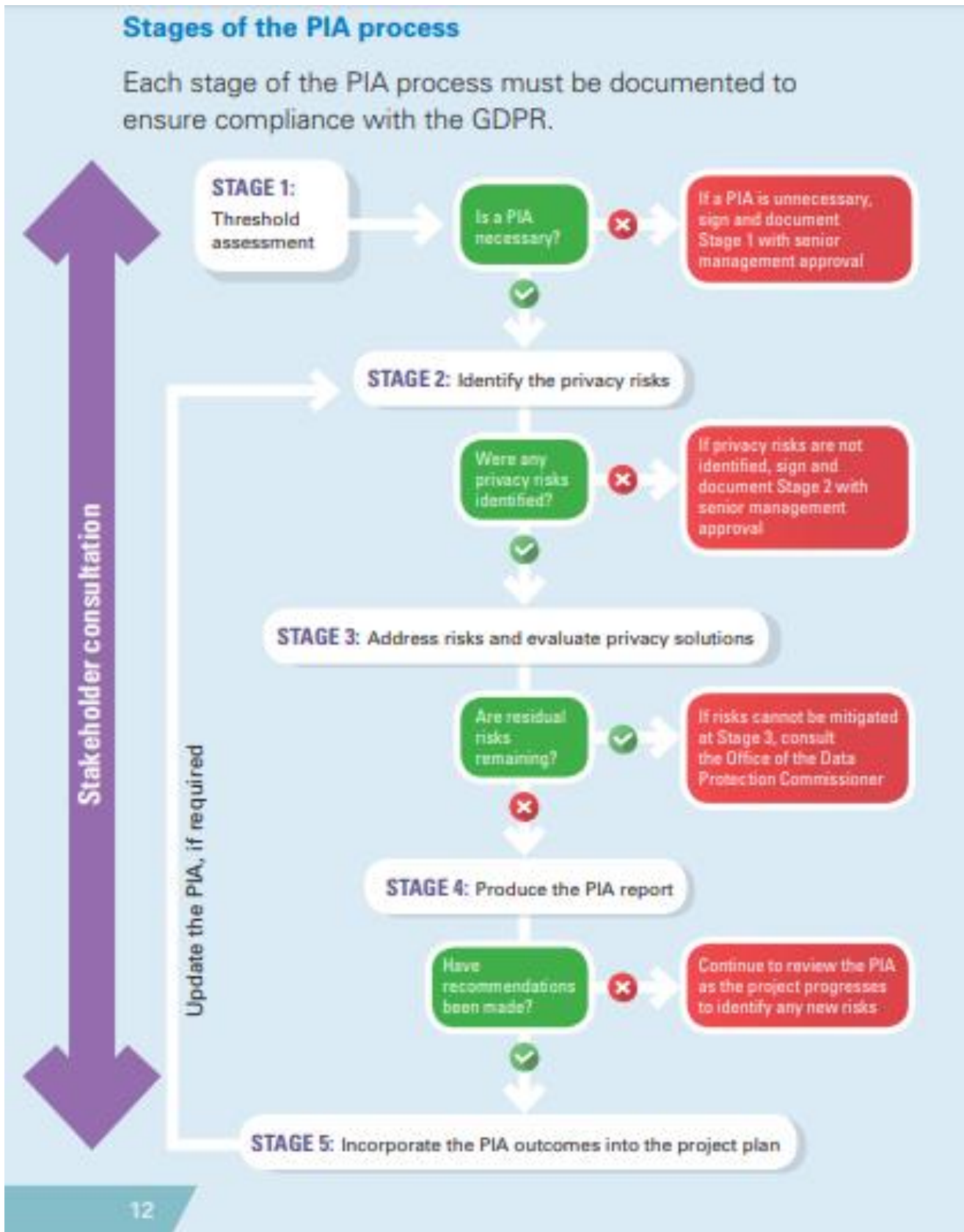


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Privacy Impact Assessment			
Capturing the patient perspective for the NOCA Annual Reports			
<b>Authors</b>	Marina Cronin, Head of Quality & Development, NOCA		
<b>Reviewers</b>	Mary Baggot, Audit Manager, NOCA		
<b>Approved by</b>	Brid Moran, Information Manager, NOCA		
<b>Approved Date</b>	17/10/2019		
<b>Review date</b>	01/03/2020		
Change Log			
Version	Date Approved	List section numbers changed	Author

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Source: HIQA – Privacy Impact Assessment toolkit for health and social care October 2017 (pg12)

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## Information Governance Structure

<b>Who is the project lead?</b>	Marina Cronin, Head of Quality & Development, NOCA
<b>Who is the PIA lead?</b>	Marina Cronin, Head of Quality & Development, NOCA
<b>Who is the Information Governance lead?</b>	Brid Moran, Information Manager, NOCA
<b>Who is the designated Data Protection Officer of the organisation?</b>	Brid Moran, Information Manager NOCA
<b>Are third party organisations involved?</b> (Name those involved and outline the service level agreements that are in place)	No

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A quick review – what is the current position	Response Yes/No/Being implemented
<p><b>Senior management awareness</b></p> <ul style="list-style-type: none"> <li>Regularly discuss data protection</li> <li>GDPR has been recognised as a challenge to the business</li> </ul>	Yes
<p><b>Data protection policies and procedures (including retention and disposal schedules)</b></p> <ul style="list-style-type: none"> <li>in place</li> <li>compliance is monitored</li> <li>compliance can be evidenced</li> <li>regularly reviewed</li> <li>communicated to staff</li> </ul>	Yes – Category of patient perspectives added to data inventory schedule for NOCA-Gen-Pol022 NOCA Data Retention Policy
<p><b>Information security</b></p> <p><b>Policies and procedures:</b></p> <ul style="list-style-type: none"> <li>in place</li> <li>compliance is monitored</li> <li>compliance can be evidenced</li> <li>regularly reviewed</li> <li>communicated to staff</li> </ul> <p><b>Formal mechanisms in place to identify breaches and handle incidents</b></p> <ul style="list-style-type: none"> <li>in place</li> <li>compliance is monitored</li> <li>compliance can be evidenced</li> <li>regularly tested &amp; reviewed</li> <li>communicated to staff</li> </ul>	Being implemented  Yes –Breach Management Policy in place NOCA-Gen-Pol005
<p><b>Clear and accessible fair processing information given to individuals</b></p>	Patient information leaflet: NOCA-GEN-PIL 01 NOCA Privacy Statement- <a href="https://www.noca.ie/privacy">https://www.noca.ie/privacy</a>
<p><b>New projects and initiatives</b></p> <ul style="list-style-type: none"> <li>“privacy-proofed” at the planning stage</li> <li>Reviewed during development, testing and delivery stage, i.e. pre- and post-implementation</li> <li>‘Privacy impact assessments’ are conducted when necessary</li> </ul>	“privacy-proofed” at the planning stage

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## 1. WHAT personal data do we want? List the sources and any assumptions

Source	Assumptions/Challenges
Interested candidates for interview	Assumption – Personal details captured during telephone contact with NOCA Challenge - data security
Interview participant	Assumption: Personal data will be captured during the data collection. Challenge - data security

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## 2. WHY is personal data processed? List the reasons for processing

1. Capturing patient perspectives are one of the most effective approaches to gain a thorough understanding of patient experience. They are a powerful way of increasing focus and engagement with quality and safety issues, highlighting aspects of care covered by NOCA clinical audits. These perspectives can be used to inspire, educate, enable learning & improvement and for public engagement. This Privacy Impact Assessment examines the capture of this perspective for the NOCA National Reports.
2. Patient perspective is qualitative data, which is collected in form of an interview. This is collated and presented in the report in form of a 'story' and 'interspersed quotes' through-out the report.
3. It is anticipated that all stories and quotes presented in the NOCA report are de-identified.  
  
Sometimes, participants may to provide explicit consent to retain their personal information in the story. In this case, some personal information may be presented in the patient story in the NOCA annual report.
4. A public invitation to participate is disseminated through public fora e.g. NOCA website, public lectures, advocacy groups seeking submission of interest to participate. NOCA collates personal information (name and contact number) to follow up with interested parties.
5. During an interview, personal data may be captured relating to the participant, clinical staff the participant encountered during experience of health care. All interviews are captured on audio and transcribed.
6. All personal information relating to the participant is retained only with their consent. This can be withdrawn at any stage prior to publication of the report.
7. All personal information relating to clinical encounters with other individuals is removed from the participant story and quotes.
8. Before the story and quotes are de-identified, the interview participant is invited to review.

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**You will need to complete this page for each reason for processing**

### 3. WHOSE personal data is processed?

Whose personal data is processed?	Interested candidates and Interview participants
What is the nature of your relationship with the individuals?	They reflect the patient the profile of patients report
How much control will they have?	Full control – consent will be sought at the outset and they will be informed as to how to withdraw (NOCA-GEN-FM 01: Capturing your perspective in NOCA reports, Consent form)
Would they expect you to use their data in this way?	Yes
Do they include children or other vulnerable groups?	Not at present
Are there prior concerns over this type of processing or security flaws? Is it novel in any way? What is the current state of technology in this area?	No
Are there any current issues of public concern that you should factor in?	No
<b>Reason for processing:</b> to capture perspective for NOCA reports.	
Interested candidates for interview who contact NOCA about sharing their perspectives.	
Participants who share their perspective during interviews	

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#### 4. WHAT personal data is processed?

**Reason for Processing:** To capture patient perspective for NOCA reports.

#### Individuals affected: (list all)

Interested candidates for interview, Interview participants

<b>Personal data</b>	<p>The GDPR applies to 'personal data' meaning any information relating to an identifiable person (Data Subject) who can be directly or indirectly identified in particular by reference to an identifier. (see Article 6)</p> <p>This definition provides for a wide range of personal identifiers to constitute personal data, including name, identification number, location data or online identifier, reflecting changes in technology and the way organisations collect information about people.</p> <p>Personal data that has been pseudonymised – e.g. key-coded – can fall within the scope of the GDPR depending on how difficult it is to attribute the pseudonym to a particular individual.</p>	<p>Article 6.1</p> <ul style="list-style-type: none"> <li>a) Consent</li> <li>b) Contract</li> <li>c) Legal obligation</li> <li>d) Vital interests</li> <li>e) Public task</li> <li>f) Legitimate interest</li> </ul>
<b>Special categories of personal data</b>	<p>The GDPR refers to sensitive personal data as "special categories of personal data" (see Article 9).</p> <p>This is because special category data is more sensitive, and so needs more protection. For example, information about an individual's: race; ethnic origin; politics; religion; trade union membership; genetics; biometrics (where used for ID purposes); health; sex life; or sexual orientation.</p> <p>The special categories specifically include genetic data, and biometric data where processed to uniquely identify an individual. Personal data relating to criminal convictions and offences are not included, but similar extra safeguards apply to its processing (see Article 10).</p>	<p>Article 9.2</p> <ul style="list-style-type: none"> <li>a) Consent</li> <li>b) Legal obligation</li> <li>c) Vital interests</li> <li>d) Legitimate interest</li> <li>e) Made public by data subject</li> <li>f) exercise of defence of legal claims</li> <li>g) Substantial Public interest</li> <li>h) Preventative or occupational medicine/Provision of health or social care services</li> <li>i) Public interest in area public health</li> <li>j) Archiving purposes in the public interest, scientific or historical research</li> </ul>



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Type of personal data	Data Categories	Source	Data Flow	Legal basis (Personal Data – 1 from Art6) (Special categories – 1 from Art9)
Demographics	Personal	Interested candidates for interview	Interested candidates to NOCA	Article 6.1 (a), (e)
Health	Special	Interested candidates for interview	Interested candidates to NOCA	Article 9.2 (a)
Demographics	Personal	Interview Participant	Interview Participant to NOCA	Article 6.1 (a), (e)
Health	Special	Interview Participant	Interview Participant to NOCA	Article 9.2 (a)

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**You will need to complete this page for each reason for processing**

## 5. WHEN is personal data processed?

1. On initial self-selection
2. On participation
3. On completion of interview

**Reason for processing: To capture patient perspective for NOCA reports.**

**When is personal data obtained/updated:**

(This may be on more than one occasion)

1. On initial self-selection
2. On participation
3. On completion

**Disclosures:**

(who are we giving/sharing info with)

To whom: Public Record

In what circumstances: when report is published, patient story is presented.

**Retention period**

- Audio files are retained until NOCA receives confirmation that participant is happy with the transcript.
- Where personal information is removed and the story is de-identified, the story itself becomes a matter of public record for the life time of audit
- Where some personal information is retained in the patient story, this can be removed prior to publication but once it is published, the story then becomes a matter of public record.

What determines the retention period:

- Demographic - Consent and opt out
- Health - this is captured in the patient story, once published, it becomes a matter of public record.

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## 6. WHERE is personal data processed?

NOCA

**Reason for Processing: To capture patient perspective for NOCA reports.**

### Manual records location

Interview notes note scanned and/or shredded post interview

### Electronic records format(s)

- Data base for Interested candidates for interview
- Electronic files and transcripts from interviews are securely stored and encrypted in a unique project folder located in the RCSI V: drive

### Systems/services used

- Audio recording software (to be determined)
- Microsoft Office
- Data analytics tool
- NOCA Transcription Service

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**Consider how to consult with relevant stakeholders: describe when and how you will seek individuals' views – or justify why it's not appropriate to do so. Who else do you need to involve within your organisation? Do you need to ask your processors to assist? Do you plan to consult information security experts, or any other experts?**

## 7. WHO will you consult with?

Who	When	How	Why
NOCA Information Manager	At least two occasions, at beginning and prior to sign off	Meeting	Advice for sign off for security or privacy concerns

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You will need to complete this page for each risk identified

## 8. What risks are involved with processing the personal data?

Describe source of risk and nature of potential impact on individuals. Include associated compliance and corporate risks as necessary.	Likelihood of harm	Severity of harm	Overall risk
	Remote, possible or probable	Minimal, significant or severe	Low, medium or high
1. Personal data being breached by hacking of the NOCA network	Remote	Significant	Low
2. Interview participant who has not consented for use of personal data to be included in the patient story, is identified when the report is published	Possible	Minimal	Low
3. Audio file becomes corrupted during transcript	Possible	Severe	Low

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**Identify additional measures you could take to reduce or eliminate risks identified as medium or high risk in previous step**

**9. What measures can be used to reduce risks associated with processing the personal data?**

Risk	Options to reduce or eliminate risk	Effect on risk	Residual risk	Measure approved
		Eliminated reduced accepted	Low medium high	Yes/no
1.	Personal data stored in encrypted format and/or on password protected devices	Eliminated	Low	Yes
2.	Interview participants attending the report launch are informed of the risk of being identified. This risk can be mitigated by asking media personnel not to identify or photograph interview participants.	Accepted	Low	Yes
3.	Two copies of audio file will be made. One original and one backup. The backup file will be retained until transcript is finished. Back up held in a restricted folder, available to NOCA Ops Manager / Designee.	Reduced	Low	Yes

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## 10. Is the processing necessary and proportional?

### Describe compliance and proportionality measures.

Describe in more detail the lawful basis for processing as outlined under Section 4 above.	<ul style="list-style-type: none"> <li>Personal data – consent and public task</li> <li>Health data – consent</li> </ul> <p>Information leaflet and consent form relating to this activity have been developed.</p>
Does the processing actually achieve your purpose?	Yes
Is there another way to achieve the same outcome?	No
How will you prevent function creep?	Patient consent will determine how the data can be used
How will you ensure data quality and data minimisation?	<p><u>Data quality</u> –Participant review patient story including final edited version.</p> <p><u>Data minimisation</u> –Policy for collection patient stories outlining purpose of this activity – Capturing patient stories in NOCA; a policy for improvement (DRAFT). Purpose of this activity clearly outlined in Section 2.</p>
What information will you give individuals?	<p>NOCA-GEN-PIL 01-National Office of Clinical Audit, Patient Information Booklet: Information leaflet about participation</p> <p>NOCA staff meets participants to go through detail of this activity</p>
How will you help to support their rights?	Consent form will inform them of their right
What measures do you take to ensure processors comply?	Security policies and regular audits of practice.
How do you safeguard any international transfers?	N/A as data will not be transferred internationally

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## Sign off and record outcomes

Item	Name/date	Notes
Measures approved by:	Brid Moran, Information Manager NOCA 17/10/2019	Integrate actions back into project plan, with date and responsibility for completion
Residual risks approved by:	Brid Moran, Information Manager NOCA 17/10/2019	If accepting any residual high risk, consult the DPC before going ahead
DPO advice provided:	Yes	DPO should advise on compliance, risk measures and whether processing can proceed
Summary of DPO advice: Throughout PIA		
DPO advice accepted or overruled by:	Accepted	If overruled, you must explain your reasons
Comments:		
Consultation responses reviewed by:	NA	If your decision departs from individuals' views, you must explain your reasons
Comments:		
This DPIA will kept under review by:	Brid Moran, Information Manager NOCA	The DPO should also review ongoing compliance with DPIA



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