

Privacy Impact Assessment (PIA)

Please complete all questions with as much detail as possible and then contact the IG Team prior to seeking approval.

Section 1: System/Project General Details

Project title:	Integrated Doncaster Care Record
Objective:	Building an innovative platform that enables care data to be shared between health and social care providers across Doncaster.
Background: Why is the new system/change in system required? Is there an approved business case?	<p>The programme aims to create a shared care record platform between Doncaster health and social care partners listed within the stakeholder section. This will enable services to access relevant information for direct patient care.</p> <p>The vision for the health and care community of Doncaster is to join up information across care pathways and settings so that health and care practitioners have easy access to all the information they need to provide high quality, safe and effective services. IT services will be interoperable to allow practitioners access to information in all care settings.</p> <p>The vision for the Integrated Doncaster Care Record (iDCR) is:</p> <ul style="list-style-type: none"> • Initially, limited to timely sharing of appropriate health and social care data on a non-persistent basis – DBH, RDASH, FCMS, GPs, Adult Social Care (DMBC), Children’s Social Care (Children’s Trust). • In the longer term, the ability for shared assessments and plans which ultimately form a persistent central record to be accessible and contributable to by all involved in that person’s care. • Interfacing with all user data systems in Doncaster (single sign-on). • Access to the DICR from all locations – hospital, community, GP surgery, person’s home, schools etc. • Scalable – starting with proof of concept. • Eliminate paper. • Aspirationally in the longer term, an option for individuals to access their own records where appropriate. <p>The Local Digital Roadmap sits within the context of the Doncaster Place Plan, which highlights integrated health & social care commissioning, and integration provision through an Accountable Care Partnership. Link: http://www.doncasterccg.nhs.uk/wp-content/uploads/2016/10/Doncaster-Place-Plan.pdf</p> <p>Local Digital Roadmap link – http://www.doncasterccg.nhs.uk/wp-content/uploads/2017/01/Doncaster-Local-Digital-Roadmap-</p>

<p>The Need for a PIA</p>	<p>The Doncaster Integrated Care Record will allow the sharing of both Health and Social Care information and the transfer of it between each of the organisations identified within this document. Due to the nature of the opportunity that this shared record will provide, information will be shared with organisations who are involved in caring for the individual but may not have had direct access to that particular information previously. Consideration should also be given to the future use of the data, as potentially moving forwards data may be transferred to organisations who do not directly care for the individual but can use their data for population health analysis, risk stratification, and research. Any new uses of data will be governed by robust consent models and in line with data sharing policies.</p> <p>The Doncaster Integrated Care Record Project wishes to carry out a PIA due to the different nature in which the data is being handled and used which goes beyond standard healthcare practices currently in place, and due to an awareness of sensitivity and privacy concerns around health data. This document will cover privacy considerations for the Doncaster Integrated Care Record Project. Additional Privacy Impact Assessments will be carried out for individual projects as required, with core considerations for the programme being dealt with in this document.</p> <p>Although people expect information to be shared as part of their direct care (National Data Guardian, 2016), the Doncaster Integrated Care Record Project recognises that where data is anonymised but held at individual level, the data subjects may still regard this as their own data and that there is much confusion over anonymisation and existing uses of health data (Wellcome Trust, 2016). It is therefore important to consider protecting the privacy of individuals for all types of data usage within the programme, as well as educating and informing the public.</p> <p>It is recognised that ‘the aim of a PIA is not to completely eliminate the impact on privacy. The purpose of the PIA is to reduce the impact to an acceptable level while still allowing a useful project to be implemented’ and ‘to consider whether the impact on privacy is proportionate to the aims of the project.’ (Information Commissioner’s Office, 2014).</p>	
<p>Relationships: For example, with other Trust’s, organisations.</p>	<p>See customers and stakeholders below.</p>	
<p>Other related projects:</p>	<p>There are a number of similar projects across the STP including:</p> <ul style="list-style-type: none"> • Frailty Project 	
<p>Project Manager:</p>	<p>Name:</p>	<p>[REDACTED]</p>
	<p>Title:</p>	<p>Head of Health Informatics</p>
	<p></p>	<p>Doncaster and Rotherham CCGs</p>
	<p>Telephone:</p>	<p></p>
	<p>Email</p>	<p></p>
<p>Information Asset</p>	<p>Name:</p>	<p></p>

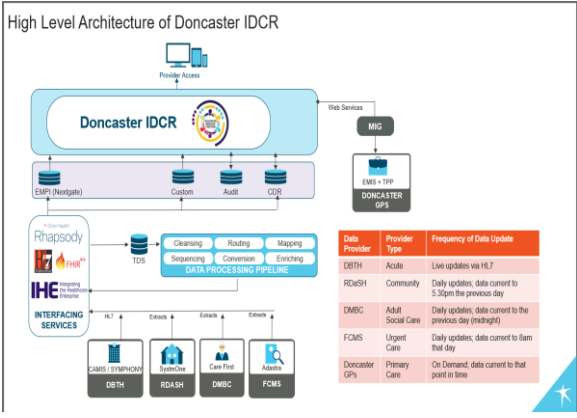
Owner: All information systems/assets must have an Information Asset	Title:	
	Department:	
	Telephone:	
	Email	
Information Asset Administrator: Information systems/assets may have an Information Asset Administrator (IAA) who reports the	Name:	
	Title:	
	Department:	
	Telephone:	
	Email	

Customers and other stakeholders:	<ul style="list-style-type: none"> • NHS Doncaster Clinical Commissioning Group (DCCG) • Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) • Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTHFT) • Doncaster Metropolitan Borough Council (DMBC) • Doncaster Children’s Services Trust (DCST) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Carcroft Doctors Group The Ransome Practice Hatfield Health Centre Mexborough Health Centre Regent Square Group Practice The Burns Medical Practice The Mayflower Medical Practice The Mount Group Practice The Oakwood Surgery Tickhill and Colliery Medical Practice Princess Medical Centre The Rossington Practice The Lakeside Practice Kingthorne Group Practice The Vermuyden Centre (Northfield Surgery) The Scott Practice St John’s Group Practice White House Farm Medical Centre West End Clinic Bentley Health Centre Conisbrough Medical Practice </td> <td style="width: 50%; vertical-align: top;"> The Sandringham Practice Bentley Surgery The Conisbrough Group Practice Frances Street Medical Centre The Edlington Practice (formerly The Martinwells Centre) St Vincent Medical Centre The Phoenix Medical Practice Scawsby Health Centre The Nayar Practice (Martinwells Centre) The New Surgery The Field Road Surgery Petersgate Medical Centre The Village Practice The Askern Medical Practice Barnburgh Surgery Auckley Surgery Dunsville Medical Centre The Nelson Practice Thorne Moor Medical Practice Church View Surgery Park View Surgery Flying Scotsman Health Centre </td> </tr> </table>	Carcroft Doctors Group The Ransome Practice Hatfield Health Centre Mexborough Health Centre Regent Square Group Practice The Burns Medical Practice The Mayflower Medical Practice The Mount Group Practice The Oakwood Surgery Tickhill and Colliery Medical Practice Princess Medical Centre The Rossington Practice The Lakeside Practice Kingthorne Group Practice The Vermuyden Centre (Northfield Surgery) The Scott Practice St John’s Group Practice White House Farm Medical Centre West End Clinic Bentley Health Centre Conisbrough Medical Practice	The Sandringham Practice Bentley Surgery The Conisbrough Group Practice Frances Street Medical Centre The Edlington Practice (formerly The Martinwells Centre) St Vincent Medical Centre The Phoenix Medical Practice Scawsby Health Centre The Nayar Practice (Martinwells Centre) The New Surgery The Field Road Surgery Petersgate Medical Centre The Village Practice The Askern Medical Practice Barnburgh Surgery Auckley Surgery Dunsville Medical Centre The Nelson Practice Thorne Moor Medical Practice Church View Surgery Park View Surgery Flying Scotsman Health Centre
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Section 2: Privacy Impact Assessment

Key Questions

	Question	Response
Data Items		
1.	1. Will the system/project/process (referred to thereafter as ‘project’) contain identifiable or Personal Confidential Data (PCD)?	NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> If YES, who will this data relate to:

	<p>If answered 'NO then a PIA is not required.</p>	<p>Patient <input checked="" type="checkbox"/></p> <p>Staff <input type="checkbox"/></p> <p>Other: <input type="checkbox"/></p>																		
2.	<p>2. Please state purpose for the collection of the data: For example, patient care, commissioning, research, audit, evaluation.</p>	<p>To provide all health and social care workers across Doncaster with relevant information about their patients/clients in an integrated electronic format available from a single application. The purpose of the collection and use of data is for direct patient care.</p>																		
3.	<p>Data items that are held in the system</p>	<p>The Extract Specification Document identifies what data items are to be transferred from each of the partners to be held within the system.</p>  <p>The diagram illustrates the High Level Architecture of Doncaster IDCR. It shows data from various providers (DETH, RDASH, DMBC, FCMS, Doncaster GPs) being processed through a central hub (DATA PROCESSING PIPELINE) and then stored in the Doncaster IDCR system. A table within the diagram provides details on data providers, types, and update frequencies.</p> <table border="1" data-bbox="959 1160 1161 1323"> <thead> <tr> <th>Data Provider</th> <th>Provider Type</th> <th>Frequency of Data Update</th> </tr> </thead> <tbody> <tr> <td>DETH</td> <td>Acute</td> <td>Live updates via HL7</td> </tr> <tr> <td>RDASH</td> <td>Community</td> <td>Daily updates, data current to 5.30pm the previous day</td> </tr> <tr> <td>DMBC</td> <td>Adult Social Care</td> <td>Daily updates, data current to the previous day (midnight)</td> </tr> <tr> <td>FCMS</td> <td>Urgent Care</td> <td>Daily updates, data current to 8am that day</td> </tr> <tr> <td>Doncaster GPs</td> <td>Primary Care</td> <td>On Demand, data current to that point in time</td> </tr> </tbody> </table>	Data Provider	Provider Type	Frequency of Data Update	DETH	Acute	Live updates via HL7	RDASH	Community	Daily updates, data current to 5.30pm the previous day	DMBC	Adult Social Care	Daily updates, data current to the previous day (midnight)	FCMS	Urgent Care	Daily updates, data current to 8am that day	Doncaster GPs	Primary Care	On Demand, data current to that point in time
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4.	<p>4. What consultation/checks have been made regarding the adequacy, relevance and necessity for the collection of personal and/or sensitive data for this project?</p>	<p>This project is being undertaken at the request of the Doncaster Health & Care Interoperability Group.</p> <p>ToR to be attached</p>																		
5.	<p>5. How will the information be kept up to date and checked for accuracy and completeness?</p>	<p>The Orion Health Clinical Portal receives data only from existing source systems and does not retain any clinical patient information locally within the portal. Existing system processes managed by the respective services maintain data accuracy and completeness.</p>																		
Data Processing																				
6.	<p>Will a third party be processing data?</p>	<p>NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>If YES, who?</p>																		

7.	Is the third party/ contract/supplier of the project registered with the Information Commissioner?	<p>NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>Organisation:</p> <p>Registration Number: Z8683942</p> <p>Date Registered: 26 July 2004 Registration Expires: 25 July 2018</p> <p>Data Controller: Orion Health Limited</p> <p>Address: 4th Floor 1 King Street, Hammersmith London W6 9HR</p>
8.	Has the third party supplier completed an Information Governance Toolkit Return?	<p>NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>IG Toolkit Score –</p> <p>Satisfactory <input checked="" type="checkbox"/> Unsatisfactory <input type="checkbox"/></p>
9.	Does the third party/supplier contract(s) contain all the necessary Information Governance clauses regarding Data Protection and Freedom of Information? See contract IG checklist.	<p>NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>Standard NHS Terms of Conditions within contract.</p>
10.	Will other third parties (not already identified) have access to the project? Include any external organisations.	<p>NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>If any new partners are identified they will be required to sign a data sharing agreement.</p>
Confidentiality		
11.	Please outline what privacy/fair processing notices and leaflets will be provided. A copy of the privacy/fair processing notice and leaflets must be provided.	<p>Communication Plan being developed by Doncaster CCG. All information contained within this system is obtained from existing sources and therefore current fair processing notices for these systems is already in place including information available on organisational websites and leaflets available within organisational buildings. A Privacy Notices to cover the IDCR is under development by the collective IG Leads for all partners.</p>

12.	<p>Does the project involve the collection of data that may be unclear or intrusive? Are all data items clearly defined? Is there a wide range of sensitive data being included?</p>	<p>NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p> <p>Sensitive data will be accessible for direct patient care as part of the read only data being drawn from source systems. See diagram in section 3.</p>
13.	<p>Are you relying on individuals (patients/staff) to consent to the processing of personal identifiable or sensitive data?</p>	<p>NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>If yes what Type of consent is being obtained?</p> <p>IMPLICIT <input checked="" type="checkbox"/> EXPLICIT <input checked="" type="checkbox"/></p> <p>Only patient demographic data will be held within Orion Health Clinical Portal on Implicit consent, patients have the right to opt out of their data being made available to the Integrated Doncaster Care Record.</p> <p>For records to be viewed at the point of care the explicit consent of the patient will be sought.</p> <p>The consent will be recorded within the Orion Health Clinical Portal.</p> <p>If NO, which legal basis/justification is being used instead?</p> <p>Medical purpose <input checked="" type="checkbox"/> Public Interest <input checked="" type="checkbox"/></p> <p>Court Order <input type="checkbox"/> Other: <input type="checkbox"/></p>
14.	<p>What legal basis is being relied upon for the processing of personal identifiable or sensitive data?</p>	<p>Data Protection Act Schedule 2: Necessary for exercising statutory, governmental or other public functions</p> <p>Data Protection Act Schedule 3: Necessary for medical purposes, and is undertaken by a health professional or by someone who is subject to an equivalent duty of confidentiality</p> <p>GDPR Article 6: Necessary for the performance of a task carried out in the exercise of official authority vested in the controller – SUBJECT TO DEROGATIONS</p> <p>GDPR Article 9: Necessary for the provision of health or social care or the treatment or the management of health or social care systems and services (where processed by or under responsibility of a professional subject to a duty of confidentiality)</p> <p>Common Law Duty of Confidentiality (to satisfy fair and</p>

		lawful processing under Data Protection Act/GDPR): The sharing of personal confidential data into the iDCR and the viewing of information within the iDCR are for the purposes of Direct Care only. Accordingly, the patient's consent to such sharing may be implied. As set out above, fair processing notices are required and the nature of the sharing will be communicated to patients by a variety of means, and all patients will have the opportunity to opt-out.
15.	How will consent, non- consent, objections or opt- outs be recorded and respected?	Opt –outs will be recorded with the Orion Health Clinical Portal. This will ensure that no records are pulled form source systems, if the patient fully opts out. Refer to Consent and Specification document in section 15.
16.	Will the consent cover all processing and sharing/disclosures?	NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> If the patient has an Integrated Doncaster Care record but refuses to give explicit consent to view/share, this explicit consent can be over ridden in circumstances which are documented within the Privacy and Design Specification
17.	What process is in place for rectifying/blocking data? What would happen if such a request were made?	Patients as part of the consent model will be able to block data from being shared between the source system and viewing Health Care Professional. Managing matching, conflicts and duplicate data are core functions of the solution's EMPI, supplied by NextGate. The EMPI evaluates data content from contributing systems and utilises finely tuned probabilistic matching algorithms to determine if there is a match or potential match between records. The 'fuzzy logic' employed by the matching algorithms account for variances in data, such as transposition of characters, different spellings, name aliases, age ranges, relationships (e.g., senior versus junior), format differences (e.g., #10 First Street versus 1st St. No. 10), and others. If the comparison of two records results in a 'match score' above an Automatic Match threshold determined by Doncaster, then the EMPI indicates the records are a match. If the match score is below a Distinct Record threshold, then the EMPI indicates the records are, in fact, not a match. If the match score falls in between the two thresholds, the EMPI indicates the records are a potential match, and places the records in a queue for further investigation by appropriate personnel. The EMPI generates a report listing all records that are

		<p>'Potential Duplicates'. These records require further investigation because there is doubt regarding a 'true match'. The EMPI provides a browser interface called the Data Quality Manager (DQM) to enable authorised personnel to view the content of records to resolve matching queries. The records can be viewed side by side and highlights indicate which fields are not matching. The viewer makes a determination, based on the content, to either 'merge' the records (if they are considered a match) or 'resolve' the records (if they are not a match). Other functions are available to aid the viewer in making the determination. A detailed audit log and history is kept for all DQM activity, making it possible to reverse a decision all the way back to the original state of the records.</p> <p>It will also remain the Data Owners of the source systems to ensure that processes are in place to rectify data if requested.</p>
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Engagement

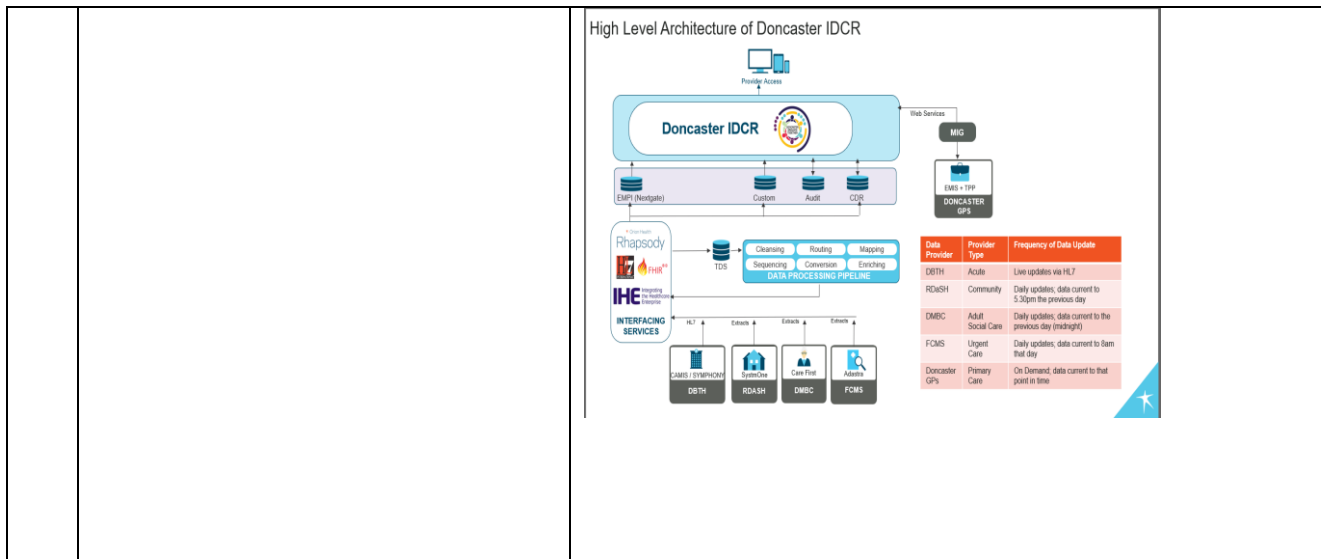
18.	<p>Has stakeholder engagement taken place?</p> <p>Stakeholders could be the individuals whom the data is about or the wider public or partners involved in the project.</p>	<p>NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>Partnership engagement has taken place through the Doncaster Health and Social Care Interoperability Group, this has then been presented to the Health and Social Care Teams within these partners.</p>
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Data Sharing

19.	<p>Does the project involve any new information sharing between organisations?</p>	<p>NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>All partners have signed the Information Sharing agreement. Example of this document attached.</p>
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Data Linkage

20.	<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>NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p> <p>Please see diagram below.</p>
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Information Security

21.	Who will have access to the information within the system? Please refer to roles/job titles.	Health and Social Care worker across the partners listed above can have access to the system if appropriate for their role in providing patient care. See attached.
22.	Is there a useable audit trail in place for the project?	NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> Not applicable <input type="checkbox"/> Access and usage audits can be run by the Privacy Officer of each partner organisation.
23.	Describe where will the information be kept/stored/accessed?	Only demographic data is stored within the Orion Health Clinical Portal this enables data to be pulled from source systems for view/read only access. Detailed clinical data will be retained within source systems by partners. Access will be by staff who have been given Roles Based Access (RBAC) relevant to their job role. See 20.
24.	Please indicate all methods in which information will be transferred	Specifically protecting patient data can be described in two categories: Data at rest, and Data in transit. Both categories comply with the encryption standard AES 256. See diagram below in section 20. <i>Please note for the proof or concept no pharmacy data will be included.</i>
25.	Does the project involve privacy enhancing technologies? Encryption; 2 factor authentication, new forms of pseudonymisation.	NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>

26.	<p>Is there a documented System Specific Security Policy (SSSP) or process for this project? A SSSP is required for new systems. If unsure please contact the IG Security Specialist who will be able to assist.</p>	<p>NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> Not Required</p>
Privacy and Electronic Communications Regulations		
27.	<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>NO <input checked="" type="checkbox"/> YES <input type="checkbox"/></p>
Records Management		
28.	<p>What are the retention periods for this data? Please refer to the Trusts Records Management Policy</p>	<p>As no clinical records are being held within the Orion Health Clinical Portal partners are responsible for ensuring that source systems adhere to guidelines of Records Management retention periods.</p>
29.	<p>How will the data be destroyed when it is no longer required?</p>	<p>The demographic data within the Orion Health Clinical portal is not deleted but is marked 'beyond use' making it un-retrievable this method has been approved by the Information Commissioners Office.</p>
Information Assets and Data Flows		
30.	<p>Has an Information Asset Owner been identified and does the Information Asset Register require updating?</p>	<p>NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> Each organisation will act as an Information Asset Owner and be required to update their retrospective Information Asset Registers, documenting the information flow to the Orion Health Clinical Portal.</p>
31.	<p>Have the data flows been captured?</p>	<p>NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> See diagram below in section 20. <i>Please note for the proof or concept no pharmacy data will be included.</i></p>
Business Continuity		
32.	<p>Have the requirements for business continuity been considered?</p>	<p>NO <input type="checkbox"/> YES <input checked="" type="checkbox"/></p>

		System is on resilient infrastructure and provides for view only access to data available on other systems. If the iDCR becomes unavailable then existing processes for obtaining this information can be used.
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Open Data		
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33.	Will (potentially) identifiable and/or sensitive information from the project be released as Open Data (be placed in to the public domain)?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
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Data Processing Outside of the EEA		
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34.	Are you transferring any personal and/or sensitive data to a country outside the EEA?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
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Key privacy risks and the associated compliance and corporate risks

	Privacy issue	Risk to individuals	Compliance risk	Associated organisation / corporate risk
A.	<p><u>SHARING DATA:</u></p> <p>Inadequate sharing / disclosure controls increase the likelihood of information being shared inappropriately.</p> <p>Ambiguities within the Information Governance legislation means data could be shared inappropriately or insufficient data be shared to provide improved care for individuals.</p> <p>(Relates to questions 4 and 20 of the PIA)</p>	<p>Individuals' data is shared beyond the organisations they expect to receive their data</p>	<p>Reliance on all organisations to comply with data sharing agreements.</p> <p>Breach of Principles 1, 2, & 3 of the Data Protection Act.</p> <p>Regulatory action.</p>	<p>Non-compliance with the Data Protection Act, General Data Protection Regulation (May 2018) or other legislation can lead to sanctions, fines and reputational damage.</p> <p>Regulator action if data is shared inappropriately or with wrong organisations.</p> <p>Civil action can be taken based on distress caused.</p> <p>Financial costs and reputational damage.</p>
B.	<p><u>DATA QUALITY:</u></p> <p>Multiple and varied systems used within participating organisations impacts on the effectiveness of the programme and means data quality is impacted in the sharing process</p> <p>Poor data quality will diminish the benefits of any reporting. Improving data quality has been an on-going challenge within the Health & Social Care sectors.</p> <p>Information which is collected and stored unnecessarily, or is not properly managed so that duplicate records are created, is less useful to health and care services.</p> <p>(Linking to Question 5 of the PIA)</p>	<p>Data shared about individuals is incomplete or inaccurate, or out of date, or there are multiple versions, therefore individuals may not receive the improvement in care that the programme intends.</p> <p>Inappropriate care could be provided.</p>	<p>Reliance on all organisations to comply with data sharing agreements.</p> <p>Breach of Principle 4 of the Data Protection Act.</p> <p>Regulatory action.</p>	<p>Non-compliance with the Data Protection Act, General Data Protection Regulation (May 2018) or other legislation can lead to sanctions, fines and reputational damage.</p> <p>Civil action can be taken based on harm caused.</p> <p>Financial costs and reputational damage.</p>
C.	<p><u>CONSENT MODEL:</u></p> <p>Our communication campaign to support implied consent to be included within the system may not reach all of the population included within the cohort.</p> <p>Vulnerable people may be particularly concerned about the risks of identification or the disclosure of information.</p> <p>(Links in to questions 11 and 14 of the PIA)</p>	<p>Data is used in ways unacceptable or unexpected by the individual it is about.</p>	<p>Potential breach of Principles 1 & 6 of the Data Protection Act if potential uses of data is not communicated effectively, and to appropriate groups.</p> <p>However the second level of explicit consent to view reduces the risk.</p>	<p>Non-compliance with the Data Protection Act, General Data Protection Regulation (May 2018) or other legislation can lead to sanctions, fines and reputational damage.</p>

	Privacy issue	Risk to individuals	Compliance risk	Associated organisation / corporate risk
<u>D.</u>	<p align="center"><u>DATA SECURITY:</u></p> <p>Regulatory action if sufficient security measures are not applied to the processing of the data.</p> <p>(Links to questions 4, 20, 22, 24, 25, 32, 33 and 34 of the PIA)</p>	<p>Large numbers of individuals may choose to opt out.</p>	<p>Breach of Principle 7 of the Data Protection Act.</p> <p>Regulatory action.</p>	<p>Non-compliance with the Data Protection Act, General Data Protection Regulation (May 2018) or other legislation can lead to sanctions, fines and reputational damage.</p> <p>Financial costs and reputational damage.</p>
<u>E.</u>	<p align="center"><u>DATA RETENTION:</u></p> <p>If a retention period is not established information might be retained for longer than necessary.</p> <p>(Question 27 of the PIA for retention periods)</p> <p>The iDCR will hold details of audit trails (see question 21 of the PIA)</p>	<p>Data becomes out of date and inaccurate.</p>	<p>Breach of Principles 1, & 3 of the Data Protection Act.</p> <p>(General Data Protection Regulation)</p>	<p>Non-compliance with the Data Protection Act, General Data Protection Regulation (May 2018) or other legislation can lead to sanctions, fines and reputational damage.</p>
<u>F.</u>	<p align="center"><u>USE OF DATA:</u></p> <p>The context in which information is used or disclosed can change over time, leading to it being used for different purposes without people's knowledge.</p> <p>(Link to question 13 of the PIA)</p>	<p>Data is used in ways unacceptable or unexpected by the individual it is about, or in ways to which they have not consented.</p>	<p>Breach of Principles 1, 2, & 3 of the Data Protection Act and Human Rights Act Article 8.</p> <p>Regulatory action.</p>	<p>Non-compliance with the Data Protection Act, General Data Protection Regulation (May 2018) or other legislation can lead to sanctions, fines and reputational damage.</p> <p>Public distrust about how information is used can damage an organisation's reputation and lead to reduced participation.</p>
<u>G.</u>	<p align="center"><u>LEGISLATIVE COMPLIANCE:</u></p> <p>Non-compliance with legislation: Data Protection Act, General Data Protection Regulation (when enacted), Privacy and Electronic Communications Regulations (PECR), sector specific legislation or standards, human rights legislation.</p> <p>(Link to questions 13 and 26 within the PIA)</p>	<p>Individual privacy is compromised.</p>	<p>Breach of Principles of the Data Protection Act and Human Rights Act.</p> <p>Regulatory action.</p>	<p>Non-compliance with the Data Protection Act, General Data Protection Regulation (May 2018) or other legislation can lead to sanctions, fines and reputational damage.</p> <p>Financial costs and reputational damage.</p>

Privacy risks and solutions

	Risk	Solution(s)	Result (Is the risk eliminated, reduced, or accepted?)	Evaluation (Is the final impact on individuals after implementing each solution a justified, compliant and proportionate response to the aims of the project?)
A, C, F, G.	Data is used in ways unacceptable or unexpected by the individual it is about, or in ways to which they have not consented.	Work with Interoperability Group and IG advisors to ensure members of the public who's information is to be shared through the Integrated Doncaster Health Record are informed about all of the potential uses of their data and given adequate opportunity to opt out. Ensure the project has the best understanding of the data sharing restrictions and legislations to avoid the inappropriate sharing of data. A process will be required for additional organisations to be considered for joining, including Accountable Care Partnerships.	Reduced	Solutions are in line with the aims of the project and will not impact on the technical implementation of the project. Impact on individuals will be minimised.
B, G.	Data shared about individuals is incomplete, inaccurate or insufficient.	The master patient index within the Integrated Doncaster Care Record will match and combine individual patient data where appropriate to provide the maximum available information. Where source data quality is lacking the Integrated Doncaster Care Record cannot make any changes, although it is hoped that use of the Master Patient Index will enable problems to be identified.	Accepted	The solutions are in line with the aims of the programme to provide accurate and useful data although there is an acceptance that a large part of this lies with the participating organisations.
A, C, F, G.	Sharing of data and access to it beyond the boundaries of individual authorities requires that Information Governance (IG) policies and procedures are adhered to at multiple organisations.	Ensure that the Data Sharing Agreements are in place and co-opt additional agreements only once the IG approval is in place. Ensure that there is IG representation from all organisations involved in the governance of the project. Guidance will be given to each organisation under the programme to ensure new or existing Data Sharing Agreements cover all intended data sharing activity.	Accepted	The actions of participating organisations is largely outside of the projects control, however guidance and agreements will be put in place to support appropriate behaviour. It is in the interests of the programme to work with organisations adhering to legislations and regulations.

	Risk	Solution(s)	Result (Is the risk eliminated, reduced, or accepted?)	Evaluation (Is the final impact on individuals after implementing each solution a justified, compliant and proportionate response to the aims of the project?)
A, D, G.	Data security is compromised and data is accessed illegally or illegitimately.	Robust security measures will be employed to protect the data processed by the Integrated Doncaster Care Record. Work with IG and information security leads from the participating organisations to ensure their processes are robust and staff are appropriately trained.	Reduced	It is in line with the aims of the project to provide a robust and secure platform.
A, B, G.	Data shared via the Integrated Doncaster Care Record means someone acts in a way they would not have previously, in a way that is harmful to an individual.	User acceptance testing to ensure data is shared clearly and accurately. Dissemination of information including offering training where new uses of a system or of data within a system are provided. Guidance will be offered for use of the Integrated Doncaster Care Record and end user training should be provided to ensure the safe and appropriate use of the data provided. It is the responsibility of individual staff members and their organisations to ensure that individuals are not harmed through their behaviour.	Reduced	The solution fits with the intentions of the project to ensure that the iDCR is used appropriately and safely and any changes to available data as a result of the platform are understood by participating organisations and end users.
G	Excessive cohort of patients is uploaded in to the PMI of the Orion Health Clinical Portal beyond the scope of the project. This will include all patients registered on the partner's clinical systems. This risk has two elements the need to comply with the Data Protection Act and the Clinical Risk. Inaccurate, incomplete, unacceptably delayed or completely absent clinical data is classified as critical in preventing harm which could result in permanent impairment or life-threatening injury	The need for a balance between Data Protection and clinical risk must be achieved. The potential gaps in key clinical information if only Doncaster/GP cohort information is uploaded is high. To ensure that both our obligations under Data Protection and the need to reduce clinical risk are met. A full communication programme needs to be pushed out beyond the population of Doncaster to all catchment areas of each partner organisations ensuring that this supports the full cohort of patients uploaded. This will ensure that the risk of breaching Data Protection and the Clinical Risk is reduced.	Reduced	Solutions are in line with the aims of the project and will not impact on the technical implementation of the project. Impact on individuals will be minimised.