

Data Protection Impact Assessment (DPIA) Template

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 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 checked="" 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 type="checkbox"/>
Include data concerning vulnerable data subjects;	<input 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 :	24/10/2023
Title of the activity/processing:	Survey to scope Independent Prescribers and DPPs
Who is the person leading this work?	██████████
Who is the Lead Organisation?	BOB ICB
Who has prepared this DPIA?	██████████
Who is your Data Protection Officer (DPO)?	██████████
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).	I am the non-medical prescribing lead for BOB ICS. I propose the following: <ol style="list-style-type: none"> 1. Scope independent (non-medical) prescribers to understand current capacity and develop a database. 2. Scope for Designated Prescribing Practitioners (DPPs) from current pool of independent prescribers to support future workforce. 3. This data is required to keep an up-to-date register of independent prescribers to ensure they are offered appropriate further training. 4. The survey is on a MS form – see attached and data will be directly downloaded to an Excel spreadsheet on personal one-drive.
Are there multiple organisations involved? (If yes – you can use this space to name them, and who their key contact for this work is).	Yes. Survey to be sent to PCNs/GP practices, Community Pharmacies, OUH, Royal Berkshire NHS Trust, Bucks HC NHS Trust, Oxford Health NHS Trust, Berkshire Health NHS Trust. Sent to Independent Prescribers in trusts, sent to practice managers in GP practices, PCN pharmacists and via Community Pharmacy Thames Valley newsletter.
Can you think of any other Key Stakeholders that should be consulted or involved in this DPIA? (If so then include the details here).	No
Detail anything similar that has been undertaken before?	Surveys undertaken in other ICSs.

1. Categories, Legal Basis, Responsibility, Processing, Confidentiality, Purpose, Collection and Use		
1.1.		
What data/information will be used?	Tick or leave blank	Complete
Tick all that apply.		
Personal Data	<input checked="" type="checkbox"/>	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	<input type="checkbox"/>	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	Tick or leave blank <input checked="" type="checkbox"/>
Why are you relying on consent from the data subject? The scoping survey will be filled in by the data subject so it will be clear that consent is being obtained. Also the survey is not mandatory.	
What is the process for obtaining and recording consent from the Data Subject? (How, where, when, by whom). A consent statement with option to remove consent	
Describe how your consent form is compliant with the Data Protection requirements? (There is a checklist that can be used to assess this). Click here to enter text.	
b) IT IS NECESSARY FOR THE PERFORMANCE OF A CONTRACT TO WHICH THE DATA SUBJECT IS PARTY	Tick or leave blank <input type="checkbox"/>
(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 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	Tick or leave blank <input type="checkbox"/>
(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).	
Identify the legislation or legal obligation you believe requires you to undertake this processing. Click here to enter text.	
d) IT IS NECESSARY TO PROTECT THE VITAL INTERESTS OF THE DATA SUBJECT OR ANOTHER NATURAL PERSON	Tick or leave blank <input type="checkbox"/>
(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).	
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	Tick or leave blank <input type="checkbox"/>
(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).	
What statutory power or duty does the Controller derive their official authority from? Click here to enter text.	
f) IT IS NECESSARY FOR THE LEGITIMATE INTERESTS OF THE CONTROLLER OR THIRD PARTY	Tick or leave blank <input type="checkbox"/>
(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).	
What are the legitimate interests you have? Click here to enter text.	

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

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"/>
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 (Requirements for this are the same as those detailed above in section 1.2, d))	Tick or leave blank <input type="checkbox"/>
<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>	NA
<i>e) The data has been made public by the data subject</i>	NA
<i>f) For legal claims or courts operating in their judicial category</i>	NA
g) SUBSTANTIAL PUBLIC INTEREST (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).	Tick or leave blank <input type="checkbox"/>
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 (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"/>
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 (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"/>
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. (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"/>

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
BOB ICB	Sole Controller
Click here to enter text.	Choose an item.
Click here to enter text.	Choose an item.
Click here to enter text.	Choose an item.
Click here to enter text.	Choose an item.
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?

Data is being processed to build a database of non-medical (independent) prescribers in primary care and create a database for potential designated prescribers. Names, e-mail address, profession, job title, place of work and qualification are captured to facilitate the process. Sample of form attached here.

<https://forms.office.com/Pages/ResponsePage.aspx?id=sITDN7CF9UeyIge0jXdO4wNM-mqpxKpOhkgsoTZvyspUREJPTlkzVjY1V1FIVVJLTDI4RU5YQ044Sy4u>

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)

1.7.

How are you satisfying the common law duty of confidentiality?

Consent - Explicit

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

Consent requested on scoping survey and option given to opt out of data storage at any time.

1.8.

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

No

If you are then describe what you are doing.

Click here to enter text.

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.

Data is collected to produce a database of IPs so can ensure they receive information about future learning opportunities to optimise their prescribing and ensure they are keeping up to date with their practice as per RPS competencies. Database of DPPs will support developing future IPs including pharmacists who will qualify as prescribers post 2025-26.

1.10.

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

100 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.)

Electronic form

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.

[Click here to enter text.](#)

1.12.

How will you edit the data?

Do not need to edit data as will be downloaded straight onto an Excel spreadsheet and stored on secured folder with controlled password.

1.13.

How will you quality check the data?

Not required.

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?

Not required, only I will look over the data and it is not being edited in any way.

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

2.1.

Are you proposing to combine any data sets?

No

If yes then provide the details here.

[Click here to enter text.](#)

2.2.

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

Data from MS form will be downloaded directly into an Excel spreadsheet and saved in the password secured folder. List will be used to contact potential prescribers for their service.

2.3.

What data/information are you planning to share?

Data captured in the database of prescribers/potential prescribers – names, e-mail, profession, qualification and job title.

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

[Click here to enter text.](#)

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?

If they are interested in being a DPP then a follow up email will be sent seeking consent to share their details to potential trainee IP candidates.

2.6.

Why is this data/information being shared?

To enable those interested to become DPPs and support the future workforce. Only shared with further consent being granted via email.

2.7.

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

Via targeted email to obtain further consent.

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

[Click here to enter text.](#)

2.8.

What data sharing agreements are or will be in place?

None required.

2.9.

What reports will be generated from this data/information?

Numbers of IPs and potential DPPs per county in BOB ICS.

2.10.

Are you proposing to use Data that may have come from NHS Digital (e.g. SUS data, HES data etc.)?

No

If yes, are all the right agreements in place?

Choose an item.

Give details of the agreement that you believe covers the use of the NHSD data

[Click here to enter text.](#)

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?

No

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.

[Click here to enter text.](#)

[Click here to enter text.](#)

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[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
BOB ICB	Yes	ZB343068
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	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)

Name of organisation	Brief description of assurances obtained
BOB ICB	DSPT tool kit submissions
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

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
BOB ICB	QU9	Standards exceeded	27/06/2023
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.
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.

3.5

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).

In Excel spreadsheet on password secured folder

3.6

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

Data will be stored in secured folder accessed by project lead and one administration assistant with password.

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?

Ensuring only accessed by limited number of staff (project lead and one other admin) and that password protected folder.

Is a specific System Level Security Policy needed?

Choose an item.

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?

Not required, data within ICB only

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.

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 – individual rights will be according to ICB policy

4.3

How long is the data/information to be retained?

Data will be retained in accordance with ICB data retention policy.

4.4

How will the data/information be archived?

Data will be archived in accordance with ICB records management policy.

4.5

What is the process for the destruction of records?

Data will be destroyed in line with ICB records management policy

4.6

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

Will ensure data is deleted or database transferred to appropriate replacement in accordance to the ICB records management policy.

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
Data being shared outside of my personal one-drive inadvertently	Remote	Significant	Medium
Data being retained beyond need e.g. if not updated at regular intervals	Remote	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)
Data being shared outside of my personal one-drive inadvertently	Test process before sharing scoping survey – this has already been completed with a colleague	Eliminated	Low	Choose an item.
Data being retained beyond need e.g. if not updated at regular intervals	Process in place to keep database up to date e.g. ensure individuals inform me if they move out of role/ICB.	Eliminated	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?

Nothing I am aware of now.

5.4

Please include any additional comments that do not fit elsewhere in the DPIA?

None

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.

Click here to enter text.

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.

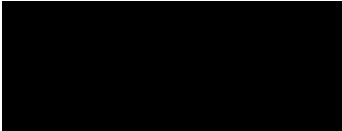
Additional measures you could take to reduce or eliminate residual risks identified as medium or high risk above (B and C)

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 Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board

Name: XXXXXXXXXX

Job Title: Data Protection Officer

Signature:  Date: 15/11/2023

Signed and approved on behalf of [Click here to enter text.](#)

Name: [Click here to enter text.](#)

Job Title: [Click here to enter text.](#)

Signature: [Click here to enter text.](#) Date: [Click here to enter a date.](#)

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.](#)