Data Protection Impact Assessment accompanying the tender for

HQIP NCA 2069 - Mental Health Clinical Outcome Review Programme

Date Completed: [07.02.2022]

Contents

Data Protection Impact Assessment

This Data Protection Impact Assessment (DPIA) template and guide is a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individuals' expectations of privacy. This tool will help tenderers whose proposed methodology includes the processing of personal data to illustrate how they will properly consider and address the privacy risk that this will entail.

Conducting a DPIA is now a legal requirement under the GDPR (General Data Protection Regulation) and UK Data Protection Act 2018. By completing a DPIA, this will help to describe how your future project will be compliant with GDPR and UK data protection legislation. This document will be updated if further ICO guidance is published or there is change in legislation

A DPIA is the basis of a "privacy by design" approach, to help meet privacy and data protection expectations of customers, employees and other stakeholders. A DPIA is intended to be prospective and proactive and should act as an early warning system by considering privacy and compliance risks in the initial design and throughout the project.

Purpose and benefits of completing a DPIA

- A DPIA is a process which assists organisations in identifying and minimising the privacy risks of new projects or policies.
- Conducting a DPIA involves working with people within the organisation, with partner organisations and with the people affected to identify and reduce privacy risks.
- The DPIA will help determine the appropriate controls needed to protect personal data i.e. technical, procedural and physical.
- The DPIA will help to ensure that potential problems are identified at an early stage, when addressing them will often be simpler and less costly.
- Conducting a DPIA should benefit organisations by producing better policies and systems and improving the relationship between organisations and individuals.
- The ICO may often ask an organisation whether they have carried out a DPIA. It is often the most effective way to demonstrate to the ICO how personal data processing complies with Data Protection legislation.

Supplementary guidance

- Data Protection Impact Assessment under GDPR guidance
- ICO's conducting privacy impact assessments code of practice
- The ICO's Anonymisation: managing data protection risk code of practice may help organisations to identify privacy risks associated with the use of anonymised personal data.
- The ICO's Data sharing code of practice may help organisations to identify privacy risks associated with sharing personal data with other organisations.
- The ICO's codes of practice on privacy notices, as well as other more specific guidance, will also help an organisation to focus DPIAs on those issues.
- The Government Data Programme has developed a Data Science Ethical Framework to help organisations understand the benefits and risks of using personal data when developing policy. The Framework can be used as part of the process to help you describe information flows and identify privacy risks and solutions.

DPIA methodology and project information.

At what stage in the project did you conduct this DPIA? E.g. tender submission, planning stage, changes to the existing project, in retrospect.

Planning stage

Describe the overall aim of the project and the data processing you would carry out

The overall aim of the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) is to reduce suicide rates and improve patient safety overall. Data collection is through a national case series of alcohol and drug service patient suicide. We receive data from the Office for National Statistics and equivalent sources in other UK countries. This individual-level data will then shared with alcohol and drug national database holders (Office for Health Improvement and Disparities (England), NHS Wales Informatics Service and Public Health Scotland), to identify whether the person had contact with alcohol and drug services in the year before death. For those people who died by suicide, a Serious Incident Report will be requested from the service responsible for their care. Information extracted from the Serious Incident Reports will not be stored with identifying data.

DPIA Consultation

We advise you to consult with as many relevant people as possible (both internal and external stakeholders**)** while conducting this assessment, consultation is an important part of a DPIA and allows people to highlight privacy risks and solutions based on their own area of interest or expertise. Consultation can take place at any point in the DPIA process and may include the project management team, Data Protection Officer, designers, IT provider, procurement team, data processors, communications team, patients, stakeholders, corporate governance and compliance teams, researchers, analysts, statisticians and senior management.

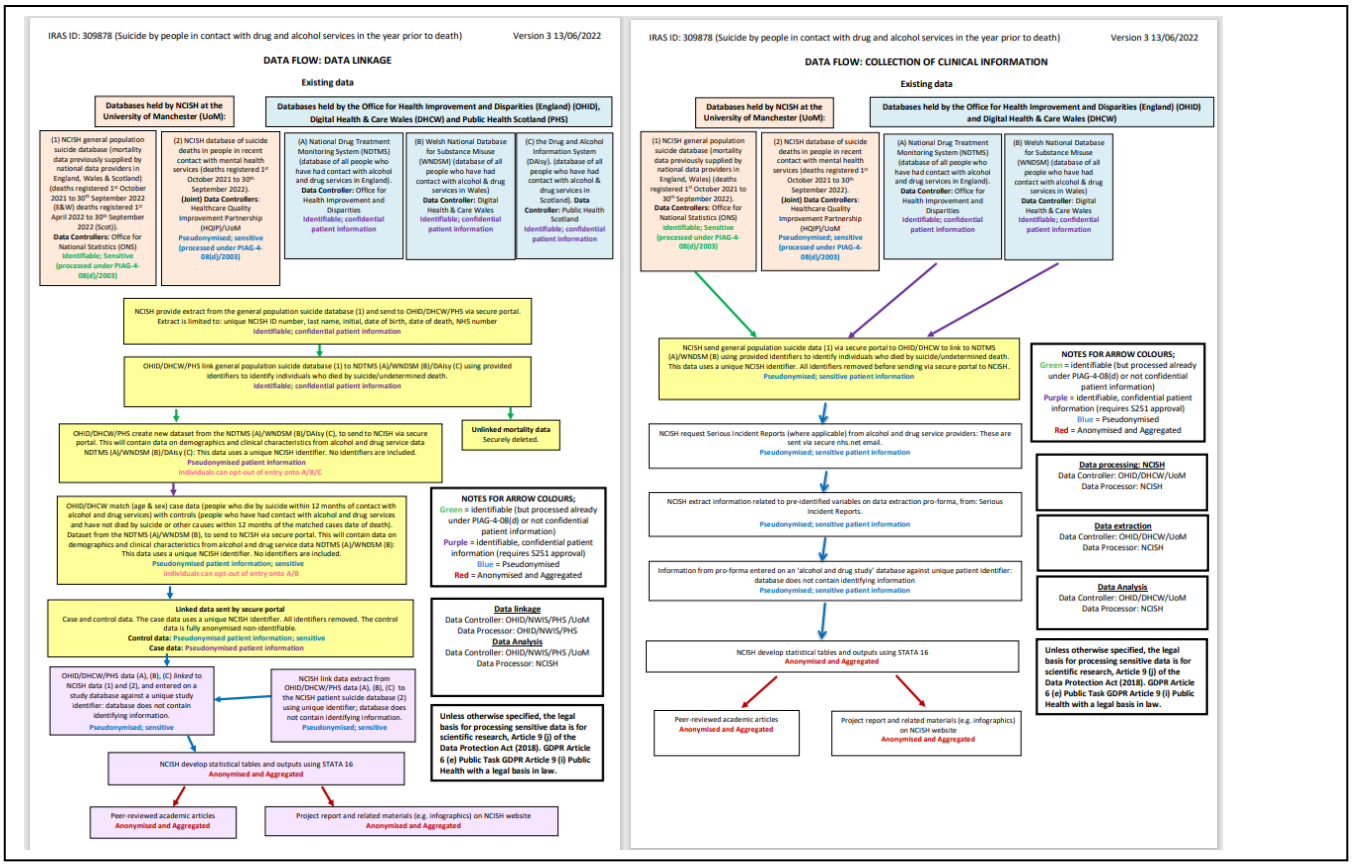
If you decide against seeking the views of data subjects or their representatives e.g. this would be disproportionate or impracticable, then the justification must be made clear in the box below.

In the box below name the stakeholder group, date consulted and how consulted. Please insert another box if you consulted with many different stakeholder groups.

DPIA completed in consultation with the DPO, management team, senior management team, data processors, IT officer, researchers, analysts and statisticians DATE: 08/08/2022 This DPIA reflects the on-going information management procedures of NCISH, which are annually reviewed in our Information Security and Management Policy. NCISH information management procedures have been successfully audited twice; by the Home Office (2012) and the Health and Social Care Information Centre (2015).

Data Information Flows

Please describe how, in the service you are proposing, personal information is collected, stored, used and deleted. Use your data flow map and information asset register to help complete this section. Explain what personal information is used, what it is used for, who it is obtained from and disclosed to, who will have access and any other necessary information. Completing this section can help identify potential 'function creep', unforeseen or unintended uses of the data for example data sharing.



Transferring personal data outside the European Economic Area (EEA)

If personal data is being transferred outside of the EEA, describe how the data will be adequately protected (e.g. the recipient is in a country which is listed on the Information Commissioner's list of "approved" countries, or how the data is adequately protected).

N/A

Justification for collecting personal data

Personal data must be adequate, relevant and limited to what is necessary in relation to the purposes for which those data are processed. In certain circumstances it may be unlawful to process information not described in the transparency information (privacy notice/fair processing material) which informs individuals how their personal data is being used.

It may not be necessary to process certain data items to achieve the purpose. They may be irrelevant or excessive leading to risk of non-compliance with the Data Protection Act.

In the tables below list and justify personal data items you currently anticipate will be needed to achieve the lawful aim of a project that requires information on individuals and their personal characteristics. Insert as many more lines that you need. Work through the table of items and decide whether or not you should be collecting the information, examine each data field and decide if you need it.

There are two sections in the table below, one for personal data and one for personal sensitive data items.

Data Categories [Information relating to the individual's]	Is this field used?	N/A	Justifications [there must be justification for collecting the data items. Consider which items you could remove, without compromising the needs of the project]
Personal Data			
Name	**Y**		**Needed in order to ascertain whether person had contact with alcohol and drug services.**
NHS number	**Y**		**Needed in order to ascertain whether person had contact with alcohol and drug services.**
Address	**Y**		**Needed in order to ascertain whether person had contact with alcohol and drug services, and under which services in terms of location**
Postcode	**Y**		**Needed in order to ascertain whether person had contact with alcohol and drug services, and under which services in terms of location.**
Date of birth	**Y**		**Needed in order to ascertain whether person had contact with alcohol and drug services. Also used to determine age.**
Date of death	**Y**		**Needed in order to ascertain whether person had contact with alcohol and drug services. Also used to determine age, year of death in relation to societal factors, and time of week/year in order to analyse timing.**

Age	**Y**		**Needed in order to analyse data and make age-specific recommendations.**
Sex	**Y**		**Needed in order to ascertain whether person had contact with alcohol and drug services. Needed in order to analyse data and make sex-specific recommendations**
Marital Status	**Y**		**Needed in order to analyse data - key variable for analysis**
Gender	**Y**		**Needed in order to analyse data - key variable for analysis**
Living Habits	**Y**		**Needed in order to analyse data - key variable for analysis**
Professional Training / Awards	**N**		
Income / Financial / Tax Situation	**N**		
Email Address	**N**		
Physical Description	**N**		
General Identifier e.g. Hospital No	**N**		
Home Phone Number	**N**		
Online Identifier e.g. IP Address/Event Logs	**N**		
Website Cookies	**N**		
Mobile Phone / Device No	**N**		
Device Mobile Phone / Device IMEI No	**N**		
Location Data (Travel / GPS / GSM Data)	**N**		
Device MAC Address (Wireless Network Interface)	**N**		
Sensitive Personal Data			
Physical / Mental Health or Condition	**Y**		**Needed in order to analyse data - key variable for analysis**
Sexual Life / Orientation	**Y**		**Needed in order to analyse data - key variable for analysis**
Family / Lifestyle / Social Circumstance	**Y**		**Needed in order to analyse data - key variable for analysis**
Offences Committed / Alleged to have Committed	**Y**		**Needed in order to analyse data - key variable for analysis**
Criminal Proceedings / Outcomes / Sentence	**Y**		**Needed in order to analyse data - key variable for analysis/determining inclusion in study**
Education / Professional Training	**N**		

Employment / Career History	**Y**		**Needed in order to analyse data - key variable for analysis**
Financial Affairs	**N**		
Religion or Other Beliefs	**N**		
Trade Union membership	**N**		
Racial / Ethnic Origin	**Y**		**Needed in order to analyse data - key variable for analysis**
Biometric Data (Fingerprints / Facial Recognition)	**N**		
Genetic Data	**N**		
Spare			
Spare			
Spare			

Data quality standards for personal data

In the box below, describe how you will ensure that personal data is accurate and kept up to date.

NCISH is a retrospective study collecting data on patients who died by suicide. The information collected is about care received and circumstances prior to an index date. Therefore personal data is necessarily retrospective and would be inappropriate to keep up to date.

Individual's rights

If your project uses personal data you must complete this section.

If your project uses personal data you must state how fairness and transparency will be achieved e.g. privacy notices on websites, posters, and leaflets. The information must be provided in a concise, transparent, intelligible and easily accessible form, using clear and plain language. Any information provided to children should be in such a clear and plain language that the child / vulnerable person can easily understand.

In the box below, please define the way you have ensured that individuals are aware of the rights, if they request those rights how will they achieve them? For example if an individual requests a copy of their information held by you, describe how you would do this. You can insert any relevant policy or process guides in the appendix at the end of this document if they are not already available on your website. This section does not refer to the personal information held about your audit staff.

Individuals rights (where relevant)	**Describe how you ensure individuals are aware of these rights**	**Describe how you would do this**	**Please copy and paste section of document that states the individuals rights**
Individuals are clear about how their personal data is being used.	Majority of individuals are deceased. Section 251 approval obtained. Included in Privacy Notice	Privacy notice published on our website.	How will we use this information? We publish annual reports which include analysis of the NCISH projects data. In addition to the annual report, we will publish a specific project report. We will recommend changes to clinical practice and policy to reduce the risk of suicide and improve the safety of alcohol and drug service patients. We only publish aggregate figures, and we follow ONS guidance about small numbers – we don't publish low counts, and we never share information about an individual. There are various retention periods for the differing data we receive, based on the specific requirements of the data providers and our overall Section 251 approval. Once a data destruction date is reached, the data are securely destroyed.
Individuals can access information held about them	Majority of individuals are deceased. Section 251	Privacy notice published on our website	How do I get a copy of my personal information held by

	approval obtained. Included in Privacy Notice		NCISH? If you believe that NCISH hold personal information about you, you have a right to ask for a copy of that information. This is commonly called a Subject Access Request (SAR). **Requests for medical (health) records** A request for information from health records has to be made with the organisation that holds your health records - the data controller. For hospital health records, contact the records manager or patient services manager at the relevant hospital trust**.** You can find a list of hospital trusts on the NHS Choices website. If you would like to receive a copy of other information we hold about you, your request should be made in writing (or email) to: • **Post:** NCISH, PO Box 86, Manchester, M20 2EF • **Email:** ncish@manchester.ac.uk Please include the words 'Subject Access Request' at the beginning of your letter or in the subject line of your email. When making your request, please include the following details: • Your name, address and postcode • The type of information you want to look at including any relevant dates We aim to send you a reply as soon as possible and by the latest within 30 calendar days. You may also be asked

			to provide proof of identity.
Request erasure (right to be forgotten) in certain circumstances, making clear that it does not apply to an individual's health or care record, or for public health or scientific research purposes	This does not apply as we are conducting a scientific research project	n/a	n/a
Rectification of inaccurate information	Majority of individuals are deceased. Section 251 approval obtained. Included in Privacy Notice	Privacy notice published on our website	Right to correct inaccurate personal information You have the right to request that any personal data that is inaccurate be rectified If you would like to request that personal data that we hold about you be corrected, your request should be made in writing (or email) to: • **Post:** NCISH, PO Box 86, Manchester, M20 2EF • **Email:** ncish@manchester.ac.uk Please include the words 'Request for Rectification' at the beginning of your letter or in the subject line of your email. When making your request, please include the following details: • Your name, address and postcode • Details of the grounds for your objection We aim to send you a reply as soon as possible and by the latest within 30 calendar days. You may also be asked to provide proof of identity.
Restriction of some processing	Majority of individuals are deceased. Section 251 approval obtained. Included in Privacy Notice	Privacy notice published on our website	Right to restrict processing The right to restrict processing is not an absolute right and applies only in specific circumstances: • Where you contest the accuracy of your personal data and we need to verify the

			accuracy of the data • The personal data were unlawfully processed (i.e. otherwise in breach of the DPA2018 & GDPR), and you request restriction rather than erasure of the data • Where the personal data are no longer necessary in relation to the purpose for which it were originally collected/processed, but you need us to keep the data in relation to a legal claim • When you object to the processing and we are considering whether our legitimate interest for continuing the processing would override this objection If you would like to request a restriction of processing of your personal data, your request should be made in writing (or email) to: • **Post:** NCISH, PO Box 86, Manchester, M20 2EF • **Email:** ncish@manchester.ac.uk Please include the words 'Request to Restrict Processing' at the beginning of your letter or in the subject line of your email. When making your request, please include the following details: • Your name, address and postcode • The grounds for your request for erasure. We aim to send you a reply as soon as possible and by the latest within 30 calendar days. You may also be asked to provide proof of identity.

Object to processing undertaken on some legal bases	Majority of individuals are deceased. Section 251 approval obtained. Included in Privacy Notice	Privacy notice published on our website	Right to object to processing You have the right to object to the processing of your personal data • Based on legitimate interests of the performance of a task in the public interest/exercise of official authority • Direct marketing • Processing for the purposes of scientific/historical research and statistics You must have an objection on grounds relating to your particular situation. If you would like to raise an objection to the processing of your data, your objection should be made in writing (or email) to: • **Post:** NCISH, PO Box 86, Manchester, M20 2EF • **Email:** ncish@manchester.ac.uk Please include the words 'Object to Processing' at the beginning of your letter or in the subject line of your email. When making your request, please include the following details: • Your name, address and postcode • The grounds for your request for your objection. We aim to reply as soon as possible and by the latest within 30 calendar days. You may also be asked to provide proof of identity.
Complain to the Information Commissioner's Office;	Majority of individuals are deceased. Section 251 approval obtained.	Privacy notice published on our website	Report a concern to the Information Commissioner's Office You can report any concerns

	Included in Privacy Notice		you have about our information rights practices to the Information Commissioner's Office (ICO): https://ico.org.uk/concerns/
Withdraw consent at any time (if processing is based on consent)	Data is collected without consent under Section 251. Data mostly relates to deceased individuals. Living individuals are those who committed homicide - data collected without consent from Home Office and health records.	n/a	n/a
Data portability (if relevant)	n/a	n/a	n/a
Individual knows the identity and contact details of the data controller and the data controllers data protection officer	Included in Privacy Notice	Privacy notice published on our website	Who is responsible for the data we collect? The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) is commissioned by the Healthcare Quality Improvement Partnership (HQIP). HQIP is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices. HQIP's aim is to promote quality improvement, and it hosts the contract to manage and develop the Clinical Outcome Review Programmes, one of which is the Mental Health Clinical Outcome Review Programme, funded by NHS England, NHS Wales, the Health and Social Care division of the Scottish Government, the Northern Ireland Department of Health, and the States of Jersey and Guernsey. The programmes, which encompass confidential enquiries, are designed to help assess the quality of healthcare, and stimulate

			improvement in safety and effectiveness by systematically enabling clinicians, managers and policy makers to learn from adverse events and other relevant data. More details can be found here.
In which countries the data controller is processing their personal data. For data transfers outside the EU, a description of how the data will protected (e.g. the recipient is in an 'adequate' country / how a copy of the safeguards can be obtained.	England	Privacy notice published on our website	NCISH and its data are based at the University of Manchester, which was established by Royal Charter.
To know the legal basis under which their information is processed. Is there a clear legal basis for the processing of personal data? If so, what is the legal basis?	Processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes in accordance with Article 89(1) based on Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject. The University of Manchester was established by Royal Charter. Included in Privacy Notice	Privacy notice published on our website	What rights do we have to hold this information? Processing of the data that we hold is necessary in the public interest, for scientific and statistical research purposes in accordance with Article 89(1) of the General Data Protection Regulation. We only hold and process data which is proportionate to our aim of improving safety in mental health services. We respect the essence of the right to data protection and we have specific measures in place to safeguard the fundamental rights and interests of the data subjects.
To know the purpose(s) for the processing of their information.	Included in Privacy Notice	Privacy Notice published on our website	How will we use this information? We will publish a project report investigating. We will recommend changes to clinical practice and policy to reduce the risk of suicide and improve the safety of alcohol and drug service patients. We only publish

			aggregate figures, and we follow ONS guidance about small numbers – we don't publish low counts, and we never share information about an individual.
Whether the provision of personal data is part of a statutory obligation and possible consequences of failing to provide the personal data.	Personal data is not collected directly from data subjects, and is not part of a statutory obligation. Included in Privacy Notice	Privacy Notice published on our website	We do not collect information directly from data subjects, and this information is not part of a statutory obligation.
The source of the data (where the data were not collected from the data subject)	Office for National Statistics, GRO Scotland, NISRA, Homicide Index, NICTS, GMP, Scottish Crown Office Included in Privacy Notice	Privacy Notice published on our website	What information do we collect? We collect information on people who have died by suicide. We receive identifying information about people who have been allocated a suicide or undetermined conclusion at coroner's inquest from the Office for National Statistics (ONS) (England and Wales), the General Register Office (GRO) (Scotland). The information we initially receive from these organisations includes people's names, addresses, dates of birth and death or offence, and cause of death. We will share this information securely with alcohol and drug service database holders who will link this data to determine whether the person was in contact with alcohol and drug services in the year before death. For the people who died by suicide, we then collect detailed clinical information from the healthcare organisation via a Serious Incident Report. No identifying information is collected on the proforma and any further correspondence with healthcare services will use a

			unique identifier that we generate in our office. The clinical information will be held on a database which is not linked to the personal identifiable information.
Categories of data being processed	All categories of data collected can be seen in questionnaires published on our website	Questionnaires published on website	LINK
Recipients or categories of recipients	Only aggregate anonymised data is published - this is shared widely. Key audiences are identified in our Privacy Notice	Privacy Notice published on our website	Our key audiences are: **People who receive care**: Patients & service users, their families & carers, the general public & press **People who deliver care:** Mental health professionals, who provide us with our data and whose clinical practice is the main focus of our recommendations, medical/clinical directors/service managers, risk managers, trust chief executives & boards. **People who commission care:** CCGs, NHS England, devolved governments including policy and practice leaders **People who regulate care and provide national oversight:** CQC, NICE, Health Education England and equivalent bodies in all UK countries
The source of the personal data	Included in Privacy Notice	Privacy Notice published on our website	What information do we collect? We collect information on people who have died by suicide.. We receive identifying information about people who have been allocated a suicide or undetermined conclusion at coroner's inquest from the Office for National Statistics (ONS) (England and Wales), the

			General Register Office (GRO) (Scotland). The information we initially receive from these organisations includes people's names, addresses, dates of birth and death or offence, and cause of death. We will share this information securely with alcohol and drug service database holders who will link this data to determine whether the person was in contact with alcohol and drug services in the year before death. For the people who died by suicide, we then collect detailed clinical information from the healthcare organisation via a Serious Incident Report. No identifying information is collected on the proforma and any further correspondence with healthcare services will use a unique identifier that we generate in our office. The clinical information will be held on a database which is not linked to the personal identifiable information.
To know the period for which their data will be stored (or the criteria used to determine that period)	Included in Privacy Notice	Privacy Notice published on our website	There are various retention periods for the differing data we receive, based on the specific requirements of the data providers and our overall Section 251 approval. Once a data destruction date is reached, the data are securely destroyed.
The existence of, and an explanation of the logic involved in, any automated processing that has a significant effect on data subjects (if applicable)	n/a	n/a	n/a

Privacy Risks

Types of Privacy risks

- Risks affecting individuals or other third parties, for example; misuse or overuse of their personal data, loss of anonymity, intrusion into private life through monitoring activities, lack of transparency.
- Compliance risks e.g. breach of the GDPR
- Corporate risks (to the organisation), for example; failure of the project and associated costs, legal penalties or claims, damage to reputation, loss of trust of patients or the public.

Risks affecting individuals

Patients have an expectation that their privacy and confidentiality will be respected at all times, during their care and beyond. It is essential that the impact of the collection, use and disclosure of any patient information is considered in regards to the individual's privacy.

In the box below insert the number of individuals likely to be affected by the project. This could be the number of unique patient records you anticipate receiving each year.

There are around 6,000 suicides in the UK every year, a proportion of these will have had contact with alcohol and drug services prior to death.

Please complete the table below with all the potential risks to the Individuals of the information you propose to hold on them, your corporate risks and compliance risks.

When completing the table you need to consider if:

- Inadequate disclosure controls increase the likelihood of information being shared inappropriately.
- The context in which information is used or disclosed can change over time, leading to it being used for different purposes without people's knowledge.
- Measures taken against individuals as a result of collecting information about them might be seen as intrusive.
- The sharing and merging of datasets can allow organisations to collect a much wider set of information than individuals might expect.
- Identifiers might be collected and linked which prevent people from using a service anonymously.
- Vulnerable people may be particularly concerned about the risks of identification or the disclosure of information.
- Collecting information and linking identifiers might mean that an organisation is no longer using information which is safely anonymised.
- Information which is collected and stored unnecessarily, or is not properly managed so that duplicate records are created, presents a greater security risk.
- If a retention period is not established information might be used for longer than necessary.

Corporate and compliance risks

In the table, list the corporate risks to your organisation which could include reputational damage, loss of public trust, financial costs and data breaches. Below these, insert any compliance risks.

Possible corporate risks include:

- Non-compliance with the DPA or other legislation can lead to sanctions, fines and reputational damage.
- Problems which are only identified after the project has launched are more likely to require expensive fixes.
- The use of biometric information or potentially intrusive tracking technologies may cause increased concern and cause people to avoid engaging with the organisation.
- Information which is collected and stored unnecessarily, or is not properly managed so that duplicate records are created, is less useful to the business.
- Public distrust about how information is used can damage an organisation's reputation and lead to loss of business.
- Data losses which damage individuals could lead to claims for compensation.

Examples of compliance risks include:

- Non-compliance with the common law duty of confidentiality
- Non-compliance with the GDPR.
- Non-compliance with the Privacy and Electronic Communications Regulations (PECR).
- Non-compliance with sector specific legislation or standards.
- Non-compliance with human rights legislation.

Managing Privacy and Related risks

There are many different steps you can take to reduce a privacy risk. For example

- Devising retention periods which only keep information for as long as necessary and planning secure destruction of information.
- Implementing appropriate technological security measures.
- Ensuring that staff are properly trained and are aware of potential privacy risks.
- Developing ways to safely anonymise the information when it is possible to do so.
- Producing guidance for staff on how to use new systems and how to share data if appropriate.
- Using systems which allow individuals to access their information more easily and make it simpler to respond to subject access requests.
- Taking steps to ensure that individuals are fully aware of how their information is used and can contact the organisation for assistance if necessary.
- Selecting data processors that will provide a greater degree of security and ensuring that agreements are in place to protect the information which is processed on an organisation's behalf.
- Producing data sharing agreements which make clear what information will be shared, how it will be shared and who it will be shared with.

Use your project plan and a detailed explanation of information flows to identify more precisely how a general risk may occur. For example, there may be particular points in a process where accidental disclosure is more likely to happen.

What are the potential risks to the individuals whose personal data you hold You should include illegitimate access, undesired modification and disappearance of data?	**Likelihood of this happening** 1 Very unlikely 2 Unlikely 3 Possible 4 Likely 5 Very Likely (See guidance below for definition))	**Impact** 1 -Insignificant 2-Minor 3-Moderate 4-Major 5-Catastrophic (See guidance below for definition)	**Overall risk score** (likelihood x impact = score)	**Will risk be accepted, reduced or eliminated?**	**Mitigating action to reduce or eliminate each risk** **OR** **Where risk is accepted give justification.**	**Explain how this action eliminates or reduces the risk**	**Expected completion date**	**Responsible owner**
Risk of security of data being compromised when data transfer occurs (from data providers to alcohol and drug database holders) Sensitive, personal data on deceased individuals perpetrators is lost, stolen or destroyed. Could cause distress to any relatives **<u>Corporate risks & compliance risks</u>**. **Non-compliance with the DPA, principle 7 breached** Damage to reputation of NCISH and the University. ICO would be informed. Loss of confidence from clinicians & services to comply with NCISH		5	5	**R**	Data are transferred via a secure data exchange portal. Data are transferred using a password-protected, encrypted pen drive and staff sign the pen drive in and out of the safe. Once data transferred, the data are deleted from the encrypted pen drive using File Shredder. Encrypted pen drive stored in fireproof safe in secure office, and used only for data transfer	By using secure data exchange portals and encrypted pen drives we prevent unauthorised access to any data. The data portal can only be accessed via authorised NCISH staff via an encrypted laptop reducing the risk of hacking. By deleting using File Shredder, the data cannot be recovered.	Completed – retrospective DPIA	Professor Louis Appleby

What are the potential risks to the individuals whose personal data you hold You should include illegitimate access, undesired modification and disappearance of data?	Likelihood of this happening 1 Very unlikely 2 Unlikely 3 Possible 4 Likely 5 Very Likely (See guidance below for definition))	Impact 1 -Insignificant 2-Minor 3-Moderate 4-Major 5-Catastrophic (See guidance below for definition)	Overall risk score (likelihood x impact = score)	Will risk be accepted, reduced or eliminated?	Mitigating action to reduce or eliminate each risk OR Where risk is accepted give justification.	Explain how this action eliminates or reduces the risk	Expected completion date	Responsible owner
NCISH server could be hacked into and data stolen Sensitive, personal data on deceased individuals is lost, stolen or destroyed. Could cause distress to any relatives **<u>Corporate risks & compliance risks</u>** **Non-compliance with the DPA, principle 7 breached** Damage to reputation of NCISH and the University. ICO would be informed. Loss of confidence from clinicians & services to comply with NCISH.	1	5	5	**R**	Data stored on an isolated server and hosted on an isolated network which is not connected to any other network or the internet. All authorised PCs connected to this server have their hard drives fully encrypted. PCs are accessed via an encryption password, and individual access is managed according to need – not all members of staff have access to all drives.	This ensures that the network cannot be hacked into as it is not connected to the internet. Reducing access to the drives reduced the risk of unnecessary access to sensitive data.	Completed	Professor Louis Appleby

What are the potential risks to the individuals whose personal data you hold You should include illegitimate access, undesired modification and disappearance of data?	Likelihood of this happening 1 Very unlikely 2 Unlikely 3 Possible 4 Likely 5 Very Likely (See guidance below for definition))	Impact 1 -Insignificant 2-Minor 3-Moderate 4-Major 5-Catastrophic (See guidance below for definition)	Overall risk score (likelihood x impact = score)	Will risk be accepted, reduced or eliminated?	Mitigating action to reduce or eliminate each risk OR Where risk is accepted give justification.	Explain how this action eliminates or reduces the risk	Expected completion date	Responsible owner
Security of data compromised by unauthorised personnel accessing data physically, i.e. within NCISH offices Sensitive, personal data on deceased individuals is accessed by persons without authority **<u>Corporate risks & compliance risks</u>** **Non-compliance with DPA, breaching principles 1 and 7** Damage to reputation of NCISH and the University. ICO would be informed. Loss of confidence from clinicians & services to comply with NCISH	1	5	5	**R**	Strict corridor management. Only authorised staff with security passes can enter the corridor and unauthorised personnel would be challenged upon entry. Data stored on an isolated server which is locked in an infrastructure cabinet in the NCISH office. All staff operate a clear desk policy. A password protected screensaver is activated after 10 minutes of inactivity on PCs.	Unauthorised personnel would not be allowed access to offices thus eliminating the risk of them being able to access data. The server being stored in a locked cabinet means that it cannot be accessed by anyone who should gain unauthorised access to the offices. Nothing would be left on a staff members desk, reducing the risk of unauthorised personnel being able to access data	Completed	Professor Louis Appleby

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Risk of NCISH server being damaged or destroyed i.e. by fire Sensitive, personal data on deceased individuals will be destroyed **<u>Corporate risks & compliance risks</u>** **Non-compliance with the DPA, principle 7 breached** Damage to reputation of NCISH and the University. ICO would be informed. Loss of confidence from clinicians & services to comply with NCISH	1	5	5	**R**	All data on server backed up overnight and a weekly backup tape is stored in a locked safe off site	This ensures that should a fire or flood occur we would still be able to restore the majority of lost data using back up tapes which are unlikely to have been affected by the fire/flood etc.	Completed	Professor Louis Appleby

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Risk that personal and sensitive data removed from the office by NCISH personnel via paper documents or on electronic devices Sensitive, personal data on deceased individuals could be lost or damaged and potentially viewed by unauthorised personnel. **<u>Corporate risks & compliance risks</u>** **Non-compliance with the DPA, principle 7 breached** Damage to reputation of NCISH and the University. ICO would be informed. Loss of confidence from clinicians & services to comply with NCISH	1	5	5	**A**	All NCISH staff are required to signed a Confidentiality Disclosure Agreement which states that no data can be removed from the NCISH office unless anonymised. Failure to comply would result in a disciplinary procedure. Regular checks carried out on staff laptops to check if any personal and sensitive data stored on them.	This remains an accepted risk although if any staff were to remove data that is not anonymised they would be in breach of contract which would result in serious consequences for the staff member. Checking the laptops ensures that no one can store sensitive data on them.	Completed	Professor Louis Appleby

What are the potential risks to the individuals whose personal data you hold You should include illegitimate access, undesired modification and disappearance of data?	**Likelihood of this happening** 1 Very unlikely 2 Unlikely 3 Possible 4 Likely 5 Very Likely (See guidance below for definition))	**Impact** 1 -Insignificant 2-Minor 3-Moderate 4-Major 5-Catastrophic (See guidance below for definition)	**Overall risk score** (likelihood x impact = score)	**Will risk be accepted, reduced or eliminated?**	**Mitigating action to reduce or eliminate each risk** **OR** **Where risk is accepted give justification.**	**Explain how this action eliminates or reduces the risk**	**Expected completion date**	**Responsible owner**
Risk that personal data is retained for longer than is necessary Risk that a deceased individual's data are held for longer than is needed and security methods applied to the data may lapse **<u>Corporate risks & compliance risks</u>** **Risk of breach of principle 5 of the DPA** Damage to reputation of NCISH and the University. ICO would be informed. Loss of confidence from clinicians & services to comply with NCISH	1	5	5	**R**	Data sharing agreements set up with data provider's state how long data can be retained for at the end of the project. These are collated in data destruction logs. There are also University guidelines regarding retention which must be adhered to.	Risk is reduced as guidelines are adhered to, to ensure that data is not retained any longer than is necessary, in line with data retention schedules.	Completed	Professor Louis Appleby

What are the potential risks to the individuals whose personal data you hold You should include illegitimate access, undesired modification and disappearance of data?	**Likelihood of this happening** 1 Very unlikely 2 Unlikely 3 Possible 4 Likely 5 Very Likely (See guidance below for definition))	**Impact** 1 -Insignificant 2-Minor 3-Moderate 4-Major 5-Catastrophic (See guidance below for definition)	**Overall risk score** (likelihood x impact = score)	**Will risk be accepted, reduced or eliminated?**	**Mitigating action to reduce or eliminate each risk** **OR** **Where risk is accepted give justification.**	**Explain how this action eliminates or reduces the risk**	**Expected completion date**	**Responsible owner**
Risk that personal and sensitive data which is sent out via the postal system could be opened by someone other than the intended recipient. Sensitive personal information on a deceased individual could fall into the wrong hands, causing distress to living data subjects/relatives **<u>Corporate risks & compliance risks</u>** **Non-compliance with the DPA, principle 7 breached** Damage to reputation of NCISH and the University. ICO would be informed. Loss of confidence from clinicians & services to comply with NCISH	2	5	10	**R**	No clinical data is sent out or received containing patient identifiable data. Correspondence which does include patient identifiable information is sent in an envelope marked CONFIDENTIAL and FOR ADDRESSEE ONLY. Patient identifiable information is sent via secure email where possible.	Risk is reduced as the majority of post does not contain any patient identifiable data. It cannot be eliminated completely but by marking the envelopes as detailed, reduces the risk of anyone opening the post who is not authorised to.	Completed	Professor Louis Appleby

What are the potential risks to the individuals whose personal data you hold You should include illegitimate access, undesired modification and disappearance of data?	**Likelihood of this happening** 1 Very unlikely 2 Unlikely 3 Possible 4 Likely 5 Very Likely (See guidance below for definition))	**Impact** 1 -Insignificant 2-Minor 3-Moderate 4-Major 5-Catastrophic (See guidance below for definition)	**Overall risk score** (likelihood x impact = score)	**Will risk be accepted, reduced or eliminated?**	**Mitigating action to reduce or eliminate each risk** **OR** **Where risk is accepted give justification.**	**Explain how this action eliminates or reduces the risk**	**Expected completion date**	**Responsible owner**
Risk that we request more data from data providers than we intend to use for purpose of the study Sensitive, personal information on deceased patients **<u>Corporate risks & compliance risks</u>** **Breach of principle 3 of the DPA** **Damage to reputation of NCISH and the University.** ICO would be informed. Loss of confidence from clinicians to comply with NCISH is received despite it not being needed for the purpose of the study.	1	5	5	**R**	NCISH only request data that is intended for the purpose of the study and data sharing agreements with the data providers make this clear. Some data suppliers send additional variables as these are automatically included in their extraction processes. Un-needed data is not transferred to the NCISH secure server.	Risk reduced as we do not request data which are not used for the purpose of the study. Any additional data is not transferred to the NCISH secure server.	Completed	Professor Louis Appleby

Regularly reviewing the DPIA

DPIA should be an on-going process and regularly reviewed during the lifecycle of the project or programme to ensure

- Risks identified are still relevant
- Actions recommended to mitigate the risks have been implemented and mitigating actions are successful

You must add to your DPIA every time you make changes to the existing projects, send an updated version to your HQIP project manager and ensure that you incorporate any identified risks/issues to your risk/issue registers of the project contract review form.

Appendix 1 Guidance for completing the table

What are the potential risks to the individuals whose personal data you hold?	See examples above

Likelihood of this happening (H,M,L)

Likelihood score	Description	Example
1	Very unlikely	May only occur in exceptional circumstances
2	Unlikely	Could occur at some time but unlikely
3	Possible	May occur at some time
4	Likely	Will probably occur / re-occur at some point
5	Very likely	Almost certain to occur / re-occur

Impact (H,M,L)

Impact scores	Description	Example
1	Insignificant	No financial loss; disruption to day to day work manageable within existing systems, no personal data loss/ no breach of confidentiality
2	Minor	Minor (<£100k) financial loss / disruption to systems; procedures require review but manageable; limited slippage in work activity, breach of confidentiality where < 20 records affected or risk assessed as low where data pseudonymised/files encrypted and no sensitive data
3	Moderate	Disruption to financial systems (<£250k); significant slippage in work activity or resources e.g. delay in recruiting staff; procedures and protocols require significant review, breach of confidentiality/ loss personal data where < 100 records involved and no sensitive data
4	Major	Major financial loss (£500k); large scale disruption to deliverables & project plans; business activity severely undermined, wasting considerable time / resources; poor quality report leading to loss of confidence in provider / HQIP / NHSE, breach of confidentiality/loss of personal sensitive data or up to 1000 records

	5	Catastrophic	Huge financial loss (>£500k); significant threat to viability of the organisation in total or in part; huge disruption to business activity; almost total lack of confidence in project provider / HQIP / NHSE, serious breach of confidentiality/loss of personal sensitive data >1000 records involved

Risk score (calculated field)	Please multiply the likelihood by the severity (likelihood x severity = risk score). This score will help to rank the risk so the most severe risks are addressed first
Will risk be accepted, reduced or eliminated? (where risk is accepted give justification)	A = Accepted (must give rationale/justification) R = Reduced E = Eliminated
Mitigating action to reduce or eliminate each risk	Insert here any proposed solutions – see managing privacy and related risks section above OR If a risk has been accepted please give justification here (The purpose of the DPIA is to reduce the risk impact to an acceptable level while still allowing a useful project to be implemented.)
Explain how this action eliminates or reduces the risk	Describe how your proposed action eliminates or reduces the possible risk. You may want to assess the costs/resource requirements (i.e. purchasing additional software to give greater control over data access and retention) and balance these against the benefits, for example the increased assurance against a data breach, and the reduced risk of regulatory action and reputational damage.
Expected completion date	What is the expected completion date for your proposed action? Ensure that DPIA actions are integrated into the project plan. You should continue to use the PIA throughout the project lifecycle when appropriate. The DPIA should be referred to if the project is reviewed or expanded in the future.
Action Owner	Who is responsible for this action?