# Data Protection Impact Assessment (DPIA)

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

You should start to fill out the template at the start of any major project involving the use of personal data, or if you are making a significant change to an existing process. The final outcomes should be integrated back into your project plan.

## Step 1: Identify the need for a DPIA

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

The Dorset Care Record (DCR) aims to integrate health and social care so that people, patients and carers only have to tell their story once.

Sharing information electronically, it will offer direct access for authorised health and social care professionals to provide as full a picture as possible of an individual's history, needs, and support and service contacts. In the longer term, the aim is to offer citizen access.

By making more up to date information, more readily available to health and care practitioners, the DCR aims to realise the following benefits for Dorset's residents: -

- Enable people to stay independent for longer and receive care and support in their homes or as close to them as possible.
- Delay the need for long-term care and unnecessary hospital admissions
- Better coordination of care around the person and their carer
- Reduced duplication and unnecessary visit
- Better management of medicines for the person

Information will only be shared when it is needed to make direct care and treatment easier and faster. This will help to provide seamless integrated care and fulfil our obligations under the Care Act 2016.Information will be 'view only' in one complete record for the person containing all health and social care data from all source systems.  The GP record will be accessible unless the person previously chosen not to share this data from their own GP surgery.

However, all professionals with access to the system will have access to an extract of the entire record however information available from source systems will be agreed by partners according to what is appropriate and relevant.  Longer term decisions may be made to use the different roles within the system to allow access according to need and what is appropriate for specific roles. Not all the information will be relevant to the direct care that that professional is providing, however all staff are bound by a duty of confidentiality by either their contract or their professional code of practice and an element of trust is divested to the professional to ensure a person's information is safeguarded.  All access and activity within the system is however fully tracked and audited using an agreed policy.

It could also in the future provide management information for strategic planning as well as saving time and resources. However initially the DCR will be for direct care purposes only.  Any change to use the data in other ways will be done in line with legislation and communicated widely. This DPIA will be reviewed and amended for any changes proposed.

The partnership programme is being supported by NHS Dorset Clinical Commissioning Group, Dorset County Hospital, Poole Hospital, Royal Bournemouth and Christchurch Hospitals, Dorset HealthCare, Dorset County Council, Borough of Poole and Bournemouth Borough Councils and the South Western Ambulance Trust and includes GP practices in Dorset.

The DCR has been developed within the framework of the Dorset Information Sharing Charter (DiSC), which aims to provide Dorset partner agencies with a robust foundation for the lawful, secure and confidential sharing of personal information. The Charter enables partner organisations to meet their statutory obligations and share information safely to enable integrated service provision across the county and better care outcome for its residents. Information about DISC can be found at https://www.dorsetforyou.gov.uk/disc

The DCR is a key digital enabler for the Sustainability and Transformation Plan (STP) – a national initiative that drives sustainable transformation in health and wellbeing for Dorset residents.

The system is being introduced to bring about safer more informed provision of health and care services to Dorset Residents.  Protecting a subject's personal information is a key priority for the DCR. The DCR programme commenced in July 2015 prior to the change in IG legislation and therefore used consent as the legal basis for sharing the information.  Since the change in legalisation and the inception of GDPR it has been agreed, after consultation with the ICO, that the use of consent is no longer the most appropriate legal basis. The system will now use Public task under GDPR as a legal basis to share and view information from partner systems to the DCR.  In general subject's expect their care information to be shared and professionals will only share information if directly relevant to the provision of care and in the best interests of the subject.  Removing the consent model and relying on public tasks will allow Dorset Health and Care professionals to provide care more efficiently and quickly to the subject saving time and money. All records created only show minimal data when initially searched which shows basic demographics of the person.  The full DCR will be available to view by authorised users who have completed appropriate training.  Extensive communications and engagement activities will be delivered to staff and the public to advise them how the DCR will process their data.  All subjects have the right to Opt Out of the DCR and the process will have been communicated via a variety of medium to ensure simplicity for the subject. People will be included in the DCR where they have accessed a partner's service and these records are included unless they actively opt-out or records have been locked down such as for example adoption. Records will be created based on visits to the hospitals within Dorset or as referrals to social care services.  Information to create the records will come from the source systems used by each partner and fed to the DCR via secure interfaces.  A dedicated Privacy Officer is available to support a person with their choices around giving permission to view their DCR.   We also have a full website detailing the system, FAQs and how to Opt Out or contact us which is available on www.dorsetforyou.gov.uk/dorset-care-record.  All our public facing documents such as Privacy Notices, sharing agreements, leaflets and literature are available to all on this website.

To protect a subject's rights around sharing of information a DPIA has been deemed appropriate due to the nature of integration and how the information is shared to the DCR.  A person can only stop this by Opting Out beforehand via the helpline or completing a form available online or from leaflets available at a variety of partner sites such as GP surgeries and libraries. A subject's information will be shared and used more widely and there will be a cultural shift for staff that will have access to data not previously readily available. Users are expected to complete training to ensure they understand the subjects right to object and Opt out of the DCR. A discussion can take place with the subject at the most appropriate time and by the most appropriate professional depending upon the subject's health needs and personal circumstance. The subject's DCR record will indicate that a discussion has taken place but is not mandatory before a professional can view the record. Auditing reports will be available for the Privacy Officer to ensure discussions do take place at an appropriate point in the subject's care. Multi agency training sessions have been delivered to support this. The emphasis is on the benefit to the person for direct and better care, but citizens will be impacted, and it is crucial they are aware how we are doing this and we address any concerns or specific needs. Also in accordance with ICO guidance on Data Protection Impact Assessments, the DCR processes the following types of data which requires a DPIA to be completed: -

- Special category data on a large scale
- Combining, comparing and matching data from multiple sources
- Processing personal data which could result in the risk of harm in the event of a security breach
- Processing of data involving vulnerable subjects
- Innovative, technological or organisational solutions
- Processing involving preventing data subjects from exercising a right using a service or contract

Due to the nature of the DCR project this DPIA will be a high level evolving document and updated throughout the course of the programme. This DPIA has been developed and updated in conjunction with the ICO public engagement team whom have offered valuable support to ensure we protect the rights of our subjects.

# Step 2: Describe the processing

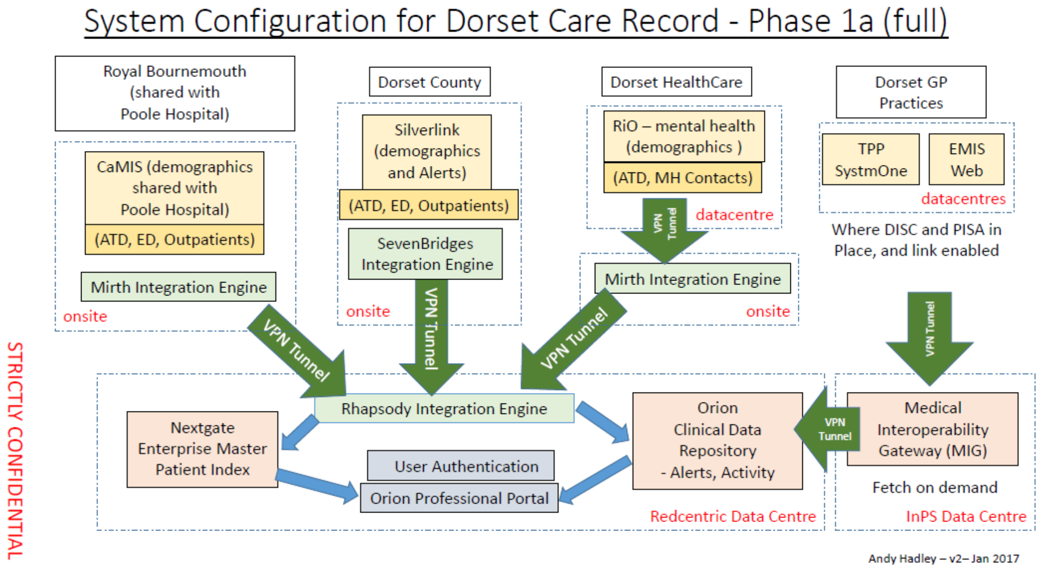
**Describe the nature of the processing:** how will you collect, use, store and delete data? What is the source of the data? Will you be sharing data with anyone? You might find it useful to refer to a flow diagram or other way of describing data flows. What types of processing identified as likely high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

The nine key partners who together make 'the partnership' or 'the partners' of the DCR. These are:

- Dorset Clinical Commissioning Group (DCCG)
- The Five Foundation Trusts
    - Dorset County Hospital (DCH)
    - Poole Hospital (PH)
    - Royal Bournemouth and Christchurch Hospitals (RBCH)
    - Dorset HealthCare University Foundation Trust (DHC)
    - South West Ambulance Services (SWAST)
- The three Local Authorities in Dorset
    - Dorset County Council (DCC)
    - Borough of Poole (BoP)
    - Bournemouth Borough Council (BBC)
- GP practices across Dorset

We have multiple options which we can use, which restrict access/view of data based on the role assigned. Currently, we are using one role. However, the partnership are looking at the feasibility and benefits of enabling a number of different roles to differentiate the functionality available.

For DCR system implementation and support, Orion Health follow a standard Access Control Policy, employing defined, role-based access privileges on a need-to-know basis and assuring segregation of duties. Access control requirements are directed by the rules that apply to the highest classification of data held on the system under consideration, or the technical classification of privileged utility programs and source code assets. Information system access events are recorded. The DCR solution design employs Virtual Private Networks (VPNs) encrypted connections to ensure protection of traffic transiting the public internet exchanging data with existing partner systems. Traffic traversing the internal production system network use Transport layer security (TLS) . Impact Levels - IL4-compliant boundary encryption appliances are provisioned by the Host with connection and cryptographic management under Orion Health control. The Orion Health contract with DCR includes a specific non-disclosure agreement (NDA) clause to ensure administrative control of DCR's and Orion Health's information protection requirements in addition to DCR's management plane access controls.


System Configuration for Dorset Care Record - Phase 1a (full)

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

The DCR covers all persons accessing health and social care services in Dorset which equates to approximately 800,000 persons. It includes personal information (such as name, address and date of birth) as well as more special category personal information about someone's health and social care.

This is defined as special category data under GDPR as it is more sensitive and so needs more protection.

Data will be collected daily as a minimum from partner systems using secure interfaces. Information is collected in data sets and matched within the DCR to create an accurate single record. Logarithms within the system are in place to support ensuring records are as accurate as possible. The GP record is loaded and displayed to match the source record.

The DCR does not change the length of time that data is kept for. This will be further defined in the DCR Retention policy. Data will be retained in partner source systems for time periods defined in the Records Management Code of Practice for Health and Social Care 2016. In summary these are:

- Adult general health and care records are retained for 8 years after the patient was last seen
- Children's' general health and care records are retained until their 25th or 26th birthday (if 17 at the time they were seen), depending on when they were last seen
- GP records are kept until 10 years after the death of a patient
- Mental health records are kept for 20 years after the patient has last been seen, or 8 years after the death of a patient

Some care records have nonstandard retention periods, such as cancer, oncology and family planning records. The Privacy Officer is developing a suite of policies on behalf of the partnership. These will be available, when completed, on the DCR website www.dorsetforyou.com/dorset-care-record

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

All health and care professionals accessing information in the DCR will have/required to have a legitimate relationship with the person whose information they are accessing, i.e. they are directly responsible for providing health or social care for that person.

Information is shared from partner systems and viewed within the DCR using public task under GDPR . The subject however is able to Opt Out of the system at any time allowing control of access to the subject.

When first loaded to the DCR, a subject's record is displaying summary demographic information. If a subject has Opted Out then no record will be available. In this case their record will not appear in any searches and their information is beyond use. They can change their mind at any time and Opt back in only the Privacy Officer can record this this.

A subject can control whether their GP record appears in the DCR but cannot control access to other information from partner source systems. If they choose to have a DCR, then all information will be available according to services they have accessed, and data sets agreed by each partner to be shared to the DCR. An individual will need to Opt Out if they do not want this information made available even in a sealed record.

A Privacy Notice is available to all through the DCR website

Individuals generally expect their information to be shared between health care professionals who are responsible for their care. Many shared health records exist across the country; however, the DCR extends a shared health record into a shared health and social care record. The sharing of health and social care data has been public policy for a number of years, at least since the first Caldicott report in 1997. The DCR formalises local data sharing agreements

Whilst the DCR programme has engaged widely and continues to publicise the DCR, it is not able to guarantee that the message has reached every single Dorset resident. We cannot therefore say that everyone impacted by the DCR is aware of the system and what information is available. We will audit all activity and make this information available to the person under a subject access request. The communication and engagement strategy is reviewed and updated regularly to align activities with the implementation of new functionality. As the DCR moves to the new way of working, further activities will take place to ensure we take all reasonable steps to communicated how the DCR will be processing a subject's data. It is expected that a general leaflet drop to all household will be undertaken prior to implementation of the changes to public task only.

Partners are responsible for ensuring their own internal information sharing practices adhere to legislation and the principles of the DiSC, however due to historical practices prior to GDPR, there are differences across partners as to how a subject wishes have been recorded for sharing of their information. For some partners it is difficult for them to fully guarantee they have accounted for everyone as this information has not been collected and stored within their source systems in a consistent and structured way. Additionally where partners have collected information on whether subjects wish to share or not, this has not been stored in a structured way that allows partners to prevent these records being loaded to the DCR. Where applicable partners are advising their service users that under GDPR they will be using Public Task to share information for direct care purposes to partners and will thus in turn remove the use of a consent model. Some partners however may still operate a consent model and have used this consistently at the point of referral of a new service user. The Pan Dorset IG group will consider and aim to implement an overarching partnership approach to ensure a consistent process. The proposed leaflet drop will ensure subjects are aware that this is partnership approach and who the partners are.

Partners agree that the communications and engagement campaign with the public, including vulnerable and minority groups has been extensive and reasonable considering the demographics of the county.

Information shared to the DCR is secure with auditing capabilities. The DCR programme will not make the information available to any marketing or commercial company and is only available for direct care and with strict access criteria.

All partners have signed the DiSC which ensures a consistent and robust approach to information sharing using agreed principles.

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

The DCR will benefit the services and the public as follows: -

- Enable people to stay independent for longer, receiving care and support in their homes or as close to them as possible
- Delay the need for long-term care and unnecessary hospital admissions
- Offer an improved health and social care outcome for Dorset residents
- A seamless, high quality service
- Better use of the public pound

- Fulfil obligations under the Care Act 2016
- Make direct care and treatment easier and faster. For example, this could include allowing a hospital doctor to see the medication that a GP has prescribed for a patient or allowing a GP to see what care, tests and treatment the patient received in hospital.
- Provides better coordination of care around the patient and their carer in the community, enhanced communication to avoid wasted visits; better medicines management and the utilisation of more voluntary and community support. Voluntary workers however will not have access to the DCR.

The key outcome for the programme is to make available a full record of a person's health and care to ensure that they can receive more timely treatment and support that is right for their needs. It will enable professionals across the health and care to work better and more integrated by providing up to date and more accurate information. It will be safer for the patient and help to reduce unnecessary emergency pressures on the health system. The person will also be able to rely on the fact that their information is readily available, secure and they do not have to keep repeating it, which may help wrong information being provided and avoid mistakes.

It must also be noted that government initiatives such as NHS forward view, integrated care systems and STP encourages integration between health and social care services of which the DCR is a key enabler.

## Step 3: Consultation process

**Consider how to consult with relevant stakeholders:** describe when and how you will seek individuals' views – or justify why it's not appropriate to do so. Who else do you need to involve within your organisation? Do you need to ask your processors to assist? Do you plan to consult information security experts, or any other experts?

Extensive work has been undertaken to identify the stakeholders that are likely to be impacted by this programme such as front-line health and social care staff, clinicians and consultants, GPs, support staff and all citizens, including minority groups. A stakeholder mapping exercise has been undertaken and is reviewed regularly as the programme progresses through incremental implementation. A communications and engagement strategy has been developed and is reviewed and updated regularly through the phases of implementation.

Dedicated officers within the programme supported by partner colleagues ensure the strategy and actions plans are delivered and evaluated to ensure as wide engagement as possible. It is however not possible to engage with all groups all of the time. Engagement is prioritised based upon the highest impact or interest at particular points in the implementation timeline and availability of the system.

A list of stakeholders identified as part of this mapping process are below:-

**Partnership organisations and their stakeholders**
**Dorset County Council ~(DCC), Borough of Poole, Bournemouth Borough Council and third party organisations**

- Members including Cabinet and Full Council and portfolio holders and committees
- Safeguarding Board (DCC)

**Dorset Clinical Commissioning Group (DCCG)**

**Dorset Healthcare**

- Community hospitals – Shaftesbury, Blandford, Bridport, Weymouth, Swanage, Portland, Wareham, St Leonards, Wimborne, Westhaven and Sherborne
- Community based services – health visitors, district nurses, community matrons
- Mental health services
- Patients and patient reference groups
- Governors
- Non-executive boards
- PALS

**Royal Christchurch and Bournemouth Hospitals, Poole Hospital and Dorset County Hospital**

- Acute services
- Boundary hospitals
- IT and Third parties
- Governors
- Friends of…
- Non-executive boards
- Patient reference groups
- Patient advice and information liaison service (PALS)
- Consultants
- WRVS
- Nursing teams
- Hospital based social care teams
- Pharmacies
- Patients

**South Western Ambulance Services Trust (SWAST)**

- Paramedics
- Auxiliaries

**Other Stakeholders**

- Public Health Dorset
- Dorset Community Action
- Help the Aged
- Hospices – Weldmar, Julia's House, Poole hospice
- Day Centres and carers
- Councils – district, town, parish
- Healthwatch Dorset
- Wessex Academic Health Science Network
- Healthcare Wessex
- Residents

Activities undertaken to consult and engage with stakeholders have included:-

    - Roadshows
    - Surgeries
    - Presentations

- Workshops
- Newsletters
- Editorials
- Leaflets
- Markets and supermarket presence
- Website and social media presence
- Community groups
- Surveys and questionnaires
- Case studies
- Videos and blogs

Evidence of activities already undertaken can be provided on request. Written information has been also made available in the three main other languages (Polish, Mandarin and Urdu) as well as Easy Read versions. Stakeholders such as People First Dorset have been instrumental in designing and developing alternative versions of media to support minority groups.
More recently engagement with the ICO Public Engagement team has been extremely constructive and helped inform the changes to the system to move from use of consent to public task as the legal basis.

## Step 4: Assess necessity and proportionality

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

The primary consideration of the DCR programme is to improve the quality of health and social care whilst maintaining the highest levels of confidentiality.

**Health and Social Care Act 2012**

All health and adult social care providers are subject to the statutory duty under section 251B of the Health and Social Care Act 2012 to share information about a patient for their direct care. This duty is subject to the common law duty of confidence, the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

**Common Law Duty of Confidence**

For common law purposes, **sharing information for the DCR is on the basis of implied consent.**

The DCR will allow sharing for direct care to become more reliable and systematic, but it will not change the legal basis of implied consent.

Implied consent to access relevant information about the patient, or to share it with those who provide (or support the provision of) direct care to the patient can be relied on as a legal basis if the following conditions are met:

- The information being shared or accessed is to provide or support the individual patient's direct care.
- Information is readily available to patients, explaining how their information will be used and that they have the right to object.
- There is no reason to believe the patient has objected.
- The information is shared in confidence.

The DCR meets the above conditions. In addition, a health and care professional will ask the individual whether they give consent for them to access the DCR at the point of care.

**GDPR**

Under GDPR there must be a valid lawful basis to process personal data. **For GDPR sharing information for the DCR is on the basis of public task** where "processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller"

Article 6(1)(e) of the GDPR is the condition for lawfully processing data for delivering direct care as part of the DCR:

**6(1) (e) '…for the performance of a task carried out in the public interest or in the exercise of official authority…'**

Article 9(2)(h) of the GDPR is the condition for processing 'data concerning health' (personal data relating to the physical or mental health of a natural person, including the provision of health care services, which reveal information about his or her health status) for direct care as part of the DCR:

**9(2) (h) '…medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems…'**

The DCR will use an additional 'permission to view' model whereby a person can consent to access their record at the point of care with a legitimate professional treating them

**Safeguarding**

There are legal provisions that support the release of data for the purposes of safeguarding children and vulnerable adults. The Children Acts 1989 and 2004 establishes implied powers for local authorities to share information to safeguard children, safeguard and promote the welfare of children within their area who are in need, and to request help from specified authorities including NHS organisations. The Care Act 2014 sets out a legal framework for how local authorities and other parts of the health and social care system should protect adults at risk of abuse or neglect.

For GDPR, in addition to the Articles 6(1)(e) and Article 9(2)(h) cited above, there is an additional provision for sharing data for the purposes of safeguarding, as follows:

**9(2)(b) …'is necessary for the purposes of carrying out the obligations and exercising the specific rights of the controller or of the data subject in the field of…social protection law in so far as it is authorised by Union or Member State Law …'**

The programme has strong pan partner governance in place using standard project management methods to manage the implementation and prevent function creep. Without the DCR, the information can still be available to professionals through existing means such as email, letter and telephone or giving access to other systems. However this is time consuming and open to error and duplication which can slow the provision of care to the person. Contractual and security arrangements are in place to ensure the data does not leave the European union. All users are trained which includes mandatory E learning on security and information sharing.  Users will not be given logon details and access to the system until they have completed the required training and achieved a certificate of assessment.  This allows the DCR to be able to audit the level of the understanding and ensure that the person’s rights to privacy are of upmost importance.

Other measures to support compliance and protection of privacy are:-

- Partners have signed the DiSC which ensures compliance to processing of information in a consistent and legal way.  The Joint Data Controller agreement ensures shared accountability by partners and is a legal document.
- The sharing agreements, Privacy Notice, leaflets and literature available on the website provides assurance to the person that we support their rights of privacy.
- A dedicated Privacy Officer will ensure the system is compliant and a subject’s rights are protected at all times.
- Staff working directly on the project have signed confidentiality agreements and all partners have their own internal process for their staff to ensure policies and procedures on privacy and information sharing are followed.
- A pan Dorset IG Group chair by the CCG and represented by IG leads from all partners ensure a consistent approach to information sharing and privacy across Dorset as a partnership approach.  Quality and best practice is a key role of this group.

# Step 5: Identify and assess risks

| **Describe source of risk and nature of potential impact on individuals.** Include associated compliance and corporate risks as necessary. | **Likelihood of harm** Remote, possible or probable | **Severity of harm** Minimal, significant or severe | **Overall risk** Low, medium or high |
|---|---|---|---|
| 1. Professionals could access subject's record where they do not have a legitimate relationship with the subject. | Possible | Miniml | Low |
| 2. Auditing and reporting functionality is still being developed; monitoring usage will be improved | Possible | Minimal | Low |
| 3. Some subjects may not be aware that they have a DCR created | Probable | Significant | Medium |
| 4. The DCR was conceived pre GDPR with an 'opt-out' model to share and view data. Some people have already opted-out under this model. Some people might object to sharing under 'public task' | Probable | Significant | Medium |
| 5. Some subjects may object to their health and social care information being combined into one record | Possible | Significant | Medium |
| 6. System could be compromised | Possible | Minimal | Low |
| 7. Loss or inadequacy or corruption of data | Possible | Minimal | Medium |

# Step 6: Identify measures t reduce risk

| **Identify additional measures you could take o reduce or eliminate risks identified as medium or high risk in step 5** | | | | |
|---|---|---|---|---|
| **Risk** | **Options to reduce or eliminate risk** | **Effect on risk** Eliminated reduced accepted | **Residual risk** Low medium high | **Measure approved** Yes/no |
| 1. Professionals could access subject's record where they do not have a legitimate relationship with the subject. | - DCR Partners are required to comply with information governance legislation.<br>- Mandatory Training and assessment by all users prior to access given<br>- All partners sign the DiSC<br>- Personal Information Sharing Agreement in place<br>- Abuse of us of DCR will result in removal of access and will be a disciplinary offence<br>- Legal partnering agreement detailing partner accountabilities<br>- Communications and engagement plan to raise awareness of information security to employees and partner organisations<br>- | Accepted | Low | |
| 2. Auditing and reporting functionality is still being developed; monitoring usage will be improved | ***(For risk #2)***<br>- Password protect system<br>- Audit policy and procedures in place<br>- Authorised access only based on need<br>- Access provided after security and information sharing training only<br>- System administrator and Privacy Officer dedicated ensuring security of system<br>- Access controls currently in place mirror standard practice and considered appropriate | Reduced | Low | |

| | | | | |
|---|---|---|---|---|
| | - More reporting capability to be in place for next increment of implementation<br>- Each partner has its own disciplinary procedures in place and take accountability for confidentiality and security measures for their staff | | | |
| 3. Some subjects may not be aware that they have a DCR created<br>4. Some subjects may object to their health and social care information being combined into one record<br>5. The DCR was conceived pre GDPR with an 'opt-out' model to share and view data. Some people have already opted-out under this model. Some people might object to sharing under 'public task' | ***(For risks # 3-4)***<br>- Robust communications campaign to the public ensuring best endeavours to wide public groups which includes extensive engagement with vulnerable and minority groups.<br>- Opt out process that is easy for individuals to understand and action.<br>- Widely distributed information<br>- Leaflets and forms.<br>- Centralised Privacy Management to manage opt out and other aspects.<br>- Wide availability of communication and resources, literature will allow individuals easy access to communicate their wishes which will reduce the risk of access without knowledge or permission.<br>- Training of staff should ensure that the patient is content for them to view their shared record at point of care with a record that a discussion has taken place.<br>- Robust training programme to inform clinicians re use of the data<br>- Robust governance developed to review requests for data.<br>- Leaflet drop from partnership to all Dorset households stating legal basis for sharing to DCR. Advise of data processing | Reduced<br>Reduced<br>Reduced | Medium<br>Medium<br>Medium | |

| | | | | |
|---|---|---|---|---|
| | - Update appropriate documents such as PISA and Privacy notice and upload to website<br>- Review and update all printed resources and website information<br>- Comms leads in partners to deliver public awareness about what is health and what is social care – myth busting to help public become more aware. Also deliver training o staff to help educate the public<br>- Implement a system within DCR to record that a once only discussion has taken place with subject and professional as appropriate – the subject is aware of their right to object and how to opt out<br>- Explore ways to make the Opt Out procedure easier and simple for the subject<br>- Training to staff to ensure they understand the process for Opting Out | | | |
| 6. System could be compromised<br>7. Loss or inadequacy or corruption of data | ***(For risks # 6-7)***<br>- Centralised System Admin role to manage data quality. Data quality group to monitor and take accountability. Robust technical testing process.<br>- Robust penetration testing practice using external supplier – ethical hackers<br>- Robust internal testing strategy and procedures before any data becomes live<br>- BC/DR policy in place | Accepted<br>Accepted | Medium<br>Medium | |

# Step 7: Sign off and record outcomes

| **Item** | **Name/date** | **Notes** |
|---|---|---|
| Measures approved by: | Pan Dorset IG Group | Integrate actions back into project plan, with date and responsibility for completion |
| Residual risks approved by: | DCR Board | If accepting any residual high risk, consult the ICO before going ahead |
| DPO advice provided: | Pan Dorset IG Group<br>Partner DPOs<br>ICO Public Engagement Team | DPO should advise on compliance, step 6 measures and whether processing can proceed |
| Summary of DPO advice: | | |
| DPO advice accepted or overruled by: | | If overruled, you must explain your reasons |
| Comments: | | |
| Consultation responses reviewed by: | | If your decision departs from individuals' views, you must explain your reasons |
| Comments: | | |
| This DPIA will kept under review by: | Pan Dorset IG Group | The DPO should also review ongoing compliance with DPIA |