



Data Protection Impact Assessment (DPIA) Urgent Community Response Analysis

A DPIA is designed to describe your processing and to help manage any potential harm to individuals' in the use of their information. DPIAs are also important tools for demonstrating accountability, as they help you as a Controller to comply with the requirements of the Data Protection Legislation. Non-compliance with DPIA requirements can lead to fines imposed by the Information Commissioners Office (ICO); this includes not carrying out a DPIA at all, carrying out a DPIA in an incorrect way or failing to consult the ICO where required.

DPIA's are not new; the use of Privacy Impact Assessments has become common practice in the NHS and can provide evidence of compliance within the Data Security and Protection toolkit (DSPT); DPIAs build on that practice.

It is not always clear whether you should do a DPIA or not but there are a number of situations where a DPIA **should** be considered or where a DPIA is a **legal requirement**. If you can tick against the criteria below it is highly recommended that you undertake a DPIA and if you decide not to, ensure that you document the reasons for your decision.

You as Controller MUST carry out a DPIA where you plan to:	Tick or leave blank
Use profiling or automated decision-making to make significant decisions about people or their access to a service, opportunity or benefit;	<input type="checkbox"/>
Process special-category data or criminal-offence data on a large scale ;	<input type="checkbox"/>
Monitor a publicly accessible place on a large scale;	<input type="checkbox"/>
Use innovative technology in combination with any of the criteria in the European guidelines;	<input type="checkbox"/>
Carry out profiling on a large scale;	<input type="checkbox"/>
Process biometric or genetic data in combination with any of the criteria in the European guidelines;	<input type="checkbox"/>
Combine, compare or match data from multiple sources;	<input checked="" type="checkbox"/>
Process personal data without providing a privacy notice directly to the individual in combination with any of the criteria in the European guidelines;	<input type="checkbox"/>
Process personal data in a way that involves tracking individuals' online or offline location or behaviour, in combination with any of the criteria in the European guidelines;	<input type="checkbox"/>
Process children's personal data for profiling or automated decision-making or for marketing purposes, or offer online services directly to them;	<input type="checkbox"/>
Process personal data that could result in a risk of physical harm in the event of a security breach.	<input type="checkbox"/>

You as Controller should consider carrying out a DPIA where you	Tick or leave blank
Plan any major project involving the use of personal data;	<input type="checkbox"/>
Plan to do evaluation or scoring;	<input type="checkbox"/>
Want to use systematic monitoring;	<input type="checkbox"/>
Process sensitive data or data of a highly personal nature;	<input type="checkbox"/>
Processing data on a large scale;	<input checked="" type="checkbox"/>
Include data concerning vulnerable data subjects;	<input checked="" type="checkbox"/>
Plan to use innovative technological or organisational solutions;	<input type="checkbox"/>

A new DPIA should be carried out if you decide that there is a significant enough change to what you originally intended but it is good practice for DPIAs to be kept under review and revisited when necessary.

There is guidance to help you. Your Data Protection Officer (DPO) can be consulted before completing a DPIA in order to provide specialist advice and guidance or simply to talk things through with you.



Background Information	
Date of your DPIA :	04/06/2020
Title of the activity/processing:	Urgent Community Response analysis
Who is the person leading this work?	[REDACTED]
Who is the Lead Organisation?	BOB ICB comprising Oxfordshire, Buckinghamshire, Berkshire West regions
Who has prepared this DPIA?	[REDACTED] [REDACTED]
Who is your Data Protection Officer (DPO)?	[REDACTED]
Describe what you are proposing to do: (Include as much background information as you can about why the new system/change in system/sharing of information/data processing is required).	NHS England allocated circa £10m to Buckinghamshire, Oxfordshire and Berkshire West Clinical Commissioning Groups in 2021/22 to deliver an Urgent Community Response within 2 hours and/or reablement response within 2 days for individuals in their usual place of residence, who are likely to be admitted to hospital if they do not receive the relevant support. The purpose of the service is to avoid admissions to hospital. The Clinical Commissioning Groups are requesting that the three NHS Trusts who host these services, submit data through the Data Landing Platform for April 2021 – December 2021 which the Commissioning Support Unit will analyse once received. The purpose of the analysis is to provide assurance to commissioners that admissions were avoided as part of standard contract management. At the point at which this was first discussed we had little confidence in the Community Services Data Set (CSDS) for the required time period, which CSU would ordinarily have been able to access in relation to these services, in order to perform the analysis. We are now more confident in this data set from October 2021 onwards, however, this means that rather than accessing the data from the CSDS submissions we need to request it from NHS Trusts directly as a one-off for this period. Once received, the CSU will be looking at the individual’s journey to see if they have had contact with acute hospital, the South Central Ambulance Service or other Community Trust services during specific time periods, to ascertain whether it is likely that admissions were avoided/could have been avoided.
Are there multiple organisations involved? (If yes – you can use this space to name them, and who their key contact for this work is).	BOB ICB: Oxfordshire [REDACTED] Buckinghamshire-[REDACTED] Berkshire West-[REDACTED] Berkshire Healthcare-[REDACTED] Oxford Health-[REDACTED] Buckinghamshire Healthcare-[REDACTED]



Can you think of any other Key Stakeholders that should be consulted or involved in this DPIA? (If so then include the details here).	South Central Ambulance Service Royal Berkshire Hospitals Oxfordshire University Hospitals
Detail anything similar that has been undertaken before?	There has not previously been a project to analyse UCR data in BOB but there was a respiratory project across the system which has been referenced/used to inform our analysis and information requests. There are likely to have been numerous projects across the country which look to ensure that admissions have been avoided through new services provided elsewhere in the system.

1. Categories, Legal Basis, Responsibility, Processing, Confidentiality, Purpose, Collection and Use

1.1.

What data/information will be used? <small>Tick all that apply.</small>	<small>Tick or leave blank</small>	Complete
Personal Data	✓	1.2
Special Categories of Personal Data	<input type="checkbox"/>	1.2 AND 1.3
Personal Confidential Data	<input type="checkbox"/>	1.2 AND 1.3 AND 1.6
Sensitive Data (usually criminal or law enforcement data)	<input type="checkbox"/>	1.2 but speak to your IG advisor first
Pseudonymised Data	✓	1.2 and consider at what point the data is to be pseudonymised
Anonymised Data	<input type="checkbox"/>	Consider at what point the data is to be anonymised
Commercially Confidential Information	<input type="checkbox"/>	Consider if a DPIA is appropriate
Other	<input type="checkbox"/>	Consider if a DPIA is appropriate

1.2.

Processing has to be lawful so identify which of the following you believe justifies what you are proposing to do and include an explanation as to why in the relevant box. You must select at least one from a – f.

Article 6 (1) of the GDPR includes the following:

a) THE DATA SUBJECT HAS GIVEN CONSENT	<small>Tick or leave blank</small> <input type="checkbox"/>
Why are you relying on consent from the data subject? <small>Click here to enter text.</small>	
What is the process for obtaining and recording consent from the Data Subject? (How, where, when, by whom). <small>Click here to enter text.</small>	
Describe how your consent form is compliant with the Data Protection requirements? (There is a checklist that can be used to assess this). <small>Click here to enter text.</small>	
b) IT IS NECESSARY FOR THE PERFORMANCE OF A CONTRACT TO WHICH THE DATA SUBJECT IS PARTY <small>(The contract needs to be between the Controller and the individual and not concern data being processed due to someone else having a contract with the Controller. Processing can happen before the contract is entered into e.g. processing a pre-health assessment for a</small>	<small>Tick or leave blank</small> <input type="checkbox"/>



private or cosmetic procedure that is a paid for service with the delivery of that care done under contract between the Patient and the Practitioner).	
What contract is being referred to? Click here to enter text.	
c) IT IS NECESSARY UNDER A LEGAL OBLIGATION TO WHICH THE CONTROLLER IS SUBJECT (A legal obligation mandates processing of data as a task in itself where there are likely to be legal measures available if not adhered to e.g. an Employer has a legal obligation to disclose salary information to HMRC).	Tick or leave blank <input type="checkbox"/>
Identify the legislation or legal obligation you believe requires you to undertake this processing.	
d) IT IS NECESSARY TO PROTECT THE VITAL INTERESTS OF THE DATA SUBJECT OR ANOTHER NATURAL PERSON (This will apply only when you need to process data to protect someone's life. It must be necessary and does not only relate to the individual whose data is being processed. It can also apply to protect another person's life. Emergency Care is likely to fall into this category but planned care would not. You may need to process a Parent's data to protect the life of a child. The individual concerned is unlikely to be able to provide consent physically or legally; if you are able to gain consent then this legal basis will not apply).	Tick or leave blank <input type="checkbox"/>
How will you protect the vital interests of the data subject or another natural person by undertaking this activity? Click here to enter text.	
e) IT IS NECESSARY FOR THE PERFORMANCE OF A TASK CARRIED OUT IN THE PUBLIC INTEREST OR UNDER OFFICIAL AUTHORITY VESTED IN THE CONTROLLER (This is different to 6 c). If you are processing data using this basis for its lawfulness then you should be able to identify a specific task, function or power that is set out in law. The processing must be necessary, if not then this basis does not apply).	Tick or leave blank <input checked="" type="checkbox"/>
What statutory power or duty does the Controller derive their official authority from? There is a legal obligation for the Commissioners to monitor the contract as part of their duty as a Public Health Authority. The Clinical Support Unit will be processing this data for this purpose on their behalf. More specifically a multi-million pound contract was awarded to Community Trusts – Berkshire Healthcare, Oxford Health and Buckinghamshire Healthcare to provide an Urgent Community Response service which enabled the avoidance of admissions to hospital for individuals accessing the service. The purpose of the data request and processing from the providers is to confirm that the service which was commissioned is doing what it purports to be doing.	
f) IT IS NECESSARY FOR THE LEGITIMATE INTERESTS OF THE CONTROLLER OR THIRD PARTY (Public authorities can only rely on legitimate interests if they are processing for a legitimate reason other than performing their tasks as a public authority. See the guidance for more information about the legitimate interest test).	Tick or leave blank <input type="checkbox"/>
What are the legitimate interests you have? Click here to enter text.	
Article 9 (2) conditions are as follows:	
a) THE DATA SUBJECT HAS GIVEN EXPLICIT CONSENT (Requirements for consent are the same as those detailed above in section 1.2, a))	Tick or leave blank <input type="checkbox"/>
b) FOR THE PURPOSES OF EMPLOYMENT, SOCIAL SECURITY OR SOCIAL PROTECTION (Schedule 1, part 1 of the Data Protection Act 2018 gives more detail on when this can apply to processing and further guidance is available).	Tick or leave blank <input type="checkbox"/>



<p>c) IT IS NECESSARY TO PROTECT THE VITAL INTERESTS OF THE DATA SUBJECT OR ANOTHER NATURAL PERSON WHERE THEY ARE PHYSICALLY OR LEGALLY INCAPABLE OF GIVING CONSENT</p> <p>(Requirements for this are the same as those detailed above in section 1.2, d))</p>	<p>Tick or leave blank</p> <p><input type="checkbox"/></p>
<p><i>d) It is necessary for the operations of a not-for-profit organisation such as political, philosophical, trade union and religious body in relation to its members</i></p>	<p>NA</p>
<p><i>e) The data has been made public by the data subject</i></p>	<p>NA</p>
<p><i>f) For legal claims or courts operating in their judicial category</i></p>	<p>NA</p>
<p>g) SUBSTANTIAL PUBLIC INTEREST</p> <p>(Schedule 1, part 2 of the Data Protection Act 2018 gives more detail on when this can apply to processing and further guidance is available).</p>	<p>Tick or leave blank</p> <p><input type="checkbox"/></p>
<p>h) PROCESSING IS NECESSARY FOR THE PURPOSES OF PREVENTIVE OR OCCUPATIONAL MEDICINE, FOR THE ASSESSMENT OF THE WORKING CAPACITY OF THE EMPLOYEE, MEDICAL DIAGNOSIS, THE PROVISION OF HEALTH OR SOCIAL CARE OR TREATMENT OR THE MANAGEMENT OF HEALTH OR SOCIAL CARE SYSTEMS AND SERVICES ON THE BASIS OF UNION OR MEMBER STATE LAW OR PURSUANT TO CONTRACT WITH A HEALTH PROFESSIONAL AND SUBJECT TO CONDITIONS AND SAFEGUARDS</p> <p>(Schedule 1, part 1 of the Data Protection Act 2018 gives more detail on when this can apply to processing and further guidance is available).</p>	<p>Tick or leave blank</p> <p><input type="checkbox"/></p>
<p>i) PROCESSING IS NECESSARY FOR REASONS OF PUBLIC INTEREST IN THE AREA OF PUBLIC HEALTH, SUCH AS PROTECTING AGAINST SERIOUS CROSS-BORDER THREATS TO HEALTH OR ENSURING HIGH STANDARDS OF QUALITY AND SAFETY OF HEALTH CARE AND OF MEDICINAL PRODUCTS OR MEDICAL DEVICES, ON THE BASIS OF UNION OR MEMBER STATE LAW WHICH PROVIDES FOR SUITABLE AND SPECIFIC MEASURES TO SAFEGUARD THE RIGHTS AND FREEDOMS OF THE DATA SUBJECT, IN PARTICULAR PROFESSIONAL SECRECY</p> <p>(Schedule 1, part 1 of the Data Protection Act 2018 gives more detail on when this can apply to processing and further guidance is available).</p>	<p>Tick or leave blank</p> <p><input type="checkbox"/></p>
<p>j) PROCESSING IS NECESSARY FOR ARCHIVING PURPOSES IN THE PUBLIC INTEREST, SCIENTIFIC OR HISTORICAL RESEARCH PURPOSES OR STATISTICAL PURPOSES IN ACCORDANCE WITH <u>ARTICLE 89(1)</u> 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.</p> <p>(Schedule 1, part 1 of the Data Protection Act 2018 gives more detail on when this can apply to processing and further guidance is available).</p>	<p>Tick or leave blank</p> <p><input type="checkbox"/></p>

1.3.

If using special categories of personal data, a condition for processing under Article 9 of the GDPR must be satisfied in addition to a condition under Article 6. You must select at least 1 from a) to c) or g) to i). NOTE: d), e) and f) are not applicable

1.4.

Confirm who the Controller and Processor is/are. Confirm if the Controller/s are solely or jointly responsible for any data processed?

(Identify any other parties who will be included in the agreements and who will have involvement/share responsibility for the data/information involved in this project/activity. Use this space to detail this but you may need to ask your DPO to assist you. Copy and paste the last empty row in the table to add organisations where required (the text has been left unlocked for this purpose on that row only).

Name of Organisation	Role
Berkshire Healthcare NHS Foundation Trust	Sole Controller

Oxford Health NHS Foundation Trust	Sole Controller
Buckinghamshire Healthcare NHS Foundation Trust	Sole Controller
NHS South, Central and West Commissioning Support Unit on behalf	Processor
BOB ICB	Sole Controller
Click here to enter text.	Choose an item.
Click here to enter text.	Choose an item.

1.5.

Describe exactly what is being processed, why you want to process it and who will do any of the processing?

The following information will be requested from Providers for all individuals who have been seen by the Urgent Community Response services for financial year April 2021 to April 2022

- The Date and time the data set was created
- Your Organisation ODS Code
- NHS Number
- Referral to Treatment Start Date
- Referral to Treatment Start Time
- Referral to Treatment End Date
- Referral to Treatment End Time
- Service Discharge Date
- Waiting Time Measurement Type - Expected to be either 05, 06, 07 or 08.
- Service or Team Type Referred To Code - Expected to be either 45, 51, 52, 53 or 54.

The CSU will use this information to review the individual's journey to see if they had contact with Buckinghamshire, Oxfordshire or Berkshire acute hospitals or South Central Ambulance pre or post intervention within a specific time period in order to enable us to ascertain if admissions were avoided. This is the primary reason the services were commissioned.

1.6.

Tick here if you owe a duty of confidentiality to any information. ✓

If so, specify what types of information. (e.g. clinical records, occupational health details, payroll information)

Clinical records

1.7.

How are you satisfying the common law duty of confidentiality?

No disclosure due to anon/pseudo actions

If you have selected an option which asks for further information please enter it here

Click here to enter text.

1.8.

Are you applying any anonymisation/pseudonymisation technique or encryption to any of the data to preserve the confidentiality of any information?

Yes

If you are then describe what you are doing.

Information will be uploaded to the SCW Data Landing Platform by each of the three Trusts (data controllers). This will then be pseudonymised and then received by the CSU in the pseudonymised form for processing.

If you don't know then please find this information out as there are potential privacy implications with the processing.

1.9.

Tick here if you are intending to use any information for a purpose that isn't considered as direct patient care. ✓

If so describe that purpose.

Secondary use – analytics for commissioning purposes.

1.10.

Approximately how many people will be the subject of the processing?

1000 plus

1.11.

How are you collecting the data? (e.g. verbal, electronic, paper (if you need to add more selections then copy the last 'choose an item' and paste, the text has been left unlocked for you to do this.)

Other method not listed

Choose an item.

Choose an item.

Choose an item.

Choose an item.

If you have selected 'other method not listed' describe what that method is.

Information required is already held on Provider's systems and will be uploaded by them to the Data Landing Platform.

1.12.

How will you edit the data?

No edits required

1.13.

How will you quality check the data?

Ensure all fields are completed for all individuals. SCW applies data quality standards to data received.

1.14.

Review your business continuity or contingency plans to include this activity. Have you identified any risks?

No

If yes include in the risk section of this template.

1.15.

What training is planned to support this activity?

None required, standard procedure to extract data and upload to data landing platform and trained analysts at SCW to analyse as required

2. Linkage, Data flows, Sharing and Data Opt Out, Sharing Agreements, Reports, NHS Digital

2.1.

Are you proposing to combine any data sets?

Yes

If yes then provide the details here.

Submitted Community Trust data, Acute Trust data and South Central Ambulance service data for the same patient will be combined. Data will be linked to NHSD SUS data for commissioning purposes. Data is already supplied to SCW under Sch 6 agreement.

2.2.

What are the Data Flows? (Detail and/or attach a diagram if you have one).

Providers to upload .csv file extracted from their own systems to the SCW Data Landing Platform in template format provided.

SCW data services will pseudonymise the data so no PID remaining

SCW DMS to pass .csv to ICB via the standard return area (normal process)

2.3.

What data/information are you planning to share?

Results of analysis only i.e. number of individuals who received a service from an Urgent Community Response team who had conveyances, Emergency Department attendances, admissions and community Trust contacts pre and post Urgent Community Response within specific time periods up to 90 days, by county – Buckinghamshire, Oxfordshire and Berkshire West.

2.4.

Is any of the data subject to the National Data Opt Out?

No - it is not subject to the national data opt out

If your organisation has to apply it describe the agreed approach to this

[Click here to enter text.](#)

If another organisation has applied it add their details and identify what data it has been applied to

Data is pseudonymised before analysis so not subject to NDO

If you do not know if it applies to any of the data involved then you need to speak to your Data Protection Officer to ensure this is assessed.

2.5.

Who are you planning to share the data/information with?

High Level resulting analysis (no identifiable information) to be shared with Urgent and Emergency Care Board, Ageing Well Programme Board and Operational Delivery Group which comprises providers and partners involved in commissioning, referring to and delivering the Urgent Community Response services.

2.6.

Why is this data/information being shared?

To ensure the CCG/ICB is delivering the services that have been commissioned and assess effectiveness of measures taken

2.7.

How will you share it? (Consider and detail all means of sharing)

Shared with CCG via standard returns area

Analysis results will be shared by word document- report converted to pdf to be included in the above meeting papers and paper presented at these meetings which take place via Microsoft teams, are recorded and minutes taken and circulated.

Tick if you are planning to use Microsoft Teams or another similar online networking/meeting solution that may have the facility to store or record conversations or related data as part of the sharing arrangements

✓

Provide details of how you have considered any privacy risks of using one of these solutions

Data to be shared via Teams will be non-identifiable

2.8.
What data sharing agreements are or will be in place?
None required – Schedule 6 arrangements already in place

2.9.
What reports will be generated from this data/information?
As above

2.10.
Are you proposing to use Data that may have come from NHS Digital (e.g. SUS data, HES data etc.)?
Yes
If yes, are all the right agreements in place?
Yes
Give details of the agreement that you believe covers the use of the NHSD data
DARS and associated DSA for CCG/ICB already in place. Schedule 6 agreements.
If no or don't know then you need to speak to your Data Protection Officer to ensure they are put in place if needed.

3. Data Processor, IG Assurances, Storage, Access, Cloud, Security, Non-UK processing, DPA

3.1
Are you proposing to use a third party, a data processor or a commercial system supplier?
Yes
If yes use these spaces to add their details including their official name and address. If there is more than one then include all organisations. If you don't know then stop and try and find this information before proceeding.
South Central and West Commissioning Support Unit
[Click here to enter text.](#)
[Click here to enter text.](#)
[Click here to enter text.](#)
[Click here to enter text.](#)
[Click here to enter text.](#)

3.2
Is each organisation involved registered with the Information Commissioner? Copy and paste the last empty row in the table to add organisations where required (the text has been left unlocked for this purpose on that row only)

Name of organisation	Registered	Registration details or comments if not registered
Berkshire Healthcare NHS Foundation Trust	Yes	Z6964815
Buckinghamshire Healthcare NHS Trust	Yes	Z7752080
Oxford Health NHS Foundation Trust	Yes	Z1411013
SCW	Yes	Z2950066
	Choose an item.	Click here to enter text.

3.3



What IG assurances have been provided to you and does any contract contain IG clauses that protect you as the Controller? (e.g. in terms and conditions, their contract, their tender submission). Copy and paste the last empty row in the table to add organisations where required (the text has been left unlocked for this purpose on that row only)

All providers are contracted to provide this data to SCW for processing and onward sharing to the CCG/ICB under Schedule 6 agreement with NHSD.

Name of organisation	Brief description of assurances obtained
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

3.4

What is the status of each organisation's Data Security Protection Toolkit?

DSP Toolkit Status below is of 21-22 DSP Toolkit

Copy and paste the last empty row in the table to add organisations where required (the text has been left unlocked for this purpose on that row only)

Name of organisation	ODS Code	Status	Published date
Berkshire Healthcare NHS Foundation Trust	RWX	Standards Exceeded	30/06/2022
Buckinghamshire Healthcare NHS Trust	RXQ	Standards Not Met Improvement Plan submitted to NHSD	30/06/2022
Oxford Health NHS Foundation Trust	RNU	Approaching Standards Training has not reached 95% but improvement plan submitted	30/06/2022
South, Central and West CSU	ODF	Standards Exceeded	30/06/2022
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

3.5

How and where will the data/information be stored? (Consider your answer to 2.7 and the potential storage of data in any online meeting or networking solution).

It is planned that providers will submit data requested to the Data Landing Portal and this will be extracted by SCW's data management team as CSV files stored alongside other returns submitted by providers. Data will also be stored in SCW's Data warehouse to facilitate ease of linkage.

It is proposed that the following data sources will be linked with this data:

- SUS SEM Admitted Patient Care
- Emergency Care Data Set
- Community Services Data Set

- South Central Ambulance 999_MDS Data returns

All data from these sources is maintained in SCWs data Warehouse and data will be drawn from source and linked based on activity date time and a pseudonymous code used in place of the patient NHS Number.

Processed data will be stored in excel documents by BOB Analytics in SCW secure folder structure and shared via email.

3.6

How is the data/information accessed and how will this be controlled?

Warehoused data is available to SCW Analysts only, data stored in SCW folder structure is stored securely and access available only via authorised SCW credentials.

3.7

Is there any use of Cloud technology?

No

If yes add the details here.

[Click here to enter text.](#)

3.8

What security measures will be in place to protect the data/information?

Warehoused data is available to SCW Analysts only, data stored in SCW folder structure is stored securely and access available only via authorised SCW credentials.

Is a specific System Level Security Policy needed?

No

If yes or don't know then you need to speak to your Data Protection Officer to ensure one is put in place if needed.

3.9

Is any data transferring outside of the UK? (you must determine this so only select don't know if you have further investigations to make but the DPIA will not be approved without this information)

No

If yes describe where and what additional measures are or will be in place to protect the data.

[Click here to enter text.](#)

3.10

What Data Processing Agreement is already in place or if none, what agreement will be in place with the organisation and who will be responsible for managing it?

The CCG/ICB already has a DPA in place that covers this processing, managed by the CCG/ICB DPO and IG Lead.

4. Privacy Notice, Individual Rights, Records Management, Direct Marketing

4.1

Describe any changes you plan or need to make to your Privacy Notice and your proposed completion date?

(There is a checklist that can be used to assess the potential changes required or if you wish for it to be reviewed then add the link below).

None required – processing is already covered.

4.2



How will this activity impact on individual rights under the GDPR? (Consider the right of access, erasure, portability, restriction, profiling, automated decision making).

No impact.

4.3

How long is the data/information to be retained?

In accordance with NHS Code of Practice on Records Management.

4.4

How will the data/information be archived?

No archiving.

4.5

What is the process for the destruction of records?

Deleted from secure server at end of retention period.

4.6

What will happen to the data/information if any part of your activity ends?

CCG/ICB to require transfer or deletion of information by SCW.

4.7

Will you use any data for direct marketing purposes? (you must determine this so only select don't know if you have further investigations to make but the DPIA will not be approved without this information)

No

If yes please detail.

[Click here to enter text.](#)

5. Risks and Issues

5.1

What risks and issues have you identified? The DPO can provide advice to help complete this section and consider any measures to mitigate potential risks.

Describe the source of risk and nature of potential impact on individuals. <small>(Include associated compliance and corporate risks as necessary and copy and paste the complete bottom row to add more risks (the text has been left unlocked in both tables to enable you to do this)).</small>	Likelihood of harm	Severity of harm	Overall risk
Unauthorised processing – only individuals within cohort to be included in upload to DLP	Possible	Minimal	Low
Unauthorised access to personal data	Possible	Minimal	Low
Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Choose an item.	Choose an item.	Choose an item.

5.2

Identify additional measures you could take to reduce or eliminate risks identified as medium or high risk in 5.1

Risk	Options to reduce or eliminate risk	Effect on risk	Residual risk	Measure approved (SIRO)
Unauthorised processing – only individuals within	Provider to ensure that only eligible individuals are included in the data set	Reduced	Low	Choose an item.



cohort to be included in upload to DLP				
Unauthorised access to personal data	Established process for upload of PID, pseudonymisation, and RBAC permissions for analysts to secure storage, no identifiable data is released to the CCG/ICB	Reduced	Low	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
5.3 What if anything would affect this piece of work? n/a				
5.4 Please include any additional comments that do not fit elsewhere in the DPIA? Click here to enter text.				
6. Consultation				
6.1 Have you consulted with any external organisation about this DPIA? No If yes, who and what was the outcome? If no, detail why consultation was not felt necessary. Standard process already in use. No personal data is shared to CCG/ICB				
6.2 Will you need to discuss the DPIA or the processing with the Information Commissioners Office? (You may need the help of your DPO with this) No If yes, explain why you have come to this conclusion. Click here to enter text.				
7. Data Protection Officer Comments and Observations				
7.1 Comments/observations/specific issues	Click here to enter text.			
8. Review and Outcome				
Based on the information contained in this DPIA along with any supporting documents, you have determined that the outcome is as follows: A) There are no further actions needed and we can proceed If you have selected item B), C) or D) then please add comments as to why you made that selection Click here to enter text. We believe there are Choose an item.				



If you have selected item B) or C) then list these in the amber boxes below and then consider additional measures you could take and include these in the green boxes below

Residual risks and nature of potential impact on individuals. (Include associated compliance and corporate risks as necessary and copy and paste the complete bottom row to add more risks (the text has been left unlocked in both tables to enable you to do this)).	Likelihood of harm	Severity of harm	Overall risk
Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Choose an item.	Choose an item.	Choose an item.

Additional measures you could take to reduce or eliminate residual risks identified as medium or high risk above (B and C)				
Risk	Options to reduce or eliminate risk	Effect on risk	Residual risk	Measure approved (SIRO)
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.

Signed and approved on behalf of South, Central and West CSU

Name: [Redacted]

Job Title: [Redacted]

Signature: [Redacted] Date: 29/06/2022

Signed and approved on behalf of BOB ICB

Name: [Redacted]

Job Title: [Redacted]

Signature: Authorised by email below Date: 08/07/2022

Please note:

You should ensure that your Information Asset Register and Data Flow Mapping Schedules are updated where this is relevant.

This DPIA can be disclosed if requested under the Freedom of Information Act (2000). If there are any exemptions that should be considered to prevent disclosure detail them here:

[Click here to enter text.](#)

From: [REDACTED] (NHS OXFORDSHIRE CCG)
Sent: 01 July 2022 17:08
To: [REDACTED] (NHS SOUTH, CENTRAL AND WEST COMMISSIONING SUPPORT UNIT) <[REDACTED]>
Subject: RE: DPIA for DPO approval please - BOB DPIA UCR.docx

Dear [REDACTED]

As DPO I confirm I am happy with the DPIA although would suggest section 3.4 is updated to reflect submission of the DSPTs for 2021/22 as below.

Also, you need to include your organisation name where you have signed the document.

Apologies, I wasn't clear from the request to confirm I am happy with the DPIA whether this meant I needed to sign it or if it is going to the SIRO or Caldicot Guardian for sign-off.

Kind regards

[REDACTED]

RWX	BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST	21/22 Standards Exceeded	30/06/2022
RXQ	Buckinghamshire Healthcare NHS Trust	21/22 Standards Not Met	30/06/2022
RNU	OXFORD HEALTH NHS FOUNDATION TRUST	21/22 Approaching Standards	30/06/2022

[REDACTED]

[REDACTED] Data Protection Officer (DPO)

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

E: [REDACTED] **Web:** bucksoxonberksw.icb.nhs.uk

T: [REDACTED]

Jubilee House, 5510 John Smith Drive, Oxford. OX4 2LH



