

NHS Tower Hamlets CCG Privacy Impact Assessment Template

Section A: Introduction

The privacy impact assessment (PIA) is a tool to help ensure we manage the risk of data breaches or the other inappropriate use of data that could cause patient distress and have a reputational or financial impact on the CCG. It is designed to help staff ensure they carefully consider what data they need, and how they will manage them.

To complete the PIA fill in sections B and C, and get sign off using section D. To help you complete the PIA you should read the CCG's policies and guidance on information governance and security, which are available on the intranet. You can also get advice from the CCG's IG lead, Caldicott Guardian, or Senior Information Risk Officer.

You can use this template to review an existing piece of work, but you might find it helpful to do a privacy audit of on-going work that has not had a PIA. However, a PIA **must** be done for new projects or data flows, or for projects or whose data uses are being changed in any way.

When completing your PIA please ensure it is as detailed as possible. You might find it helpful and easier to attach supporting evidence, which you may do instead of completing the narrative boxes in the template.

The PIA can be signed off by the Governing Body, any committee of the Governing Body or any other group or person (e.g. the Executive Management Team) that is empowered to make decisions on behalf of the CCG. It is the responsibility of the author to ensure the person or group asked to sign off the PIA is appropriate.

When completed a signed copy of the PIA should be kept with your project documentation and a copy provided to the Governance team.

Section B: The Project

This section needs details of the project or programme you are working on, the kind of data you are seeking, and the route by which you may access it. Information Governance is in **Section C**.

1. Describe the data do you want to use and the system or projects for which data are being/to be used.

Go to Question 2

2. Will the data contain patient identifiers such as name, record number etc?

A Yes: **NHS Number/Postcode**

Go to Question 3

B Yes: but **more data than A**

Go to Question 3

C: No the data are **anonymous**

Go to Paragraph 10

3. Good information governance requires anyone proposing to use data to try and get patient consent or to use anonymised data.

A Check this box if it is impractical to obtain explicit consent

A Check this box if it is impractical to use anonymous data

Explain why, below

Go to Question 4

4. What is the basis for accessing and processing the data or information you need?

A Direct Consent	<input type="checkbox"/>	Go to Question 5
B Implied Consent	<input type="checkbox"/>	Go to Question 6
C Exemption e.g. ASH	<input type="checkbox"/>	Go to Question 5
D Another basis	<input type="checkbox"/>	Go to Question 7

5. Please attach supporting evidence to this PIA and/or describe in the box below how consent is obtained. Alternatively explain how e.g. ASH status would be applicable.

You have finished this Section.	Now complete Section C
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6. Describe how the standard for implied consent is met: who has the relationship with the patient; have any capacity issues been addressed; and how are you assured the patient has had an opportunity to object to this use of their data?

You have finished this Section.	Now complete Section C
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7. What is the other basis that you have identified?

A Public Health Regulations	<input type="checkbox"/>	Go to Question 8
B Court order/regulatory power	<input type="checkbox"/>	Go to Question 8
C Overriding public interest	<input type="checkbox"/>	Go to Question 8
C None /unknown	<input type="checkbox"/>	Go to Paragraph 9

8. Please provide details or attach supporting evidence; or detail how the having the data or information required is in the overriding public interest.

You have finished this Section.	Now complete Section C
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9. On the basis of the information provided:

As there is no known basis for you to access the data you are seeking your PIA would not be signed off. You should not continue completing this form. Please speak to the information governance lead or your manager about how to proceed.

10. On the basis of the information provided:

It looks as if you do not need to complete a PIA. You should not continue completing this form. Do you need to do an **Equality Impact Assessment**? Please speak to your manager about how to proceed.

End of Section B

Section C: Information Governance and Privacy Impact

By completing this section you are providing assurance that your use of data is compliant with overarching requirements, mainly the Caldicott Principles and the Data Protection Act.

1. How will the data/information be obtained?

2. How will the data or information obtained be limited to what is required?

3. How and where will the data or information be stored?

4. When is it proposed the data or information will no longer be needed?

5. Who is the controller of the data or information at Islington CCG? Who will have access to it?



6. On the basis of the answers you have given to Sections B and/or C please describe what privacy impacts you have identified and how these will be mitigated.



You have finished this Section.

Now complete **Section D**

End of Section C

Section D: Approval

The author should complete questions 1 to 4. A person from Information Governance should complete question 5. The person signing off the PIA should complete questions 6 and 7.

1. I confirm that **all** the people involved in handling the information or data discussed in this document have:

A Understood CCG policies on Information Governance

B Completed their mandatory training in the last 12 months

2. The people involved in handling the information assets discussed in this document have the following training needs:

3. The following people have been involved in drafting, reviewing and submitting for approval this Privacy Impact Assessment (select all that apply):

A Senior Manager

B The Caldicott Guardian

C The Senior Information Risk Officer (SIRO)

D The Information Governance Lead

E Providers of IT services

F Others

- 4.

Please attach to this document any records of these discussions e.g. emails or minutes of meetings

5. Comments from Information Governance

6. Please record details of the sign off of the PIA

Name and signature of the person who/ chair of the group that approved the PIA

Role of the person who approved the PIA

Date approved

Date PIA to be reviewed

7. **For the approving person/group:** do you have any comments on this PIA?

End of Section E