NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

REF- 23/24-020

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;	☐
Process **special-category data or criminal-offence data on a large scale**;	☐
Monitor a publicly accessible place on a large scale;	☐
Use **innovative technology** in combination with any of the criteria in the European guidelines;	☐
Carry out **profiling** on a large scale;	☐
Process biometric or genetic data in combination with any of the criteria in the European guidelines;	☐
Combine, compare or match data from multiple sources;	☐
Process personal data **without providing a privacy notice** directly to the individual in combination with any of the criteria in the European guidelines;	✓
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;	☐
Process **children's** personal data for profiling or automated decision-making or for marketing purposes, or offer online services directly to them;	☐
Process personal data that could result in a **risk of physical harm** in the event of a security breach.	☐

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;	✓
Plan to do evaluation or scoring;	✓
Want to use systematic monitoring;	☐
Process sensitive data or data of a highly personal nature;	✓
Processing data on a large scale;	☐
Include data concerning vulnerable data subjects;	☐
Plan to use innovative technological or organisational solutions;	☐

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:	South East Children and Young People (CYP) Diabetes Technology Project
Who is the person leading this work?	[redacted]
Who is the Lead Organisation?	BOB ICB / NHSE
Who has prepared this DPIA?	[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).	This project has been commissioned by NHSE as part of their CYP Transformation and CORE20 Plus 5 programmes. Its remit is across the NHSE South East region and is hosted by BOB ICB. It aims to tackle inequalities in access to diabetes technologies for CYP across the SE Region by providing both clinic-wide and specific patient support activities. We will work with external Paediatric Diabetes Units to streamline care pathways, education and communication resources. We will share good practice from across the region as well as use national resources. When invited to, we will offer direct support for specific patients, for example during insulin pump starts, with our registered HCPs joining the existing clinical team whilst they begin new processes and/or technologies. Data sharing and processing for these specific cases will follow existing processes in place at each external supported unit. Data shared for this purpose will remain within HSCN networks, for example, using DCB1596 networks (such as NHSmail, appropriate and NHS-hosted Microsoft 365 services). Access to Supported Unit clinical systems to support care of individual patients within that unit will take place following the policies and procedures of the Supported Unit. Data held within those systems will remain within those systems and will not be transferred to BOB unless it is shared by a member of the Supported Unit as part of that individual patient's clinical care and only after appropriate consent has been received and recorded by the Supported Unit. In order to determine the type of support required for each unit, and track the effectiveness of the project's interventions, we envisage each unit sharing clinical-wide data. Although some personal data is shared through this process, patients cannot be directly identified from these data. Data requested is a subset of that provided by centres as part of their regular, mandatory, audit returns under the National Paediatric Diabetes Audit, hosted by the Royal College of Paediatrics and Child Health. Data will be digitally shared with BOB within HSCN DCB1596 compliant networks, such as NHSmail or NHS-hosted Microsoft 365 services). Data categories collated via the NPDA audit but not required for

	this project will not be included in the data transferred or processed outside of each external supported unit.
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 – all Paediatric Diabetes Units in NHSE's SE region (**https://www.england.nhs.uk/south-east/**) are invited to join this project
Can you think of any other Key Stakeholders that should be consulted or involved in this DPIA? (If so then include the details here).	• NHS Buckinghamshire, Oxfordshire and Berkshire West ICB • NHSE SE CYP Transformation Programme Team
Detail anything similar that has been undertaken before?	This work is part of a wider programme of NHSE commissioned CYP Transformation projects

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

1.1.

What data/information will be used? Tick all that apply.	Tick or leave blank	**Complete**
Personal Data	✓	1.2
Special Categories of Personal Data	✓	1.2 AND 1.3
Personal Confidential Data	☐	1.2 AND 1.3 AND 1.6
Sensitive Data (usually criminal or law enforcement data)	☐	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	✓	Consider at what point the data is to be anonymised
Commercially Confidential Information	☐	Consider if a DPIA is appropriate
Other	☐	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**
	☐

Why are you relying on consent from the data subject?

Supported Units will consent individual patients / parents (the Data Subject) for specific cases where the Project team are invited to support direct clinical care of that individual patient (e.g. to support start of an insulin pump). This does not extend to the clinic-wide audit data also collected as part of this project (see later)

What is the process for obtaining and recording consent from the Data Subject? (How, where, when, by whom).

The Supported Unit will obtain and record consent from the Data Subject following their local processes, as used currently to include registered health care professionals and/or medtech representatives in these activities. We require each Supported Unit to confirm in writing (e.g. email) that consent has been obtained before proceeding with direct support of each individual Data Subject.

Describe how your consent form is compliant with the Data Protection requirements? (There is a checklist that can be used to assess this).

We will not be relying on consent processes (and consent forms when used) issued by the Supported Unit and will not be using our own consent form.

	Tick or leave blank

b) IT IS NECESSARY FOR THE PERFORMANCE OF A CONTRACT TO WHICH THE DATA SUBJECT IS PARTY (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 (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** ☐
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 (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** ☐
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** ✓
What statutory power or duty does the Controller derive their official authority from? Health and care Act 2021 Sec 3a 2 The ICB has responsibility in provision of services to the group of people whom it has core responsibility.	
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** ☐
What are the legitimate interests you have? Click here to enter text.	

Article 9 (2) conditions are as follows:	
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** ☐
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** ☐
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	**Tick or leave blank** ☐

(Requirements for this are the same as those detailed above in section 1.2, 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	*NA*
The data has been made public by the data subject	*NA*
For legal claims or courts operating in their judicial category	*NA*
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** ☐
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** ✓
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** ☐
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. (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** ☐

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
Ashford and St Peter's Hospitals NHS FT (St Peter's Hospital)	Sole Controller
Buckinghamshire Healthcare NHS Trust (Wycombe Hospital, Stoke Mandeville)	Sole Controller
Dartford and Gravesham NHS Trust (Darent Valley Hospital)	Sole Controller

East Kent Hospitals NHS FT (Kent and Canterbury Hospital)	Sole Controller
East Sussex Healthcare NHS Trust (Conquest Hospital)	Sole Controller
Frimley Health NHS FT (Frimley Park Hospital, Wexham Park Hospital)	Sole Controller
Hampshire Hospitals NHS Trust (Basingstoke and North Hampshire Hospital, Royal Hampshire County Hospital)	Sole Controller
Isle of Wight NHS Trust (St Mary's Hospital)	Sole Controller
Maidstone and Tunbridge Wells NHS Trust (Maidstone Hospital, Tunbridge Wells Hospital)	Sole Controller
Medway NHS FT (Medway Maritime Hospital)	Sole Controller
Oxford University Hospital NHS FT (John Radcliffe Hospital)	Sole Controller
Portsmouth Hospitals University NHS Trust (Queen Alexandra Hospital)	Sole controller
Royal Berkshire NHS FT (Royal Berkshire Hospital)	Sole controller
Royal Surrey County Hospital NHS FT (RSCH)	Sole controller
Surrey and Sussex Healthcare NHS Trust (East Surrey Hospital)	Sole controller
University Hospital Southampton NHS FT (Southampton General Hospital)	Sole Controller
University Hospitals Sussex NHS FT (Royal Alexandra Children's Hospital, St Richard's Hospital, Worthing Hospital)	Sole Controller
BOB ICB	Data Processor

1.5.

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

Data processing will take place at two levels:

1) Clinic Wide data capture and transfer

This data flow currently ongoing at a clinic-level as part of the existing National Paediatric Diabetes Audit (run by the RCPCH), but minimises the personal data collected to that specifically required for this project. This data is required more frequently than can be achieved via the RCPCH in order to assess the project's performance and adjust our contributions to each external supported unit accordingly. Data is processed so that it can be reviewed at clinic level and also at across various clinic and region level population demographics (e.g. age bands, gender, socio-economic levels). Individual patient-level data is not further processed or shared.

Data Categories	Is this field used in this project?	Is this field used in NPDA? (i.e. to flag data items that may have to be removed from each sites default NPDA template before transfer within this project)	Justification (every data item must be justified – consider which items could be removed without compromising needs of the project)
Personal Data			
Name	N	N	
NHS Number	**N**	Y	Note: Used in NPDA to track patient through audit years and link to NHS datasets. **Not** required for remit of this project
Address	N	N	
Postcode	Y	Y	Postcode is used to generate an Index of Multiple Deprivation (IMD), and is transferred to BOB
Date of Birth	**N**	Y	Note: Used in NPDA. **Not** required for remit of this project
Data of Death	**N**	Y	Note: Used in NPDA. **Not** required for remit of this project
Age	**Y**	N	Derived from birth date locally at each supported unit. Age is transferred to BOB, DoB is not
Sex	N	Y	Note: Used in NPDA. **Not** required for remit of this project, inequality impact picked up under Gender
Marital Status	N	N	
Gender	Y	Y	Used to identify possible inequalities in technology uptake
Living Habits	N	N	
Professional Training / Awards	N	N	

Income / Financial / Tax Situation	N	N	
Email Address	N	N	
Physical Description	N	N	
General identifier eg Hospital Number	**N**	Y	Note: Used in NPDA. **Not** required for remit of this project
Home Phone Number	N	N	
Online Identifier eg IP Address / Event Logs	N	N	
Website Cookies	N	N	
Mobile Phone / Device Number	N	N	
Device Mobile Phone / Device IMEI No	N	N	
Location Data (Travel / GPS / GSM Data)	N	N	
Device MAC Address (Wireless Network Interface)	N	N	
Sensitive Personal Data			
Physical / Mental Health or Condition	Y	Y	**Subset** of NPDA collected data will be transferred: Diabetes and related conditions only; HbA1c data transferred
Sexual Life / Orientation	N	N	
Family / Lifestyle / Social Circumstance	**N**	Y	Note: Used in NPDA to collect smoking status. **Not** required for remit of this project
Offences Committed / Alleged to have Committed	N	N	
Criminal Proceedings / Outcomes / Sentence	N	N	
Education / Professional Training	N	N	

Employment / Career History	N	N	
Financial Affairs	N	N	
Religion or Other Beliefs	N	N	
Trade Union Membership	N	N	
Racial / Ethnic Origin	Y	Y	Used to monitor inequality of technology use
Biometric Data (Fingerprints / Facial Recognition)	N	N	
Genetic Data	N	N	
Other Data Items			
CGM Type	Y	N/A	Continuous Closed Loop Manufacturer / Model / None, to determine potential inequalities in access to specific technologies
Pump Type	Y	N/A	Insulin Pump Manufacturer / Model / None, to determine potential inequalities in access to specific technologies
HCL Type	Y	N/A	Hybrid Closed Loop Manufacturer / Model / None, to determine potential inequalities in access to specific technologies
CGM Start Date	Y	N/A	Date started on first CGM, to determine potential inequalities in access to specific technologies
Pump Start Date	Y	N/A	Date started on first Pump, to determine potential inequalities in access to specific technologies
HCL Start Date	Y	N/A	Date started on first HCL system, to determine potential inequalities in access to specific technologies

2) Patient-specific support at invitation of the supported unit

Data items below are specific to the individual patients being supported at the invitation of the Supported Unit.

Patients and their parents / guardians must be made aware of the additional support from outside of their PDU in writing and consent received and recorded by the Supported Unit. Email correspondence between HCPs must be across HSCN DCB1596 networks (such as NHSmail, appropriate and NHS-hosted Microsoft 365 services).

Access to Supported Unit clinical systems to support care of individual patients within that unit is to take place following the policies and procedures of the Supported Unit. Data held within those systems must remain within those systems and not transferred to BOB unless it is shared by a member of the Supported Unit as part of that individual patient's clinical care and only after appropriate consent has been received and recorded by the Supported Unit.

These data are used at an individual patient level to directly support clinical care. They will also be processed to deliver anonymised project performance statistics (e.g. how many patients have directly received education or pump start support).

Invited individual patient support

Data Categories	Is this field used in this project?	Is this data transferred to BOB (including via NHS.net email)?	Justification (every data item must be justified – consider which items could be removed without compromising needs of the project)
Personal Data			
Name	Y	Y	Required to interact with patient / carers at invited events, such as pump starts. Used as part of ID check.
NHS Number	Y	Y	May be present in some databases hosted by Supported Unit (which are not transferred to BOB) and some clinic correspondence (eg pump start invitation, which may be transferred to BOB)
Address	Y	Y	Required to interact with patient / carers at invited events, such as pump starts. Used as part of ID check.
Postcode	Y	Y	Required to interact with patient / carers at invited events, such as pump starts. Used as part of ID check.
Date of Birth	Y	Y	Required to interact with patient / carers at invited events, such as pump starts. Used as part of ID check.
Data of Death	N		
Age	Y	Y	May be present in some databases hosted by Supported Unit (which are not transferred to BOB) and some clinic correspondence (eg pump start invitation, which may be transferred to BOB)

Sex	Y	Y	May be present in some databases hosted by Supported Unit (which are not transferred to BOB) and some clinic correspondence (eg pump start invitation, which may be transferred to BOB)
Marital Status	N		
Gender	Y	Y	May be present in some databases hosted by Supported Unit (which are not transferred to BOB) and some clinic correspondence (eg pump start invitation, which may be transferred to BOB)
Living Habits	N		
Professional Training / Awards	N		
Income / Financial / Tax Situation	N		
Email Address	Y	Y	May be visible on MS Teams invitations sent out by Supported PDU and in email correspondence between parents / guardians / patient and clinical team
Physical Description	N		
General identifier eg Hospital Number	Y	Y	Will be present in some databases hosted by Supported Unit (which are not transferred to BOB) and some clinic correspondence (eg pump start invitation, which may be transferred to BOB)
Home Phone Number	Y	Y	May be present in some databases hosted by Supported Unit (which are not transferred to BOB) and some clinic correspondence (eg pump start invitation, which may be transferred to BOB)
Online Identifier eg IP Address / Event Logs	N		
Website Cookies	N		
Mobile Phone / Device Number	Y	Y	May be present in some databases hosted by Supported Unit (which are not transferred to BOB) and some clinic correspondence (eg pump start invitation, which may be transferred to BOB)

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	Y	Will be present in some databases hosted by Supported Unit (which are not transferred to BOB) and some clinic correspondence (eg pump start invitation, which may be transferred to BOB). This data item is likely to include information on microvascular / macrovascular disease indicators and outcomes, other comorbidities (including psychological distress) and/or risk factors
Sexual Life / Orientation	N		
Family / Lifestyle / Social Circumstance	Y	N	May be present in some databases hosted by Supported Unit (which are not transferred to BOB)
Offences Committed / Alleged to have Committed	N		
Criminal Proceedings / Outcomes / Sentence	N		
Education / Professional Training	Y	N	May be present in some databases hosted by Supported Unit (which are not transferred to BOB)
Employment / Career History	Y	N	May be present in some databases hosted by Supported Unit (which are not transferred to BOB)
Financial Affairs	N		
Religion or Other Beliefs	N		
Trade Union Membership	N		

Racial / Ethnic Origin	Y	N (not linked to identifiable patient)	May be present in some databases hosted by Supported Unit (which are not transferred to BOB). (Transferred to BOB in anonymised form as part of clinic-wide scope in Table 1)
Biometric Data (Fingerprints / Facial Recognition)	N		
Genetic Data	N		
Other Data Items			
CGM Type	Y	Y	Continuous Closed Loop Manufacturer / Model / None, as part of technology start / education support
Pump Type	Y	Y	Insulin Pump Manufacturer / Model / None, as part of technology start / education support
HCL Type	Y	Y	Hybrid Closed Loop Manufacturer / Model / None, as part of technology start / education support
CGM Start Date	Y	Y	Date started on first CGM, as part of technology start / education support
Pump Start Date	Y	Y	Date started on first Pump, as part of technology start / education support
HCL Start Date	Y	Y	Date started on first HCL system, as part of technology start / education support

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?

Reasonable expectations (please specify)

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

Clinic-wide data collection mirrors that of the NPDA audit, omitting personal information not required for this specific project and requesting additional information around the technologies used within each clinic. In line with the NPDA, we would be unable to confirm the identity of individual patients within the data provided from each supported unit and so, individual requests for data erasure or correction could not be acted upon at

that stage. However, supported units would be able to exclude data from individual patients from subsequent clinic-wide data collection, in line with their procedure for the NPDA audit.

Data collection that is undertaken under local consent at each supported unit, covers data sharing for individual patient care only. Any patient request for data erasure or correction would be made via the supported unit and the supported unit would pass on a specific request for any identifiable data held by the project team (as a result of a direct invitation from the supported unit to support them in their direct care of that individual patient). Receipt of such a request would result in steps taken within BOB's digital systems to delete or correct such data (e.g. deletion of NHS.net emails). Data processing and use of that dataset beyond individual care is pseudo-anonymised (see below). At that point, requests for data correction or erasure cannot be fulfilled as we will be unable to identify the specific patient.

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.

Data in Table 1 in Section 1.5 is already pseudonymised on arrival into BOB: patients cannot be identified within the context of this data alone. The patient's postcode will not be shared beyond the local project team at BOB and will be replaced by the Index of Multiple Deprivation (IMD) in any aggregated data sharing to stakeholders.

Data in Table 2 (direct patient clinical care) remains identifiable for the purposes of providing direct clinical care to support the Supported Unit. When used beyond direct care (e.g. for project performance and steering purposes), directly identifiable data are removed completely (anonymised) with the exception of the following steps to pseudonymise the data:

Original Data Item	Replaced Data Item
Patient DoB	Patient Age
Patient Postcode	IMD

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

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.

Clinic-wide data is collected to determine the status of each supported unit against the project's aims to improve access and effective use of diabetes technologies across the SE region's patient population. This data will be supplemented with non-identifiable project activity data, processed to deliver anonymised project performance statistics (e.g. how many patients have directly received education or pump start support; how technology use varies across various demographic groups).

Over 1,000 patients will be involved in the clinic-level audit-type data collection from paediatric diabetes units across the South East region, with ~100 likely to benefit from the project team's input into their direct clinical care when invited to do so by the supported paediatric diabetes unit.

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.)

By e-mail
Electronic form
Face to face - Video enabled
By telephone
Choose an item.

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

Clarifying here that clinic-wide data collection (Table 1 in 1.5) will collected by email (meeting DCB1596) or by electronic forms hosted by BOB ICB's Microsoft 365 platform. Data collected as part of providing direct clinical care to patients may involve other channels as above.

1.12.

How will you edit the data?

Data will be collected and edited within MS 365 applications, with access restricted to members of the project team. Data will be edited in order to provide reports at regional, unit, technology and patient cohort levels. This may involve combining data across timepoints and across different supported units. Examples include generating statistics on changes in uptake of a specific diabetes technology or within a specific IMD. Editing is anticipated to take place within MS Excel, with aggregated data presented and shared via MS 365 applications, such as MS Word and MS PowerPoint.

1.13.

How will you quality check the data?

Clinic-wide data will be cross-checked with each centre's most recent NPDA data (using **NPDA Online (rcpch.ac.uk)**) and reviewed in conjunction with senior staff from each centre and the project team in order to reconcile any differences, adjust data collection training or edit any clinic-wide data collected as part of this project. Patient-specific data, provided for direct clinical care

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?

Each member of the project team will have completed their Information Governance training (either at BOB or through the organisation providing the seconded post). Each members IG training must be kept up-to-date throughout the project. Additional training will be provided for project staff members editing or processing the data received and collated as part of this project. Training for staff at each outside supported unit involved in the collation and transfer to BOB of their clinic-wide audit data will be offered and provided by the project team. Such training will include how to collate data locally and transfer it securely to the project team at BOB.

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.

Data collected under this project will be edited in order to provide reports at regional, unit, technology and patient cohort levels. This may involve combining data across timepoints and across different supported units. Project acquired data is likely to be combined with unit-level data publicly available via the National Paediatric Diabetes Audit (NPDA), run by the RCPCH. Examples include generating statistics on changes in uptake of a specific diabetes technology or within a specific IMD.

2.2.

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

a) Clinic-wide data

At each supported unit

- Identifiable data from local (supported unit) electric patient record and clinic support systems (e.g. local EPR, Twinkle) → local NPDA audit data collection template form
- De-identified data from local data collection template form to locally held template for sharing specific data required for this project (e.g. removal of patient ID numbers, replacement of DoB with age, replacement of postcode with IMD)
- Transfer of de-identified clinic-wide data to project team via electronic form or email

At BOB ICB

- Aggregation with other clinic-wide data streams
- Trend and analysis processing
- Review within BOB ICB project team

With stakeholders

- Aggregated data and analysis shared with CYP and NHSE transformation stakeholders

b) Patient-specific care (each patient invited and consented by local supported unit)

At each supported unit

- Identifiable data from local (supported unit) electric patient record and clinic support systems (e.g. local EPR, Twinkle) sent by supported unit clinical team as part of direct clinical support
- Patients identified and consented by each supported unit
- Transfer of identifiable patient-specific data to project team via electronic form or email

At BOB ICB

- Use of identifiable patient-specific data to support the clinical team's direct clinical care for these specific cases only
- De-identifiable data extracted from these data
- Trend and analysis processing from this de-identifiable data
- Review within BOB ICB project team

With stakeholders

- Aggregated data and analysis shared with CYP and NHSE transformation stakeholders

Identifiable / de-identifiable terms used in the context of this data only

2.3.

What data/information are you planning to share?

Aggregated, clinic level data will be shared with stakeholders (e.g. CYP networks across the SE region, NHSE CYP transformation team)

2.4.

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

Yes - it has already been applied

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

Based on the data items transferred to BOB, we will be unable to identify and, if necessary, remove patients who have chosen to use the National Opt Out service. Therefore, we will request each supported unit, removes any such patients and their data from the data transferred to the project team.

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?

Aggregated data will be shared with stakeholders such as CYP diabetes network, NHSE CYP transformation team. Processed clinic-specific data will be shared back to each individual clinic.

2.6.
Why is this data/information being shared?
In order to support paediatric diabetes units, regional CYP diabetes networks and the NHSE SE region in their shared ambition to reduce inequalities across patient populations regarding access to diabetes technologies. These data are required to track changes at clinic, network and regional levels and to identify areas of greatest need and the most effective interventions to tackle them.

2.7.
How will you share it? (Consider and detail all means of sharing)
At individual clinic level – oral presentation (including remotely over MS Teams), summary reports at clinic-level (MS Word and PDF), in-depth clinic-wide data (MS Excel and PowerPoint) to each supported unit of their processed and analysed data

At Network and Regional level – Oral presentation (including remotely over MS Teams), poster presentation of aggregated data, summary reports (MS Word, PDF) at network and regional levels, more in-depth data (MS Excel and PowerPoint)

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
On-line sessions over MS Teams supporting direct clinical care (e.g. pump start sessions) will not be recorded and will be set-up by the supported unit, who remain responsible for direct patient clinical care). Invitations forwarded to other participants will be flagged to the meeting organiser, who should check that they are appropriate (e.g. forwarded by one parent to another parent).

Only non-identifiable (and at times) aggregated data only will be shared during any event being recorded. Project team members presenting data to network, regional or national meetings should treat every online session on the basis that it may be disseminated beyond that meeting and ensure their oral narrative is compatible with that.

2.8.
What data sharing agreements are or will be in place?

Data sharing agreements will be in place between BOB ICB and each external supported unit.

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

A project summary report will be generated at the end of the project and presented to the NHSE CYP transformation team. Additional, interim reports may be requested and provided to NHSE CYP and regional (SE) CYP networks.

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?
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.
Buckinghamshire, Oxfordshire and Berkshire (BOB ICB)
Sandford Gate
Sandy West
OX4 6LB
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
Ashford and St Peter's Hospitals NHS FT (St Peter's Hospital)	Yes	ZA030561
Buckinghamshire Healthcare NHS Trust (Wycombe Hospital, Stoke Mandeville)	Yes	Click here to enter text. Z7752080
Dartford and Gravesham NHS Trust (Darent Valley Hospital)	Yes	Z4828025
East Kent Hospitals NHS FT (Kent and Canterbury Hospital)	Yes	Z9093025
East Sussex Healthcare NHS (Conquest Hospt)	Yes	Z2917271

Frimley Health NHS FT (Frimley Park Hospital, Wexham Park Hospital)	Yes	Z5031452
Isle of Wight NHS Trust (St Mary's Hospital)	Yes	Z3116597
Hampshire Hospitals NHS Trust (Basingstoke and North Hampshire Hospital, Royal Hampshire	Yes	Z5599447
Maidstone and Tunbridge Wells NHS Trust (Maidstone Hospital, Tunbridge Wells Hospital)	Yes	Z9042352
Medway NHS FT (Medway Maritime Hospital)	Yes	Z5002033
Oxford University Hospital NHS FT (John Radcliffe Hospital)	Yes	ZA152461
Portsmouth Hospitals University NHS Trust (Queen Alexandra Hospital)	Yes	Z5031878
Royal Berkshire NHS FT (Royal Berkshire Hospital)	Yes	Z7044786
Royal Surrey County Hospital NHS FT (RSCH)	Yes	Z1767131
Surrey and Sussex Healthcare NHS Trust (East Surrey Hospital)	Yes	Z720627X
University Hospital Southampton NHS FT (Southampton General Hospital)	Yes	Z4989884
University Hospitals Sussex NHS FT (Royal Alexandra Children's Hospital, St Richard's Hospital, Worthing Hospital)	Yes	Z1745658
BOB ICB	Yes	ZB343068

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
Ashford and St Peter's Hospitals NHS FT (St Peter's Hospital	DSPT
Buckinghamshire Healthcare NHS Trust (Wycombe Hospital, Stoke Mandeville)	Approaching DSPT Standards – See risk section 5.1 and 5.2
East Kent Hospitals NHS FT (Kent and Canterbury Hospital)	DSPT
East Sussex Healthcare NHS Trust (Conquest Hospital)	DSPT
Frimley Health NHS FT (Frimley Park Hospital, Wexham Park Hospital)	DSPT
Hampshire Hospitals NHS Trust (Basingstoke and North Hampshire Hospital, Royal Hampshire County Hospital)	DSPT
Isle of Wight NHS Trust (St Mary's Hospital)	DSPT
Maidstone and Tunbridge Wells NHS Trust (Maidstone Hospital, Tunbridge Wells Hospital)	Approaching DSPT Standards– See risk section 5.1 and 5.2
Medway NHS FT (Medway Maritime Hospital)	Approaching DSPT standards – See risk section 5.1 and 5.2
Oxford University Hospital NHS FT (John Radcliffe Hospital)	DSPT
Portsmouth Hospitals University NHS Trust (Queen Alexandra Hospital)	Approaching DSPT standards – See risk section 5.1 and 5.2
Royal Berkshire NHS FT (Royal Berkshire Hospital)	Approaching DSPT standards – See risk section 5.1 and 5.2
Royal Surrey County Hospital NHS FT (RSCH)	DSPT
Surrey and Sussex Healthcare NHS Trust (East Surrey Hospital)	DSPT

University Hospital Southampton NHS FT (Southampton General Hospital)	Approaching DSPT standards – See risk section 5.1 and 5.2
University Hospitals Sussex NHS FT (Royal Alexandra Children's Hospital, St Richard's Hospital, Worthing Hospital)	DSPT
Dartford and Gravesham NHS Trust (Darent Valley Hospital)	DSPT

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
Ashford and St Peter's Hospitals NHS FT (St Peter's Hospital)	RTK	Standard Met	30/06/2023
Buckinghamshire Healthcare NHS Trust (Wycombe Hospital, Stoke Mandeville)	RXQ	Approaching Standards	18/08/23
Dartford and Gravesham NHS Trust (Darent Valley Hospital)	RN7	Standards Met	30/06/2023
East Kent Hospitals NHS FT (Kent and Canterbury Hospital)	RVV	Standards Exceeded	06/06/2023
East Sussex Healthcare NHS Trust (Conquest Hospital)	RXC	Standards Met	30/06/2023
Frimley Health NHS FT (Frimley Park Hospital, Wexham Park Hospital)	NDA27	Standards Met	20/06/2023
Hampshire Hospitals NHS Trust (Basingstoke and North Hampshire Hospital, Royal Hampshire County Hospital)	RN5	Standards Met	30/06/2023

Isle of Wight NHS Trust (St Mary's Hospital)	R1F	Standards Met	28/06/2023
Maidstone and Tunbridge Wells NHS Trust (Maidstone Hospital, Tunbridge Wells Hospital)	RWF	Approaching Standards	29/06/2023
Medway NHS FT (Medway Maritime Hospital)	RPA	Approaching Standards	29/06/2023
Oxford University Hospitals	RTH	Standards Met	30/06/2023
Portsmouth Hospitals University NHS Trust (Queen Alexandra Hospital)	RHU	Approaching Standards	30/06/2023
Royal Berkshire NHS FT (Royal Berkshire Hospital)	RHW	Approaching Standards	14/07/2023
Royal Surrey County Hospital NHS FT (RSCH)	NDA14	Standards Met	20/06/2023
Surrey and Sussex Healthcare NHS Trust (East Surrey Hospital)	RTP	Standards Met	29/06/2023
University Hospital Southampton NHS FT (Southampton General Hospital)	RHM	Approaching Standards	15/06/2023
University Hospitals Sussex NHS FT (Royal Alexandra Children's Hospital, St Richard's Hospital, Worthing Hospital)	RYR	Standards Met	21/07/2023

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).

Data will be stored on

- BOB ICB's Active Directory file storage areas (with access limited to individual members of the project team)
- File storage provided as part of BOB ICB hosted MS 365 services (such as MS SharePoint, MS OneDrive and MS Teams, with access limited to members of the project team)
- File storage associated with the NHS.net email system (hosted by MS, with access to email attachments limited to recipients of associated emails)
- Files shared during MS Teams meeting events (e.g. MS PowerPoint, Meeting chat conversations, Meeting recordings, limited to participants of each MS Teams event.

3.6

How is the data/information accessed and how will this be controlled?
All information is held on systems within the HSCN or compliant with their standards for data access and security (eg MS 365 hosted by BOB ICS and its partner organisations). Access will be limited to individual file / folder areas (each member of the project team) or by the MS Teams channel / MS SharePoint owner(s) (again, always a member of the project team). The project team will have access to a data sharing policy covering patient specific, clinic (supported unit) and aggregated, regional level data, which each team member will confirm they have read and understood.

3.7
Is there any use of Cloud technology?
Yes

If yes add the details here.
MS365 services, hosted by BOB ICS and its partners, will include the use of cloud-based services, hosted within the UK.

3.8
What security measures will be in place to protect the data/information?
Standard user-level security levels used within NHS IT networks will be in place to protect data / information

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?
NHSE led project

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

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).
With the exception of personal data shared by the supported unit to support the care of specific, individual patients, none of the personal data shared with the project team at BOB ICB is compatible with identification against an individual's requests under their rights under the GDPR. Therefore, any individual requests received by the project team will be forwarded to the individual's clinical team so that their request can be appropriately actioned (e.g. to remove their personal data from the clinic-wide dataset periodically transferred to the project team). We do not believe this impacts on an individual's rights under the GDPR as the data shared with us cannot be clearly linked back to individual patients. If a supported unit receives a request from an individual where direct clinical support has been provided by the technology team, and the supported unit deems that request to be valid, the supported unit must inform the BOB ICB project team of

the required steps to be taken with any personal data that might be held within BOB ICB systems that was originally transferred in the support of direct clinical care for that individual. The project team will take all reasonable steps, including enlisting support from other teams across BOB ICB (e.g. IG and Informatics support) to comply and inform the supporting unit of the outcome.

4.3

How long is the data/information to be retained?

Clinical data will be retained for 26 years, on the basis that each supported unit's data return may include patients from the age of zero, paediatric clinical data should be stored until the patient's 26th birthday if treatment is ongoing (which it will be for this cohort). Project reports and presentations should be retained for a period of five years from the end of the project (currently scheduled to finish in September 2024) on the basis that this is a clinical audit.

4.4

How will the data/information be archived?

Data within BOB ICB will be archived in line with BOB ICB records management policies. Data within other participating NHS Hospitals will be achieved in line with NHS records management policies.

4.5

What is the process for the destruction of records?

Records within BOB ICB will be destroyed line with the BOB ICB records management policies and those within NHS participating hospitals will be destroyed in line with individual hospital/NHS records destruction policies.

4.6

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

If any part of our activity ends earlier than planned, the dates above will be amended accordingly, and responsibility transferred to another suitable team at BOB ICB (e.g. Long term conditions transformation team)

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. (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**
Large number of participants (up to 23) PDUs involved with risk of appropriate data sharing	Remote	Significant	Low
Multiple NHS Trusts involved	Remote	Significant	Low

Human factors leading to accidental transfer of PID beyond that agreed in the DPIA	Possible	Significant	Medium
Project team work remotely and not all at the same time, leading to increased risk of miscommunication	Possible	Minimal	Low
Following PDU's not compliant with DSPT 2022-23(Approaching Standards) • University Hospital Southampton • Medway Hospital • Maidstone and Turnbridge Hospital • Portsmouth University Hospital • Royal Berks Hospital • Berks Healthcare	Possible	Significant	Medium

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)
Large number of participating organisations	Close monitoring by project leads	Reduced	Low	Choose an item.
Multiple NHS Trusts involved	Coordination between project teams	Reduced	Low	Choose an item.
Human factors leading to accidental transfer of PID beyond that agreed in the DPIA	Close monitoring by team leads	Reduced	Low	Choose an item.
Project team work remotely and not all at the same time, leading to increased risk of miscommunication	Coordination by project leads	Reduced	Low	Choose an item.
DSPT 2022-23 NON-Compliance PDU's • University Hospital Southampton • Medway Hospital • Maidstone and Turnbridge Hospital • Portsmouth University Hospital	Non-compliant PDU to meet DSPT compliance 2023-24	Reduced	Low	

• Royal Berks Hospital Berks Healthcare				

5.3
What if anything would affect this piece of work?
Project will be stopped and all actions returned to NHSE

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**	In line with the BOB ICB Records Management Policy, NHSmail should not be used for long-term storage of records (Section 3.5) but these should be transferred to a secure and appropriately named location.

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: [redacted]

Job Title: Data Protection Officer

Signature: [redacted] Date: 02/02/2024

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 as a result of this project.

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.