Asset category	Asset Name	Asset Description/purpose	Legal basis for personal data
Patient related	Appointment system	ledger of all appts attended, and booked, including consulter, arrival time, length of appt and status ie DNA, attended etc	6(1) e Public task
Patient related	Consultations	chronological journal of all consultations with medical professionals	6(1) e Public task
Patient related	Correspondence	letters, forms from secondary care (EDAN, TAN), other services, MARAC, emails,	6(1) e Public task
Patient related	Diagnosis/read coded	Read coded problem list of past and current diagnosis and interventions and results	6(1) e Public task
Patient related	Immunisations	list of past immunisations	6(1) e Public task
Patient related	Leeds Care Record	specific set of data from variety of health providers such as GPs, hospitals, community, mental health and other collated into a condensed patient record	6(1) e Public task
Patient related	Maternity	record of care including consultations and blood tests and midwife appointments	6(1) e Public task
Patient related	Medical reports - produced by practice on behalf of patient	reports for a variety of purposes, DVLA, PEP, Insurance, DP7, DP9 etc	6(1) e Public task
Patient related	Medication inc Prescriptions	Current and past medicines including issue date , schedule, dose, quantity and issue method	6(1) e Public task
Patient related	Pateint Searches for external use	 Extracts from pateint record as required by CCG (meds optimisation) /Public Health (LARC, Healthchecks) 	6(1) e Public task

Patient related	Pateint Searches for internal aud	t Extracts from medication/diagnoses/coding as required	6(1) e Public task
Patient related	Pathology	pathology requests and results including bloods, urine and other specimens, smears, x-rays and ultrasounds	6(1) e Public task
Patient related	Patient demographics	patient name, address, DOB, contact details, ethnicity, marital status, language, gender, age, NHS number	6(1) e Public task
Patient related	Photos/ images	photos of wounds or skin lesions, or any other image inclded in patient record	6(1) e Public task
Patient related	Referrals	Secondary care referrals and referrals to other providers	6(1) e Public task
Patient related	Referrals In (where practices provide such services) AQP eg	Referrals in for specific services such such as AQP, other specific offers,	6(1) e Public task
Patient related	SCR/ESCR	defined set of coding including medication and allergies for SCR and further defined read codes for Enhanced SCR	6(1) e Public task
Patient related	Tasks	Messages realting to actions needed or requested on patients	6(1) e Public task
Patient related	Visits	visit requests, visit log (paper or electronic) and summary print out of patient notes for visits	6(1) e Public task
Other	Contacts (Outlook, Staff Lists, Contractors etc)	List of key operational contacts inclduing telephone numbers and contact emails and addresses	
	Grievances	records of any staff grievances	6(1)b Contract
Other			
	Occupational Health	records of staff Occ health etc	6(1)b Contract
Other Other Other Other	Occupational Health Occupational Health Practice Accounts (contracts, Timesheets	records of staff Occ health etc record of staff attendance and work rotas	Not personal data

Legal	Complaints	Correspondence regaring specific	6(1) e Public task
Logai	Complainte	complaints from patients or relatives re	
		care or experience	
Legal	Litigation	Log & records of all litigation cases	6(1)© Legal obligation
Legal	SARs	Log and files of all subject access	Articles 6(1)(a)
5		requests from both patients and third	Consent
		parties with consent.	
Human Resources	Employee photos etc for website	photos	6 (1) a Consent
	or notice board		
Human Resources	HR Files	pay, leave, recruitment, personnel files, training records	6(1)b Contract
Human Resources	HR Training records		6(1)b Contract
Human Dagauraga		System for poving workforce, cloud	G(1)/b) Contract
Human Resources	PAYROLL System	System for paying workforce, cloud	6(1)(b) Contract
Human Resources	PAYROLL System	System for paying workforce, cloud based or software package,	6(1)(b) Contract
	PAYROLL System Pensions Information		6(1)(b) Contract 6(1) c Legal obligation
Human Resources Finance	Pensions Information		6(1) c Legal obligation
Human Resources Finance	Pensions Information Accounts		6(1) c Legal obligation Not personal data
Human Resources Finance Finance Finance Finance	Pensions Information Accounts Banking		6(1) c Legal obligation Not personal data Not personal data 6(1)(e) 6(1)(e)
Human Resources Finance Finance Finance Finance	Pensions Information Accounts Banking CQRS En services Estate management		6(1) c Legal obligation Not personal data Not personal data 6(1)(e) 6(1)(e) Not personal data
Human Resources Finance Finance Finance Finance Finance Finance	Pensions Information Accounts Banking CQRS En services Estate management Invoicing		6(1) c Legal obligation Not personal data Not personal data 6(1)(e) 6(1)(e) Not personal data Not personal data
Human Resources Finance Finance Finance Finance Finance	Pensions Information Accounts Banking CQRS En services Estate management Invoicing Payroll		6(1) c Legal obligation Not personal data Not personal data 6(1)(e) 6(1)(e) Not personal data Not personal data 6(1)e
Human Resources Finance Finance Finance Finance Finance Finance Finance Finance	Pensions Information Accounts Banking CQRS En services Estate management Invoicing Payroll Practice accounts		6(1) c Legal obligationNot personal dataNot personal data6(1)(e)6(1)(e)Not personal dataNot personal data6(1)eNot personal data
Human Resources Finance Finance Finance Finance Finance Finance Finance Finance Finance Finance	Pensions Information Accounts Banking CQRS En services Estate management Invoicing Payroll Practice accounts QoF	based or software package,	6(1) c Legal obligationNot personal dataNot personal data6(1)(e)6(1)(e)Not personal dataNot personal data6(1)eNot personal data6(1)eNot personal data6(1)eNot personal data6(1)(e)
Human Resources Finance Finance Finance Finance Finance Finance Finance Finance Finance Finance Finance Finance Estates	Pensions Information Accounts Banking CQRS En services Estate management Invoicing Payroll Practice accounts QoF Building leases		6(1) c Legal obligationNot personal dataNot personal data6(1)(e)6(1)(e)Not personal dataNot personal data6(1)eNot personal data6(1)eNot personal data6(1)eNot personal data6(1)(e)Not personal data6(1)(e)Not personal data
Human Resources Finance Finance Finance Finance Finance Finance Finance Finance Finance Estates Estates	Pensions Information Accounts Banking CQRS En services Estate management Invoicing Payroll Practice accounts QoF Building leases Equipment	based or software package,	6(1) c Legal obligationNot personal dataNot personal data6(1)(e)6(1)(e)Not personal dataNot personal data6(1)eNot personal data6(1)eNot personal data6(1)(e)Not personal data6(1)(e)Not personal dataNot personal data
Human Resources Finance Finance Finance Finance Finance Finance Finance Finance Finance Estates Estates Estates Estates	Pensions Information Accounts Banking CQRS En services Estate management Invoicing Payroll Practice accounts QoF Building leases Equipment Health & safety	based or software package,	6(1) c Legal obligationNot personal dataNot personal data6(1)(e)6(1)(e)6(1)(e)Not personal data6(1)eNot personal data6(1)eNot personal data6(1)(e)Not personal data6(1)(e)Not personal dataNot personal data
Human Resources Finance Finance Finance Finance Finance Finance Finance Finance Estates Estates Estates Estates Estates	Pensions Information Accounts Banking CQRS En services Estate management Invoicing Payroll Practice accounts QoF Building leases Equipment Health & safety Maintenance	based or software package,	6(1) c Legal obligationNot personal dataNot personal data6(1)(e)6(1)(e)Not personal dataNot personal data6(1)eNot personal data6(1)(e)Not personal data6(1)(e)Not personal data6(1)(e)Not personal dataNot personal data
Human Resources Finance Finance Finance Finance Finance Finance Finance Finance Finance Finance	Pensions Information Accounts Banking CQRS En services Estate management Invoicing Payroll Practice accounts QoF Building leases Equipment Health & safety	based or software package,	6(1) c Legal obligationNot personal dataNot personal data6(1)(e)6(1)(e)6(1)(e)Not personal data6(1)eNot personal data6(1)eNot personal data6(1)(e)Not personal data6(1)(e)Not personal dataNot personal data

Legal basis for Special Category	Physical Location/storage	Information Asset Owner	Asset Classification	Movement External
Article 9 (2) h Health	Clinical system		NHS Confidential	Kept as part of clinical system history archive,
Article 9 (2) h Health	Patient record		NHS Confidential	As part of GP record -GP2GP for secure transfer when record moves to another practice, may be accessed on moveable media ie laptops with secure encryption and BT Tokens ,
Article 9 (2) h Health	Patient record and on paper , NHS mail,		NHS Confidential	via NHS Mail, internal messaging, post and as part of GP record -GP2GP for secure transfer when record moves to another practice, maybe be accessed on moveable media ie laptops with secure encryption and BT Tokens,
Article 9 (2) h Health	Patient record		NHS Confidential	As part of GP record -GP2GP for secure transfer when record moves to another practice, maybe be accessed on moveable media ie laptops with secure encryption and BT Tokens ,
Article 9 (2) h Health	Patient record		NHS Confidential	As part of GP record -GP2GP for secure transfer when record moves to another practice, may be accessed on moveable media ie laptops with secure encryption and BT Tokens , ImmForm use vacc and imm data for screening - data extracted for ImmForm
Article 9 (2) h Health	Patient record		NHS Confidential	Sits on separate platform to Clinical system and can be accessed as patient moves elsewhere or is seen elsewhere threfore no need to physically move -may be be accessed on moveable media ie laptops with secure encryption and BT Tokens
Article 9 (2) h Health	Patient record		NHS Confidential	, As part of GP record -GP2GP for secure transfer when record moves to another practice, may be accessed on moveable media ie laptops with secure encryption and BT Tokens ,
Article 9 (2) h Health	Patient record, folder on shared drive, paper		NHS Confidential	As part of GP record -GP2GP for secure transfer when record moves to another practice, maybe be accessed on moveable media ie laptops with secure encryption and BT Tokens ,
Article 9 (2) h Health	patient record, spine, paper copies		NHS Confidential	As part of GP record -GP2GP for secure transfer when record moves to another practice, may be accessed on moveable media ie laptops with secure encryption and BT Tokens ,
category 9(2)(i) – public interest in the area of public health	Extracted from pateint record, held as Excel/CSV file eslewhere?		NHS Confidential	Anonymised sharing with CCG or other

Article 9 (2) h Health	Extracted from pateint record, held as Excel/CSV file	NHS Confidential	
Article 9 (2) h Health	Patient record,	NHS Confidential	transmitted and requested via ICE . As part of GP record -GP2GP for secure transfer when record moves to another practice, may be accessed on moveable media ie laptops with secure encryption and BT Tokens ,
Article 9 (2) h Health	Cklinical system, PDS, Lloyd George envelopes.	NHS Confidential	As part of GP record -GP2GP for secure transfer when record moves to another practice, maybe be accessed on moveable media ie laptops with secure encryption and BT Tokens , part transferred thro MJOG, iGPR, E ref service, Lexacom, Lloyd George envelopes logged via patient care system and moved via PCSE.
Article 9 (2) h Health	Patient record and in cloud	NHS Confidential	As part of GP record -GP2GP for secure transfer when record moves to another practice, maybe be accessed on moveable media ie laptops with secure encryption and BT Tokens ,
Article 9 (2) h Health	Within the clincial system (structured) and within dication systems and tapes as unstructured data	NHS Confidential	E-referral system and through NHS Mail, ocassionally through post, as part of GP record - GP2GP for secure transfer when record moves to another practice, may be accessed on moveable media ie laptops with secure encryption and BT Tokens,
Article 9 (2) h Health	Patient record	NHS Confidential	
Article 9 (2) h Health	Patient record	NHS Confidential	Sits separate to Clinical system on the spine and can be accessed as patient moves elsewhere or is seen elsewhere threfore no need to move - may be be accessed on moveable media ie laptops with secure encryption and BT Tokens,
Article 9 (2) h Health	Patient record	NHS Confidential	EMIS: not tranfereed when patient moves S1: transferred when patient moves
Article 9 (2) h Health	patient record, and on paper/electronic	NHS Confidential	As part of GP record -GP2GP for secure transfer when record moves to another practice, may be accessed on moveable media ie laptops with secure encryption and BT Tokens . If held electoncially (e.g. on clincial system) then will remian stored after patient is inactive
	if held	Confidential	encrypted email
9(2)(b Employment law		Confidential	Secure postage or encrypted email
9(2)(b Employment law		Confidential	Secure postage or encrypted email
9(2)(b Employment law		Confidential Confidential	Secure postage or encrypted email Secure postage or encrypted email
N/A no special category	All breaches should be	NHS Confidential	All Datix IG incident are logged to the CCG. Any

Article 9 (2) f Legal	paper file/scanned to	NHS Confidential	may be redacted and scanned for reivew by
Claims	server		medical protection organisations
Article 9 (2) f Legal	Paper copies and shared	Confidential	Secure postage or encrypted email
Claims	drive with appropriate		
	security protocols		
Article 9(1)(a) consent	no storage within practice	NHS Confidential	Secure postage or encrypted email
	unless scanned		
9(2)a Consent	on notice board and/or	Confidential	Unlikely
、 <i>,</i>	website. "Original" copies		
	kept on secure server		
9(2)(b Employment law	Locked filing cabinet/	Confidential	Secure and tracked postage if and when
	secure folder		required. Via NHS.net email or personal email
			for prosprective employees
9(2)a Consent	Locked filing cabinet/	Confidential	paper certificates can be taken by staff when
s(z)a consent	secure folder or via	Conndential	thye eklave to provide evidence for new roles.
	electronic platform e.g.		Withiin ESR an individuals records can eb
	ESR		apssed to the new NHS employer provding the
			correct leaver/joiner procedure is followed
			correct leaver/joiner procedure is followed
N/A	In house system, or		Cloud based or third party processor?
	contracted third party		
N/A	NHSBIA		Ythird party processor NHSBIA
	<u> </u>		
9(2)(b			
	<u> </u>		
ТРС	aloud based storage		Stored in cloud?
ТВС	cloud based storage,		Stored in cloud?
	I		

Movement internal	Final Disposal	Format
appointment lists can be printed for information and would then be considered as confidential waste once finished with		electronic
Can be copied and printed from EPR for specific purpose	At practice level, active while pateint is registered. Held inactive electronically once pateint no longer registered. Paper records to new practice or to PCSE on death. Ultimate disposal by PCSE 10 years after	electronic
Process for moving paper copies around the practice - summariser to GP to scanning to electronic record.Some correspondence reamins outside EPR and is usually kept securely and considered confidential waste	At practice level, active while pateint is registered.	electronic, paper, email, fax
	At practice level, active while pateint is registered. Held inactive electronically once pateint no longer registered. Paper records to new practice or to PCSE on death. Ultimate disposal by PCSE 10 years after death	electronic
occaisionally imported as degrade entry from GP2GP	At practice level, active while pateint is registered. Held inactive electronically once pateint no longer registered. Paper records to new practice or to PCSE on death. Ultimate disposal by PCSE 10 years after death	electronic (and hand held notes red book for pts)
	unless specifically requeste, LCR cannot be accessed for inactive patients	electronic
	10 years after death where contained in GP record, (25 years after birth of last child for any not contained in GP record)	electronic and in handheld records with pts
medical reports are handled through a number of different processes in practices including through electronic platforms, paper etc	As per consultations. Other copies may be held locally.	electronic reports, paper
prescription history sometimes printed off for pharmacy / hospital or pages can be copied and printed individually Prescription requests from pateints or pharmacies can comein via paper, fax, email	At practice level, active while pateint is registered. Held inactive electronically once pateint no longer registered. Paper records to new practice or to PCSE on death. Ultimate disposal by PCSE 10 years after death Repeat requests stored for audit & then shredded. Uncollected prescritpions destroyed after 3 months	electronic, paper, fax, email
Shared for audit purposes	if anonymised or aggregated personal data caveats not applicable	electronic, paper

Shared for audit purposes	Disposed/shredded/delerted in practice at end	electronic, paper
Shared for addit purposes	of audit or contract cycle.	electronic, paper
pathology results generally transitted and /or viewed via ICE and are kept internal to the clinical system and therefore subject to secure access controls.	At practice level, active while pateint is registered. Held inactive electronically once pateint no longer registered. Paper records to new practice or to PCSE on death. Ultimate disposal by PCSE 10 years after death	electronic
Used within practice constantly for patient contact, , SMSs sent though clinical systems, emails also, printed off for lists for actions for recalls, audit, qoF? Downloaded on shared drives and printed	At practice level, active while pateint is registered. Held inactive electronically once pateint no longer registered. Paper records to new practice or to PCSE on death. Ultimate disposal by PCSE 10 years after death	electronic, and paper
From device - dermatscope and iphone, to cloud to patient record or from email to patient record	if part of GP record 10 yrs after death, (for photos stored in cloud??)	electronic, PNG, JPEG
specific copies of documents can be individually printed from record and copies emailed or paper copies made for specific purpose,	Ulitmate disposal by PCSE 10 years after death, (paper copy shredded once scanned into records as copy only) ? How long retained in eRS?	email. E-referal paper,
	10 years after death where contained in GP record, for patients not registered at the practice	electronic and paper,
None	SCR automatically locked when pt is inactive or deceased	electronic
S1 : Can be sent to staff involved in care involved in patient care but all internal to S1 unit therefore access controls and legitimate relationship already establised. Remmain with audit trail in patient record.	S1 : Can be sent to other units involved in patietn care but all internal to S1 unit therefore access controls and legitimate relationship already establised	electronic
summary history sometimes printed off for purpose of visit .	At practice level, active while pateint is registered. Held inactive electronically once pateint no longer registered. Paper records to new practice or to PCSE on death. Ultimate disposal by PCSE 10 years after death	electronic, and paper
N/A	n/a	

N/A	10yrs after Closure of case	paper and electronic
N/A	Keep until 75th birthday or 6 years after the staff member leaves whichever is sooner	
N/A		
N/A	2 years	
shared intenrally for investigation oa dn review	retained by practice with personal details	paper, electronic ?

scanned and dsitibuted to members of staff	10 yrs after case closed . The incident is not	paper, email,
included in the complaint for response	closed until all subsequent processes have	paper, email,
······································	ceased including litigation.	
scanned and dsitibuted to members of staff	Closure of case 10 yrs	Paper/electronic
involved with distribution		
Files kept on site, Patient would collect either in	Closure of SARS 3 yrs	Paper / electronic
person with signed ID and/or collection or by secure transfer		
n/a	If consent withdrawn or staff no longer work with practice .	hard copy and electronic
	This includes (but is not limited to) evidence of right to work, security checks and recruitment documentation for the successful candidate including job adverts and application forms. May be destroyed 6 years after the staff member leaves or the 75th birthday, whichever is sooner, if a summary has been made.	paper and electronic
	Records of significant training must be kept until 75th birthday or 6 years after the staff member leaves. It can be difficult to categorise staff training records as significant as this can depend upon the staff member's role. The IGA recommends: 1 Clinical training records - to be retained until 75th birthday or six years after the staff member leaves, whichever is the longer2 Statutory and mandatory training records - to be kept for ten years after training completed3Other training records - keep for six years after training completed.	
	10 years	electronic
	10 years	electronic/paper?
	If become part of EPR then normal EPR guidance would apply, if considered valuable for litigation purposes 3 yrs applies after creation	digital recordings

Access controls	Shared	Risks identified
Restricted by smartcard roles to appropriate staff/Restricted access after death or removal. Senior staff approve smartcard access and check IG training	Appointment data for shared hubs/services shared via SystmOne. Across Leeds, across localities. Shared with pateints via online access, text	Appointment data seen by staff not involved in that pateint's care. Incorrect mobile no/email address used to conact patient.
Restricted by smartcard roles to appropriate staff/Restricted access after death or removal. Senior staff approve smartcard access and check IG training	Shared with pateints via online access if full access. Electronically via Leeds Care Record	n/a
varies, restricted by smartcard once held in pt record, kept in secure areas before scanning into EPR,	Shared with pateints via online access. May be shared with other healthcar providers on request for direct care purposes.	volume and movement in practices increases risk of breaches Letters/emails can remain on shared drives/devices if saved to desktop before upload to pateint system
Restricted by smartcard roles to appropriate staff/Restricted access after death or removal. Senior staff approve smartcard access and check IG training	Electronically via Leeds Care Record, Summary Care Record and Summary Care Record with AI Shared in Leeds with: LTHT, LYPFT,LCH, Adult & Child Social Care. CCG/PH commissioning uses. (National sharing via HSCIC, NHS Digital, national data audits. Normally anonomised) Shared with pateints via online access./DCR or full.	
Restricted by smartcard roles to appropriate staff/Restricted access after death or removal. Senior staff approve smartcard access and check IG training	Shared with pateints via online access.	Security of red books awaiting collection?
Restricted by smartcard roles to appropriate staff/Restricted access after death or removal. Senior staff approve smartcard access and check IG training	Yes Local share unless opt out. Access Locally Smartcard controlled	
Restricted by smartcard roles to appropriate staff/Restricted access after death or removal. Senior staff approve smartcard access and check IG training	Mothers usually hold a paper copy during their pregnancy	n/a
Restricted by smartcard roles to appropriate staff/Restricted access after death or removal. Senior staff approve smartcard access and check IG training	Shared with pateints via full online records access Shared with recepient	medical reports are handled through a number of different processes in practices including through electronic platforms, paper etc Lost in post Appropriate consents not in place.
Restricted by smartcard roles to appropriate staff/Restricted access after death or removal. Senior staff approve smartcard access and check IG training Access controls on paper requests prior to and during processing? Access controls to paper prescritpions awaiting collection?	Shared with pateints via online access. With pharmacies via EPS. With pateints, pharmacies, care homes via paper.	Excessive or inappropriate content If information still faxed exteranlly risk due to failure of safe havens Secure storage of paper prescritpions awaiting collection/paper requests for repeat prescritpions
role based access to perform audit and reporting		

role based access to perform audit and reporting		Too much/irrelevnt content is extracted. Paper copies go missing.
		Archive copies stored beyond audit
Restricted by smartcard roles to appropriate staff/Restricted access after death or removal. Senior staff approve smartcard access and check IG training	Shared via ICE. Shared with pateints via online access May be shared with other healthcar providers on request for direct care purposes.	cycle.
Restricted by smartcard roles to appropriate staff/Restricted access after death or removal.	Electronically via Leeds Care Record, Summary Care Record and Summary Care Record with Al Shared in Leeds with: LTHT, LYPFT,LCH, Adult & Child Social Care. CCG/PH commissioning uses. National sharing via HSCIC, NHS Digital, national data audits. Shared with pateints via online access.	numbers and addreses can threaten integrity and the saving of these in other media than the clinical system and Lloyd George could lead to uncontolled versions becoming available
Restricted by smartcard roles to appropriate staff/Restricted access after death or removal. Senior staff approve smartcard access and check IG training		Downloading from cloud technoloogy can lead to errors matching to correct patients Images/data can be left in cloud storage or on devices once transmitted.
Restricted by smartcard roles to appropriate staff/Restricted access after death or removal.	Electroincally via eRS. Sometimes emailed or faxed to services not on eRS. Shared with patients via online access.	Copies of referrals downloaded into shared servers in past, referrals emailed/faxed to incorrect recipients. Use of non "safe haven" fax machines
Restricted by smartcard roles to appropriate staff/Restricted access after death or removal. Senior staff approve smartcard access and check IG training		n/a
Restricted by smartcard roles to appropriate staff/Restricted access after death or removal. Senior staff approve smartcard access and check IG training	Yes , national share unless op out but access controlled by smartcard roles	
Restricted by smartcard roles to appropriate staff/Restricted access after death or removal. Senior staff approve smartcard access and check IG training	Shared with professionals in other units with realtionships with patient,	
Restricted by smartcard roles to appropriate staff/Restricted access after death or removal. Senior staff approve smartcard access and check IG training		paper copies of summaries moved around GP cars, ?
Appropriate secure management access/keys/password protected files		

Access only to management with		
password protection, key for paper files		
Access only to management with		
password protection, key for paper files		
password protection, key for paper files		
Access only to management with		
password protection, key for paper files		
Appropriato socuro managomont		
Appropriate secure management access/keys/password protcted files		
access/reys/password prototed mes		
appropriate secure management and		
access based controls		
Appropriate management access	? Data processor or accountants?	Unsecure emails ? If payslips
		emailed to non nhs net
· · · · ·		addresses
secure access based controlled	Pensions -	
Secure appropriat management access		

Risk impact	Risk liklihood	Business Critical?	Risk mitigation
		Yes	
		Yes	
		Yes	

Lish	NA a dia ma	Vee	
High	Medium	Yes	
medium	medium	Yes	
		1 53	
		Yes	







1	