

Template Version	FDP National DPIA Template (Pseudo) version 1.1 240424		
Document filename	Flu Vaccination Events – FDP National DPIA		
Directorate / Programme	FDP Programme	Product Name	<i>Flu Vaccination Events</i>
Document Reference No	<i>IG2023197</i>	Information Asset Register Number	<i>FDP 064N</i>
Information Asset / Product Owner Name	██████████ <i>Deputy Director – Analytical Applications</i>	Version	5.0 Final
Author(s)	██████████ <i>Deputy Director – Analytical Applications and;</i> ██████████ <i>Information Governance Manager, IG Delivery (Data &amp; Analytics)</i>	Version issue date	<i>31/10/2025</i>

**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 – Flu Vaccination Events

# Document Management

## Revision History

**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.

Version	Date	Summary of Changes
0.1	08/05/2024	Information collected into FDP DPIA template
0.2	10/05/2023	Including comments from Andy Tookey and Angela Blakeney
0.3	10/05/2023	Removing track changes and formatting document
0.4	24/05/2024	Updating DPIA in line with Wendy Harrison's review on VVE DPIA
0.5	24/05/2024	Track changes accepted and finalised for Review
0.6	03/06/2024	DGG Comments
0.7	04/06/2024	Updated following comments from DGG
0.8	05/06/2024	Track changes accepted and finalised for Review
0.9	03/07/2024	Updated following Reviewer comments
1.0	10/07/2024	Finalisation of Document
2.0	27/11/2024	Updated to reflect access NBS
2.1	15/05/2025	Update to DPIA to include Manage Your Appointment (MYA) Booking system for NBS
3.0	15/05/2025	Final Updated Approved
3.1	04/08/2025	Addition of GPAD Flu booking data
4.0	06/08/2025	Final Updated Approved
4.1	31/10/2025	Update for Aggregate Data Egress
5.0	31/10/2025	Final Approved

## Reviewers

**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 reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
[REDACTED]	Deputy Director, IG Risk and Assurance	02/07/2024	0.8
[REDACTED]	Head of IG – FDP	27/11/2024	0.9/1.0/2.0
[REDACTED]	Head of IG – FDP	15/05/2025	2.1
[REDACTED]	Head of IG – FDP	06/08/2025	4.0
[REDACTED]	Head of IG – FDP	31/10/2025	4.1

## 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
[REDACTED]	Deputy Director, IG Risk and Assurance	03/07/2024	0.9
[REDACTED]	Head of IG – FDP	15/05/2025	3.0
[REDACTED]	Head of IG – FDP	06/08/2025	4.0
[REDACTED]	Head of IG – FDP	31/10/2025	5.0

## 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.

## Contents

<b>Purpose of this document</b>	<b>5</b>
<b>1. Consultation with Stakeholders about the Product</b>	<b>10</b>
<b>2. Data Flow Diagram</b>	<b>11</b>
<b>3. Description of the Processing</b>	<b>13</b>
<b>4. Purpose of Processing Personal Data for this Product</b>	<b>14</b>
<b>5. Identification of risks</b>	<b>15</b>
<b>6. Compliance with the Data Protection Principles - for Processing Personal Data only</b>	<b>16</b>
<b>7. Describe the legal basis for the Processing (collection, analysis or disclosure) of Data?</b>	<b>17</b>
<b>8. Demonstrate the fairness of the Processing</b>	<b>18</b>
<b>9. What steps have you taken to ensure individuals are informed about the ways in which their Personal Data is being used?</b>	<b>19</b>
<b>10. Is it necessary to collect and process all Data items?</b>	<b>19</b>
<b>11. Provide details of Processors who are Processing Personal Data in relation to this Product</b>	<b>21</b>
<b>12. Describe if Data is to be shared from the Product with other organisations and the arrangements in place for this</b>	<b>22</b>
<b>13. How long will the Data be retained?</b>	<b>22</b>
<b>14. How you will ensure Personal Data is accurate and if necessary, kept up to date</b>	<b>22</b>
<b>15. How are individuals made aware of their rights and what processes do you have in place to manage requests to exercise their rights?</b>	<b>23</b>
<b>16. What technical and organisational controls in relation to information security have been put in place for this Product?</b>	<b>23</b>

---

<b>17. In which country/territory will Data be stored or processed?</b>	<b>24</b>
<b>18. Do Opt Outs apply to the Processing?</b>	<b>24</b>
<b>19. Risk mitigations and residual risks</b>	<b>25</b>
<b>20. Actions</b>	<b>34</b>
<b>21. Completion and signatories</b>	<b>34</b>
<b>22. Summary of high residual risks</b>	<b>35</b>
<b>Annex 1: Defined terms and meaning</b>	<b>36</b>

---

---

## 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.

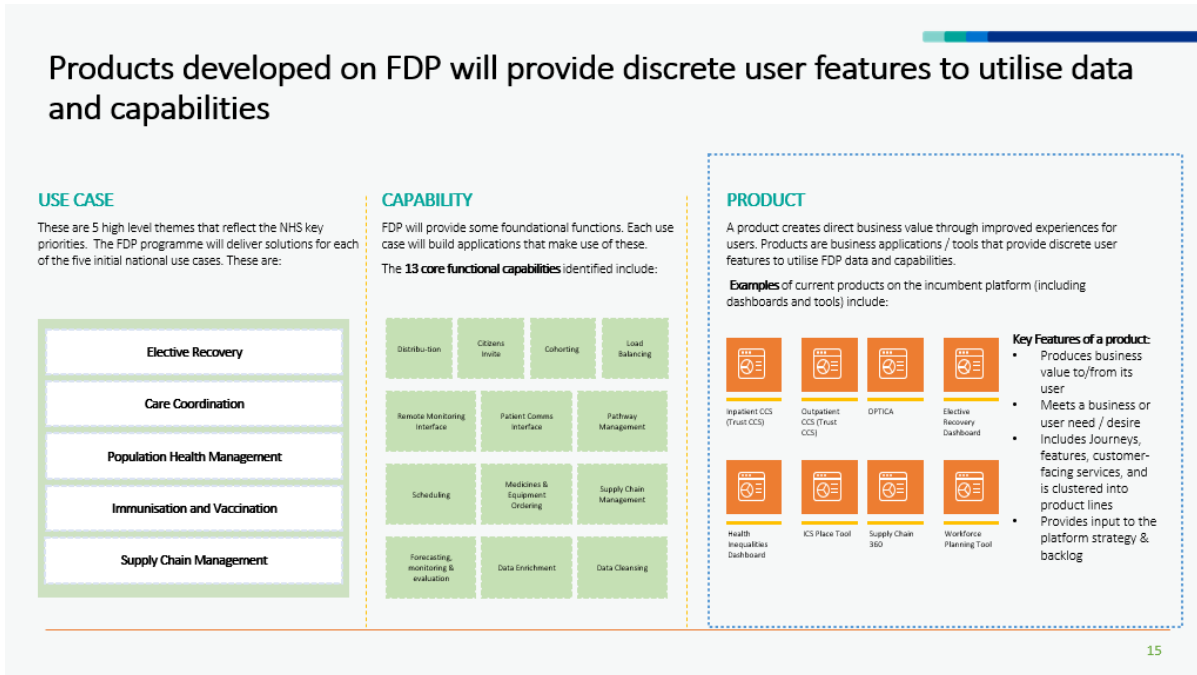
We want the NHS to be the best insight-driven health and care system in the world. This software will provide the foundation to improve the way that Data is managed and used across the NHS in England to transform services and save lives.

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.



**Key information about the Product**

**Purpose of the Product - Overview**

The overall purpose of the Flu Vaccination Events dashboard is to manage and monitor the delivery of the seasonal flu programmes. A flu vaccination event is recorded when a flu vaccination is successfully administered to a citizen by an approved clinical provider. The dashboards have been designed to provide a 'live' flu vaccination dataset (up to and including all activity completed the previous day) to support performance management and reporting purposes, to a number of Healthcare organisations such as PCNs, ICBs and Local Authorities. The aim of the flu vaccination programme is to ensure as many people as possible are protected from flu.

**Update November 2024**

This Product will now be made available to the NHS National Booking Service ( NBS) to enable more cohesive response to the demand for flu vaccination appointments

**Updated May 2025**

The National Bookings Service used for Covid, Flu and RSV appointments in non-GP settings is moving to a new platform. As a result some changes are being made to the bookings and capacity data that will flow to FDP, coming into effect when bookings are made for the Autumn 2025 season. The new Data Specification has a difference in summary which has been detailed below;

- Detail on 'Self-declarations' (e.g. whether a person is pregnant, a healthcare worker, etc) has been removed, the new specification just has a Yes/No flag to indicate whether the booking is a self-referral.

- Booking status is replaced with new fields indicating if an appointment has been cancelled, and the reason why.
- Extra details on location of the appointment and how the appointment was made (via website, phone call or NHS App)
- Some name changes for the fields (e.g. Booking\_data\_and\_time is changed to Appointment\_date\_time)

### Update August 2025

The ingestion of GPAD Data is required as the national team manages performance (including uptake and waste) of flu, as well as the supply of child flu. Understanding booking data on flu is essential to accurately monitor performance of flu and to make accurate and timely recommendations for improving uptake of flu.

### Update October 2025

This update is to allow for Aggregate Data to be extracted and shared with other organisations that require access to this information.

### Local or National Product

Local	<input type="checkbox"/>	National	<input checked="" type="checkbox"/>
-------	--------------------------	----------	-------------------------------------

### Product falls under the following Use Case(s)

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 checked="" type="checkbox"/>	To ensure that there is fair and equal access, and uptake of vaccinations across different communities.
Population Health Management	<input 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.

### Categorisation of the Data used to create the Product

Directly Identifiable Personal Data		How the different Categories of Data are used in relation to the Product
-------------------------------------	--	--

Pseudonymised Data	<input checked="" type="checkbox"/>	Directly Identifiable Data is pseudonymised prior to it being ingested which enables linkages of datasets to produce the data in the dashboards
Anonymised Data	<input type="checkbox"/>	
Aggregated Data	<input type="checkbox"/>	
Operational Data	<input type="checkbox"/>	
<b>Type of Data used in the Product</b>		
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

Informal consultation with existing users of the Dashboard within Foundry during the development phase has allowed opportunity for users to provide feedback on its functionality and appearance via a range of formal and informal forums, for example the Flu Programme Board and Immunisation Operational Delivery Group. The feedback received has helped inform developments made to the dashboard since its creation.

The flu vaccination events dashboard is used by a range of NHS staff, including those working for NHS England in the national and regional teams, staff working in ICBs and those working for provider organisations, i.e. hospital and community trusts.

All users agree that this dashboard and the information within it are vital for the management and delivery of the flu vaccination programme. It would not be possible to effectively manage all the different operational aspects of the programme without the detailed (aggregated) information contained in the dashboard.

Because all the data presented in the dashboard is aggregated there have been no concerns expressed about possible identification or other privacy concerns.

## **Data view**

Data from these different sources is used to give aggregate-level reporting on vaccination activity in the Flu dashboard. Separate pages in the report show activity (vaccinations given), uptake (proportion of each eligible cohort that has been vaccinated).

The operational insight allows national, regional, and local managers to run the vaccination programme with the very latest information.

**Vaccination Events View** gives insight into which sites are operational and where activity is concentrated or not happening, from both an NHS and local authority perspective.

**Vaccination Uptake** and **Single Cohort Views** give insight into rates of vaccination in different eligible cohorts, to identify where uptake is low. The detailed demographic information in this view means that interventions can be targeted towards specific groups, cohorts and locations for maximum impact and effectiveness.

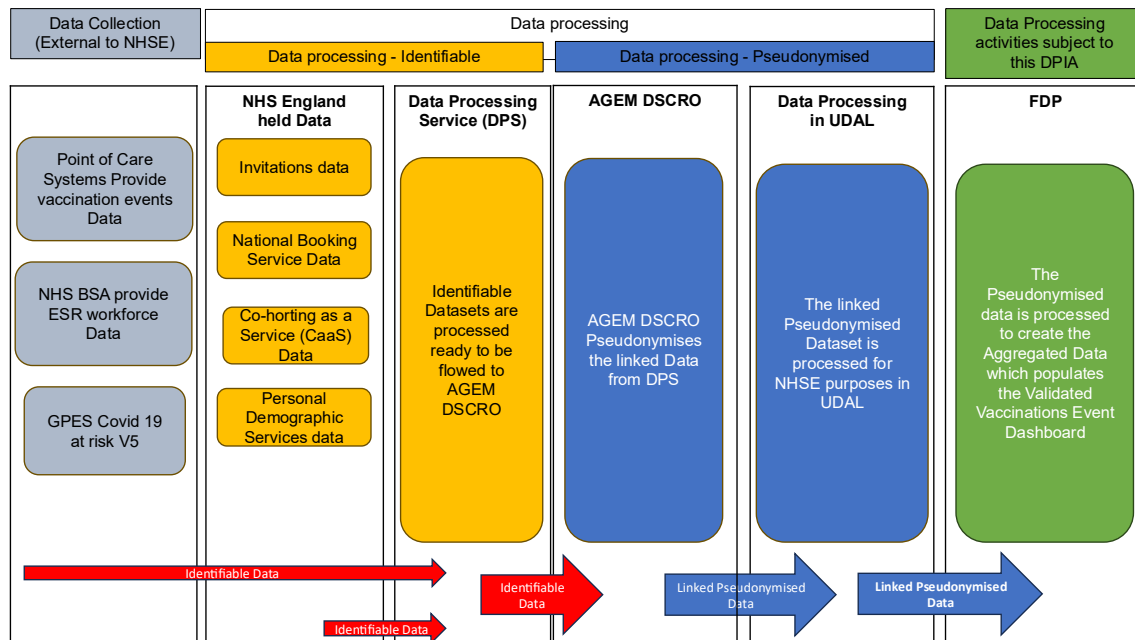
**Summary View** combines information from activity and cohorts, to give a high-level oversight of the flu vaccination programme

**Finance Cohorts View** gives a specific presentation of activity in each eligible cohort, broken down by delivery site type. This specific view has been designed to support the accruals and reporting process for the Finance team.

In summary, the different reporting presented in this dashboard gives operational managers the timely information they need to manage the vaccination programmes and deliver the objective of vaccinating as many eligible people as possible.

## 2. Data Flow Diagram

Flow diagram for flu vaccination data



This Data Flow includes the following:

### 1. Data Collection

**Point of Care Systems (POCs)** flow vaccination events into the NHSE Data Processing Service - this includes mandatory fields included in Point of Care (POC) systems used to record vaccination events. As well as patient details this includes time, date and place of the vaccination event and the type of vaccine product given.

Extended attributes Data is also part of the event data – this includes the non-mandatory fields included in POC systems such as fields to indicate resident, whether the vaccination was administered at an outreach event, and whether the patient had self-declared as a health or social care worker.

**NHS Business Services Authority Electronic Staff Record (ESR) Data** – Frontline healthcare workers are eligible for a Flu vaccination, and the ESR dataset is used to distinguish which staff are in frontline/non-frontline roles and are currently active/inactive at each trust. Person-level data from (ESR) is matched to an NHS number in PDS using employee demographics i.e. name, gender, date of birth and postcode. Once matched, the NHS number then replaces the employee demographic information and is used to create the pseudonymised dataset for the FDP Aggregated Dashboards. In order to further improve the way that reporting is undertaken and to ensure that frontline health and care roles are identified as such, the dataset provided by the NHS BSA to NHS England has been enhanced by the addition of a flag that has been introduced into ESR, enabling organisations to define and report anonymously on positions and assignments identified as Frontline

Healthcare Workers. The information is used to monitor uptake at each NHS Trust but it will not be used to identify individuals who have or have not been vaccinated.

### **GPES COVID-19 at risk data**

Used to derive the Flu at risk cohorts.

The collection and processing of the Data above is covered under the Seasonal Flu Vaccination Programme DPIA – IG Reference IG2022562; along with IG2023071 (Point of Care Data Processing) and IG2023106 (ESR Data Processing).

## **2. Internal NHS England Data**

**Cohorting as a Service (CaaS)** is an internal NHSE service which enables the Vaccination Programme to correctly identify and target citizens for priority vaccinations. CaaS draws together data in order to provide a comprehensive list of all patients who are eligible for a Flu vaccination because they meet the definition of being clinically at risk. Each patient with a clinical at risk condition is listed, so that the uptake rate for each clinical sub-cohort can be monitored. Alternatively, citizens can be cohorted by age criteria.

For example, where identified as a programme requirement, citizens can be invited nationally to ensure they are offered vaccinations. This service brings together the following datasets in order to provide the Flu cohorting Service:

GPES (General Practice Extraction service) v5: COVID-19 at risk patients data collection version 5

Personal Demographic Service Data (PDS)

Further information on the CaaS can be found [here](#). The DPIA which provides further details on the Data processing requirements for this Service is set out in DPIA IG Reference IG07410.

### **The National Booking Service**

Booking data is sent from NHSE DPS to be used in the FDP dashboards. NHS number is pseudonymised prior to ingestion and linkage in FDP dashboards.

### **Invitation Management Data**

Detail on invitation dates, types, methods and relevant cohorts is sent from NHSE DPS to be used in the FDP dashboards. NHS number is pseudonymised prior to ingestion and linkage in FDP dashboards.

## **3. Data Processing Service (DPS)**

The Directly Identifiable Personal Data is collected in DPS as separate files as they are generated from several sources (listed above). These files are then provided to AGEM DSCRO so they can pseudonymise the Data.

## **4. Unified Data Access Layer (UDAL) Platform**

The Pseudonymised Data currently flows into NHS England's UDAL Platform where it is processed by NHS Analysts in line with the requirements from the Vaccination Programme. Further details regarding the processing in UDAL are covered in the UDAL DPIA, Reference IG2023140.

## **5. Federated Data Platform (FDP) – This is the processing subject to this DPIA**

The Pseudonymised Data is ingested into FDP in order that this Data is can be Aggregated before being displayed in the Flu Vaccinations Event Dashboard which is then made available under access control procedures to NHS England and ICB Analysts as listed in Annex B.

### 3. Description of the Processing

#### **Nature and scope of the processing:**

The Data Subjects involved in this Dashboard are NHS Staff and Patients.

The Pseudonymised Data which has been processed by NHS England as part of the Vaccination Programme Requirements is transferred from UDAL into FDP. The processing within the FDP Instance is to create Aggregated Data, from the combined Pseudonymised Datasets as listed below:

- Vaccination events data – this includes mandatory fields included in Point of Care (POC) systems and GP IT systems used to record vaccination events. As well as patient details this includes time, date and place of the vaccination event and the type of vaccine product given.
- Extended attributes data – this includes the non-mandatory fields included in POC systems such as fields to indicate the patient was a care home resident, whether the vaccination was administered at an outreach event, and whether the patient had self-declared as a social care worker.
- ESR data – this is person-level ESR data which has been matched to an NHS number within PDS prior to being pseudonymised. Frontline healthcare workers are eligible for a Flu vaccination, and this dataset is used to distinguish which staff are in frontline/non-frontline roles and are currently active/inactive at each trust. It is not used to determine vaccination status.
- Cohorting as a Service (CaaS) data – CaaS draws together data from different sources in order to provide a comprehensive list of all patients who are eligible for a Flu vaccination because they meet the definition of being clinically at risk. For each patient with a pseudonymised NHS number each clinical at-risk condition they have is listed, so that the uptake rate for each clinical sub-cohort can be monitored. The cohorts are also derived by age.
- Invitation information – as described in section 2 above.
- Booking information – as described in section 2 above.

Processing and analysis take place at individual vaccination event level. Data is then aggregated before being surfaced in the Flu dashboard. Aggregation views used in the dashboard include NHS and LA administrative locality (region, ICB, PCN, LA), by vaccination site type (GP surgery, community pharmacy, etc.) and by patient cohort (healthcare workers, care home residents, over 75s etc.).

#### **Context of the processing:**

Data from these different sources is used to give aggregate-level reporting on vaccination activity in the Flu dashboard. Separate pages in the report show activity (vaccinations given), uptake (proportion of each eligible cohort that has been vaccinated). The operational insight allows national, regional, and local managers to run the vaccination programme with the very latest information.

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

The key objectives of the Product and associated dashboards are to:

1. Manage and monitor the delivery of the seasonal flu programme.
2. Provide a 'live' flu vaccination data set to support performance management and reporting purposes.

Please see screenshots of the Product Dashboards at the end of the DPIA (Annex A).

The dashboard has five main tabs which give different operational information, and for some have different target audiences.

### **Vaccination Events**

- Detailed information on all vaccination events that have happened in England.
- Breakdown by site type and location – operational information to identify areas where uptake is geographically low or underserved areas, giving key operational information to ensure coverage across the country. This will enable users of the Dashboard to appropriately resource and deploy Flu Vaccination offers and providers.

### **Vaccination Uptake**

- A Cohort Dashboard showing uptake in each eligible cohort, where any individual is only included in one cohort.
- Detailed breakdown by each eligible cohort, including clinical at-risk groups, to allow local operational managers to target interventions to drive uptake.
- Demographic breakdowns including ethnicity and age – to identify areas of low uptake and target specific Access & Inequality interventions to improve uptake in the areas of low uptake.

### **Single Cohort Uptake**

- A person-based dashboard showing uptake in each eligible cohort.
- This is similar to the Vaccination Uptake tab but displays only one cohort and includes all people who meet the eligibility criterion, regardless of whether they are eligible for other cohorts as well.
- Demographic breakdowns including ethnicity and age – to identify areas of low uptake and target specific Access & Inequality interventions to improve uptake in the areas of low uptake.

### **Summary (Beta)**

- A single report view which combines the headline information from the Vaccination Events and Vaccination Uptake tabs.

### **Finance Cohorts (Beta)**

- This tab was developed as a specific requirement from Finance colleagues, to present data in a tabular format that is aligned to reporting requirements of Finance.
- The report includes filters to drill down to regional and ICB level, and presents the vaccination event data for each eligible cohort split by the vaccination event location setting.

For all dashboard views the information that is presented is operational information to support the aim of achieving the highest possible uptake of vaccine during the seasonal programme. (The only exception to this is the Finance tab which specifically supports finance planning, modelling and reimbursements). The different dashboard tabs cover the different elements of the programme, supplying information to highlight areas of concern which can then be addressed.

## 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.*

<b>Risk No</b>	<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 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 that Subject Access Requests will not include a search of FDP or the Product, preventing individuals from having access to all Personal Data held about them.
9	There is a risk of failure to provide appropriate transparency information to data subjects.
10	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.
11	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.
12	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.
13	There is a risk that users will attempt to access FDP and the Product from outside the UK, increasing the data security risk.
14	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:*

<b>Data Protection Principle</b>	<b>Section addressed in this DPIA</b>
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?

<b>Statutory authority:</b> <i>This is for national Products only, please remove the Datasets which are not applicable and remove the highlight and/or amend as necessary.</i>			
NHSE's various statutory authorities for collecting, Processing, analysing and sharing Data are set out in the table below.			
Source Dataset	Statutory Authority for collection of Data	Statutory Authority for Processing & Analysis of Data	Statutory Authority for sharing of Data
Ethnicity Data (which is derived from GP Data)	<a href="#">GPES Data for Pandemic Planning and Research (COVID-19) - NHS England Digital</a>	NHS England De-Identified Data Analytics and Publication Directions 2023	Health and Social Care Act 2012 s.261(5)(d) and s.13Z3 (e) and (f)
Personal Demographic Data	Primary care registration management Directions 2018 - NHS England Digital	NHS England De-Identified Data Analytics and Publication Directions 2023	Health and Social Care Act 2012 s.261(5)(d) and s.13Z3 (e) and (f)
Citizen vaccination event data, booking data, invite data and cohort data	Permitted under <a href="#">The Health Service (Control of Patient Information) Regulations 2002 (legislation.gov.uk)</a>	NHS England De-Identified Data Analytics and Publication Directions 2023	Health and Social Care Act 2012 s.261(5)(d) and s.13Z3 (e) and (f)
ESR Workforce Dataset	Permitted under <a href="#">The Health Service (Control of Patient Information) Regulations 2002 (legislation.gov.uk)</a>	NHS England De-Identified Data Analytics and Publication Directions 2023	Health and Social Care Act 2012 s.261(5)(d) and s.13Z3 (e) and (f)
<b>Legal basis under UK GDPR &amp; Data Protection Act 2018 (DPA 2018):</b>			
<b>Article 6 – Personal Data</b>			
<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>			
<b>Article 9 – Special Category Personal Data</b>			

- Article 9 (2) (h) Processing is necessary for medical diagnosis, the provision of health care, or the treatment or management of health care services and system (**Health Care**) plus Schedule 1, Part 1, Paragraph 2 '*Health or social care purposes*' of DPA 2018.
- Article 9 (2) (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 and ensuring high standards of quality and safety of health care and medicinal products or medical devices (**Public Health**)

### **Common Law Duty of Confidentiality**

The Control of Patient Information Regulations 3 (1 and 3 (3 provide a permissive power for NHS England to process confidential patient information for the purposes of all section 7A vaccinations and immunisations.

## **8. Demonstrate the fairness of the Processing**

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.

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.

Regarding the impact on individuals, the purpose of the Product is to provide operational management information to support delivery of the seasonal vaccination programme, with a seasonal September – March programme targeted at specific cohorts of the most vulnerable individuals. The Product provides an overview and detailed Data on invitations sent, bookings made, and vaccines administered; also uptake in cohorts, monitoring of site type mix and views in NHS and local authority hierarchies. It supports near real-time reporting, so issues can be quickly identified and resolved, as well as day-to-day operational decisions which falls within vaccination and immunisations. The impact for individuals of NHS England Processing this Data is that, as an output, there will be an increase in the percentage of the population of England which is vaccinated. NHS England is Processing Data in the Product to enable the NHS to operate effectively and to benefit patient care, meaning eligible patients and staff are offered their Flu Vaccination in a timelier manner.

Any potential adverse impact to individuals is also mitigated by the Data being processed for this Product having been Pseudonymised before it is used and rendered Anonymous Aggregated Data when it is shared with users.

## 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.

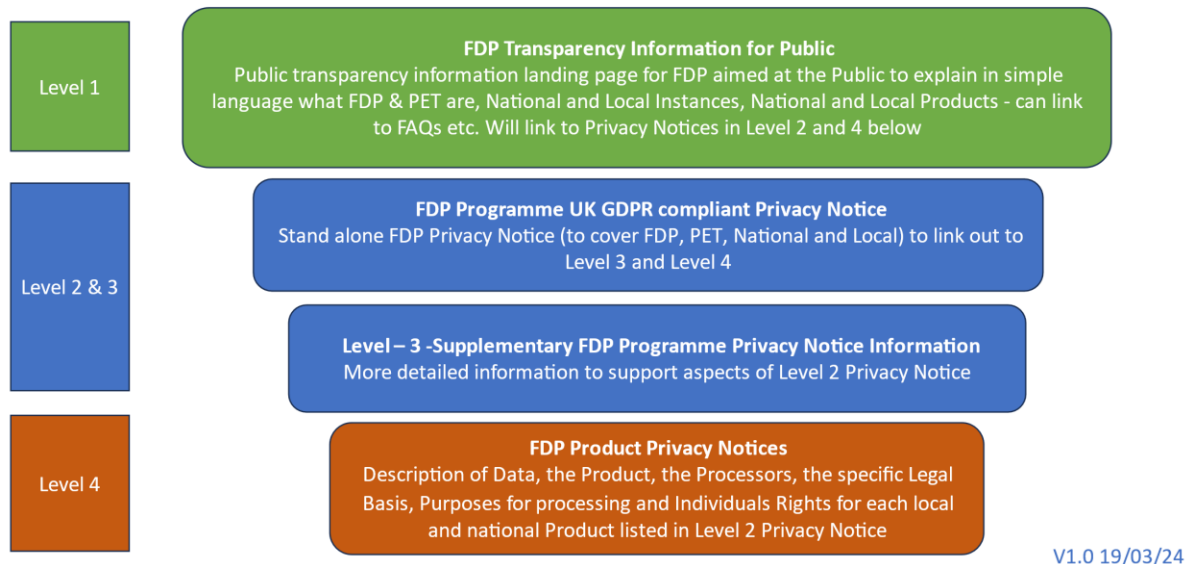
There is a general FDP Privacy Notice which has been published via the NHS England webpages which also explains what FDP is and how it works in more detail. This is Level 2. It has a layered approach which has further detail in Level 3.

[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



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

Data Categories	Yes/No	Justify
Pseudonymised NHS number	YES	Will be used to link the patient datasets prior to ingestion for Dashboard purposes
Action flag	YES	An action code to denote whether the record is to be added (ADD) to or updated (UPD) in the existing datasets.
Person ethnic category code	YES	Ethnicity category code for equality monitoring purposes
Vaccination Invite date	YES	For programme monitoring
Invite type - One of the following	YES	For programme monitoring
· Initial invite		

Data Categories	Yes/No	Justify
· Reminder		
Routing - One of the following	YES	For programme monitoring
· Letter		
· Email		
· SMS		
· App		
Cohort type	YES	For programme monitoring
Cohort description	YES	For programme monitoring
Date and time vaccine administered	YES	For programme monitoring
Date and time vaccine recorded	YES	For programme monitoring
Site code type URI – describes the type of location code used e.g. ODS code or School Unique Reference Number (URN)	YES	For programme monitoring
Site code	YES	For programme monitoring
Vaccination product code (SNOMED-CT)	YES	For programme monitoring
Vaccination procedure code (SNOMED-CT)	YES	For programme monitoring
Route of vaccination code (SNOMED-CT)	YES	For programme monitoring
Site of vaccination code (SNOMED-CT)	YES	For programme monitoring
Batch number	YES	For programme monitoring
Vaccine manufacturer	YES	For programme monitoring
Dose amount	YES	For programme monitoring
Not given	YES	For programme monitoring
Reason not given code (SNOMED-CT)	YES	For programme monitoring
Vaccination unique ID URI	YES	For uptake monitoring
Vaccination unique ID	YES	For uptake monitoring
Indication code (SNOMED-CT)	YES	For uptake monitoring
Location code	YES	For programme monitoring
Location code type URI	YES	For programme monitoring
Booking reference number	YES	For programme monitoring
Booking date and time	YES	For programme monitoring
Booking status	YES	For programme monitoring
Dose sequence number	YES	For programme monitoring
Vaccination type (SNOMED-CT)	YES	For programme monitoring
Self-declared cohort	YES	This will be used to specify the cohort to which individuals self-declare at the time of booking and is used for programme monitoring
· At Risk Individual		
· Health Worker		
· Unknown Unpaid Carer		
· Lives With Severely Immunosuppressed Individual		
· Severely Immunosuppressed Individual		
· Pregnant Individual		
Postcode (outward – first max 5 characters) e.g. EC1A	YES	For programme monitoring
EMPLOYER_ORG_CODE (from ESR)		To enable reporting at organisational level
EMPLOYER_CODE (from ESR)		To enable reporting at organisational level

Data Categories	Yes/No	Justify
EMPLOYEE_STAFF_GROUP (from ESR)		To enable reporting by staff group
EMPLOYEE_OCCUPATION_CODE (from ESR)		To enable reporting by occupational coding
FRONT_LINE (from ESR)		Flag that indicates whether an individual is a frontline healthcare worker as per data held in ESR
ASSIGNMENT_STATUS (from ESR)		The current assignment status of the staff member containing the values active or inactive – this is to ensure that those who have not been in active employment for a stated period are excluded from monitoring reports
ZERO_HOURS_STAFF (from ESR)		To identify where the staff member is bank staff
DATE_LAST_PAID (from ESR)		So that we can account for employees with no active contract

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

[AGEM to Foundry Invitation Technical Data Specification](#)

[AGEM to Foundry Technical Data Feed Specification](#)

**Updated May 2025 – NBS Data Specification;**

[AGEM to FoundryBooking Data Specification NHS E 1.9 Approved](#)

**August 2025 Update**

[General Practice Appointments Data Reporting - Digital Services for Integrated Care \(DSIC\) Capabilities & Standards - Confluence](#)

## 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. A copy of this Data Processing Annex is attached here:

***[Insert copy of the Annex here once agreed]***

## 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:

- National, regional and local operational managers who have access to Aggregate Data for their geographic area of remit and who use the dashboard for day-to-day operational management and programme delivery
- National, regional and local NHS analysts who have access to person-level Pseudonymised Data and who use the dashboard for creating bespoke reports for their operational teams
- Data can be shared with staff in other NHS organisations and Local Authorities who are responsible for management or delivery of the flu vaccination programme.

Access is granted by the NHS England Vaccination Help Desk, any request for access is required to contact the NHS England Vaccinations Help Desk and they are provided with a purpose based access control that is required for their job role within their organisation. Any person requesting this access will be required to inform the NHS England Vaccinations Help Desk of their job role and organisation with the purpose of the access. For further information on Purposed Based Access Control this can be located in the Overarching DPIA for FDP.

Access is reviewed through HR processes (people notified to the helpdesk as leavers through HR leavers forms or updates from colleagues have their access removed) and through user statistics data (dormant accounts have their access removed). This is carried out by the dedicated NHS England Vaccinations Help Desk.

Access is revoked by the dedicated NHS England Vaccinations Help Desk.

## 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

It is the responsibility of individual Data Controllers to ensure the accuracy of Personal Data. NHS England is not responsible for the accuracy of data sourced from GP's, Clinical providers through point of care systems or NHS organisations using ESR. NHSE can amend data received through point of care systems should this be necessary. NHSE will also ensure that booking and invitation information is as accurate as possible both when collected at source and when provided for pseudonymisation and FDP ingestion. Through regional teams we work actively with local systems to ensure data accuracy and timely updating of information.

## 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
- Right to object

Any requests would be handled by the DPO & Trust Team in NHS England in accordance with standard processes.

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

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**

The information to allow direct care to take place is managed at a local level and Data will be accessed via the Point of Care systems, if there was a disruption to the Data Flow into FDP which is run nightly, the data will be flowed the following evening.

### **Specific Access controls for this Product**

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.

All potential users of the dashboard have to make a request for access via the dedicated NHS England Vaccinations Help Desk. There are Purpose Based Access Controls in place, to ensure each new requestor is given appropriate levels of access, for example restricting a user from a regional team to only see data for people resident in that region.

The support desk actively manages dormant accounts, removing access for users that have not viewed the dashboard in the last 6 months.

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

---

## 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:

NHS England is obliged to monitor uptake of the vaccination which, although a secondary purpose, is linked to direct care.

The National Data Opt Out will not apply in all cases where any disclosure is for the purposes of monitoring and control of communicable disease or other risks to public health which includes:

- diagnosing communicable diseases
- controlling or preventing their spread
- delivering and monitoring vaccination programmes.

## 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	<p>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.</p> <p>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.</p> <p>3. The download functionality of Data from the FDP is disabled by default, and access to this is controlled by the</p>	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 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. Data is reviewed at the point of decommissioning to appoint a Retention period or destroyed. 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	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.</b> Tolerate / Terminate / Treat / Transfer	<b>Likelihood of harm</b> Remote / Possible / Probable	<b>Severity of harm</b> Minimal / Significant / Severe	<b>Residual risk</b> None / Low / Medium / High
	Personal Data (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. There are Role Based Access Controls implemented and reviewed on a monthly basis.	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

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
		<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 in place.</p>					
6	Unsuppressed small numbers in Aggregated Data made available via the Product dashboard could lead to the identification of an individual	As the Aggregated Data made available via the Product dashboard may have small numbers included, a risk assessment was undertaken to ascertain if the Data continue to be Personal Data. Whilst small numbers may be shown, they have been further aggregated at ICS level and therefore 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 considered to be Aggregated Data which is Anonymous.	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>
7	Insufficient testing has taken place to assess and improve the effectiveness of technical and organisational measures supporting the Product.	<p>1. Full details are described in the Overarching FDP DPIA.</p> <p>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.</p> <p>3. This Product is currently live through the Foundry Platform.</p>	Set out in the Overarching FDP DPIA and Section 3, 12 & 16 above	Tolerate	Remote	Minimal	Low
8	Subject Access Requests will not include a search of FDP or the Product, preventing individuals from having access	1. Existing internal NHSE procedures for managing DSARs have been updated to include consideration of any Personal Data held in FDP.	Section 15	Treat	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>
	to all Personal Data held about them						
9	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
10	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. 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
11	The platform becomes inaccessible to users which could cause delays in the	1. The FDP Contractor is required to have Business Continuity Plans in place. 2. The Product Owner has Business Continuity Plans in place which cover	Section 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>
	availability of Data.	the inaccessibility/unavailability of the Product.					
12	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.	<p>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.</p> <p>2. It is our responsibility to ensure that all Data that is ingested into FDP for 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.</p>	Section 14	Tolerate	Remote	Significant	Low
13	Users will attempt to access FDP and the Product from outside the UK, increasing the data security risk.	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.	Section 17	Treat	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>
		<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>					
14	Users will not have their permissions revoked when they leave their role/ organisation and may continue to have access to Data they are no longer entitled to access	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 Owners regarding who should transition and if their access is still valid.	Section 12 & 16	Treat	Remote	Significant	Low
15	There is a risk that Healthcare workers are not aware that their Vaccination Data is being	NHSE has previously worked with Trusts to ensure they developed privacy notices and provided information to their staff about the processing required to support the vaccination programme.	Section 9	Tolerate	Possible	Minimal	Low

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
	linked to the ESR Data and Trusts receive an Aggregated Report on vaccination take up for frontline staff within their Trust.						

## 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	Ongoing review of unsuppressed Data to ensure it remains Anonymous Aggregated Data or Operational Data when any new Data items are added to the Product, or when any changes are made the dashboard visualisations.	6	[Redacted] Deputy Director – Analytical Applications	Ongoing at each change of the Product and update to this DPIA
2	[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]	14	[Redacted] Deputy Director – Analytical Applications	<b>[Insert date]</b>
3	<i>[NHSE to add any actions required to produce information to supplement/update the DPIA or further mitigate risks]</i>	<i>[Identify]</i>	<i>[Insert name of IAO/Product owner]</i>	<i>[Insert date]</i>

## 21. Completion and signatories

The completed DPIA should be submitted to the NHSE Privacy Transparency and Trust IG Team via [england.pttigadvice@nhs.net](mailto:england.pttigadvice@nhs.net) (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

<b>Name</b>	Rebecca Llewellyn Federated Data Platform Programme Delivery Director Data Services
-------------	---

	Data and Analytics Transformation Directorate NHS England
<b>Signature</b>	Rebecca Llewellyn
<b>Date</b>	27/11/2024

**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.

<b>Defined Term</b>	<b>Meaning</b>
<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>

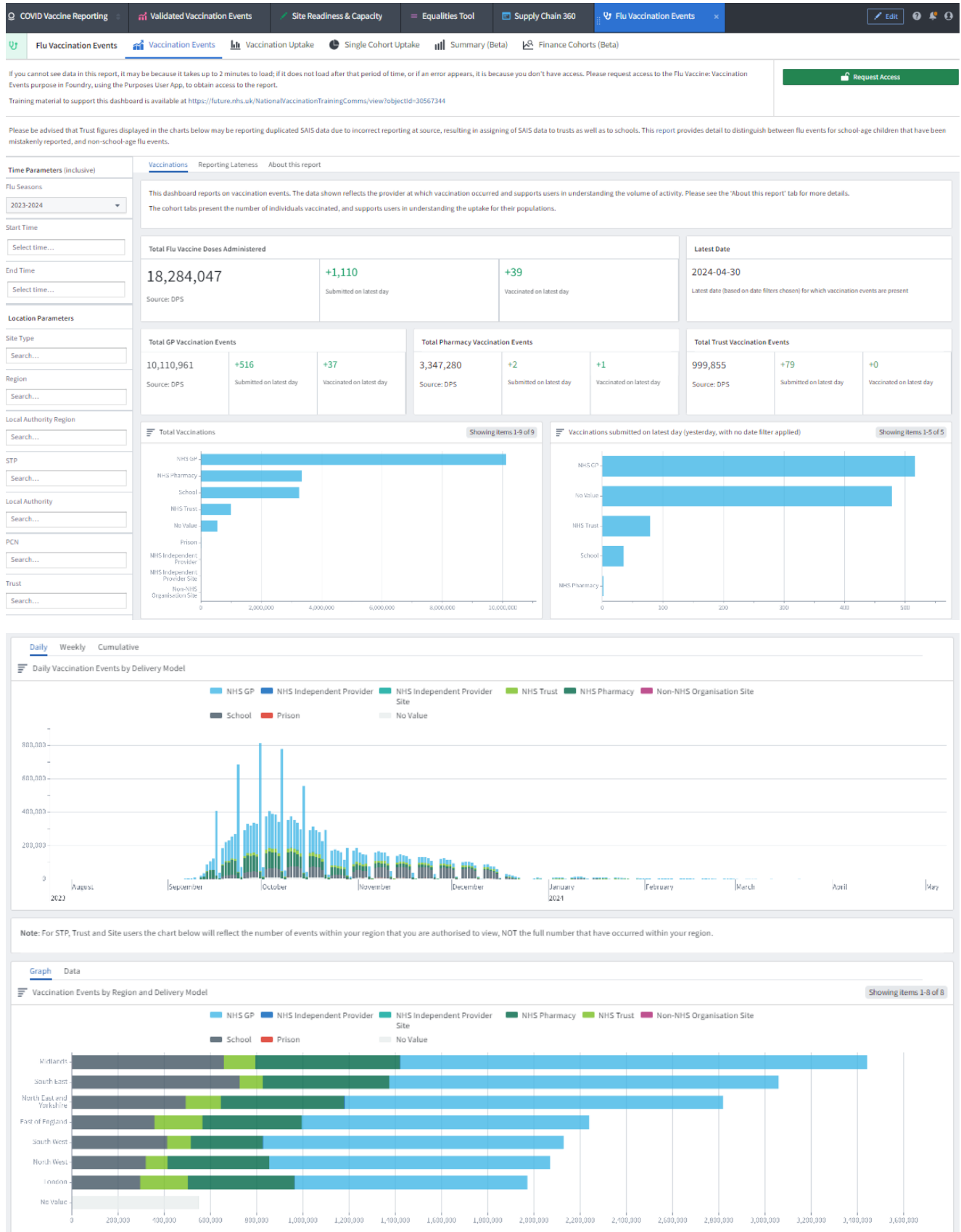
Defined Term	Meaning
	creates a real-life representation of Data, linking activity to places and to people.
<b>Operational Data</b>	Items of operational Data that do not relate to individuals eg stocks of medical supplies.
<b>Personal Data</b>	Has the meaning given in UK GDPR being any information relating 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

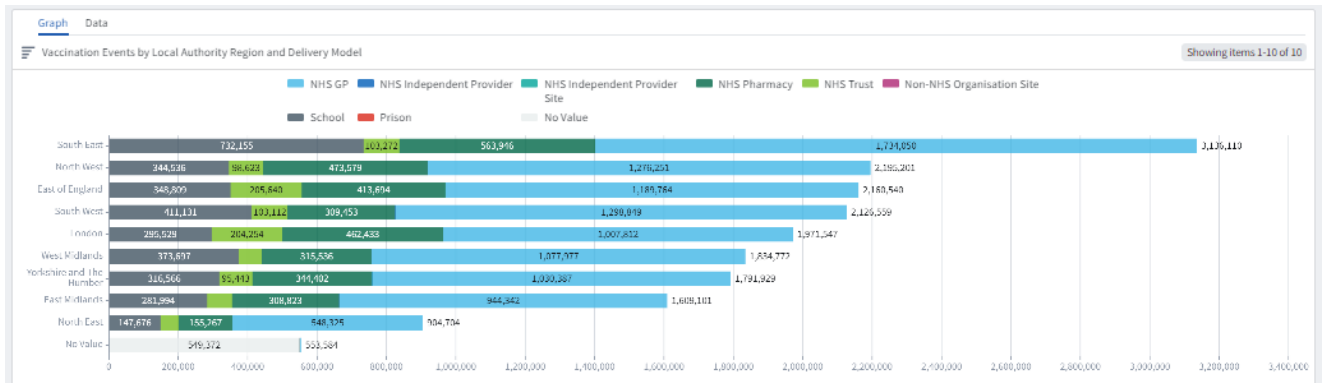
Defined Term	Meaning
<b>Pseudonymisation</b>	Has the meaning given in UK GDPR being the Processing of Personal Data in such a manner that the Personal Data can no longer be attributed to a specific individual without the use of additional information, provided that such additional information is kept 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

# Annex 2: Dashboard Screenshots

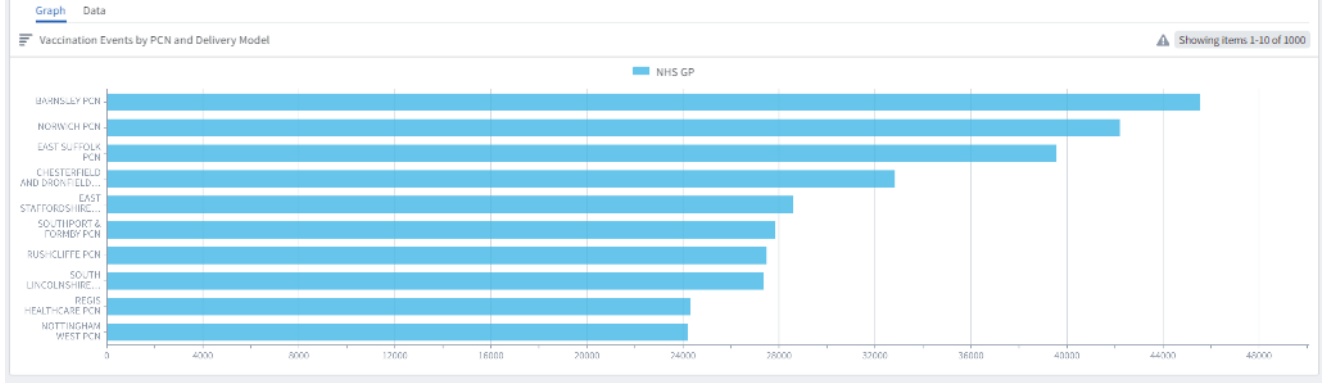
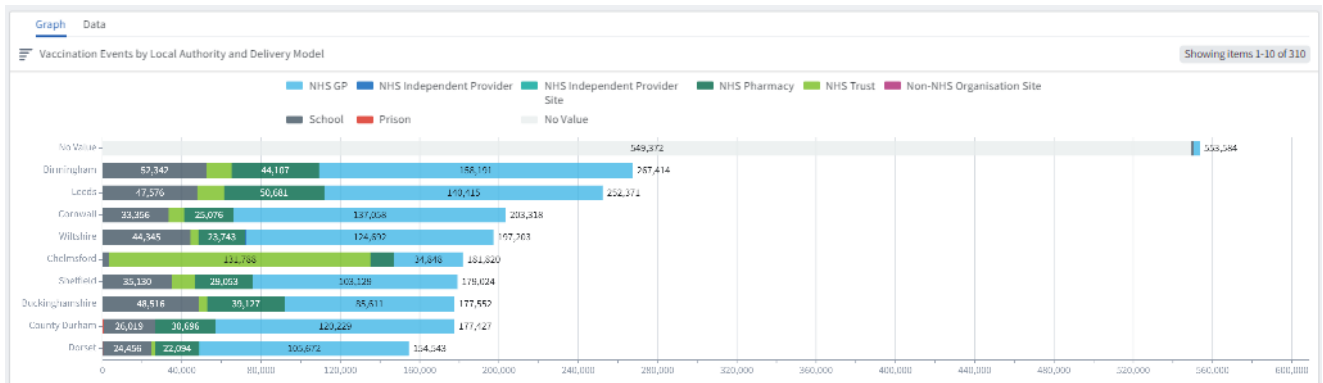
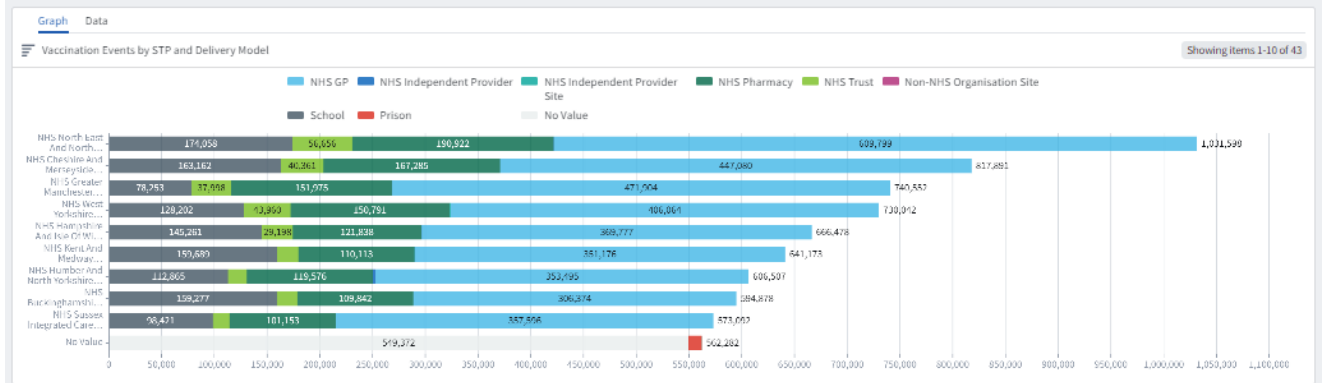
## Flu Vaccination Events Dashboard

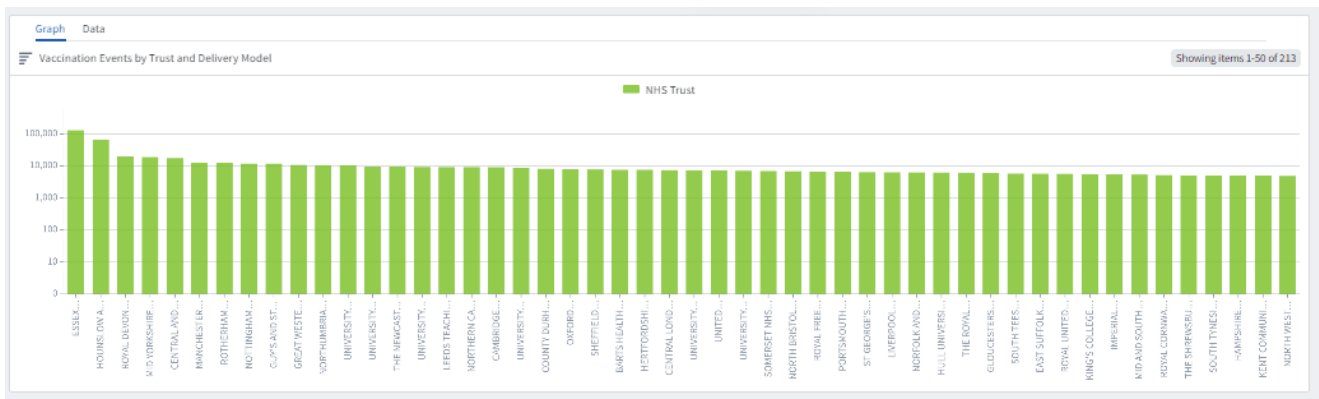
### Vaccination events:





Note: For Trust and Site level users the chart below will reflect the number of events within your STP that you are authorised to view, NOT the full number that have occurred within your STP.





## Vaccination uptake:

[Flu Vaccination Events](#)
[Vaccination Events](#)
[Vaccination Uptake](#)
[Single Cohort Uptake](#)
[Summary \(Beta\)](#)
[Finance Cohorts \(Beta\)](#)

If you cannot see data in this report, it may be because it takes up to 2 minutes to load; if it does not load after that period of time, or if an error appears, it is because you don't have access. Please request access to the Flu Vaccine: Vaccination Events purpose in Foundry, using the Purposes User App, to obtain access to the report.

Training material to support this dashboard is available at <https://future.nhs.uk/NationalVaccinationTrainingComms/view?objectId=30567344>

[Request Access](#)

Please be advised that Trust figures displayed in the charts below may be reporting duplicated SAIS data due to incorrect reporting at source, resulting in assigning of SAIS data to trusts as well as to schools. This report provides detail to distinguish between flu events for school-age children that have been mistakenly reported, and non-school-age flu events.

**Demographic Parameters**

Age

Search...

Ethnicity

Search...

Gender

Search...

**Time Parameters (inclusive)**

Flu Season

2023-2024

Start Time

Select time...

End Time

Select time...

**Location Parameters**

Region

Search...

Local Authority Region

Search...

Local Authority

Search...

**Uptake** About this report

This table analysis is based on patient-level data and allows breakdown/filtering by multiple characteristics including demographic features, priority groups and JCVI cohorts. Each vaccinated individual can be mapped to the PCN of the GP with which they are registered. Use this tab to assess uptake within your population and to gain insight into the demographic mix of your vaccinated/unvaccinated population, helping you identify hard-to-reach groups. Please see the 'About this report' tab for further information on the data sources used.

This tab shows the uptake for the entire selected population. For most of the charts on this tab individuals are only counted once. For the eligible cohort and sub cohort charts, individuals are counted in each cohort they are eligible in.

Due to small numbers this data is for operational management only and should not be shared or published.

**UPTAKE WITHIN SELECTED POPULATION (with no double counting)**

33,954,289	49.95%	16,961,025
Eligible Population	Received a vaccine dose	Doses administered to Eligible Population

**Uptake by Eligible Cohorts**

The remaining eligible figures represent the count of eligible individuals awaiting vaccination. The vaccinated figures indicate the number of people who have already received the vaccine.

Note: all data reported within this tile are double-counted. Users will be reported against every cohort they belong to.

Percentage Absolute Cumulative Percentage Cumulative

**Uptake by Eligible Cohort - Percentage**

Use paging

Cohort	Remaining Eligible	Vaccinated
Age 65+	73.84%	26.16%
Care Home Residents	76.18%	23.82%
Children 2-5	48.84%	51.16%
Flu At-Risk	44.85%	55.15%
Frontline Healthcare Work...	43.53%	56.47%
Frontline Healthcare Work...	33.14%	66.86%
Household Contacts of...	26.32%	73.68%
Pregnant	28.14%	71.86%
Primary School Age Children	12.60%	87.40%
Secondary School Age Children	48.99%	51.01%
	37.44%	62.56%

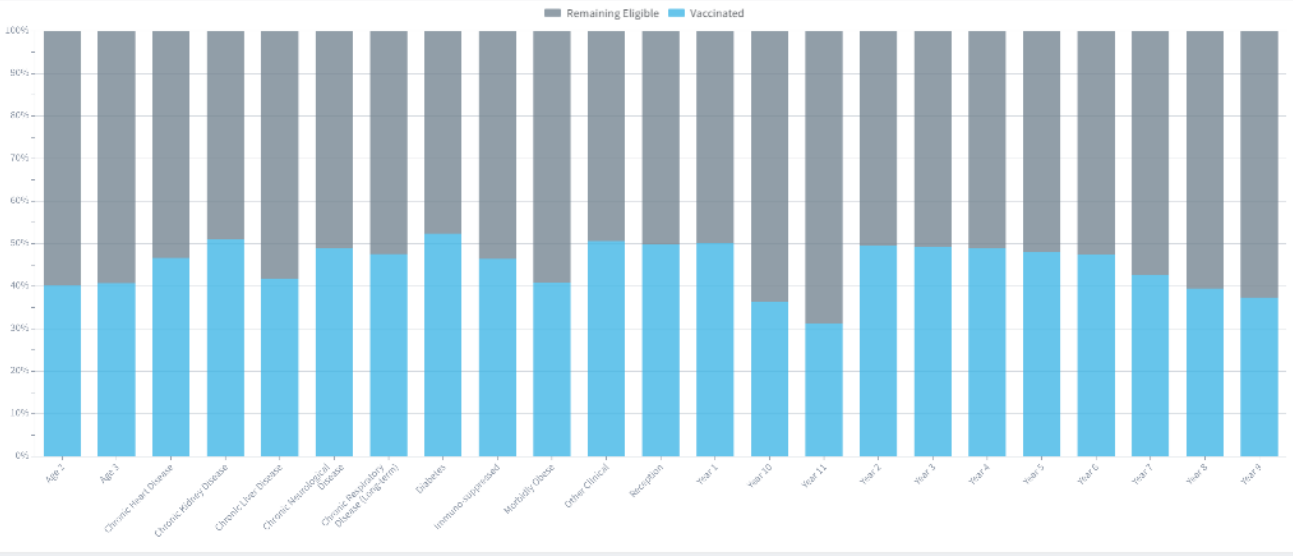
### Breakdown by Sub-Cohorts

Note: All data reported within this tile are double-counted. Users will be reported against every sub-cohort they belong to within this tile.

Percentage Absolute Cumulative Percentage Cumulative Absolute

#### Breakdown - Uptake by Eligible Cohort - Percentage

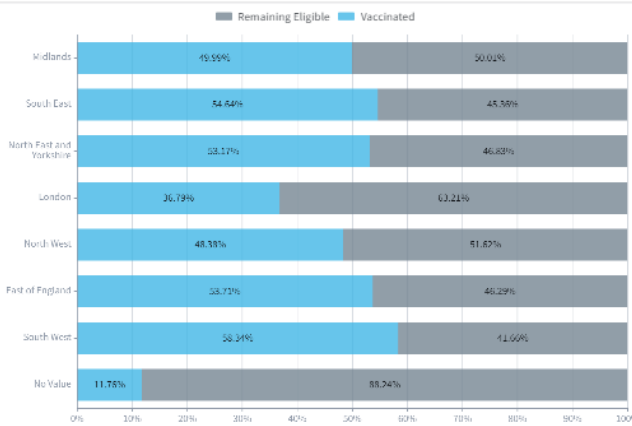
Use paging



Remaining % (Sorted) Percentage Absolute Data

#### Uptake by Region - Percentage

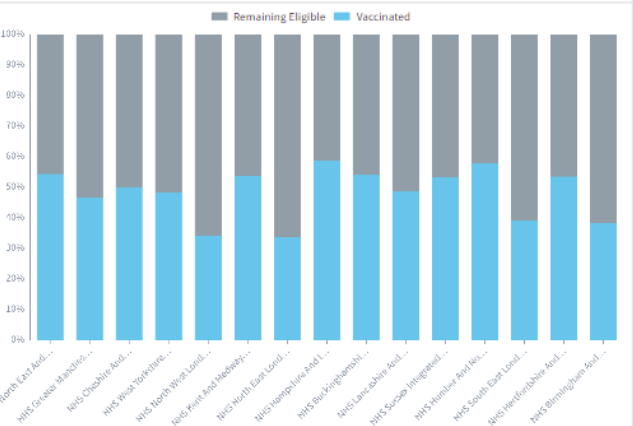
Use paging



Remaining % (Sorted) Percentage Absolute Data

#### Uptake by ICB - Percentage

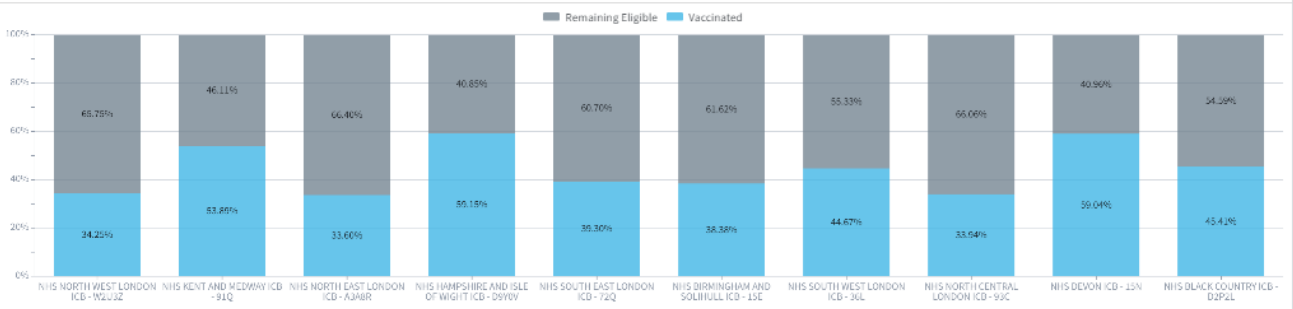
Showing items 1-15 of 43

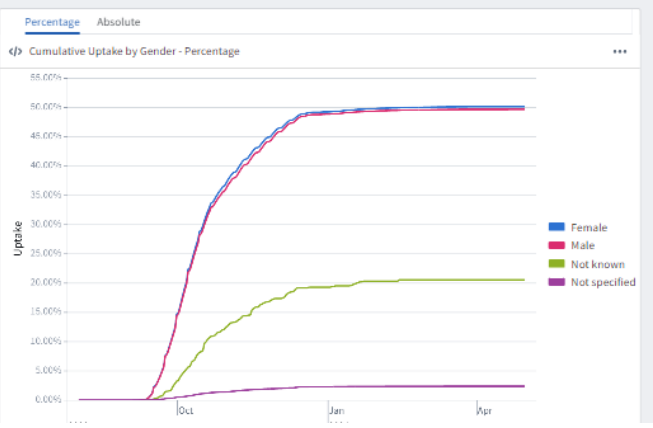
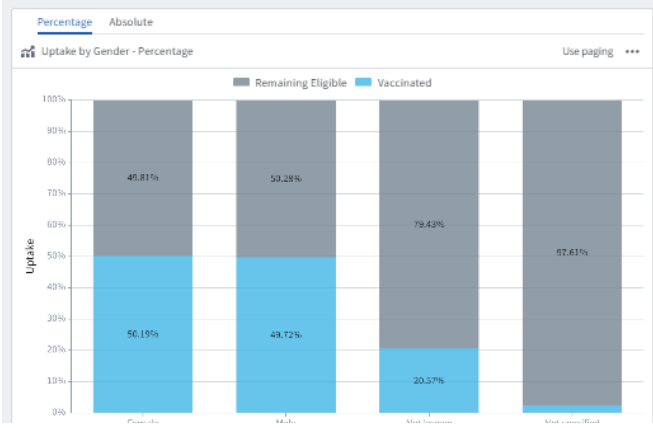
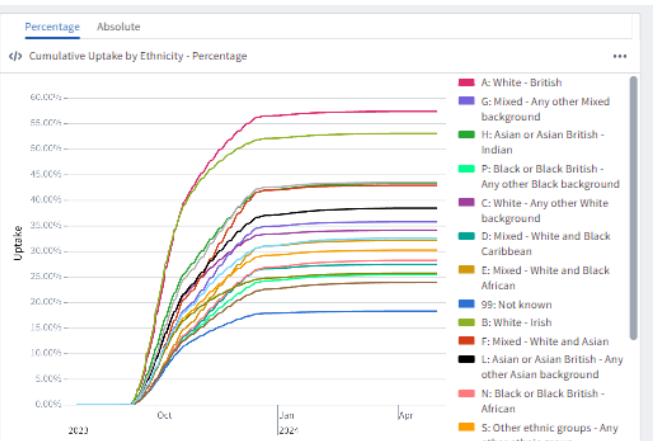
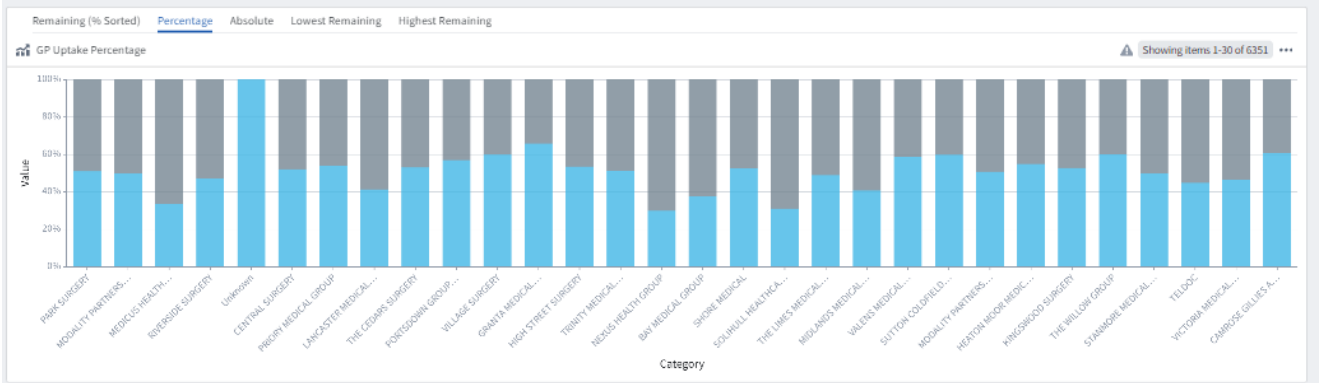
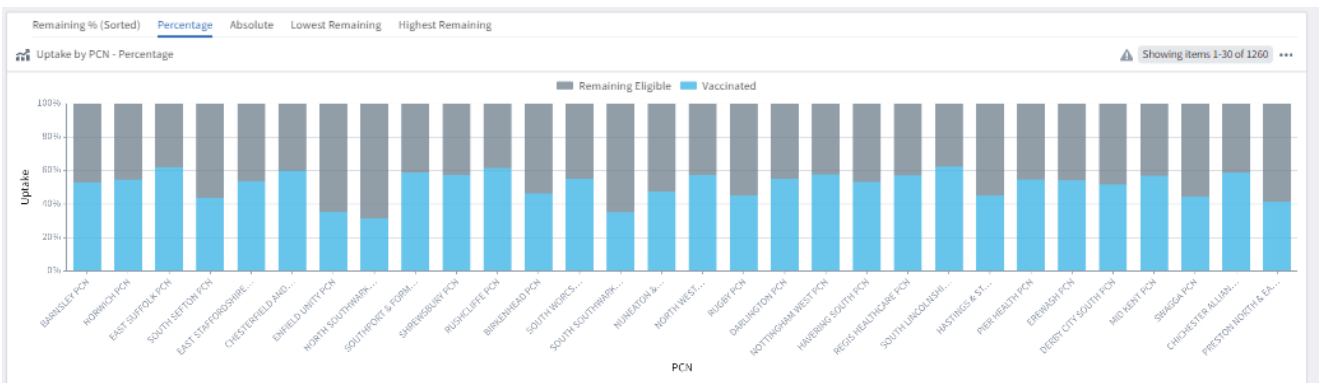


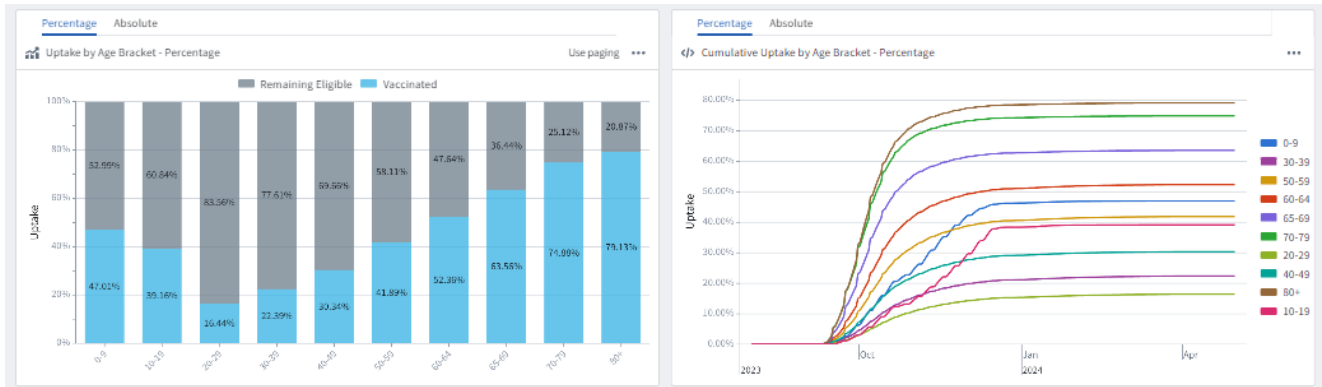
Remaining % (Sorted) Percentage Absolute Data

#### Uptake by Sub-ICB - Percentage

Showing items 1-10 of 108







## Single cohort uptake:

[Flu Vaccination Events](#)
[Vaccination Events](#)
[Vaccination Uptake](#)
[Single Cohort Uptake](#)
[Summary \(Beta\)](#)
[Finance Cohorts \(Beta\)](#)

If you cannot see data in this report, it may be because it takes up to 2 minutes to load, if it does not load after that period of time, or if an error appears, it is because you don't have access. Please request access to the Flu Vaccine: Vaccination Events purpose in Foundry, using the Purposes User App, to obtain access to the report.

Training material to support this dashboard is available at <https://future.nhs.uk/NationalVaccinationTrainingComms/view?objectid=30567344>

Please be advised that Trust figures displayed in the charts below may be reporting duplicated SAIS data due to incorrect reporting at source, resulting in assigning of SAIS data to trusts as well as to schools. This report provides detail to distinguish between flu events for school-age children that have been mistakenly reported, and non-school-age flu events.

[Request Access](#)

---

**Group Parameters**

Eligible Cohort  
Age 65+

**Demographic Parameters**

Age  
Search...

Ethnicity  
Search...

Gender  
Search...

**Time Parameters (Inclusive)**

Flu Season  
2023-2024

Start Time  
Select time...

End Time  
Select time...

**Location Parameters**

Region  
Search...

Local Authority Region  
Search...

Local Authority  
Search...

ICB  
Search...

Sub-ICB

**Uptake** About this report

This uptake analysis is based on patient-level data and allows breakdown/filtering by multiple characteristics including demographic features, priority groups and JCVI cohorts. Each vaccinated individual can be mapped to the PCN of the GP with which they are registered. Use this tab to assess uptake for a single cohort within your population and to gain insight into the demographic mix of your vaccinated/unvaccinated population, helping you identify hard-to-reach groups. Please see the "About this report" tab for further information on the data sources used.

This view provides details of all people who are within the selected cohort, regardless of whether they are in any other cohort as well. For example, if the flu at-risk cohort is selected, this view will show details of all those who are at risk, including those who might also be healthcare workers or school children

Due to small numbers this data is for operational management only and should not be shared or published.

UPTAKE WITHIN SELECTED POPULATION (with double counting)		
11,388,335	73.84%	8,408,652
Eligible Population	Received a vaccine dose	Doses administered to Eligible Population

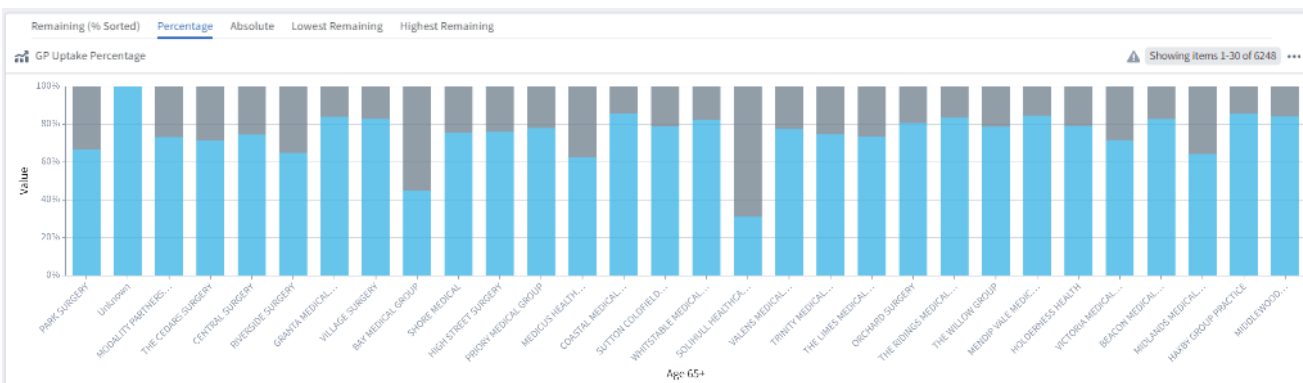
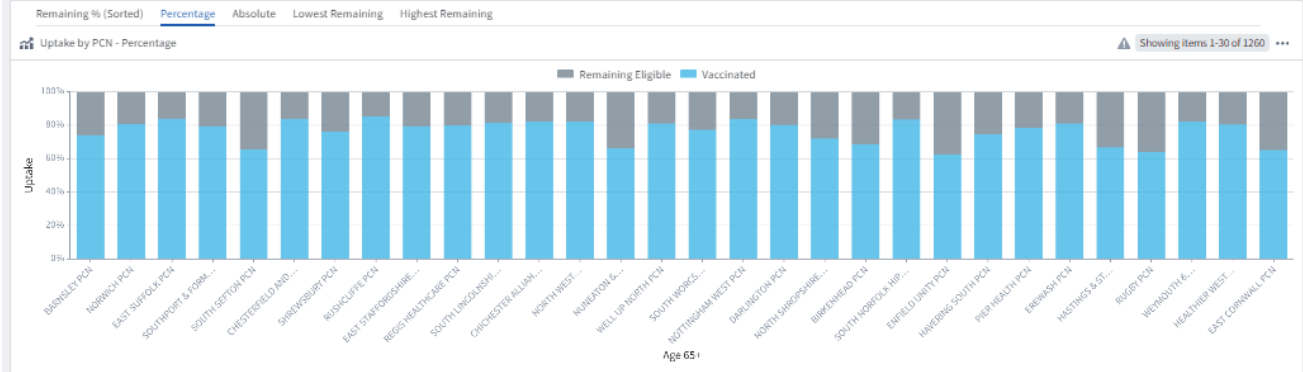
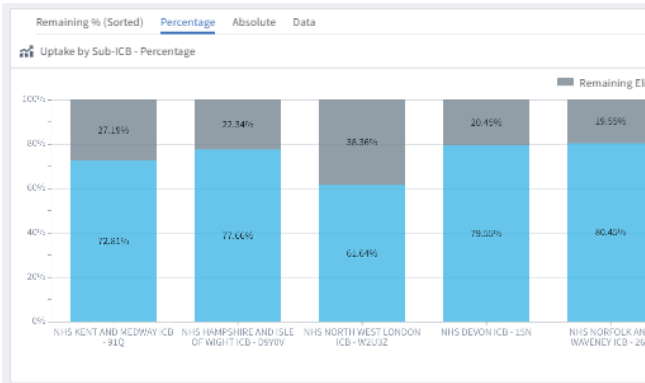
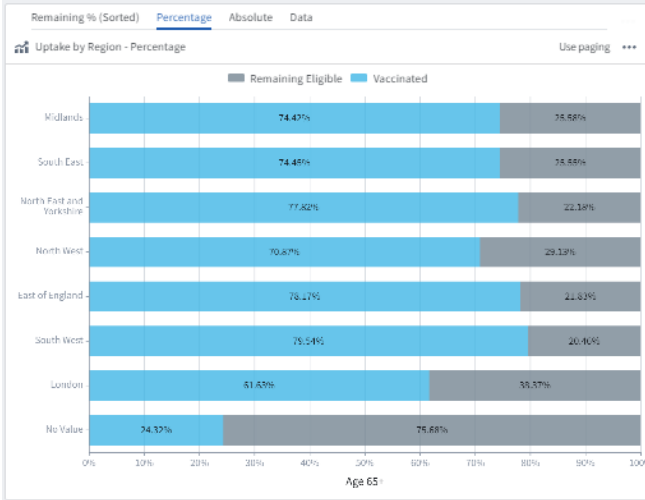
**Uptake by Eligible Cohorts**

The remaining eligible figures represent the count of eligible individuals awaiting vaccination. The vaccinated figures indicate the number of people who have already received the vaccine.

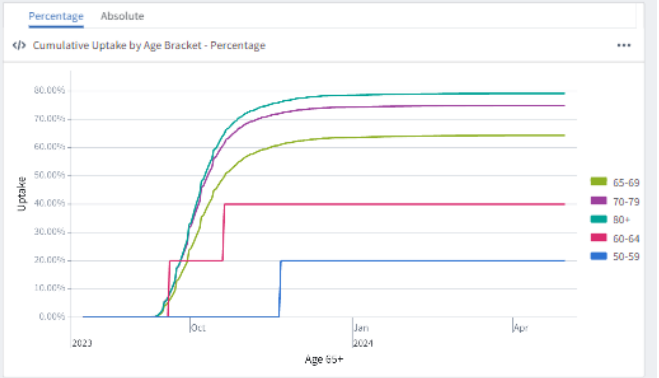
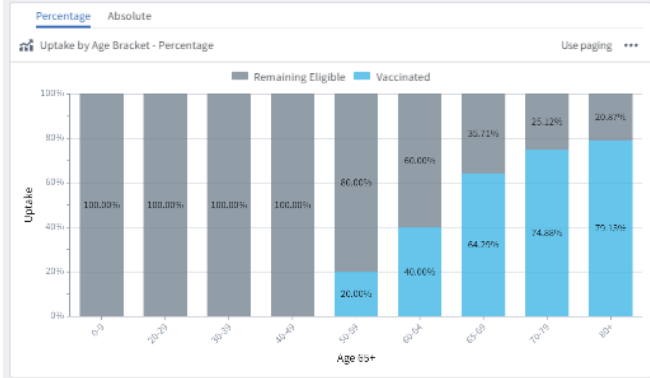
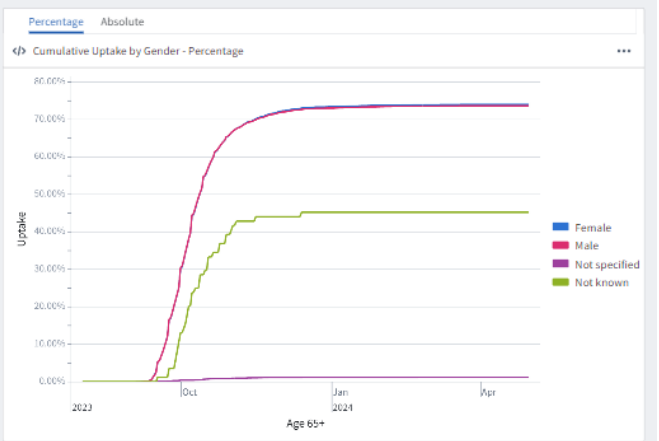
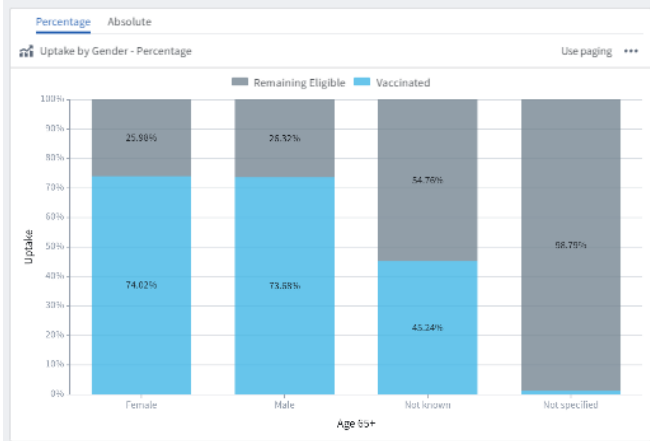
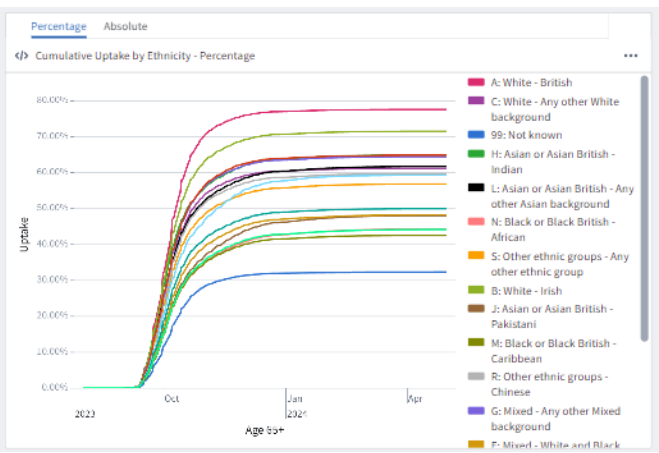
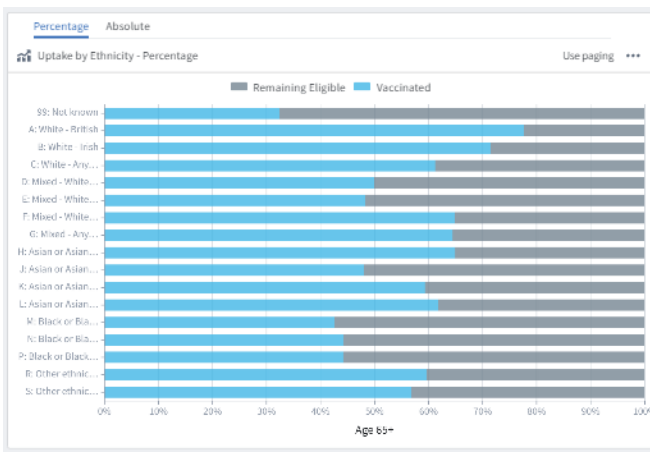
Percentage Absolute Cumulative Percentage Cumulative

Uptake by Eligible Cohort - Percentage

Uptake by Regions, ICBS, Sub-ICBs, PCNs, and registered GP Practice



Uptake by Ethnicity, Gender & Age



Summary (Beta):

If you cannot see data in this report, it may be because it takes up to 2 minutes to load; if it does not load after that period of time, or if an error appears, it is because you don't have access. Please request access to the Flu Vaccine/Vaccination Events purpose in Foundry, using the Purposes User App, to obtain access to the report.

[Request Access](#)

Training material to support this dashboard is available at <https://future.nhs.uk/NationalVaccinationTrainingComms/view?objectId=30567344>

Please be advised that Trust figures displayed in the charts below may be reporting duplicated SAIS data due to incorrect reporting at source, resulting in assigning of SAIS data to trusts as well as to schools. This report provides detail to distinguish between flu events for school-age children that have been mistakenly reported, and non-school-age flu events.

### Summary Flu Dashboard

[Events and uptake](#)
[About this dashboard](#)

## Vaccination events and uptake

This dashboard reports on vaccination events, cohort uptake by NHS Region and ICS and performance vs the National Target (when available). Please see the 'About this report' tab for more details.

#### Dashboard filters:

Region 
 ICS 
 End date (UTC)

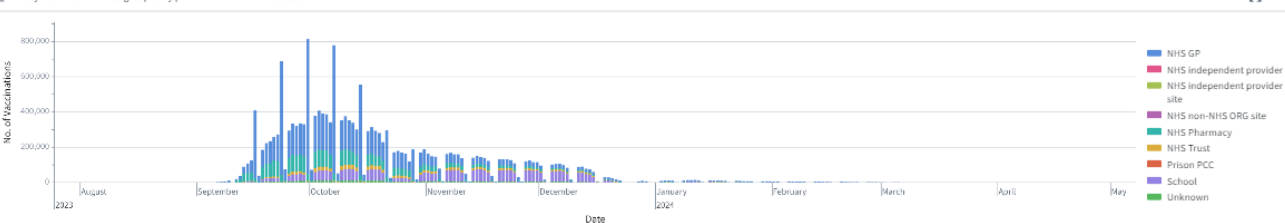
#### Key metric notes:

- The source for the vaccination data detailed throughout this dashboard is derived from *NIMS*.
- The **Total doses administered** number represents the total number of vaccination events that have occurred this season. This differs from the **Total eligible doses administered** which only includes vaccination events undertaken on eligible cohorts.
- The **Total uptake (eligible)** percentage is calculated by dividing **Total eligible doses** through by the **Total eligible population**.
- The **Total uptake (eligible)** tile is compared to last year's performance using a RAG colour scheme. This uses Foundry data (YTD) and does not relate to the Immform National Targets.
- The **Latest update** is the last data a vaccine was recorded (data flows can lag)

<b>18,284,047</b> Total doses administered	<b>16,961,124</b> Total eligible doses administered	<b>49.93%</b> Total uptake (eligible)	<b>57.36%</b> Total uptake last YTD (eligible)	<b>33,969,725</b> Total eligible population	<b>2024-04-27</b> Latest update
---	--	--	---	--	------------------------------------

[Daily](#)
[weekly](#)
[Cumulative](#)
[vaccinations by site](#)

Daily vaccination events grouped by provider for the current season



#### Cohort and sub-cohort uptake notes:

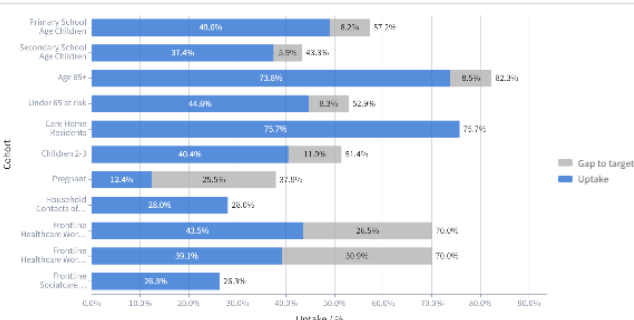
- All cohort uptake figures are based on a **double count** principle. Each cohort is taken to be independent of any others and vaccination events can effectively be calculated multiple times if a patient occurs in multiple cohorts. For example: aged over 50-64 and has diabetes would also mean they are counted in flu at risk.
- The National cohort and sub-cohort targets are based on last year's uptake performance according to Immform figures.
- The **Gap to national target** is the difference between the **Total uptake YTD (current season)** and the National target. If there is no National target available or the uptake has exceeded the National target then this value is capped at 0.0%.
- The **Total uptake YTD (last season)** shows last year's performance at this time last year. These figures are derived from Foundry data and may not match the National target.

[Cohorts](#)
[School age sub-cohorts](#)
[Flu at risk sub-cohorts](#)

[Uptake vs National target](#)
[Uptake year to date progress](#)
[Data](#)

Cohort uptake and the gap to target where available

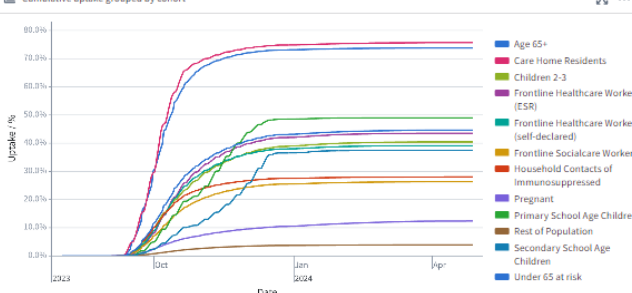
Use paging



[Cohorts](#)
[School age sub-cohort](#)
[Flu at risk sub-cohort](#)

Select Cohort

Cumulative uptake grouped by cohort





- Cohort heatmap notes:**
- The heatmaps display cohort uptake by location. The colour scale is based off the **Gap to vaccine uptake target** value.
  - The **Gap to vaccine target** is measured as the percentage difference between the uptake and national target. For example a cohort with an uptake of 60% and a target of 80% would have a gap to vaccine uptake target of -25%. (60-80)/80.
  - The heatmaps are not impacted by the adjustment of the Region or ICS filters. To select a required National or Regional view please click on the appropriate tab.
  - No sub-cohorts are shown in these graphics. Only the upper band cohorts are displayed.
  - Not all Cohorts detailed in Foundry have a corresponding National target. These are displayed with a white background.

## Finance Cohorts (Beta):

[Flu Vaccination Events](#)
[Vaccination Events](#)
[Vaccination Uptake](#)
[Single Cohort Uptake](#)
[Summary \(Beta\)](#)
[Finance Cohorts \(Beta\)](#)

If you cannot see data in this report, it may be because it takes up to 2 minutes to load; if it does not load after that period of time, or if an error appears, it is because you don't have access. Please request access to the Flu Vaccine: Vaccination Events purpose in Foundry, using the Purposes User App, to obtain access to the report.

Training material to support this dashboard is available at <https://future.nhs.uk/NationalVaccinationTrainingComms/view?objectid=30567344>

[Request Access](#)

Please be advised that Trust figures displayed in the charts below may be reporting duplicated SAIS data due to incorrect reporting at source, resulting in assigning of SAIS data to trusts as well as to schools. This report provides detail to distinguish between flu events for school-age children that have been mistakenly reported, and non-school-age flu events.

### Finance Dashboard

[Vaccination Events](#) [About this dashboard](#)

**Vaccination Events with Finance Cohorts**

This dashboard reports on vaccination events, broken down by finance cohorts and location types. Please see the 'About this report' tab for more details.

**Dashboard filters:**

Region:  ICB:  Season:  Start date (UTC):  End date (UTC):

**30/04/2024**  
Latest update

**Key metric notes:**

- The source for the vaccination data detailed throughout this dashboard is derived from *NIMS*.
- The **Total patients vaccinated** number represents the total number of patients that have received a vaccination this season.
- The **Latest update** is the last date a vaccine was administered.

**Flu Vaccinations**

**Flu Vaccinations by Finance Cohort and Location Type**

Finance Cohort Priority	Location Type Name	NHS GP (co-admin)	NHS GP (flu only)	NHS independent Provide	NHS Pharmacy	NHS Trust	Non NHS Organisation	Prison	School	Unknown	TOTAL
1	Age 65+	2,282,119	4,089,838	2,980	2,119,546	72,118	2	2,676	1	174,447	8,743,727
2	Flu at risk (64 and under)	530,006	1,863,003	1,920	677,063	204,889	1	2,890	230,023	88,498	3,394,293
3	Age 12-15 not at risk	372	32,531	252	6	68,215	0	66	947,639	40,993	1,090,914
4	Age 4-11 not at risk	87	307,918	729	1	149,061	1	0	1,879,698	171,187	2,508,682
5	Age 2-3 not at risk	3	242,344	12	0	346	0	0	301	1,826	244,832
6	Age under 2 not at risk	1	770	1	2	30	0	0	2	27	833
7	NHS worker ESR or declan	37,940	112,175	4,309	162,444	453,954	1	113	28	18,408	789,372
8	Age 16-50 not at risk	37,850	204,637	489	131,871	40,027	2	4,064	187,862	23,607	630,409
9	Unknown	88,876	290,491	346	256,347	11,415	0	2,831	2,400	29,379	682,085
TOTAL	TOTAL	2,967,254	7,143,707	10,978	3,347,280	999,855	7	12,640	3,252,954	549,372	18,284,047