

Confidentiality Audit Policy

November 2017

Authorship:	Information Governance Manager			
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:	P702			
Version Number:	V.2.0			
Publication/Distribution	Website	Email Staff		Others (i.e. SBC)
	Yes	Yes		No

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	Review ahead of Scheduled Review in March 2016 – No Amendments required	IGSG Oct 2015	
2.0	IG Officer	<ul style="list-style-type: none"> • Reflect changes in organisational relationships (CSU to Embed) • Add requirements of the General Data Protection Regulation 2016 	Audit and Governance Committee November 2017	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	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

It is essential that Scarborough and Ryedale Clinical Commissioning Group (The CCG) implement appropriate systems to ensure that personal confidential information and commercially sensitive information is held and processed in a confidential and secure manner. In order to ensure that appropriate controls are maintained the CCG must implement a system of reviews to assess controls in place and compliance to these controls.

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 1.

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 2. 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 Purpose

Information Asset Owners, Departmental Heads and Team Leaders should monitor information security within their areas on a continual basis, in order that irregularities are identified and corrective action implemented.

All potential and actual breaches should be reported immediately via the corporate incident reporting system, and to the organisations Caldicott Guardian.

Additionally regular audits must be undertaken to review information security controls in place and compliance to these controls.

5.2 Mechanisms for Auditing Information Security Controls

The Information Governance Team will develop an audit plan to co-ordinate work as appropriate to ensure the following are undertaken as necessary.

5.2.1 General Information Security/ Safe Haven Procedures

It is essential that all departments have appropriate information security controls in place to protect PCD at all times. The security and transmission of confidential information/ safe haven standard includes an audit checklist to enable IAO's and department heads to record the assessment of controls in place.

5.2.2 Review of Information Asset Register and associated Data Flow Maps

Information asset owners must on a regular basis review their information asset register to ensure that all information assets are recorded and the associated information flow maps have been documented and risk assessed.

5.2.3 Review of Network Folders, Shared Mailbox and individual systems access.

Access of staff to network folders and shared mailboxes should be reviewed on a regular basis, to ensure that leavers have been removed and access allocated is appropriate to the job role. This will require reports of access levels to be produced via the IM&T department and departmental managers/team levels to review access levels set.

This process also needs to be undertaken for specific systems, to ensure that access is allocated to staff on a need to know basis and that all live users are current employees.

5.2.4 Failed Log-ins

Periodically and upon the suspicion of attempted unauthorised access to network folders or an individual system, checks should be made to assess whether unauthorised access has been attempted or obtained. The IM&T Department would need to assist in the production of reports enable these assessments to be undertaken.

5.2.5 Monitoring Incidents

All Information Security and Confidentiality incidents reported within 24 hours and must be monitored and investigated, advise and assistance should be obtained from the Information Governance Team this includes potential and actual incidents identified as a result of any audit work undertaken.

5.3 Audit Reporting and Follow-up

A formal report will be produced detailing the outcome of the audit, recommendations, corrective action and completion timescales agreed.

These reports must be provided to both the Caldicott Guardian and the SIRO for monitoring purposes.

Arrangements should be made to follow-up corrective action agreed to ensure appropriate implementation and that where necessary system documentation and procedures are amended accordingly.

All risks identified must be reported as appropriate on the corporate risk register until such a time as appropriate corrective action is complete. All residual risks must remain on the corporate risk register for management consideration.

5.4 Audit Closure

Once the corrective action has been implemented and checked the audit can be formally closed.

6 ROLES, RESPONSIBILITIES AND DUTIES

This policy requires that the CCG reviews both general controls in place within their departments to protect Personal Confidential Data (PCD) being processed, including within specific information systems, and map and review data flows on a regular basis. The responsibilities in respect of information confidentiality audits are as follows:

6.1 Caldicott Guardian

The Caldicott Guardian is responsible for monitoring incidents and complaints in relation to confidentiality breaches within the CCG. The Caldicott Guardian will receive reports of potential or actual incidents identified during the audits undertaken in order to monitor investigations as appropriate and ensure appropriate corrective action taken.

6.2 SIRO

The SIRO are both responsible for monitoring risks in relation to information security and should receive reports of audit results to monitor weaknesses identified and ensure corrective action is implemented

6.3 IG Lead

The CCG Information Governance Lead will co-ordinate with the Embed Information Governance Team to ensure a system of CCG departmental audits on an annual basis. These audits may involve some or all of the audit mechanisms detailed in section 5.2.

6.4 Head of Departments/ Team Leaders

Heads of Departments and Team Leaders will be responsible for ensuring that their staff are aware of their responsibilities with regard to confidentiality and information security. They must also staff understand how to report actual or potential confidentiality breaches.

Additionally Heads of Department and Team Leaders are responsible for ensuring that staff have completed their statutory and mandatory training and any additional training modules as appropriate to the staff members job role identified during staff appraisals.

They will be responsible for completing confidentiality audits as required and implementing recommended corrective actions identified within agreed timescales.

6.5 Information Asset Owners

Information Asset Owners (IAO's) are responsible for ensuring that access to PCD is secure and strictly controlled within their area.

IAO's must allow ensure that all information assets are recorded on the CCG information asset register and where these involve the processing of personal identifiable information the flow of data must be mapped and risk assessed on a timely basis

Access to PCD must be allocated on a strict need to know basis, by those who require that access in order to perform their duties, appropriate documented authorisation must be obtained to demonstrate the need to know prior to access being given.

Access to information assets must be monitored in particular where access is attempted where it has previously been denied.

6.6 IM &T Services

IM&T services will be responsible for ensuring that confidentiality audits relating to central IT systems are conducted and corrective actions are identified and implemented within agreed timescales.

6.7 All Staff

Staff should ensure that they comply with the access rights allocated to them and not attempt to exceed these rights.

Staff should also be aware that it is their duty to report potential weaknesses in information security and potential or actual breaches to confidentiality.

Staff will be responsible for complying with confidentiality audits conducted within their area and complying with agreed recommendations resultant from the audits

7 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.

8 TRAINING AND AWARENESS

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.

9 MONITORING AND AUDIT

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.

Equality Impact Assessment Strategy Policies

General Information	
Policy:	Confidentiality Audit 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?	This document sets out the need and the process for reviewing access to confidential data that the CCG holds.
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 <input type="checkbox"/>
	Service Users <input type="checkbox"/>
	Staff <input checked="" type="checkbox"/>
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	<p><u>2011 - Census Data</u></p> <table border="1" data-bbox="379 768 1225 1167"> <thead> <tr> <th></th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td>67</td> </tr> <tr> <td>Buddhist</td> <td>0.3</td> </tr> <tr> <td>Hindu</td> <td>0.1</td> </tr> <tr> <td>Jewish</td> <td>0.1</td> </tr> <tr> <td>Muslim</td> <td>0.5</td> </tr> <tr> <td>Sikh</td> <td>0.1</td> </tr> <tr> <td>Other Religion</td> <td>0.4</td> </tr> <tr> <td>No Religion</td> <td>24.3</td> </tr> <tr> <td>Religion not stated</td> <td>7.4</td> </tr> </tbody> </table>			%	Christian	67	Buddhist	0.3	Hindu	0.1	Jewish	0.1	Muslim	0.5	Sikh	0.1	Other Religion	0.4	No Religion	24.3	Religion not stated	7.4	
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Pregnancy and Maternity	<table border="1" data-bbox="379 1200 1225 1361"> <thead> <tr> <th></th> <th>Live Births (ONS 2016)</th> <th>Still Births (ONS 2016)</th> </tr> </thead> <tbody> <tr> <td>Scarborough</td> <td>1,034</td> <td>4</td> </tr> <tr> <td>Ryedale</td> <td>439</td> <td>2</td> </tr> </tbody> </table>			Live Births (ONS 2016)	Still Births (ONS 2016)	Scarborough	1,034	4	Ryedale	439	2												
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Marriage and civil partnership	<p><u>Data provided below is from Census 2011</u></p> <table border="1" data-bbox="379 1442 1225 1845"> <thead> <tr> <th></th> <th>Number</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Single</td> <td>32,890</td> <td>28.2</td> </tr> <tr> <td>Married</td> <td>57,934</td> <td>49.7</td> </tr> <tr> <td>In registered same sex civil partnership</td> <td>259</td> <td>0.2</td> </tr> <tr> <td>Separated (incl civil partnership)</td> <td>2,866</td> <td>2.5</td> </tr> <tr> <td>Divorced (incl civil partnership)</td> <td>12,043</td> <td>10.3</td> </tr> <tr> <td>Widowed</td> <td>10,486</td> <td>9</td> </tr> </tbody> </table> <p>This protected characteristic generally only applies in the workplace.</p>			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	10.3	Widowed	10,486	9
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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 <i>Genuine Determining Reason</i> 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

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

11 APPENDIX TWO – SUSTAINABILITY IMPACT ASSESSMENT

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	<p>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?</p> <p>Will it create incentives to promote prevention, healthy behaviours, mental wellbeing, living independently and self-management?</p> <p>Will it provide evidence-based, personalised care that achieves the best possible health and well-being outcomes with the resources available?</p> <p>Will it reduce avoidable hospital admissions or permanent admissions to residential care or nursing homes?</p> <p>Will it pay for services based on health outcomes rather than activity for example through personal budgets?</p> <p>Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/clinical-and-care-models.aspx</p>	n/a		
Travel	<p>Will it reduce 'care miles' (telecare, care closer) to home?</p> <p>Will it reduce repeat appointments?</p> <p>Will it provide / improve / promote alternatives to car based transport (e.g. public transport, walking and cycling)?</p> <p>Will it support more efficient use of cars (car sharing, low emission vehicles, community transport, environmentally friendly fuels and technologies)?</p> <p>Will it improve access to services and facilities for vulnerable or disadvantaged groups or individuals?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/travel.aspx</p>	n/a		
Facilities Management	<p>Will it reduce the amount of waste produced or increase the amount of waste recycled?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/waste.aspx</p> <p>Will it reduce water consumption?</p> <p>Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?</p> <p>Will it improve green space and access to green space?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/energy.aspx</p>	n/a		

Adaptation to Climate Change	<p>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)?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience/community-resilience-copy.aspx</p>	n/a		
Procurement	<p>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?</p> <p>Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?</p> <p>Will it reduce waste, environmental hazards and toxic materials for example by reducing PVC, antibiotic use, air pollution, noise, mining and deforestation?</p> <p>Will it reduce use of natural resources such as raw materials, embedded water, and energy to promote a circular economy?</p> <p>Will it support the local economy through local suppliers, SMEs or engage with third sector or community groups?</p> <p>Will it promote ethical purchasing of goods or services e.g. increasing transparency of modern slavery in the supply chain globally?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/commissioning-and-procurement/procurement.aspx</p>	n/a		
Workforce	<p>Will it provide employment opportunities for local people?</p> <p>Will it promote or support equal employment opportunities?</p> <p>Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?</p> <p>Will it offer employment opportunities to disadvantaged groups and pay above living wage?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/social-value.aspx</p>	n/a		
Community Engagement	<p>Will it promote health, increase community resilience, social cohesion, reduce social isolation and support sustainable development?</p> <p>Will it reduce inequalities in health and access to services?</p> <p>Will it increase participation including patients, the public, health professionals and elected officials to contribute to decision making?</p> <p>Have you sought the views of our communities in relation to the impact on sustainable development for this activity?</p> <p>Will it increase peer-support mechanisms?</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience.aspx</p>	n/a		
Estimated carbon benefit	<p>What is the estimated carbon benefit (in terms of tCO₂e) 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:</p> <p>More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/pharmaceuticals/cspm/sustainable-care-pathways-guidance.aspx</p>	n/a		

12 APPENDIX THREE – PRIVACY IMPACT ASSESSMENT

Privacy Impact Assessment (PIA)

Screening Questions

The below screening questions should be used to 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 Audit Policy
Brief description	This document sets out the need and the process for reviewing access to confidential data that the CCG holds.

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?	<input type="checkbox"/>
2	Will the project compel individuals to provide information about themselves? i.e. where they will have little awareness or choice.	<input type="checkbox"/>
3	Will identifiable information about individuals be shared with other organisations or people who have not previously had routine access to the information?	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>

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/>