

CPH CCTV DPIA

This template is an example of how you can record your DPIA process and outcome. It follows the process set out in our DPIA guidance, and you should read it alongside that guidance and the [Criteria for an acceptable DPIA](#) set out in European guidelines on DPIAs.

Start to fill out the template at the beginning of any major project involving the use of personal data, or if you are making a significant change to an existing process. Integrate the final outcomes back into your project plan.

Step 1: Identify the need for a DPIA

Explain broadly what the project aims to achieve and what type of processing it involves. You may find it helpful to refer or link to other documents, such as a project proposal. Summarise why you identified the need for a DPIA.

CCTV is operated by the Cheswold Park Hospital and the system aim is to:

- assist in investigation of patients' complaints,
- mitigate against hidden abuse or mistreatment in an environment where patients are potentially at risk,
- detect, prevent and reduce the incidence of crime on the Hospital's property,
- protect and maintain the wellbeing of patients, staff and visitors,
- reduce incidents,
- provide a deterrent effect,
- assist investigations of incidents,
- provide objective learning for staff and to support reflective practice.

This DPIA is conducted to review the Hospital's CCTV system to ensure that it is still justified.

Step 2: Describe the processing

Describe the nature of the processing: how will you collect, use, store and delete data? What is the source of the data? Will you be sharing data with anyone? You might find it useful to refer to a flow diagram or another way of describing data flows. What types of processing identified as likely high risk are involved?

The Hospital's CCTV system records continuously. The data is stored on hard drives located in locked server room/reception. Access is limited to authorised staff members. The information may be shared with the Police, Courts, NHS England, data subjects in accordance with the Data Protection Act 2018, General Data Protection Regulation and Hospital's policies.

Describe the scope of the processing: what is the nature of the data, and does it include special category or criminal offence data? How much data will you be collecting and using? How often? How long will you keep it? How many individuals are affected? What geographical area does it cover?

Cheswold Park Hospital is a medium secure Hospital and CCTV captures our patients, staff members and visitors. The CCTV footage is recorded onto a hard drive and the images remain on the hard drive for a period of 10 days at which they are automatically recorded over unless requested as part of an incident or investigation.

Describe the context of the processing: what is the nature of your relationship with the individuals? How much control will they have? Would they expect you to use their data in this way? Do they include children or other vulnerable groups? 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? Are there any current issues of public concern that you should factor in? Are you signed up to any approved code of conduct or certification scheme (once any have been approved)?

Most of the individuals are Hospital's patients, staff members and visitors. The reasons that we are using CCTV is as described in Step 1, mostly for the detection and prevention of incidents within the Hospital site. This is the expected function of this type of system. It is believed by the Cheswold Park Hospital that, given the prevalence of CCTV as a measure to protect staff, patients and visitors in many public spaces and organisations across the country, data subjects do expect this type of activity. All patients, staff members and visitors are informed about the processing through privacy notices, posters and induction (staff members). In certain circumstances it is possible for children to visit our Hospital (restricted to visitor's room only) and they could be captured on CCTV. However, to use our sites Children always need to be accompanied by an adult and so their parents will be able to review the CCTV and data privacy notices to ensure that they agree with the processing in this manner.

Describe the purposes of the processing: what do you want to achieve? What is the intended effect on individuals? What are the benefits of the processing for you, and more broadly?

We process the data:

- To detect, prevent and reduce the incidence of crime on the Hospital's property.
- To protect and maintain the wellbeing of patients, staff and visitors.
- To reduce incidents.
- To provide a deterrent effect.
- To assist investigations of incidents.
- To provide objective learning for staff and to support reflective practice.

The safety and security of all service users, staff and visitors are the benefits we expect to get from the processing. Our aim is to provide the environment that is safe. Images can be reviewed to consider what has happened and if any corrective action needs to be taken.

Third parties benefit from the processing, including: our service users – who are often vulnerable, benefit from safe environment, but also directly when they ask us to investigate complaints and/or incidents we are able to use CCTV footage as evidence; our staff members – benefit from a safe environment, but also when allegation are made against staff member we can fully investigate and have evidence needed; family member/carers/ visitors; There are wider public benefits to the processing as we are able to use the footage to improve our practice; lessons learned are shared with the NHS, and the Care Quality Commission.

Step 3: Consultation process

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?

The system has been operating since 2007, and there was no initial consultation with individuals when it was first introduced.

Step 4: Assess necessity and proportionality

Describe compliance and proportionality measures, in particular: what is your lawful basis for processing? Does the processing actually achieve your purpose? Is there another way to achieve the same outcome? How will you prevent function creep? How will you ensure data quality and data minimisation? What information will you give individuals? How will you help to support their rights? What measures do you take to ensure processors comply? How do you safeguard any international transfers?

The Lawfull basis for this processing is legitimate interest. We belive that processing helps Cheswold Park Hospital to achieve the purpose, as described in step 1, and is proportionate to that purpose. It is not possible to achieve full benefits, as mentioned above, without the processing. The CCTV system complements and supports other procedures and systems that we had considered and implemented, including physical security, access rights with electronic key fobs, staff training and awareness. All patients, staff members and visitors are informed about the processing through privacy notices, signage and induction (staff members). Cheswold Park Hospital have ensured that the CCTV is only in place in the public areas of the premises and that surveillance does not extend to areas where the individual would have a reasonable expectation of privacy. Individuals have a right to privacy and this is maintained as much as practicable through careful placement of the cameras. To minimise impact on individuals' privacy images are retained for 10 days before being recorded over. This provides time for an incident to be investigated but ensures that the footage is not retained unnecessarily. This Legitimate Interest Assessment can be provided to the data subject or representative on request.

Step 5: Identify and assess risks

Describe the 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
<p>Unauthorised access or disclosure</p> <p>Inappropriate sharing of data</p> <p>Excessive data is collected</p> <p>Patients may consider CCTV as unjustified intrusion on their privacy</p>	<p>Remote, possible or probable</p> <p>Remote</p> <p>Remote</p> <p>Remote</p> <p>Possible</p>	<p>Minimal, significant or severe</p> <p>Significant</p> <p>Significant</p> <p>Minimal</p> <p>Significant</p>	<p>Low, medium or high</p> <p>Medium</p> <p>Medium</p> <p>Medium</p> <p>Medium</p>

Step 6: Identify measures to reduce risk

Identify additional measures you could take to reduce or eliminate risks identified as medium or high risk in step 5				
Risk	Options to reduce or eliminate risk	Effect on risk	Residual risk	Measure approved
Unauthorised access or disclosure	Data is only access in accordance with QMSIG04 Closed Circuit Television (CCTV) and QMSIG11 Subject Access Requests and Disclosure of Personal Data Policy. Monitoring of data access in place.	Eliminated, reduced or accepted Reduce	Low, medium or high Low	Yes/no Yes
Inappropriate sharing of data	Data is only shared in accordance with QMSIG04 Closed Circuit Television (CCTV) and QMSIG11 Subject Access Requests and Disclosure of Personal Data Policy. Sharing protocol requires sign off by the Caldicott Guardian (Chief Medical Officer) or Senior Information Risk Owner. Monitoring of data access in place.	Reduce	Low	Yes
Excessive data is collected	CCTV covers only communal areas, retention of data is in accordance with CPH policy. Data is kept for the shortest time required (10 days). Alternatives have been considered and implemented (physical security, access rights with electronic key fobs, staff training and awareness) and CCTV complements other systems.	Reduce	Low	Yes
Patients may consider CCTV as unjustified intrusion on their privacy	Transparency in regard to CCTV. CCTV policy available to patients, staff members and visitors. All patients, staff members and visitors are informed about the processing through privacy notices, posters and induction (staff members). Appropriate signage in place. CCTV covers only communal areas.	Reduce	Low	Yes

Step 7: Sign off and record outcomes

Item	Name/date	Notes
Measures approved by:	Information Governance Committee chaired by the Caldicott Guardian	Integrate actions back into project plan, with date and responsibility for completion
Residual risks approved by:	Information Governance Committee / SMT	If accepting any residual high risk, consult the ICO before going ahead
DPO advice provided:	Yes	DPO should advise on compliance, step 6 measures and whether processing can proceed
<p>Summary of DPO advice:</p> <p>Consultations with stakeholders have not been undertaken when the system was first introduced, therefore this should be conducted as soon as possible.</p>		
DPO advice accepted or overruled by:	Accepted	If overruled, you must explain your reasons
<p>Comments:</p> <p>Consultation with stakeholders will take place by 15 December 2018 - Responsible person - SIRO</p>		
Consultation responses reviewed by:		If your decision departs from individuals' views, you must explain your reasons
<p>Comments:</p> <p>Consultations with stakeholders have not been undertaken</p>		
This DPIA will be kept under review by:	Senior Information Risk Owner	The DPO should also review ongoing compliance with DPIA