Docman 10

DPIA

DATA PROTECTION IMPACT ASSESSMENT (DPIA) GUIDANCE

This impact assessment tool is to be used in conjunction with the Data Protection Impact Assessment (DPIA) document and replicates the templates and checklists provided in the Word version. You should complete a DPIA for each required project and save the documents under the project name and date once completed. You can choose to complete either the Excel or Word verison of the assessment, however the Word version should always be used *in conjunction* with the Excel assessment as it provides background and guidance on completing each part of the DPIA.

Each of the tabs should be completed in order and in some cases you may only complete the screening questions section. If you answer no to all of the screening questions, it is unlikely that you will need to complete a full DPIA, however you should always save partially completed assessments to evidence compliance with the GDPR requirements.

It is important to edit and customise this assessment to suit your sector and business needs and to ensure that you comply with the DPIA requirements in the Regulation. You are free to complete DPIAs on any personal information project or controls, even if they are not required under the GDPR. The DPIA can often help to identify and analyse risks and issues that may otherwise have been overlooked.

The DPIA consists of the below sections: -
• **SCREENING QUESTIONS** - The screening questions help you to identify if a DPIA is required and provide valuable insight into the processing operation risks and the areas to focus on.
• **PROJECT BRIEF** - The brief details the what, how and why of the project or system that will process personal data and sets out the outcomes, intentions and risks.
• **INFORMATION AUDIT** - This is an individual information audit (*similar to that of an organisation wide audit on where personal data comes from, goes to and how it is processed*). This section focuses just on the personal data used in the assessed project.
• **ASSESSMENT CRITERIA** - There are 20 assessment questions *(which you can add to as applicable to the project and your business type and requirements)*. These questions provide the basis for identifying the risks and look at data specific details such as how the data is used, if it is disclosed or transferred and what privacy by design methods are in place.
• **PRIVACY ISSUES & RISKS** - Using the previous assessment sections and answers, you should now have details of any privacy issues and risks, which should be recorded in this section.
• **PROPOSED SOLUTIONS & MITIGATING ACTIONS** - Once all privacy issues and risks have been identified and rated, you should identify and evaluate possible solutions and mitigating actions that can eliminate and/or or reduce the risks.
• **INTEGRATING OUTCOMES** - Once the risks and privacy issues have been identified and mitigating actions applied, the outcomes are integrated into the project to specify the actions to be taken, who is responsible and what the completion timeframe is.

Once the DPIA has been completed, you should reassess the project to ensure that it meets the Regulation requirements or notify the Supervising Authority where required.

You can change any of the drop down menu options in the 'Data Sets' tab and can change the risk rating colour coding by editing the 'conditional formatting' rules in the cell.

DPIA SCREENING QUESTIONS

AUDITOR:	Alan Butler	DATE:	03/12/2019

	NO.	REQUIREMENT	RESPONSE	NOTES
1. SCREENING QUESTIONS	1.1	Does the processing require systematic and/or extensive evaluation (via automated means) of personal aspects of an individual(s)?	Yes	Documents sent electronically via Docman Connect Service to GP Practices using National GP codes and delivered into Docman 10 or handed off to MESH for delivery into Emis Web
	1.2	Will decisions be based on such evaluations that are likely to produce legal effects concerning the individual(s)	No	
	1.3	Is the processing on a large scale and involves special categories of data?	Yes	Admissions, Discharge Summaries and patient letters for All patients of Walsall GP Practices.
	1.4	Is the processing on a large scale and involves data relating to criminal convictions and offences?	No	
	1.5	Does the processing involve systematic monitoring of a publicly accessible area on a large scale? (i.e. CCTV)	No	
	1.6	Will the project involve the collection of new information about individuals?	No	
	1.7	Will the project compel individuals to provide information about themselves?	No	
	1.8	Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	Yes	Currently the data is transferred from WHT through MIG to GP Practices. Docman Connect will provide the transfer conduit once the system goes live.
	1.9	Is the information about individuals likely to raise high risk privacy concerns or expectations?	No	

1.10	Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information or a third-party without adequate safeguards in place?	No	Docman have handled information for version 7/8 of the systems previously albeit through a different transfer means
1.11	Does the processing involve the use of new technology or systems which might be perceived as being privacy intrusive?	No	
1.12	Could the processing result in decisions being made or action being taking against individual(s), in ways that could have a significant impact on them?	No	
1.13	Will the project require you to contact individuals in ways which they may find intrusive?	No	
1.14	Will any of the processing activities make it difficult for the data subject(s) to exercise their rights?	No	
1.15	Will the operation involve processing considerable amounts of personal data at regional, national or supranational level, which could affect many data subjects?	No	
1.16	Will the processing involve individuals who are considered 'vulnerable'?	Yes	Some GP patients are considered vulnerable.
1.17	Does the processing operation involve any significant risk of the personal information being leaked or accessed externally?	No	

2. DPIA PROJECT BRIEF & PLAN

PROJECT NAME: Docman Connect Service & Docman 10	DIRECTIONS: 1. Complete each section and answer all the assessment questions. 2. Use the reference number to refer to any responses that pose a risk and complete the Privacy Issues & Risks template. 3. Provide as much detail as possible to ensure a complete assessment is made.

PIA LEAD: Alan Butler

DATE: 03/12/2019

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2.1	PROJECT SUMMARY: *Give an outline of the project, the processing and describe what is being planned.*	Docman 10 is a cloud based document management solution available on the GPSoC-R framework. This means that a large part of the deployment cost and annual maintenance and licencing is picked up centrally. The use of Docman 10 would reduce the pressure on GP practice staff and be a step towards 'paper free' by the delivery of the following functionality: • Electronic Document Transfer – letters are received electronically from hospitals into Docman's workflow engine and filed into the clinical system • Clinical Content Recognition – Intellisence is an advanced system that automatically detects patient and filing details • Intuitive Workflow – Uses Quick Steps to combine actions and workflows into one mouse click • Complete Practice Management – Docman BackOffice allows you to securely store and retrieve all of your practice documents in one categorised place • Audited Collaboration – Docman Collaborator offers a fully audited discussion platform enabling everyone to manage, share and discuss patient or practice matters • Federated working – This would allow PCNs to combine their resources, centralize their templates and achieve a standardized approach. The previous strategy used by Walsall Healthcare NHS Trust was to utilise the Medical Interoperability Gateway (MIG) from Healthcare Gateway to transfer EDS generated from Fusion at Walsall Healthcare NHS Trust (WHT) to the GP Clinical System EMIS Workflow module. With the acceptance of the Docman Connect Service the transfer of documents to the GP systems will be direct and will form part of the audited timeline. Data will be transfered in the form of Patient letters, EDS and AAE discharge notification. this information is key to GP practices for follow up with patients and allows for accurate treatment for the patient.

2.2	**OBJECTIVES:** *What are the aims of this project? What do you want to achieve from the processing? Why is it important/beneficial?*	**Aims:**	•To upgrade Docman 7/8 or deploy Docman 10 with Docman Connect Service to 37 GP Practices within Walsall. • To decommission Docman from sites that no longer wish to use the Docman GP service or require an upgrade to Docman 10 • This is a functional change from a site based server system to that of a cloud based system hosted by OneAdvanced. • Through its use and implementation of new processes, GP Practices will seek to realise the financial and business benefits. • To develop and test the API deployment in readiness for Docman Connect Service • Select, Install and run Docman 10 in Pilot GP Practices • Obtain feedback from Pilot sites • Full Deployment and training of Docman 10 to GP Practices within Walsall to all practices that wish to take the solution. • Seek additional funding based on demand

Aims:

•To upgrade Docman 7/8 or deploy Docman 10 with Docman Connect Service to 37 GP Practices within Walsall.

• To decommission Docman from sites that no longer wish to use the Docman GP service or require an upgrade to Docman 10

• This is a functional change from a site based server system to that of a cloud based system hosted by OneAdvanced.

• Through its use and implementation of new processes, GP Practices will seek to realise the financial and business benefits.

• To develop and test the API deployment in readiness for Docman Connect Service
• Select, Install and run Docman 10 in Pilot GP Practices
• Obtain feedback from Pilot sites
• Full Deployment and training of Docman 10 to GP Practices within Walsall to all practices that wish to take the solution.

• Seek additional funding based on demand

Achieve: • To install Docman Connect Service
• To install Docman 10 to a minimum of 37 GP Practices
• Improve and streamline processes for GP Practices

Benefits: • As Docman 10 is hosted in the Cloud, documents can be shared with the appropriate information sharing agreements across practices, extended access hubs and PCNs (Primary Care Networks)

• Patient safety - Message/Document rejection process is fully audited

• As Docman 10 is hosted in the Cloud, documents can be shared with the appropriate information sharing agreements across practices, extended access hubs and PCNs (Primary Care Networks)

• For practices choosing not to use Docman GP, the Docman Connect Service can interface with the nationally funded Message Exchange for Social Care and Health (MESH} used to transfer the messages directly Into EMIS

• Message/Document rejection process is fully audited

• Intellisence is integrated into every install of Docman 10 offering every user the ability to process documents. This will save time due to available filters within intellisence but also save time for practices as multiple users will be able to code letters.

• Letters sent electronically to the clinicalinfo account for the surgery are picked up by task scheduler and transferred into Docman, saving valuable time scanning letters manually and reducing lost patient letters.

• The Docman projects can be reinvigorated, completed and closed
• Decommissioning completed for practices that no longer are seeking to use Docman
• Complete the implementation upgrade of Docman 10 across all Walsall practices wanting to use Docman
• Risks presented through the current deployment project status are mitigated;
• Docman Connect Service supports a mixed economy of GP practices using Docman GP i.e. Docman Connect can interface with the MESH WHT will have the capability to send electronic documentation to GP practices nationally using Docman
• Docman Connect allows correspondence sent to instances of Docman GP to be rejected back to the sender for

		reasons such as patient no longer registered
2.3	**PURPOSE:** *What is the purpose of obtaining and processing the data?*	To maintain accurate patient records within the patient GP surgery, recording all GP and hospital visits and any relevant information from fringe services as should be recorded within the patient record.

2.4	**POTENTIAL RISKS:** - Prior to carrying out the assessment question section, are there any privacy impacts or risks that have already been identified?	If Docman is already installed and licensed, but the GP Practice chooses not to use Docman, the Docman Connect Service will identify that the practice has a Docman license and deliver documents into the Docman GP system and not the system the GP Practice is choosing to use. This could cause risk for the patient due to up-to-date consultations and medical treatments offered in the acute setting being missed by GPs and any follow up consultations or medication changes may not be identified.
2.5	**CONSULTATIONS:** - What insights or feedback have been obtained through consultations with stakeholders, third-parties and employees?	The upgrade process is very light touch for the GP Practices and the migration of documents from old system to new is very straight forward. The new Docman 10 system is a lot quicker and processing documents can be achieved in a more streamlined manner. Having discussed the use of Docman with GP practice managers that currently use it, they are comfortable with the way Docman handles the data and are keen to move to the new Docman 10 version as this would offer a more robust and detailed view of the patient journey documentation. from an upgrade perspective, a couple of our practice managers have completed the move from version 7 to version 10 at previous trusts and have praised Docman for the ease and simplicity of the migration and have expressed how much better the new version 10 was over the older version 7. Having attended a GP practice out of area that already use Docman 10, staff at the practice find the processing of the data clear and simple to file. they have experienced very few issues with the system since installation.
2.6	**EXISTING DATA:** - Have any previous PIAs or compliance assessments been carried out on similar processing activities that can provide guidance for this assessment?	None

2.7	**SYSTEMS/TECHNOLOGY:** - If the processing involves the use of new technology or systems, provide any relevant information obtained from the initial implementation assessment of such systems.	The Docman Connect Service will be new to WHT and will form a transportation conduit for data to GP Practices. Currently WHT utilise the MIG for this purpose at a cost. Once the Docman Connect Service is in place it will perform the same function as the MIG and therefore will remove the cost for the MIG. the Data will be transfered to GP practices by package in the form of a JSON file which is then base 64 encrypted for security of the data. Some GP Practices already use Docman and more have had Docman installed previously, therefore for most GP Practices this software will not be new, however previous versions were server based and so the technology for this version would be new as this will be cloud based.
2.8	**OTHER:** - Detail any other information or suggestions that can add to the impact assessment?	None

3. INFORMATION AUDIT

PERSONAL DATA		JUSTIFICATION	PROCESSING ACTIVITY
What data will be collected?		*Why does this data need to be collected? Is there anything you can omit if not necessary?*	*What processing operation(s) will the data be used for?*
Name	✔	The data is collected to maintain accurate patient records at the patients GP Practice. Some details are transferred to confirm the patient, to ensure that the data is saved into the correct record. By omitting any of the data, the GP Practice would not be able to identify the correct patient record and this would create a clinical risk as GP staff would not be able to save the data.	updating Patient records at the GP Practice where the patient attends to enable GPs to treat patients correctly with the full knowledge of their symptoms and history. The letters are packaged, encrypted and sent to practices via the Docman Connect Service. Docman would then identify what system the GP has in order to deliver the data to them based on the national GP code. Practice staff would then manually check the data to ensure the correct patient record is in view, check for any action utilising the Intellisense software and create tasks if necessary to notify GPs of changes, such as medication or diagnosis. Once completed the letters are then filed against the patient record for clarity and future reference.
Address	✔		
Postcode	✔		
DOB	✔		
Age	✔		
Gender	✔		
Email Address			
Home Tel No.	✔		
Mobile Tel No.	✔		
NI Number			
NHS Number	✔		
Income/Expenses			
Employment Data			
Ethnic Origin	✔		
Religion			
Health Details	✔		
Convictions			
Credit Data			
Other			

DPIA ASSESSMENT QUESTIONS

	NO.	QUESTION	DETAILS
4. ASSESSMENT QUESTIONS	**4.1**	What is the legal basis for processing the information?	To meet WHTs obligations as the Data Controller: Acrticle 6 and Article 9 - Necessary for the provision of Healthcare. To ensure that GPs have up-to-date information about their patients medical conditions and treatment by other health and care providers. This is necessary to transfer care back to the GP Practice from secondary care and fringe services.
	4.2	Who will have access to the information?	Hospital staff, GPs, Nurses, GP staff and other health and care provider services. A list of GP Practices has been added for clarity. Please see GP Practice List tab.
	4.3	Will there be restrictions applied to access?	Yes. WHT have policies in place to control access, these include: password based logon details for access to IT equipment; mandatory training to inform users how to identify and protect data as well as differing levels of access permission for audit capabilities. this means that staff are aware of their responsibilities regarding the data, computer systems are protected from random access and any event that occurs with the data can be audited.
	4.4	Does the data need to be transferred to a third-party?	Yes. The data is transferred to Docman via the Docman Connect Service, utilising the GP national code to identify where the data is going to. Docman will then identify if a Docman license is assigned to the practice or not. Having identified this the data is then transferred to Docman 7/10 or handed off to MESH for delivery into Emis Web Workflow.
	4.5	Do you have safeguards in place for transferring?	The data is transferred electronically and encrypted throughout the transfer process.
	4.6	Will you need to obtain consent to process?	No
	4.7	How will consent be obtained and the right to withdraw consent be made available?	NA

4.8	Will you have control over the data and be able to update/complete it where applicable?		Yes. As the data controller, WHT have the ability to edit and amend the data prior to it being sent through Docman Connect. Discrepencies in the data could be identified and correction made, whereby the GP practice would then be informed.
4.9	Will you be using data minimisation techniques?		Yes. The use of PID would be minimised where possible to avoid unnecessary use.
4.10	Will data be encrypted and/or pseudonymised?		Yes. The data is encrypted from WHT using base 64 encryption through the Docman Connect Service to GP practices via the secure and approved N3 network. Documents are encrypted both in transit and at rest (AES 256)
4.11	How will information be destroyed after it is no longer necessary?		Both Walsall Healthcare NHS Trust and GP Practices have policies in place for maintaining patient record for cetain lengths of time along with policies for the archiving/deletion of the data, following national guidelines and best practice for the retention of clinical records.
4.12	How will information be stored?		Information will be stored within the clinical systems at WHT, where information is entered onto patient records, documents are created, dictated and typed and where information can be accessed for review purposes. This information is subject to local IT security and networking policies to ensure the integrity of the data. The data is then transfered through the Docman Connect Service, where Docman store the data to the cloud environment, which are UK based servers. The GP practices with then access the data from each surgery via installed software over the N3 secure network.
4.13	Will you be able to act on all rights of data subjects? (i.e. objections, rectifications, erasure, access etc)		Yes. As the data controller WHT is able to access the data to rectify and amend any discrepencies via the PAS system (Medway) or associated systems where documents were created.
4.14	Will you be able to meet the deadline for supplying information?		Yes. Following a request WHT would be able to access the data and supply this back to the data subjects within 1 month of the request.
4.15	Does the processing operation require the Supervisory Authority to be notified?		No
4.16	What security measures are in place to protect identifiable information?		The data is encrypted from WHT using base 64 encryption through the Docman Connect Service to GP practices via the secure and approved N3 network. Documents are encrypted both in transit and at rest (AES 256)

	4.17	Have all employee, agents and third-parties involved in the project been trained on the data protection regulations and impact risks?	WHT ensure that all staff are trained in Data Protection and Security. This must be completed annually and this is mandated by WHT. GP Practices are responsible for training their own staff and should ensure that they are all compliant.
	4.18	What consultations are involved in identifying the privacy issues and risks associated with this project?	Project board, IG, GP staff discussions around how data is transferred and handled. This identifies risks, which are added to a risks log for monitoring and action along with associated mitigations for each risk. There are currently 2 risks identified relating to data. Firstly the IG requirements that this document covers, however this will be mitigated once the DPIA is approved and secondly a delivery risk where data is sent to GPs and identified by Docman as a Docman user, but the GP is choosing not to use Docman. the data could still be delivered into the Docman system even though it is not in use, leading to information being missed. This has already been considered and discussed and can be mitigated if the GP were to cancel Docman and decommission the service.
	4.19	Will personal data be transferred to a third country or international organisation outside the EU?	No. Docman utilise UK based servers for data storeage.
	4.20	If yes, what safeguards and Chapter V GDPR measures are in place?	NA
	4.21	Detail any other factors or information that can assist in this Privacy Impact Assessment.	None

IDENTIFIED PRIVACY ISSUES AND ASSOCIATED RISKS

REF	PRIVACY ISSUE	RISKS TO INDIVIDUAL(S)	COMPLIANCE RISK	CORPORATE RISK	Consequence	Likelihood	Overall Risk Score
#	*Use assessment response to detail the privacy factor resulting in risk*	*Complete if risk impacts data subject(s) or put N/A if not applicable*	*Complete if risk causes non-compliance or put N/A if not applicable*	*Complete if risk impacts business or put N/A if not applicable*	*Select consequence score*	*Select likelihood score*	*Risk Score*
1	Data being assigned to the wrong GP Code				2	2	4
2		Reject documents returned to Trust and integration with existing paper based process (DQ)			2	4	8
3			IG requirement for the project as unknown		1	4	4
4		Data delivery to wrong system due to Docman identifying GP Practice as Docman user when they choose not to use Docman			3	2	6

PROPOSED RISK SOLUTIONS AND MITIGATING ACTIONS

REF	IDENTIFIED RISK	EXISTING RAG	SOLUTIONS/MITIGATING ACTIONS	RESULT	OUTCOME	Consequence	Likelihood	NEW RAG
#	*Risk to be mitigated or eliminated*	*Current risk rating*	*Detail corrective actions, solutions and mitigating controls that address the risk*	*Tolerate, Treat, Transfer or Terminate*	*Has the solution(s) reduced the risk enough to proceed with processing?*			*New rating with mitigating actions*
1	Data being assigned to the wrong GP Code	4	Details will be checked with patient, WHT records and Spine to ensure accuracy, however, if incorrect information is given, this would result in a rejection from the GP and the rejection policy would then be followed.	Tolerate	Yes	NEGLIGIBLE : The data would be checked through WHT records, Spine and with the patient to ensure the correct information is processed. If incorrect data was obtained then the GP practice would reject the letter, giving a reason (in Docman 10) and the letter would return via the rejection route to be picked up and processed by DQ.	Unlikely	2

2	Reject documents returned to Trust and integration with existing paper based process (DQ)	8	Rejections policy to be created to ensure data rejected from GPs is monitored and corrective action is taken. The paper based version of this currently sits with DQ, who already have a process for dealing with rejections.	Treat	Yes	NEGLIGIBLE : In creating a policy for dealing with electronic rejections from GP practices, this would offer guidance to DQ and outline the process for them to follow in order to deal with the rejection and get the data to the correct GP Practice. This would then ensure that patient care is transfered back to the correct GP.	Unlikely	2
3	IG requirement for the project as unknown	4	Discuss with ST/CG and IG board to ensure IG is followed	Treat	Yes	NEGLIGIBLE : Discussing and agreeing the correct approach with IG board ensures that the correct procedure is followed to safeguard the patient data.	Rare	1

| 4 | Data delivery to wrong system due to Docman identifying GP Practice as Docman user when they choose not to use Docman | 6 | GP would be required to cancel Docman and decommission service with them to ensure Docman associated practice with no license. | Transfer | Yes | NEGLIGIBLE : GPs would have the responsibility of cancelling Docman in order for the license to be removed and the data being delivered into their chosen clinical system. | Unlikely | 2 |

7. INTEGRATING OUTCOMES INTO PROJECT PLAN

REF	ACTIONS TO BE TAKEN	RESPONSIBILITY	COMPLETION DATE	PROGRESS/STATUS
#	*Details what actions must happen for the solutions in the evaluation plan to be developed and implemented*	*Who is responsible for overseeing the actions & updating the plan?*	*What is the expected date that the actions will be completed*	*Current progress and/or action status*
1	Checks must be made with WHT records, Spine and with patient to ensure correct data is collected	WHT staff, overseen by Care Groups Managers	Ongoing	Staff currently undertake this task to ensure accuracy. This must continue.
2	Rejections policy must be created with input from DQ to ensure that the correct process is detailed for handling rejections	Alan Butler and Sara Clarke	Feb-20	Draft
3	Completion of the DPIA will inform correct process for data protection	Alan Butler and Sharon Thomas	Jan-20	DPIA to be approved at next IGSG meeting
4	GPs will need to be informed of process for cancelling Docman to ensure data is delivered to the chosen clinical system.	Alan Butler and GP Practice Managers	Feb-20	Not started