



**Data Protection Impact Assessment (DPIA)
For Extended Access Services Provided by Leeds GP Confederation
(includes all activity hosted by the Confederation Network Infrastructure)**

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|---|---|
| Authors | Matt Walker – Business and Operations Manager Simon Boycott – Head of Development and Governance |
| Date approved by Quality, Performance and Finance Committee | Operationally Approved by IG Project Team on 22 nd July 2019 pending Committee Approval |
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Data Protection Impact Assessment (DPIA)

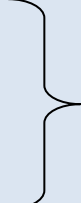

Section 1

System/Project General Details

| | | |
|--|---|------------------------------------|
| System/project/process (referred to thereafter as 'project') title: | 1. Confederation Extended Access Booking Platform (use by Confed Staff), 2. Confederation Staff Access of GP Clinical Systems, 3. Use of Confederation Clinical System by GP Practice / PCN Staff. – To be known Collectively as Confederation Clinical System Use. | |
| Objective: | To have an IG compliant citywide service infrastructure managed by the Confederation for the benefit of the patients of Leeds. | |
| Detail: Why is the new system/change in system required? Is there an approved business case? | With the establishment of the PCN's from 1st July, services will be delivered at scale to achieve the outcomes of the Network DES of the GMS/PMS Contract. | |
| Stakeholders/Relationships /Partners: Please outline the nature of such relationships and the corresponding roles of other organisations. | GP Practices, PCNs, Federations, LCH, Leeds CCG | |
| Other related projects: | CAS pilot | |
| Project lead: | Name: | Simon Boycott |
| | Title: | Head of Development and Governance |
| | Department: | Executive Team |
| | Telephone: | 07717 841665 |
| | Email | simon.boycott@nhs.net |
| Information Asset owners/Administrators (if applicable) | | |
| Information Asset Owner: All information systems/assets must have an Information Asset Owner (IAO) . IAO's should normally be a Head of Department/Service. | Name: | Ciara O'Grady |
| | Title: | Business Transformation Lead |
| | Department: | Digital |
| | Telephone: | 07896020876 |
| | Email | ciara.dunne@nhs.net |
| Information Asset Administrator: Information systems/assets may have an Information Asset Administrator (IAA) who reports the IAO. IAA's are normally System Managers/Project Leads. | Name: | Matt Walker |
| | Title: | Business and Operations Manager |
| | Department: | Operations |
| | Telephone: | 0113 887 3899 |
| | Email | Matthew.walker15@nhs.net |

Section 2A – Confederation Extended Access Booking Platform (use by Confed Staff)

Data Protection Impact Assessment Key Questions

| | Question | Response |
|----|---|--|
| 1. | <p>Will the project use identifiable or potentially identifiable data in any way? If answered 'No' then a DPIA is not normally suggested.</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, who will this data relate to:</p> <p><input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Other: Click here to enter text.</p> |
| 2. | <p>Please state purpose for the processing of the data: For example, patient care, commissioning, research, audit, evaluation.</p> | <p>Patient care</p> |
| 3. | <p>Please tick the data items that are held in the system</p> <p>Personal </p> <p>Special categories of personal data (sensitive data) </p> | <p><input checked="" type="checkbox"/> Name <input checked="" type="checkbox"/> Address <input checked="" type="checkbox"/> Post Code <input checked="" type="checkbox"/> Date of Birth <input checked="" type="checkbox"/> GP Practice <input checked="" type="checkbox"/> Date of Death <input checked="" type="checkbox"/> NHS Number <input type="checkbox"/> NI Number <input type="checkbox"/> Passport Number <input type="checkbox"/> Pseudonymised Data <input type="checkbox"/> Online Identifiers (e.g. IP Number, Mobile Device ID)</p> <p><input type="checkbox"/> Health Data <input type="checkbox"/> Trade Union membership <input type="checkbox"/> Political opinions <input type="checkbox"/> Religion <input type="checkbox"/> Racial or Ethnic Origin <input type="checkbox"/> Sex life and sexual orientation <input type="checkbox"/> Biometric Data <input type="checkbox"/> Genetic Data</p> <p><input type="checkbox"/> Other:</p> |
| 4. | <p>The data of approximately how many individuals will be affected?</p> | <p><input type="checkbox"/> 1-10 <input type="checkbox"/> 10-100 <input type="checkbox"/> 100-1000 <input type="checkbox"/> 1000-10 000 <input type="checkbox"/> 10 000-100 000 <input checked="" type="checkbox"/> 100 000+ <input type="checkbox"/> Unable to ascertain Click here to enter text.</p> |
| 5. | <p>Have the individuals been informed of this Data Processing activity</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (please record as a risk) If yes, please specify: Click here to enter text.</p> |

| | Question | Response |
|----|--|---|
| 6. | <p>Will this activity create a new Information Asset for the Practice?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes</p> <p>Has an Information Asset Owner been identified and does the Information Asset and Data Flow Register require updating?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, include the completed Information Asset Register New Entry Form.</p> <p>Does this project constitute a change to existing Information Asset(s) or is this a new Information Asset?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, include the completed Information Asset Register and Data Flow Mapping Form for risk review.</p> |
| 7. | <p>Who will be the Data Controller for this activity? The data controller is the individual or organisation who is responsible for determining the reason for the data processing activity, who may not be the “holder” of the data</p> | <p>Simon Boycott</p> |
| 8. | <p>Will a third party be processing data as part of this activity</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If “Yes” please ensure that the <u>Data Protection Impact Assessment Key Questions for Providers/Processors</u> section of this document is filled in by the Provider.</p> <p>Also ensure that either</p> <ul style="list-style-type: none"> a) the third party/supplier contract(s) include all the necessary Information Governance clauses regarding Data Protection and Freedom of Information b) Is the contract based on or utilises the NHS standard contract <p>If neither are done, please records as a risk</p> |

| | Question | Response |
|-----|---|---|
| 9. | <p>What legal basis enables this data processing?</p> <p>For more information about conditions for processing, please see the ICO's GDPR website.</p> | <p>Personal data (identifiers and potentially identifiable data):</p> <p><input type="checkbox"/> Consent: Click here to enter text.</p> <p><input type="checkbox"/> Relating to a contract: APMS Contract (GPAF)</p> <p><input checked="" type="checkbox"/> Legal obligation: APMS Contract to provide Primary Medical Care</p> <p><input type="checkbox"/> Vital interests: Click here to enter text.</p> <p><input type="checkbox"/> Public task: Click here to enter text.</p> <p><input type="checkbox"/> Other: Click here to enter text.</p> <p>Special categories of personal data (sensitive data), <i>if applicable</i>:</p> <p><input type="checkbox"/> Consent: Click here to enter text.</p> <p><input type="checkbox"/> Medical related: Click here to enter text.</p> <p><input type="checkbox"/> Public Health: Click here to enter text.</p> <p><input type="checkbox"/> Employment related: Click here to enter text.</p> <p><input type="checkbox"/> Vital interests: Click here to enter text.</p> <p><input type="checkbox"/> Already public: Click here to enter text.</p> <p><input type="checkbox"/> Legal claim related: Click here to enter text.</p> <p><input type="checkbox"/> Substantial public interest: Click here to enter text.</p> <p><input type="checkbox"/> Other: Click here to enter text.</p> |
| 10. | <p>Are you relying on individuals (patients/staff) to explicit consent to the processing of personal identifiable or sensitive data?</p> <p>Please provide copies of any consent documentation that will be used, including patient information leaflets</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (skip next question)</p> <p>How will consent be obtained and by whom? Click here to enter text.</p> <p>Will the consent cover all proposed processing and sharing/disclosures?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please detail: Click here to enter text.</p> |
| 11. | <p>If you are relying only on consent, did you consider any other legal basis?</p> <p>Please be aware that consent may not be the best legal basis to use under many circumstances due to the strengthened rights it gives individuals over their data.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> N/A</p> <p>If no, please detail why: Click here to enter text.</p> |
| 12. | <p>Who will have access to the data within the project?</p> <p>Please refer to roles/job titles/organisations.</p> | <p>Confederation Service Delivery Staff including employed, seconded and non-contracted aligned staff. Will include receptionists, administrators, GP's Nurses and other allied health professionals.</p> |

| | Question | Response |
|-----|---|---|
| 13. | <p>Have consultation/checks have been made regarding the adequacy, relevance and necessity for the processing of the data for this project?</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (please record as a risk)</p> <p>If yes, please specify: No consultation made – service and contract is inoperable without the use of the data in this way and consultation would not materially change the use of data, nor the approach to service delivery.</p> |
| 14. | <p>Does the project involve linkage of personal data with data in other collections, or significant change in data linkages?</p> <p>The degree of concern is higher where data is transferred out of its original context (e.g. the sharing and merging of datasets can allow for a collection of a much wider set of information than needed and identifiers might be collected/linked which prevents personal data being kept anonymously)</p> | <p><input type="checkbox"/> Yes (please record as a risk) <input checked="" type="checkbox"/> No</p> <p>If yes, please provide a data flow diagram showing how identifiable information would flow and ensure this is added to the practice Information Asset and Data Flow Register (see Information Assets and Data Flows section).</p> |
| 15. | <p>Has stakeholder engagement taken place?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk)</p> <p>If yes, how have any issues identified by stakeholders been considered? General Information Governance concerns around data sharing which are addressed by the Confed IG Management Framework If no, please outline any plans in the near future to seek stakeholder feedback: Engagement will be ongoing through the Citywide EA Steering Group.</p> |
| 16. | <p>Does the project involve any new data sharing between stakeholder organisations?</p> | <p><input type="checkbox"/> Yes (consider if this will be a risk) <input checked="" type="checkbox"/> No</p> <p>If yes, please describe: Click here to enter text. Please provide a high level data flow diagram showing how identifiable information would flow.</p> |
| 17. | <p>Does the project involve the collection of data that may be unclear or intrusive?</p> <p>Are all data items clearly defined? Is the data collected limited to a specific set of predefined categories?</p> | <p><input type="checkbox"/> Yes (please record as a risk) <input checked="" type="checkbox"/> No</p> <p>If yes, please explain: Click here to enter text.</p> |

| | Question | Response |
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| 18. | <p>What are the specific retention periods for this data?</p> <p>Please refer to the Records Management Code of Practice for Health and Social Care 2016 and list the retention period for identifiable project datasets.</p> | <p>Health Records – 10yrs after the patient is deceased.</p> <p>If no retention period is specified, please record as a risk</p> |
| 19. | <p>Will the data be securely destroyed when it is no longer required?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk)</p> <p>If no, please detail: Click here to enter text.</p> |
| 20. | <p>Will identifiable/potentially identifiable from the project be released as Open Data (placed in to the public domain)?</p> | <p><input type="checkbox"/> Yes (please record as a risk) <input checked="" type="checkbox"/> No</p> <p>If yes, please describe: Click here to enter text.</p> |
| 21. | <p>Will any personal and/or sensitive data be transferred to a country outside the UK?</p> | <p><input type="checkbox"/> Yes (please record as a risk) <input checked="" type="checkbox"/> No</p> <p>If yes, which data and to which country? Click here to enter text.</p> |
| 22. | <p>Will identifiable data only be handled within the patients' direct care team (in accordance with the Common Law Duty of Confidentiality)?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please consider if this will be a risk)</p> <p>If no, please detail: Click here to enter text.</p> |
| 23. | <p>Will an evaluation of the activity be required?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, has a suitable data set been decided, that specifies what data will be used, where it will be extracted from and what measures are in place (anonymization, pseudonymisation etc) to protect personal data</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk)</p> |

Section 3A – Confederation Extended Access Booking Platform (use by Confed Staff)

Data Protection Impact Assessment Key Questions for Providers/Processors

| | Question | Response |
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| 1. | <p>Is the Provider/Data Processor registered with the Information Commissioner?</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (please record as a risk)</p> <p>Organisation: Click here to enter text. Data Protection Registration Number: Click here to enter text.</p> |
| 2. | <p>Has the Provider/Data Processor completed and published a satisfactory Data Security and Protection Toolkit submission?</p> <p>Please note that the Data Security and Protection Toolkit replaced the IG Toolkit from 1 April 2018.</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (please record as a risk)</p> <p>If yes, please give organisation code and percentage score: DSP Toolkit to be completed in respect of FY19/20 upon completion of IG Management Framework Implementation</p> <p><i>DSP/IG Toolkit Score:</i></p> <p><input type="checkbox"/> Satisfactory <input type="checkbox"/> Not satisfactory (please record as a risk)</p> <p><input type="checkbox"/> Satisfactory with Improvement Plan</p> <p>If satisfactory with an improvement plan, please request a copy of the plan and enclose it with this assessment.</p> <p>If not satisfactory, please explain how the service has been procured: Click here to enter text.</p> |
| 3. | <p>Will other third parties (not already identified) have access to the data, or act as Provider/Data Processors?</p> <p>Include any external organisations. <u>Please ensure any third party organisation that will have access to this data also complete a DPIA.</u></p> | <p><input type="checkbox"/> Yes (please consider as a risk) <input checked="" type="checkbox"/> No</p> <p>If so, for what purpose? Click here to enter text.</p> <p>Please list organisations and by what means of transfer: Click here to enter text.</p> |
| 4. | <p>Where will the data be kept/stored/accessed?</p> <p>Where applicable, please refer to data flow diagram.</p> | <p>Only available electronically</p> |
| 5. | <p>Please indicate all methods in which data will be transferred</p> | <p><input type="checkbox"/> Fax <input type="checkbox"/> Email (Unsecure/Personal)</p> <p><input type="checkbox"/> Email (Secure/nhs.net) <input type="checkbox"/> Internet (unsecure – e.g. http)</p> <p><input type="checkbox"/> Telephone <input type="checkbox"/> Internet (secure – e.g. https)</p> <p><input type="checkbox"/> By hand <input type="checkbox"/> Courier</p> <p><input type="checkbox"/> Post – track/traceable <input type="checkbox"/> Post – normal</p> <p><input checked="" type="checkbox"/> Software <input type="checkbox"/> Mobile app</p> <p><input type="checkbox"/> Other: Click here to enter text.</p> |
| 6. | <p>How will the data be kept up to date and checked for accuracy and completeness?</p> | <p>Links to the NHS spine</p> |

| | | |
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| 7. | <p>Please outline how individuals will be informed and kept informed about how their data will be processed.</p> <p>A copy of the privacy notice and/or leaflets must be provided.</p> | <p>Our Privacy Notice will be made available on the confederation website and within each physical service location.</p> |
| 8. | <p>How will consent/non-consent (if applicable), objections or opt-outs be recorded and respected?</p> | <p>As per the Confederation Consent Policy and via patient medical records.</p> |
| 9. | <p>What arrangements are in place to process Subject Access Requests?</p> <p>Please include a copy of the SAR procedure if one exists</p> | <p>As per the Confederation Individual Rights and SAR Procedure.</p> |
| 10. | <p>What process is in place for rectifying/blocking data?</p> <p>What would happen if such a request were made?</p> | <p>As at 9.</p> |
| 11. | <p>Will the processing of data be automated?</p> <p>Will the proposed processing of data involved automated means of processing to determine an outcome for the individual?</p> | <p><input type="checkbox"/> Yes (please record as a risk) <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable</p> <p>If yes, please outline what arrangements are available to enable the individual access and to extract data (in a standard file format). Please also detail any profiling that may take place as part through automated processing: Click here to enter text.</p> |
| 12. | <p>Is there a useable audit trail in place for the project?</p> <p>For example, to identify who has accessed a record?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk) <input type="checkbox"/> Not applicable</p> <p>If yes, please outline the audit plan: Quarterly User Access Audits</p> |
| 13. | <p>Is there an Access Control Policy in place for the Data/the systems the data is held within?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk) <input type="checkbox"/> Not applicable</p> <p>If yes, please outline the policy and how it is implemented: as per the Confederation Network Security Policy and Confederation Standard Operating Procedure for Hub Staff Registration.</p> |
| 14. | <p>Does the project involve privacy enhancing technologies?</p> <p><i>New forms of encryption, two factor authentication and/or pseudonymisation.</i></p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please give details: Click here to enter text.</p> |

| | | |
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| <p>15.</p> | <p>Will the project involve the sending of unsolicited marketing messages electronically such as telephone, fax, email and text?</p> <p>Please note that seeking to influence an individual is considered to be marketing.</p> | <p><input checked="" type="checkbox"/> Yes (please record as a risk) <input type="checkbox"/> No</p> <p>If yes, what communications will be sent? Appointment reminder and Friends and Family Friends Test feedback request SMS Messages</p> <p>Will consent be sought prior to this? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk)</p> <p>If no, please explain why consent is not being sought first: Click here to enter text.</p> |
| <p>16.</p> | <p>Have the business continuity requirements been considered?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk)</p> <p><input type="checkbox"/> Business Continuity is not applicable</p> <p>Please explain and either reference how such plans link with the organisational plan or why there are no business continuity considerations that are applicable for this project: Business Continuity plans are managed via cloud-based software and approved by the QPF Committee.</p> |

Section 2B – Confederation Staff Access of GP Clinical Systems

Data Protection Impact Assessment Key Questions

| | Question | Response |
|----|--|--|
| 1. | <p>Will the project use identifiable or potentially identifiable data in any way? If answered 'No' then a DPIA is not normally suggested.</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, who will this data relate to:</p> <p><input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Other: Click here to enter text.</p> |
| 2. | <p>Please state purpose for the processing of the data: For example, patient care, commissioning, research, audit, evaluation.</p> | <p>Patient care.</p> |
| 3. | <p>Please tick the data items that are held in the system</p> <p>Personal } Special categories of personal data (sensitive data) }</p> | <p><input checked="" type="checkbox"/> Name <input checked="" type="checkbox"/> Address <input checked="" type="checkbox"/> Post Code <input checked="" type="checkbox"/> Date of Birth <input checked="" type="checkbox"/> GP Practice <input checked="" type="checkbox"/> Date of Death <input checked="" type="checkbox"/> NHS Number <input type="checkbox"/> NI Number <input type="checkbox"/> Passport Number <input type="checkbox"/> Pseudonymised Data <input type="checkbox"/> Online Identifiers (e.g. IP Number, Mobile Device ID)</p> <p><input checked="" type="checkbox"/> Health Data <input type="checkbox"/> Trade Union membership <input type="checkbox"/> Political opinions <input checked="" type="checkbox"/> Religion <input checked="" type="checkbox"/> Racial or Ethnic Origin <input checked="" type="checkbox"/> Sex life and sexual orientation <input type="checkbox"/> Biometric Data <input type="checkbox"/> Genetic Data</p> <p><input type="checkbox"/> Other:</p> |
| 4. | <p>The data of approximately how many individuals will be affected?</p> | <p><input type="checkbox"/> 1-10 <input type="checkbox"/> 10-100 <input type="checkbox"/> 100-1000 <input type="checkbox"/> 1000-10 000 <input type="checkbox"/> 10 000-100 000 <input checked="" type="checkbox"/> 100 000+ <input type="checkbox"/> Unable to ascertain Click here to enter text.</p> |
| 5. | <p>Have the individuals been informed of this Data Processing activity</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (please record as a risk)</p> <p>If yes, please specify:</p> |

| | Question | Response |
|----|--|---|
| 6. | <p>Will this activity create a new Information Asset for the Practice?</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes</p> <p>Has an Information Asset Owner been identified and does the Information Asset and Data Flow Register require updating?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, include the completed Information Asset Register New Entry Form.</p> <p>Does this project constitute a change to existing Information Asset(s) or is this a new Information Asset?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, include the completed Information Asset Register and Data Flow Mapping Form for risk review.</p> |
| 7. | <p>Who will be the Data Controller for this activity? The data controller is the individual or organisation who is responsible for determining the reason for the data processing activity, who may not be the “holder” of the data</p> | <p>caldicott guardian for the GP practice</p> |
| 8. | <p>Will a third party be processing data as part of this activity</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If “Yes” please ensure that the <u>Data Protection Impact Assessment Key Questions for Providers/Processors</u> section of this document is filled in by the Provider.</p> <p>Also ensure that either</p> <ul style="list-style-type: none"> c) the third party/supplier contract(s) include all the necessary Information Governance clauses regarding Data Protection and Freedom of Information d) Is the contract based on or utilises the NHS standard contract <p>If neither are done, please records as a risk</p> |

| | Question | Response |
|-----|---|---|
| 9. | <p>What legal basis enables this data processing?</p> <p>For more information about conditions for processing, please see the ICO's GDPR website.</p> | <p>Personal data (identifiers and potentially identifiable data):</p> <p><input type="checkbox"/> Consent: Click here to enter text.</p> <p><input type="checkbox"/> Relating to a contract: Click here to enter text.</p> <p><input checked="" type="checkbox"/> Legal obligation: APMS Contract to Provide Primary Medical Care</p> <p><input type="checkbox"/> Vital interests: Click here to enter text.</p> <p><input type="checkbox"/> Public task: Click here to enter text.</p> <p><input type="checkbox"/> Other: Click here to enter text.</p> <p>Special categories of personal data (sensitive data), <i>if applicable</i>:</p> <p><input type="checkbox"/> Consent: Click here to enter text.</p> <p><input checked="" type="checkbox"/> Medical related: APMS Contract for Primary Care Services</p> <p><input type="checkbox"/> Public Health: Click here to enter text.</p> <p><input type="checkbox"/> Employment related: Click here to enter text.</p> <p><input type="checkbox"/> Vital interests: Click here to enter text.</p> <p><input type="checkbox"/> Already public: Click here to enter text.</p> <p><input type="checkbox"/> Legal claim related: Click here to enter text.</p> <p><input type="checkbox"/> Substantial public interest: Click here to enter text.</p> <p><input type="checkbox"/> Other: Click here to enter text.</p> |
| 10. | <p>Are you relying on individuals (patients/staff) to explicit consent to the processing of personal identifiable or sensitive data?</p> <p>Please provide copies of any consent documentation that will be used, including patient information leaflets</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (skip next question)</p> <p>How will consent be obtained and by whom?</p> <p>Will the consent cover all proposed processing and sharing/disclosures?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please detail: Click here to enter text.</p> |
| 11. | <p>If you are relying only on consent, did you consider any other legal basis?</p> <p>Please be aware that consent may not be the best legal basis to use under many circumstances due to the strengthened rights it gives individuals over their data.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> N/A</p> <p>If no, please detail why: Click here to enter text.</p> |
| 12. | <p>Who will have access to the data within the project?</p> <p>Please refer to roles/job titles/organisations.</p> | <p>Clinical staff with Smartcard access working in Extended Access Services on behalf of the GP practice, Confederation RA Sponsors, GP Practice Staff with Smartcard access.</p> |

| | Question | Response |
|-----|---|---|
| 13. | <p>Have consultation/checks have been made regarding the adequacy, relevance and necessity for the processing of the data for this project?</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (please record as a risk)</p> <p>If yes, please specify: The data to be processed is mandated as part of the APMS contract and therefore the legal basis for processing.</p> |
| 14. | <p>Does the project involve linkage of personal data with data in other collections, or significant change in data linkages?</p> <p>The degree of concern is higher where data is transferred out of its original context (e.g. the sharing and merging of datasets can allow for a collection of a much wider set of information than needed and identifiers might be collected/linked which prevents personal data being kept anonymously)</p> | <p><input type="checkbox"/> Yes (please record as a risk) <input checked="" type="checkbox"/> No</p> <p>If yes, please provide a data flow diagram showing how identifiable information would flow and ensure this is added to the practice Information Asset and Data Flow Register (see Information Assets and Data Flows section).</p> |
| 15. | <p>Has stakeholder engagement taken place?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk)</p> <p>If yes, how have any issues identified by stakeholders been considered? General Information Governance concerns around data sharing which are addressed by the Confed IG Management Framework If no, please outline any plans in the near future to seek stakeholder feedback: Engagement will be ongoing through the Citywide EA Steering Group.</p> |
| 16. | <p>Does the project involve any new data sharing between stakeholder organisations?</p> | <p><input type="checkbox"/> Yes (consider if this will be a risk) <input checked="" type="checkbox"/> No</p> <p>If yes, please describe: Click here to enter text. Please provide a high level data flow diagram showing how identifiable information would flow.</p> |
| 17. | <p>Does the project involve the collection of data that may be unclear or intrusive?</p> <p>Are all data items clearly defined? Is the data collected limited to a specific set of predefined categories?</p> | <p><input type="checkbox"/> Yes (please record as a risk) <input checked="" type="checkbox"/> No</p> <p>If yes, please explain: Click here to enter text.</p> |

| | Question | Response |
|-----|--|---|
| 18. | <p>What are the specific retention periods for this data?</p> <p>Please refer to the Records Management Code of Practice for Health and Social Care 2016 and list the retention period for identifiable project datasets.</p> | <p>GP Records retain for 10 years after death. Electronic patient records (EPRs) must not be destroyed, or deleted, for the foreseeable future.</p> <p>If no retention period is specified, please record as a risk</p> |
| 19. | <p>Will the data be securely destroyed when it is no longer required?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk)</p> <p>If no, please detail: Click here to enter text.</p> |
| 20. | <p>Will identifiable/potentially identifiable from the project be released as Open Data (placed in to the public domain)?</p> | <p><input type="checkbox"/> Yes (please record as a risk) <input checked="" type="checkbox"/> No</p> <p>If yes, please describe: Click here to enter text.</p> |
| 21. | <p>Will any personal and/or sensitive data be transferred to a country outside the UK?</p> | <p><input type="checkbox"/> Yes (please record as a risk) <input checked="" type="checkbox"/> No</p> <p>If yes, which data and to which country? Click here to enter text.</p> |
| 22. | <p>Will identifiable data only be handled within the patients' direct care team (in accordance with the Common Law Duty of Confidentiality)?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please consider if this will be a risk)</p> <p>If no, please detail: Click here to enter text.</p> |
| 23. | <p>Will an evaluation of the activity be required?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, has a suitable data set been decided, that specifies what data will be used, where it will be extracted from and what measures are in place (anonymization, pseudonymisation etc) to protect personal data</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk)</p> |

Section 3B – Confederation Staff Access of GP Clinical Systems

Data Protection Impact Assessment Key Questions for Providers/Processors

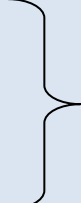

| | Question | Response |
|----|---|---|
| 1. | Is the Provider/Data Processor registered with the Information Commissioner? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (please record as a risk) |
| 2. | Has the Provider/Data Processor completed and published a satisfactory Data Security and Protection Toolkit submission? Please note that the Data Security and Protection Toolkit replaced the IG Toolkit from 1 April 2018. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (please record as a risk) If yes, please give organisation code and percentage score: DSP Toolkit to be completed in respect of FY19/20 upon completion of IG Management Framework Implementation <i>DSP/IG Toolkit Score:</i> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not satisfactory (please record as a risk) <input type="checkbox"/> Satisfactory with Improvement Plan If satisfactory with an improvement plan, please request a copy of the plan and enclose it with this assessment. If not satisfactory, please explain how the service has been procured: |
| 3. | Will other third parties (not already identified) have access to the data, or act as Provider/Data Processors? Include any external organisations. <u>Please ensure any third party organisation that will have access to this data also complete a DPIA.</u> | <input type="checkbox"/> Yes (please consider as a risk) <input checked="" type="checkbox"/> No If so, for what purpose? Click here to enter text. Please list organisations and by what means of transfer: Click here to enter text. |
| 4. | Where will the data be kept/stored/accessed? Where applicable, please refer to data flow diagram. | GP Clinical System |
| 5. | Please indicate all methods in which data will be transferred | <input checked="" type="checkbox"/> Fax <input type="checkbox"/> Email (Unsecure/Personal) <input checked="" type="checkbox"/> Email (Secure/nhs.net) <input type="checkbox"/> Internet (unsecure – e.g. http) <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Internet (secure – e.g. https) <input checked="" type="checkbox"/> By hand <input checked="" type="checkbox"/> Courier <input checked="" type="checkbox"/> Post – track/traceable <input checked="" type="checkbox"/> Post – normal <input checked="" type="checkbox"/> Software <input checked="" type="checkbox"/> Mobile app <input type="checkbox"/> Other: Click here to enter text. |
| 6. | How will the data be kept up to date and checked for accuracy and completeness? | Local GP practices policies as part of their internal IG processes. |

| | | |
|-----|---|--|
| 7. | <p>Please outline how individuals will be informed and kept informed about how their data will be processed.</p> <p>A copy of the privacy notice and/or leaflets must be provided.</p> | <p>Our Privacy Notice is available on our website and will be displayed in each service location</p> |
| 8. | <p>How will consent/non-consent (if applicable), objections or opt-outs be recorded and respected?</p> | <p>As per the Confederation Consent Policy and via the GP Practice Clinical System</p> |
| 9. | <p>What arrangements are in place to process Subject Access Requests?</p> <p>Please include a copy of the SAR procedure if one exists</p> | <p>As per the Confederation Individual Rights and Subject Access Request Procedure.</p> |
| 10. | <p>What process is in place for rectifying/blocking data?</p> <p>What would happen if such a request were made?</p> | <p>As at 9.</p> |
| 11. | <p>Will the processing of data be automated?</p> <p>Will the proposed processing of data involved automated means of processing to determine an outcome for the individual?</p> | <p><input type="checkbox"/> Yes (please record as a risk) <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable</p> <p>If yes, please outline what arrangements are available to enable the individual access and to extract data (in a standard file format). Please also detail any profiling that may take place as part through automated processing: Click here to enter text.</p> |
| 12. | <p>Is there a useable audit trail in place for the project?</p> <p>For example, to identify who has accessed a record?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk) <input type="checkbox"/> Not applicable</p> <p>If yes, please outline the audit plan: Audit log in EMIS and systemone.</p> |
| 13. | <p>Is there an Access Control Policy in place for the Data/the systems the data is held within?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk) <input type="checkbox"/> Not applicable</p> <p>If yes, please outline the policy and how it is implemented: Data sharing agreement in place issued by the Confederation; Confederation Network Security Policy and SOP's</p> |
| 14. | <p>Does the project involve privacy enhancing technologies?</p> <p><i>New forms of encryption, two factor authentication and/or pseudonymisation.</i></p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, please give details: Click here to enter text.</p> |

| | | |
|-------------------|---|---|
| <p>15.</p> | <p>Will the project involve the sending of unsolicited marketing messages electronically such as telephone, fax, email and text?</p> <p>Please note that seeking to influence an individual is considered to be marketing.</p> | <p><input type="checkbox"/> Yes (please record as a risk) <input checked="" type="checkbox"/> No</p> <p>If yes, what communications will be sent? Click here to enter text.</p> <p>Will consent be sought prior to this? <input type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk)</p> <p>If no, please explain why consent is not being sought first: Click here to enter text.</p> |
| <p>16.</p> | <p>Have the business continuity requirements been considered?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk)</p> <p><input type="checkbox"/> Business Continuity is not applicable</p> <p>Please explain and either reference how such plans link with the organisational plan or why there are no business continuity considerations that are applicable for this project: Business Continuity plans are managed via cloud-based software and approved by the QPF Committee.</p> |

Section 2C – Use of Confederation Clinical System by GP Practice / PCN Staff

Data Protection Impact Assessment Key Questions

| | Question | Response |
|----|---|---|
| 1. | <p>Will the project use identifiable or potentially identifiable data in any way? If answered 'No' then a DPIA is not normally suggested.</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, who will this data relate to:</p> <p><input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Other: Click here to enter text.</p> |
| 2. | <p>Please state purpose for the processing of the data: For example, patient care, commissioning, research, audit, evaluation.</p> | <p>Patient Care; delivery of medical services at scale within Primary Care Networks; operation of a centrally supported, scaled appointments system.</p> |
| 3. | <p>Please tick the data items that are held in the system</p> <p>Personal </p> <p>Special categories of personal data (sensitive data) </p> | <p><input checked="" type="checkbox"/> Name <input checked="" type="checkbox"/> Address <input checked="" type="checkbox"/> Post Code <input checked="" type="checkbox"/> Date of Birth <input checked="" type="checkbox"/> GP Practice <input type="checkbox"/> Date of Death <input checked="" type="checkbox"/> NHS Number <input type="checkbox"/> NI Number <input type="checkbox"/> Passport Number <input type="checkbox"/> Pseudonymised Data <input type="checkbox"/> Online Identifiers (e.g. IP Number, Mobile Device ID)</p> <p><input type="checkbox"/> Health Data <input type="checkbox"/> Trade Union membership <input type="checkbox"/> Political opinions <input type="checkbox"/> Religion <input type="checkbox"/> Racial or Ethnic Origin <input type="checkbox"/> Sex life and sexual orientation <input type="checkbox"/> Biometric Data <input type="checkbox"/> Genetic Data</p> <p><input type="checkbox"/> Other:</p> |
| 4. | <p>The data of approximately how many individuals will be affected?</p> | <p><input type="checkbox"/> 1-10 <input type="checkbox"/> 10-100 <input type="checkbox"/> 100-1000 <input type="checkbox"/> 1000-10 000 <input type="checkbox"/> 10 000-100 000 <input checked="" type="checkbox"/> 100 000+ <input type="checkbox"/> Unable to ascertain Click here to enter text.</p> |
| 5. | <p>Have the individuals been informed of this Data Processing activity</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (please record as a risk) If yes, please specify: Click here to enter text.</p> |

| | Question | Response |
|----|--|---|
| 6. | <p>Will this activity create a new Information Asset for the Practice?</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes</p> <p>Has an Information Asset Owner been identified and does the Information Asset and Data Flow Register require updating?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, include the completed Information Asset Register New Entry Form.</p> <p>Does this project constitute a change to existing Information Asset(s) or is this a new Information Asset?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, include the completed Information Asset Register and Data Flow Mapping Form for risk review.</p> |
| 7. | <p>Who will be the Data Controller for this activity? The data controller is the individual or organisation who is responsible for determining the reason for the data processing activity, who may not be the “holder” of the data</p> | <p>Simon Boycott</p> |
| 8. | <p>Will a third party be processing data as part of this activity</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If “Yes” please ensure that the <u>Data Protection Impact Assessment Key Questions for Providers/Processors</u> section of this document is filled in by the Provider.</p> <p>Also ensure that either</p> <ul style="list-style-type: none"> e) the third party/supplier contract(s) include all the necessary Information Governance clauses regarding Data Protection and Freedom of Information f) Is the contract based on or utilises the NHS standard contract <p>If neither are done, please records as a risk</p> |

| | Question | Response |
|-----|---|--|
| 9. | <p>What legal basis enables this data processing?</p> <p>For more information about conditions for processing, please see the ICO's GDPR website.</p> | <p>Personal data (identifiers and potentially identifiable data):</p> <p><input type="checkbox"/> Consent: Click here to enter text.</p> <p><input type="checkbox"/> Relating to a contract: Click here to enter text.</p> <p><input checked="" type="checkbox"/> Legal obligation: GMS/PMS Contract – Network DES, delegated processing under GP Confederation Data Security and Protection Framework Agreement.</p> <p><input type="checkbox"/> Vital interests: Click here to enter text.</p> <p><input type="checkbox"/> Public task: Click here to enter text.</p> <p><input type="checkbox"/> Other: Click here to enter text.</p> <p>Special categories of personal data (sensitive data), <i>if applicable</i>:</p> <p><input type="checkbox"/> Consent: Click here to enter text.</p> <p><input type="checkbox"/> Medical related: Click here to enter text.</p> <p><input type="checkbox"/> Public Health: Click here to enter text.</p> <p><input type="checkbox"/> Employment related: Click here to enter text.</p> <p><input type="checkbox"/> Vital interests: Click here to enter text.</p> <p><input type="checkbox"/> Already public: Click here to enter text.</p> <p><input type="checkbox"/> Legal claim related: Click here to enter text.</p> <p><input type="checkbox"/> Substantial public interest: Click here to enter text.</p> <p><input type="checkbox"/> Other: Click here to enter text.</p> |
| 10. | <p>Are you relying on individuals (patients/staff) to explicit consent to the processing of personal identifiable or sensitive data?</p> <p>Please provide copies of any consent documentation that will be used, including patient information leaflets</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (skip next question)</p> <p>How will consent be obtained and by whom? Click here to enter text.</p> <p>Will the consent cover all proposed processing and sharing/disclosures? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please detail: Click here to enter text.</p> |
| 11. | <p>If you are relying only on consent, did you consider any other legal basis?</p> <p>Please be aware that consent may not be the best legal basis to use under many circumstances due to the strengthened rights it gives individuals over their data.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> N/A</p> <p>If no, please detail why: Click here to enter text.</p> |
| 12. | <p>Who will have access to the data within the project?</p> <p>Please refer to roles/job titles/organisations.</p> | <p>GP Practice and Primary Care Network based staff, GP Confederation based staff.</p> |

| | Question | Response |
|-----|---|---|
| 13. | <p>Have consultation/checks have been made regarding the adequacy, relevance and necessity for the processing of the data for this project?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk)</p> <p>If yes, please specify: The need for, and form of information to be processed has been evaluated and no alternative option for the delivery of the service is available to the Confederation and its members for whom the Confederation will process data.</p> |
| 14. | <p>Does the project involve linkage of personal data with data in other collections, or significant change in data linkages?</p> <p>The degree of concern is higher where data is transferred out of its original context (e.g. the sharing and merging of datasets can allow for a collection of a much wider set of information than needed and identifiers might be collected/linked which prevents personal data being kept anonymously)</p> | <p><input type="checkbox"/> Yes (please record as a risk) <input checked="" type="checkbox"/> No</p> <p>If yes, please provide a data flow diagram showing how identifiable information would flow and ensure this is added to the practice Information Asset and Data Flow Register (see Information Assets and Data Flows section).</p> |
| 15. | <p>Has stakeholder engagement taken place?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk)</p> <p>If yes, how have any issues identified by stakeholders been considered? Issues of accessibility and IG fed back through Primary Care Development Team, addressed through IG Management Framework. If no, please outline any plans in the near future to seek stakeholder feedback: PCD Team work with PCN's on an ongoing basis</p> |
| 16. | <p>Does the project involve any new data sharing between stakeholder organisations?</p> | <p><input type="checkbox"/> Yes (consider if this will be a risk) <input checked="" type="checkbox"/> No</p> <p>If yes, please describe: Click here to enter text. Please provide a high level data flow diagram showing how identifiable information would flow.</p> |
| 17. | <p>Does the project involve the collection of data that may be unclear or intrusive?</p> <p>Are all data items clearly defined? Is the data collected limited to a specific set of predefined categories?</p> | <p><input type="checkbox"/> Yes (please record as a risk) <input checked="" type="checkbox"/> No</p> <p>If yes, please explain: Click here to enter text.</p> |

| | Question | Response |
|-----|--|--|
| 18. | <p>What are the specific retention periods for this data?</p> <p>Please refer to the Records Management Code of Practice for Health and Social Care 2016 and list the retention period for identifiable project datasets.</p> | <p>Health Care Record Retention Period.</p> <p>If no retention period is specified, please record as a risk</p> |
| 19. | <p>Will the data be securely destroyed when it is no longer required?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk)</p> <p>If no, please detail: Click here to enter text.</p> |
| 20. | <p>Will identifiable/potentially identifiable from the project be released as Open Data (placed in to the public domain)?</p> | <p><input type="checkbox"/> Yes (please record as a risk) <input checked="" type="checkbox"/> No</p> <p>If yes, please describe: Click here to enter text.</p> |
| 21. | <p>Will any personal and/or sensitive data be transferred to a country outside the UK?</p> | <p><input type="checkbox"/> Yes (please record as a risk) <input checked="" type="checkbox"/> No</p> <p>If yes, which data and to which country? Click here to enter text.</p> |
| 22. | <p>Will identifiable data only be handled within the patients' direct care team (in accordance with the Common Law Duty of Confidentiality)?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please consider if this will be a risk)</p> <p>If no, please detail: Click here to enter text.</p> |
| 23. | <p>Will an evaluation of the activity be required?</p> | <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, has a suitable data set been decided, that specifies what data will be used, where it will be extracted from and what measures are in place (anonymization, pseudonymisation etc) to protect personal data</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk)</p> |

Section 3C

Data Protection Impact Assessment Key Questions for Providers/Processors

| | Question | Response |
|----|---|--|
| 1. | Is the Provider/Data Processor registered with the Information Commissioner? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk) Organisation: GP Practices in Leeds Data Protection Registration Number: Requirement to be registered signed up to in the DSP Framework Agreement. |
| 2. | Has the Provider/Data Processor completed and published a satisfactory Data Security and Protection Toolkit submission? Please note that the Data Security and Protection Toolkit replaced the IG Toolkit from 1 April 2018. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk) If yes, please give organisation code and percentage score: Self-declaration by practices in the DSP Framework Agreement. <i>DSP/IG Toolkit Score:</i> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not satisfactory (please record as a risk) <input type="checkbox"/> Satisfactory with Improvement Plan If satisfactory with an improvement plan, please request a copy of the plan and enclose it with this assessment. If not satisfactory, please explain how the service has been procured: Click here to enter text. |
| 3. | Will other third parties (not already identified) have access to the data, or act as Provider/Data Processors? Include any external organisations. <u>Please ensure any third party organisation that will have access to this data also complete a DPIA.</u> | <input type="checkbox"/> Yes (please consider as a risk) <input checked="" type="checkbox"/> No If so, for what purpose? Click here to enter text. Please list organisations and by what means of transfer: Click here to enter text. |
| 4. | Where will the data be kept/stored/accessed? Where applicable, please refer to data flow diagram. | Confederation Clinical System. |
| 5. | Please indicate all methods in which data will be transferred | <input type="checkbox"/> Fax <input type="checkbox"/> Email (Unsecure/Personal) <input type="checkbox"/> Email (Secure/nhs.net) <input type="checkbox"/> Internet (unsecure – e.g. http) <input type="checkbox"/> Telephone <input type="checkbox"/> Internet (secure – e.g. https) <input type="checkbox"/> By hand <input type="checkbox"/> Courier <input type="checkbox"/> Post – track/traceable <input type="checkbox"/> Post – normal <input checked="" type="checkbox"/> Software <input type="checkbox"/> Mobile app <input type="checkbox"/> Other: Click here to enter text. |

| | | |
|-----|--|---|
| 6. | How will the data be kept up to date and checked for accuracy and completeness? | Data stored is verified as accurate when stored through the clinical system link to the NHS spine |
| 7. | Please outline how individuals will be informed and kept informed about how their data will be processed. A copy of the privacy notice and/or leaflets must be provided. | Privacy Notice is available on the confederation website and displayed in service locations. |
| 8. | How will consent/non-consent (if applicable), objections or opt-outs be recorded and respected? | As per Confederation Consent policy. |
| 9. | What arrangements are in place to process Subject Access Requests? Please include a copy of the SAR procedure if one exists | Confederation Individual Right and SAR Procedure. . |
| 10. | What process is in place for rectifying/blocking data? What would happen if such a request were made? | As at 9. |
| 11. | Will the processing of data be automated? Will the proposed processing of data involved automated means of processing to determine an outcome for the individual? | <input type="checkbox"/> Yes (please record as a risk) <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable If yes, please outline what arrangements are available to enable the individual access and to extract data (in a standard file format). Please also detail any profiling that may take place as part through automated processing: Click here to enter text. |
| 12. | Is there a useable audit trail in place for the project? For example, to identify who has accessed a record? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk) <input type="checkbox"/> Not applicable If yes, please outline the audit plan: Click here to enter text. |
| 13. | Is there an Access Control Policy in place for the Data/the systems the data is held within? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk) <input type="checkbox"/> Not applicable If yes, please outline the policy and how it is implemented: GP Confederation Network Security Policy is in place and supported by the DSP Framework Agreement. |
| 14. | Does the project involve privacy enhancing technologies? <i>New forms</i> of encryption, two factor authentication and/or pseudonymisation. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please give details: Click here to enter text. |

| | | |
|-------------------|--|--|
| <p>15.</p> | <p>Will the project involve the sending of unsolicited marketing messages electronically such as telephone, fax, email and text? Please note that seeking to influence an individual is considered to be marketing.</p> | <p><input checked="" type="checkbox"/> Yes (please record as a risk) <input type="checkbox"/> No</p> <p>If yes, what communications will be sent? Appointment reminder SMS Messages</p> <p>Will consent be sought prior to this? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk)</p> <p>If no, please explain why consent is not being sought first: Click here to enter text.</p> |
| <p>16.</p> | <p>Have the business continuity requirements been considered?</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (please record as a risk)</p> <p><input type="checkbox"/> Business Continuity is not applicable</p> <p>Please explain and either reference how such plans link with the organisational plan or why there are no business continuity considerations that are applicable for this project: Business Continuity plans are managed via cloud-based software and approved by the QPF Committee.</p> |

Section 4: Data Protection Impact Assessment Information Governance Review

| Information Governance Review | | | | Response (for completion by project lead) | |
|-------------------------------|---|---|---|---|------------------------------|
| Issue | Potential Risk | Recommendation | Agreed Action | Completion (Date and Initials) | |
| 2A-13 | No consultation undertaken regarding adequacy, relevance and necessity for data processing. | The Confed processes data without justification or legal basis | None – Project & dataset is not complex or ambiguous and adequacy, relevance and necessity is self-evident | None | N/A |
| 3A-1 | Confed not registered with ICO | Confed faces regulatory action | Confed to register with the ICO | MW has registered and waiting for confirmation from ICO | Complete July19 |
| 3A-2 | Confed has not completed DSP Toolkit | Confederation lacks member confidence and/or faces regulatory action for not meeting required standards | DSP Toolkit is completed as part of the implementation of the IG Management Framework. | DSP Toolkit completed by 31 st August 2019 | 31 st August 2019 |
| 3A-15 | Data processing will involve unsolicited SMS Messaging | Complaint re privacy or data breach through poor IG connected with use of SMS Messaging. | Apply an implied consent model for SMS messaging and update the Privacy Notice to inform Service Users. Monitor the use of SMS messaging through quality reporting to the QPF Committee – if a theme emerges in feedback, management action to be taken | Implied consent will be applied to all service users and the privacy notice updated to inform service users of this policy. | 31 st July 2019 |
| 2B-5 | Individuals have not been informed of the data processing | Individual rights of data subjects are breached | Clause to be added to DSP Framework Agreement requiring parties to keep privacy notices updated with relevant information | Add relevant clause to Framework Agreement | Complete July19 |

| | | | | | |
|--------------|---|---|---|---|----------------------------|
| 2B-13 | No consultation undertaken regarding adequacy, relevance and necessity for data processing. | The Confed processes data without justification or legal basis | None – Project & dataset is not complex or ambiguous and adequacy, relevance and necessity is self-evident | None | N/A |
| 3B-1 | Confed not registered with ICO | Confed faces regulatory action | Confed to register with the ICO | MW has registered and waiting for confirmation from ICO | Complete July19 |
| 3B-2 | Confed has not completed DSP Toolkit | Confederation lacks member confidence and/or faces regulatory action for not meeting required standards | DSP Toolkit is completed as part of the implementation of the IG Management Framework. | DSP Toolkit completed by 31 st August 2019 | |
| 3C-15 | Data processing will involve unsolicited SMS Messaging | Complaint re privacy or data breach through poor IG connected with use of SMS Messaging. | Apply an implied consent model for SMS messaging and update the Privacy Notice to inform Service Users. Monitor the use of SMS messaging through quality reporting to the QPF Committee – if a theme emerges in feedback, management action to be taken | Implied consent will be applied to all service users and the privacy notice updated to inform service users of this policy. | 31 st July 2019 |

For completion by IG:

| | Residual Risk | Main Risk Sources | Main Threats | Main Potential Impacts | Main Controls Reducing the Severity and Likelihood | Severity | Likelihood |
|----------|--|--|--|--|---|--|--|
| 1 | Appropriate controls for user access across the Confederation network infrastructure | Number of Users, lack of consistent organisational protocols across all practices, lack standardised process | Risk of Privacy Breach, risk of malicious activity, risk inappropriate access being granted through poor process | Reputational damage, enforcement action by regulators, loss of partner and commissioner confidence | IG Management Framework including policies, Framework agreement to formalise controls and relationship between Confed & Practices | Moderate (3) – Severity is the same before and after management action to mitigate risk | Inherent – Likely (4) Residual - Unlikely (2) |
| 2 | | | | | | | |
| 3 | | | | | | | |

IG review completed by:
Date complete and risk assessed:

Simon Boycott- Head of Development and Governance
22nd July 2019

Review date: 31st July 2019

