislation can lead to sanctions, fines and reputational damage. |
|  | Lack of formalised governance eg data sharing agreement |  |  |
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| Step four: Identify privacy solutions | | | |
| * Describe the actions you could take to reduce the risks, and any future steps which would be necessary (e.g. the production of new guidance or future security testing for systems). | | | |
| Risk | Solution(s) | Result: is the risk eliminated, reduced, or accepted? | Evaluation: is the final impact on individuals after implementing each solution a justified, compliant and proportionate response to the aims of the project? |
| Sensitive person identifiable data stored on the HISbi data warehouse | * Limited access to the developer doing the work. * Secure area of the server set up. * Data encrypted or anonymised when not in use. | Risk is reduced to satisfactory levels. | Yes |
| Data linked to identifiable A&E data could increase the risk of inadvertent unauthorised or accidental access. | * Trusts providing A&E data will not have access to the police data. * The working dataset containing a Kent Police one-off unique reference number will bepassed back to Kent Police. The URN will not be able to be reversed so the data will be effectively anonymised. . | Risk is reduced to satisfactory levels. | Yes |
| Poor governance | * Appropriate governance to be agreed between Kent Police and the acute trusts providing the A&E data. * The parties involved in this project are signed up to the Kent and Medway Information Partnership | Eliminated | No impact |
| Changing purpose | * There will be no change to the purpose of this project without agreement of all parties and sign off by the Data Protection Officer (DPO). | Reduced | Justifiable residual impact |
| Breadth of data collection | * The minimum data for the project to be effective will be agreed by all parties and signed off by the DPO. | Reduced | Justifiable residual impact |
| Poor analytical output | * This a pilot to establish if there is a predictable pattern to serious crimes being committed and will be properly evaluated before further analysis. * Because of the method of data matching used, the percentage of data matching may be low. If this is below the threshold deemed to produce robust analysis then the pilot will not continue. | Eliminated | No impact |
| Using information for too long | * This a pilot to establish if there is a predictable pattern to serious crimes being committed and will be properly evaluated before further analysis. | Eliminated | Proportionate impact  Note: 10 year retention period due to time based analyses |
| Information which is collected and stored unnecessarily, or is not properly managed | * Secure area of the server set up. * Data encrypted or anonymised when not in use (pseudonymisation at rest) | Reduced | Justifiable residual impact |
| Inadequate disclosure controls | * Limited and specific developer access. * Data access audited using special auditing software. * Data pseudonymised at rest | Reduced | Justifiable residual impact |
| Vulnerable people’s concern of identification | * This is a pilot and the data will be effectively anonymised (see earlier before return to Kent Police. | Reduced | Justifiable residual impact |
| Information no longer safely anonymised (where appropriate) | * Pseudonymisation at rest * Data destruction at the end of the pilot. | Reduced | Justifiable residual impact |
| Re-identification causing harm and distress | * Data will be anonymised before analysis by Kent Police * Adequate IG training for Kent Police researcher * Strong organisational controls emphasising disciplinary consequences of re-identification | Reduced | Justifiable residual impact |
| Unexpected organisations knowing about individuals | * Access control policy * Disclosure controls * Anonymous dataset * Establish data sharing agreement * Pseudonymisation at rest | Reduced | Justifiable residual impact |

## Step five: Sign off and record the DPIA outcomes

| Risk | Approved solution | To Be Approved by |
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| Poor governance | * Ensure existing arrangements work effectively | NHS Trusts’ Caldicott Guardians / IG Leads/DPO + Kent Police Information Assurance Board |
| Inadequate disclosure controls | * Limit access to only authorised Kent Police researcher for specific purpose to developing risk profiling tool | NHS Trusts’ Caldicott Guardians / IG Leads/DPO + Kent Police Information Assurance Board |
| Using information for too long | * Agree retention policy | NHS Trusts’ Caldicott Guardians / IG Leads/DPO + Kent Police Information Assurance Board |
| Vulnerable people’s concern of identification  Re-identification causing harm and distress | * Complete re-identification risk assessment * Ensure objections to data sharing are honoured or comply with national policy | NHS Trusts’ Caldicott Guardians / IG Leads/DPO + Kent Police Information Assurance Board |
| Information which is collected and stored unnecessarily, or is not properly managed | * Periodic data item review with recommendations for deletion | NHS Trusts’ Caldicott Guardians / IG Leads/DPO + Kent Police Information Assurance Board |

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| Re-identification causing harm and distress | * Audit organisational controls (Kent Police) * Agree accidental re-identification reporting method | NHS Trusts’ Caldicott Guardians / IG Leads/DPO + Kent Police Information Assurance Board |
| Poor analytical output | * Complete documentation * Maintain documentation | NHS Trusts’ Caldicott Guardians / IG Leads/DPO + Kent Police Information Assurance Board |

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| Step six: Integrate the DPIA outcomes back into the project plan | | |
| * Who is responsible for integrating the PIA outcomes back into the project plan and updating any project management paperwork? Who is responsible for implementing the solutions that have been approved? Who is the contact for any privacy concerns which may arise in the future? | | |
| Action to be taken | Date for completion of actions | Responsibility for action |
| Review governance arrangements | July – September 2018 | Peter Gough & Paul Bolton HISBi (MTW)  Abraham George  KCC PH  Richard Vickery Kent Police |
| Implement access controls for home visit data |
| Agree retention policy |
| Agree policy for the management of rarely used data items |
| Complete re-identification risk assessment |
| Ensure objections to data sharing are honoured or comply with national policy |
| Agree public consultation method |
| Periodic data item review with recommendations for deletion |
| ‘Rarely used’ data access restriction/retention policy |
| Audit organisational controls |
| Agree accidental re-identification reporting method |
| Complete documentation |
| Maintain documentation |

Contact points for future privacy concerns

Kevin Rowan, Trust Secretary, Maidstone and Tunbridge Wells NHS Trust, Tel: 01622 228698, Email: [Kevinrowan@nhs.net](mailto:Kevinrowan@nhs.net)

Or

Data Protection Officer, Information Security and Governance Department, Kent Police Headquarters, Sutton Road, Maidstone, ME15 9BZ.

Annex A – Data flow diagram

