



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 type="checkbox"/> |
| Plan to do evaluation or scoring; | <input type="checkbox"/> |
| Want to use systematic monitoring; | <input checked="" 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 : | 09/03/2023 |
| Title of the activity/processing: | Data feed into regional Demand and Capacity database |
| Who is the person leading this work? | ██████████, BOB ICB |
| Who is the Lead Organisation? | BOB ICB |
| Who has prepared this DPIA? | ██████████, BOB ICB |
| 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). | To implement an ICB wide data system to monitor real time (or as close to real time as possible) data from all general practices to display the real time demand and capacity situation, enabling operational management decision making. The regional Demand and Capacity dashboard, developed by suppliers Edenbridge, will display aggregated data from each general practice in BOB ICB (with the exception of practices who choose to opt-out), in one dashboard. The Demand and Capacity dashboard will not collect any PID data or data that can be used to identify any individuals and will not collect any sensitive data. The data collected is related to appointment activity. For those practices in BOB who are using the TVS shared care record, their data will be extracted from the software used for this platform (Graphnet). Manual submissions to the regional dashboard will be made until such a time that a practice has adopted TVS. |
| 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 general practices across BOB (excluding those who opt out). The key contact for coordinating their involvement is Sanjay Desai, Head of Operations for Primary Care at BOB ICB |
| Can you think of any other Key Stakeholders that should be consulted or involved in this DPIA? (If so then include the details here). | The GP DPO for BOB ICB has been consulted |
| Detail anything similar that has been undertaken before? | Multiple deployments across the NHS. The majority of ICBs submitting to the Edenbridge regional dashboard are using Apex, an insights and analytics platform developed by Edenbridge. All deployments use aggregated and/or summarised data and no PID or sensitive data has ever been collected. All deployments have concluded that there is no risk to patient data and are fully compliant with all UK Data Protection and associated laws and guidelines. It has been commissioned by NHS England. |

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> | Tick or leave blank | Complete |
| Personal Data | <input 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 checked="" 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 type="checkbox"/> |
| Why are you relying on consent from the data subject? Click here to enter text. | |
| What is the process for obtaining and recording consent from the Data Subject? (How, where, when, by whom). Click here to enter text. | |
| 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 (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). | Tick or leave blank <input type="checkbox"/> |
| 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. 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 <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? NHS Act 2006, Health and Social Care Act 2012 | |

| | |
|--|--------------------------|
| f) IT IS NECESSARY FOR THE LEGITIMATE INTERESTS OF THE CONTROLLER OR THIRD PARTY | Tick or leave blank |
| (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). | <input type="checkbox"/> |
| 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 | Tick or leave blank |
| (Requirements for consent are the same as those detailed above in section 1.2, a)) | <input type="checkbox"/> |
| b) FOR THE PURPOSES OF EMPLOYMENT, SOCIAL SECURITY OR SOCIAL PROTECTION | Tick or leave blank |
| (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). | <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 | Tick or leave blank |
| (Requirements for this are the same as those detailed above in section 1.2, d)) | <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 | Tick or leave blank |
| (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). | <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 | Tick or leave blank |
| (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). | <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 | Tick or leave blank |
| (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). | <input type="checkbox"/> |

1.4.

Confirm who the Controller/s is/are and whether 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 |
|---|-----------------|
| Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board | 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. |

1.5.

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



NHSE%20South%20East%20-%20Regiona

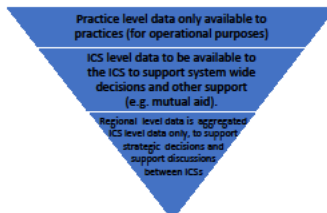
Appointment data as detailed in the following schema: (see attached as an appendix to the document) as recorded by clinical and non- clinical staff (see Intro tab of document) which is anonymous and aggregated at ICB level, not PCN or Practice level. There is no PID data or data that can be used to identify any individuals and sensitive data is not being collected.

The data collected is for operational review purposes to understand pressures in general practice and has been requested by the NHS England South East regional team. More information can be found here:

Demand & Capacity tooling in the Region

Why are we implementing T&C tooling?



| Why we're implementing D&C tooling | What a system level data feed will be for? | What System level data won't be for? |
|---|--|--|
| <p>Acknowledging the sustained pressures that Primary Care are under, and the current reporting source (GPAD) underrepresenting the true activity of general practice, regional investment in 2022 has enabled the development and implementation of bespoke Demand & Capacity tooling, to:</p> <ul style="list-style-type: none"> • Principally to help practices make operational decisions to deliver the best possible service to their patients, and use their finite resources in the most efficient ways possible. • To enable the provision of support / mutual aid / funding from the ICB. • Enable improved reporting of general practice activity (GP appointment data). • Support operational decision making. <p>Furthermore, several drivers sit behind the delivery of these bespoke D&C tools:</p> <ul style="list-style-type: none"> • Increased focus from Ministers and national priorities in providing patients with data • Publication of the GPAD data set – D&C tooling, which more accurately captures and reports on GP appointment data, will be a vital mitigation to inaccurate narratives derived from GPAD. • Supporting practices to in rebutting negative publicity around pressures. | <p>With these drivers in mind, ICBs have agreed with the region the need for system level data within an aggregated regional dashboard, to bring about a set of benefits in the interest of Primary Care.</p> <p>As a Practice, what would the regional dashboard mean for you?</p> <p>Building on the progress that has been made by Practices, PCNs and ICBs, the System level data will be used for:</p> <ul style="list-style-type: none"> • Provide a more accurate, reliable and timely articulation of demand pressures for the region as a whole. • Ensure a consistent and comparable (interoperable) GP appointment data set across the region. • Enable the provision of support, as such mutual aid and the direction of funding based on need, within and across geographic boundaries. • By providing aggregated System level data into the regional dashboard, ICSs and Region will be able to more accurately respond and/or influence future or potential policy. • Ensure that General Practice data is as timely and robust as Secondary Care data to make sure system-wide conversations on demand are as well-informed as possible | <p>Importantly, we want to be clear on what System level data will not be used for:</p> <ul style="list-style-type: none"> • The system level data will not be used for performance management purposes. The region has not asked for and will therefore be unable to access data on individual practices or PCNs. • Its not the remit or responsibility of NHS England regionally to manage practice performance at an individual level. <p>ICSs and regions have agreed that aggregated data will feed into the overarching regional demand dashboard.</p> <p>This system level data feed would not identify individual practices, and would be an aggregated totality of all practices' data within the System:</p>  |

Frimley ICB are undertaking the development of data feeds into the Edenbridge regional dashboard as part of work commissioned by BOB ICB. Practices who have not opted out of the initiative and are part of the TVS shared care record dashboard will have the relevant data extracted directly from Graphnet for submission to the regional dashboard. BOB ICB will establish contingencies for those practices not yet using TVS to determine a manual submission process. Data will be aggregated with no data identifying the practice submitted to Edenbridge.

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)

No personally identifiable data is being processed within this project

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

No further actions as no PID data or sensitive data is being received

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.

Not applicable as no PID/Sensitive data is being received

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.

All of the data displayed on Demand and Capacity regional dashboard is with regards to pressure and flow and therefore all data in the dashboard would be considered as not directly for patient care. The real time pressures give providers and commissioners an overview of the situation rather than the granular level detail that PID contains.

1.10.

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

CCG population

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

Electronic form

By e-mail

Choose an item.

Choose an item.

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

Submission into the Edenbridge data warehouse

1.12.

How will you edit the data?

No data editing occurs

1.13.

How will you quality check the data?

We have a live dashboard. Therefore, data quality checks are carried out by technical members of staff reviewing data with a technical and operational member of staff at each provider to review the data being provided to ensure that it is an accurate reflection of the real situation.

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?

Training will be developed where required to support those practices who are not subject to the data extraction from Graphnet to retrieve and submit the data manually.

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).

Where practices are already feeding into the Thames Valley and Surrey (TVS) shared care record, extracts of pre-mapped appointment data in accordance with the requirements from NHS England [NHSE South East - Regional Dashboard Schema v1-0 \(1\).xlsx](#) are automatically collated and submitted into the regional dashboard.

Practices who are not currently live on TVS have the option to generate a manual submission in conjunction with the ICB where the submission is extracted directly from a GP IT clinical foundation system in the form of a .csv report, then sent to Edenbridge for inclusion in the BOB ICB dataset.

2.3.

What data/information are you planning to share?

Summarised and/or aggregated incident and performance data

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 sent to the regional demand and capacity dashboard is anonymous at the point of sending, directly from GP IT foundation systems via Graphnet or through manual submission. No PID data is ever sent to the regional dashboard and therefore no anonymisation processes occur within the demand and capacity dashboard system.

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?

The data is shared with NHS England regional and national colleagues who have access to the regional demand and capacity dashboard. However, this is aggregate data and no PID is shared.

2.6.

Why is this data/information being shared?



To provide an overview of the real time pressures across general practices in BOB ICB to give better and up to date information so that providers and commissioners can make better and quicker decisions based on patient flow and real time pressures and capacity

2.7.

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

Aggregate data will be shared via the regional demand and capacity dashboard only.

Tick if you are planning to use Microsoft Teams/Skype 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

As part of the N365 tenant, BOB ICB is subject to the information governance and data protection protocols in place as part of its implementation. Meetings are only recorded where necessary. As no PID or sensitive data is being shared, the topics of discussion in meetings are strictly limited to the appointment activity data required for the regional demand and capacity dashboard.

2.8.

What data sharing agreements are or will be in place?

Due to the nature of the data (non PID), BOB ICB information governance leads have determined that a data sharing agreement is not required for this project.

2.9.

What reports will be generated from this data/information?

None directly but aggregate data on the dashboard.

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.

Edenbridge Healthcare are incorporated and registered in England and Wales as Egton Medical Information Systems Ltd with company number 02117205 whose registered office is at Fulford Grange Micklefield Lane, Rawdon, Leeds, England LS19 6BA

[Click here to enter text.](#)

[Click here to enter text.](#)

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3.2

Is each organisation 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 from 3.1 above | Registered | Registration details or comments if not registered |
|--|-----------------|--|
| Egton Medical Information Ltd | Yes | Data Protection Registration Number: Z5514037 |
| NHS Buckinghamshire Oxfordshire and Berkshire West Integrated Care Board | Yes | Data Protection Registration Number: 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. |

3.3

What IG assurances have been provided to you and does the 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 from 3.1 above | Brief description of assurances obtained |
|-------------------------------|---|
| Egton Medical Information Ltd | Contract. ICO registered and DSP Toolkit compliant. |
| 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 their 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 from 3.1 above | ODS Code | Status | Published date |
|-------------------------------|---------------------------|---------------------------|---------------------------|
| Egton Medical Information Ltd | YGM06 | 22/23 Standards Exceeded | 12/06/2023 |
| 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. |

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).

Hosted by AWS UK (London) instance. Fully compliant with all data storing and sharing laws regarding UK NHS data. This includes support and technical staff that may need to access the system.

3.6

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

The regional demand and capacity dashboard is accessible through a login to the online tool. Logins are controlled by the NHS England south east regional and national teams.



3.7

Is there any use of Cloud technology?

Yes

If yes add the details here.

Please see details in section 3.5 above.

3.8

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

Please see section 3.5 and section 3.7 for details. Also, the Demand and Capacity dashboard will not collect any PID data or data that can be used to identify any individuals and will not collect any sensitive data. The data collected is related to appointment activity. For those practices in BOB who are using the TVS shared care record, their data will be extracted from the software used for this platform (Graphnet). Manual submissions to the regional dashboard will be made until such a time that a practice has adopted TVS.

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?

No process in place as no PID data ever received. The technical set up of the system means that Edenbridge are unable to receive PID data as we only accept numerical figures in the form of pure numbers or minutes which are already in non-PID form as described in previous segments.

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 as no impact or data to be retained.

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).

There will be no impact on individual rights. Information is made available in anonymised form. In this case, the data is always anonymous aggregated counts of information. NHS National data opt-outs are not applied where information is made available in anonymised form. In this case, the data is always anonymous aggregated counts of information.

4.3

How long is the data/information to be retained?

No PID data but any summary data can be kept for up to 20 years, or to the end of contract.

4.4

How will the data/information be archived?

No current archive approach

4.5

What is the process for the destruction of records?

Deletion of database and decommission of services in AWS

4.6

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

Database and any backups to be deleted at the end of any contract

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 |
|--|---------------------------|-------------------------|---------------------|
| Access to data by unauthorised individuals | Remote | Minimal | Low |
| Data lost or misappropriated | Possible | Minimal | Low |
| Processing of incorrect data | Possible | Minimal | Low |
| System Failure | Possible | Minimal | 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) |
|---|--|-----------------------|----------------------|--------------------------------|
| System Failure | | Tolerated | Medium | 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. |

5.3

What if anything would affect this piece of work?

Nothing of note

5.4

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

Nothing of note

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.

There is no compelling reason to do this

7. Data Protection Officer Comments and Observations

7.1

Comments/observations/specific issues

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: 23/05/2024

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.](#)

| Column Name | Description |
|---------------------------------------|---|
| Date | Date in format yyyy-mm-dd (e.g. 2024-01-31) |
| Population | Number of Regular registered patients |
| Appointment_Count | Number of all booked appointments |
| Appointment_Duration | Total planned duration of all booked appointments in minutes |
| SameDay_Count | Number of appointments booked on the day of the appointment |
| SameDay_Duration | Total planned duration of appointments booked on the day of the appointment in minutes |
| BookedInAdvance_Count | Number of appointments booked in advance of the day of the appointment |
| BookedInAdvance_Duration | Total planned duration of appointments booked in advance of the day of the appointment in minutes |
| DNA_Count | Number of appointments where the patient did not attend |
| DNA_Duration | Total planned duration of appointments where the patient did not attend in minutes |
| EnhancedAccess_Count | Number of booked appointments classified as 'Enhanced Access' i.e.. booked appointments between the hours of 6.30pm to 8pm Mondays to Fridays and between 9am and 5pm on Saturdays |
| EnhancedAccess_Duration | Total planned duration of booked appointments classified as 'Enhanced Access' in minutes i.e.. booked appointments between the hours of 6.30pm to 8pm Mondays to Fridays and between 9am and 5pm on Saturdays |
| ModeOfContact_FaceToFace_Count | Number of booked appointments delivered face-to-face |
| ModeOfContact_FaceToFace_Duration | Total planned duration of booked appointments delivered face-to-face in minutes |
| ModeOfContact_Telephone_Count | Number of booked appointments delivered by telephone |
| ModeOfContact_Telephone_Duration | Total planned duration of booked appointments delivered by telephone in minutes |
| ModeOfContact_HomeVisit_Count | Number of booked appointments delivered by home visit |
| ModeOfContact_HomeVisit_Duration | Total planned duration of booked appointments delivered by home visit in minutes |
| ModeOfContact_Digital_Count | Number of booked appointments delivered by digital means |
| ModeOfContact_Digital_Duration | Total planned duration of booked appointments delivered by digital means in minutes |
| ModeOfContact_NonCategorised_Count | Number of booked appointments where the mode-of-contact cannot be categorised i.e. not categorised as face-to-face, telephone, home visit or digital |
| ModeOfContact_NonCategorised_Duration | Total planned duration of booked appointments where the mode-of-contact cannot be categorised in minutes i.e. not categorised as face-to-face, telephone, home visit or digital |
| BookedToSeen_OnTheDay | Number of appointments booked on the day of the appointment |
| BookedToSeen_1Day | Number of appointments booked 1 day prior to the appointment date |
| BookedToSeen_2to3Days | Number of appointments booked 2 to 3 days prior to the appointment date |
| BookedToSeen_4to5Days | Number of appointments booked 4 to 5 days prior to the appointment date |
| BookedToSeen_6to7Days | Number of appointments booked 6 to 7 days prior to the appointment date |
| BookedToSeen_8to13Days | Number of appointments booked 8 to 13 days prior to the appointment date |
| BookedToSeen_14plusDays | Number of appointments booked 14 days or more prior to the appointment date |