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**Data Protection Impact Assessment**

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| Macmillan Transformational Change Lead | 1.0 |  |  |  |
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Document management

Revision History

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| Version | Date | Summary of Changes |
| 1.0 | 07-11-18 | First iteration |
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# Data Protection Impact Assessment (DPIA) screening questions

The following questions must be answered fully to determine the need for a DPIA .

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| **Project Name** |
| Kent and Medway Cancer Information Project |
| **Project Sponsor** |
| Claire O’Brien, Chief Nurse, Maidstone and Tunbridge Wells NHS Trust |
| **Project Manager** |
| Pauline Wood, Macmillan Transformational Change Lead |
| **Will the project involve the collection of new information about individuals?**  |
| Yes |
| **Will the project compel individuals to provide information about themselves?** |
| No |
| **Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?**  |
| No |
| **Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?**  |
| Yes |
| **Does the project involve you using new technology which might be perceived as being privacy intrusive? For example, the use of biometrics or facial recognition.**  |
| No |
| **Will the project result in you making decisions or taking action against individuals in ways which can have a significant impact on them?**  |
| No |
| **Is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For example, health records, criminal records or other information that people would consider to be particularly private.**  |
| No |
| **Will the project require you to contact individuals in ways which they may find intrusive?** |
| No |

If answering ‘Yes’ to any of the questions it is likely a PIA is required.

# Data Protection Impact Assessment

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| Step one: Identify the need for a DPIA  |
| Explain broadly what the project aims to achieve and what type of processing it involves. You may find it helpful to refer or link to other documents, such as a project proposal. Summarise why you identified the need for a DPIA. |
| Please see attached Project Initiation Document.The project aims to engage with people affected by cancer throughout Kent & Medway, ascertaining their views on their information and support needs with a view to shaping and developing the future service. We will be requesting low level demographic information from individuals completing questionnaires to enable us to ensure that we have engaged with the whole community. |

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| Step two: Describe the information flows  |
| **Describe the nature of the processing**: How will you collect, use, store and delete data? What is the source of the data? Will you be sharing data with anyone? You might find it useful to refer to a flow diagram or another way of describing data flows. What types of processing identified as likely high risk are involved? |
| The Kent & Medway Cancer Information Project Team, consisting of 3 individuals, will collect data from people affected by cancer via questionnaires (electronic and hardcopy) ascertaining their views. The data is anonymous and will be presented in statistical format to numerous stakeholders at the end of the project to inform the development of services. Data will be stored electronically on a Trust drive, access to this information will be restricted to named Maidstone & Tunbridge Wells NHS Trust employees associated with the project. |

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| **Describe the scope of the processing:** What is the nature of the data and does it include special category or criminal offence data? How much data will you be collecting and using? How often? How long will you keep it? How many individuals are affected? What geographical area does it cover? |
| Data will be collected regularly over the lifetime of the project (18months) and in a variety of settings including but not exclusive to, the acute hospitals within the Kent and Medway area. The project is seeking engagement with people affected by cancer throughout Kent & Medway. Once data has been collated and analysed at completion of the project individual’s data will be destroyed. No criminal offence data will be collected, demographic data concerning ethnicity, sexual orientation, gender perception, age and disability will be requested but not expected. Such information will only be collected to ensure that the diverse community residing within the location is represented in the analysis. |

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| **Describe the contact of the processing:** What is the nature of your relationship with the individuals? How much control will they have? Would they expect you to use their data in this way? Do they include children or other vulnerable groups? Are there prior concerns over this type of processing or security flaws? Is it novel in any way? What is the current state of technology in this area? Are there any current issues of public concern that you should factor in? Are you signed up to any approved code of conduct or certification scheme (once any have been approved)? |
| The project team are not expected to have any relationship or prior knowledge of the respondents and will not have any influence over the clinical care that they receive. Respondents will not be obligated or pressurised in any way to provide information. Where the project team have direct interaction with individuals and prospective respondents they will introduce themselves and emphasise that participation is entirely voluntary, they will ensure that they are always wearing appropriate identification. Respondents will remain in control of the situation and can withdraw from the process at any time. The project team will only interact with individuals over the age of 18 and who they believe have the mental capacity to provide their informed consent to participation in the project. |

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| **Describe the purposes of the processing:** What do you want to achieve? What is the intended effect on individuals? What are the benefits of the processing for you, and more broadly? |
| It is recognised that there is currently substantial inequity of access to information and support for those affected by cancer across the geographical area. Access to information has been demonstrated to impact patient experience of care and also clinical outcomes. As cancer incidence continues to rise and the number of individuals affected increases it is appropriate to review the service currently available locally. The project aims to engage with service users and members of the public, benefitting from their unique experiences to develop proposals with the aim of improving the existing services and deliver enhanced patient care and experience. There are not expected to be any negative ramifications for any individuals involved. |

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| Step 3: Consultation requirements  |
| **Consider how to consult with relevant stakeholders:** Describe when and how you will seek individual’s views – or justify why it is not appropriate to do so. Who else do you need to involve within the Trust? Do you need to ask your processors to assist? Do you plan to consult information security experts, or any other experts? |
| The project works with a Project Steering Group, membership includes NHS commissioners, Lead Cancer Nurses from each of the four NHS Trusts involved in the project in addition to patient and public representatives. This group normally meets on a bi-monthly basis, terms of reference for the steering group are available on request. Members of the team have consulted with the Head of Information Governance for Maidstone and Tunbridge Wells NHS Trust and will continue to do so if necessary. |

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| Step 4: Assess necessity and proportionality |
| **Describe compliance and proportionality measures, in particular:** What is your lawful basis for processing? Does the processing actually achieve your purpose? Is there another way to achieve the same outcome? How will you prevent function creep? How will you ensure data quality and data minimisation? What information will you give individuals? How will you help to support their rights? What measures do you take to ensure processors comply? How do you safeguard any international transfers? |
| The project aims to engage with people affected by cancer throughout Kent & Medway, ascertaining their views on their information and support needs with a view to shaping and developing a patient-led service for the future. We will be requesting demographic/special category information from individuals completing questionnaires to enable us to ensure that we have engaged with the whole community wherever possible. Project findings will be reported to the project steering group at regular intervals who will help to maintain project focus and prevent function creep. Questionnaires will be standardised, will use accessible language, efforts would be made to provide them in alternative formats as required. Partially completed questionnaires would be acceptable therefore participants retain control and the right minimise the data collected. Questionnaires will include a succinct and relevant introduction to the project and its aims, this will emphasise the voluntary nature of participation and the right to withdraw consent to participation.At completion of a questionnaire a unique identifier/code will be attributed to the questionnaire, participants will be provided with a copy of this identifier on a professional business card which will in turn include the team’s contact details. This will facilitate withdrawal from the project at a later date if required.No international transfers are anticipated. |

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| Step 5: Identify and assess risks  |
| **Describe the source of risk and nature of potential impact on individuals.** Include associated compliance and corporate risks as necessary. |
| Risk | Likelihood of harm | Severity of harm | Overall risk |
|  | Remote, possible or probable | Minimal, significant or severe | Low, medium or high |
| Participant loses unique identifier making the withdrawal of consent difficult to manage. | possible | minimal | low |
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| **Add additional rows as required.** |  |  |  |

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| Step 6: Identify measures to reduce risk  |
| **Identify additional measures you could take to reduce or eliminate risks identified as medium or high risk in step 5.** |
| Risk | Options to reduce or eliminate risk | Effect on risk | Residual risk | Measure approved |
|  |  | Eliminated, reduced or accepted | Low, medium or high | Yes/no |
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| Participant loses unique identifier making the withdrawal of consent difficult to manage. | None | Accepted | low | Yes |
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| **Add additional rows as required.** |  |  |  |

Annex A – Data flow diagram

PABC throughout Kent & Medway

Kent & Medway Cancer Information Project Team

Anonymous or Pseudonymised Data

Key stakeholders e.g., Commissioners;

Kent & Medway Cancer Alliance;

Macmillan Cancer Support;

Cancer Service Managers