Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Ref-23/24-034

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 :	25/04/2024
Title of the activity/processing:	BOB LCS reporting
Who is the person leading this work?	[redacted], Deputy Director of Primary Care
Who is the Lead Organisation?	BOB ICB
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).	Previously there have been three different BOB-place methods for gathering, processing and monitoring activity data relating to Primary Care Locally Commissioned Services. This programme of work brings together the activity reporting for the three places across BOB, streamlines the reporting and assures consistent oversight of provision of clinical services to patients. Previously there have been variances in the quality of reporting gathered to supporting Locally Commissioned Services (LCS), the way it is monitored, stored and utilised. This programme intends to use activity data from general practice clinical systems to support the activity monitoring, subsequent payment, activity level outliers, spend against budget, the ability to more accurately forecast future year activity and assess availability of services to patients to support inequalities discussions. It is hoped by implementing systematic reporting that the ICB will have improved oversight of activity in General Practice and with this greater in-year understanding of activity vs. budget spend, which in turn will improve with LCS governance and process.
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. Practices, ICB and SCW
Can you think of any other Key Stakeholders that should be consulted or involved in this DPIA? (If so then include the details here).	No
Detail anything similar that has been undertaken before?	Oxfordshire LCS reporting, however, this was for purely payment purposes not for monitoring and payment purposes.

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? 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** ☐
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 & Social Care Act (Safety and Quality) Act 2015 – Direct Care Provision. The legal basis for commissioning purposes: Power to commission certain health services – Power – Section 3A NHS Act 2006: Each ICB has the power to arrange for the provision of such services or facilities as it considers appropriate for the purposes of the health service that relate to securing improvement in –** **(a) the physical and mental health of persons for whom it has responsibility; or** **(b) the prevention, diagnosis and treatment of illness in those persons.**	

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.	

1.3.

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

Article 9 (2) conditions are as follows:	
a) THE DATA SUBJECT HAS GIVEN EXPLICIT CONSENT (Requirements for consent are the same as those detailed above in section 1.2, a))	**Tick or leave blank** ☐
b) FOR THE PURPOSES OF EMPLOYMENT, SOCIAL SECURITY OR SOCIAL PROTECTION (Schedule 1, part 1 of the Data Protection Act 2018 gives more detail on when this can apply to processing and further guidance is available).	**Tick or leave blank** ☐
c) IT IS NECESSARY TO PROTECT THE VITAL INTERESTS OF THE DATA SUBJECT OR ANOTHER NATURAL PERSON WHERE THEY ARE PHYSICALLY OR LEGALLY INCAPABLE OF GIVING CONSENT (Requirements for this are the same as those detailed above in section 1.2, d))	**Tick or leave blank** ☐
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*
e) The data has been made public by the data subject	*NA*
f) For legal claims or courts operating in their judicial category	*NA*
g) SUBSTANTIAL PUBLIC INTEREST (Schedule 1, part 2 of the Data Protection Act 2018 gives more detail on when this can apply to processing and further guidance is available).	**Tick or leave blank** ☐
h) PROCESSING IS NECESSARY FOR THE PURPOSES OF PREVENTIVE OR OCCUPATIONAL MEDICINE, FOR THE ASSESSMENT OF THE WORKING CAPACITY OF THE EMPLOYEE, MEDICAL DIAGNOSIS, THE PROVISION OF HEALTH OR SOCIAL CARE OR TREATMENT OR THE MANAGEMENT OF HEALTH OR SOCIAL CARE SYSTEMS AND SERVICES ON THE BASIS OF UNION OR MEMBER STATE LAW OR PURSUANT TO CONTRACT WITH A HEALTH PROFESSIONAL AND SUBJECT TO CONDITIONS AND SAFEGUARDS (Schedule 1, part 1 of the Data Protection Act 2018 gives more detail on when this can apply to processing and further guidance is available).	**Tick or leave blank** ☐
i) PROCESSING IS NECESSARY FOR REASONS OF PUBLIC INTEREST IN THE AREA OF PUBLIC HEALTH, SUCH AS PROTECTING AGAINST SERIOUS CROSS-BORDER THREATS TO HEALTH OR ENSURING HIGH STANDARDS OF QUALITY AND SAFETY OF HEALTH CARE AND OF MEDICINAL PRODUCTS OR MEDICAL DEVICES, ON THE BASIS OF UNION OR MEMBER STATE LAW WHICH PROVIDES FOR SUITABLE AND SPECIFIC MEASURES TO SAFEGUARD THE RIGHTS AND FREEDOMS OF THE DATA SUBJECT, IN PARTICULAR PROFESSIONAL SECRECY (Schedule 1, part 1 of the Data Protection Act 2018 gives more detail on when this can apply to processing and further guidance is available).	**Tick or leave blank** ☐
j) 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** ☐

1.4.

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
SCW CSU	Processor
BOB ICB	Processor
All GP practices in BOB – see attached appendix	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.

1.5.

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

SNOMED coded clinical activity data, processed by SCWCSU

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)

Click here to enter text.

1.7.

How are you satisfying the common law duty of confidentiality?

No disclosure due to anon/pseudo actions

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

Click here to enter text.

1.8.

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

Yes

If you are then describe what you are doing.

Data will be extracted and aggregated by SCW before being given to BOB ICB. Low numbers will be disclosed.

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.

Management of Locally Contracted Services

1.10.

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

GP Practice 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

Choose an item.

Choose an item.

Choose an item.

Choose an item.

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

Anonymous summary data will be extracted from EMIS Enterprise Search and Report system

1.12.

How will you edit the data?

Data held within the GP Clinical system will not be edited

1.13.

How will you quality check the data?

No data will be checked for quality in this process

1.14.

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

No

If yes include in the risk section of this template.

1.15.

What training is planned to support this activity?

Not required.

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.

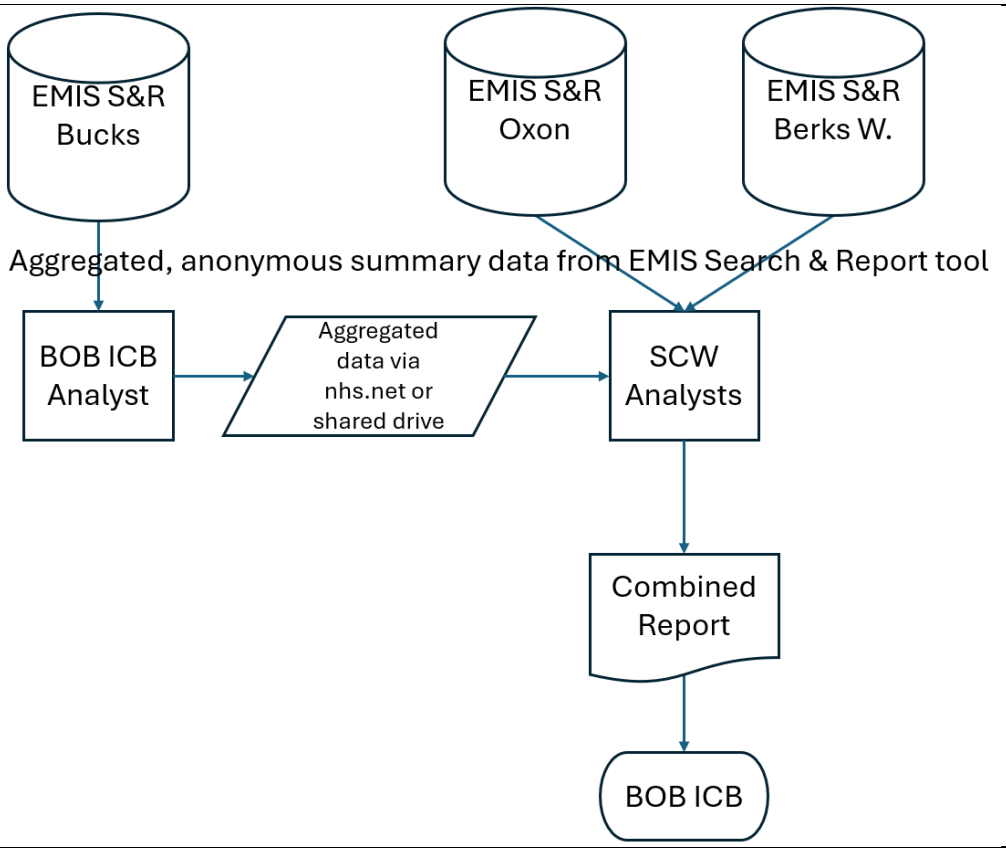
What are the Data Flows? (Detail and/or attach a diagram if you have one).

"EMIS Enterprise Search & Report" is a software product which allows authorised analysts to get anonymous summary data. An example would be "Count the number of times any patients had their blood taken between January and June 2024, by Practice" The system would respond:

Practice	Number of blood taking events
A	2090
B	2250

BOB ICB will extract summary data for Buckinghamshire from EMIS Search and Report and pass it to SCW.
SCW will extract summary data for Oxfordshire and Berkshire West from EMIS Search and Report.
SCW will check and produce aggregated report covering all three Places and make that available to BOB ICB.

This arises because Buckinghamshire did its own analysis in the CCG era and so SCW do not have direct access to those Practices in EMIS S&R yet.



2.3.
What data/information are you planning to share?
No external sharing. Internally: Aggregated counts of activity per provider, per period.

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

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?
SCW CSU will share aggregated anonymised data with BOB ICB

2.6.
Why is this data/information being shared?
To enable management, monitoring and payment for Locally Commissioned Services

2.7.
How will you share it? (Consider and detail all means of sharing)
Digital reports stored on computer systems within the UK using access control, sharing through NHS mail email.

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

Provide details of how you have considered any privacy risks of using one of these solutions
Click here to enter text.

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

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

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.
South, Central and West CSU, Omega House, 112 Southampton Road, Eastleigh, SO50 5PB
EMIS - Fulford Grange Micklefield Lane
Rawdon
Leeds
LS19 6BA
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
South, Central and West CSU	Yes	Z2950066
EMIS	Yes	Z2670786
BOB ICB	Yes	ZB343068
BOB GP - practices See attached Appendix	Yes	See attached appendix

Click here to enter text.	Choose an item.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.

3.3

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

Name of organisation	Brief description of assurances obtained
South, Central and West CSU	ICO registered and DSPT compliant
BOB ICB	DSPT
All GP practices within BOB ICB	DSPT
EMIS	DSPT
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

3.4

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

DSP Toolkit

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

Name of organisation	ODS Code	Status	Published date
South, Central and West CSU	ODF	Standards exceeded	28/06/2024
BOB ICB	QU9	Standards Exceeded	27/06/2024
EMIS	YGM06	Standards Exceeded	17/06/2024
BOB GP - practices (Lists attached as appendix	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).

Once the data has been extracted using EMIS Enterprise, anonymised data will be stored and restricted through (RBAC) on SCW CSU IT system & then published into Power BI Premium with data being stored in Microsoft's UK South (London) Data Centre. Data is encrypted by default, hence ensuring this is a secure method.

3.6

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

Access to the dashboard will be provided to BOB ICB (Integrated Care Board) and SCW CSU Primary Care Analytics team. Role based access controls (RBAC).

3.7

Is there any use of Cloud technology?

Yes

If yes add the details here.

EMIS Enterprise is cloud-based on AWS within the UK
Power BI cloud-based data being stored in Microsoft's UK South (London) Data Centre

3.8

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

Role Based Access Controls used to manage Power BI dashboard.

Role Based Access control /User accreditation to EMIS system (username / password) + local information governance protocols

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?

An existing data processing and sharing agreements are already in place

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).

Only aggregated and anonymous data will be used. There is no impact on individual rights

4.3

How long is the data/information to be retained?

Data will be retained at BOB ICB in line with records management policy of the ICB

4.4

How will the data/information be archived?

Data will be archived in line with BOB ICB records management policy

4.5

What is the process for the destruction of records?

N/A

4.6

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

Data will be returned to GP practices

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**
Unauthorised Access	Remote	Minimal	Low
Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Choose an item.	Choose an item.	Choose an item.

5.2

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

Risk	**Options to reduce or eliminate risk**	**Effect on risk**	**Residual risk**	**Measure approved (SIRO)**
Unauthorised Access	Pseudonymised/anonymised data. Access is RBAC controlled.	Tolerated	Low	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.	Choose an item.

5.3

What if anything would affect this piece of work?

n/a

5.4

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

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	GP DPO comment: Noted General Practice Activity Data DPIA. There is no personal data processed however, pseudonymised data is processed and the ICB are bringing together their 3 separate areas for gathering, processing and monitoring activity data. Therefore low risk. Practice could update their Privacy Notice to include General Practice Activity in their appendix of the Privacy Policy Legal basis of processing as noted in this DPIA section [Article 6(1) e] it is necessary for the performance of a task carried out in the public interest or under official authority vested in the controller. BOB ICB DPO comment: This is low risk processing. GP practices should note the comment by the GP DPO to update their Privacy Notice.

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: 16/09/2024

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.

BOB GP Practice ICO & DSPT Lists

BOB GP DSPT and ICO status 9.9.24.xls