|  |
| --- |
| Project Title: Click or tap here to enter text. |

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| --- | --- | --- | --- |
| Completed By: | Click or tap here to enter text. | Date: | Click or tap here to enter text. |
| Phone No:  Email: | Click or tap here to enter text. | Department: | Click or tap here to enter text. |

|  |  |
| --- | --- |
| DPIA complete by: | |
| Data Protection committee member: | Click or tap here to enter text. |
| IT manager: | Click or tap here to enter text. |
| Project Manager/CRA: | Click or tap here to enter text. |
| Principal Investigator: | Click or tap here to enter text. |

**Section 1: Background Information**

|  |  |
| --- | --- |
| Is a Data Protection Impact Assessment required? ?**All Research Applications Require A DPIA** | |
| Will the project/ change be collecting, using or disclosing personal health and/or employee information? | Yes  No |
| What is the objective of the project/ change? | |
| Click or tap here to enter text. | |
| What are the potential privacy impacts of this project? How will this change impact upon the data subject? | |
| *Example it could be that specific information is being held that hasn't previously or that the level of information is increasing*  Click or tap here to enter text. | |
| What is the source the data? | |
| Click or tap here to enter text. | |
| Where is the data being stored? | |
| Click or tap here to enter text. | |

**Section 2: Data Involved**

|  |  |  |  |
| --- | --- | --- | --- |
| Data that relates to: | Yes | N/A | Justification |
| An individual & their personal characteristics |  |  | Click or tap here to enter text. |
| Children or other vulnerable groups? |  |  | Click or tap here to enter text. |
| Physical, mental health or condition |  |  | Click or tap here to enter text. |
| Sex life |  |  | Click or tap here to enter text. |
| Family |  |  | Click or tap here to enter text. |
| Lifestyle and their social circumstances |  |  | Click or tap here to enter text. |
| Employment and career history information |  |  | Click or tap here to enter text. |
| Financial affairs of the individual |  |  | Click or tap here to enter text. |
| Religion or other beliefs |  |  | Click or tap here to enter text. |
| Membership of a trade union |  |  | Click or tap here to enter text. |
| Criminal proceedings, outcomes and sentences |  |  | Click or tap here to enter text. |
| Offenses committed or alleged to be committed |  |  | Click or tap here to enter text. |
| Education and any professional training of the individual |  |  | Click or tap here to enter text. |

**Section 3: Assessment**

|  |  |  |
| --- | --- | --- |
| Legal Compliance | Response | Required action |
| Is there legal basis for processing the information? | Yes  No  n/a | Click or tap here to enter text. |
| Will the project interfere with the ‘right to privacy’? | Yes  No  n/a | Click or tap here to enter text. |
| Have the social need & aims of the project been identified? | Yes  No  n/a | Click or tap here to enter text. |
| Are individuals informed about what is happening with their information? | Yes  No  n/a | Click or tap here to enter text. |
| Will the project obtain & record consent? What information will be provided? | Yes  No  n/a | Click or tap here to enter text. |
| Are there procedures in place if consent is withheld or given but later withdrawn? | Yes  No  n/a | Click or tap here to enter text. |
| Purpose |  |  |
| Does the project involve the use of existing personal data for new purposes? | Yes  No  n/a | Click or tap here to enter text. |
| Are potential new purposes likely to be identified as the scope of the project expands? | Yes  No  n/a | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Adequacy |  |  |
| Is the information you are using likely to be of good enough quality for the purposes it is used for? | Yes  No  n/a | Click or tap here to enter text. |
| Are you able to amend information when necessary to ensure it is up to date? | Yes  No  n/a | Click or tap here to enter text. |
| Are there procedures in place to ensure that the personal information obtained from individuals or other organisations is accurate? | Yes  No  n/a | Click or tap here to enter text. |
| Are there procedures in place for retention of the information? How will they be implemented? | Yes  No  n/a | Click or tap here to enter text. |
| Are there any exceptional circumstances for retaining certain data for longer than the normal period? | Yes  No  n/a | Click or tap here to enter text. |
| Are there procedures in place to anonymise & destroy information after it is no longer necessary? | Yes  No  n/a | Click or tap here to enter text. |
| Right of the Individual |  |  |
| Are there procedures in place for actioning requests from individuals (or someone acting on their behalf) for access to their personal information once held? | Yes  No  n/a | Click or tap here to enter text. |
| Are there procedures in place to ensure that all staff with access to the information have adequate information governance training? | Yes  No  n/a | Click or tap here to enter text. |
| If you are using an electronic system to process the information, have security measures been put in place? | Yes  No  n/a | Click or tap here to enter text. |
| Are there procedures in place for to provided, collated & use the information gathered? | Yes  No  n/a | Click or tap here to enter text. |
| Are there security measures in place to transfer identifiable information? | Yes  No  n/a | Click or tap here to enter text. |
| Will individual’s personal information be disclosed internally /externally in identifiable form and if so to who, how & why? | Yes  No  n/a | Click or tap here to enter text. |
| Will personal data be transferred to a country outside of the European Economic Area? If yes, how will you safeguard? | Yes  No  n/a | Click or tap here to enter text. |

**Section 4: Issues identified and risk analysis**

*Multiply the ratings for each risk in the area of likelihood, severity to get the overall risk number:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identify & Assess the risks: *\*\*Please refer to hospital risk matrix\*\** | | | | |
| No. | Describe source of risk & nature of potential impact on individuals. | Likelihood | Severity | Overall Risk |
| 1 | Click or tap here to enter text. |  |  |  |
| 2 | Click or tap here to enter text. |  |  |  |
| 3 | Click or tap here to enter text. |  |  |  |
| 4 | Click or tap here to enter text. |  |  |  |
| 5 | Click or tap here to enter text. |  |  |  |



|  |  |  |
| --- | --- | --- |
| Identify additional measures you could take to reduce or eliminate risks identified as medium or high risk: | | |
| Risk no. | Options to reduce/ eliminate risk | Measure Approved |
| 1 | Click or tap here to enter text. | Yes  No  n/a |
| 2 | Click or tap here to enter text. | Yes  No  n/a |
| 3 | Click or tap here to enter text. | Yes  No  n/a |
| 4 | Click or tap here to enter text. | Yes  No  n/a |
| 5 | Click or tap here to enter text. | Yes  No  n/a |

|  |  |
| --- | --- |
| How are outcomes integrate into the project plan? | |
| Outcomes to eliminate risk | Integration |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

**Section 5: Sign Off**

|  |  |  |
| --- | --- | --- |
| Sign Off: | | |
| Sign off by data protection committee: | Yes  No | Click or tap here to enter text. |
| Sign off by DPO: | Yes  No  n/a | Click or tap here to enter text. |