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| **Data Protection Impact Assessment (DPIA)**  **EMIS GP and Airedale NHS Foundation Trust (under contract trading as Immedicare LLP) TPP SystmOne Sharing** | | | | | | | | | | | | | | | | |
| This assessment should be completed as part of the business case for all new information systems / processes / projects which involve the use of personal sensitive data or will significantly change the way in which personal data is handled. | | | | | | | | | | | | | | | | |
| The DPIA should be sent to Caldicott Guardian/IG Lead/SIRO for review and approval  DPO advice may be useful at any stage, including:   * how to complete a particular section of the form * whether a full DPIA is necessary (Screening section) * possible measures and safeguards to mitigate risks.   The DPO must review the completed form and advise on whether processing should go ahead. | | | | | | | | | | | | | | | | |
| **General Details** | | | | | | | | | | | | | | | | |
| 1 | Name of the new system / process / project | | | | | GP and Airedale NHS Foundation Trust (under contract trading as Immedicare LLP) EMIS and TPP SystmOne Data Sharing | | | | | | | | | | |
| 2 | Person completing this assessment: | | | | | Name:  Job Title:  Email: | | | | | | | | | | |
| 3 | Date completed | | | | |  | | | | | | | | | | |
| 4 | Background:  *(Why is the new system/change required - The purpose and aims of this work.)* | | | | | Airedale NHS Foundation Trust (ANHSFT) has been providing discreet clinical services in Residential Care and Nursing Home settings since 2011. The Telemedicine service has been contracted to Immedicare, an organisation representing a partnership between Involve (technology supplier) and Airedale NHS Foundation Trust (health provider).  Immedicare delivers innovative technology and clinical services via an HSCN infrastructure platform directly into the local health and social care economy. Secure video links are used to deliver immediate assessment and clinical decision-making capabilities into nursing and residential care homes throughout the UK.  Telemedicine links care home residents and their carers to a Digital Care Hub at Airedale General Hospital (ANHSFT), where a dedicated clinical team use secure video links to conduct remote “visual” patient assessments. The Telemedicine service provides care home staff with rapid access to clinical support and advice, 24-hours-a-day, seven-days-a-week.  Currently Immedicare have access to Summary Care Record. Providing direct access to EMIS GP records will enable more effective decision making for patient care. Currently GPs do not have access to the records held by Immedicare, GPs receive an inbound document summarising the episode of care. Providing access to the SystmOne record will allow GPs to benefit from up-to-date information. Shared records will also enable GPs to provide a higher level of care to their patients as they will have a full knowledge of the patient’s medical history, medications, consultations, diagnoses and specialist letters via GP/Immedicare held records. This enables a safer delivery of care.  In addition to the System One and EMIS sharing Immedicare issue prescriptions via EPS, therefore the *Specialist Medicines Optimisation Pharmacy Team* – at Airedale NHS Foundation Trust will access medication information for the purpose of clinical assessment/triage/treatment plan, medication review, administration, reporting, support with investigation, Information relating to medications will be shared with: Registered Pharmacies | | | | | | | | | | |
| 5 | What are the main aims?  *(Why is it needed, what is it aiming to achieve, what is the business rationale for it, etc?)* | | | | | More effective decision making, improved quality of care, timely access to information | | | | | | | | | | |
| 6 | List the main activities of the project: | | | | | Record access  Sharing Agreement and LMC Approval  Technical Sharing Set Up  DPIA  Comms | | | | | | | | | | |
| 7 | What are the intended outcomes? | | | | | More effective decision making, improved quality of care, timely access to information | | | | | | | | | | |
| 8 | (Anticipated) Go-Live Date: | | | | | February 2022 | | | | | | | | | | |
| 9 | Information Asset Owners  (All system/assets must have Information Asset Owners (IAO). IAO’s will be the Practice Manager or Partner GP  *This is the person who takes overall responsibility for this asset and may do so for several other assets. The IAO is responsible for reporting any breaches that happen with their assets to the SIRO, as well as identifying and mitigating any risks to the asset, and deciding which users have access to it.* | | | | | Name: | | | | | |  | | | | |
| Title: | | | | | |  | | | | |
| Department: | | | | | |  | | | | |
| Telephone: | | | | | |  | | | | |
| Email: | | | | | |  | | | | |
| 10 | Who is the Information Asset Administrator?  *The IAA is an operational staff member who has day to day responsibility for ensuring that the asset is secure and that those who should be able to access it are able to do so*. | | | | | Name: | | | | | |  | | | | |
| Email: | | | | | |  | | | | |
| **DPIA Screening** | | | | | | | | | | | | | | | | |
| Screening Questions | | | | | | | Yes/No | | | | Comments | | | | | |
| A | Will the project involve the collection of new information about individuals? | | | | | | **Y** | | | | Partners will be able to view patient information via this bidirectional sharing | | | | | |
| B | Will the project compel individuals to provide information about themselves? | | | | | | **N** | | | | View Only for Direct Care | | | | | |
| C | Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information? | | | | | | **Y** | | | | Bidirectional sharing of data between GP practices and Immedicare Service.  Currently Immedicare have access to Summary Care record and GPs have access to a summary document of an episode of care. | | | | | |
| D | Do you propose using information about individuals for a purpose it is not currently used for, or in a way it is not currently used? | | | | | | **N** | | | |  | | | | | |
| E | Does the project involve you using new technology which might be perceived as being privacy intrusive? For example, the use of biometrics or facial recognition | | | | | | **N** | | | |  | | | | | |
| F | Will the project result in you making decisions or acting against individuals in ways which can have a significant impact on them?  *(e.g., service planning, commissioning of new services ect.)* | | | | | | **N** | | | |  | | | | | |
| G | Is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? e.g., health records, criminal records or other information that people would consider to be particularly private?  ***(N.B.*** *If the project is using anonymised/pseudonymised data* ***only****, the response to this question is “****No****”.)* | | | | | | **Y** | | | | Health records. | | | | | |
| H | Will the project require you to contact individuals in ways which they may find intrusive? | | | | | | **N** | | | |  | | | | | |
| I | Will the project store information using cloud technology? | | | | | | **Y** | | | | EMIS Web GP stores documents to cloud. Immedicare - Data from the external EMIS system will not be stored or integrated into Immedicare SystmOne record (or vice versa); data will be viewed if there is a legitimate relationship for the provision of direct care | | | | | |
| J | Will the project transfer information outside the UK? | | | | | | **N** | | | |  | | | | | |
| * If you answered “**No”** to all the questions, you **DO NOT** need to proceed to a full DPIA. Save this document to evidence your assessment * If you answered “**Yes”** to any of these questions, you **DO** need to proceed to a full DPIA. Complete the rest of the document, forward to appropriate persons for review and approval and save to evidence your assessment * If, however, you answered “**Yes**” to any of the questions, but feel it is not necessary to complete the full DPIA, please provide the justification for this below and send to appropriate persons for review and approval and save to evidence your assessment. | | | | | | | | | | | | | | | | |
| K | Justification | | | |  | | | | | | | | | | | |
| **Full Data Protection Impact Assessment** | | | | | | | | | | | | | | | | |
| 11 | Who are the Data Subjects?  *(The people whose data will be held/processed in this new system – this may be patients, staff and/or other individuals)* | | | | | | | All patients registered with NHS Cheshire and Merseyside ICB Place GP Practice in Liverpool Place and under the care of Airedale NHS Foundation Trust Immedicare Service. | | | | | | | | |
| 12 | What Data Classes will be held on this system  *(The actual data fields) split by Personal and Special Category)* | | | | | | | Personal Data:   * Family name * Given name * Home address * Post code * Telephone Number (Home, Mobile, Work) * Date of birth * Gender * NHS number * Status for this Organisation | | | | | | | | |
| Special Category Data:   * Ethnicity * Religion * Summary * Problems * Medication * Allergies and sensitivities * Clinical items (procedures, diagnosis, symptoms) * Encounters/Consultations (including free text) * Investigations * Immunisations * Observations * Referrals * Administrative Items   The Information Sharing Agreement supports the **exclusion** of sensitive data from being shared regarding the following. The full list of exclusion codes for the areas can be accessed through the links below:   * [Assisted fertilisation](http://www.diseasesdatabase.com/snomed/refset_metadata.aspx?id=999004371000000100) * [Gender related issues](http://www.diseasesdatabase.com/snomed/refset_metadata.aspx?id=999004351000000109) * [Sexually transmitted disease](http://www.diseasesdatabase.com/snomed/refset_metadata.aspx?id=999004381000000103) * [Termination of pregnancy](http://www.diseasesdatabase.com/snomed/refset_metadata.aspx?id=999004361000000107) | | | | | | | | |
| 13 | Children (those under 13 years of age): does the project involve internet services of any kind, with regards to children? | | | | | | | No, service is for record sharing not an internet service | | | | | | | | |
| 14 | If yes, are you planning to gain and record consent? How will you achieve this? | | | | | | | N/A see Q13 above | | | | | | | | |
| 15 | If the child is under 13 years of age, will you gain and record the parents’ consent? If Yes, how will you achieve this? | | | | | | | N/A see Q13 | | | | | | | | |
| 16 | Who will be the data controller(s)? | | | | | | | * GP Practices * Airedale NHS Foundation Trust (under contract as Immedicare LLP) | | | | | | | | |
| 17 | Will there be any data processors/sub-processors? | | | | | | | * EMIS - Hosting of EMIS for GP Practices * SystmOne TPP – Hosting of SystmOne TPP for Trust | | | | | | | | |
| 18 | Will this system/process include data which was not previously collected? | | | | | | | Yes. SystmOne and EMIS Web will have bidirectional sharing of patient data. This data has always been collected but not shared. | | | | | | | | |
| 19 | Have you assessed the likelihood of data causing any unwarranted distress or damage to individuals concerned? | | | | | | | Yes. Access will be based upon an individual within a care team having a legitimate relationship with the patient for the provision of direct care | | | | | | | | |
| 20 | Is there a legal basis for holding and processing this data?  *(Need to identify UK GDPR Article 6 basis for any personal data and UK GDPR Article 9 basis for any special category data.)* | | | | | | | Article 6(1) Lawfulness of processing:  lawful basis for ‘processing of personal data’ is permitted under ‘Article 6(1)(e) – official authority’ | | | | | | | | |
| Article 9(2) Processing of special categories of personal data:  lawful basis for ‘processing of special category data’ is permitted under ‘Article 9(2)(h) – provision of health’ | | | | | | | | |
| 21 | How does this comply with the Common Law Duty of Confidentiality? | | | | | | | **Consent (implied)**  This means that it would be reasonable to infer that you agree to the use of the information as long as:   * We are accessing the information to provide or support your **direct care**, or are satisfied that the person we are sharing the information with is accessing or receiving it for this purpose * Information is readily available to you, explaining how your information will be used and that you have the right to object * We have no reason to believe that you have objected * We are satisfied that anyone we disclose personal information to understands that we are giving it to them in confidence, which they must respect | | | | | | | | |
| 22 | Does the system/process include new or amended identity authentication requirements that may be intrusive? | | | | | | | No  Access to view information through EMIS Web/SystmOne will be via a member of the care team having a direct care relationship with the individual, identity will be verified with the individual at the point of care or through the active management of the individual on a caseload | | | | | | | | |
| 23 | What checks have been made regarding the adequacy, relevance and necessity of data used? | | | | | | | TPP have piloted the EMIS GP/SystmOne integration. Only certain data fields are shared between EMIS and SystmOne.  The information shared within the context of this sharing agreement has been reviewed by clinical services and identified as being appropriate level of access to patient data, which is necessary, proportionate and relevant to the care provider. | | | | | | | | |
| 24 | Can the system/process use pseudonyms or work on anonymous data? | | | | | | | No | | | | | | | | |
| 25 | Can the data subjects opt-out of their data being added to the system/used by the process, and if so, is this publicised? | | | | | | | Sharing is for Direct Care therefore opt out is not available, however patients can ‘object’ to any sharing of their GP record across organisational boundaries in which case it will not be available to view under any circumstances by any other healthcare provider organisation including immedicare. If a patient does object to such sharing it is the responsibility of the GP practice to ensure the patient fully understands the implications of this as per section 6 of the ISA | | | | | | | | |
| 26 | Does the Fair Processing Notice (or Privacy Notice on the practice’s public website cover your planned activity | | | | | | | Yes – the Agreement recommends each partner update their organisation privacy notices if required | | | | | | | | |
| 27 | Who are the partners for the data sharing? | | | | | | | * Liverpool Place GP Practices * Airedale NHS Foundation Trust (ANHSFT) Immedicare Service | | | | | | | | |
| 28 | Is there an information sharing agreement or is one needed? | | | | | | | Yes – Airedale NHS Foundation Trust and Liverpool GP DSA | | | | | | | | |
| **Data Security** | | | | | | | | | | | | | | | | |
| 29 | Will the system require the use of the practice computer equipment? If so, has the Informatics Merseyside (IM) IT Security Team been informed and assessed the system? | | | | | | | GP practices will use Informatics Merseyside computer equipment.  Immedicare will access records using their own equipment, there is a not a need to assess by IM. | | | | | | | | |
| 30 | Who will use the system/process and have access to the data? | | | | | | | Immedicare clinical staff at Airedale Hub for SystmOne and GP practice staff for EMIS Web; Only staff with a Smartcard can access the EMIS record at Airedale. All staff are bound by the Information Governance standards, GDPR, records access and keeping and their professional code of conduct. Staff receive annual training, and there are organisational policies which reinforce those obligations.  Role Based Access by staff within the sharing partners whom have legitimate reason to access the record | | | | | | | | |
| 31 | Have or will areas involved completed the Data Security Awareness Level 1 eLearning module | | | | | | | Yes, GP Practice staff are required to complete Data Security Awareness level 1 as part of their annual mandatory training  All staff at ANHSFT and Involved staff working for Immedicare receive annual IG training, IG Policy and Confidentiality guidance plus Contracts of employment reiterate staff responsibilities when processing personal information. | | | | | | | | |
| 32 | What other, if any, training will users receive? | | | | | | | GP Practice will be provided with training guide for viewing SysmOne One shared Data | | | | | | | | |
| 33 | Will the data be shared with any other organisations?  *(check privacy policy of provider/Sharing Agreements for details)* | | | | | | | Only the partners/services listed in the sharing agreement | | | | | | | | |
| 34 | Where will data be held? | | | | | | | Data is held in EMIS Web and SystmOne, data is not transferred, access to data will be on a view only basis. | | | | | | | | |
| 35 | What format will data be stored in? | | | | | | | The data will be viewed (HTML) (bidirectional) in context of the patients EMIS Web and TTP SystmOne record. Access will be based upon an individual within a care team having a legitimate relationship with the patient. Data will not be transferred from EMIS Web GP practices into TPP SystmOne or vice versa, it will be viewed | | | | | | | | |
| 36 | Does the system / process change the way data is stored? | | | | | | | There will be no change to how data is stored through this information sharing agreement | | | | | | | | |
| 37 | How will staff access and amend data? | | | | | | | Access to data will be on a view only basis, any amendment to data will not be enabled, however if viewers of the information identify an inaccuracy, feedback should be provided to the data controller  Access will be provided via a log on / account, each user will have their own username and password to access EMIS Web / S1 TPP the technical sharing agreement will need to be activated to allow sharing/viewing | | | | | | | | |
| 38 | How will data be shared?  *(e.g., email, NHS mail, internal/external post, phone, website transfer, mesh, sms, secure systems)* | | | | | | | Data will be shared on a view (HTML) only basis via EMIS Web and TPP SystmOne between GP Practice and Immedicare Service. | | | | | | | | |
| 39 | Are you transferring any personal and / or sensitive data to a country outside the UK? | | | | | | | Yes  No  *If yes, please outline the data types, country, transfer methods and any measures in place to ensure adequate levels of security when transferred to this country. Have Standard Contractual Clauses been used?* | | | | | | | | |
| 40 | Give a description of all information flows (or diagram) | | | | | | | Within SystmOne, there will be an EMIS node on the clinical tree, enabling users to view EMIS records. EMIS and TPP are directly integrated to query the database based upon codes  Diagram  Description automatically generated  Below is flow for Immedicare | | | | | | | | |
| 41 | What security measures have been taken to protect the data?  *(request 3rd party security whitepapers or documentation for system)*  *Please include access control, data security in transit and encryption in the answer* | | | | | | | User logons/smartcards over HSCN to access SystmOne records  Immedicare have the System Level Security Policy (SLSP), regular access audits are undertaken. SystmOne data security is overseen by the Trust’s IG Policy and a specific System Level Security Policy (SLSP) for the Digital Care Hub SystmOne unit. This documents access control and data security measures and oversight for SystmOne within the Digital Care Hub. Records for SystmOne typically begin under Primary Care and therefore they are usually setup already. If a record doesn’t exist, then the Trust’s Health Records department will register patients on SystmOne.  Access to primary care information hosted within EMIS Web will be via provider IT security policies, with access permitted across HSCN.  Individuals within a care team will be given the appropriate level of access as governed by the sharing agreement. | | | | | | | | |
| 42 | Is there a useable audit trail in place for the asset?  *(e.g. to identify who has accessed a record)* | | | | | | | Yes, both EMIS Web and TPP SystmOne hold full audit of record sharing access. | | | | | | | | |
| 43 | How often will the system/process be audited? | | | | | | | These are carried out monthly as standard practice in the Immedicare hub.  GP Practice manage their own frequency of audit | | | | | | | | |
| 44 | Who supplies the system/process? | | | | | | | Immedicare- Mick Roach is the SIRO so has ultimate oversight and accountability for IG. Marie Buchan is the Information Asset Owner (IAO) for the Hub SystmOne Unit and is accountable for ensuring security of the data, which involves the Auditing of the unit. The SystmOne unit belongs to ANHSFT and as such sits under the Information Governance and Information Security frameworks of the Trust, Jenny Pope is Head of IG and Andrew Leng is Head of IT which also includes IS.  GP Practices have been provided with the guidance below and manage their own audits | | | | | | | | |
| 45 | If the supplier is third party, are they based within the UK  *(if “No”, give details of base)* | | | | | | | Yes  All SystmOne TPP Data Centres are within the UK  All EMIS Data Centres are within the UK  AWS for GP Documents – UK Server | | | | | | | | |
| 46 | Where will the supplier store the data?  *(Give full address(es).)* | | | | | | | TPP SystmOne;  Leeds  EMIS Web;  Leeds  and  AWS for GP Documents – UK server | | | | | | | | |
| 47 | Is the supplier of the system/recipient of the data registered with the ICO?  *(give registration number(s).)* | | | | | | | * The Phoenix Partnership Ltd (TPP) Registration Number: Z1927388 * EMIS Group PLC: Registration Number: Z2670786 * Airedale NHS Trust: Registration Number: Z6365791 * Immedicare Llp: Registration Number: ZA150050   All GP Practice Registration Numbers listed in the ISA | | | | | | | | |
| 48 | Has the organisation completed the Data Security and Protection Toolkit (DSPT) to a satisfactory level?  *(Give the organisational code)* | | | | | | | Yes, all partners in the agreement are required to complete the NHS Digital DSP Toolkit and achieve ‘Standards Met’ or above.  All GP practices in the area have ‘Standards Met’ for 2021/2022  The Phoenix Partnership (Leeds) Ltd (TPP) latest status 21/22 Standards Exceeded published 31/05/2022 (ODS YGM24)  EMIS latest status 21/22 Standards Exceeded published 27/06/2022 (ODS YGM06)  Airedale NHS Foundation Trust latest status 21/22 Approaching Standards published 06/07/2022 (ODS RCF)  Immedicare LLP latest status 21/22 Standards Met published 06/07/2022 (ODS 8JP83) | | | | | | | | |
| 49 | Does the contract include Data Protection clauses? | | | | | | | Yes | | | | | | | | |
| 50 | If “No”, is a Data Processor Contract required? | | | | | | | N/A | | | | | | | | |
| 51 | What business continuity plans are in place?  *(e.g. in the case of data loss/damage because of: human error, computer virus, network failure, theft, fire, flood,etc)*  *(for the practice)* | | | | | | | Immedicare Business Continuity Plan    Also from an NHS perspective business continuity assurance is provided under the DSP Toolkit which is [published and available nationally](https://www.dsptoolkit.nhs.uk/OrganisationSearch/RCF).  TPP SystmOne Disaster procedures  GP practice partners have their own Business Continuity Plan in place | | | | | | | | |
| **Data Quality** | | | | | | | | | | | | | | | | |
| 52 | Who provides the information for the asset? | | | | | | | | In the context of viewing information, data is controlled and managed by the individual Partner service | | | | | | | |
| 53 | Who inputs the data into the system? | | | | | | | | In the context of viewing information, data is entered by the care teams within each Partner service. | | | | | | | |
| 54 | How will the information be kept up to date and checked for accuracy and completeness? | | | | | | | | In the context of viewing information, data will be managed in line with record keeping guidelines | | | | | | | |
| 55 | Can an individual (or a court) request amendments or deletion of data from the system? | | | | | | | | Yes, requests can be made. These will be reviewed on individual basis and will only be amended/deleted if proven to be completely inaccurate | | | | | | | |
| **On-Going Use of Data** | | | | | | | | | | | | | | | | |
| 56 | Will the data be used to send direct marketing messages? | | | | | | | | No | | | | | | | |
| 57 | If yes, are consent and opt-in procedures in place? | | | | | | | | N/A (see Q56) | | | | | | | |
| 58 | Does the system/process change the medium for disclosure of publicly available information? | | | | | | | | No | | | | | | | |
| 59 | Will the system/process make data more readily accessible than before? | | | | | | | | Yes | | | | | | | |
| 60 | What is the data retention period for this data? *(please refer to* [*Records Management Code of Practice 2021*](https://www.nhsx.nhs.uk/information-governance/guidance/records-management-code/)*)* | | | | | | | | Each Partner will follow retentions In line with [NHS Records management code of practice](https://www.nhsx.nhs.uk/information-governance/guidance/records-management-code/) for the data they control.  Immedicare data retention adheres to the national NHS records retention schedules according to the data processed  ANHSFT will not save any information on ANHSFT servers or print any information and are only provided with read only access to the patient’s electronic record.  The only information that will be retained is Trust purchasing, invoicing and payment details for legal obligations. | | | | | | | |
| 61 | How will the data be destroyed when it is no longer required? | | | | | | | | Immedicare; SystmOne does not have the capacity to delete records, When a record reaches the end of their retention period they are archived and inaccessible to users, except administrators  GP Practice Services - In line with NHS Digital Destruction and Disposal of Sensitive Data Good Practice Guidelines | | | | | | | |
| 62 | Does your disaster recovery solution use a third-party supplier? | | | | | | | | GP EMIS - Disaster recovery is managed by EMIS Health all solutions are on premise for EMIS Web  Immedicare - No | | | | | | | |
| 63 | Does your Disaster recovery provider have any accreditations? e.g., ISO27001 | | | | | | | | **EMIS** Group have the following accreditations.   * ISO9001 * ISO27001 * ISO27002 * Cyber Essentials Plus certification   **TPP SystmOne** have the following accreditations.   * ISO27001:2013 * ISO9001 * ISO20000 * ISO27001 | | | | | | | |
| 64 | Has your Disaster Recovery Plan been tested and was all data retained and secure? | | | | | | | | EMIS GP - Disaster recovery is managed by EMIS Health:  Disaster recovery tests take place at least annually or when any major changes to infrastructure occur.  The last EMIS Web Disaster Recovery Service Migration test was completed with NHS Digital in October 2022. All test criteria was successful and all data was retained and secure.  Immedicare – Yes, A planned failover of the system was carried out on May 12th this outage was started at 08:30 were simulated failure of a data centre for the Immedicare service failed, the test was completed by 9:05 when both data centres were brought back online. During the time the users carried out the standard practice of disconnecting and reconnecting meaning the service was affected for about 5 minutes while staff connected to the redundant site. | | | | | | | |
| **Identify and Assess Risks** | | | | | | | | | | | | | | | | |
| Information security risks should be highlighted to the IM IT Security Team to complete any necessary risk assessments on new systems or changes to existing systems.  Any issues that may arise could adversely impact other organisations and services hosted by Informatics Merseyside, because of this the IM IT Security Team need to complete their assessment before the system can be commissioned for use. | | | | | | | | | | | | | | | | |
| 65 | | **Risk Description (**source of risk and nature of potential impact **to individuals, the Practice, CCG or to wider compliance)** | | | | | | | | **Likelihood of harm**  (Remote, possible or probable) | | | | **Severity of harm**  (minimal, significant or severe) | **Overall risk**  (low, medium or high) | |
| A | | Individuals’ data could be accessed for purposes other than direct care | | | | | | | | Possible | | | | Significant | Medium | |
| B | | Potential for partners to print out each other’s records | | | | | | | | Possible | | | | Significant | Medium | |
| **Identify Measure to Reduce Risk** | | | | | | | | | | | | | | | | |
| **Identify additional measures you could take to reduce or eliminate risks identified as medium or high risk in the table above** | | | | | | | | | | | | | | | | |
| 66 | | **Proposed Risk Solution** (reduce or eliminate risk) | | | | | | | | **Effect on risk**  (Is the risk reduced, transferred, accepted) | | | | **Remaining risk**  (Low, medium or high) | | **Measure approved**  (Yes/No) |
| A | | All Partners have policies and procedures in place regarding Data Security and Protection, along with regular audits of EMIS Web and SystmOne and confidentiality agreements signed by all Staff  All staff are aware of the rules regarding shared data and that it is only be accessed if there is a legitimate reason to do so and complete annual data security and protection training | | | | | | | | Reduced | | | | Low | |  |
| B | | All Partners have policies and procedures in place regarding Data Security and Protection, along with regular audits of EMIS Web and SystmOne and confidentiality agreements signed by all Staff.  All staff are aware of the rules regarding shared data and that it is only to be accessed if there is a legitimate reason to do so and complete annual data security and protection training annually. | | | | | | | | Reduced | | | | Low | |  |
| **DPIA Sign Off** | | | | | | | | | | | | | | | | |
| Item | | | Name/Date | | | | | | | | | | Notes | | | |
| SIRO approved: | | | Name: | | | | | | | | | | *Integrated actions back into project plan, with date and responsibility for completion* | | | |
| Date: | | | | | | | | | |
| Caldicott Guardian approved: | | | Name: | | | | | | | | | | *If accepting any residual high risk, consult the ICO before going ahead* | | | |
| Date: | | | | | | | | | |
| DPO advice provided | | | Name: Jeanie Hedley | | | | | | | | | | *DPO should advise on compliance, identify measure to reduce risk section and whether processing can proceed* | | | |
| Date: 23/01/2023 | | | | | | | | | |
| Summary of DPO advice:  Having reviewed this DPIA, I am satisfied that a comprehensive assessment has been carried out. (This is based on the GPs completing all areas highlighted above.)  All data will be processed in accordance with Data Protection legislation and handled in line with organisational best practice and data retention policies. I am therefore satisfied with the organisational security measures employed and recommend the processing goes ahead as outlined within this DPIA. | | | | | | | | | | | | | | | | |
| DPO advice accepted or overruled by:  (SIRO/Caldicott Guardian) | | | | Name: | | | | | | | | | *If overruled, you must explain your reasons* | | | |
| Date: | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | |
| Consultation responses reviewed by: | | | | Name: | | | | | | | | | *If your decision departs from individuals’ views, you must explain your reasons* | | | |
| Date: | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | |
| This DPIA will be kept under review by: | | | | Name: | | | | | | | | | *The DPO should also review ongoing compliance with DPIA* | | | |
| Date: | | | | | | | | |