

# Individual Health Identifier (IHI) Data Protection Impact Assessments Summary



# Overview

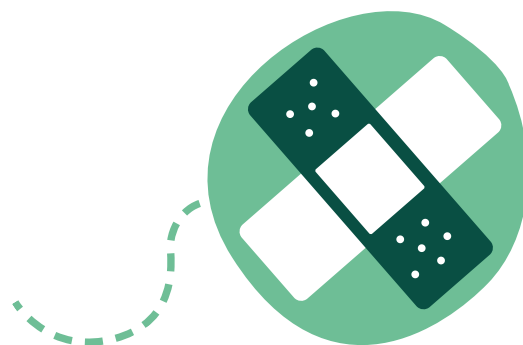
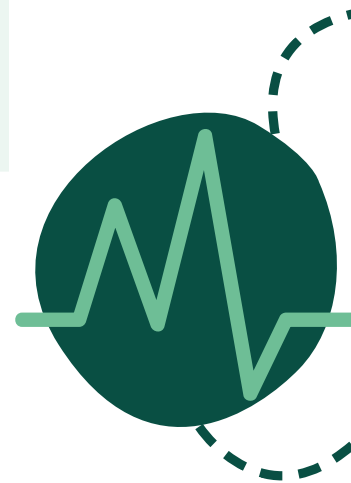
This document is a summary of several DPIAs that the HSE has commenced and concluded in relation to the Individual Health Identifier (IHI). The IHI is a key enabler for many of the objectives of the **eHealth Strategy, the Sláintecare Implementation Strategy and Action Plan 2021–2023 and HSE Corporate Plan**.

The continued national roll-out for the IHI brings benefits for service users, **health care providers** and **social care providers** in a number of ways, including

- Ensuring accuracy of data
- Scalability of ICT systems
- Efficiency of administration and service provision
- Enabling eHealth applications – as part of Project 6 in the Sláintecare Implementation Plan
- Privacy of patient personal data
- Preparedness for future emergencies (e.g. another pandemic, supporting refugees)

The roll-out of the IHI is identified as a priority under the Sláintecare Implementation Strategy and Action Plan 2021–2023 which will contribute to the overall benefits of patient safety, patient data privacy and protection and service efficiency as well as the development of the National Electronic Patient Summary and National Shared Care Record, which are also priority actions identified to advance Ireland's eHealth Strategy.

**Please note: In order to maintain our security standards, no technical information will be published or made available.**



## Glossary of terms:



Term	Explanation
<b>Access to Information (A2I-HIDS)</b>	A division of eHealth and Disruptive Technologies with responsibility to develop and manage services which enable improved efficiencies within the Health Service through the use of connected eHealth solutions. A2I-HIDS provide the technical infrastructure for the Health Identifiers Index which enables access to and maintains the National IHI Register.
<b>Health Identifier Index</b>	Refers to the technical infrastructure that maintains and provides access to the National Register of Individual Health Identifiers.
<b>Health Identifiers Service (HIDS)</b>	A division within the office of HSE Operational Performance and Integration (OPI) who operate and manage the provision of health identifiers for individual service users and for health service providers, as described in the Health Identifiers Act (2014), as delegated by the Minister for Health. S.I. No. 383/2015 - Health Identifiers Act 2014 (Delegation of Relevant Functions) Order 2015.
<b>Individual Health Identifier (IHI)</b>	A number that uniquely and safely identifies each person that has used, is using or may use a health or social care service in Ireland. It will last for a person's lifetime and will never be re- issued to anyone else.





Term	Explanation
<b>IHI Record/Dataset</b>	<p>This is the dataset that includes the Individual Health Identifier (IHI) number itself, and other identifying particulars as defined in Section 2 (1) of the Health Identifiers Act 2014:</p> <ul style="list-style-type: none"> <li>(a) surname</li> <li>(b) forename</li> <li>(c) date of birth</li> <li>(d) place of birth</li> <li>(e) sex</li> <li>(f) all former surnames</li> <li>(g) mother's surname and all former surnames of his or her mother (including mother's surname at mother's birth)</li> <li>(h) address</li> <li>(i) nationality</li> <li>(j) personal public service number (if any) (PPSN)</li> <li>(k) date of death in the case of a deceased individual;</li> <li>(l) signature</li> <li>(m) photograph</li> <li>(n) subject to section 3 (8), any other particulars (excluding clinical information relating to the individual) prescribed for the purpose of this paragraph that, in the opinion of the Minister, are relevant to identifying the individual</li> </ul> <p>Additional items prescribed (SI 31 March 2022)</p> <ul style="list-style-type: none"> <li>(a) middle name(s),</li> <li>(b) address(es),</li> <li>(c) postcode(s)/Eircode(s),</li> <li>(d) mobile phone number(s),</li> <li>(e) other phone number(s),</li> <li>(f) email address(es),</li> <li>(g) medical card number(s) and other health scheme card number(s) held by health service providers,</li> <li>(h) medical record numbers(s) held by health service providers,</li> <li>(i) unique system identifier(s) held by health service providers.</li> </ul>
<b>National Register of Individual Health Identifiers / National Register of IHIs</b>	As defined in the Health Identifiers Act 2014, the Register contains each individual's IHI and the individual's other identifying particulars as are known. Collectively, this forms the IHI Record.
<b>Other Identifying Particulars (OIPs)</b>	The other data fields additional to the IHI as defined in the Health Identifiers Act 2014 and any subsequent provisions.



# IHI DPIA Summary

## 1 Legislation for Additional Other Identifying Particulars

The National Register of Individual Health Identifiers (hereafter called the “National IHI Register”) was established on the 27th July 2016. The Health Identifiers Service (HIDS) is the **division of the HSE** with responsibility for the National IHI Register, as delegated by the Health Identifiers Act 2014 (“HIDS Act 2014”) and associated statutory instruments. HIDS are supported in their work by A2I-HIDS, who are responsible for the technical implementation and ensuring that HSE systems and solutions integrate with each other.

The IHI was used in the **emergency response** to the COVID-19 pandemic which began in March 2020. The use of the IHI in the COVID-19 response resulted in the knowledge that additional data fields to those originally specified in the HIDS Act 2014 were required to ensure the highest match rate and highest rates of data accuracy in the National IHI Register.

The HSE has a duty to maintain the **data quality** in the National IHI Register as defined in Standard 3.2 of the HIQA Information Governance and Management Standards for the Health Identifiers Operator in Ireland (2015) (“HIQA Standards 2015”). After extensive engagement with the Department of Health and the Data Protection Commission, additional data field items, known as Other Identifying Particulars (OIPs) were agreed.

The additional OIPs were agreed as necessary for proper maintenance of the National IHI Register and legislated for under SI No 155 of 2022. The expanded list of OIPs are the minimum data fields needed to achieve the purposes of the HIDS Act 2014, which are to assign and associate IHIs, to establish and maintain the National IHI Register, and to share the IHI Record and/or allow access to the Register to consumers defined in the HIDS Act 2014. The **personal data in the National IHI Register** cannot be used for purposes other than those that are clearly defined in the HIDS Act 2014 S2(1).

The below table (Table 1) is the maximum set of data fields that can be included in a data transfer. The HSE recognise that all Consumers may not process all these data fields. The exact set of data fields to be transferred will be determined in discussion with the HSE and Consumer technical teams and set out in a Schedule of Data Sharing Activities.

## See the table below for more information:



**Table 1: HIDS Act 2014, Part 1(2) – OIPs and Additional OIPs as per Statutory Instrument no 155 (31 March 2022)**

(a) surname
(b) middle name(s)*
(c) forename
(d) date of birth;
(e) place of birth;
(f) sex;
(g) all former surnames;
(h) mother's surname and all former surnames of his or her mother (including mother's surname at mother's birth)
(i) address(es)*
(j) postcode(s)/Eircode(s)*
(k) nationality
(l) mobile phone number(s)*
(m) other phone number(s)*
(n) email address(es)*
(o) personal public service number (PPSN) (if any) within the meaning of section 262 of the Social Welfare Consolidation Act 2005
(p) unique system identifier(s) held by health service providers*
(q) medical card number(s) and other health scheme card number(s) held by health service providers*
(r) medical record numbers(s) held by health service providers*
(s) date of death in the case of a deceased individual
(t) signature (not being a signature which falls within a class of signatures prescribed as a class of signatures to which this paragraph does not apply)**
(u) photograph (not being a photograph which falls within a class of photographs prescribed as a class of photographs to which this paragraph does not apply)**
(v) subject to section 3 (8), any other particulars (excluding clinical information relating to the individual) prescribed for the purpose of this paragraph that, in the opinion of the Minister, are relevant to identifying the individual

\*Additional OIPs as per statutory instrument no 155

\*\*not currently being collected.

## 2 New Trusted Sources to the National IHI Register

In order to include the full list of OIPs defined in the **HIDS Act 2014 and SI No 155 of 2022**, new sources of demographic data were required. The use of Trusted Sources is a key element for the establishment and maintenance of the National IHI Register and is recognised as such in the HIQA Standards (2015). Trusted sources can be both external to the HSE (as in the case of the DEASP and explained in the 2016 DPIA) or internal to the HSE, with a lawful basis for internal data transfers under the HIDS Act 2014 S5(1).

After consultation with the Acting CIO, HSE Data and Information Management Group (DAIM), Acting HSE DPO and HSE legal representatives, it was decided that internal trusted sources were the most appropriate source currently to bring in the new data fields to the **National IHI Register as**

- (a) There is a lawful basis under HIDS Act 2014.
- (b) There is control over the quality of the data at both source and receipt in line with HSE guidelines and policies ensuring high quality source data is being used that will protect the integrity of the existing National IHI Register.
- (c) There is a technical need to ensure that all HSE systems are interoperable and can consume the IHI. This will form part of the roll-out of the IHI under the Sláintecare Implementation Strategy and Action Plan 2021-2023 and the use of existing HSE datasets at this stage will support the efficiency of this process at later stages.
- (d) These datasets meet the HIQA Standards (2015) definition of 'data quality', namely Accurate, Valid, Reliable, Timely, Relevant, Legible and Complete.



### 3 Roll-out of IHI on a National basis

In line with **Sláintecare Implementation** strategy and **eHealth strategy and HSE corporate plan**, the IHI programme of work is now moving forward with the rollout of IHI to consumer systems.

A consumer system is defined as a system operated by a health services provider or another consumer as defined under the HIDS Act 2014 that has been approved to access the National IHI Register and/or receive, store and use the IHI.

**The HIDS Act 2014** has very clear boundaries on who can receive personal data held in the National IHI Register. The HSE can share this information internally and with other bodies who are prescribed as 'health service providers'.

Additionally, data can be shared with bodies who are prescribed as Authorised Disclosees (Schedule 1) or Specified Bodies (Schedule 2). The purposes for which personal data can be shared is also clearly defined in the HIDS Act 2014, and recipients must have one or more of these purposes in order to receive the personal data.

#### **As a minimum threshold, prospective consumers must**

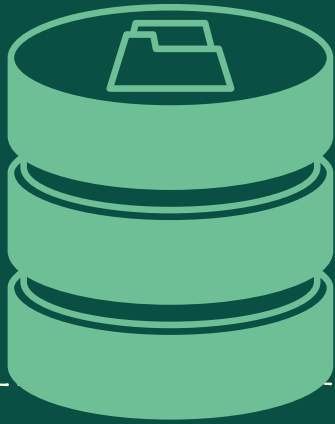
(a) be a health services provider, a specified person or an authorised disclosee under the HIDS Act 2014 and

(b) have a relevant primary or secondary purpose as specified under the HIDS Act 2014.





## Summary of the processing operation:

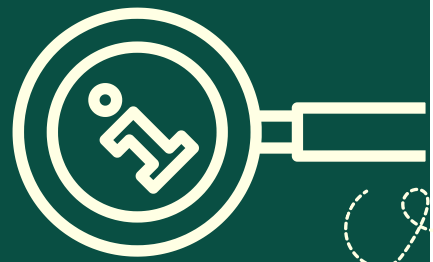


### Data

is collected by each trusted source from the data subject.



The data that the trusted sources collect is generally more information than is required in the National IHI Register.



The minimum and maximum data fields for transfer are communicated to the trusted sources in a Data Transfer Record which also outlines the lawful basis and the method of transfer.

This is signed by authorised personnel from HIDS, A21- HIDS and the Senior or Local Accountable Officer prior to any transfer of data commencing.

Data is then transferred securely from the source.



## 4 Consumer Engagement

**Consumer engagement** involves the assessment of a prospective consumer from a business, technical and governance perspective. HIDS and A2I-HIDS have developed a robust consumer engagement process to manage consumer engagement, in line with the HIQA Standards (2015).

Each specific consumer goes through this process, which includes pre-screening threshold assessments for DPIAs, and data transfer record or data sharing agreements. The scope of each **IHI integration** is assessed on a case-by-case basis. The scope depends on the technical capacity of the consumer to transfer data to HIDS, for the purposes of facilitating access to and sharing of the clients/patients' corresponding IHI record with the consumer.

### Data Governance

**The National IHI Register, the IHI and OIPs** need to be kept safe and secure under legislation, including the General Data Protection Regulation 2016, the Data Protection Act 1988-2018, the Health Identifier Act 2014 and the Health Act 2004.



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Before consumers are provided with access to an IHI and/or OIPs, a robust business engagement and due diligence process is followed to ensure that **certain safeguards are in place** to protect patient demographic information. These checks ensure that the information is used correctly and check that the consumer has the **right procedures in place** to make sure that they have the capacity and technical ability to manage and process data securely.

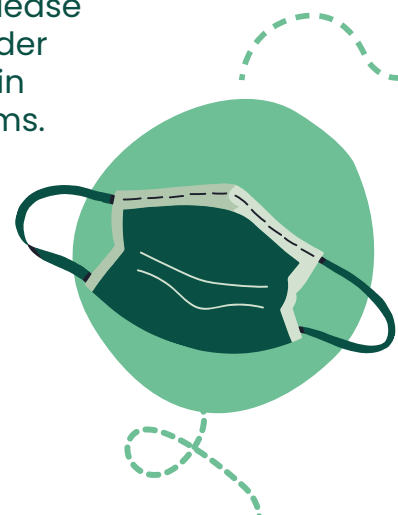
The IHI and/or OIPs can be **shared across consumer systems** within the HSE and may subsequently be shared by the consumer internally in the HSE or with other organisations as mandated in Schedule 1 (“authorised disclosee”) and Schedule 2 (“specified persons”) in the Health Identifiers Act 2014 or as defined under Section 2(1) of the HIDS Act 2014, for purposes also defined in this section. **Clear and specific information** is provided by HIDS to the consumers to inform them of the consumer responsibilities to ensure that the purpose of secondary processing and any onward sharing is in accordance with their obligations under the HIDS Act 2014.

## Retention

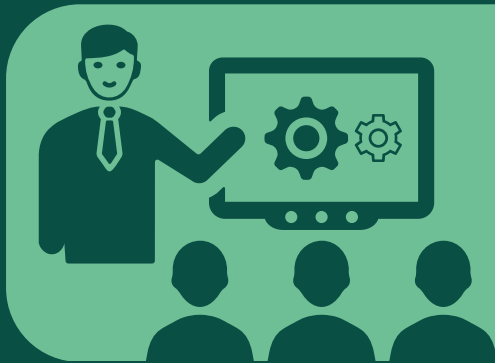
Section 6(3) of the HIDS Act 2014 enables personal data to be **held on the National IHI Register**, even after the person is deceased in line with HIQA Standard 3.1.5. All data fields are required to be kept as this is the minimum level needed to ensure that an IHI is not modified or transferred. In line with the opinion from the HSE DPO’s office, each technical iteration will consider data minimisation and methods such as obfuscating the personal identifiers if possible and should the legal responsibilities be attainable with less data fields, this will be implemented. Consumers have the responsibility to **determine the retention** period for their own database.

## For more information

Here is our dedicated email address [hids.info@hse.ie](mailto:hids.info@hse.ie) where members of the public can request further information and their IHI number. Please note, the IHI number is not required to be known by any person in order to avail of health and social care services. It is a number that works in the background to facilitate the interoperability of various ICT systems.



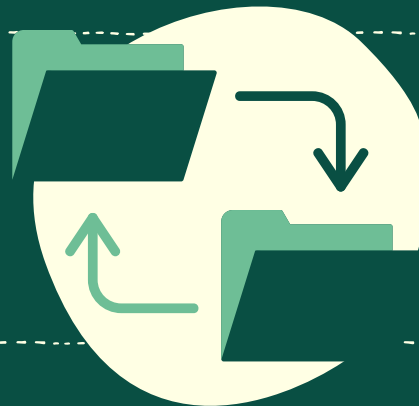
There are robust **data governance** methods in place in line with HIQA Standards (2015).



This includes regular presentations to the **Data and Information Management Group (DAIM)**, which includes the **HSE DPO**.

### Data Transfers

For internal data transfers with trusted sources or consumers, **HIDS** have developed **Data Transfer Records**, which includes the purposes of the transfers. For external data transfers, **Data Sharing Agreements** will be used.



**These must be signed...**

prior to the commencement of any transfer.



**Want to  
know more?**

**Email  
[hids.info@hse.ie](mailto:hids.info@hse.ie)**

