Digital Identity Service
Safer Information For Better Care

DIS Paper 1/11

BOARD MEETING: 18 November 2020

BOARD Meeting Special Paper:

The Board is asked to approve…..

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Purpose of Paper

1. The purpose of this paper is to set out to the DIS Programme Board an approach to the development and approval of the dataset and final structure for a full Digital Identity Service (DIS) patient identity domain.

Scope

2. Whilst the full detail of the dataset is outside the scope of this paper, the following data management and governance processes, practices and 'disciplines' will be considered and will inform the recommendations in this proposal;
    a. Data governance, key stakeholder approval processes and pathway considerations,
    b. Change management & capacity for change – potential impact of dataset changes on end users
    c. Compliance, data protection and GDPR, equality and human rights screening
    d. Data stewardship and security,
    e. Data integration and sharing, management and rules,
    f. Data quality, management and rules
    g. Metadata management and rules

3. The above will be fully considered and addressed in the DIS Implementation Plan and development of a DIS Dataset and Data Model Workstrand Plan.

Background

1. The implementation of the DIS programme will deliver an enhanced Digital Identity Service for HSC providing comprehensive new and additional data management capabilities. The programme will provide a solution which will enable a consistent, accurate, current and single logical view of patient demographics to be shared electronically across all HSC systems and services. This will consolidate and simplify how patient and client identity is managed and shared throughout the HSC services.
2. The DIS Statement of Requirements (SoR) set out the background, rationale, and scope of the Digital Identity Service, the requirements for a Master Data Management (MDM) solution and while still to be fully established, what would be regarded as being the critical minimum demographic dataset for a patient's 'Golden Record'.
3. A document providing outline descriptions for 55 additional proposed 'New HSCNI Demographic Dataset items' was also included in the SoR, this contained for example, reference to collection of new or additional data relating to patient Gender, Ethnicity, and Disability. These were provided as part of the SoR as the DIS platform may well need to be able to maintain these data attributes in the future.

Approach

4. The current HCN and NHAIS applications are a trusted source of patient demographics and entitlement. Key to ensuring that this trust is maintained going forward is the development and agreement of the dataset and data model for a DIS Master Patient Index. This will ensure uniformity, accuracy, stewardship and semantic consistency of patient demographics across HSC systems and services.

5. Dataset Development & implementation Plan
    a. The objective of the table below is to provide an example set of criteria for identifying, assessing and agreeing an implementation 'priority order' for the inclusion of the proposed additional dataset items into the DIS dataset. The table will be agreed with key stakeholders.

Dataset	Currently agreed/used HCN/ NHAIS dataset?	Legal imperative to collect?	Social Imperative to collect?	Dataset has been developed and formally agreed and published in Demographic Data Standards and updated to the HSC Data Dictionary?	Data has been Equality Screened and where identified as required an EQIA conducted?	The DIS Data Privacy Impact Assessment and Privacy Notice have been reviewed and where required updated in relation to this data set?	Confirmed that data can be captured and provided by Primary or Secondary source systems?	'Downstream' systems will be given access to this data?	Data Sharing Agreements are in place? Do they need to be reviewed for this dataset?	Data model, data governance and translation rules are agreed?	Testing has been completed and signed-off as successful?	Dataset implementation phase?	Agreed go live Date?

b. It is anticipated that there will be at least two dataset implementation stages during DIS Implementation.

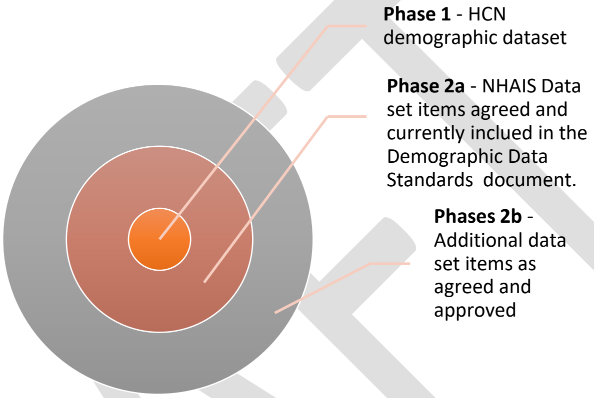
Phase 1 - Initial data load of current HCN data model

   i. Current demographic information held in HCN
   ii. Current agreed data items as set out in the Demographic Data Standards document Version 1.0 and not currently captured by HCN or NHAIS

Phase 2 - to coincide with the replacement of NHAIS functionality and ergo a new release of DIS software.

   i. NHAIS specific data items
   ii. Additional agreed dataset items

c. It is expected that the DIS programme will deliver a framework and approach on how to introduce future attributes.



Finance and Resource Implications

6. There are no additional finance and resource implications. Time and resources had been provisioned in the programme management activities to perform these tasks.

Communication and Engagement

7. The DIS Team will work closely with and be advised by the Information Standards Group (ISG), Data Protection and Equality Unit to ensure that all approval stages are completed for dataset inclusions;
8. Reviewing the Data Protection Impact Assessment (DPIA), Fair Processing and Privacy Notice, and updating if required,
9. Equality Screening or EQIA if required
10. Updated to the Demographic Data Standards document and HSC Data Dictionary

Corporate Risk

11. Subsequent to a DPIA assessment and Equality Screening any risks identified will be captured and managed by the DIS programme and where appropriate escalated to the corporate risk register.

Action/ Recommendations

12. A DPIA will be conducted and a DIS Privacy Notice published. As new data items are added to the dataset the DPIA will be reviewed and a revised DPIA will be presented for consideration.

13. Equality Screening will be conducted for DIS. Additional dataset items will be Equality Screened and if determined, subject to EQIA and part of the approvals pathway.

14. The DIS SRO will write to BSO SMT and SIRO informing them:
    a. An overview of the DIS objectives and delivery dates
    b. A summary of the DPIA findings
    c. An overview of the enhanced scope of the DIS patient dataset and prompt that BSO are ultimately data controller.
    d. Ensure the SIRO & SMT is adequately briefed on any information risks.

15. The DIS SRO will write to BSO Board following approval of SMT informing of the proposed process, timelines, accountablilites and responsibilities.

16. Change Management & Capacity for Change – Impact on End Users
    The potential impact of the inclusion of additional data items on staff inputting or updating the patient identity domain will be reviewed and factored in to training, stakeholder engagement and communications plans and dataset implementation planning and rollout pathway plans. The objective will be to ensure that ‘end user overwhelm’ is avoided though careful implementation planning, including provision of information and training resources where required.
17. Future Considerations – DIS Service Model Design
    While the proposed additional dataset items as included in the DIS Statement of Requirements will be subject to refinement, change and final approval, they will however impact the scope and development of the Digital Identity Service Operating Model and be an expansion of the dataset currently managed by Data Quality Team and Family Practitioner Service. Further consideration will need to be given to the controlling and processing of this expanded dataset with reference 2a-g above.

    Ed Curley Business Readiness Project Manager 11/11/2020