**WEISF INFORMATION SHARING PROTOCOL**

# SUMMARY SHEET

**Title of Agreement: Adult and Children A&E Attendance (Mid & South Essex)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organisation Name | Head Office Address | Phone | Email | Named Data Protection Officer | ICO Notification reference |
| Essex County Council | County Hall, Market Road Chelmsford, CM1 1QH  | 08457 430430 | dpo@essex.gov.uk  | Paul Turner | Z6034810 |
| Integrated Care 24 Limited (111) | Kingston House, The Long Barrow, Orbital Park, Ashford, Kent, TN24 0GP | 01233 505435 or 07580806631 | Claire.Walker@ic24.nhs.uk  | Claire Walker | Z956524X |
| Mid and South Essex Hospital Group  | Basildon &Thurrock University Hospital Nethermayne, Basildon SS16 5NL | 01268821957 | informationgovernance@btuh.nhs.uk  | Matthew Barker  | Z6288182 |
|  |  |  |  |  |  |

**Version Control**

|  |  |
| --- | --- |
| Date Protocol comes into force | March 2020 |
| Date of next Protocol review | March 2023 |
| **Protocol Lead Organisation** | Essex County Council |
| Protocol drawn up by (Author(s)) | Simon Simpkin/Gemma Gibbs |
| Status– DRAFT/FOR APPROVAL/APPROVED | APPROVED |
| Version  | 1.0 |

**Wider Eastern Information Stakeholder Forum**

This Information Sharing Protocol is designed to ensure that information is shared in a way that is fair, transparent and in line with the rights and expectations of the people whose information you are sharing.

This protocol will help you to identify the issues you need to consider when deciding whether to share personal data. It should give you confidence to share personal data when it is appropriate to do so but should also give you a clearer idea of when it is not acceptable to share data.

Specific benefits include:

* minimised risk of breaking the law and consequent enforcement action by the Information Commissioner’s Office (ICO) or other regulators;
* greater public trust and a better relationship by ensuring that legally required safeguards are in place and complied with;
* better protection for individuals when their data is shared;
* increased data sharing when this is necessary and beneficial;
* reduced reputational risk caused by the inappropriate or insecure sharing of personal data;
* a better understanding of when, or whether, it is acceptable to share information without people’s knowledge or consent or in the face of objection; and reduced risk of questions, complaints and disputes about the way you share personal data.

Please ensure all sections of the template are fully completed with sufficient detail to provide assurance that the sharing is conducted lawfully, securely and ethically.

|  |  |  |
| --- | --- | --- |
| Item | Name/Link /Reference | Responsible Authority |
| Data Protection Impact Assessment (DPIA) | 911 (Cloudwick Platform) | Essex County Council |
| Supporting Standard Operating Procedure |  |  |
| Associated contract | Cloudwick | Essex County Council |
| Associated Policy Documents |  |  |
| Other associated supporting documentation |  |  |

1 – Purpose

|  |
| --- |
| Accident & Emergency (A&E) departments throughout the country are experiencing unprecedented levels of attendances, which is having a negative impact on how quickly patients with genuine medical emergencies can be seen and general patient flow throughout the acute setting.There is evidence that ∼40% of attendances at Accident and Emergency (A&E) departments are for conditions that are suitable for management by primary care (OR outside of the care system completely). A significant proportion of parents taking their child to A&E, when there are potentially more suitable and less costly alternatives, and the increasing older people population all contribute to stresses on health and social care services. The data sources will contain information across all age groups, so we can explore the different pathways for children and young families, working age adults, and older people that, if addressed, could alleviate some strain. Within the suggested HRG codes there are significant volumes of working age adults (47% of annual figures) and older people (19%) as well as children & young people (33%). Alternatively, this is the cohort that attend A&E without an admission, and without any significant treatment.The primary project aim is to predict avoidable attendance of children at A&E and the factors contributing to both frequent attenders and frequent admissions for children. The project will also look at working age adults to understand how adults attendance and admission behaviour may affect children in their household and also if there are differences in the factors between both adults and children for high intensity use of acute healthcare. By having this information, geographical areas with high proportions of potential future frequent users can be identified before they become frequent users and appropriate alternative healthcare options can be promoted or made accessible to these communities. There is a focus within MSE on integrated care and reducing acute admissions for those who could receive the same care in the community. This group would benefit from the intelligence and use this information, as well as A&E colleagues working to reduce High Intensity Users who could be treated outside a hospital setting Geographical mapping at an output area of communities most likely to make avoidable attendances to MSE hospitals correlated with identification of the needs within these communities and existing services and community healthcare provision suitable for the community and any gaps that may exist in provision or difficulties in access to provision.This should have additional benefits to the services children and young people access – not just hospitals (eg, GPs; social care). For example, better education may alleviate some GP frequent visitors. There would also be increased insight on pre-social care pathways.How we will use the data:Note: all outputs will be displayed at an output area level only (this is a minimum of 100 households). Identifiable characteristics are removed at source.1: Profiling the pathways of 0-18 year olds presenting at A&E or admitted to hospital that could have been dealt with outside a hospital setting. Using hospital, 111 (and other sources) – creating pathways and profiles that help us understand why 0-18 year olds present at A&E or are admitted multiple times ‘avoidably’Using these profiles and pathways to predict communities with a heightened risk and the reasons for this. Mapping assets and alternative sources of information. Working within these target communities to reduce A&E admissions.2a: Profiling all WAA & OP A&E attendance and admissions alongside other health and social care touch points to create integrated health and social care pathways. Using these pathways to determine whether we can predict first time social care package starts. And;2b: Using the same pathways to predict A&E admissions and the key risk and resilience factors that influence these. And other usage of health services by social care service users.How we will use the insight:The outputs/insight will be used to enable the following:* Targeting of the right type of early intervention and prevention services, to the right place (community), at the right time.
* To build up a more robust understanding of children’s and adults health outcomes from a holistic perspective which will feed into our population health understanding.
* To support the work undertaken around frequent admission and high intensity users to help take a more preventative approach to MDTs of HIUs and to understand which risk factors are significant and how to spot them for both hospital staff but also community providers
* Change inpatient pathway to increase management in the community.
* Reduce presentations in A&E for 0-18 cohort.

*N.B. At no time will an individual be re-identified.* |

2 – Information to be shared

**Data to be shared by Mid and South Essex Hospital Group: A&E Data**

* Trust Code
* Attendance ID
* Attendance Number
* Attendance Date Time
* Commissioner Code
* Patient ID
* NHS number (pseudonymised at source)
* Postcode
* Sex
* Attendance Age
* GP Practice Code
* Registered GP
* Arrival Mode
* Attendance Category
* Referral Source
* Complaint
* Attendance Disposal
* Initial Assessment Date Time
* Treatment Date Time
* DTA Date Time
* Departure Date Time
* Time in Department
* Financial Year
* Financial Month
* Admission Flag
* ED Area
* Referred Specialty
* ED Doctor
* HRG Code

**Data to be shared by Mid and South Essex Hospital Group: Inpatient Data**

* Financial Year
* Trust Code
* Site Location
* Spell ID
* Spell ID Finance
* NHS Number (pseudonymised at source)
* Patient ID
* Pseudo Address Code (pseudonymised at source)
* General Practice Code
* Admission Date Time
* Discharge Date Time
* Start Episode Date Time
* End Episode Date Time
* Episode Start Ward
* Episode End Ward
* Episode Number
* Last Episode Indicator
* Episode Treatment Function Code
* Episode Consultant Code
* Spell Total Los
* Pbr LOS
* Critical Care Days
* Intended Management Code
* Source Of Admission Code
* Patient Classification Code
* Admission Method Code
* Discharge Method Code
* Gender
* Age On Admission
* Person Death Date Time
* Admission Main Specialty Code
* Admission Treatment Function Code
* Discharge Main Specialty Code
* Discharge Treatment Function Code
* Discharge Destination Code
* Discharge Consultant Code
* Diagnosis Code 01-12
* Procedure Code 01-12
* Primary Procedure Date
* Commissioner Code
* Episode HRG Code
* ICD10 String
* OPCS4 String
* Trust Spell IDX
* D&C Effective TFC
* D&C Cohort
* Diagnosis Code 01-12 Desc
* Procedure Code 01-12 Desc
* Episode HRG Code Desc

**Data to be shared by IC24: 111 Data**

* NHS Number (Identifier to be pseudonymised)
* NHS number status indicator code
* Withheld identity reason
* Activity Identifier
* Age At Activity Date
* Person Age
* Pseduo Address Code (pseudonymised at source)
* Person Stated Gender Code
* Organisation Code (Code of Provider)
* Organisation Code (Code of Commissioner)
* Organisation Code (Residency Responsibility)
* Organisation Code (GP Practice Responsibility)
* Call Connect Time and Date
* Call Start Time and Date
* Call Abandoned, Time and Date
* Technical Difficulty Alert
* Triage Start Date Time 1
* Triage End Date Time 1
* Triage Start Date Time 2
* Triage End Date Time 2
* Reason For Not Triaging
* Internal Transfer Time
* Clinical Advisor Triage Start and End Date Time
* Internal Transfer Date
* Start Time and Date for DoS Provider
* Electronic Information Transfer
* Internal Call Back Time Date
* Call End Time Date
* Interim Disposition Time Date
* Source Of Call
* Age Group
* Language Code (Preferred)
* SPN Flag (Special Patient Notes)
* Repeat Caller
* NHS 111 Minimum Data Set Disposition Category
* NHS 111 Minimum Data Set Disposition (DX) Code
* Call Back Required
* Caller Terminated Call
* Description Of The Service From The Directory Of Services
* Service Type
* Service Provider
* Outcome for Service
* Party
* NHS England 111 Area Code
* Site ID
* Clinician Type
* Skill Set
* Symptom Discriminator
* Symptom Group
* Triage Disposition Code
* CAS Disposition Code
* Final Disposition Code
* Final Disposition Time and Date
* CAS Input Flag
* Override Flag
* Disposition Override
* Cx Keywords
* Trauma
* Catch All
* Ranking
* Distance To Patient
* Service Description (may repeat)
* Prescription Issued (may repeat)
* Rejection Reason
* Gap Service Description (may repeat)
* Gap Service Type
* Failure Reason
* Ambulance CAD
* Ambulance Priority Code

**Data to be shared by Essex County Council: Social Care Registrations (Adults and Childrens)**

* Registration ID
* Person ID
* Register ID
* Register Name
* Register Reason
* Registration Start Date
* Registration Step ID
* Deregistration Reason
* Deregistration Date
* Deregistration Step ID

**Data to be shared by Essex County Council: Social Care Demographics (Adults and Childrens)**

* Person ID
* NHS ID (pseudonymised)
* Date Of Death
* Gender
* Full Ethnicity (Code)
* Ref Description (Description Of Ethnicity)
* Marital Status
* First Language
* Context Flag (Adults or Children)
* Load Date
* Age At Transfer

**Data to be shared by Essex County Council: Adult Social Care Services**

* Person ID
* Swift ID 1 and 2
* Workflow Step ID
* Workflow Step Type
* Workflow Step Start and End Date
* Workflow Step End Month and Year
* Workflow ID
* Package Requesting Team
* Element ID
* Element Detail ID
* Count Commitment ID
* Commitment ID
* Rate ID
* Rate Change ID
* Package ID
* Service ID
* Cancelled
* Package Type
* Service Group
* Service Type
* Element Type
* Contract Type
* Element Group
* Provider ID
* Provider
* Provider Type
* Payee Org ID
* Payee Organisation
* Budget Code Group ID
* Budget Code (incl breakdown of full budget code by components)
* Budget Code Locality
* Start and End Current ECC Year (Financial Year)
* Service Start and End Date
* Element Start and End Date
* Valid Element
* Length of Stay
* Element Start and End Week
* Element Start Month Year
* Element End Month Year
* Active Package
* Commitment Start and End Date
* Commitment Created On
* Purchasing Team
* Quantity
* Standard Cost
* Cost Per Frequency
* Cost Per Week
* One Off Cost
* Weekly Quantity
* Rate
* Rate Type
* Frequency
* Quantity Per Frequency
* Unit Of Measure
* Charge Unit Type
* Element Change Type
* Old Element Detail ID
* New Element Detail ID
* Calculated Rate
* Old Service Cost
* Service Cost
* Active Package Cost
* Date Of Death
* Age
* Age Band 1 and 2
* Locality Name
* District Name
* Ward Name
* Primary Support Reason
* Primary Support Sub Reason
* Max Commitment ID
* Alt Reporting Group
* Alt Service Group
* LTS Service (Long Term Service User yes or no)
* Pseudo Household ID (pseudonymised at source)

**Data to be shared by Essex County Council: Childrens Social Care Services**

* NHS Number (pseudonymised at source)
* Age At Contact
* Age Group At Contact
* Contact Start and End Date
* Completed On System
* Contact Source
* Contact Reason
* Outcome
* CP Dates
* CIC Dates
* Gender
* Category
* CP Start and End Date
* Reason for CP End
* DA
* Address (pseudonymised at source)
* Output Area

**Data to be shared by Essex County Council: Geographic master file (and open source data)**

* UDPRN (pseudo household key)
* (H) Mosaic Public Sector 6 Type
* (H) Mosaic Public Sector 6 Group
* (H) Mosaic Public Sector 6 Group Label
* (H) Mosaic Public Sector 6 Type Label
* Flag: Experian 2015 List Postcode
* (PC) Mosaic Public Sector 6 Type
* (PC) Mosaic Public Sector 6 Group
* (PC) Mosaic Public Sector 6 Group Label
* (PC) Mosaic Public Sector 6 Type Label
* (PC) MidYear 2019 Household Estimate
* (PC) MidYear 2019 Population
* (PC) MidYear 2019 Adults 15+
* (PC) MidYear 2019 Adults 18+
* (PC) MidYear 2019 Residents in Household (HH)
* (PC) Postal Sector
* (PC) Output Area (OA)
* (PC) Super Output Areas – Lower Layer (LSOA)
* (PC) Super Output Areas – Middle Layer (MSOA)
* (PC) Electoral Wards
* (PC) Local Authority Districts and Unitary Authority Code
* (PC) Local Authority Districts and Unitary Authority Desc
* (PC) Counties and Unitary Authorities Code
* (PC) Counties and Unitary Authorities Desc
* (PC) Former Counties Code
* (PC) Former Counties Desc
* Index Of Multiple Deprivation (IMD) Rank (Where 1 is most deprived)
* Index Of Multiple Deprivation (IMD) Decile (Where 1 is most deprived 10% of LSOAs)
* Income Rank (Where 1 is most deprived)
* Income Decile (Where 1 is most deprived 10% of LSOAs)
* Employment Rank (Where 1 is most deprived)
* Employment Decile (Where 1 is most deprived 10% of LSOAs)
* Education, Skills and Training Rank (Where 1 is most deprived)
* Education, Skills and Training Decile (Where 1 is most deprived 10% of LSOAs)
* Health Deprivation and Disability Rank (Where 1 is most deprived)
* Health Deprivation and Disability Decile (Where 1 is most deprived 10% of LSOAs)
* Crime Rank (Where 1 is most deprived)
* Crime Decile (Where 1 is most deprived 10% of LSOAs)
* Barriers to Housing and Service Rank (Where 1 is most deprived)
* Barriers to Housing and Service Decile (Where 1 is most deprived 10% of LSOAs)
* Living Environment Rank (Where 1 is most deprived)
* Living Environment Decile (Where 1 is most deprived 10% of LSOAs)
* Income Deprivation Affecting Children Index (IDACI) Rank (Where 1 is most deprived)
* Income Deprivation Affecting Children Index (IDACI) Decile (Where 1 is most deprived 10% of LSOAs)

3. Legal basis

The identified conditions for processing under the Data Protection Act 2018:

|  |  |
| --- | --- |
| Personal Data (identifiable data) | Special Categories of Data (Sensitive identifiable data – if applicable) |
| Article 6:  | Article 9: (if appropriate):  |
| Public Task | Substantial Public Interest |
| Choose an item. | Health & Social Care |

Please list below relevant legislation or statute empowering this sharing activity:

|  |
| --- |
| Vulnerable Peoples ActChildrens Act 1989/2004Health & Social Care Act 2001/2015Care Act 2014Human Rights Act 1998 |

4. Responsibilities

|  |  |  |
| --- | --- | --- |
| For the purposes of this Protocol the responsibilities are defined as follows: For help go to [Controllers and processors | ICO](https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/key-definitions/controllers-and-processors/) | Tick box | Organisation Name(s) |
| The Sole Data Controller for this sharing is: |[ ]   |
| The Joint Data Controllers for this sharing are: |[x]  ECC, BTUH, IC24 |
| In the case of Joint Data Controllers, the designated single contact point for Individuals is: |[x]  Essex County Council |
| Data Processors supporting the processing carried out under this protocol are (please list names): |[x]  Cloudwick |

This Protocol will be reviewed three years after it comes into operation, or sooner should a breach occur or circumstances change, to ensure that it remains fit for purpose. The review will be initiated by the Lead Organisation (see page one).

5. Data Subject Rights

It is each Partner’s responsibility to ensure that they can comply with all of the rights applicable to the sharing of the personal information. Partners will respond within one month of receipt of a notice to exercise a data subject right. It is for the organisation initiating this ISP to identify which rights apply, and then each Partner has a legal responsibility to ensure they have the appropriate processes in place.

|  |  |
| --- | --- |
| Data Subject RightsSelect the [applicable rights](https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/) for this sharing according to the legal basis you are relying on | Check box to confirm processes are in place  |
| UK GDPR Article 13 & 14 – Right to be Informed – Individuals must be informed about how their data is being used. This sharing must be reflected in your privacy notices to ensure transparency. | [x]  |
| UK GDPR Article 15 – Right of Access – Individuals have the right to request access to the information about them held by each Partner | [x]  |
| UK GDPR Article 16 – Right to Rectification – Individuals have the right to have factually inaccurate data corrected, and incomplete data completed.  | [x]  |
| UK GDPR Article 17 (1) (b) & (e) – Right to be forgotten – This right may apply where the sharing is based on Consent, Contract or Legitimate Interests, or where a Court Order has demanded that the information for an individual must no longer be processed. Should either circumstance occur, the receiving Partner must notify all Data Controllers party to this protocol, providing sufficient information for the individual to be identified, and explaining the basis for the application, to enable all Partners to take the appropriate action. | [ ]  |
| UK GDPR Article 18 – Right to Restriction – Individuals shall have the right to restrict the use of their data pending investigation into complaints.  | [x]  |
| UK GDPR Article 19 – Notification – Data Controllers must notify the data subjects and other recipients of the personal data under the terms of this protocol of any rectification or restriction, unless it involves disproportionate effort. | [x]  |
| UK GDPR Article 21 – The Right to Object – Individuals have the right to object to any processing which relies on Consent, Legitimate Interests, or Public Task as its legal basis for processing. This right does not apply where processing is required by law (section 3). Individuals will always have a right to object to Direct Marketing, regardless of the legal basis for processing. | [x]  |
| UK GDPR Article 22 – Automated Decision-Making including Profiling – the Individual has the right to request that a human being makes a decision rather than a computer, unless it is required by law. The individual also has the right to object to profiling which places legal effects on them. | [ ]  |
| Freedom of Information (FOI) Act 2000 or Environmental Information Regulations (EIR) 2004 relates to data requested from a Public Authority by a member of the public. It is best practice to seek advice from the originating organisation prior to release. This allows the originating organisation to rely on any statutory exemption/exception and to identify any perceived harms. However, the decision to release data under the FOI Act or EIR is the responsibility of the agency that received the request. | [x]  |

6. Security of Information

The Partners to this protocol agree that they will apply appropriate technical and organisational security measures which align to the volume and sensitivity of the personal data being processed in accordance with article 32 of the UK GDPR as applied by the Data Protection Act 2018.

The security of the personal data in transit will be assured by: Personal information will be sent securely as pseudonymised data only.

Partners receiving information will:

* Ensure that their employees are appropriately trained to understand their responsibilities to maintain confidentiality and privacy
* Protect the physical security of the shared information
* Restrict access to data to those that require it, and take reasonable steps to ensure the reliability of employees who have access to data, for instance, ensuring that all staff have appropriate background checks
* Maintain an up-to-date policy for handling personal data which is available to all staff
* Have a process in place to handle any data breaches involving personal data, including notifying relevant third parties of any breach
* Ensure any 3rd party processing is agreed as part of this protocol and governed by a robust contract and detailed written instructions for processing.

7. International Transfers **(Not applicable)**

**(If all processing will remain in the UK move to section 8**

# 8. Format & Frequency

* The format the information will be shared in is CSV files via STFP and HTTPS.
* The frequency with which the information will be shared is monthly for the duration of the project.

If a shared system is being used by partners:

* What system is being shared? Amorphic Platform
* Who is the owner of the system? Cloudwick (under contract with ECC)

# 9. Data Retention

Information will be retained in accordance with each partners’ published data retention policy available on their websites, and in any event no longer than is necessary for the purpose of this protocol. All data beyond its retention will be destroyed securely.

# 10. Data Accuracy

Please check this box to confirm that your organisation has processes in place to ensure that data is regularly checked for accuracy, and any anomalies are resolved [x]

# 11. Personal Data Breach Notifications

Where a data breach linked to the sharing of data under this protocol is likely to adversely affect an Individual, all involved Partners must be informed within 48 hours of the breach being detected. The email addresses on page 1 should be used to contact the Partners. The decision to notify the ICO can only be made after consultation with all other affected Partners to this protocol, and where notification to the ICO is required, it must be made within 72 hours of the breach being detected. Where agreement to notify cannot be reached within this timeframe, the final decision will rest with the Protocol Lead Organisation as depicted on page one.

All involved Partners should consult on the need to inform the Individual, so that all risks are fully considered, and agreement is reached as to when, how and by whom such contact should be made. Where agreement to notify cannot be reached, the final decision will rest with the Protocol Lead Organisation as depicted on page one.

All Partners to this protocol must ensure that robust policy and procedures are in place to manage data breaches, including the need to consult Partners where the breach directly relates to information shared under this protocol.

# 12. Complaint Handling

Partner agencies will use their standard organisational procedures to deal with complaints from the public arising from information sharing under this protocol.

# 13. Commencement of Protocol

This Protocol shall commence upon date of the signing of a copy of the Protocol by the signatory partners. The relevant information can be shared between signatory partners from the date the Protocol commences.

# 14. Withdrawal from the Protocol

Any partner may withdraw from this protocol upon giving 4 weeks written notice to the Protocol Lead Organisation stated on page one, who will inform other partners to the protocol. The leaving Partner must continue to comply with the terms of this Protocol in respect of any information that the partner has obtained through being a signatory. Information, which is no longer relevant, should be returned or destroyed in an appropriate secure manner.

# 15. Agreement

This Protocol must be approved by the responsible person within each organisation (DPO/SIRO/Caldicott Guardian/Chief Information Officer). Signed copies should be retained by the Lead Organisation for the lifetime of the Protocol plus two years.

Signed Protocols, or emails of approval should be sent to the Lead Organisation.