

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 to help people, patients and carers only have to tell their story once.

Using a new way of 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.

This collaborative approach will help ensure that every patient benefits from care that clearly meets their needs.

It will enable people to stay independent for longer and receive care and support in their homes or as close to them as possible. This will delay the need for long-term care and unnecessary hospital admissions. It will offer an improved health and social care outcome for Dorset's residents and a more seamless, high quality service as well as representing a better use of the public pound.

Information will only be shared when it is needed to 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.

Health and social care professionals will find the Dorset Care Record 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.

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.

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 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 will enable 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. This service is designed to provide care closer to home, prevent ill health and reduce inequalities. The STP is governed by the System Leadership Team, a Pan Dorset partnership with CEO and Executive membership from across all health and social care organisations in the county.

As part of the first stage of the project, we are working to get uptake of the DCR by health and social care professionals, as well as increasing awareness of the project to drive uptake.

People will be included in the DCR where they have accessed a partner's service unless they actively opt-out.

A PIA is therefore deemed appropriate due to the nature of integration and change for practitioners and professionals to share information across the health and social sector.

There are a significant number of existing systems within partner organisations from which the DCR will draw personal information to combine into a fuller view of individual service users' records to assist health and social care practitioners.

Information will be shared and used much more widely than before and there will be a huge cultural change for staff who will have access to data not previously easily available. The emphasis is on the benefit to the patient for direct and better care, but citizens will be impacted and it is crucial they are aware how and we address any concerns or specific needs.

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.

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?

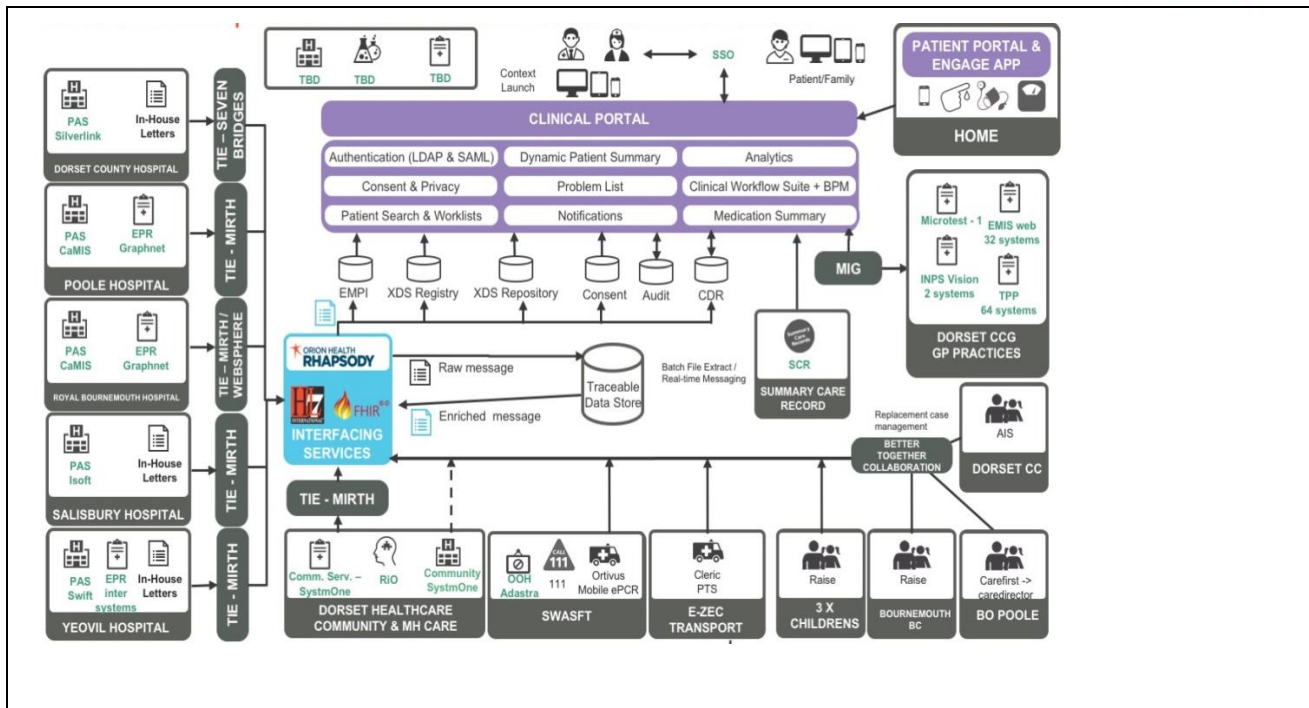
The nine key partners who together make ‘the partnership’ or ‘the partners’ of the DCR. These are:

- 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

The DCR will draw upon information already available and collected by all partners as part of their business as usual using their existing systems. Key information will be gained from the GP systems for each patient, and other agreed data sets and specific information to form the DCR. There will be specific roles for users and the access and security of information will be available to each user according to the role they undertake.

The diagram below outlines the information flows and the existing systems within partner organisations. In the diagram the partner organisations are shown in black around the outside rim. Each partner will remain a data controller of its own information, and they will be joint data controllers of the shared information contained in the DCR. The partners have contracted with Orion Health as the data processor, to provide a portal that allows the partners to read each other’s patient data. This facility will be subject to strict controls to limit access to health and care professionals providing direct care with a legitimate relationship with the patient whose data is being viewed.

The portal will use Orion Health’s Rhapsody interfacing services that permit organisations using different IT systems to read each other’s data. The management of the security, confidentiality, privacy, set up of users, retentions and deletion of data etc. will be managed centrally by specific roles on behalf of the partnership.



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 sensitive personal information about someone's health. Information about someone's sexual orientation, religion, family and sex life as disclosed by the individual in the course of their health and social care could also be included.

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.

The DCR does not change the length of time that data will be 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.

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)?

Health and care professionals accessing information in the DCR will 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.

Individuals are able to opt out of the DCR, provide permission for a health and care professional to only look at their data for up to 24 hours or allow regular access.

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.

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

- 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
- 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.

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 list of stakeholders consulted are below:-

Partnership organisations and their stakeholders

Dorset County Council, 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
- Procurement and commissioning organisations
- Boundary hospitals – i.e. Salisbury, Southampton, Yeovil and the Royal Devon and Exeter
- IT and Third parties
- Governors
- Friends of...
- Non-executive boards
- Patient reference groups
- Patient advice and information liaison service (PALS)

- Contractors
- Consultants
- WRVS
- Nursing teams
- Hospital based social care teams
- Pharmacies
- Patients

South Western Ambulance Services Trust (SWAST)

- Paramedics
- Auxiliaries
- Air Ambulance Service
- First responders/volunteer system
- 111 – Non emergency services
- 999 services

Stakeholders

- Public Health Dorset
- Private health care organisations, i.e. Bupa
- NHS England, NHS Digital
- Orion
- Police
- Fire
- Coastguards and RNLI
- Dorset Community Action
- Help the Aged and other commissioned contracted services
- Citizens Advice Bureaux
- Community Volunteer Services
- Hospices – Weldmar, Julia's House, Poole hospice
- Schools
- Day Centres and carers
- Councils – district, town, parish and NALC
- Dentists
- Opticians
- Macmillan
- Healthwatch Dorset
- Alzheimer's Society
- Wessex Academic Health Science Network
- Healthcare Wessex
- Bournemouth University including training
- Nursing schools

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...’

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 ...’

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. There is a risk that individuals may miss out on the highest quality of care. Their shared health and care record not being available at the point of care, or data may not be accurate. Some individuals may opt out of the DCR as they do not understand processes, how the system works or how the data is used. Complexity of the multiple technical solutions required to share data may mean not all data is available.	Possible	Minimal – the DCR does not affect current quality of health and care provision	Low
2. There is a risk of stress and damage to individuals. Data could be made available to others without permission or knowledge. Information may be shared against individual wishes or may be made available to the wrong persons. Vulnerable and minority groups may not be sufficiently aware of the system and what their data is being used for.	Possible	Minimal	Low
3. There is a risk to compliance with regulations e.g. GDPR, Equality & Diversity Regulations, Duty of Care, Duty of Confidentiality, Health and Social Care Act 2016	Possible	Minimal	Medium
4. There is a risk that partners may be fined, may be subject to legal challenge or civil action, or may face reputational damage due to breaches in compliance and/or stress and damage to individuals.	Possible	Significant	Medium

Step 6: Identify measures to reduce risk

Identify additional measures you could take to reduce or eliminate risks identified as medium or high risk in step 5				
Risk	Options to reduce or eliminate risk	Effect on risk Eliminated reduced accepted	Residual risk Low medium high	Measure approved Yes/no

<p>1. There is a risk that individuals may miss out on the highest quality of care.</p>	<p>Robust communications campaign to the public ensuring best endeavours to wide public groups which includes extensive engagement with vulnerable and minority groups. Monitored risk log. Robust security procedures and processes. Centralised System Admin role to manage data quality. Data quality group to monitor and take accountability. Robust technical testing process.</p>			
<p>2. There is a risk of stress and damage to individuals</p>	<p>Robust opt out process that is easy for individuals. Leaflets and forms. Centralised Privacy Management to manage opt out and other aspects. 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. Training of staff should ensure that the patient is content for them to view their shared record at point of care. Robust training programme to inform clinicians re use of the data Robust governance developed to review requests for data.</p>			
<p>3. There is a risk to compliance with regulations</p>	<p>DCR Partners are required to comply with information governance legislation.</p>			
<p>4. There is a risk that partners may be fined, may be subject to legal challenge or civil action, or may face reputational damage</p>				

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	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