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**Redaction Rationale** – The information above for 'Information Asset/Product Owner' and 'Author(s)' has been redacted as this includes personal information, this has been completed in line with Section 40 (2) of the Freedom of Information Act 2000.

# FDP Product Data Protection Impact Assessment – National Respiratory Dashboard

# Document Management

## Revision History

Version	Date	Summary of Changes
0.1	17/06/2024	Document created
0.1	19/06/2024	Document reviewed by Respiratory Programme Manager
0.2	21/06/2024	Document reviewed and finalised by IG Manager
0.3	25/06/2024	Document reviewed and updated by Respiratory Programme Manager
0.4	25/06/2024	Document finalised for Review by IG Manager
0.5	10/07/2024	Document updated following DGG comments
0.6	05/08/2024	Document review by GC
0.7	06/08/2024	Update to document to address comments
0.8	14/08/2024	Further update and queries
0.9	15/08/2024	Updated and clean version for review and approval
0.10	21/08/2024	Review and updated
0.11	22/08/2024	Further update from discussion with Product team
0.12	23/08/2024	Update to document
0.13	23/08/2024	Clean version of document
1.0	28/08/2024	Finalisation of document
2.0	14/10/2024	Minor update to data flow to include mortality dataset
2.1	08/01/2025	Minor update to include
3.0	08/01/2025	Final approved
3.1	26/03/2025	Update to include further data sets
4.0	26/03/2025	Final Updated Approved

## Reviewers

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This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
██████████	Deputy Director, IG Risk and Assurance	05/08/2024	0.6
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██████████	Deputy Director, IG Risk and Assurance	22/08/2024	0.11
██████████	Deputy Director, IG Risk and Assurance	23/08/2024	0.12
██████████	Head of IG – FDP	14/10/2024	2.0
██████████	Head of IG – FDP	08/01/2025	2.1

## Approved by

**Redaction Rationale** – The information below has been redacted as this includes personal information, this has been completed in line with Section 40 (2) of the Freedom of Information Act 2000.

This document must be approved by the following people:

Name	Title / Responsibility	Date	Version
	Deputy Director, IG Risk and Assurance	23/08/2024	0.13
	Head of IG -FDP	14/10/2024	2.0
	Head of IG -FDP	26/03/2025	4.0

## Document Control:

The controlled copy of this document is maintained in the NHS England corporate network. Any copies of this document held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

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## Purpose of this document

A Data Protection Impact Assessment (DPIA) is a useful tool to help NHS England demonstrate how we comply with data protection law.

DPIAs are also a legal requirement where the Processing of Personal Data is “*likely to result in a high risk to the rights and freedoms of individuals*”. If you are unsure whether a DPIA is necessary, you should complete a DPIA screening questionnaire to assess whether the Processing you are carrying out is regarded as high risk.

Generally, a DPIA will not be required when Processing Operational Data which is not about individuals. However, a DPIA may be required when Processing Aggregated Data which has been produced from Personal Data, in order to provide assurance that the Aggregated Data is no longer Personal Data

By completing a DPIA you can systematically analyse your Processing to demonstrate how you will comply with data protection law and in doing so identify and minimise data protection risks.

### Defined Terms used in this DPIA

Defined terms are used in this DPIA where they are capitalised. When drafting the DPIA, those defined terms should be used for consistency and clarity. The defined terms and their meanings are set out in [Annex 1](#). Not all terms in Annex 1 may be used in the DPIA.

### Standard wording in this DPIA

Standard wording has been suggested in certain parts of this DPIA and highlighted yellow with square brackets around the text. You should select the wording that reflects the Processing of Data for the specific Product you are assessing and remove the square brackets, highlighting and wording you do not need to use eg:

- [For Data ingested into the FDP to create the Product]
- [For Data ingested into the Product to create the Product]

You would amend this where Data is ingested into the Product as follows:

- {For Data ingested into the FDP to create the Product}
- ~~[For Data ingested into the Product to create the Product]~~

## The aims of the Federated Data Platform (FDP)

Every day, NHS staff and clinicians are delivering care in new and innovative ways, achieving better outcomes for patients, and driving efficiency. Scaling and sharing these innovations across the health and care system in England is a key challenge for the NHS.

Harnessing the power of digital, Data and technology is the key to recovering from the pandemic, addressing longer-term challenges, and delivering services in new and more sustainable ways.

The future of our NHS depends on improving how we use Data to:

- care for our patients;
- improve population health;
- plan and improve services; and
- find new ways to deliver services.

## The Federated Data Platform (FDP)

A 'Data platform' refers to software which will enable NHS organisations to bring together Data – currently stored in separate systems – to support staff to access the information they need in one safe and secure environment so that they are better able to coordinate, plan and deliver high quality care.

A 'federated' Data platform means that every hospital trust and integrated care board (ICB) (on behalf of the integrated care system (ICS)) will have their own platform which can connect and collaborate with other Data platforms as a "federation" making it easier for health and care organisations to work together.

A digitised, connected NHS can deliver services more effectively and efficiently, with people at the centre, leading to:

### 1. Better outcomes and experience for people

A more efficient NHS ultimately means a better service for patients, reduced waiting times and more timely treatment. The platform will provide ICBs with the insights they need to understand the current and future needs of their populations so they can tailor early preventative interventions and target health and care support. Patients will have more flexibility and choice about how and where they access services and receive care, helping them to stay healthy for longer.

### 2. Better experience for staff

NHS staff will be able to access the information they need in one secure place. This reduces the time they spend chasing referrals, scheduling appointments, and waiting for test results and allows them to work more flexibly to deliver high quality care for their patients.

### 3. Connecting the NHS

The connectivity of the platforms is extremely important as it will enable us to rapidly scale and share tools and applications that have been developed at a local level – in a secure way – supporting levelling up and reducing variation across England.

Federation means that each Trust and ICB has a separate Instance of the platform for which they are the Controller. Access for each Instance will be governed and managed by each individual organisation.

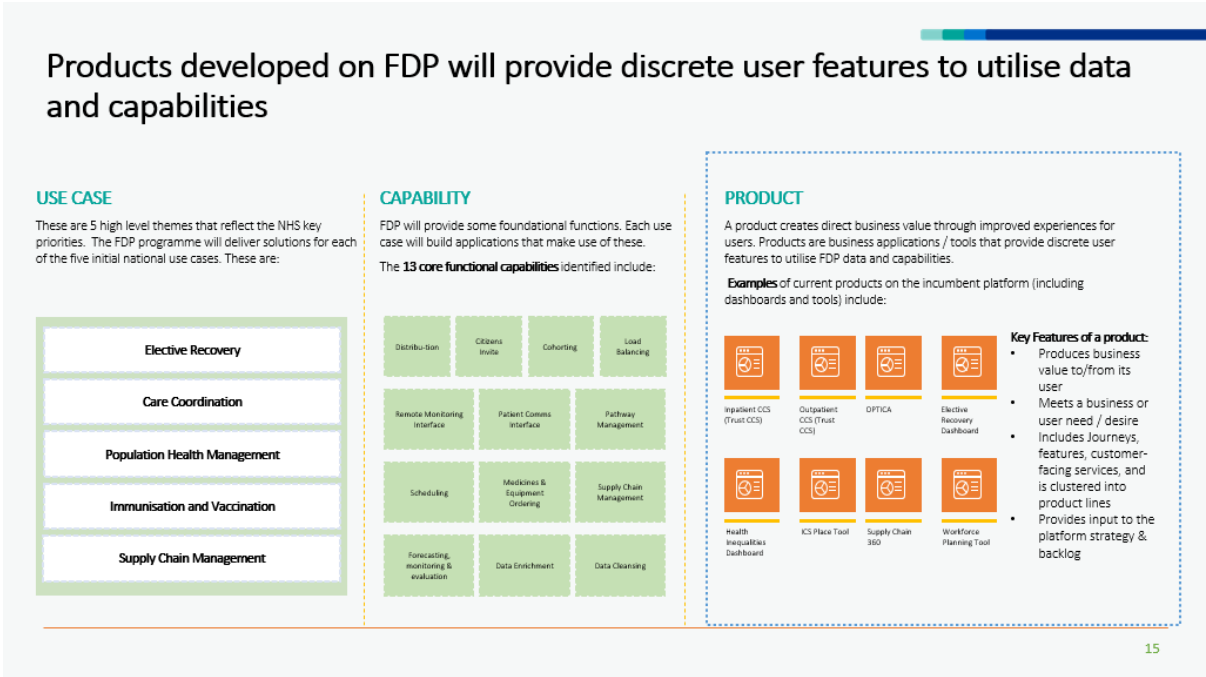
We want the NHS to be the best insight-driven health and care system in the world. This software will provide the foundation to improve the way that Data is managed and used across the NHS in England to transform services and save lives.

The FDP will not only provide the cutting-edge software to Trusts and ICBs to continue to innovate but the connectivity will enable NHS England (NHSE) to rapidly scale and share innovative solutions that directly addresses the challenges most pressing for the NHS. This will transform the way the NHS delivers its services enabling organisations to communicate and collaborate more effectively and provide better care for patients.

## The 'Product' Data Protection Impact Assessment (DPIA)

As part of the roll out of FDP, NHS England wants to enable Trusts and ICBs to use standard FDP Products as this will reduce burden for those organisations in creating their own analytical tools and will provide a consistent approach to how Data is used in relation to the five use cases and capabilities as shown in the diagram below.

A Product DPIA is part of a suite of DPIAs for FDP that sit under the overarching FDP DPIA and provide a mechanism for assessing data protection compliance at a detailed Product level. NHS England teams have created template Product DPIAs to help NHS England, NHS Trusts and ICBs comply with UK GDPR and the FDP IG Framework.





- Regionally and at a network level: to oversee and track progress and support across the region. This will help regions to assure progress and to prioritise opportunities for successes in one system to be shared with other systems in that region. This will also present an opportunity to highlight any areas of poorer performance that may need focused management and action planning.
- System level: used as a tool to develop systems' annual plans, allow for local needs to influence their priority setting and highlight opportunities for improvement and celebrate successes in respiratory care. This includes ICBs, ICS organisations such as Trusts, and NICE and Asthma and Lung UK.

The use case for this Product is Population Health Management. This Data is used to inform organisations of the population suffering with a lung condition and at System Level allow care services to be implemented.

Update October 2024:

The DPIA has been updated to include mortality data being incorporated into the Respiratory Programme Dashboard, as part of the ambition to support the Long Term Plan. Incorporating this data, users will be able to compare mortality for respiratory across all geographies and demographics in a timelier manner, delivering insights which can be used to improve the mortality rate for under 75s. The update includes adding mortality data coming from the Ontology to the data flow diagram.

#### **Update January 2025:**

The DPIA has been updated to include the ingestion of readmission datasets to product the metric unplanned re-admission rate for COPD/Asthma/CAP.

#### **Update March 2025:**

The DPIA has been updated to include further dashboard metrics relating to;

RESP-01 - Percentage of patients on the QOF Asthma Register who received three or more inhaled corticosteroid (ICS, inclusive of ICS/LABA) prescriptions over the previous 12 months. National, North West, Cheshire and Merseyside, Lancashire and South Cumbria, Greater Manchester.

RESP-02 - Percentage of patients on the QOF asthma register who received 6 or more Short Acting Beta-2 Agonist (SABA) inhaler prescriptions over the previous 12 months. National, North West, Cheshire and Merseyside, Lancashire and South Cumbria, Greater Manchester. BSA Prescribing - Smoking Cessation Identifying the prescribing of smoking cessation products, including nicotine replacement (NRT), Varenicline and Bupropion. Results identify the total number of prescription items prescribed for any smoking cessation product (BNF section 4.10.2). National, North West, Cheshire and Merseyside, Lancashire and South Cumbria, Greater Manchester.

\*Previously used ICS High Dose Prescribing before it was discontinued. Long COVID Dashboard -Adult Referrals - North West, Cheshire and Merseyside, Lancashire and South Cumbria, Greater Manchester. Initial Assessments - North West, Cheshire and Merseyside, Lancashire and South Cumbria, Greater Manchester. Follow Up Assessments - North West, Cheshire and Merseyside, Lancashire and South Cumbria, Greater Manchester. Mean Waiting Time (Days) to Initial Assessment - North West, Cheshire and Merseyside, Lancashire and South Cumbria, Greater Manchester. Number of Patients waiting for Initial Assessment (under 6, 6-14, over 14 and over 18 weeks) Long COVID Dashboard - CYP Referrals - Alder Hey NHS FT, Manchester University NHSFT, North



West Initial Assessments - Alder Hey NHS FT, Manchester University NHSFT, North West Follow Up Assessments - Alder Hey NHS FT, Manchester University NHSFT, North West Number of Patients waiting for Initial Assessment (under 6, 6-14, over 14 and over 18 weeks)		
<b>Local or National Product</b>		
Local	<input type="checkbox"/>	National <input checked="" type="checkbox"/>
<b>Product falls under the following Use Case(s)</b>		
Care co-ordination	<input type="checkbox"/>	To ensure that health and care organisations all have access to the information they need to support the patient, enabling care to be coordinated across NHS services.
Elective Recovery	<input type="checkbox"/>	To get patients treated as quickly as possible, reducing the backlog of people waiting for appointments or treatments, including maximising capacity, supporting patient readiness and using innovation to streamline care.
Vaccination and Immunisation:	<input type="checkbox"/>	To ensure that there is fair and equal access, and uptake of vaccinations across different communities.
Population Health Management	<input checked="" type="checkbox"/>	To help local trusts, Integrated Care Boards (on behalf of the integrated care systems) and NHS England proactively plan services that meet the needs of their population.
Supply Chain	<input type="checkbox"/>	To help the NHS put resources where they are needed most and buy smarter so that we get the best value for money.
<b>Categorisation of the Data used to create the Product</b>		<b>How the different Categories of Data are used in relation to the Product</b>
Directly Identifiable Personal Data	<input type="checkbox"/>	
Pseudonymised Data	<input checked="" type="checkbox"/>	For Data ingested into the FDP to create the Product
Anonymised Data	<input type="checkbox"/>	
Aggregated Data	<input checked="" type="checkbox"/>	For Data ingested into the FDP to create the Product For Data displayed or shared with users of the Product
Operational Data	<input type="checkbox"/>	

Type of Data used in the Product		
No Personal Data	<input type="checkbox"/>	
Personal Data	<input checked="" type="checkbox"/>	For Data ingested into the FDP to create the Product
Special Category Personal Data	<input checked="" type="checkbox"/>	For Data ingested into the FDP to create the Product

The Product DPIAs describe:

- the purpose for the creation of the Product;
- the Data which has been processed to create the Product. Where Aggregated Data is ingested into FDP, a DPIA is still carried out to provide assurance that the Aggregated Data is not Personal Data;
- the supporting legal basis for the collection, analysis and sharing of that Data;
- the Data flows which support the creation of the Product, and;
- the risks associated with the Processing of the Data and how they have been mitigated.

### National Product DPIAs

The Products described in the national Product DPIAs relate to NHS England's use of the Product and related Data in the national Instance of the platform, and therefore all risks and mitigations of those risks contained within the DPIA are only applicable to NHS England.

### Local Product DPIAs

The Products described in the template local Product DPIAs relate to an NHS Trust or ICB use of the Product and related Data in a local Instance of the platform, and therefore all risks, and mitigations of those risks, contained within the DPIA are only applicable to Trusts and ICBs.

NHS Trusts and ICBs who use the Products made available to them are responsible for adopting and updating the template local Product DPIA or producing their own DPIA to reflect their specific use of the Product and to assess any specific risks relating to their organisation's use of the Product.

## 1. Consultation with Stakeholders about the Product

The development and release of the National Respiratory Dashboard was the first-time respiratory Data had been brought together on one platform to enable regional networks to compare and manage their performance against the ambitions of the LTP and the other respiratory networks across England. The Dashboard and the Data it contains is an ongoing piece of work that will continue to be developed and modified as we input more Datasets into the Dashboard and act upon the feedback given to us by Dashboard users.

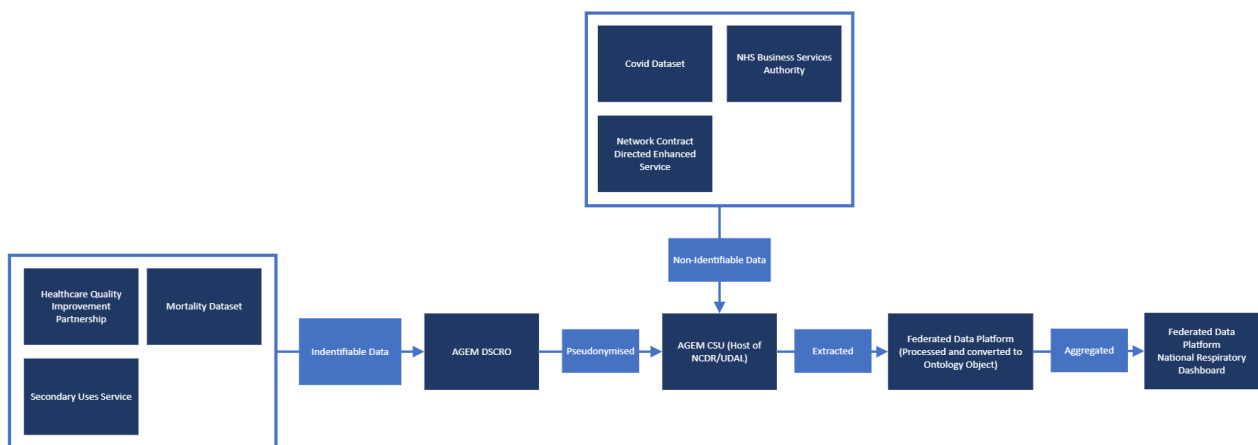
Teams and stakeholders involved include:

- Data and analytics
- Respiratory programme

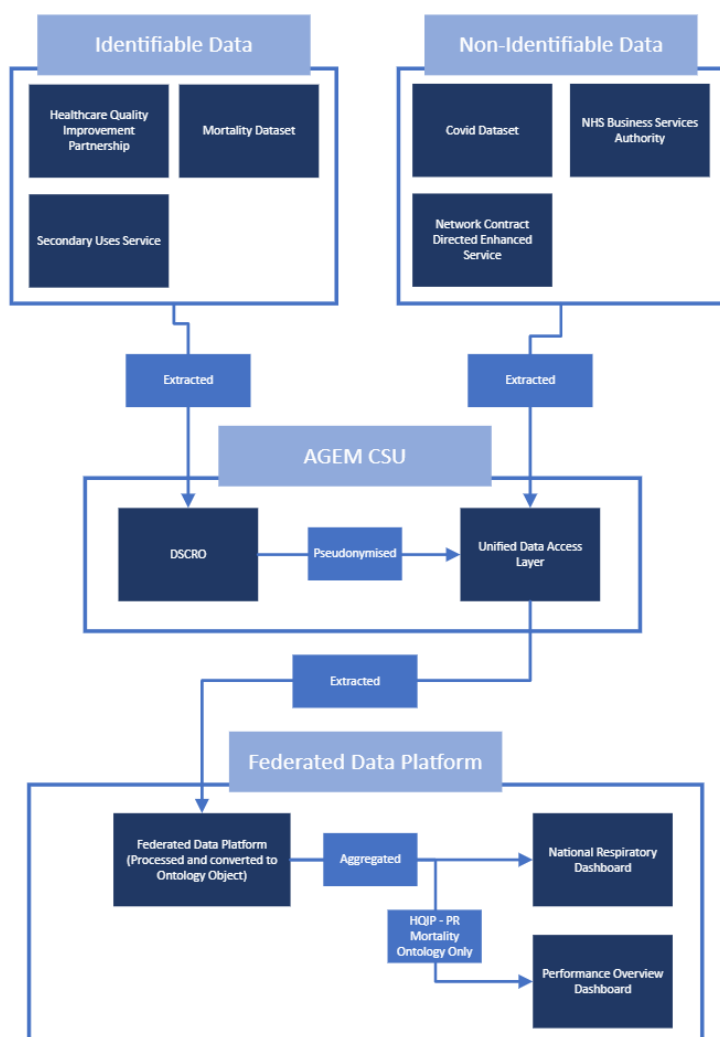
- Inhalers programme
- Respiratory delivery board
- Users – clinicians, managers and commissioners
- Arden and Gem (AGEM) Commissioning Support Unit (development and maintenance)

## 2. Data Flow Diagram

### Updated Data Flow Diagram



Update January 2025



## **Categorisation of source Data**

Pseudonymised Data is ingested into the Product to create an Aggregated dashboard, to be utilised by NHS England National, Regional and System Level teams.

The Data is collected from individual providers as Directly Identifiable Personal Data, this is then processed through the AGEM DSCRO in order to Pseudonymise the Data. The Data is transferred from AGEM DSCRO to UDAL in Pseudonymised form. The Pseudonymised Data is ingested into FDP from UDAL to allow the Aggregated Dashboard to be created and accessed by the appropriate teams. There are Purpose Based Access Controls in place to ensure only the appropriate staff members who require access to the Dashboard for their job role have this access.

These Datasets include Secondary Uses Service (SUS) Data, COVID Data and Pulmonary Rehabilitation (PR) Audit, further detail is included in Section 10 of this DPIA in the Data Specification.

There is an intention to expand the Data received through the NRAP data set, however for this Product only the PR Audit Data is received currently. Any further Data received and ingested into the Product will require an update to this DPIA.

NHS Business Services Authority (NHS BSA) (which provides the Quality and Outcomes Framework Data (QOF), and Network Contract Directed Enhanced Service provide Aggregate Data into the Product.

### 3. Description of the Processing

The Data ingestion into the National Respiratory Dashboard in the FDP is detailed below;

- Data is ingested into the FDP directly which is processed by the team in NHSE in Aggregate format prior to ingestion
- There is also Data directly ingested into FDP through a direct connection from the UDAL environment.
- Aggregated Reference Data is also imported via Fusion however this is Aggregate Data.

This is an existing Product, which is currently in Foundry and being transitioned to FDP, which has an Aggregated Data output.

SQL is used within FDP through coded workbooks to process the Pseudonymised Data to create the Product.

Data linkage occurs between the Pseudonymised Datasets via a Pseudonymised NHS number and other codes used within patient care such as gender or site codes. This occurs in SQL in code workbook.

The Data is Aggregated through the use of SQL and the FDP products Quiver and Workshop. This Data is about patients who are identified as having a lung condition by primary and / or secondary care teams in England.

### 4. Purpose of Processing Personal Data for this Product

The key objectives of the Product and associated Dashboards are to become a 'one-stop shop' for system-facing respiratory Data and to improve health outcomes for patients.

System-facing respiratory Data that will be used for:

- **Nationally:** for policy development and at-a-glance oversight, assurance and monitoring of progress against the LTP ambitions.
- **Regionally and at a network level:** to oversee and track progress and support across the region. This will help regions to assure progress and to prioritise opportunities for successes in one system to be shared with other systems in that region. This will also present an opportunity to highlight any areas of poorer performance that may need focused management and action planning.
- **System level:** used as a tool to develop systems' annual plans, allow for local needs to influence their priority setting and highlight opportunities for improvement and

celebrate successes in respiratory care. This includes ICBs, ICS organisations such as Trusts, and NICE and Asthma and Lung UK.

## Dashboard Screenshots

The following screenshots have been included as the nearest reflection of what the Product looks like, this has not yet been transitioned to FDP and therefore cannot be demonstrated within FDP.

The screenshot shows the NHSE Respiratory Programme Dashboard. The left sidebar contains navigation links: Home, Search..., Notifications, Recent, Files, Applications, Object explorer, Contour, Reports, Workshop, Recovery Dashboard\_Wor..., AIP Assist, Support, and Account. The main content area is titled 'NHSE Respiratory Programme Dashboard' and includes tabs for 'About this Dashboard', 'BSA - Prescribing', 'Hospital Activity', 'QOF', 'IIF', 'Pulmonary Rehabilitation', and 'COVID (DEV)'. The 'About this Dashboard' section contains the following text:

**About this Dashboard**

The National Respiratory Dashboard brings together data on one platform to enable systems, regions and networks to compare and manage their performance against the ambitions of the Long Term Plan (the Long Term Plan describes a programme of work that focuses on the importance of diagnosis and effective management of chronic respiratory disease).

The dashboard and the data it contains is an ongoing piece of work that will continue to be developed and modified as we gain access to and expanding the range of respiratory metrics

**National Data Platform - Foundry**

**What is the NDP - Foundry?**

The NHS National Data Platform (NDP) Foundry is a single data, modelling and integration platform that provides users with reliable and timely data in order to make informed, effective decisions. The platform contains information from dozens of datasets covering a wide variety of metrics, incorporates modelling and predictions on that data to provide a single source of truth.

**What are the direct benefits of using the NDP - Foundry?**

- Improved data quality and a single version of the truth
- Information in one secure place
- Reduction of duplication as data is collected once and made available for multiple purposes through automated extraction
- Time savings for users, reduced effort to input, cleanse, disseminate and interpret data
- Capturing real time data enabling people to make more effective operational decisions

**Data refresh schedule**

The table below outlines the key data sources that feed into the respiratory dashboard with supporting information about how regularly they are refreshed and the expected delay in data

Date source	Rate of refresh	When is source data updated?	What is the time delay between refreshed data?	Example if data is refreshed 2nd week of July 2023 when would data be available till?
BSA	Monthly	Start of month	2 months	End of April
Hospital activity - SUS	Monthly	Start of month	2 months	End of April
QOF	Annually	~ September	6-17 months depending on time accessing	FY21/22 (with FY22/23 expected - September
IIF	Monthly	Start of month	1-2 months	End of April with some measures end of May

The screenshot shows the NHSE Respiratory Programme Dashboard. The left sidebar contains navigation links: Home, Search..., Notifications, Recent, Files, Applications, Object explorer, Contour, Reports, Workshop, Recovery Dashboard\_Wor..., AIP Assist, Support, and Account. The main content area is titled 'NHSE Respiratory Programme Dashboard' and includes tabs for 'About this Dashboard', 'BSA - Prescribing', 'Hospital Activity', 'QOF', 'IIF', 'Pulmonary Rehabilitation', and 'COVID (DEV)'. The 'Data refresh schedule' section contains the following table:

**Data refresh schedule**

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IIF	Monthly	Start of month	1-2 months	End of April with some measures end of May

**Version Control**

Version	Date	Comments

## **Current metrics in the dashboard**

### **1. NHS BSA – Prescribing**

This part of the Dashboard includes the number of patients:

- receiving five or fewer steroid inhalers including inhaled corticosteroids Long Active Beta2 Agonists (LABA) products
- prescribed six or more SABA inhalers, who were also prescribed a preventer inhaler but not prescribe an antimuscarinic
- receiving prescription items for Prednisolone 5mg tablets if this is prescribed to treat asthma or COPD (quantities are included if less than or equal to 60 tablets have been prescribed)

and number of prescriptions:

- high dose inhaled corticosteroids items prescribed during a single month (total number)
- items prescribed for any smoking cessation products (restricted to age 15 and over)

### **2. Hospital Activity**

This part of the Dashboard details the sum of the population that has had unplanned admissions relating to COPD, Asthma and CAP in both Adults and Children and the average of the length of their stays.

### **3. QOF**

This part of the Dashboard details the total number of patients on the appropriate register with either asthma or COPD and Medical Research Council (MRC) dyspnoea scale  $\geq 3$ , in Aggregate format.

#### **Asthma -**

This will include the patients with Asthma who have either had a record of spirometry and one other objective test between 3 months before or 6 months after diagnosis, or patients who are newly registered in the preceding 12 months with a diagnosis of asthma recorded on or after 1<sup>st</sup> April 2020 with no record of objective testing being performed before the date of registration, with a record of spirometry and one other objective test recorded within 6 months of registration.

There is also inclusion of patients with asthma on the register, total number of patients who had an asthma review in the preceding 12 months that includes an assessment of asthma control using a validated asthma control questionnaire, a recording of the number of exacerbations, an assessment of inhaler technique and a written personalised asthma plan.

#### **COPD**

This will include patients with COPD and Medical Research Council (MRC) dyspnoea scale  $\geq 3$  at any time in the preceding 12 months, total number of patients with a subsequent record of an offer of referral to a pulmonary rehabilitation programme.



#### 4. Investment and Impact Funding (IIF)

This part of the Dashboard details the below information in Aggregate format;

- Number of patients on the QOF Asthma Register, of which patients have received three or more inhaled corticosteroid prescriptions or the number of patients who have received 6 or more Short Acting Beta-2 Agonist (SABA) inhaler prescriptions in the previous 12 months
- Number of non-salbutamol inhaler prescriptions issued to patients aged 12 years or over, of which includes the number of Metered Dose Inhaler (MDI) prescriptions
- Number of salbutamol inhalers prescribed, which includes the number of salbutamol inhaler prescriptions that are lower carbon.

#### 5. PR

This part of the Dashboard includes the below information in Aggregate format;

- Number of eligible patients with MRC dyspnoea score  $\geq 3$  including the number of patients who have attended the initial PR Assessment Appointment or started PR
- Total number of patients enrolled in the PR service
- Total number of patients assessed for suitability for a PR programme
- Of those referred the total number of patients who completed the programme (as measured by those who received a discharge assessment)

**Update January 2025:**

#### 6. Unplanned re-admission rate for COPD/Asthma/CAP

This part of the Dashboard includes Aggregate Data to detail the number of the patients who suffer from COPD/Asthma/CAP that have been re-admitted to hospital.

The launch of the LTP in 2019 highlighted respiratory care as an area of focus first time. The plan outlines the requirements and roadmap for the necessity of improvements to respiratory care within England and includes within it ambitious targets surrounding Asthma care, COPD diagnosis and treatment, breathlessness pathways as well as improved care for Community Acquired Pneumonia. The national respiratory team, along with the nationwide respiratory networks are to deliver on the objectives outlined within the plan.

## 5. Identification of risks

*This section identifies inherent risks of your Data Processing and potential harm or damage that it might cause to individuals whether physical, emotional, moral, material or non-material e.g. inability to exercise rights; discrimination; loss of confidentiality; re-identification of pseudonymised Data, etc.*

*This section is used to detail the risks arising from the proposed Processing Data if there are no steps in place to mitigate the risks. The sections below will then set out the steps you will take to mitigate the risks followed by a second risk assessment which considers the residual risk once the mitigation steps are in place.*

Risk No	<b>Describe source of the risk and nature of potential impact on individuals</b> <i>The highlighted text are the most identified risks in the programme. Please amend and delete as appropriate and add Product specific risks. If the Data being processed is Directly Identifiable Personal Data, the risks will be different from below and you should refer to this category of Data. If the Data being processed is only Aggregated Data, then most of the risks below, other than small number suppression, may not be relevant.</i>
1	There is a risk that Pseudonymised Data may be accidentally misused by those with access
2	There is a risk that Pseudonymised Data will be processed beyond the appropriate retention period.
3	There is a risk that insufficient organisational measures are in place to ensure appropriate security of the Pseudonymised Data (e.g. policies, procedures, disciplinary controls)
4	There is a risk that insufficient technical measures are in place to ensure appropriate security of the Pseudonymised Data (e.g. encryption, access controls)
5	There is a risk that Pseudonymised Data could be deliberately manipulated by an internal bad actor in some way to re-identify individual people
6	There is a risk that unsuppressed small numbers in Aggregated Data ingested into the FDP could lead to the identification of an individual
7	There is a risk that insufficient testing has taken place to assess and improve the effectiveness of technical and organisational measures.
8	There is a risk of failure to provide appropriate transparency information to data subjects.
9	There is a risk that increased access to Special Category Personal Data is given to NHS England staff who would not normally access that Data within their role.
10	There is a risk that the platform becomes inaccessible to users which could cause delays in the management of patient care and availability of Data.
11	There is a risk that inadequate Data quality in source IT systems results in errors, inconsistencies and missing information that could compromise the integrity and reliability of the Data in the Product.
12	There is a risk that users will attempt to access FDP and the Product from outside the UK, increasing the Data security risk.
13	There is a risk that users will not have their permissions revoked when they leave their role/organisation.

## 6. Compliance with the Data Protection Principles - for Processing Personal Data only

Compliance with the Data Protection Principles in relation to the Processing of Personal Data, as set out in Article 5 of the UK General Data Protection Regulation, are addressed in this DPIA in the following sections:

Data Protection Principle	Section addressed in this DPIA
Lawfulness, fairness and transparency	Section 7 (Lawfulness); Section 8 (Fairness); Section 9 (Transparency) and 11 (Processors)
Purpose limitation	Section 4
Data minimisation	Section 10
Accuracy	Section 14
Storage limitation	Section 13
Integrity and confidentiality (security)	Section 12 & 16
Accountability	Accountability is addressed throughout the DPIA. In particular, Section 21 includes approval of the residual risks by the Information Asset Owner and on behalf of the SIRO.

## 7. Describe the legal basis for the Processing (collection, analysis or disclosure) of Data?

<p><b>Statutory authority:</b> This is for national Products only, please remove the Datasets which are not applicable and remove the highlight and/or amend as necessary.</p> <p>NHSE's various statutory authorities for collecting, Processing, analysing and sharing Data are set out in the table below.</p>			
Source Dataset	Statutory Authority for collection of Data	Statutory Authority for Processing & Analysis of Data	Statutory Authority for sharing of Data
NCAPOP Clinical Database	Data services for commissioners Directions 2015 - NHS England Digital (DSFC Directions)	Data services for commissioners Directions 2015 - NHS England Digital	The Data is shared in Aggregate format.
COVID Dataset	COVID-19 public health NHS England Directions 2020 - NHS England Digital	NHS England De-Identified Data Analytics and Publication Directions 2023	The Data is shared in Aggregate format.
Secondary Use Services Dataset	Spine services (no 2) 2014 Direction	NHS England De-Identified Data Analytics and	The Data is shared in Aggregate format.

		Publication Directions 2023	
<p><b>Legal basis under UK GDPR &amp; Data Protection Act 2018 (DPA 2018):</b></p> <p><b>Article 6 – Personal Data</b></p> <ul style="list-style-type: none"> <li>- Article 6(1)(c) Processing is necessary for compliance with a legal obligation, where NHS England collects and analyses Data under the Directions listed above (<b>Legal Obligation</b>).</li> </ul> <p><b>Article 9 – Special Category Personal Data</b></p> <ul style="list-style-type: none"> <li>- Article 9(2)(g) Processing is necessary for reasons of substantial public interest, where NHS England is Processing under Public Task, (<b>Substantial public interest</b>), plus Schedule 1, Part 2, Paragraph 6 '<i>statutory etc and government purposes</i>' of DPA 2018</li> </ul> <p><b>Common Law Duty of Confidentiality</b></p> <ul style="list-style-type: none"> <li>- <b>Legal obligation</b> – NHSE is required by law to process Confidential Patient Data it collects, Pseudonymises and analyses to create the Pseudonymised Data and Aggregated Data input and Aggregated Data output for the Product. This is required under legal directions referred to above and issued by the Secretary of State for Health and Social Care to NHSE under section 254 of the Health and Social Care Act 2012.</li> </ul>			

## 8. Demonstrate the fairness of the Processing

<p>Fairness means that we should handle Personal Data in ways that people would reasonably expect and not use it in ways that have an unjustified adverse impact on them.</p> <p>The Product will have its own transparency information which sets out why the Processing is fair in what it is intended to achieve to improve the care of patients. Further information is set out in section 9 below.</p> <p>Regarding the impact on individuals, the purpose of the Product is to improve health outcomes which falls within Population Health. The impact for individuals of NHS England Processing this Data is to identify variation in healthcare and improve based upon the Data. NHS England is Processing Data in the Product to enable the NHS to operate effectively and to benefit.</p> <p>Any potential adverse impact to individuals is also mitigated by the Data being processed for this Product having been Pseudonymised and Aggregated before it is used and rendered Anonymous Aggregated Data when it is shared with users.</p>
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## 9. What steps have you taken to ensure individuals are informed about the ways in which their Personal Data is being used?

There is a range of information available on the NHS England website about FDP and how it works. This is Level 1 Transparency information.

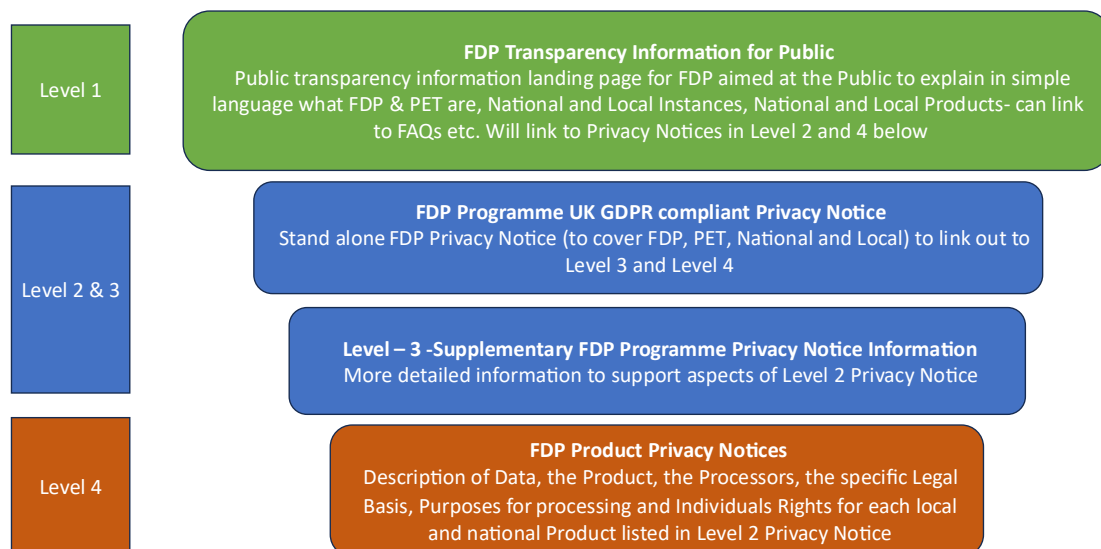
There is a general FDP Privacy Notice which has been published via the NHS England webpages which also explains what FDP is and how it works in more detail. This is Level 2. It has a layered approach which has further detail in Level 3.

[NHS England » NHS Federated Data Platform privacy notice](#)

There is also a privacy notice specifically for this Product at Level 4 available via this link:

[NHS England » FDP products and product privacy notices](#)

### FDP Programme – Privacy Notice and Transparency Information Suggested Approach based on User Research



V1.0 19/03/24

## 10. Is it necessary to collect and process all Data items?

Data Categories [Information relating to the individual's]	Yes/No	Justify [there must be justification for Processing the Data items. Consider which items you could remove, without compromising the purpose for Processing]
<b>Personal Data</b>		
Name	No	
Address	No	
Postcode	Yes	The Postcode is derived to Lower Super Output which means that postcodes are aggregated to an average population of 1500 people or 650 households
Date of Birth	Yes	DOB is derived to month and year of birth in the Pseudonymised Data which is used to create this Product.
Age	Yes	To show demographic differences in metrics

<b>Data Categories</b> [Information relating to the individual's]	<b>Yes/No</b>	<b>Justify</b> [there must be justification for Processing the Data items. Consider which items you could remove, without compromising the purpose for Processing]
Sex	Yes	To show demographic differences in metrics
Marital Status	No	
Gender	Yes	To show demographic differences in metrics
Living Habits	No	
Professional Training / Awards / Education	No	
Email address - patient	No	
Email Address - staff	No	
Physical Description	No	
General Identifier e.g. NHS No	Yes	A Pseudonymised Identifier is used
Home Phone Number	No	
Online Identifier e.g. IP Address/Event Logs	No	
Mobile Phone / Device No / IMEI No	No	
Location Data (Travel / GPS / GSM Data)	No	
Device MAC Address (Wireless Network Interface)	No	
Spare – add Data item (as necessary)	No	
Spare – add Data item (as necessary)		
<b>Special Category Data</b>		
Physical / Mental Health or Condition, Diagnosis/Treatment	Yes	Information about respiratory condition collected by national audit programme and those enrolled on a pulmonary rehab programme UPDATE October 2024 – to now include the mortality data set
Sexual Life / Orientation	No	
Religion or Other Beliefs	No	
Racial / Ethnic Origin	Yes	To understand and reduce inequalities impacting patient care.
Biometric Data (Fingerprints / Facial Recognition)	No	
Genetic Data	No	
<b>Criminal Conviction Data</b>		
Criminal convictions / alleged offences / outcomes / proceedings / sentences	No	

Please see the detailed Data Specification below which identifies the source Datasets and specific Data items:

### **Data Specification**

- [National Respiratory Dashboard - Data Specification](#)

### **Update January 2025**

[MESH\_APC].[APCS\_RE30\_Monthly\_1] Columns:

[APCS\_Ident] , [APCS\_Load\_ID] , [Der\_Financial\_Year] , [Spell\_RE30\_Indicator]  
 , [Spell\_RE30\_Admit\_Type] , [Spell\_RE30\_Parent\_APCS\_Ident] , [Spell\_RE30\_Parent\_APCS\_Load\_ID] , [Spell\_RE30\_Parent\_Days] , [Spell\_RE30\_Parent\_Prov] , [Spell\_RE30\_Child\_APCS\_Ident] , [Spell\_RE30\_Child\_APCS\_Load\_ID] , [Spell\_RE30\_Child\_Days] , [Spell\_RE30\_Child\_Prov] , [UDALFileID]

## 11. Provide details of Processors who are Processing Personal Data in relation to this Product

- The Platform Contractor is a Processor acting on behalf of NHS England as a Controller in relation to Processing Pseudonymised Data held on the Platform, and which is used in the Product. The Platform Contract has required Data Processing provisions in it which meet the requirements of UK GDPR. In addition, a separate Data Processing Annex providing specific Processing instructions to the Platform Contractor for this Product will be issued.
- [FDP Product Annex Respiratory Programme Dashboard v2.0 Final, updated, approved](#)

## 12. Describe if Data is to be shared from the Product with other organisations and the arrangements in place for this

Users of the Dashboard may include:

- NHS England staff, systems, regions, and NICE, Asthma and Lung UK who have access to the National Respiratory Dashboard and who use the dashboard for planning purposes who have access to Aggregated Data directly from the dashboard via graphs and charts. Access is granted by the Product owner reviewing access request and approving – all logged within the Platform.

Access is currently not reviewed. However, there has been a review of individuals who has access to the Dashboard prior to this Product being transferred on to FDP.

Access can be revoked by Product owner and Platform team.

## 13. How long will the Data be retained?

The Data will be kept in line with business requirements for the purposes of providing the Product. At the point that the Product is decommissioned, a further assessment will be undertaken to ascertain whether the Data can be destroyed, or a retention period agreed in line with the [NHS Records Management Code of Practice 2021](#).

## 14. How you will ensure Personal Data is accurate and if necessary, kept up to date

We ensure that the latest Data supplied is always used with any amended records deleted or archived. We perform Data quality checks at the point on receiving Data and at the end stage of final analysis to ensure that Data is consistent with previous publications. We share these findings and escalate any Data inaccuracies with Data suppliers and the National Respiratory Programme.



## 15. How are individuals made aware of their rights and what processes do you have in place to manage requests to exercise their rights?

General privacy information regarding the FDP is available in the FDP Privacy Notice on the NHSE website together with a Product specific Privacy Notice which sets out the rights which apply in relation to this Product.

The following rights under UK GDPR apply to the Processing of Personal Data (Pseudonymised Data) to produce this Product:

- Right to be informed
- Right of access
- Right to rectify

## 16. What technical and organisational controls in relation to information security have been put in place for this Product?

**Redaction Rationale** – The information below has been redacted as this includes information relating to information security within NHS England, this has been completed in line with Section 31 (1)(a) of the Freedom of Information Act 2000.

The Overarching FDP DPIA (and where applicable, NHS-PET DPIA) sets out the technical and organisational controls for the Platform and the NHS-PET Solution.

### Business Continuity Arrangements

There is currently no Business Continuity Plan for this Product. The Business Continuity Arrangements in place for this Product are the existing system and NHS England Business Continuity Plans for the platform and the Data being ingested.

The risk has been accepted that if the Product is down then there is no set continuity plan to re-establish access. There is no risk to patient care if this system was to be down. There are however some offline reports that the team will continue to have access to if the Product was to be unavailable.

If there is unavailability of the Data or the Platform is down the team will ensure this incident is escalated through the appropriate routes and support where possible to provide a solution.

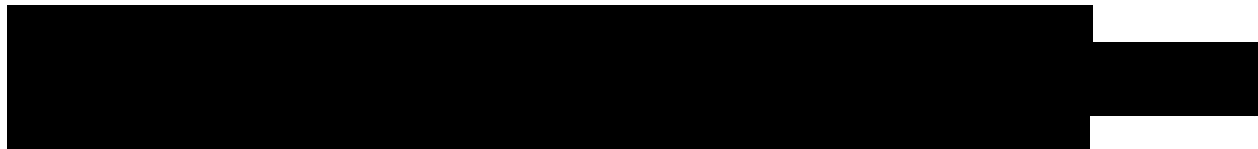
Further detail on the FDP Business Continuity Arrangements can be found in the Overarching FDP DPIA.

### Specific Access controls for this Product

Purpose Based Access Controls to the Dashboard will be granted via NHS Mail accounts. This is the standard methodology on NHS England's cloud infrastructure for the applications which are accessing the Data through the Database connections or API (Application Programming Interface).

Following this, an SQL account will be created which the application will use to read/write the Database for certain task(s). This will restrict unwarranted access.

A small number of NHSE and CSU Analysts, responsible for delivery of the dashboard, will have secure permission-based access to the Pseudonymised Data within FDP in order to manage the required dashboard Aggregate-level visualisations for the users.



The Product Owner and IAO will be required to approve user access based on the Purpose Based Access Controls in place for the Product.

## 17. In which country/territory will Data be stored or processed?

All Processing of Data will be within the UK only, this is a contractual requirement and one of the key principles of the FDP IG Framework

## 18. Do Opt Outs apply to the Processing?

The National Data Opt Out policy does not apply to this Product as:

- the collection and analysis of Data by NHS England to create the Product has been carried out under a legal obligation (the Legal Direction) and therefore the National Data Opt out does not apply.
- No Confidential Patient Information will be disclosed to users of the Product via the dashboard which only provides access to Anonymous Aggregated Data.

Type 1 Opt Outs do not apply to this Product because the Datasets used to create the Product does not contain Confidential Patient Information that has been collected by NHS England from GP Practices.

## 19. Risk mitigations and residual risks

Section 4 of this DPIA sets out the inherent risks arising from the proposed Data Processing. This section summarises the steps to mitigate those risks (which are explained in detail above) and assesses the residual risks, i.e. the level of risk which remains once the mitigations are in place.

Against each risk you have identified at section 4, record the options/controls you have put in place to mitigate the risk and what impact this has had on the risk. Make an assessment as to the residual risk.

Also indicate who has approved the measure and confirm that responsibility and timescales for completion have been integrated back into the project plan.

Risk No	Risk	Steps to mitigate the risk	DPIA section in which step is described	Effect on risk. Tolerate / Terminate / Treat / Transfer	Likelihood of harm Remote / Possible / Probable	Severity of harm Minimal / Significant / Severe	Residual risk None / Low / Medium / High
1	Pseudonymised Data may be accidentally misused by those with access	1. External suppliers are Processors on contracts with relevant security and Data protection clauses contained within the agreements. Internal security and Data protection processes are in place within NHS England. 2. No external users have access to Pseudonymised Data through the dashboards in the Product. All internal users are required to sign security operating procedures that confirm their responsibilities to protect Data. Internal users are also subject to contractual confidentiality requirements. 3. The download functionality of Data from the FDP is disabled by default, and access to this is controlled by the	Section 12 & 16	Tolerate	Remote	Significant	Low

<b>Risk No</b>	<b>Risk</b>	<b>Steps to mitigate the risk</b>	<b>DPIA section in which step is described</b>	<b>Effect on risk. Tolerate / Terminate / Treat / Transfer</b>	<b>Likelihood of harm Remote / Possible / Probable</b>	<b>Severity of harm Minimal / Significant / Severe</b>	<b>Residual risk None / Low / Medium / High</b>
		Product Owner which ensures appropriate governance in place. 4. Role Based Access Controls and Purpose Based Access Controls are in place to limit access to Pseudonymised Data to only those with a legitimate need eg developers of the Product. 5. The FDP access audit logs ensure that all access is logged and can be fully audited.					
2	Pseudonymised Data may be processed beyond the appropriate retention period.	1.Compliance with the Data Security Protection Toolkit (DSPT) requires Records Management policies to be in place. 2. The Data is kept in line with NHS Records Management Code of Practice. 3. The business area responsible for the Data have a Records Management Information Co-ordinator who will provide advice on how long Data should be retained at the point the dashboard is decommissioned.	Section 13	Tolerate	Remote	Minimal	Low
3	Insufficient organisational measures are in place to ensure appropriate security of the Personal Data	1.Appropriate organisational measures in relation to Data controls and governance are in place to ensure the security of the Data. 2. Organisational measures are adhered to across the Data platform.	Set out in the Overarching FDP DPIA and Section 12 & 16 above	Tolerate	Remote	Minimal	Low

<b>Risk No</b>	<b>Risk</b>	<b>Steps to mitigate the risk</b>	<b>DPIA section in which step is described</b>	<b>Effect on risk. Tolerate / Terminate / Treat / Transfer</b>	<b>Likelihood of harm Remote / Possible / Probable</b>	<b>Severity of harm Minimal / Significant / Severe</b>	<b>Residual risk None / Low / Medium / High</b>
	(e.g. policies, procedures, disciplinary controls)	Any breaches are reported in line with these. 3. Role Based Access Controls and Purpose Based Access Controls are in place to limit access to Data.					
4	Insufficient technical measures are in place to ensure appropriate security of the Personal Data (e.g. encryption, access controls)	1. Data is encrypted in storage 2. All Data to and from the platform is encrypted in transit using at least TLS1.2 3. SLSP in place 4. All identifiable Data is Pseudonymised at the point of upload into the DSCRO 5. Access to the Respiratory Dashboard is limited and only approved users can be granted access	Set out in the Overarching FDP DPIA and Section 12 & 16 above	Tolerate	Remote	Minimal	Low
5	Pseudonymised Data could be deliberately manipulated by an internal bad actor in some way to re-identify individual people	1. External suppliers are Processors on contracts with relevant security and Data protection clauses contained within the agreements. Internal security and Data protection processes are in place within NHS England. 2. Staff are trained and fully aware of their responsibilities when analysing Data to only use the minimum required for their purpose and that it is a criminal offence under the DPA 2018 to knowingly re-identify an individual	Set out in the Overarching FDP DPIA and Section 11, 12 & 16 above	Tolerate	Remote	Significant	Low

<b>Risk No</b>	<b>Risk</b>	<b>Steps to mitigate the risk</b>	<b>DPIA section in which step is described</b>	<b>Effect on risk. Tolerate / Terminate / Treat / Transfer</b>	<b>Likelihood of harm Remote / Possible / Probable</b>	<b>Severity of harm Minimal / Significant / Severe</b>	<b>Residual risk None / Low / Medium / High</b>
		<p>3. Contracts of employment and other organisational policies provide further safeguards against Data misuse</p> <p>4. Specific Data Processing instructions are provided to the Platform Contractor which limits their Processing of the Pseudonymised Data to this Product, and which prohibits any reidentification</p> <p>5. The download functionality of Data from the FDP is disabled by default, and access to this is controlled by the Product Owner which ensures appropriate governance in place.</p>					
6	Unsuppressed small numbers in Aggregated Data made available via the Product dashboard could lead to the identification of an individual	<p>Whilst small numbers are included, they have been aggregated dynamically at a region, ICB, and provider level, depending on the selection made by the user.</p> <p>If the steps above return counts less than five, we have enabled small number suppression on graphs and tables. Because of this it would not be possible to re-identify an individual in the Data or for the output to be linked with other Data which would enable re-identification to the users of the dashboard. The Data is therefore</p>	Section 3 & 7	Tolerate	Remote	Minimal	None

<b>Risk No</b>	<b>Risk</b>	<b>Steps to mitigate the risk</b>	<b>DPIA section in which step is described</b>	<b>Effect on risk. Tolerate / Terminate / Treat / Transfer</b>	<b>Likelihood of harm Remote / Possible / Probable</b>	<b>Severity of harm Minimal / Significant / Severe</b>	<b>Residual risk None / Low / Medium / High</b>
		considered to be Aggregated Data which is Anonymous.					
7	Insufficient testing has taken place to assess and improve the effectiveness of technical and organisational measures supporting the Product.	1. Full details are described in the Overarching FDP DPIA. 2. For national Products migrating from Foundry to FDP, there is no change in the Product, its operation or the technical measures supporting it. New governance processes for migrating existing Products have been put in place, including approval of relevant DPIAs by the DGG and the Deputy SIRO. This updated DPIA has also been put in place to assess the risks consistently across all national Products. 3. The QA and UAT have been tested before going live	Set out in the Overarching FDP DPIA and Section 3, 12 & 16 above	Tolerate	Remote	Minimal	Low
8	Failure to provide appropriate transparency information to Data subjects.	1. The NHSE General FDP Privacy Notice has been published and a separate Product Privacy Notice has been produced and will be published on NHS England's website with a link to it from the General FDP Privacy Notice.	Sections 8 and 9	Tolerate	Remote	Significant	Low



<b>Risk No</b>	<b>Risk</b>	<b>Steps to mitigate the risk</b>	<b>DPIA section in which step is described</b>	<b>Effect on risk. Tolerate / Terminate / Treat / Transfer</b>	<b>Likelihood of harm Remote / Possible / Probable</b>	<b>Severity of harm Minimal / Significant / Severe</b>	<b>Residual risk None / Low / Medium / High</b>
9	Increased access to Special Category Personal Data is given to staff who would not normally access that Data within their role.	1. Role Based and Purpose Based Access Controls are in place. The addition of the Restricted View function to sit over the Purpose Based Access Controls ensures only those who need access to Special Category Personal Data are able to access this. 2. The Data Processed to produce the Product has been Pseudonymised before being ingested into FDP. 3. Only analysts responsible for developing the Product have access to the Pseudonymised Data.	Section 12 & 16	Treat	Possible	Minimal	Low
10	The platform becomes inaccessible to users which could cause delays in availability of Data.	1. The FDP Contractor is required to have Business Continuity Plans in place.	Section 16	Tolerate	Remote	Significant	Low
11	Inadequate data quality in source IT systems results in errors, inconsistencies and missing information that could	1. The Product will only collect a subset of Personal Data from existing NHSE Datasets. The Product will not collect Personal Data directly from individuals. 2. It is our responsibility to ensure that all Data that is ingested into FDP for	Section 14	Tolerate	Remote	Significant	Low

<b>Risk No</b>	<b>Risk</b>	<b>Steps to mitigate the risk</b>	<b>DPIA section in which step is described</b>	<b>Effect on risk. Tolerate / Terminate / Treat / Transfer</b>	<b>Likelihood of harm Remote / Possible / Probable</b>	<b>Severity of harm Minimal / Significant / Severe</b>	<b>Residual risk None / Low / Medium / High</b>
	compromise the integrity and reliability of the Data in the Product.	use in this Product is up to date and accurate for the purposes for which it is Processed within the Product. We will use our existing processes relating to the source Datasets for maintaining accuracy. In addition, see Section 14 above.					
12	Users will attempt to access FDP and the Product from outside the UK, increasing the Data security risk.	<p>1. It is clearly articulated within the FDP IG Framework that no personal/patient Data should leave or be accessible from outside of the UK without the express prior approval from the Data Governance Group.</p> <p>2. It is within the Platform Contract that no access to the system should take place from outside the UK.</p> <p>3. There are technical security measures in place to prevent access from outside the UK.</p>	Section 17	Treat	Remote	Minimal	Low
13	Users will not have their permissions revoked when they leave their role/ organisation	1. As part of migrating national Products from Foundry to FDP, any users who have not accessed a migrating Product since January 2024 will have their access disabled. User accounts are also checked on a Product-by-Product basis with Product	Section 12 & 16	Treat	Remote	Significant	Low

<b>Risk No</b>	<b>Risk</b>	<b>Steps to mitigate the risk</b>	<b>DPIA section in which step is described</b>	<b>Effect on risk. Tolerate / Terminate / Treat / Transfer</b>	<b>Likelihood of harm Remote / Possible / Probable</b>	<b>Severity of harm Minimal / Significant / Severe</b>	<b>Residual risk None / Low / Medium / High</b>
	and may continue to have access to Data they are no longer entitled to access	Owners regarding who should transition and if their access is still valid.  2. Access can be revoked by Product owner and Platform team.					

## 20. Actions

**Redaction Rationale** – The information below has been redacted as this includes personal information, this has been completed in line with Section 40 (2) of the Freedom of Information Act 2000.

This section draws together all the actions that need to be taken in order to implement the risk mitigation steps that have been identified above, or any other actions required.

Action No	Actions required. (Date and responsibility for completion)	Risk No impacted by action	Action owner (Name and role)	Date to be completed
1	Provide details of the process in place to review access to the Product and to remove access where users change role or leave the organisation	13	[Redacted], Respiratory Programme Manager	28/09/2024

## 21. Completion and signatories

**Redaction Rationale** – The information below has been redacted as this includes personal information, this has been completed in line with Section 40 (2) of the Freedom of Information Act 2000.

The completed DPIA should be submitted to the NHSE Privacy Transparency and Trust IG Team for review.

The IAO (Information Asset Owner) should keep the DPIA under review and ensure that it is updated if there are any changes (to the nature of the Processing, including new data items Processed, change of purpose, and/or system changes)

The DPIA accurately reflects the Processing and the residual risks have been approved by the Information Asset Owner:

### Information Asset Owner (IAO) Signature and Date

Name	[Redacted], Respiratory Programme Manager
Signature	[Redacted]
Date	14/10/2024

**FOR DATA PROTECTION OFFICER USE ONLY**

## 22. Summary of high residual risks

Risk no.	High residual risk summary

### Summary of Data Protection Officer advice:

<b>Name</b>	
<b>Signature</b>	
<b>Date</b>	
<b>Advice</b>	

**Where applicable: ICO (Information Commissioners Office) consultation outcome:**

<b>Name</b>	
<b>Signature</b>	
<b>Date</b>	
<b>Consultation outcome</b>	

**Next Steps:**

- DPO to inform stakeholders of ICO consultation outcome
- IAO along with DPO and SIRO (Senior Information Risk Owner) to build action plan to align the Processing to ICO's decision

## Annex 1: Defined terms and meaning

The following terms which may be used in this Document have the following meaning:

Defined Term	Meaning
<b>Aggregated Data</b>	Counts of Data presented as statistics so that Data cannot directly or indirectly identify an individual.
<b>Anonymisation</b>	Anonymisation involves the application of one or more anonymisation techniques to Personal Data. When done effectively, the anonymised information cannot be used by the user or recipient to identify an individual either directly or indirectly, taking into account all the means reasonably likely to be used by them. This is otherwise known as a state of being rendered anonymous in the hands of the user or recipient.
<b>Anonymised Data</b>	Personal Data that has undergone Anonymisation.
<b>Anonymous Data</b>	Anonymised Data, Aggregated Data and Operational Data.
<b>Approved Use Cases</b>	Means one of the five initial broad purposes for which Products in the Data Platform can be used as outlined in Part 1 of Schedule 2 (Approved Use Cases and Products) of the IG Framework, or any subsequent broad purpose agreed to be a use case through the Data Governance Group
<b>Categorisation of Data</b>	<p>Means one of the following categories of Data:</p> <ul style="list-style-type: none"><li>• Directly Identifiable Personal Data</li><li>• Pseudonymised Data</li><li>• Anonymised Data,</li><li>• Aggregated Data</li><li>• Operational Data</li></ul> <p>In the case of Directly Identifiable Personal Data or Pseudonymised Data this could be Personal Data or Special Category Personal Data.</p>
<b>Common Law Duty of Confidentiality</b>	The common law duty which arises when one person discloses information to another (e.g. patient to clinician) in circumstances where it is reasonable to expect that the information will be held in confidence.
<b>Confidential Patient Data</b>	Information about a patient which has been provided in circumstances where it is reasonable to expect that the information will be held in confidence, including Confidential Patient Information.

Defined Term	Meaning
<b>Confidential Patient Information</b>	Has the meaning given in section 251(10) and (11) of the NHS Act 2006. See Appendix 6 of the National Data Opt Out Operational Policy Guidance for more information <sup>1</sup>
<b>Controller</b>	Has the meaning given in UK GDPR being the natural or legal person, public authority, agency, or other body which, alone or jointly with others, determines the purposes and means of the Processing of Personal Data (subject to Section 6 of the Data Protection Act 2018)
<b>Data Governance Group</b>	Means a national group established by NHS England to provide oversight to the approach to Data Processing and sharing across all Instances of the Data Platform and NHS-PET which will include membership from across FDP User Organisations
<b>Data Platform or Platform</b>	The NHS Federated Data Platform
<b>Data Processing Annex</b>	The annex to the schedule containing Processing instructions in the form set out in the FDP Contracts.
<b>Data Protection Legislation</b>	The Data Protection Act 2018, UK GDPR as defined in and read in accordance with that Act, and all applicable data protection and privacy legislation, guidance, and codes of practice in force from time to time
<b>Direct Care</b>	A clinical, social, or public health activity concerned with the prevention, investigation and treatment of illness and the alleviation of suffering of individuals. It includes supporting individuals' ability to function and improve their participation in life and society. It includes the assurance of safe and high-quality care and treatment through local audit, the management of untoward or adverse incidents, person satisfaction including measurement of outcomes undertaken by one or more registered and regulated health or social care professionals and their team with whom the individual has a legitimate relationship for their care <sup>2</sup> .
<b>Directly Identifiable Personal Data</b>	Personal Data that can directly identify an individual.
<b>DPIA(s)</b>	Data Protection Impact Assessments in a form that meets the requirements of UK GDPR
<b>FDP</b>	Federated Data Platform
<b>FDP Contract</b>	The NHS-PET Contract and the Platform Contract
<b>FDP Contractor(s)</b>	The NHS-PET Contractor and/or the Platform Contractor

<sup>1</sup> <https://digital.nhs.uk/services/national-Data-opt-out/operational-policy-guidance-document/appendix-6-confidential-patient-information-cpi-definition>

<sup>2</sup> See the National Data Guardian Direct Care Decision Support Tool:  
[https://assets.publishing.service.gov.uk/media/5f2838d7d3bf7f1b1ea28d34/Direct\\_care\\_decision\\_support\\_tool.xlsx](https://assets.publishing.service.gov.uk/media/5f2838d7d3bf7f1b1ea28d34/Direct_care_decision_support_tool.xlsx)



Defined Term	Meaning
<b>FDP Programme</b>	The NHS England Programme responsible for the procurement and implementation of the FDP across the NHS
<b>FDP User Organisations</b>	NHS England, ICBs, NHS Trusts and other NHS Bodies (including a Commissioned Health Service Organisation) who wish to have an Instance of the Data Platform and who have entered into an MoU with NHS England. In the case of a Commissioned Health Service Organisation, the MoU is also to be entered into by the relevant NHS Body who has commissioned it
<b>General FDP Privacy Notice</b>	A privacy notice providing information on the Personal Data Processed in the Data Platform and by NHS-PET generally, including the Approved Use Cases for which Products will Process Personal Data
<b>ICB</b>	Integrated Care Board
<b>ICS</b>	Integrated Care System
<b>Incident</b>	An actual or suspected Security Breach or Data Loss Incident
<b>Instance</b>	A separate instance or instances of the Data Platform deployed into the technology infrastructure of an individual FDP User Organisation
<b>National Data Opt Out</b>	The Department of Health and Social Care's policy on the National Data Opt Out which applies to the use and disclosure of Confidential Patient Information for purposes beyond individual care across the health and adult social care system in England. See the National Data Opt Out Overview <sup>3</sup> and Operational Policy Guidance for more information <sup>4</sup>
<b>NHS-PET Contract</b>	The Contract between NHS England and the NHS-PET Contractor relating to the NHS-PET Solution dated 28 November 2023 as may be amended from time to time in accordance with its terms
<b>NHS-PET Contractor</b>	IQVIA Ltd
<b>NHS-PET Solution</b>	The privacy enhancing technology solution which records Data flows into the Data Platform and where required treats Data flows to de-identify them.
<b>Ontology</b>	Is a layer that sits on top of the digital assets (Datasets and models). The Ontology creates a complete picture by mapping Datasets and models used in Products to object types, properties, link types, and action types. The Ontology

<sup>3</sup> <https://digital.nhs.uk/services/national-data-opt-out/understanding-the-national-data-opt-out>

<sup>4</sup> <https://digital.nhs.uk/services/national-data-opt-out/operational-policy-guidance-document>

Defined Term	Meaning
	creates a real-life representation of Data, linking activity to places and to people.
<b>Operational Data</b>	Items of operational Data that do not relate to individuals eg stocks of medical supplies.
<b>Personal Data</b>	Has the meaning given in UK GDPR being any information relating to an identified or identifiable natural person ('Data subject'); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location Data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person . For the purposes of this DPIA this also includes information relating to deceased patients or service users. Personal Data can be Directly Identifiable Personal Data or Pseudonymised Data.
<b>Personal Data Breach</b>	Has the meaning given in UK GDPR being a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, Personal Data transmitted, stored, or otherwise Processed
<b>Platform Contract</b>	The agreement between NHS England and the Platform Contractor in relation to the Data Platform dated 21 November 2023 as may be amended from time to time in accordance with its terms
<b>Platform Contractor</b>	Palantir Technologies UK Ltd
<b>Product</b>	A product providing specific functionality enabling a solution to a business problem of an FDP User Organisation operating on the Data Platform.
<b>Product Privacy Notice</b>	A privacy notice providing information on the Personal Data Processed in the Data Platform and by NHS-PET in relation to each Product, including the purposes for which the Product Processes Personal Data
<b>Process or Processing</b>	Has the meaning given in UK GDPR being any operation or set of operations which is performed on Personal Data or on sets of Personal Data, whether or not by automated means, such as collection, recording, organisation, structuring, storage, adaptation or alteration, retrieval, consultation, use, disclosure by transmission, dissemination or otherwise making available, alignment or combination, restriction, erasure, or destruction
<b>Processor</b>	Has the meaning given in UK GDPR being a natural or legal person, public authority, agency, or other body which Processes Personal Data on behalf of the Controller
<b>Programme</b>	The Programme to implement the Data Platform and NHS-PET across NHS England, NHS Trusts and ICBs

Defined Term	Meaning
<b>Pseudonymisation</b>	Has the meaning given in UK GDPR being the Processing of Personal Data in such a manner that the Personal Data can no longer be attributed to a specific individual without the use of additional information, provided that such additional information is kept separately and is subject to technical and organisational measures to ensure that the Personal Data are not attributed to an identified or identifiable natural person
<b>Pseudonymised Data</b>	Personal Data that has undergone Pseudonymisation
<b>Purpose Based Access Controls or PBAC</b>	Means user access to Data is based on the purpose for which an individual needs to use Data rather than their role alone as described more fully in Part 2 of Schedule 3
<b>Role Based Access Controls or RBAC</b>	Means user access is restricted to systems or Data based on their role within an organisation. The individual's role will determine what they can access as well as permission and privileges they will be granted as described more fully in Part 2 of Schedule 3
<b>Special Category Personal Data</b>	Means the special categories of Personal Data defined in Article 9(1) of UK GDPR being Personal Data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the Processing of genetic Data, biometric Data for the purpose of uniquely identifying a natural person, Data concerning health or Data concerning a natural person's sex life or sexual orientation.
<b>Transition Phase</b>	Is the first phase of rolling out the Data Platform which involves NHS England and local FDP User Organisations who currently use Products, moving their existing Products onto the new version of the software that is in the Data Platform. There is no change to the Data that is being processed, the purposes for which it is processed or the FDP User Organisations who are Processing the Data during the Transition Phase. The Transition Phase will start in March 2024 and is expected to run until May 2024.
<b>UK GDPR</b>	UK GDPR as defined in and read in accordance with the Data Protection Act 2018