Confidentiality: Code of Conduct Policy November 2017

Authorship:	Information Governance Manager (eMBED)			
Committee Approved:	Audit and Governance Committee			
Approved date:	November 2017			
Review Date:	November 2020			
	Relevant	Screening	Full / Completed	Outcome
Equality Impact Assessment	Yes	Yes	No	No issues identified
Sustainability Impact Assessment	Yes		Yes	No issues identified
Privacy Impact Assessment	No	No	No	Not Relevant
Bribery Checklist	No		No	Not Relevant
Target Audience:	All CCG Staff			
Policy Reference No:	P701			
Version Number:	V3.0			
Publication/Distribution	Website		Email Staff	Others (i.e. SBC)
	Yes		Yes	Yes

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
0.1	IG Manager	First draft for comments	NR	
1.0	IG Manager	Approved version		
1.1	IG Officer	Amendments to reflect HSCIC Guidance and Caldicott 2	Audit Committee March 2016	
2.0	IG Officer	Caldicott Requirements	Dec 2016	
3.0	IG Officer	• To update for changes in organisational relationships (CSU to Embed) • To update for the requirements of the General Data Protection Regulation	November 2017	

Approval Record

Applicable Y/N	Committee / Group	Consultation / Ratification	Date taken to group	Date last Approved
	Governing Body	Ratification		
	Council of Clinical Representatives	Ratification		
	SMT	Ratification		
	Remuneration Committee	Ratification		
Yes	Audit and Governance Committee	Ratification	November 2017	
	Finance and Contracting Committee	Ratification		
	Business Committee	Ratification		
	Communications and Engagement Committee	Ratification		
	Quality and Performance Committee	Ratification		
	Primary Care Co-Commissioning Committee	Ratification		
	Other	Ratification		
	All Employees	Consultation		
	Public	Consultation		
	Yorkshire and Humber Social Partnership Forum	Consultation		

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1   INTRODUCTION

The purpose of this Code of Conduct is to lay down the key principles that staff should follow when handling personal confidential/sensitive or corporately sensitive information. All staff should to be aware of their responsibilities for safeguarding confidentiality and preserving information security.

All employees working in the NHS are bound by a legal duty of confidence to protect personal confidential information they may come into contact with during the course of their work. This is not just a requirement under their contractual responsibilities but also a requirement within the common law duty of confidence, the Data Protection Act 1998 and the General Data Protection Regulation 2016 and continues to exist after employment has terminated. It is also a requirement within the NHS Care Record Guarantee, produced to assure patients regarding the use of their information.

It is important that staff protect personal confidential/sensitive and corporately sensitive information at all times, and must therefore ensure that they are aware of and comply with all information governance policies and complete their statutory and mandatory information governance training.

2   ENGAGEMENT

This policy has been developed based on the knowledge and experience of the Information Governance team. It is derived from a number of national codes and policies which are considered as best practice and have been used across many public sector organisations.

3   IMPACT ANALYSES

3.1   Equality

An equality impact screening analysis has been carried out on this policy and is attached at Appendix Two.

As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.

3.2   Sustainability

A sustainability assessment has been completed and is attached at Appendix Three. The assessment does not identify and benefits or negative effects of implementing this document.

4   SCOPE

- All employees of the CCG
- CCG Governing Body
- Contracted third parties (including eMBED and agency staff)
- Students and trainees

- Staff on secondment and other staff on placement with the CCG

5 POLICY PURPOSE AND AIMS

5.1 Confidentiality Principles

All staff must ensure that the following principles are adhered to:-

- Personal confidential information and corporately confidential information must be effectively protected against improper disclosure when it is received, collected, created, stored, transmitted or disposed of.
- Access to personal confidential information or corporately confidential information must be allocated on a need-to-know basis.
- Disclosure of personal confidential information or corporately confidential information must be limited to that purpose for which the disclosure is required.
- Recipients of disclosed information must respect that it is given to them in confidence and treat it accordingly.
- If the decision is taken to disclose information, that decision must be justified and documented.
- Where services which need to regularly or routinely share confidential information in order to provide the service must have an information sharing agreement in place, including service user information leaflets and a process to obtain consent for sharing.
- Any concerns about disclosure must be discussed with either your Line Manager or the Information Governance Team.

5.2 Protecting Personal Confidential and Corporately Sensitive Information

The CCG is responsible for protecting all the information it holds at all times and must always be able to justify any decision to share information.

Personal confidential information, wherever possible, must be anonymised by removing as many identifiers as possible whilst not unduly compromising the utility of data.

Appropriate data processing agreements need to be in place to obtain information from the relevant organisations.

Access to rooms and offices where terminals are present or personal confidential information or corporately confidential information is stored must be controlled. Doors must be locked with keys, keypads or accessed by swipe card. In mixed office environments measures should be in place to prevent oversight of personal confidential information or corporately confidential information by unauthorised parties.

All staff should clear their desks at the end of each day. In particular they must keep all records containing personal confidential information or corporately confidential information in recognised filing and storage places that are locked.

Unwanted printouts containing personal confidential information or corporately confidential information must be put into a confidential waste bin. Discs, tapes, printouts and fax messages must not be left lying around but be filed and locked away when not in use.

Your Contract of Employment includes a commitment to confidentiality. Breaches of confidentiality could be regarded as gross misconduct and may result in serious disciplinary action up to and including dismissal.

5.3   Disclosing Confidential Information

To ensure that information is only shared with the appropriate people and in appropriate circumstances, care must be taken to check those people have a legal basis for access to the information before releasing it.

It is important to consider how much confidential information is needed before disclosing it and only the minimal amount necessary is disclosed.

Information can be disclosed:

- When effectively anonymised.
- When the information is required by law or under a court order. In this situation staff must discuss with their Line Manager and obtain approval of the Caldicott Guardian.
- In identifiable form, when it is required for a specific purpose, with the individual's written consent or with support under the Health Service (Control of patient information) regulations 2002, obtained via application to the Confidentiality Advisory Group (CAG) within the Health Research Authority1.
- In Child Protection proceedings if it is considered that the information required is in the public or child's interest. In this situation staff must discuss with their Line Manager and obtain approval of the Caldicott Guardian.
- Where disclosure can be justified for another purpose, this is usually for the protection of the public and is likely to be in relation to the prevention and detection of serious crime. In this situation staff must discuss with their Line Manager and obtain approval of the Caldicott Guardian.

If staff have any concerns about disclosing information they must discuss this with their Line Manager or the Information Governance Team.

Care must be taken in transferring information to ensure that the method used is as secure as it can be. In most instances a Data Sharing, Data Re-Use or Data Transfer Agreement will have been completed before any information is transferred. The Agreement will set out any conditions for use and identify the mode of transfer. For further information on Data Sharing Agreements contact the Information Governance team or see the Information Sharing Protocol.

Staff must ensure that appropriate standards and safeguards are in place in respect of telephone enquiries, e-mails, faxes and surface mail.

Transferring patient information by email to anyone outside the CCG network may only be undertaken through the NHS Mail system (i.e. from one NHSnet account to another NHSnet account or to a secure government domain e.g. gsi.gov.uk), since this ensures that mandatory government standards on encryption are met. As per the Safe Haven and Email Policies.

Sending information via email to patients is permissible, provided the risks of using unencrypted email have been explained to them, they have given their consent and the information is not person-identifiable or confidential information.

Staff should be made aware of the NHS Mail facility that allows personal confidential information to be sent securely to non- NHS Mail addresses and allows the recipient to respond in a secure manner if necessary. This should be used wherever possible when corresponding with none NHS Mail account holders where confidential information needs to be sent.

5.4 Working Away from the Office Environment

There will be times when staff may need to work from another location or whilst travelling. This means that these staff may need to carry CCG information with them which could be confidential in nature e.g. on a laptop, USB stick or paper documents, therefore appropriate measures must be taken to protect the information whilst away from organisational premises.

Taking home/ removing paper documents that contain personal confidential information or corporately confidential information from CCG premises must only be done by authorised staff and the minimum information taken. Appropriate security measures must be adopted to protect that information whilst away from organisational premises.

When working away from CCG locations staff must ensure that their working practices comply with CCG policies and procedures. Any removable media must be encrypted as per the current NHS Encryption Guidance.

To ensure safety of personal confidential information or corporately confidential information staff must take reasonable steps to ensure the security of that information whilst travelling and ensure that it is kept in a secure place if they take it home or to another location. Personal confidential information or corporately confidential information must be safeguarded at all times and kept in lockable locations.

Staff must minimise the amount of personal confidential information or corporately confidential information that is taken away from CCG premises.

If staff do need to carry personal confidential information or corporately confidential information they must ensure that any personal confidential information or corporately confidential information must be carried in a suitable lockable container, etc. Prior to taking any information out, staff should consider and remember that they may be personally liable for breaches of the Data Protection Act 1998, General Data Protection Regulation 2016 and their Contract of Employment.

If staff do need to take personal confidential information or corporately confidential information home they have personal responsibility to ensure the information is kept secure and confidential. This means that other members of their family and/or their friends/colleagues must not be able to see the content or have any access to the information.

Staff must NOT forward any personal confidential information or corporately confidential information via email to their home e-mail account. Staff must not use or store personal confidential information or corporately confidential information on a privately owned computer or device.

5.5 Carelessness

All staff have a legal duty of confidence to keep personal confidential information or corporately confidential information private and not to divulge information accidentally. Staff may be held personally liable for a breach of confidence and must not:

Talk about personal confidential information or corporately confidential information in public places or where they can be overheard.

Leave any personal confidential information or corporately confidential information lying around unattended, this includes telephone messages, computer printouts, faxes and other documents, and

Leave a computer terminal logged on to a system where personal confidential information or corporately confidential information can be accessed, unattended.

Steps must be taken to ensure physical safety and security of personal confidential information or corporately confidential information held in paper format and on computers.

Passwords must be kept secure and must not be disclosed any other person. Staff must not use someone else's password to gain access to information. Action of this kind will be viewed as a serious breach of confidentiality. This is a disciplinary offence and constitutes gross misconduct which may result in summary dismissal.

5.6 Abuse of Privilege

It is strictly forbidden for employees to knowingly browse, search for or look at any information relating to themselves, their own family, friends or other persons, without a legitimate purpose. Action of this kind will be viewed as a breach of confidentiality and of the Data Protection Act 1998 and General Data Protection Regulation 2016

When dealing with personal confidential information or corporately confidential information of any nature, staff must be aware of their personal responsibility, contractual obligations and undertake to abide by the policies and procedures of CCG.

If staff have concerns about this issue they should discuss it with their Line Manager or Information Governance Team.

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5.7 Confidentiality Audits

Good practice requires that all organisations that handle person confidential or confidential information put in place processes to highlight actual or potential confidentiality breaches in their systems, and also procedures to evaluate the effectiveness of controls within these systems. This function will be co-ordinated by the Policy Directorate Information Governance team through a programme of audits.

6 IMPLEMENTATION

This policy will be published on the CCG website and all staff will be made aware of its publication through communications and team meetings.

Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure.

7 TRAINING AND AWARENESS

Identify how staff will be made aware of the policy (via the Internet is recommended) and how any associated training needs will be provided to ensure compliance.

The Senior Management Team and line managers are responsible for ensuring that all staff are aware of the policy which will be available on the CCG intranet.

8 MONITORING AND AUDIT

Adherence to this policy will be monitored on an on-going basis and breaches may result in disciplinary procedures.

9 POLICY REVIEW

State how often the policy will be reviewed and by which committee

The policy and procedure will be reviewed at least every three years by the CCG in conjunction with managers, and Trade Union representatives if appropriate, with changes made as required and the outcome published. Where review is necessary due to legislative change, this will happen immediately.

Audit and Governance Committee has delegated responsibility for monitoring and reviewing the policy and will report any concerns to the Governing Body.

10 REFERENCES AND ASSOCIATED DOCUMENTATION

- NHS Confidentiality Code of Practice
- HSCIC: Code of Practice on Confidential Information

- HSCIC: A Guide to Confidentiality in Health and Social Care
- HSCIC: Sending an encrypted email from NHSmail to a non-secure email address
- Report of the Caldicott2 Review - Information: To share or not to share? The Information Governance Review 2013
- Government Response to Report of the Caldicott2 Review 2013
- The Independent Information Governance Oversight Panel: Annual Report

11 APPENDIX ONE: CONFIDENTIALITY DOS AND DON'TS

11.1 Do's

Do safeguard the confidentiality of all personal confidential information or corporately confidential information that you come into contact with. This is a statutory obligation on everyone working on or behalf of NHS.

Do clear your desk at the end of each day, keeping all portable records containing personal confidential information or corporately confidential information in recognised filing and storage places that are locked at times when access is not directly controlled or supervised.

Do switch off computers with access to personal confidential information or corporately confidential information, or put them into a password protected mode, if you leave your desk for any length of time.

Do ensure that you cannot be overheard when discussing confidential matters.

Do challenge and verify where necessary the identity of any person who is making a request for personal confidential information or corporately confidential information and ensure they have authorisation to access, and a legitimate need to know the information.

Do share only the minimum information necessary.

Do transfer personal confidential information or corporately confidential information securely, i.e. use an nhs.net email account to send confidential information to another nhs.net email account or to a secure government domain e.g. gsi.gov.uk.

Do seek advice if you need to share personal confidential information without the consent of the patient/identifiable person's consent, and record the decision and any action taken.

Do report any actual or suspected breaches of confidentiality.

Do complete statutory and mandatory training and other training as appropriate.

Obtain and record consent for the use of data subjects personal information

11.2 Don'ts

Don't share passwords or smart cards, or leave them lying around for others to see or use.

Don't share information without the consent of the person to which the information relates, unless there are statutory grounds to do so.

Don't use personal confidential or corporately confidential information unless absolutely necessary, anonymise the information where possible.

Don't collect, hold or process more information than you need, and do not keep it for longer than necessary.

Don't attempt to obtain access to personal confidential information or corporately confidential information unless you have a legitimate reason to do so.

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Equality Impact Assessment Strategy Policies

General Information	
Policy:	Confidentiality: Code of Conduct Policy
Date of Analysis:	November 2017
Policy Lead: (Name, job title and department)	Information Governance Manager
What are the aims and intended effects of this policy?	The purpose of this Code of Conduct is to lay down the key principles that staff should follow when handling personal confidential/sensitive or corporately sensitive information. All staff should to be aware of their responsibilities for safeguarding confidentiality and preserving information security.
Are there any significant changes to previous policy likely to have an impact on staff, patients or other stakeholder groups?	No
Please list any other policies that are related to or referred to as part of this analysis	None
Who is likely to be affected by this policy?	General Public ☐ Service Users ☐ Staff ☒
What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?	Not applicable
Promoting Inclusivity and NHS Scarborough and Ryedale CCG's Equality Objectives. How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation? How does the policy promote our equality objectives	Not applicable

Equality Data

	Data provided below is from Census 2011		
Age	Age Range	Number	%
	0-14	17,672	14.9
	15-44	39,530	33.2
	45-64	15,427	13.0
	65-74	9,083	7.6
	85+	3,820	3.2

Gender

JSNA 2016

	%
Male Residents	49.6
Female Residents	50.4

Race / Nationality

BME – 2011 Census Data

	%
White	97.5
Mixed	0.8
Asian	1.2
Black	0.2
Other	0.2

Languages – 2011 Census Data

	%
English	97.5
Polish	0.8
Other EU Language	0.6
Other	1.86

Gypsy and Travellers – 2011 Census Data

Scarborough	37
Ryedale	81

Disability

2011 Census Data

	%
Long Term Health Problem/Disability	21.3
Limiting Long Term Illness	20.4

Projecting Adult Needs and Service Information (PANSI)-2017 Estimates

	Scarborough	Ryedale
Limiting Long Term Illness - day to day activities limited a little	7,507	3,455
Limiting Long Term Illness - day to day activities limited a lot	6,513	2,462
Mobility - unable to manage at least one activity on their own	5,210	2,509
Learning Disability – Including Down's syndrome	947	469
Learning Disability – Autistic Spectrum Disorders and Down's Syndrome	81	134
Visual Impairment - Moderate or severe	3,323	1,588
Hearing Impairment – some hearing loss	17,167	8,370
Hearing Impairment – Moderate or Severe	2,215	1,070
Dementia	1,973	959
Depression	2,474	1,585
Learning Disability – Baseline	1,454	708
Learning Disability – Moderate - Severe	415	1,128
Learning Disability – Autistic Spectrum Disorders	592	289
Learning Disability – Down's syndrome	38	18
Physical Disability – Moderate	5,176	2,620
Physical Disability – Serious	1,605	824
Physical Disability – Personal Care	3,198	1,639
Visual Impairment – Serious	39	19
Hearing Impairment – Some hearing loss	69,328	3,565
Hearing Impairment – Severe	395	203
Mental Health Problems	4,331	2,096

Sexual Orientation	In relation to sexual orientation, local population data is not known with any certainty. In part, this is because until recently national and local surveys of the population and people using services did not ask about an individual's sexual orientation. However, nationally, the Government estimates that 5% of the population are lesbian, gay or bisexual communities.
Gender Reassignment	There are not any official statistics nationally or regionally regarding transgender populations, however, GIRES (Gender Identity Research and Education Society - www.gires.org.uk) estimated that, in 2007, the prevalence of people who had sought medical care for gender variance was 20 per 100,000, i.e. 10,000 people, of whom 6,000 had undergone transition. 80% were assigned as boys at birth (now trans women) and 20% as girls (now trans men). However, there is good reason, based on more recent data from the individual gender identity clinics, to anticipate that the gender balance may eventually become more equal.

Religion / Belief

2011 - Census Data

	%
Christian	67
Buddhist	0.3
Hindu	H0.1
Jewish	0.1
Muslim	0.5
Sikh	0.1
Other Religion	0.4
No Religion	24.3
Religion not stated	7.4

Pregnancy and Maternity

	Live Births (ONS 2016)	Still Births (ONS 2016)
Scarborough	1,034	4
Ryedale	439	2

Marriage and civil partnership

Data provided below is from Census 2011

	Number	%
Single	32,890	28.2
Married	57,934	49.7
In registered same sex civil partnership	259	0.2
Separated (incl civil partnership)	2,866	2.5
Divorced (incl civil partnership)	12,043	103
Widowed	10,486	9

This protected characteristic generally only applies in the workplace.

Assessing Impact

Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups?
(Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)

Protected Characteristic:	No Impact:	Positive Impact:	Negative Impact:	Evidence of impact and, if applicable, justification where a *Genuine Determining Reason[1]* exists (see footnote below – seek further advice in this case)
Gender	X			
Age	X			
Race / ethnicity / nationality	X			
Disability	X			
Religion or Belief	X			
Sexual Orientation	X			
Pregnancy and Maternity	X			
Transgender / Gender reassignment	X			
Marriage or civil partnership	X			

What sources of equality information have you used to inform your piece of work?
(Please refer to the JSNAs and Population data, previous engagement findings, research, patient experience reports etc.)

Not applicable

What measures have been put in place to mitigate any potential impact?

Not applicable

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1.   [1] *The action is proportionate to the legitimate aims of the organisation (please seek further advice)*

Action Planning:

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:

Sign-off

All EIAs must be signed off by a member of SMT

I agree with this assessment / action plan

Signed off by (Name/Job Title)

Signed: Sally Brown

Date: November 2017

SUSTAINABILITY IMPACT ASSESSMENT

Instructions

Sustainability is one of the CCG's key priorities and consequently the CCG has made a corporate commitment to address the environmental effects of its activities across all service areas. The purpose of the Sustainability Impact Assessment is to record any positive or negative impacts that a Policy / Board Report / Committee Report / Service Plan / Project is likely to have on each of the CCG's sustainability themes. The Sustainability Impact Assessment enables any relevant impacts to be identified and potentially managed.

The Sustainability Impact Assessment is based on assessing the impact of the activity against a series of criteria covering environmental sustainability issues. It would be most desirable for activities to score positively in as many areas as possible, although it is likely that some areas will score positively against some themes, and negatively against others.

Using the Sustainability Impact Assessment template

To complete the Sustainability Impact Assessment template, you should consider whether the Policy / Board Report / Committee Report / Service Plan / Project will have a positive or negative impact on each of the themes by placing a mark in the appropriate column. When you think there is likely to be an impact, please provide some annotations regarding the nature of the impact, and any actions that will be taken to address that impact. Users should note that not every theme will be relevant. Where this is the case the 'No Specific Impact' column should be marked. Users should also consider the following tips:

1. Make relative not absolute judgements (e.g. a new energy efficient service would score positively even if it consumes more energy than if no service were provided).
2. Be aware that small positive changes could be outweighed by negative ones (e.g. new energy efficient lighting in the short term may outweigh the benefits of maintaining current lighting).
3. If there are both positive and negative impacts, these need to be recorded in order to give a balanced view. Be objective and unbiased.
4. Concentrate on the most key significant issues - there is the potential to consider the appraisal in a very detailed way. This should be avoided at this stage.
5. Judge a proposal over its whole lifespan and remember that some impacts may change over different timescales.

If you require assistance in completing the Sustainability Impact Assessment please contact the Corporate Services Team

Domain	Review questions	Assessment of Impact Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Models of Care	Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes? Will it create incentives to promote prevention, healthy behaviours, mental wellbeing, living independently and self-management? Will it provide evidence-based, personalised care that achieves the best possible health and well-being outcomes with the resources available? Will it reduce avoidable hospital admissions or permanent admissions to residential care or nursing homes? Will it pay for services based on health outcomes rather than activity for example through personal budgets? Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways? More info: http://www.sduhealth.org.uk/areas-of-focus/clinical-and-care-models.aspx	N/A		
Travel	Will it reduce 'care miles' (telecare, care closer) to home? Will it reduce repeat appointments? Will it provide / improve / promote alternatives to car based transport (e.g. public transport, walking and cycling)? Will it support more efficient use of cars (car sharing, low emission vehicles, community transport, environmentally friendly fuels and technologies)? Will it improve access to services and facilities for vulnerable or disadvantaged groups or individuals? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/travel.aspx	N/A		
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/waste.aspx Will it reduce water consumption? Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)? Will it improve green space and access to green space? More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/energy.aspx	N/A		

Adaptation to Climate Change	Will it support mitigation of the likely effects of climate change (e.g. identifying proactive and community support for vulnerable groups; contingency planning for flood, heatwave and other weather extremes)? More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience/community-resilience-copy.aspx	N/A		
Procurement	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery in line with the Public Services (Social Value) Act 2012? Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives? Will it reduce waste, environmental hazards and toxic materials for example by reducing PVC, antibiotic use, air pollution, noise, mining and deforestation? Will it reduce use of natural resources such as raw materials, embedded water, and energy to promote a circular economy? Will it support the local economy through local suppliers, SMEs or engage with third sector or community groups? Will it promote ethical purchasing of goods or services e.g. increasing transparency of modern slavery in the supply chain globally? More info: http://www.sduhealth.org.uk/areas-of-focus/commissioning-and-procurement/procurement.aspx	N/A		
Workforce	Will it provide employment opportunities for local people? Will it promote or support equal employment opportunities? Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)? Will it offer employment opportunities to disadvantaged groups and pay above living wage? More info: http://www.sduhealth.org.uk/areas-of-focus/social-value.aspx	N/A		
Community Engagement	Will it promote health, increase community resilience, social cohesion, reduce social isolation and support sustainable development? Will it reduce inequalities in health and access to services? Will it increase participation including patients, the public, health professionals and elected officials to contribute to decision making? Have you sought the views of our communities in relation to the impact on sustainable development for this activity? Will it increase peer-support mechanisms? More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience.aspx	N/A		
Estimated carbon benefit	What is the estimated carbon benefit (in terms of tCO_2e) from the implementation of this project? As opposed to the current business as usual position. Speak with your sustainability manager and see the following guidance: More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/pharmaceuticals/cspm/sustainable-care-pathways-guidance.aspx	N/A		

14 APPENDIX FOUR – PRIVACY IMPACT ASSESSMENT

Privacy Impact Assessment (PIA)

Screening Questions

The below screening questions should be used inform whether a PIA is necessary. This is not an exhaustive list therefore in the event of uncertainty completion of a PIA is recommended.

Please contact the Corporate Services Team of IG Manager (eMBED) if you need any assistance

Project title	Confidentiality: Code of Conduct Policy
Brief description	The purpose of this Code of Conduct is to lay down the key principles that staff should follow when handling personal confidential/sensitive or corporately sensitive information. All staff should to be aware of their responsibilities for safeguarding confidentiality and preserving information security.

Screening completed by

Name	Emma Parker
Title	Corporate Services Manager
Department	Corporate Services
Telephone	01723 343691
Email	Emma.parker6@nhs.net
Review date	November 2017

Marking any of these questions is an indication that a PIA is required:

	Screening Questions	Tick
1	Will the project involve the collection of identifiable or potentially identifiable information about individuals?	☐
2	Will the project compel individuals to provide information about themselves? i.e. where they will have little awareness or choice.	☒
3	Will identifiable information about individuals be shared with other organisations or people who have not previously had routine access to the information?	☐
4	Are you using information about individuals for a purpose it is not currently used for or in a new way? i.e. using data collected to provide care for an evaluation of service development.	☐
5	Where information about individuals is being used, would this be likely to raise privacy concerns or expectations? i.e. will it include health records, criminal records or other information that people would consider to be sensitive and private.	☐
6	Will the project require you to contact individuals in ways which they may find intrusive? i.e. telephoning or emailing them without their prior consent.	☐
7	Will the project result in you making decisions in ways which can have a significant impact on individuals? i.e. will it affect the care a person receives.	☐
8	Does the project involve you using new technology which might be perceived as being privacy intrusive? i.e. using biometrics, facial recognition or automated decision making.	☐

Please retain a copy of this questionnaire within your project documentation.

If you have ticked any of the questions above – please complete a full Privacy Impact Assessment – The most up to date version of the form is available on the CCG website at:

http://www.scarboroughryedaleccg.nhs.uk/publications/policies-2/