**Data Protection Impact Assessment - Screening Questions**

Complete the following and return to info.requests@leicester.gov.uk

These questions are intended to help you decide whether a DPIA is necessary.

**Answering “yes” to both/either of the first 2 questions indicates that a full DPIA will be required. Please complete the full form and send to** info.requests@leicester.gov.uk**.**

Answering “no” to these 2 questions, but “yes” to any of the other questions is an indication that a DPIA would be a useful exercise. Please send the completed screening questions to info.requests@leicester.gov.uk (along with the full form if you choose to complete one.)

You should seek further advice and can expand on your answers as the project develops if you need to.

**1) Will the project involve any high risk, special category or monitoring activities? e.g.**

* Evaluation or scoring of individuals
* Automated decision making resulting in legal / significant effects
* Systematic monitoring e.g. internet tracking, CCTV cameras
* Large-scale processing (e.g. large numbers of records or data subjects, long length of retention, large geographical spread, city -wide)
* Data Matching
* Payments and other financial data
* Vulnerable people (including staff)
* Children (under 18)
* New technology e.g.: Use of smart cards, radio frequency identification (including mobile phone location, applications of global positioning systems etc.), visual surveillance, digital image and video recording, profiling, data mining, logging of electronic traffic etc.
* Service can be refused / withdrawn
* Sensitive (special category) data (race/ethnicity, political opinions, religious beliefs, trade union membership, health/ mental health, criminal, biometric, genetic, sex life/sexual orientation)

Yes

Social Care systems are provided through a contract with Liquidlogic which accesses systems from the suppliers Liquidlogic and Oxford Computer Consultants (the products being ContrOCC and associated portals)

Education systems are provided through a contract with Capita

For this project the systems are abbreviated as follows:

The Adult Social Care System is LAS

The portals associated with LAS are The Provider Portal (allowing contractors to interface information to the system for services delivered), The Customer Portal (the front facing website pages are provided by Liquidlogic but there are two elements linked to these provided by OCC – MyChoice (information and advice on where to get services) and the Online Financial Assessment (OFA), and the Delegation Portal (not in use currently) which allows for parts of forms in the system to be shared with professionals with a recorded relationship to the service user (e.g. the general practitioner) for completion.

The Childrens Early Help System is EH

The Childrens Statutory Care System is LCS

The portal associated with the Childrens system is the Delegation Portal which allows for parts of forms in the system to be shared with professionals with a recorded relationship to the child (e.g. the school or the general practitioner etc) for completion.

The finance module is called ContrOCC.

The Education system is System One and is S1. Currently Connexxions use a system provided by Cognisoft for their service.

* **Evaluation**

Social Care decisions are based on eligibility for services. The Adults records will contain records where it was decided that the service user has critical or substantial needs and Childrens Statutory care will contain decisions over a child being in need, requiring a child protection plan or requires to be a child looked after by the Council. The assessments involved are recorded in the appropriate system so that there is a clear record of the reasons for the decision. Early Help, although not a statutory system, will require assessments showing why decisions were made to be involved with a family and child.

* **Scoring**

The Childrens system reflects the business practice “Signs of Safety”, which involves a rating of 0 – 10 where 0 will be defined as the worst outcome and 10 would be the best. The definition is recorded in the record, e.g. 10 would mean that there were no concerns regarding the child and 0 would mean that the child should be removed from the family or carer and placed into care immediately. This scoring is a judgemental decision by the social worker and is recorded with the reasons in the record.

* **Data Matching**

Information is shared with Health to check that the NHS number is correctly identified where required so there is a working shared unique identifier. The matched records are used in LCS to ensure Child Protection Information Sharing is operating to ensure children with a Child Protection plan, or children who are looked after by the council, or unborn children subject to a Child Protection plan, are identified to health professionals in an unscheduled care setting such as Accident & Emergency.

The matching is also used in Adults on the same unique identifier so that the Health Summary Care Record can be viewed by the worker (not in the Social Care system but the record may be saved in LAS or the information recorded in LAS for the purposes of assessment leading to decisions.)

The matching has also been utilised to enable data sharing in emergencies as demonstrated by the need to identify people who would be extreme clinical risk from infection by the COVID 19 virus in early 2020.

* **Financial Information**

The systems generate payments for foster carers, vulnerable adults (direct payments) and to providers of care who contract with the council but all financial details are held in the corporate finance system and not held in the social care systems.

* **Vulnerable people / Children**

LAS contains details of vulnerable people, by definition, as it is the social care case management system.

LCS/EH contain details of children and potentially vulnerable people who have a relationship to a child. A child is now defined as pre-birth to age 25 in some cases. Note – there is one database set of tables for EH and LCS that the two systems access.

EH/LCS & S1 may contain records relating to Special Educational Needs and Disability relating to Children, and their Education & Health Care Plans that are designed to assist with the child whilst in education.

* **Services can be refused / withdrawn (Social Care only)**

The system records decisions over eligibility on an ongoing basis. If a child is no longer subject to statutory care, there are legal time periods to retaining the data. EH records can be deleted upon request.

* **Sensitive Data**

**Most of the sensitive special categories are recorded in the case management system demographics which populate information in EH, LCS and LAS with a separate data record held in the tables for S1.**

**2) Will it have significant impact on the data subjects / service users?** e.g. taking legal action against them.

Yes

If yes, what significant impact?

The LAS system will hold the records of individuals needs due to age, disability, vulnerability and other similar factors which could lead to a safeguard decision to deprive them of their liberty, place them in care homes rather than remain in the community, eligibility for services, the level of personal cost they must contribute (in ContrOCC), etc.

The LCS system holds records of children who are identified as children in need, have a child protection plan or are classed as a child looked after by the council. They could have been adopted or fostered and therefore removed from the birth parent(s) through a court decision and the record will hold all the information entered including the reasons / judgements of the workers and other external involved organisations and their employees.

The S1 system will contain details confirming children looked after by the Council and limited details regarding fostering and adoption.

If the answer to any of the above questions is yes, consider the following:

**3) Will it involve the collection of new information about individuals?**

The information is already recorded in the case management system, so whilst new information will be entered, no new types of information or information will be noted that we do not gather already.

If a child or adult requires social care involvement full demographic information will be gathered and recorded, the needs leading to identifying they meet the eligibility will be investigated and held. The path they are on will be held in the system for children (CIN, CP, CLA, care leaver etc) and the support plan for meeting the needs held in LAS. Data will also be collected from multiple parties for EHCPs which can be stored in EH, LCS or S1.

**4) Will the project compel individuals to provide information about themselves?**

Yes, but this is the process now and is not new practice.

LAS – full details of their circumstances that require social care support will need providing, including financial circumstances to identify if a contribution must be made towards the cost of their care (held in ContrOCC). Some of the information the Council may have a statutory ability to access and some may be consent based.

LCS – Childrens information (child and family) may be needed from potentially hostile or uncooperative family members but will also be sought from health or other professionals (police etc) and recorded in the system.

EH is a voluntary service relying on consent and information will be gathered on this basis.

S1 – will require information of the child and family as will Cognisoft.

It is worth noting that the document storage system for social care is part of the Liquidlogic systems case records now and so sensitive documents such as birth certificates may be held within the document storage facility of the systems. Education documents are currently stored in a Sharepoint database developed by the council.

**5) Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?**

Yes

Child Protection Information Sharing (CPIS) is a statutory requirement and the system automatically updates the NHS Spine system as to children subject to Child Protection plans (including unborn children) and who are classed as CLA. The Spine then flags the appropriate status to health systems linked in when a child presents at an unscheduled care setting such as Accident & Emergency.

Information from the records will be inspected by OFSTED when they review Childrens Social Care and Education. Social Workers and education professionals will refer to the records when working with other organisations to make decisions. Minutes of the Childrens social care meetings will be stored in the system.

LAS records are used to inform Health and other professionals when required. Some Health partners, such as UHL, have direct access to LAS. Information sharing consent is recorded to share information (in and out) with partners and providers Assessment and support plans are provided to all service users when they are finalised.

**6) Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?**

No

**7) Will the project require you to contact individuals in ways that they may find intrusive?**

Yes, and this is the current practice.

As stated above the LCS system holds information gathered from family members who may not cooperate or are even hostile as they are aware or cause the neglect or abuse of a child.

The LAS system deals with service users who are substance abusers or have learning disabilities or mental health problems which mean they may perceive the process of assessment as intrusive and this will be recorded in the case record. Potentially violent indicators are used, plus warnings of requirements to visit in pairs or that a man or a woman must visit and not the other. The elderly may also object to service involvement especially if they need placing in a care home or subjected to the DOLS (Deprivation of Liberty Standards) process. Financial information is required, and individuals may find this intrusive too.

Ref No: 21423 Liquidlogic/Social Care & Education Systems

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## Data Protection Impact Assessment

# Step 1: Identify the need for a DPIA

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| 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. Summarize why you identified the need for a DPIA. |
| This assessment is used and reviewed when procurement for a new Education or Social Care System contract is required. The review is two-fold – prior to specification to review the assessment for correctness, and subsequent to contract, to update details affected such as change of supplier.The Council remains data Controller for the personal and special category data processed, and the system will be supported by a supplier procured.These systems are used for the case management of all social care for the Council. Social Care for adults is generally provided as the service user need the support due to vulnerability – age and disability based. Childrens social care is a statutory provision to ensure protection of children. Education systems allow for monitoring of attendance and achievement, pay for specific grants and record EHCPs. The systems therefore hold sensitive data regarding the individuals and the judgements/decisions made by social workers to ensure they are safe, and or receiving education, and that their needs are met. The project therefore covers existing data and systems albeit updated for the current position.  |

# Step 2: Describe the processing

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| **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? |
| Collection of data is by the worker after a referral has been made. They will create a case record and enter the demographic details, the primary support reason (LAS), the people involved with the child (LCS) or adult (LAS) and their relationship, the assessment, meetings with other professionals (LCS), the support plan (LAS) and review date. The data will then be used when there is contact or when the review is due. Basic financial information will be obtained by the social worker (in a form on LAS) and then finance staff will undertake gathering the full financial information and calculate what contribution is needed (this information is held in ContrOCC. Support plans (LAS) will be authorized by managers and then trigger payments for providers. All payments and charges interface with the corporate finance system for BACS payment and invoices accordingly. Foster payments are made through Childrens ContrOCC to the corporate finance system based on packages on LCS and then financial details held within the corporate system, not social care or ContrOCC. Support plans are sent as PDFs to the provider involved. The Provider Portal can be used for direct contact from LAS and ContrOCC and the provider can securely respond through the portal.Once a child has a Child Protection plan (CPP) or is CLA, or is an unborn child with a CPP an overnight job will send the information to the NHS Digital Spine system so that if that child attends an unscheduled care setting their system will flag that the child has CPP or CLA status, which council is involved and the contact telephone number so that the health professional can contact the council if they have a concern. The following day the record in LCS will receive an alert for the worker to review the fact that the named health professional viewed the data and what setting they are based in. If the worker is concerned, they can then contact Health to discuss why the child attended.Sharing of system IDs from LCS to S1 is done for cross-identification of child records to aid joined-up working and to help identify children at risk of missing education (known as CME).Sharing of CP and CLA data from LCS to S1 – for joined-up working and to alert LCC education staff to children who are deemed to be ‘at risk’ (note that records which are marked as restricted in LCS and records related to adoption cases are not shared with One)Children are required to be registered for education purposes or monitored that education is being provided correctly if schooled at home through use of a register, and the council works with Health and other partners to identify all children.Due to the Council security testing and secure communications, there is no identified high-risk area.  |

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| **Describe the scope of the processing:** what is the nature of the data, and does it include special category (race/ethnicity, political opinions, religious beliefs, trade union membership, health/ mental health, biometric, genetic, sex life/sexual orientation) 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 data held includes race/ethnicity, health/mental health, and in some cases may hold criminal offense data for both Social Care systems. The data will be updated upon contact, professional meeting (LCS) or a review. The reviews periodicity will vary depending on the stage of assessment for a child, but adults tend to be annual. Data is stored within virtual forms (EH, LCS, LAS, ContrOCC) or scanned documents (EH, LCS, LAS). The amount of data will vary in Adults – a lot of people will change over time and more information added but for some, such as adults with learning disabilities, there will be little change. Childrens and Early Help quantity of data will vary depending on the length of time the services are involved with the child.The council will hold data for vulnerable adults placed within the city (they could be placed by another Local Authority that the Council then undertakes the role on behalf of if the other LA is far away). They will also hold data for people they place outside city boundaries as they remain the responsibility of the Council. Most records are concerned with people who live within the city. If children move away, they will transfer to the appropriate Local Authority, but the record of care will remain on the system subject to the retention policy.Education data is held for children who live in the city but may receive education within or outside of the city boundaries. FEEE education requires entitlement checking that allows a child in early education with funding assistance.  |

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| **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?  |
| LCS – the child will have been referred by a concerned party, school or other organization. The relationship will involve immediate and extended family and they may not like social care involvement but understand why the social worker will be recording the data held. LAS – generally the person will be agreeable to the support offered by social care as it enables them to remain in the community and help with tasks they can no longer do themselves (washing, dressing etc.) or provide them with a better standard of living through accessing day centers or services that provide them opportunities they would not have otherwise. Referrals often begin with hospital discharge and so allows the person to go home. Even placements in care homes ensures a safety level that cannot be achieved at home anymore although people with dementia may struggle to understand why they are no longer in the community.EH – the Early Help teams aim to reach all families in the city to offer support at family centers throughout the city where parenting skills are coached. They also deal with children who only require specific short-term work from a couple of partner agencies. It is worth noting that Early Help may “step-up” a child to statutory care (with agreement) and a child may “step-down” from statutory care to Early Help (with agreement). This step-up or down is a system function and reasons for the decisions are stored within the system.Transitions - a child does not transfer automatically from LCS to LAS as the assessment process is different and so is the eligibility criteria. Disabled young adults and those with learning disabilities transfer usually though. Workers gather information and use laptops to update the case record direct. These operate with wifi or can be tethered to Council issued smartphones if no wifi is available. EH, LCS and LAS are web-based applications which are hosted within the Council’s systems but ContrOCC is currently client based (so must be installed on a device) although OCC are developing a web-based version.The education system data is processed in an administrative way to allocate children to schools, apply EHCPs, record achievement and attendance and record welfare decisions.  |

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| **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 purpose to processing it to ensure that the Council meets its statutory duty for provision of education and social services for children and social services for adults. The primary purpose is to protect/educate the child, or meet the needs of vulnerable adults. The system needs to meet statutory reporting to government for all services and to be a source of inspection for OFSTED. The EH system is part of the process to ensure that children are helped without the need to involve statutory procedures and provide support to families.  |

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| **If an IT system is to be procured, please detail the technical controls of the system required**: for example: technical specification document, architecture infrastructure, hosting arrangements, Data back-up arrangements and BCP, Support arrangements, Access controls, Monitoring and audit controls, Malware controls, Authentication. |
| EH/LAS/LCS are web-based applications hosted by the Council, ContrOCC/S1 are client based and hosted by the Council. Data backups are done daily by ICT. The relevant Support Teams have BCPs for the systems and support them locally, referring to and liaising with Liquidlogic / OCC / Capita for development and fixes. Full control is held by the AST team with regard for profiles that allow access for workers, and records can be restricted or excluded. The systems have been fully penetration tested by ICT. The portals in use have two factor authentication steps but only show information appropriate for their use.  |

# Step 3: Consultation process

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| **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? Will you do any public consultation? |
| Pre-market consultation was carried out by IT Procurement in consultation with the Social Care & Education System Development Team to see what other systems available, and what functionality was in use. If a support and maintenance contract is unavailable, the SCEDT assembles a project team with representatives from all services involved to design a specification and under a tender for contract to award to the best quality and cost provider. |

# Step 4: Assess lawful basis

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| **Describe the lawful basis for processing the data:** Which of the Article 6 and Article 9 conditions apply? Please say which are valid and what legislation allows you to operate in your service area. e.g. The Care Act, The Fraud Act, The Housing Act |
| GDPR Article 6 (for non-sensitive data)1. Consent
2. Contract
3. Legal Obligation (law says we must)
4. Vital Interests (life or death situation)
5. Public Task / Official Authority (law says we can)
6. Legitimate Interests

GDPR Article 9 (for crime data or sensitive data - race/ethnicity, political opinions, religious beliefs, trade union membership, health/ mental health, biometric, genetic, sex life/sexual orientation)1. Explicit Consent
2. Employment, social security or social protection law
3. Vital interest of data subject or another
4. Made public by data subject
5. Legal claims
6. Substantial public interest
7. Medicine, health or social care including safeguarding
8. Public health
9. Research and statistics

Legislation Requiring Data to be processed for Education and Social Care purposes: The Health and Social Care (Safety and Quality) Act 2015 The Care Act 2014 The Health and Social Care Act 2012 The Personal Care at Home Act 2010 Safeguarding Vulnerable Groups Act 2006 National Health Service Acts 1977 & 2006 Mental Capacity Act 2005    Children Act 1989 & 2004   Local Authority Social Services Act 1970 as amended by the Health & Social Care (Community Health & Standards) Act 2003    NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 Local Government Acts 1972 & 2000 The Localism Act 2011 Data Protection Act 1998 The General Data Protection Regulation; Regulation (EU) 2016/679, Human Rights Act 1998 Access to Health Records Act 1990 National Health Service and Community Care Act 1990 Chronically Sick and Disabled Persons Act 1970 National Assistance Act 1948 The Childcare Act 2006 The Education Act 1944, 1996, 2002 Children & Families Act 2014 The Education & Adoption Act 2016 The Education (Information About Individual Pupils) (England) Regulations 2013 The Education and Skills Act 2008 Statutory Guidance for Local Authorities in England to Identify Children Not Receiving Education – February 2007 The Education (Pupil Registration) (England) Regulations 2006 The Education and Inspections Act 2006 The Children Missing Education Statutory Guidance for Local Authorities 2016 The Elective Home Education: Departmental Guidance for Local Authorities 2019 Duty to identify ‘Children Missing Education’ (s436a Education Act 1996)Systems include the recording of consent where needed and contracts with providers covers protecting the information shared that is kept within LAS or ContrOCC. Some of the Article 9 sensitive data categories are recorded in the systems as allowed for in the legislation. **DPA 2018 Schedule Conditions met**:Schedule 1, Part 1, 2 - Health or social care purposesSchedule 1, Part 1, 3 – Public health purposes**Does the Common law duty of confidentiality apply? How will this be addressed?**Yes. The information is shared with Health partners and contractors as required in law. This sharing is detailed in the Privacy Notice on the Council website and assessments / plans detail the way the data is used.**Is Confidential Patient Information being processed and does the National Data Opt-Out scheme apply?** Yes, and yes. NHS numbers stored within the LAS application are shared on a weekly basis with the NHS Spine to identify those NHS users that have wished to ‘opt-out’ of data sharing between NHS and partner agencies – where an NHS user has chosen to ‘opt-out’, the information is returned to LCC so that their social care records are excluded for care strategy planning purposes |

# Step 5: Assess necessity and proportionality

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| **Describe compliance and proportionality measures, in particular:** Is there another way to achieve the same outcome? How will you prevent function creep? How will you ensure data quality and data minimization?  |
| It is necessary to have systems for Social Care and Education so that workers are able to refer back to previous history, record the evidence leading them to make the decisions they made, to ensure that the needs of children at risk of neglect or abuse and vulnerable adults who are eligible are met. Staff use the system to ensure attendance and achievement is monitored enabling school staff to make plans to assist a child.The system is a record for inspection by OFSTED, the ombudsman or the courts as required. It is ordered in a way that allows for compliance with the legislation and supports best working practice. There is no option for no system as this would create inefficiency in processing the work and workloads. The forms used within the system ask the questions that are required helping to prevent function creep and data minimization and the system is used by line managers for supervision purposes to ensure data quality.  |

# Step 6: Identify and assess risks

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| **Risk** |  **Solution(s)** | **Result:** is the risk eliminated, reduced, or accepted? | **Evaluation:** is the final impact justified, compliant and proportionate response? |
| **Fair, lawful and transparent**The data is gathered for fair, lawful and transparent reasons. The council is obliged in law to provide social care services and Education, and the legislation regarding the provision and processes is comprehensive.  |
| No legal basis.(including Art 6, Art 9, Common law of confidentiality,) | Privacy notices, declarations on documents signed by service users and / or carers. Literature by department defines what data is being gathered and used for, and who it is shared with. | Eliminated | Yes |
| Not necessary or proportionate. | GDPR training is mandatory for workers in Social Care & Education, and this ensures that they understand what should be recorded | Reduced | Yes |
| Privacy Notice not given. | It is, corporately and locally as required. | Eliminated | Yes |
| If consent-based processing, consent was not obtained and recorded. | Consent, when needed is recorded appropriately and line managers check when authorizing. | Eliminated | Yes |
| **Purpose**The purpose of the system is to be a case management system for Social Care; Early Help, Childrens Social Care and Adult Social Care, and a database record of children in education.  |
| Purpose creep: data used for something it wasn’t collected for. | If creep occurs, it is legislation bound – for example the use of data sharing in the COVID 19 crisis. | Eliminated | Yes |
| **Data Minimisation**The system gathers information in forms that are designed to ask the correct questions for provision of social care. The EH and LCS systems are the accredited Signs of Safety version which has a core set of questions that cannot be removed as they are mandatory for the practice, but they can be added to. To control and minimise any risk of excess the service considered all questions suggested to be added at director and senior management level at implementation. Going forward they would need to approve any new suggestions. LAS is subject to review of the forms currently to ensure that the questions focus on the strengths of the individual rather and have been simplified through ongoing reviews. There is also a management lead process for review of any request for additional information in the forms. SEND staff use forms and portals to gather and record information to help develop EHCPs with partners. Case notes are recorded by workers using all systems and extra information could be added here that is viewed to be excessive. Procedures in all services exist for authorization and supervision of the notes is undertaken by line management. |
| Too much data collected that’s not necessary | See above – processes in place to avoid. | Reduced | Yes |
| **Data accuracy**The forms help to direct the worker as to the correct information to record. Finance also gather information for financial assessment purposes that are recorded in ContrOCC and are covered by the Council’s Charging Policy. The social care information is used to make judgements and the workers need to ensure they verify any medical evidence etc as do finance need to verify the financial information. |
| Inaccurate data collected. | Supporting evidence and partnership working to ensure accurate data gathered – partners include DWP system access for Finance and documentary evidence, Social Care works closely with other agencies such as Health and Education. | Reduced | Yes |
| Data corrupted. | The system is backed up nightly and the last fourteen days of backups kept on a rolling basis. There are full audit histories in all the systems and profile controls to ensure finalized data cannot be amended by most staff. | Reduced | Yes |
| **Retention and disposal**Data is retained as per Council policies and legal requirements for Child records and adults. |
| Data kept for too long. | The data held can be removed as required. The AST Teams refer aged data to the relevant User meeting for approval by SMT of aged information held on closed accounts being deleted.  | Eliminated | Yes |
| No records of destruction kept. | All record destruction would be recorded and audit available to check on the systems | Eliminated | Yes |
| Data can be deleted. | Only by limited staff in AST SC and support desk roll as authorised by managers from the service | Eliminated | Yes |
| **Security**Full penetration testing was undertaken when the systems were introduced and redone on server moves etc. The systems sit on the Council servers (except the Online Financial Assessment tool that is linked to from the Adults Customer portal and contains no identifying record as the registration is held in the portal). EH and portals are held in the DMZ, but the main database and case management systems are held in the servers that have no accessibility by external user. |
| Access controls not in place | All the systems have full profile right controls, have been penetration tested and for portals there is two factor authentication as required as council standard | Eliminated | Yes |
| Monitoring and audit controls not in place. | Full audit history exists in the system including if a case is viewed. Profile rights are used as above. | Eliminated | Yes |
| Malware controls, patching, virus protection etc. not in place | All systems sit on the Council Servers except the OFA as mentioned above. Liquidlogic/OCC/Capita are contractually required to maintain protection of the product and the Council firewalls protect them also. | Eliminated | Yes |
| Authentication not strong enough. | Authentication is tested by the Security Team and to the Council standards | Eliminated | Yes |
| No written information sharing agreement in place with joint controllersNo written contract in place with data processors. | All data sharing with partners has been reviewed with Information Governance and written agreements made with their approval.System maintenance will be undertaken by a contracted data processor.  | EliminatedEliminated | YesYes |
| No BCP, recovery plan or backups in place. | AST teams hold full BCP and Recovery plans for the systems that are regularly reviewed. Backups are undertaken nightly by IT and held on a previous 14 day rolling period basis. | Eliminated | Yes |
| Staff not adequately trained. | There are 3.5 FTE trainers (four staff) employed in the Social Care & Education Development team who train across the services. All new starters are trained as a mandatory requirement before system use and the existing staff are briefed or trained on changes (depending on the size of the changes) when required  | Eliminated | Yes |
| Theft of data. | The systems are hosted by LCC and covered by standards required by the security, server and network teams. | Reduced | Yes |
| Unpermitted access by third party / employee. | Full audit of the system is recorded including viewing of a record. Each employee is provided access after training is given. GDPR is briefed in system training. Firewalls in place to stop unauthorised access | Reduced | Yes |
| Poor physical security | The system is held on physically secured Council Servers. Any hard copy information is printed by a worker and not the system. However, data has been removed from documents printed by the Childrens system to ensure addresses are not provided incorrectly. | Eliminated | Yes |
| **Data subject rights** |
| Data subject requests are not responded to in required timescales. | Corporate processes are followed in processing such requests. Non-compliance is not due to the systems. Downtime is controlled and there have been very few losses of system that were not scheduled since purchase in 2014.  | Eliminated | Yes |
| Complaints are not answered | See above. This is not due to the systems. Downtime is controlled and there have been very few losses of system that were not scheduled since purchase in 2014. | Eliminated | Yes |
| Data can be deleted (if applicable). | Applicable as required. Only by system administrators in the AST teams who require authorisation from a manager in the service | Eliminated | Yes |
| Data can be amended (if applicable) | Applicable as required. Only by system administrators in the AST teams who require authorisation from a manager in the service. | Eliminated | Yes |
| Data can be restricted (if applicable). | Applicable as required. Only by the Records Team (Social Care) or Application Support Team (Education) | Eliminated | Yes |
| Data is portable & in machine readable format (if applicable) | Not applicable for most data processed in terms of subject rights. The systems can be accessed on laptops with AnyConnect or Citrix software if the user has a profile in the system. The laptops have been encrypted. Registered personal equipment can access through Citrix provided by LCC | Reduced | Yes |
| For Adult Social Care/Public Health: National Data Opt-Out not applied | Controlled by Health | Eliminated | Yes |
| **Transfer outside UK, EEA, Gibraltar of adequate country** |
| Data transferred or stored outside EU e.g. in cloud without adequate safeguards | No data is stored by the system to the Cloud or outside UK.  | Eliminated | Yes |
| Backups held outside EU, without adequate safeguards | Liquidlogic contractually are not allowed to do this | Eliminated | Yes |

# Step 7: Sign off and record outcomes

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| **Item**  | **Name/date** | **Notes** |
| Measures approved by: | Tracie Rees20 June 2022Z:\SSER\Sser\Shared\ADULTS\Secretaries\Director Signatures\TR signature.jpg | Integrate actions back into project plan, with date and responsibility for completion |
| Residual risks approved by: | Tracie Rees20 June 2022Z:\SSER\Sser\Shared\ADULTS\Secretaries\Director Signatures\TR signature.jpg | If accepting any residual high risk, consult the ICO before going ahead |
| DPO advice provided: | The Council remains data Controller for the personal and special category data processed. Provided recommendations are followed, processing can proceed.Iain Harrison17.06.2022 | DPO should advise on compliance, step 6 measures and whether processing can proceed |

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| Summary of DPO advice:1. Council must ensure lawful bases for processing is adhered to; and
2. Privacy Notice must be given by the Council to data subjects;
3. Council (and provider) must be able to facilitate the consideration of deletion or restriction of data in case of a right to erasure / restriction request from a data subject if the data subject can be identified;
4. Ensure appropriate procedures and training is evidenced by provider as part of due diligence;
5. Personal data must be processed only for the specified lawful and not-incompatible purposes and deleted when no longer required as dictated by Council and provider retention requirements;
6. The Council must put in place a suitable controller to processor agreement with the provider as part of the main contractual relationship.
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| DPO advice accepted by: | Tracie Rees20 June 2022Z:\SSER\Sser\Shared\ADULTS\Secretaries\Director Signatures\TR signature.jpg | If overruled, you must explain your reasons |

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| Comments: |

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| Consultation responses reviewed by: | Sue Welford (Principal Education Officer)Tracie Rees (Director) | If your decision departs from individuals’ views, you must explain your reasons |
| Comments: |
| This DPIA will kept under review by: | Project lead, with DPO support as required. | The DPO should also review ongoing compliance with DPIA |