



# **Unmanned Aerial Vehicles (UAV - Drone) Technology Privacy Impact Assessment**

**February 2023**

## **Aspects of Privacy Impact Assessment**

There are four aspects of privacy to be considered when undertaking a PIA, they will at times overlap and should be seen as working guides to the issues a PIA should explore, rather than strict definitions.

A PIA should consider:

1. The privacy of personal information;

This aspect is referred to variously as 'data privacy' and 'information privacy'. Individuals generally do not want data about themselves to be automatically available to other individuals and organisations. Even where data is possessed by another party, the individual should be able to exercise a substantial degree of control over that data and its use. The development of information technologies have had substantial impacts on information privacy.

2. The privacy of the person;

This aspect is sometimes referred to as 'bodily privacy', and is concerned with the integrity of the individual's body. Issues associated with privacy include body searches, compulsory immunisation, blood transfusion without consent, compulsory provision of samples of body fluids and body tissue, and requirements for submission to biometric measurement.

3. The privacy of personal behaviour;

This aspect relates to the observation of what individuals do, and includes such issues as optical surveillance and 'media privacy'. It could relate to matters such as sexual preferences and habits, political or trade union activities and religious practices. But the notion of 'private space' is vital to all aspects of behaviour, it is relevant in 'private places' such as the home and toilet cubicle, and is also relevant in 'public places', where caUAVI observation by the few people in the vicinity is very different from systematic observation, the recording or transmission of images and sounds.

4. The privacy of personal communications.

This aspect could include various means of analysing or recording communications such as mail 'covers', the use of directional microphones and 'bugs' with or without recording apparatus and telephonic interception and recording. In recent years, concerns have arisen about third party access to email messages. Individuals generally desire the freedom to communicate among themselves, using various media, without routine monitoring of their communications by other persons or organisations.

## **Privacy Impact Assessment Proforma**

This document must be completed for any new / or change in service which pertains to utilise personal identifiable information. It must be completed as soon as the new service / or change is identified by the Project Manger / System Manager or Information Asset Owner.

This process is a mandated requirement on the Information Governance Toolkit to ensure that privacy concerns have been considered and actioned to ensure the security and confidentiality of the personal identifiable information.

There are 2 types of Privacy Impact Assessments – a small scale and full scale. This proforma is based on the Small Scale PIA. Following completion of this proforma, it may be necessary to conduct a Full Scale PIA. Full details are available in the Information Commissioner's handbook.

Privacy Law compliance checks and Data Protection Act compliance checks are part of the PIA process – the questions to assess this are included in the proforma.

Please complete all questions with as much detail as possible and return the completed form to:

**Information Governance**

Information.governance@nhs.net

Further guidance on specific items can be found on the Information Commissioner's website.

[www.ico.gov.uk](http://www.ico.gov.uk)

## Section A: New Project Details

<b>Name:</b> Small Unmanned Aircraft (UAV – Drone) Technology
<b>Objective:</b> The project aim is to <ul style="list-style-type: none"><li>• To protect staff, patients and visitors</li><li>• To protect &amp; survey Trust premises and Trust assets</li><li>• To increase personal &amp; patient safety and reduce the fear of crime</li><li>• To reduce incidents of violence and aggression to staff &amp; public</li><li>• To support the Police in reducing and detecting crime</li><li>• To provide a deterrent effect and reduce criminal activity</li><li>• To assist in the traffic management and car parking schemes</li></ul>
<b>Background:</b> Drone technology consists of a video/stills camera attached to small remotely piloted aircraft which records video data when required. The equipment also has the capability of providing videography without recording for immediate survey tasks. The purpose of the technology is to safeguard staff, patients alongside site assets. It's flexibility allows for use during major incidents, missing patients, site safety surveys and security or traffic monitoring. It will <u>not</u> be used for covert or directed surveillance of staff, patients or visitors. The aircraft will normally fly at an altitude of 200-300ft so making the identification of an individual extremely difficult. When tasked the camera will be disabled until the aircraft is in position to survey or record. The remote pilots are professionally qualified and fully insured with current Civil Aviation Authority operation permissions
<b>Benefits:</b> Are: <ul style="list-style-type: none"><li>• Protection of all personnel on the Trust site</li><li>• Deterrent and prevention provided by awareness of use.</li><li>• Supports cost effective 'at height' survey and safety tasks</li><li>• Safety of staff by reducing need to work at height and safe lifting capability &lt;20lbs to &lt;400ft.</li><li>• Contribute to the transparency of security &amp; safety procedures</li><li>• Reduce time &amp; resources for searches on site &amp; immediate area</li><li>• Provision of verifiable recordings with time-stamp if required</li><li>• Saving lengthy descriptive reports having to be provided</li><li>• Footage is readily acceptable by numerous organisations</li><li>• A reduction in complaints or litigation.</li><li>• UAV use will increase sustainability and reduce the Trust carbon footprint by supporting with all the above</li><li>• A tangible contribution to efficient work flow and cost savings</li><li>• Income generation – only NHS Trust in region with this specialist capability.</li></ul>

<p><b>Constraints:</b></p> <ul style="list-style-type: none"><li>• Entitlement to footage, possible release to third parties</li><li>• Unable to encrypt data – see VLOS below.</li><li>• Enormous step-change in culture and technology</li><li>• Recording &amp; handling security sensitive footage</li><li>• Public and staff perceptions of the use of this technology</li><li>• Must operate within visual line of sight (VLOS) of operator</li><li>• Maximum CAA legal operating range – 500m distance, 400ft altitude</li><li>• CAA regulations and safety cases (CAP 722 &amp; ANO Amendment 2017)</li><li>• Precedence to air ambulances and police aviation services</li><li>• Dawn to dusk operating time – this can be revised to 24/7 if required.</li></ul>
<p><b>Relationships:</b> (for example, with other Trust's, organisations)</p> <p>Networking information with other Trusts that are considering employing UAV technology Improved relationships with local schools, NHS organisations and businesses Relationship with other emergency services (police, fire, ambulance &amp; military) Local Authority/Local Councillors – off-site parking, anti-social behaviour on and off site Fire Service – Fire prevention surveys Local residents – monitoring of off-street parking (trends and not individuals) National Police Aviation Services Yorkshire Air Ambulance Children's Air Ambulance</p>
<p><b>Quality expectations:</b></p> <ul style="list-style-type: none"><li>• Reduction in anti-social behaviour</li><li>• Reduction in incidents of trespass and dog fouling</li><li>• Site checks for missing patients</li><li>• Reduction in complaints about parking, both on and off site</li><li>• Staff security &amp; safety perceptions</li><li>• Deterrent &amp; preventative measures</li><li>• Savings in security monitoring and site surveys</li><li>• Regular updates of site aerial imagery and videos</li><li>• Support for Trust charity events and initiatives</li><li>• Improvements in survey and incident evidence data</li><li>• Media &amp; social media interactions and information</li></ul>
<p><b>Cross reference to other projects:</b> Trust CCTV, BWV systems and car parking initiatives and procedures.</p>

<b>Project Manager:</b> Mike Lees	
Name: Mike Lees	Name: Lisa Corbridge
Title: Head of Business Security	Title: Business Security Specialist
Department: BSU	Department: BSU
Telephone: 01226 431386	Telephone: 01226 431387
Email: mike.lees@nhs.net	Email: lisacorbridge@nhs.net
<b>Information Asset Owner:</b> (All systems/assets must have an Information Asset Owner (IAO). IAO's are normally the Heads of Departments and report to the SIRO)	
Name: Mike Lees	
Title: Head of Business Security	
Department: Business Security Unit	
Telephone: 01226 431386	
Email: mike.lees@nhs.net	

<p><b>Customers and stakeholders:</b></p> <p>Name:</p> <ul style="list-style-type: none"> <li>• Business Security Unit</li> <li>• Barnsley Facilities Services (BFS)</li> <li>• Trust Security Team</li> <li>• G4S Secure Solutions</li> <li>• All Trust staff including volunteers, non-executive directors and governing body</li> <li>• Trust Members</li> <li>• Trust Service Users (Patients, Visitors, Relatives)</li> <li>• All staff side organisations</li> <li>• Barnsley Hospital Charity</li> <li>• Contracted staff and service providers</li> <li>• NHS England</li> <li>• South Yorkshire Integrated Care System</li> <li>• South Yorkshire Police</li> <li>• Yorkshire Ambulance Service</li> <li>• South Yorkshire Fire &amp; Rescue Services</li> <li>• Barnsley Metropolitan Borough Council including elected members</li> <li>• South West Yorkshire NHS Foundation Trust</li> <li>• RightCare Barnsley</li> <li>• Partners and Community Together (PACT – CSG)</li> <li>• Ward Alliance Group</li> <li>• Pogmoor Residents Association</li> <li>• Old Town Residents Association</li> </ul>
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### Section B Privacy Impact Assessment Key Questions

Question	Response		Ref to key req. e.g. IGTK, Small scale PIA etc
<p><b>1. Will the system (will now be referred to thereafter as 'asset') contain Personal Identifiable Data or Sensitive Data?</b></p> <p>If answered 'No' you do not need to complete any further information as PIA is not required.</p>	<p>Possibly PID but extremely unlikely. No SD.</p> <p>All at distance and height:</p> <p>Patients Visitors Relatives Staff Contractors</p>		
<p><b>2. Please state purpose for the collection of the data:</b> for example, patient treatment, health administration, research, audit, staff administration</p>	<ul style="list-style-type: none"> <li>• To protect staff, patients and visitors</li> <li>• To protect Trust premises and Trust assets</li> <li>• To increase personal safety and reduce the fear of crime</li> <li>• Provision of accurate aerial images of site and buildings</li> <li>• To locate missing patients or property</li> <li>• To provide building survey data – visual and thermal.</li> <li>• To support the Police in reducing and detecting crime</li> <li>• To assist in identifying, apprehending and prosecuting offenders on site</li> <li>• To provide a deterrent effect and reduce criminal activity</li> <li>• To assist in the traffic management and car parking schemes</li> </ul>		IGTK 202
<p><b>3. Does the asset involve new privacy-invasive technologies?</b></p>	<p>No and considerably less than existing Trust systems</p>		SS PIA (1)
<p><b>4. Please tick the data items that are held in the system</b></p>	<p><b>Personal</b> Photographic/Video footage at distance</p>	<p><b>Sensitive</b></p>	
<p><b>5. Will the asset collect new personal data items which have not been collected before?</b></p>	<p>No</p>		SS PIA (5)

<b>6. What checks have been made regarding the adequacy, relevance and necessity for the collection of personal and/or sensitive data for this asset?</b>	<p>There will be no sensitive information collected and personal information will only be collected collaterally. Personal information will only be imagery at considerable distance which will be deleted when initially viewed. There is no intention to deploy for criminal or disciplinary surveillance but trend and environmental monitoring only. UAV use will be strictly in compliance with Trust policies and procedures to ensure that the use is proportionate, legitimate, necessary and justifiable. At all stages, it will comply with the General Data Protection Regulation, Data Protection Act and other legislation. In the case of the Human Rights Act 1998, there will be adherence to the requirements of Article 8 (Right to respect for private and family life, home and correspondence) since this is a qualified right, information will only be captured and processed to achieve a legitimate aim as detailed earlier.</p>	SS PIA (2 & 10)
<b>7. Does the asset involve new or changed data collection policies that may be unclear or intrusive?</b>	<p>No</p> <p>Use of this technology will be included</p>	SS PIA (9)
<b>8. Is the third-party contract/supplier of the system registered with the Information Commissioner? What is their notification number?</b>	N/A	
<b>9. Does the third party/supplier contracts contain all the necessary Information Governance clauses including information about Data Protection and Freedom of Information?</b>	N/A	IG TK 110
<b>10. Does the asset comply with privacy laws such as the Privacy and Electronic Communications Regulations 2003 (see appendix for definition)</b>	Yes	Privacy Law Check
<b>11. Who provides the information for the asset?</b>	BFS and project management for surveys Possibly patients & visitors if reported missing.	



<b>12. Are you relying on individuals (patients/staff) to provide consent for the processing of personal identifiable or sensitive data?</b>	No  It is important to note that in principle there is no requirement to obtain the express consent of the person or persons being filmed since the actions of the Business Security Unit are deemed to be lawful.	
<b>13. If yes, how will that consent be obtained? Please state:</b>	N/A	
<b>14. Have the individuals been informed of and have given their consent to all the processing and disclosures?</b>	Yes (explicit)  Information provided on the Trust Internet & Intranet on respect of all camera and surveillance assets  <ul style="list-style-type: none"> <li>• Any non-evidential material or irrelevant survey information will be deleted immediately. It will be extremely rare for UAV footage to be retained. If so it will comply with existing Trust and NHSD policies.</li> <li>• Recorded and retained material is <u>Trust</u> information and that it can be accessed on request in writing in accordance with the DPA 1998, unless an exemption applies in the circumstances.</li> </ul> There should always be a presumption to record if the 'need to address a pressing staff/patient safety need' has been achieved unless the circumstances dictate otherwise	IGTK 203
<b>15. How will the information be kept up to date and checked for accuracy and completeness?</b>	All retained data will be checked and reviewed at 3 monthly periods. Any footage not accurate, complete or required will be deleted from the secure drive.	
<b>16. Who will have access to the information?</b>	Trust Business Security Unit <ul style="list-style-type: none"> <li>• Head of Business Security (Pilot)</li> <li>• Business Security Specialist (Pilot/Observer)</li> <li>• Business Security Support Officer (Observer/Spotter)</li> </ul>	
<b>17. Do you intend to send direct marketing messages by</b>	No	Privacy Check

<b>electronic means? This includes both live and pre-recorded telephone calls, fax, email, text message and picture (including video)?</b>		
<b>18. If applicable, are there procedures in place for an individual's request to prevent processing for purposes of direct marketing in place?</b>	N/A	Privacy Check
<b>19. Is automated decision making used? If yes, how do you notify the individual?</b>	No	Privacy Check
<b>20. Is there a useable audit trail in place for the asset. For example, to identify who has accessed a record?</b>	Yes  Access to record strictly very limited to authorised personnel only (x2) and audit trail recorded via existing database	IGTK 206
<b>21. Have you assessed that the processing of personal/sensitive data will not cause any unwarranted damage or distress to the individuals concerned? What assessment has been carried out?</b>	Yes  Full internal and public consultation and assessment completed:  <ul style="list-style-type: none"> <li>• Staff focus groups</li> <li>• Barnsley Facilities Services</li> <li>• Information Governance Department</li> <li>• Security Team</li> <li>• BSU</li> <li>• Chief Executive Officer</li> <li>• Managing Director - BFS</li> <li>• Chief Delivery Officer/ Deputy CEO</li> <li>• Director of Communication</li> <li>• Trust Chaplaincy</li> <li>• Trust Volunteers</li> <li>• ICT Department</li> <li>• Local Ward Alliance Party</li> <li>• Community Safety Group (formerly PACT)</li> <li>• South Yorkshire Police</li> <li>• Local Schools &amp; Businesses</li> <li>• Immediate Local Residents</li> <li>• BMBC – Legal, Licensing &amp; Communications</li> </ul>	

	<ul style="list-style-type: none"> <li>• Local Councillors</li> <li>• G4S Security Solutions UK</li> <li>• Pogmoor Residents Association</li> <li>• Old Town Residents Association</li> <li>• Civil Aviation Authority (CAA)</li> <li>• Yorkshire Ambulance Service</li> <li>• Children's Air Ambulance</li> <li>• Embrace – Paediatric Retrieval Service</li> <li>• National Police Aviation Services (NPAS)</li> <li>• South Yorkshire Fire &amp; Rescue Service</li> <li>• NHS Barnsley Clinical Commissioning Group</li> <li>• Barnsley Public via: <ul style="list-style-type: none"> <li>○ Barnsley Chronicle</li> </ul> </li> </ul>	
<b>22. What procedures are in place for the rectifying/blocking of data by individual request or court order?</b>	The procedures and principles applicable to UAV footage are like how the Trust handles requests or court orders for CCTV & BWV data. Issues relating to these requests will be referred to the Trust legal team and Director of Nursing and Quality. There is regular liaison between the BSU and IG and established meetings where requests are tabled and discussed. Any that appear problematic have a referral pathway.	
<b>23. Does the asset involve new or changed data access or disclosure arrangements that may be unclear?</b>	No  Existing arrangements are in place for camera data access and disclosure and will remain unchanged.	SS PIA (12)
<b>24. Does the asset involve changing the medium for disclosure for publicly available information in such a way that data become more readily accessible than before?</b> (For example, from paper to electronic via the web?)	No	SS PIA (14)
<b>25. What are the retention periods (what is the minimum timescale) for this data?</b> (please refer to the Records	UAV, BWV & CCTV – 31 days Data retained for evidential purposes – 3 years Data retained for safety purposes – 10 years	SS PIA (13)

Management: NHS Code of Practice)	UAV footage will rarely be retained and if so will fully comply with existing retention period.	
<b>26. How will the data be destroyed when it is no longer required?</b>	Files permanently erased and all erasures monitored by BSU supported by Trust ICT & IG.	IGTK 105
<b>27. Will the information be shared with any other establishments/ organisations/Trust's?</b>	No.	IGTK 207
<b>28. Does the asset involve multiple organisations whether public or private sector?</b> Include any external organisations. Also include how the data will be sent/accessed and secured.	No	IGTK 207
<b>29. Does the asset involve new linkage of personal data with data in other collections, or are there significant changes in data linkages?</b>	No	SS PIA (8)
<b>30. Where will the information be kept/stored/accessed?</b>	<b>Primary:</b> Aircraft – always in visual line of site of pilot and observer/spotter. Will be deleted on backup. <b>Primary backup:</b> Secure pass coded iPad in possession of pilot <b>Secondary backup:</b> Secure remote drives, pass code protected. Pass code minimum of 15 digits held in government approved secure cabinet behind 3 locked doors, one of which is electronic monitored access control. This location in separate building approx. 75m from main hospital building, access allowed by 3 members of Business Security team only.	IGTK 210
<b>31. Will any information be sent off site</b> <b>If 'Yes' where is this information being sent</b>	No	IGTK 208 & 308
<b>32. Please state by which method the information will be transported</b>	N/A	IGTK 208 & 308
<b>33. Are you transferring any</b>	No	IGTK 209

<b>personal and / or sensitive data to a country outside the European Economic Area (EEA)?</b>		
<b>34. What is the data to be transferred to the non-EEA country?</b>	N/A	IGTK 209
<b>35. Are measures in place to mitigate risks and ensure an adequate level of security when the data is transferred to this country?</b>	N/A	IGTK 209
<b>36. Have you checked that the non-EEA country has an adequate level of protection for data security? If yes, where?</b>	N/A	IGTK 209
<b>37. Is there a Security Management Policy and Access Policy in place? Please state policy titles.</b>	Yes. Flight Operations Manual Surveillance Camera Policy Security Policy Security Assignment Instructions (AIs)	IGTK 301 & SS PIA (11)
<b>38. Has an information risk assessment been carried out and reported to the Information Asset Owner (IAO)? Where any risks highlighted – please provide details and how these will be mitigated?</b>	Yes – attached  No significant collection, storage, handling, retention and destruction risks identified. Aircraft must always be in visual line of site of pilot(s) and has tracking technology.	IGTK 301 & Risk Ass
<b>39. Is there a contingency plan / backup policy in place to manage the effect of an unforeseen event? Please provide a copy.</b>	<ul style="list-style-type: none"> <li>• Trust Resilience Framework</li> <li>• Business Continuity Planning – BC-Lite</li> <li>• Flight Operations Manual</li> <li>• Primary &amp; secondary back-up of UAV data</li> </ul>	IGTK 301 & Risk Ass
<b>40. Are there procedures in place to recover data (both electronic /paper) which may be damaged through:</b> <input type="checkbox"/> Human error <input type="checkbox"/> Computer virus <input type="checkbox"/> Network failure <input type="checkbox"/> Theft <input type="checkbox"/> Fire <input type="checkbox"/> Flood	Yes.  Data stored at two secure backup locations one within a separate building. Data stored on pass coded and encrypted remote drives all stand alone. <ul style="list-style-type: none"> <li>• Human error – software support</li> <li>• Computer virus – stand-alone storage &amp; ICT support</li> <li>• Network failure – emergency laptops (x4) +</li> </ul>	IGTK 301 & Risk Ass

<input type="checkbox"/> <b>Other disaster</b>	fall-back sites <ul style="list-style-type: none"> <li>• Theft – Full procedure in place for theft of UAV</li> <li>• Flyaway – capability to track aircraft and reformat card remotely.</li> <li>• Fire – secondary backup location</li> <li>• Flood – secondary back-up location</li> <li>• Other disaster – BC plans, Resilience Framework &amp; Operations Manual emergency procedures</li> </ul>	
<b>41. Is the PIA approved? If not, please state the reasons why and the action plan put in place to ensure the PIA can be approved</b>	Yes No	
<b>42. Is a full-scale PIA required?</b>	No	

**Form completed by:**

<b>Name: Mike Lees</b>
<b>Title: Head of Business Security</b>
<b>Signature:</b>
<b>Date: 13<sup>th</sup> January 2023</b>

**Form Reviewed by:**

<b>Information Asset Owner (Name &amp; Title): Mike Lees, Head of Business Security (NQE Chief Pilot)</b>
<b>Information Asset Administrator (Name &amp; Title): Lisa Corbridge, Business Security Specialist (NQE Pilot)</b>

**Information Governance Board Approval:**

<b>Name: Paul White</b>
<b>Title: Head of Information Governance</b>
<b>Signature:</b>
<b>Date: 16<sup>th</sup> January 2023</b>

**Appendix – Glossary of Terms**

<b>Item</b>	<b>Definition</b>
<b>Personal Data</b>	<p>This means data which relates to a living individual which can be identified:</p> <ul style="list-style-type: none"> <li>A) from those data, or</li> <li>B) from those data and any other information which is in the possession of, or is likely to come into the possession of, the data controller.</li> </ul> <p>It also includes any expression of opinion about the individual and any indication of the intentions of the data controller or any other person in respect of the individual</p>
<b>Sensitive Data</b>	<p>This means personal data consisting of information as to the:</p> <ul style="list-style-type: none"> <li>A) racial or ethnic group of the individual</li> <li>B) the political opinions of the individual</li> <li>C) the religious beliefs or other beliefs of a similar nature of the individual</li> <li>D) whether the individual is a member of a trade union</li> <li>E) physical or mental health of the individual</li> <li>F) sexual life of the individual</li> <li>G) the commission or alleged commission by the individual of any offence</li> <li>H) any proceedings for any offence committed or alleged to have been committed by the individual, the disposal of such proceedings or the sentence of any court in such proceedings</li> </ul>
<b>Direct Marketing</b>	<p>This is “junk mail” which is directed to individuals. The mail which are addressed to “the occupier” is not directed to an individual and is therefore not direct marketing.</p> <p>Direct marketing also includes all other means by which an individual may be contacted directly such as emails and text messages which you have asked to be sent to you.</p> <p>Direct marketing does not just refer to selling products or services to individuals, it also includes promoting particular views or campaigns such as those of a political party or charity.</p>
<b>Automated Decision Making</b>	<p>Automated decisions only arise if 2 requirements are met. First, the decision has to be taken using personal information solely by automatic means. For example, if an individual applies for a personal loan online, the website uses algorithms and auto credit searching to provide an immediate yes / no decision. The second requirement is that the decision has to have a significant effect on the individual concerned.</p>

<b>European Economic Area (EEA)</b>	The European Economic Area comprises of the EU member states plus Iceland, Liechtenstein and Norway
<b>Information Assets</b>	Information assets are records, information of any kind, data of any kind and any format which we use to support our roles and responsibilities. Examples of Information Assets are databases, systems, manual and electronic records, archived data, libraries, operations and support procedures, manual and training materials, contracts and agreements, business continuity plans, software and hardware.
<b>SIRO (Senior Information Risk Owner)</b>	This person is an executive who takes ownership of the organisation's information risk policy and acts as advocate for information risk on the Board
<b>IAO (Information Asset Owner)</b>	These are senior individuals involved in running the relevant service/department. Their role is to understand and address risks to the information assets they „own“ and to provide assurance to the SIRO on the security and use of those assets. They are responsible for providing regular reports regarding information risks and incidents pertaining to the assets under their control/area.
<b>IAA (Information Asset Administrator)</b>	There are individuals who ensure that policies and procedures are followed, recognise actual or potential security incidents, consult their IAO on incident management and ensure that information asset registers are accurate and up to date. These roles tend to be system managers
<b>Implied consent</b>	Implied consent is given when an individual takes some other action in the knowledge that in doing so he or she has incidentally agreed to a particular use or disclosure of information, for example, a patient who visits the hospital may be taken to imply consent to a consultant consulting his or her medical records in order to assist diagnosis. Patients must be informed about this and the purposes of disclosure and also have the right to object to the disclosure.
<b>Explicit consent</b>	Express or explicit consent is given by a patient agreeing actively, verbally or orally (which must be documented in the patient's case notes) or in writing, to a particular use of disclosure of information.
<b>Anonymity</b>	Information may be used more freely if the subject of the information is not identifiable in any way – this is anonymised data. However, even where such obvious identifiers are missing, rare diseases, drug treatments or statistical analyses which may have very small numbers within a small population may allow individuals to be identified. A combination of items increases the chances of patient identification. When anonymised data will serve the



	purpose, health professionals must anonymise data and whilst it is not necessary to seek consent, general information about when anonymised data will be used should be made available to patients.
<b>Pseudonymity</b>	This is also sometimes known as reversible anonymisation. Patient identifiers such as name, address, date of birth are substituted with a pseudonym, code or other unique reference so that the data will only be identifiable to those who have the code or reference.
<b>Information Risk</b>	An identified risk to any information asset that the Trust holds. Please see the Information Risk Policy for further information.
<b>Privacy Invasive Technologies</b>	Examples of such technologies include, but are not limited to, smart cards, radio frequency identification (RFID) tags, biometrics, locator technologies (including mobile phone location, applications of global positioning systems (GPS) and intelligent transportation systems), visual surveillance, digital image and video recording, profiling, data mining and logging of electronic traffic. Technologies that are inherently intrusive, new and sound threatening are a concern and hence represent a risk
<b>Authentication Requirements</b>	An identifier enables organisations to collate data about an individual. There are increasingly onerous registration processes and document production requirements imposed to ensure the correct person can have, for example, the correct access to a system or have a smartcard. These are warning signs of potential privacy risks.
<b>Retention Periods</b>	Records are required to be kept for a certain period either because of statutory requirement or because they may be needed for administrative purposes during this time. If an organisation decides that it needs to keep records longer than the recommended minimum period, it can vary the period accordingly and record the decision and the reasons behind. The retention period should be calculated from the beginning of the year after the last date on the record. Any decision to keep records longer than 30 years must obtain approval from The National Archives.
<b>Records Management: NHS Code of Practice</b>	Is a guide to the required standards of practice in the management of records for those who work within or under contract to NHS organisations in England. It is based on current legal requirements and professional best practice. The code of practice contains an annex with a health records retention schedule and a Business and Corporate (non-health) records retention schedule.

<p><b>General Data Protection Regulation</b></p>	<p>The Regulation define the ways in which information about living people may be legally used and handled. The main intent is to protect individuals against misuse or abuse of information about them. The principles of the Regulation are:</p> <p><u>Article 5</u> – <u>Principles relating to processing of personal data</u></p> <p><u>Article 6</u> – <u>Lawfulness of processing</u></p> <p><u>Article 7</u> – <u>Conditions for consent</u></p> <p><u>Article 8</u> – <u>Conditions applicable to child's consent in relation to information society services</u></p> <p><u>Article 9</u> – <u>Processing of special categories of personal data</u></p> <p><u>Article 10</u> – <u>Processing of personal data relating to criminal convictions and offences</u></p> <p><u>Article 11</u> – <u>Processing which does not require identification</u></p>
<p><b>Data Protection Act</b></p>	<p>This Act defines the ways in which information about living people may be legally used and handled. The main intent is to protect individuals against misuse or abuse of information about them. The 8 principles of the Act state The fundamental principles of DPA 1998 specify that personal data must:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> be processed fairly and lawfully.</li> <li><input type="checkbox"/> be obtained only for lawful purposes and not processed in any manner incompatible with those purposes.</li> <li><input type="checkbox"/> be adequate, relevant and not excessive.</li> <li><input type="checkbox"/> be accurate and current. <ul style="list-style-type: none"> <li><input type="checkbox"/> not be retained for longer than necessary.</li> <li><input type="checkbox"/> be processed in accordance with the rights and freedoms of data subjects.</li> </ul> </li> <li><input type="checkbox"/> be protected against unauthorized or unlawful processing and against accidental loss, destruction or damage. <ul style="list-style-type: none"> <li><input type="checkbox"/> not be transferred to a country or territory outside the European Economic Area unless that country or territory the rights and freedoms protects of the data subjects.</li> </ul> </li> </ul>

<b>Privacy and Electronic Communications Regulations 2003</b>	These regulations apply to sending unsolicited marketing messages electronically such as telephone, fax, email and text. Unsolicited marketing material should only be sent if the requester has opted in to receive this information.
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