

Subject Access Request Policy

November 2017

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	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			
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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		
2.0	IG Officer	Addition of guidance for requests from applicants who cannot put an application in writing	Audit Committee March 2016	
3.0	IG Officer	To update for the requirements of the General Data Protection Regulation	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		
	Audit and Governance Committee	Ratification		
	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		

Contents

1	INTRODUCTION	5
2	ENGAGEMENT	5
3	IMPACT ANALYSES	5
3.1	Equality	5
3.2	Sustainability.....	5
4	SCOPE	5
5	POLICY PURPOSE AND AIMS	6
5.1	What is a Subject Access Request?	6
5.2	How to recognise and action a Subject Access Request.....	7
5.3	Assisting and Advising Service Users on how to make a request.....	8
5.4	Requests made about or on behalf of other individuals	8
5.4.1	General Third Party	8
5.4.2	Requests on Behalf of Children.....	9
5.4.3	Requests in respect of Crime and Taxation e.g. from the Police or HMRC	9
5.4.4	Court Orders.....	10
5.4.5	Responding to requests	10
6	IMPLEMENTATION	13
7	TRAINING AND AWARENESS	13
8	MONITORING AND AUDIT	13
9	POLICY REVIEW.....	13
10	APPENDIX ONE - REGISTRATION & AUTHENTICATION EXAMPLES OF DOCUMENTARY EVIDENCE	14
10.1	Personal identity	14
10.2	Active in the Community	14
11	APPENDIX TWO – SUBJECT ACCESS REQUESTS EXEMPTIONS	16
13	APPENDIX THREE – EQUALITY IMPACT ASSESSMENT	17
14	APPENDIX FOUR – SUSTAINABILITY IMPACT ASSESSMENT.....	23

15 APPENDIX FIVE – PRIVACY IMPACT ASSESSMENT0

1 INTRODUCTION

Individuals have the right under the Data Protection Act 1998 (DPA) and General Data Protection Regulation 2016 (GDPR), subject to certain exemptions, to have access to their personal records that are held by Scarborough and Ryedale Clinical Commissioning Group (The CCG). This is known as a 'subject access request' (SAR). Requests may be received from members of staff, service users or any other individual who the CCG has had dealings with and holds data about that individual. This will include information held both electronically and manually and will therefore include personal information recorded within electronic systems, spreadsheets, databases or word documents and may also be in the form of photographs, x-rays, audio recordings and CCTV images etc.

The CCG has developed this policy to guide staff in dealing with Subject Access Requests that may be received.

The aim of this policy is to inform staff on, how to advise service users on how to make a subject access request, how to recognise a subject access request and know what action to take on receipt.

This procedure sets out the processes to be followed to respond to a subject access request. This is based on the Information Commissioner's Office Subject Access Code of Practice: [ICO Subject Access Code of Practice](#)

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 Three.

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 Four. The assessment does not identify and benefits or negative effects of implementing this document.

4 SCOPE

This policy applies to those members of staff that are directly employed by the CCG and for whom the CCG has legal responsibility. For those staff covered by a letter of authority /

honorary contract or work experience the organisations policies are also applicable whilst undertaking duties for or on behalf of the CCG. Further, this procedure applies to all third parties and others authorised to undertake work on behalf of the CCG.

The purpose of this procedure is to provide a guide to all staff on how to deal with subject access requests received and advise service users and other individuals on how and where to make requests.

5 POLICY PURPOSE AND AIMS

5.1 What is a Subject Access Request?

A subject access request (SAR) is simply a written request made by or on behalf of an individual for the information about them, which is held by the CCG. The Data Protection Legislation entitles all individuals to make requests for their own personal data to enable individuals to verify the lawfulness of how their information is being processed. An individual is not entitled to information relating to other people (unless they are acting on behalf of that person).

The request does not have to be in any particular form other than in writing, nor does it have to include the words 'subject access' or make any reference to the Data Protection Legislation . A SAR may be a valid request even if it refers to other legislation, such as the Freedom of Information Act 2000 (FOIA) and should therefore be treated as a SAR in the normal way. The applicant must be informed of how the application is being dealt, under which legislation free of charge, except where the request is manifestly unfounded or excessive (see 5.5(4)).

Where an individual is unable to make a written request it is the Department of Health view that in serving the interest of patients it can be made verbally, with the details recorded on the individual's file.

Subject access is most often used by individuals who want to see a copy of the information an organisation holds about them. However, subject access goes further than this and an individual is entitled to be:

- told whether any personal data is being processed;
- given a description of the personal data, the reasons it is being processed, and whether it will be given to any other organisations or people;
- given a copy of the personal data; and
- given details of the source of the data (where this is available).

Some types of personal data are exempt from the right of subject access and so cannot be obtained by making a SAR. Information may be exempt because of its nature or because of the effect its disclosure is likely to have. There are also other restrictions on disclosing information in response to a SAR, for example where this would involve disclosing information about another individual.

5.2 How to recognise and action a Subject Access Request

In order for the CCG to action a subject access request the following must be received:

- The request must be made in writing (This may be by letter, fax, email, or even social media, such as facebook or twitter). It is important to note that responses to SAR requests must be returned by a secure methodology, i.e. social media must **NOT** be used to return information requested. However where the applicant is not able to make the request in writing it can be received verbally and a record of the request made on the applicants file.
- Any fee levied, fees can only be levied where the request is deemed manifestly unfounded or excessive. .
- Proof of identity of the applicant and/or the applicant representative, and proof of right of access to another person's personal information, by reasonable means (See Appendix One).
- Sufficient information to be able to locate the record or information requested.
- All requests must be responded to without delay and at the latest within one month of receipt of the request. This time can be extended by a further 2 months where requests are complex or numerous. However if this is the case you must inform the individual within one month of the receipt of the request and explain why the extension is necessary. General Data Protection Regulation 2016.

If the request relates to, or includes information that should not be requested by means of a SAR (e.g. it includes a request for non-personal information) then, the request must be treated accordingly, e.g. as a FOI request where purely non-personal data is being sought or as two requests: one for the requester's personal data made under the DPA and GDPR; and another for the remaining, non-personal information made under FOIA. If any of the non-personal information is environmental, this should be considered as a request made under the EIR.

Any requests made for non-personal information must be forwarded to the FOI Team at scrccg.foi@nhs.net. It is important to consider the requested information under the right legislation. This is because the test for disclosure under FOIA or the EIR is to the world at large – not just the requester. If personal data is mistakenly disclosed under FOIA or the EIR to the world at large, this could lead to a breach of the data protection principles.

All SAR requests received must be forwarded to the relevant head of department, e.g. staff requesting access to personnel records must be sent to Head of HR, without delay in order for it to be processed within the legal timescale.

Where the CCG processes a large quantity of information about an individual the GDPR permits you to ask the individual to specify the information the request relates to.

The GDPR does not introduce an exemption for requests that relate to large amounts of data, but you may be able to consider whether the request is manifestly unfounded or excessive.

Where requests are manifestly unfounded or excessive, in particular because they are repetitive, you can:

- Charge a reasonable fee taking into account the administrative costs of providing the information; or
- Refuse to respond

Where you refuse to respond you must explain to the individual, informing them of their right to complain to the supervisory authority and to a judicial remedy without undue delay and at the latest within one month.

5.3 Assisting and Advising Service Users on how to make a request.

Where an individual is verbally making a request you should advise that they will need to:

- Put the request in writing, detailing the information they are requesting and from which service to enable it to be located.
- Requesters do not have to tell you their reason for making the request or what they intend to do with the information requested, although it may help you to find the relevant information if they do explain the purpose of the request.
- A request is valid even if the individual has not sent it directly to the person who normally deals with such requests. So it is important to ensure that you and your colleagues can recognise a SAR and deal with it in accordance with this procedure and forward immediately to the relevant service head.
- Advise the applicant to send the request to the appropriate head of service, and provide contact details.
- In order to comply with equality legislation, where an applicant is unable to put the request in writing assistance should be given to them to make the request verbally, best practice would be to document the request details in an accessible format for the applicant and request them to confirm the details are correct. Applicants can be referred to the Patient Relations Team to obtain appropriate assistance in making their application.
- Note that responses to requests should be made in a format requested by the applicant, therefore alternative formats may be needed e.g. braille.

5.4 Requests made about or on behalf of other individuals

5.4.1 General Third Party

A third party, e.g. solicitor, may make a valid SAR on behalf of an individual. However, where a request is made by a third party on behalf of another living individual, appropriate and adequate proof of that individual's consent or evidence of a legal right to act on behalf of that individual e.g. power of attorney must be provided by the third party.

If you think an individual may not understand what information would be disclosed to a third party who has made a SAR on their behalf, you may send the response directly to the individual rather than to the third party. The individual may then choose to share the information with the third party after having had a chance to review it.

5.4.2 Requests on Behalf of Children

Even if a child is too young to understand the implications of subject access rights, information about them is still their personal information and does not belong to anyone else, such as a parent or guardian. So it is the child who has a right of access to the information held about them, even though in the case of young children these rights are likely to be exercised by those with parental responsibility for them.

Before responding to a SAR for information held about a child, you should consider whether the child is mature enough to understand their rights. If the clinician responsible for the child's treatment plan is confident that the child has the capacity to understand their rights and any implications of the disclosure of information, then child's permission should be sought to action the request.

The Information Commissioner has indicated that in most cases it would be reasonable to assume that any child that is aged 12 years or more would have the capacity to make a subject access request and should therefore be consulted in respect of requests made on their behalf.

The Caldicott Guardian or their nominated representative should also be consulted on whether there is any additional duty of confidence owed to the child or young person as it does not follow that, just because a child has capacity to make a SAR, that they also have capacity to consent to sharing their personal information with others as they may still not fully understand the implications of doing so.

What matters is that the child is able to understand (in broad terms) what it means to make a SAR and how to interpret the information they receive as a result of doing so. When considering borderline cases, the following should be taken into account:

- Where possible, the child's level of maturity and their ability to make decisions like this;
- The nature of the personal data;
- Any court orders relating to parental access or responsibility that may apply;
- Any duty of confidence owed to the child or young person;
- Any consequences of allowing those with parental responsibility access to the child's or young person's information. This is particularly important if there have been allegations of abuse or ill treatment;
- Any detriment to the child or young person if individuals with parental responsibility cannot access this information; and
- Any views the child or young person has on whether their parents should have access to information about them.

5.4.3 Requests in respect of Crime and Taxation e.g. from the Police or HMRC

Requests for personal information may be made by the above authorities for the following purposes:

- The prevention or detection of crime;
- The capture or prosecution of offenders; and

- The assessment or collection of tax or duty.

A formal documented request signed a senior office from the relevant authority is required before proceeding with the request. This request must make it clear that one of the above purposes is being investigated and that not receiving the information would prejudice the investigation.

These types of requests must be considered by a senior manager and the decision on whether to share the information or not documented before any action is taken. Advice can be sought from the Information Governance Team.

5.4.4 Court Orders

Any Court Order requiring the supply of personal information about an individual must be complied with.

5.4.5 Responding to requests

It is essential that a log of all requests received is maintained, detailing:

- Date received
- Date response due (within one calendar month unless complex)
- Applicants details,
- Information requested,
- Exemptions applied in respect of information not to be disclosed,
- Details of decisions to disclose information without the data subjects consent,
- Details of information to be disclosed and the format in which they were supplied,
- When and how supplied, e.g. Paper copy and postal method used to send them.

Determine whether the person's request is to be treated as a routine enquiry or as a subject access request. If you would usually deal with the request in the normal course of business, e.g. confirming appointment times or details of public meetings planned then do so.

The following are likely to be treated as formal subject access requests.

- Please send me a copy of my HR file or Medical Records.
- I am a solicitor acting on behalf of my client and request a copy of his medical records. An appropriate authority is enclosed.
- The police state that they are investigating a crime and provide an appropriate form requesting information signed by a senior officer.

Ensure adequate proof of the identity of both the data subject and the applicant, where this is a third party is obtained before releasing information requested, this may be in the form of documentation as detailed at Appendix One.

Ensure adequate information has been received to facilitate locating the information requested. Locate the required information from all sources and collate it ready for review by an appropriate senior manager. This review is to ensure that the information is appropriate for disclosure, i.e. to ascertain whether any exemptions apply e.g. it does not contain information about other individuals, it is likely to cause harm or distress if

disclosed, or is information to be withheld due to on-going formal investigations. Advice may be sought from the Information Governance Team. Exemptions are detailed at Appendix Two.

In the case of requests for clinical records these should be reviewed by the Caldicott Guardian or a nominated representative who shall decide to what extent data can be disclosed or whether the request is to be refused.

Where information in respect of other individuals is contained within the information requested it should not be disclosed without the consent of that individual. However information contained within the information requested was supplied by health professionals it may be disclosed without consent if considered appropriate.

Generally the CCG must provide a copy of the information free of charge. However a 'reasonable fee' may be levied when a request is manifestly unfounded or excess, particularly if it is repetitive. The fee must be based on the administrative cost of providing the information.

Where it is ascertained that no information is held about the individual concerned, the applicant must be informed of this fact as soon as possible.

It must be determined whether the information is likely to change between receiving the request and sending the response. Routine on-going business additions and amendments may be made to the personal information after a request is received, however the information must not be altered as a result of receiving the request, even if the record contains inaccurate or embarrassing information, as this would be an offence under the Data Protection Act 1998.

Check whether the information collated contains any information about any other individuals and if so, consider:

- Is it possible to comply with the request without revealing information that relates to the third party?
- **(Ensure that consideration is given what information the requestor may already have or get hold of that may identify the third party)**
- Where it is not possible to remove third party identifiers you must consider the following.
- Has the third party consented to the disclosure?
- Is it reasonable, considering all the circumstances, to comply with the request without the consent of the third party?
- **(The following must be considered when trying to determine what reasonable circumstances are);**
 - duty of confidence owed to the third party,
 - steps taken to try and obtain consent,
 - whether the third party is capable of giving consent, and
 - any express refusals of consent from the third party.

- A record of the decision as to what third party information is to be disclosed and why should be made.

Consider whether you are obliged to supply the information, i.e. consider whether any exemptions apply in respect of:

- Crime prevention and detection, including taxation purposes,
- Negotiations with the requestor,
- Management Forecasts,
- Confidential References given by you,
- Information used in research, historical or statistical purposes; and
- Information covered by legal professional privilege.
- Other exemptions are detailed at Appendix Two.

If the information requested, is held by the organisation and exemptions apply then a decision must be made as to whether you inform that applicant that the information is held but is exempt from disclosure or whether you reply stating that no relevant information is held. A response in these circumstances must be carefully considered and applied as appropriate giving due consideration to the exemptions being applied as it may be appropriate to deny holding information if prejudicing on-going or potential investigations or undue harm or distress is to be avoided. **NB.** It may be necessary to reconsider this decision should a subsequent application be made and circumstances around the use of exemptions has altered.

If the information contains complex terms or codes, you must ensure that these terms and codes are explained in such a way that the information can be understood in lay terms.

Preparing the response:

- When the requested information is not held, inform the applicant in writing, as soon as possible, but in any case by the due date.
- A copy of the information should be supplied in a format agreed with the applicant for example if the request is received electronically, then the response should be returned in an electronic format. You have one calendar month to comply with the request starting from the date you receive all the information necessary to deal with the request and any fee that is required. It is an offence under the Data Protection Legislation and individuals can complain to the Information Commissioners Office or apply to a court if you do not respond within this time limit.
- **NB** Under no circumstances should original records be sent to the applicant.

Remote access to records: - Where possible, organisations should be able to provide remote access to a secure self-service system which would provide the individual with direct access to his or her information.

The right to obtain a copy of information or to access personal data through a remotely accessed secure system should not adversely affect the rights and freedoms of others.

Ensure that the information to be supplied is reviewed by an appropriate senior manager and written authorisation and / or agreement of exemptions applied is obtained for disclosure or non-disclosure of the information.

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.
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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

Performance against the Information Governance Toolkit will be reviewed on an annual basis and used to inform the development of future procedural documents.

This standard will be reviewed on a regular basis, and in accordance with the following on an as and when required basis:

- legislative changes;
- good practice guidance;
- case law;
- significant incidents reported;
- new vulnerabilities; and
- changes to organisational infrastructure.

9 POLICY REVIEW

State how often the policy will be reviewed and by which committee
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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 APPENDIX ONE - REGISTRATION & AUTHENTICATION EXAMPLES OF DOCUMENTARY EVIDENCE

Please supply one from each of the following categories (copies only).

10.1 Personal identity

- current signed passport
- residence permit issued by Home Office to EU Nationals on sight of own country passport
- current UK photocard driving licence
- current full UK driving licence (old version) – old style provisional driving licences are not acceptable
- current benefit book or card or original notification letter from the Department for Work & Pensions confirming the right to benefit
- building industry sub-contractor's certificate issued by the Inland Revenue
- recent Inland Revenue tax notification
- current firearms certificate
- birth certificate
- adoption certificate
- marriage certificate
- divorce or annulment papers
- Application Registration Card (ARC) issued to people seeking asylum in the UK (or previously issued standard acknowledgement letters, SAL1 or SAL2 forms);
- GV3 form issued to people who want to travel in the UK but do not have a valid travel document
- Home Office letter IS KOS EX or KOS EX2
- police registration document
- HM Forces Identity Card

10.2 Active in the Community

“Active in the Community” documents should be recent (at least one should be within the last six months unless there is a good reason why not) and should contain the name and address of the registrant.

- record of home visit
- confirmation from an Electoral Register search that a person of that name lives at that address
- recent original utility bill or certificate from a utility company confirming the arrangement to pay for the services at a fixed address on prepayment terms (note that mobile telephone bills should not be accepted as they can be sent to different addresses and bills printed from the internet should not be accepted as their integrity cannot be guaranteed)
- local authority tax bill (valid for current year)
- current UK photo card driving licence (if not used for evidence of name)
- current full UK driving licence (old version) (if not used for evidence of name)

- bank, building society or credit union statement or passbook containing current address
- recent original mortgage statement from a recognised lender
- current local council rent card or tenancy agreement
- current benefit book or card or original notification letter from the Department for Work & Pensions confirming the rights to benefit
- court order

11 APPENDIX TWO – SUBJECT ACCESS REQUESTS EXEMPTIONS

Category	Exemption
National Security	Personal information that is held in respect of the maintenance of national security is exempt from disclosure.
Crime and Taxation	Section of the personal information contained in the records, or individual records that relate to the prevention and detection of crime or the apprehension or prosecution of offenders
Health, Education and Social Work	Health exemptions are mentioned in section 7 Social work records exemptions comes under the Data Protection (Subject Access Modification)(Social Work) Order 2000 relates to personal information used for social work purposes: Where release of information may prejudice the carrying out of social work by causing serious harm to the physical or mental condition of the data subject or others. Certain third party's information can be released if they are a "relevant person " (a list is contained in the order) as long as release of the information does not cause serious harm to the relevant person's physical or mental condition, or with the consent of the third party
Regulatory activity	Personal data processed by the PCT for the purposes of discharging its functions are exempt if the release of such information would prejudice the proper discharge of those functions.
Research, history statistics	Where the personal data is used solely for research purposes and as long as resulting statistics are not made available which identify the person.
Human fertilisation and embryology	Personal information can be withheld in certain circumstances where it relates to human fertilization and embryology.
Legal Professional Privilege	Any correspondence to or from or documentation prepared for or by the Trust's internal or external legal advisors may be exempt from disclosure and advice should always be sought relating this class of information.

Equality Impact Assessment Strategy Policies

General Information

Policy:	Subject Access Request Policy	
Date of Analysis:	November 2017	
Policy Lead: (Name, job title and department)	Information Governance Manager (eMBED)	
What are the aims and intended effects of this policy?	Under the Data Protection Act Staff and any member of the public may request access to information held about them. The CCG has developed this policy to guide staff in dealing with Subject Access Requests that may be received.	
Are there any significant changes to previous policy likely to have an impact on staff, patients or other stakeholder groups?	None	
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="379 770 1222 1169"> <thead> <tr> <th></th> <th colspan="2">%</th> </tr> </thead> <tbody> <tr> <td>Christian</td> <td colspan="2">67</td> </tr> <tr> <td>Buddhist</td> <td colspan="2">0.3</td> </tr> <tr> <td>Hindu</td> <td colspan="2">0.1</td> </tr> <tr> <td>Jewish</td> <td colspan="2">0.1</td> </tr> <tr> <td>Muslim</td> <td colspan="2">0.5</td> </tr> <tr> <td>Sikh</td> <td colspan="2">0.1</td> </tr> <tr> <td>Other Religion</td> <td colspan="2">0.4</td> </tr> <tr> <td>No Religion</td> <td colspan="2">24.3</td> </tr> <tr> <td>Religion not stated</td> <td colspan="2">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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Marriage and civil partnership	<p><u>Data provided below is from Census 2011</u></p> <table border="1" data-bbox="379 1444 1222 1848"> <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

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		

15 APPENDIX FIVE – 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	Subject Access Request Policy
Brief description	Under the Data Protection Act Staff and any member of the public may request access to information held about them. The CCG has developed this policy to guide staff in dealing with Subject Access Requests that may be received.

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/>