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## NORFOLK DPO CLUSTER QUARTERLY NEWSLETTER

JUNE – JULY – AUGUST 2018

### WHAT HAVE WE ACHIEVED SO FAR?

As a cluster group, we have formed to allow joint working towards data protection assurance and to create a network of practices under a single Data Protection Officer.

So far, we have;

1. Created a Processing Activities Log ✓
2. Developed a deeper level of transparency for data subjects ✓
3. Developed Protocols to support data protection compliance ✓

### WHAT WAS COVERED AT THE LATEST CLUSTER EVENT?

The Q1 cluster event covered three themes.

#### Information Sharing

- ⇒ Sharing between Data Controllers requires an Information Sharing Agreement
- ⇒ Sharing between Controller and Data Processor requires a Data Sharing Contract
- ⇒ Incidental access to personal data requires a confidentiality clause
- ⇒ DPO will continue to review ISAs as a central point of contact, linked in with LMC
- ⇒ Practices should use the checklist provided by the DPO to assess new Processor contracts
- ⇒ For “one off” sharing requests, the template at the bottom of the Privacy and Information Sharing Protocol should be used and sent to DPO

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- ⇒ Practices are unsure how to proceed with new S1 Enhanced Data Sharing Module (EDSM)
- ⇒ Practices should be using encrypted transfer methods for personal data. Where this is not possible, the alternative routes should be risk assessed.

## Auditing Access

- ⇒ It is an offence to obtain or disclose personal data without Controller permission
- ⇒ This includes accessing your own records or those of friends and relatives
- ⇒ Link to publication of prosecutions [https://ico.org.uk/action-weve-taken/enforcement/?facet\\_type=&facet\\_sector=Health&facet\\_date=&date\\_from=&date\\_to=](https://ico.org.uk/action-weve-taken/enforcement/?facet_type=&facet_sector=Health&facet_date=&date_from=&date_to=)
- ⇒ Agreed that cluster wide audit schedule is required

## Information Rights

- ⇒ Individuals have a right to be informed, make complaints, have access, correct information, withdraw consent, have their information ported or restricted
- ⇒ When providing a subject access request response – remember to include the NHS Glossary of terms link provided in the templates
- ⇒ A SAR is where an individual or their representative (solicitor, claims company) is making a request for individuals own purposes.
- ⇒ A SAR is where information is already held – not new information like a report
- ⇒ A SAR should be free (at the moment whilst we agree a threshold for charging)
- ⇒ Access to Medical Reports request is for a third party's commercial purposes and usually for new information like a report – can charge
- ⇒ If a request seems disproportionate or you are unsure – raise with DPO

## WHAT IS OUR DPO DOING BETWEEN NOW AND THE NEXT EVENT?

- ⇒ Sending a Master Processing Activities Log ✓

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- ⇒ Sending quarterly newsletter ✓
- ⇒ Sending updated Information Rights and Access Protocol ✓
- ⇒ Developing a cluster-wide Access Audit Schedule – **Pending**
- ⇒ Engaging with CCG / TPP re EDSM – **Pending**
- ⇒ Sending Cluster Slides including Staff Training version – **Pending**
- ⇒ Create Protocol for Safeguarding Information – what to include and what to release – **Pending**
- ⇒ Check Access to Medical Reports Act for any obligations where practices do NOT provide reports to third parties – **Pending**
- ⇒ Support practices to set a threshold for charging for Subject Access Requests – **Pending**

## INCIDENT LEARNING

Here is a quarterly round up of the learning from actual incidents across the clusters in the last quarter;

- ! Ensure that any old forms / templates / pro formas are removed from site and from computers. These sometimes have a footer that say “once complete, send this form to.....” This can result in personal data being sent to addresses that no longer exist and being opened by Royal Mail
- ! Ensure that postal addresses are redacted from records before being released as a SAR. This counts as personal data related to a third party and may relate to some one who does not want their address known. Such as an ex-partner.
- ! Lots of incidents where people have the same surname. Cross check other elements of the record before releasing information.
- ! When a staff member leaves their job and their email access is removed by the CSU, check they cannot use the “forgotten password” function to regain access remotely. This appears to be a loop hole that the CSU had not previously considered.

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- ! If you receive report requests for using a third-party form, check them carefully to see whether the patient has ticked a box asking to view the report ***before*** they go to the employer / claims company etc. This can be missed.
- ! Do not use pre-set numbers in a fax machine (or better do not use fax machines)
- ! Ensure that envelopes are robust. When they are heavy or very full – apply tape to prevent them coming open at sorting office.

## WHAT'S NEXT?

The next cluster event will cover

Transparency and Accessibility

Data Quality, Accuracy and Minimisation

Information Incidents

See you in October!