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

FDP Product Data Protection Impact Assessment – COVID Validated Vaccination Events

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Document Management

Revision History

Version	Date	Summary of Changes
0.1	15/04/2024	Information collated into FDP DPIA template
0.2	24/04/2024	Review completed by NHS England IG
0.3	01/05/2024	Comments reviewed and addressed
0.4	01/05/2024	Review and comments provided by NHS England IG
0.5	08/05/2024	Comments addressed and DPIA updated after Product meeting with Product Owners.
0.6	10/05/2024	Review and comments provided by NHS England IG
0.7	10/05/2024	Update and finalising for DGG approval
0.8	20/05/2024	Update to DPIA following meeting with Product Team
0.9	22/05/2024	Update and review of DPIA by NHS England IG
0.10	03/06/2024	DGG comments and updates
0.11	05/06/2024	Reply to DDG comments and updates made.
0.12	05/06/2024	Clean version
0.13	02/07/2024	NHS England IG review
0.14	02/07/2024	Updated and response to NHS England IG updates
1.0	10/07/2024	Finalisation of Document
2.0	27/11/2024	Updated to include access to the NHS NBS Team
3.0	15/01/2025	Updated to include an aggregate data feed to York Health economic consortium
4.0	25/03/2025	Updated to include publicly available data from the CQC website
4.1	15/05/2025	Update to DPIA to reflect Manage Your Appointment (MYA) Data
5.0	15/05/2025	Final Updated Approved

Reviewers

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This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
[redacted]	Assistant Director of IG (Digital Operations)	24/04/2024	V0.2
[redacted]	Assistant Director of IG (Digital Operations)	01/05/2024	V0.4
[redacted]	Assistant Director of IG (Digital Operations)	10/05/2024	V0.6
[redacted]	Deputy Director of IG Delivery for Data & Analytics	22/05/2024	V0.9

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[redacted]	Deputy Director, IG Risk and Assurance	02/07/2024	V0.13
[redacted]	Head of IG - FDP	27/11/2024	V2.0 /3.0
[redacted]	Head of IG - FDP	25/03/2025	V4.0
[redacted]	Head of IG - FDP	15/05/2025	V4.1

Approved by

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This document must be approved by the following people:

Name	Title / Responsibility	Date	Version
[redacted]	Deputy Director, IG Risk and Assurance	10/07/2024	1.0
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[redacted]	Head of IG - FDP	25/03/2025	4.0
[redacted]	Head of IG - FDP	15/05/2025	5.0

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Purpose of this document

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

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

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

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

Defined Terms used in this DPIA

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

Standard wording in this DPIA

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

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

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

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

The aims of the Federated Data Platform (FDP)

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

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

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

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

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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.

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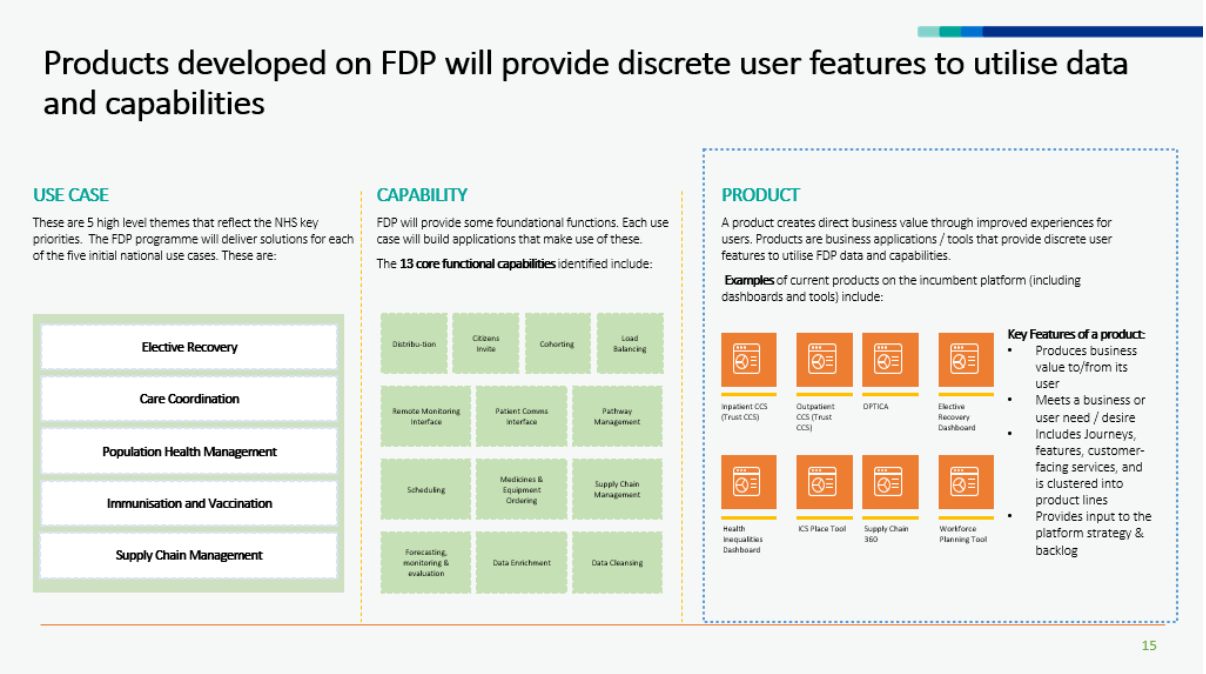
A Product DPIA is part of a suite of DPIAs for FDP that sit under the overarching FDP DPIA and provide a mechanism for assessing data protection compliance at a detailed Product level. NHS England teams have created template Product DPIAs to help NHS England, NHS Trusts and ICBs comply with UK GDPR and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



Key information about the Product
Purpose of the Product – Overview
This Product ingests Pseudonymised Data, relating to both Patients and Staff members, into FDP to create the COVID Validated Vaccination Events (VVE) Dashboard. A vaccination event is recorded when a COVID vaccination is successfully administered to a citizen by an approved clinical provider. The Dashboard displays Aggregated Data to its users, who are organisations involved in the delivery of the programme such as PCNs, ICBs, NHS England and Local Authorities. This Product provides users with timely and detailed information to support delivery of seasonal COVID vaccination programmes. It is the 'single source of truth' for reporting on delivery of the vaccination programme and it is one of the key products for successful delivery of the programme. The Dashboard allows users to understand the vaccination uptake, capacity of appointments and identify any areas of low uptake of eligible individuals, enabling the implementation of targeted services for COVID Vaccinations. The Dashboard pulls together information that is currently held in disparate locations into one location to inform users of service uptake and identify areas of low uptake and accessibility of vaccinations. NHS England also uses this platform for informed decision making on funding allocations to support the vaccination service. **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 **Update January 2025:**

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NHS England and DHSC have commissioned the York Health Economic Consortium to undertake an independent economic evaluation of the Access and Inequalities Fund for Covid vaccinations. This will inform decisions on future funding and is a ministerial request. The analytical model they have created needs to be populated with aggregated data from the Covid datasets. To be clear, only aggregated figures are required and will be shared, and small number suppression will be imposed.

The data which will be shared with York Health Economic Consortium is aggregate only.

Update March 2025:

There is a request to ingest key information relating to vaccinations from the CQC website. This will enhance the analysis of the vaccination programmes

Update 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 ws 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)

Local or National Product			
Local	☐	National	☒

Product falls under the following Use Case(s)		
Care co-ordination	☐	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	☐	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:	☒	To ensure that there is fair and equal access, and uptake of vaccinations across different communities.

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Population Health Management	☐	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	☐	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		**How the different Categories of Data are used in relation to the Product**
Directly Identifiable Personal Data	☐	
Pseudonymised Data	☒	For Data ingested into the FDP to create the Product
Anonymised Data	☐	
Aggregated Data	☒	For Data displayed or shared with users of the Product
Operational Data	☐	
Type of Data used in the Product		
No Personal Data	☐	
Personal Data	☒	For Data ingested into the FDP to create the Product For Data displayed or shared with users of the Product
Special Category Personal Data	☒	For Data ingested into the FDP to create the Product For Data displayed or shared with users of 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.

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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 has been undertaken with Stakeholders using the existing Foundry version of the Validated Vaccination Events dashboard.

All Stakeholders agree that this dashboard and the information within it are vital for the management and delivery of seasonal COVID vaccination programmes, and without the Dashboard it would not be possible to effectively manage all the different operational aspects of the programme. The operational insight allows national, regional, and local managers to operate the vaccination programme using the very latest information.

Activity View gives insight into which sites are operational, where activity is concentrated or not happening, which vaccines are being used and which sites are making reporting errors (e.g. recording activity with decommissioned vaccine products)

Uptake View – gives 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.

Bookings and capacity view – gives business-critical information on bookings and capacity, highlighting where capacity may not be meeting demand or where the wrong type of appointment slots are available (e.g. too many children's slots vs not enough adult slots).

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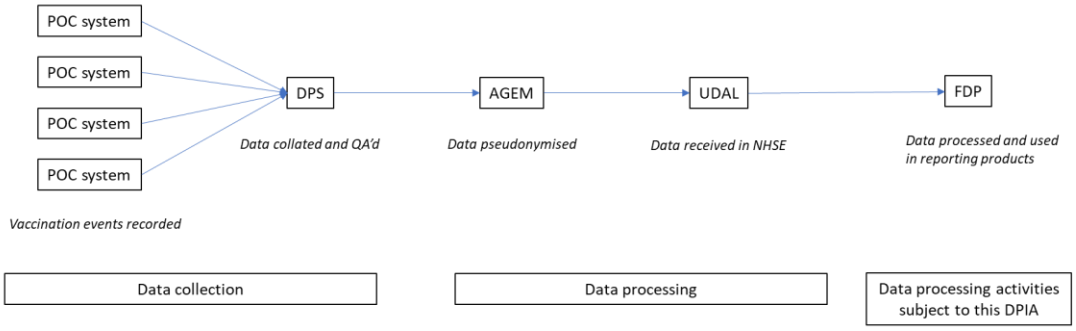
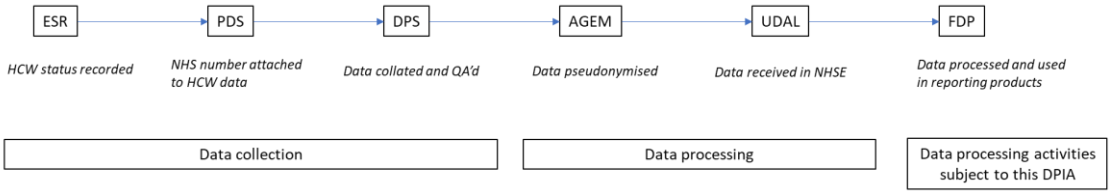
2. Data Flow Diagram

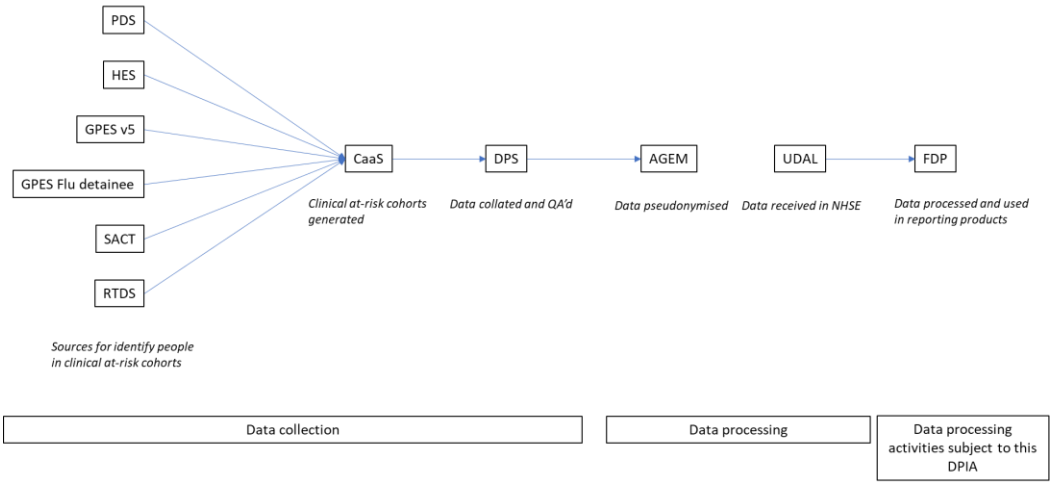
Flow chart for VVE data and Extended Attributes data



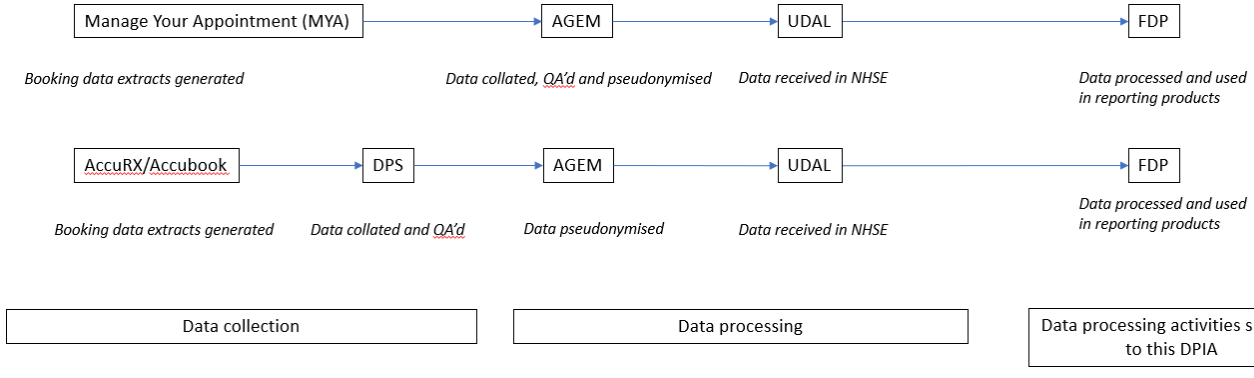
Flow chart for ESR data



Flow chart for CaaS data

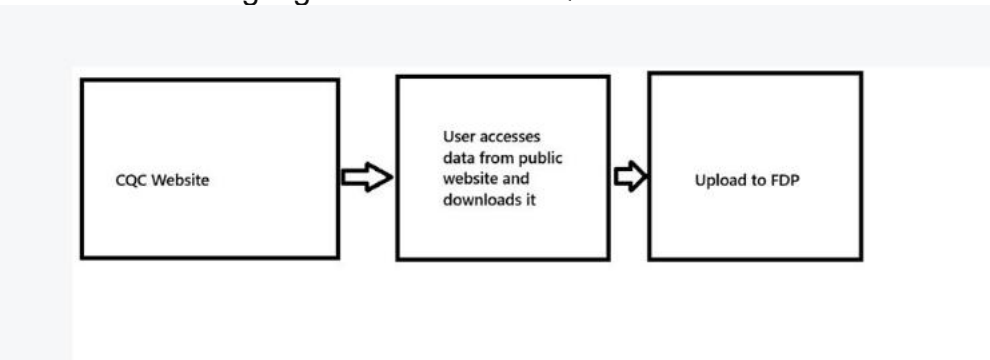


NBS Data Flow updated May 2025



Update March 2025:

For the data being ingested from the CQC website



This Data Flow includes the following:

1. **Data Collection**

- Point of Care Systems (POCs) which includes organisations such as Pharmacies, Vaccination Clinics etc, 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 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 ESR Data - this is person-level data from NHS trust Electronic Staff Records (ESR) which has been matched to an NHS number. Frontline healthcare workers are eligible for a Covid vaccination, and this dataset is used to distinguish which staff are in frontline/non-frontline roles and are currently active/inactive at each trust. This enables the NHS to identify gaps and areas for improvement on the uptake of frontline staff member COVID Vaccination.

The collection and processing of the Data above is covered under the Vaccination and Immunisations DPIA – IG Reference IG2023071 and IG2022562 (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 from several different sources in order to provide a comprehensive list of all patients who are eligible for a Covid vaccination.

  For example, citizens who have a compromised immunity can be targeted to ensure they are offered vaccinations as a priority. This service brings together the following datasets in order to provide the Service:
  - Ethnicity Data (which is derived from GP Data) collected under Direction for the purposes described above
  - Systematic Anti-Cancer Therapy Dataset

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- National Radiotherapy Dataset
- Hospital Episodes Service Data (HES)
- 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.

- Vaccination National Booking Service (NBS) Data includes details of capacity and booked slots for every vaccination site that uses NBS to manage its capacity and bookings. The DPIA which details the Data processing required for this Service is set out in DPIA IG Reference 0978_12.

3. Data Processing Service (DPS)

The Directly Identifiable Personal Data is collected from several areas such as point of care (PoC), ESR, CaaS and NBS. This is then collated by DPS into one file which is then used by AGEM DSCRO who 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 can be Aggregated before being displayed in the Validated 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 in relation to this DPIA:

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 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.

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- **ESR data** – this is person-level data from NHS trust Electronic Staff Records (ESR) which has been matched to an NHS number and pseudonymised. Frontline healthcare workers are eligible for a Covid vaccination, and this dataset is used to distinguish which staff are in frontline/non-frontline roles and are currently active/inactive at each trust.
- **Cohorting as a Service (CaaS) data** – CaaS draws together data from several different sources in order to provide a comprehensive list of all patients who are eligible for a Covid 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.
- **National Booking Service (NBS) data** – this data set includes details of capacity and booked slots for every vaccination site that uses NBS to manage its capacity and bookings.

Processing and analysis takes place at individual vaccination event level using the Pseudonymised Data. Data is then aggregated before being available in the VVE dashboard. Aggregated views used in the dashboard include NHS administrative locality (region, ICB, PCN), by vaccine product type, 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 VVE dashboard. Separate pages in the report show activity (vaccinations given), uptake (proportion of each eligible cohort that has been vaccinated) and bookings information (forward view of booked and unbooked capacity, historical view of bookings used / DNA / unused).

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

Activity View gives insight into which sites are operational, where activity is concentrated or not happening, which vaccines are being used, and which sites are making reporting errors (e.g. recording activity with decommissioned vaccine products)

Uptake View – gives 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.

Bookings and capacity view – gives business-critical information on bookings and capacity, highlighting where capacity may not be meeting demand or where the wrong type of appointment slots are available (e.g. too many children's slots vs not enough adult slots).

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.

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4. Purpose of Processing Personal Data for this Product

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

1. Provide teams with responsibility for program delivery to see the most timely information to support decision making and make informed decisions about any interventions;
2. Provide teams with accountability for the vaccination programs to see detailed information for reporting to Board level in NHS England.

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

The dashboard has three main tabs which provides different operational information, which is accessible through purpose based access controls by NHS England, ICBs. NHS England create reports from FDP and provide them to Trusts to allow them to view the aggregated figures of front line staff Vaccination uptake.

Vaccination Events

- Information on all vaccination events that have happened in England.
- Breakdown by vaccine type – clinical assurance that the right products are being used, detailed information to investigate clinical incidents of inappropriate (unsafe) vaccinations.
- Breakdown by site type and location – operational information to identify hotspots and underserved areas, giving key operational information to ensure coverage across the country by allowing Product users to identify areas of low uptake and provide resource to support and increase uptake.

Uptake (GP Registration)

- Aggregate Data is used to show the uptake in each eligible cohort and details the number of people who have been vaccinated.
- Breakdown by each eligible cohort, including clinical at-risk-groups, to allow local operational managers (within ICBs) to target interventions to drive uptake.
- Demographic breakdowns including ethnicity and deprivation – to identify areas of low uptake and target specific Access and Inequality interventions to improve uptake in the areas of low uptake. The Ethnicity Data is critical in supporting this requirement.

NBS Bookings

- Information on capacity and bookings made using the National Booking Service.
- For each vaccination site which manages bookings in NBS, detailed daily information on how many appointments have been made available and how many have been booked, giving a comprehensive forward view across a seasonal programme.
- Local managers can identify sites where capacity is filling (high proportion of available slots are booked) and work with providers to increase capacity.
- Local managers can also see where bookings are low and initiate targeted work to drive up bookings.

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- This tab is not just a forward view – for each day that has passed it shows how many bookings were actually taken up, so that any instances of high DNA rates (Did not attends) are highlighted and can be investigated at site level.

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 different dashboard tabs cover the different elements of the programmes, supplying information to highlight areas of concern which can then be addressed. Seasonal programmes typically run for 10 – 12 weeks only, so having this timely operational information to hand means operational decisions can be swiftly made and acted upon.

5. Identification of risks

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

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

Risk No	Describe source of the risk and nature of potential impact on individuals
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.

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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.
15	There is a risk that Health Care Workers will not be aware that their vaccination event Data is being linked with their ESR Data in order to identify take up across Trusts in order to support Trusts to understand frontline worker vaccination uptake.

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

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

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

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

Statutory authority: 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 personal data**
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)
Ethnicity Data (which is derived from GP Data)	GPES Data for Pandemic Planning and Research (COVID-19) - 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)
COVID Vaccination Dataset	COVID-19 public health NHS England Directions 2020 - 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)
Electronic Staff Record Data	COVID-19 public health NHS England Directions 2020 - 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)
Systematic Anti-Cancer Therapy Dataset	National Disease Registries Directions 2021 - 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)
National Radiotherapy Dataset	National Disease Registries Directions	NHS England De-Identified Data Analytics and	Health and Social Care Act 2012 s.261(5)(d)

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	2021 - NHS England Digital	Publication Directions 2023	and s.13Z3 (e) and (f)
Hospital Episodes Service Data (HES)	Spine services (no 2) 2014 Direction - NHS England Digital Note: HES is derived from the Secondary Use Dataset (SUS)	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)

Legal basis under UK GDPR & Data Protection Act 2018 (DPA 2018):

Article 6 – Personal Data

- Article 6 (1) (e) Processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the Controller by virtue of the statutory functions referred to above (**Public Task**)

Article 9 – Special Category Personal Data

- 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 has 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 understand the cohorts of patients who are eligible for a COVID vaccination and monitor vaccinations provided. This falls within Vaccination and Immunisation Use Case.

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The impact for individuals of NHS England Processing this Data is considered to beneficial as it ensures that cohorts of patients with clinical risk conditions or those affected by healthcare inequalities to be targeted and supported to have their vaccinations, protecting them and the wider population. The Aggregate Data Dashboard is shared with ICBs which enables them to work with Local Authorities to implement services to increase the uptake. NHS England is Processing Data in the Product to enable the NHS to operate effectively and to benefit patient care.

9. What steps have you taken to ensure individuals are informed about the ways in which their Personal Data is being used?

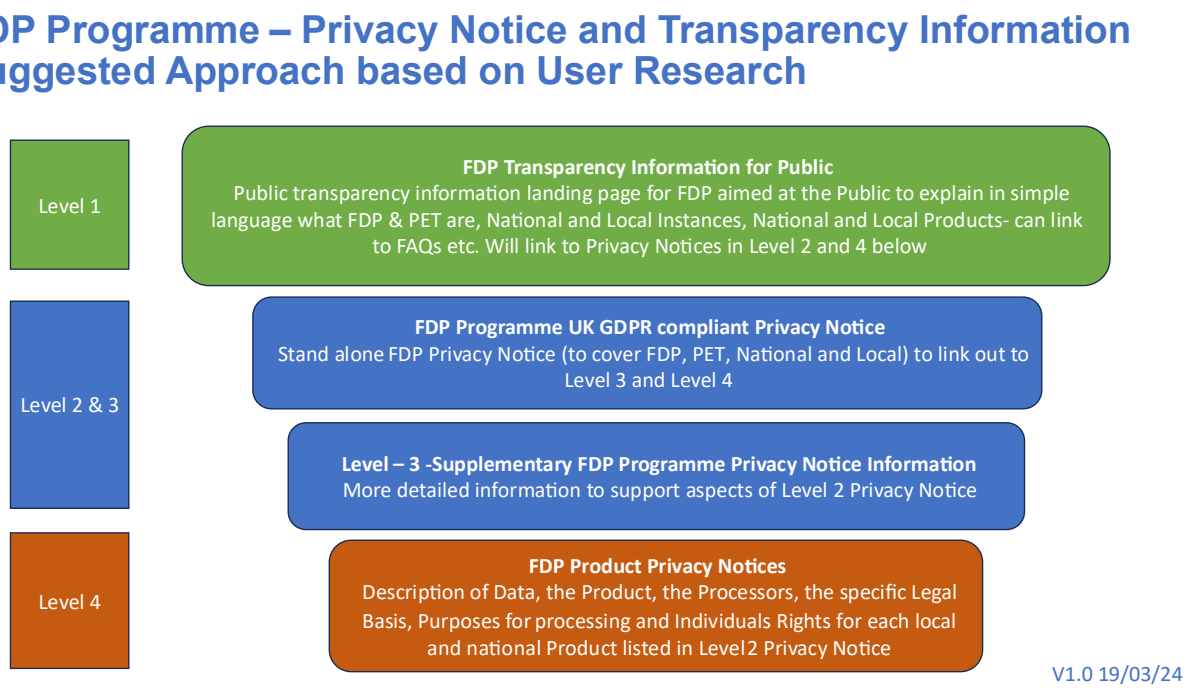
There is a range of information available on the NHS England website about FPD and how it works. This is Level 1 Transparency information.

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



NHS England has also worked with Trust colleagues to ensure that Trusts inform their frontline workers that a flag is added to the Electronic Staff Record which indicates that they are frontline workers in order that this is then linked to their vaccination record. This information is shared with Trusts in order that they can see (in Aggregated form) the uptake of vaccinations within their organisation. Where uptake is considered to be low within the Trust, they can then take steps to proactively encourage staff to update their vaccinations.

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

Data Categories [*Information relating to the individual's*]	**Yes/No**	**Justify** *[there must be justification for Processing the Data items. Consider which items you could remove, without compromising the purpose for Processing]*
Personal Data		
Name	No	
Address	No	
Postcode	Yes	The outward part of the individual's postcode only. The individual's postcode is divided into two parts (outward & inward) separated by a single space, e.g. EC1A 1BB, only the outward part is to be provided.
Date of Birth	No	
Age	Yes	Age of the individual on 31st March 2021. Note: The age will be calculated from the 31-Mar-2021
Sex	No	
Marital Status	No	
Gender	No	
Living Habits	No	
Professional Training / Awards / Education	No	
	No	
Email Address	No	
Physical Description	No	
General Identifier e.g. NHS No	Yes	The NHS number is Pseudonymised
Home Phone Number	No	
Online Identifier e.g. IP Address/Event Logs	No	
Mobile Phone / Device No / IMEI No	No	
Location Data (Travel / GPS / GSM Data)	No	
Device MAC Address (Wireless Network Interface)	No	
Healthcare Worker / Social Care Worker status	Yes	A flag is added to ESR data by NHSBSA which is linked to an NHS number. This enables of monitoring of uptake of frontline healthcare workers and organisational targeted campaigns to be implemented.
Special Category Data	es/No	
Physical / Mental Health or Condition, Diagnosis/Treatment	Yes	SNOMED codes which indicate cohort eligibility, i.e Covid/Flu – morbid obesity, COVID – Chronic Respiratory disease etc.
Sexual Life / Orientation	No	
Religion or Other Beliefs	No	
Racial / Ethnic Origin	Yes	
Biometric Data (Fingerprints / Facial Recognition)	No	
Genetic Data	No	
Criminal Conviction Data		
Criminal convictions / alleged offences / outcomes / proceedings / sentences	No	

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

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AGEM to Foundry Technical Data Feed Specification

AGEM to Foundry Invitation Technical Data Feed Specification

Note: These refer to the current flows into Foundry but are replicated for FDP.

Update January 2025:

The following aggregate data will be shared with the York Health Economic Consortium:

Data Spec Metrics

ea_offsite_outreach

age

gender

ethnicity_code

ethnicity_description

ea_carer

ea_homeless_or_closed_setting residence_imd_decile

Update March 2025:

Additional Datasets from CQC

May 2025 – National Booking System Updated Data Specification

AGEM to Foundry Booking Data Specification NHS E 1.9 Approved

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:

Validated Vaccination Events – FDP Product Annex V1.0 Final Approved

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

Users of the dashboard may include:

- NHS England who have access to Aggregated Data and who use the dashboard to allow notification and/or service implementation in affected areas with low uptake.
- ICBs and Local Authorities who have access to Aggregated Data and who use the dashboard for support to implement targeted services locally to support the update of vaccinations.
- NHS Trusts receive Aggregated Data reports which are generated through the Product on FDP by NHS England Vaccination Team

All potential users of the dashboard have to make a request for access via the dedicated COVID Vaccinations Support 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 Validated Vaccination Events Dashboard.

Access is revoked by the Support Desk when the activity review has taken place, this is triggered if the Help Desk is informed by the Purpose Lead that an individual has left their role within an organisation or they have been inactive for 6 months or more.

Aggregated Data remains in the secure environment of FDP which is made available to vaccine programme staff members in national, regional and local ICB teams (ICBs).

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

NHS England is not responsible for the accuracy of source Data, but through regional teams we work actively with local systems to ensure data accuracy and timely updating of information.

For vaccination event Data, NHS England Vaccination Team analyse the Data carefully from a clinical perspective to identify instances where Data may be mis recorded (e.g. a vaccine intended for adults has incorrectly assigned to a child) – The NHS England Vaccination Team work with regional and local teams to contact the vaccination site, and if

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this is a recording error then the site is able to correct the record in the Point of Care system. This updated is automatically included in the next overnight flow to FDP

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 and 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 flow the following evening.

Specific Access controls for this Product

A small number of NHSE 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 COVID Vaccinations support 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 Validated Vaccination Events Dashboard.

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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.

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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 accidently misused by those with access	1. External suppliers are Processors on contracts with relevant security and data protection clauses contained within the agreements. Internal security and data protection processes are in place within NHS England. 2. No external users have access to Pseudonymised Data through the dashboards in the Product. All internal users are required to sign security operating procedures that confirm their responsibilities to protect Data. Internal users are also subject to contractual confidentiality requirements. 3. The download functionality of Data from the FDP is disabled by default, and access to this is controlled by the	Section 12 & 16	Tolerate	Remote	Significant	Low

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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
		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

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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
	Pseudonymised 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 Pseudonymised 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

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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
		3. Contracts of employment and other organisational policies provide further safeguards against Data misuse 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 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.					
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 ICB 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

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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
7	Insufficient testing has taken place to assess and improve the effectiveness of technical and organisational measures supporting the Product.	1. Full details are described in the Overarching FDP DPIA. 2.For national Products migrating from Foundry to FDP, there is no change in the Product, its operation or the technical measures supporting it. New governance processes for migrating existing Products have been put in place, including approval of relevant DPIAs by the DGG and the Deputy SIRO. This updated DPIA has also been put in place to assess the risks consistently across all national Products. 3. This Product is currently live through the Foundry Platform.	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

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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
	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 Pseudonymised 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	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

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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
	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.	NHS England is not responsible for the accuracy of source Data, but through regional teams we work actively with local systems to ensure data accuracy and timely updating of information.	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. 2. It is within the Platform Contract that no access to the system should take place from outside the UK.	Section 17	Treat	Remote	Minimal	Low

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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
		3. There are technical security measures in place to prevent access from outside the UK.					
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	The Vaccination support desk actively manages dormant accounts, removing access for users that have not viewed the dashboard in the last 6 months.	Section 12 & 16	Treat	Remote	Significant	Low
15	There is a risk that Healthcare workers are not aware that their Vaccination Data is being linked to the ESR Data and Trusts receive an Aggregated	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

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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
	Report on vaccination take up for frontline staff within their Trust.						

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20. Actions

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	[*Insert name of IAO/Product owner]*	Ongoing at each change of the Product and update to this DPIA
2	[*NHSE to add any actions required to produce information to supplement/update the DPIA or further mitigate risks]*	*[Identify]*	*[Insert name of IAO/Product owner]*	*[Insert date]*

21.Completion and signatories

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

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

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

Information Asset Owner (IAO) Signature and Date

Name	Rebecca Llewellyn Federated Data Platform Programme Delivery Director Data Services Data and Analytics Transformation Directorate NHS England
Signature	Rebecca Llewellyn
Date	15/05/2025

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22. Summary of high residual risks

Risk no.	High residual risk summary

Summary of Data Protection Officer advice:

Name	
Signature	
Date	
Advice	

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

Name	
Signature	
Date	
Consultation outcome	

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**

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Annex 1: Defined terms and meaning

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

Defined Term	Meaning
Aggregated Data	Counts of Data presented as statistics so that Data cannot directly or indirectly identify an individual.
Anonymisation	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.
Anonymised Data	Personal Data that has undergone Anonymisation.
Anonymous Data	Anonymised Data, Aggregated Data and Operational Data.
Approved Use Cases	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
Categorisation of Data	Means one of the following categories of Data: • Directly Identifiable Personal Data • Pseudonymised Data • Anonymised Data, • Aggregated Data • Operational Data In the case of Directly Identifiable Personal Data or Pseudonymised Data this could be Personal Data or Special Category Personal Data.
Common Law Duty of Confidentiality	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.
Confidential Patient Data	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.

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Defined Term	Meaning
Confidential Patient Information	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[1]
Controller	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)
Data Governance Group	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
Data Platform or Platform	The NHS Federated Data Platform
Data Processing Annex	The annex to the schedule containing Processing instructions in the form set out in the FDP Contracts.
Data Protection Legislation	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
Direct Care	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[2].
Directly Identifiable Personal Data	Personal Data that can directly identify an individual.
DPIA(s)	Data Protection Impact Assessments in a form that meets the requirements of UK GDPR
FDP	Federated Data Platform
FDP Contract	The NHS-PET Contract and the Platform Contract
FDP Contractor(s)	The NHS-PET Contractor and/or the Platform Contractor

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

[2] See the National Data Guardian Direct Care Decision Support Tool: https://assets.publishing.service.gov.uk/media/5f2838d7d3bf7f1b1ea28d34/Direct_care_decision_support_tool.xlsx

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Defined Term	Meaning
FDP Programme	The NHS England Programme responsible for the procurement and implementation of the FDP across the NHS
FDP User Organisations	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
General FDP Privacy Notice	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
ICB	Integrated Care Board
ICS	Integrated Care System
Incident	An actual or suspected Security Breach or Data Loss Incident
Instance	A separate instance or instances of the Data Platform deployed into the technology infrastructure of an individual FDP User Organisation
National Data Opt Out	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[3] and Operational Policy Guidance for more information[4]
NHS-PET Contract	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
NHS-PET Contractor	IQVIA Ltd
NHS-PET Solution	The privacy enhancing technology solution which records Data flows into the Data Platform and where required treats Data flows to de-identify them.
Ontology	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

[3] https://digital.nhs.uk/services/national-Data-opt-out/understanding-the-national-Data-opt-out

[4] https://digital.nhs.uk/services/national-Data-opt-out/operational-policy-guidance-document

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Defined Term	Meaning
	creates a real-life representation of Data, linking activity to places and to people.
Operational Data	Items of operational Data that do not relate to individuals eg stocks of medical supplies.
Personal Data	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.
Personal Data Breach	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
Platform Contract	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
Platform Contractor	Palantir Technologies UK Ltd
Product	A product providing specific functionality enabling a solution to a business problem of an FDP User Organisation operating on the Data Platform.
Product Privacy Notice	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
Process or Processing	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
Processor	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
Programme	The Programme to implement the Data Platform and NHS-PET across NHS England, NHS Trusts and ICBs

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Defined Term	Meaning
Pseudonymisation	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
Pseudonymised Data	Personal Data that has undergone Pseudonymisation
Purpose Based Access Controls or PBAC	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
Role Based Access Controls or RBAC	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
Special Category Personal Data	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.
Transition Phase	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.
UK GDPR	UK GDPR as defined in and read in accordance with the Data Protection Act 2018

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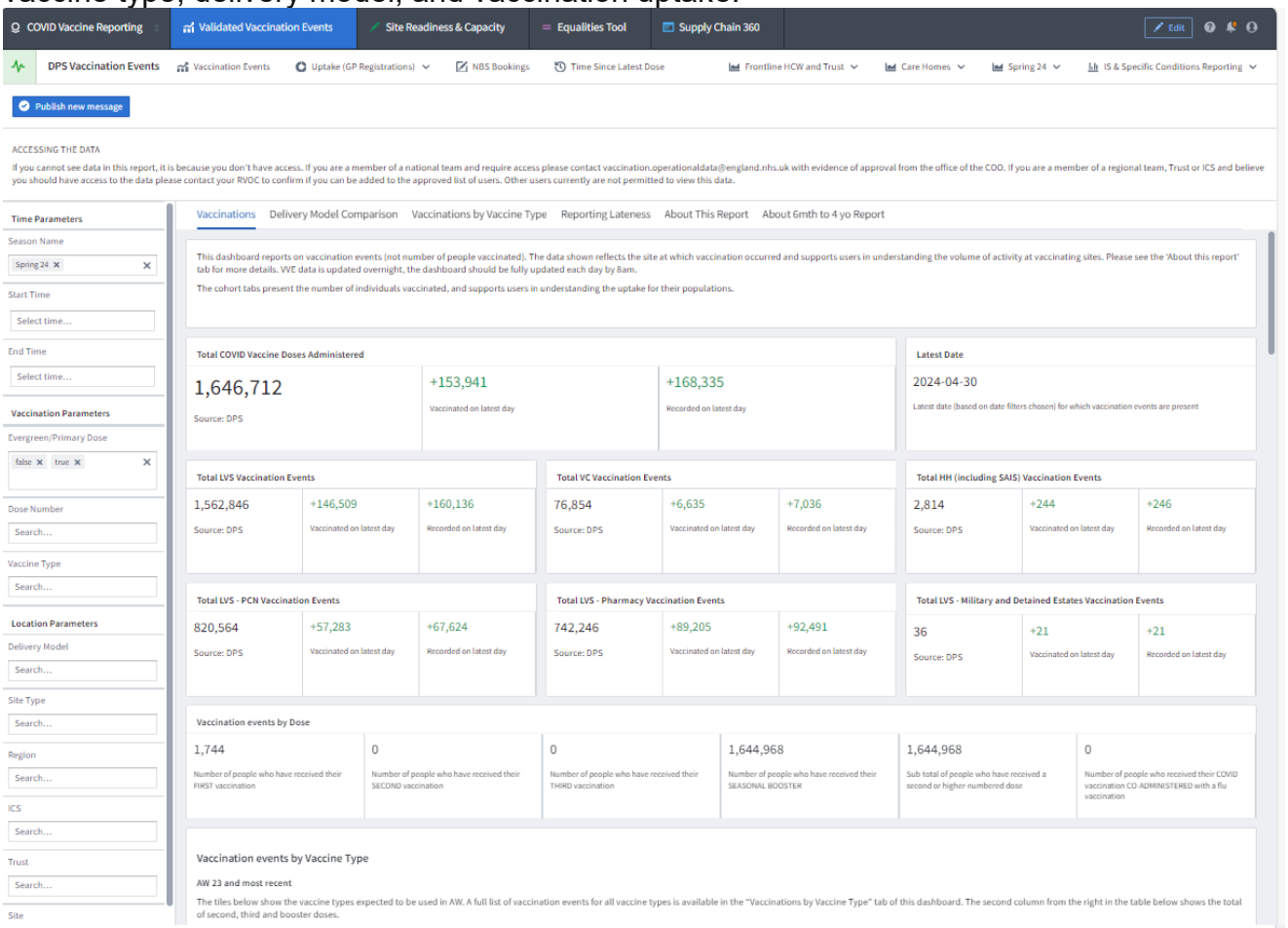
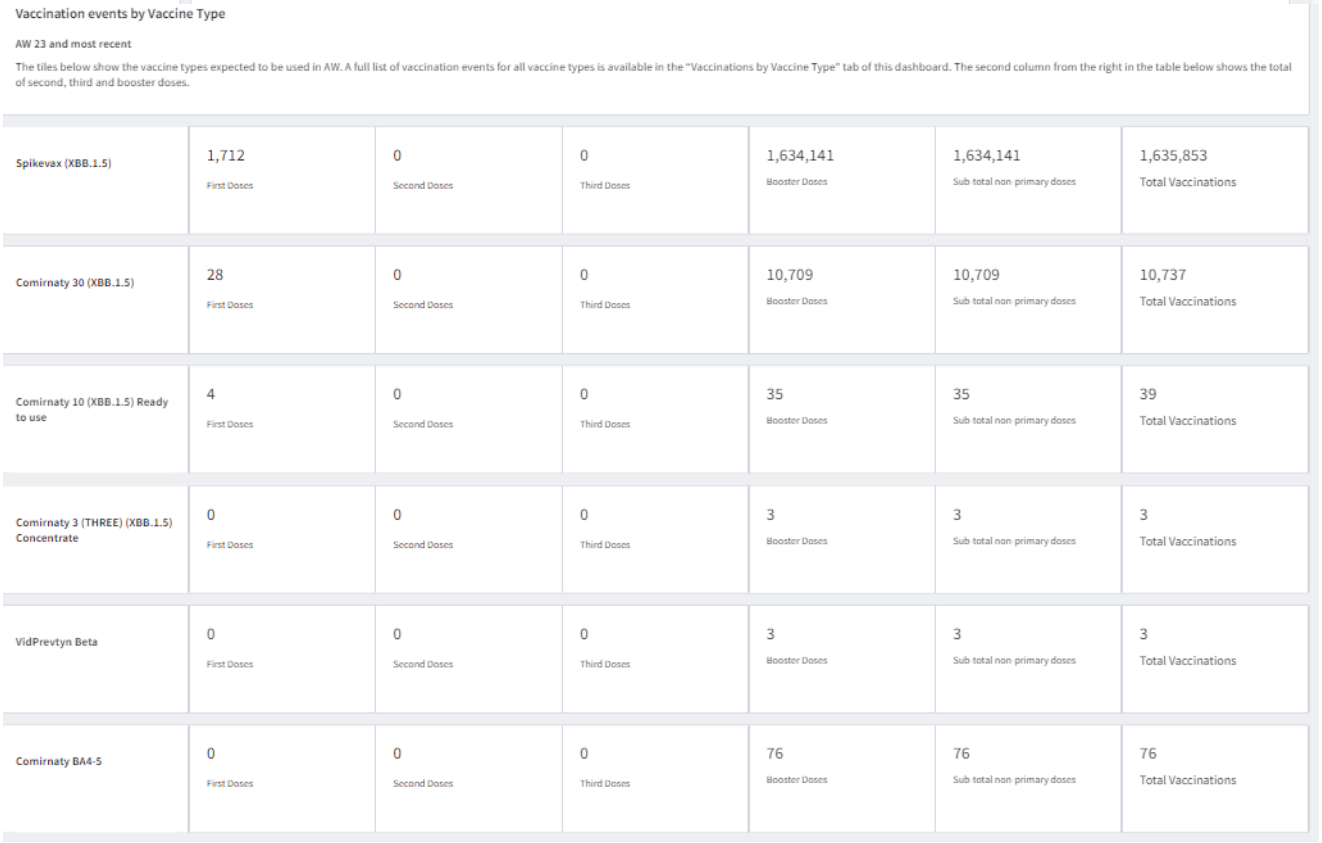
Annex A - Screenshots:

Total number of vaccination events determined by specific parameters set by the user. These can be broken down into different views, as shown in the examples below which show vaccine type, delivery model, and vaccination uptake.





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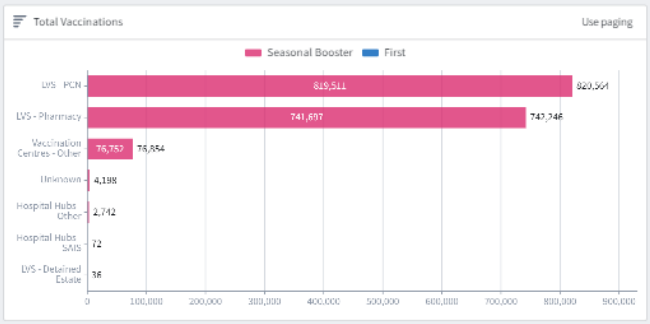
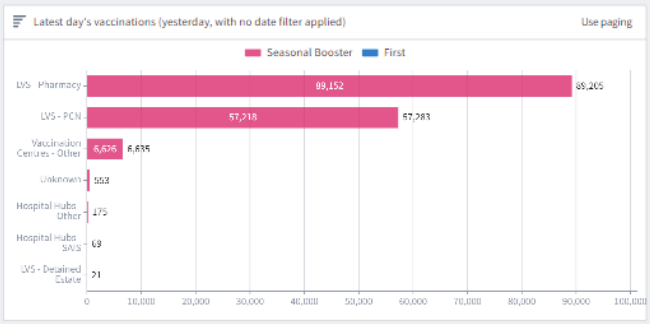
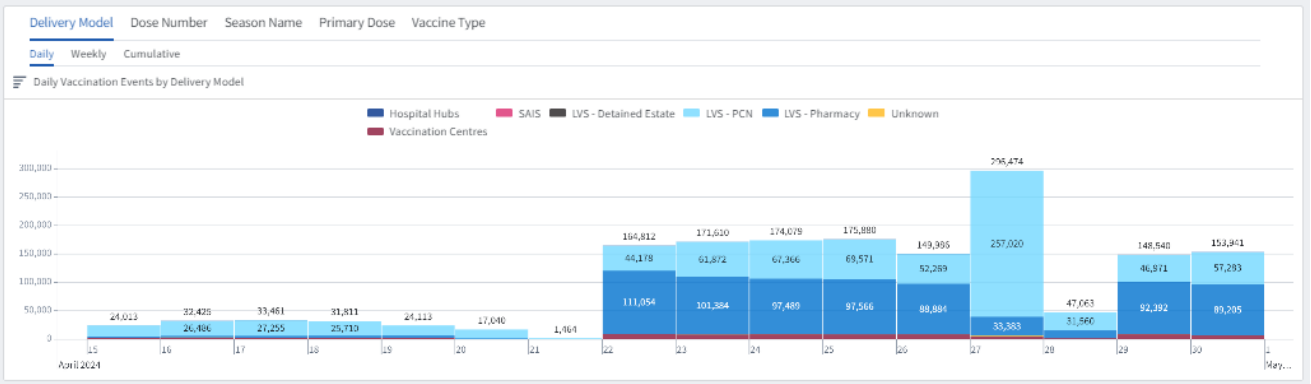
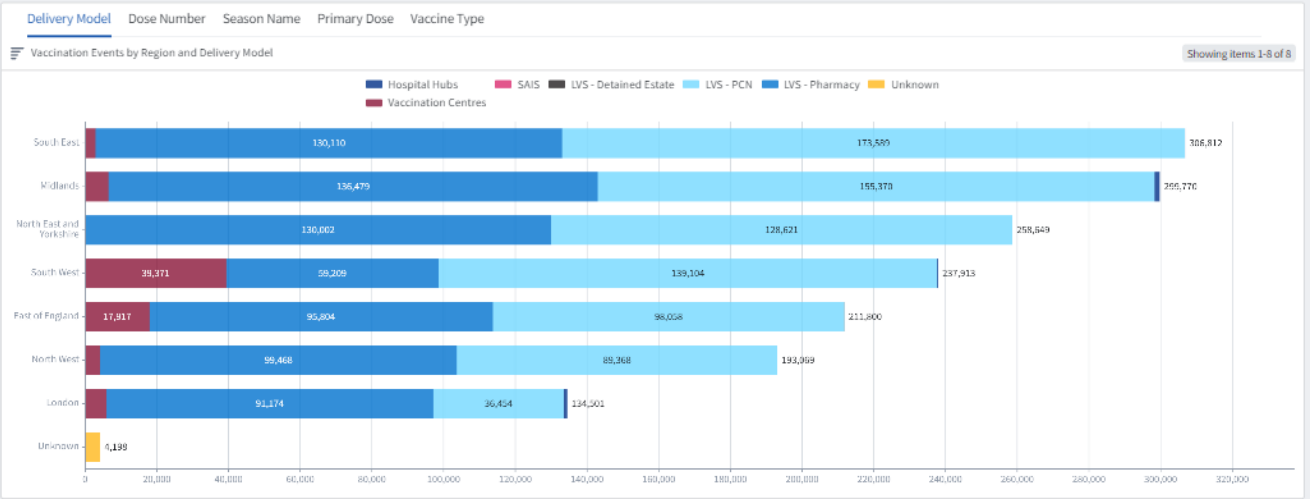




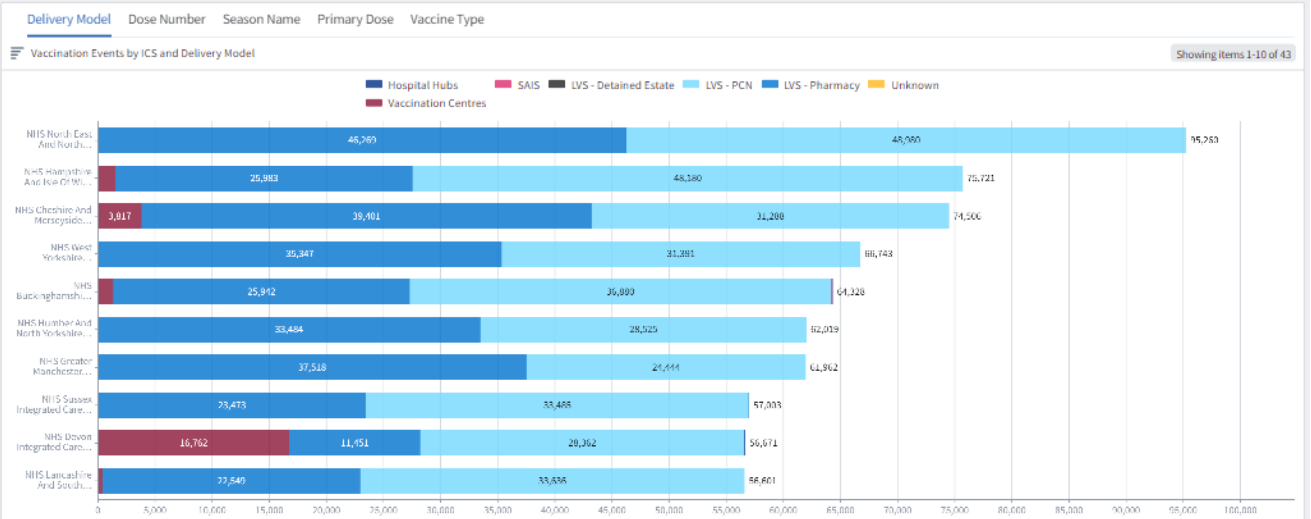


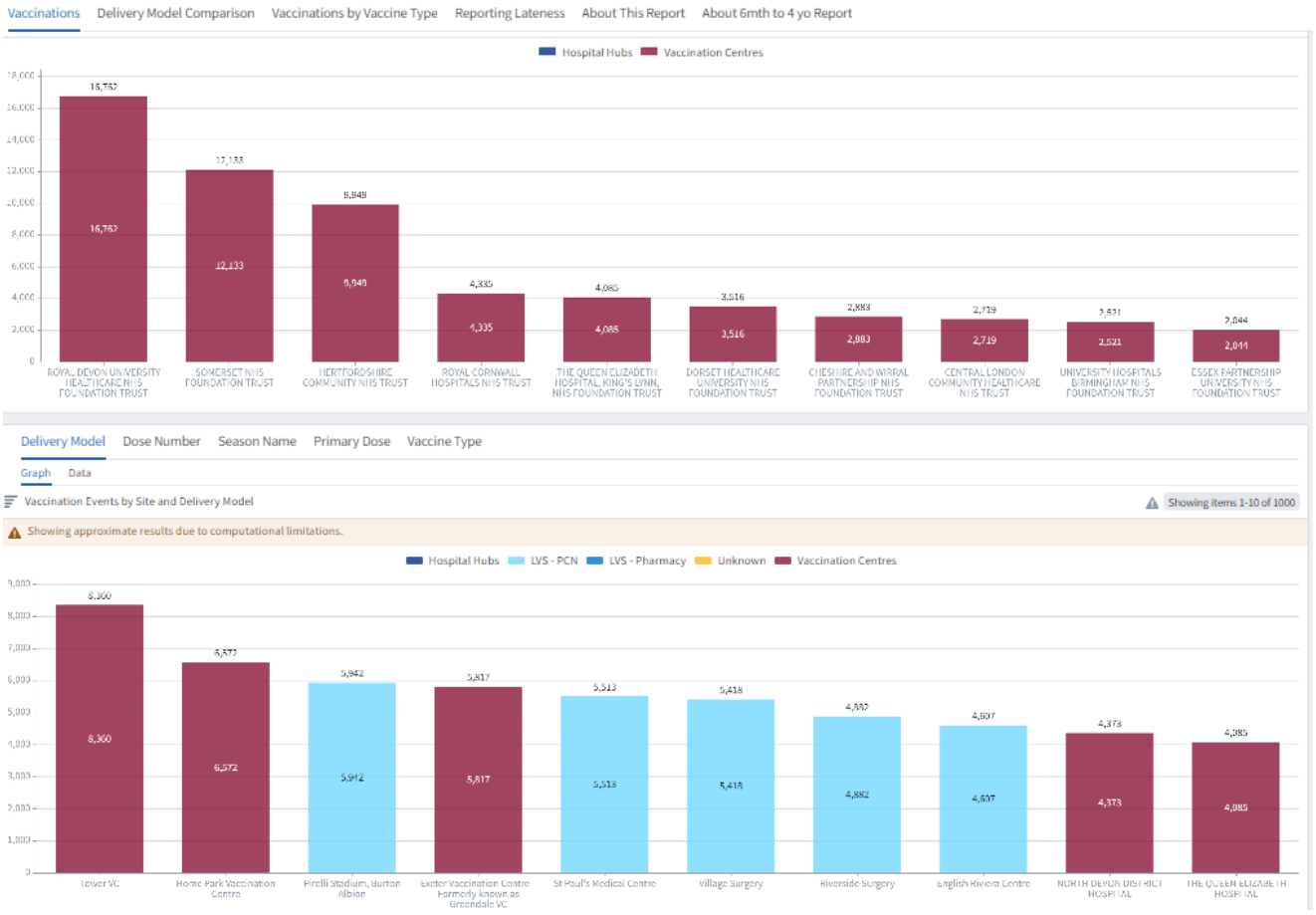
Note: For ICS (and Trust/LVS) users the chart below will reflect the number of events within your region that you are authorised to view, NOT the full number that have occurred within your region.

There are multiple pages to these charts, please use page controls at the top right of chart to navigate through the data.



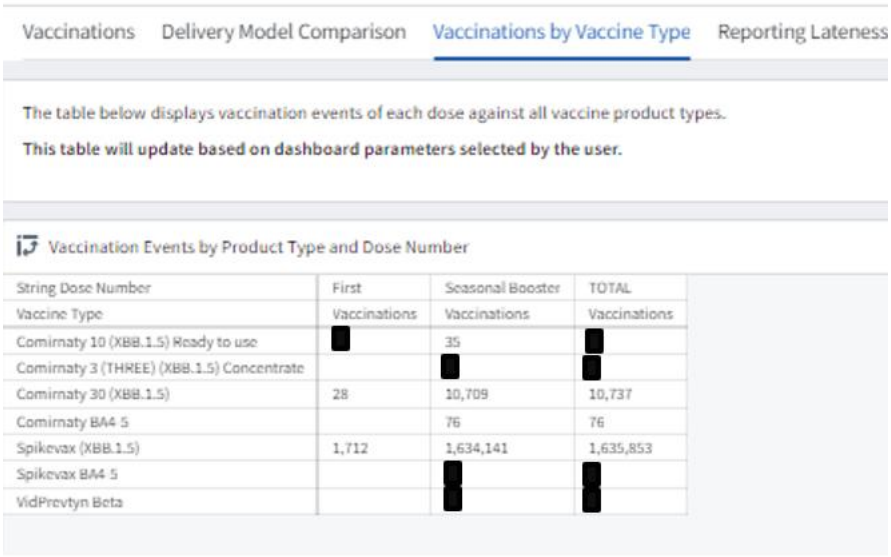
Note: For Trust/LVS users the chart below will reflect the number of events within your ICS that you are authorised to view, NOT the full number that have occurred within your ICS.





Vaccinations by Vaccine Type:

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, and small number suppression, the figures below detail a number less than 5, which could be deemed as identifiable, and have therefor been redacted.*



String Dose Number	First	Seasonal Booster	TOTAL
Vaccine Type	Vaccinations	Vaccinations	Vaccinations
Comirnaty 10 (XBB.1.5) Ready to use	[redacted]	35	[redacted]
Comirnaty 3 (THREE) (XBB.1.5) Concentrate		[redacted]	[redacted]
Comirnaty 30 (XBB.1.5)	28	10,709	10,737
Comirnaty BA4 5		76	76
Spikevax (XBB.1.5)	1,712	1,634,141	1,635,853
Spikevax BA4 5		[redacted]	[redacted]
VidPrevtyn Beta		[redacted]	[redacted]

Uptake (GP Registrations):

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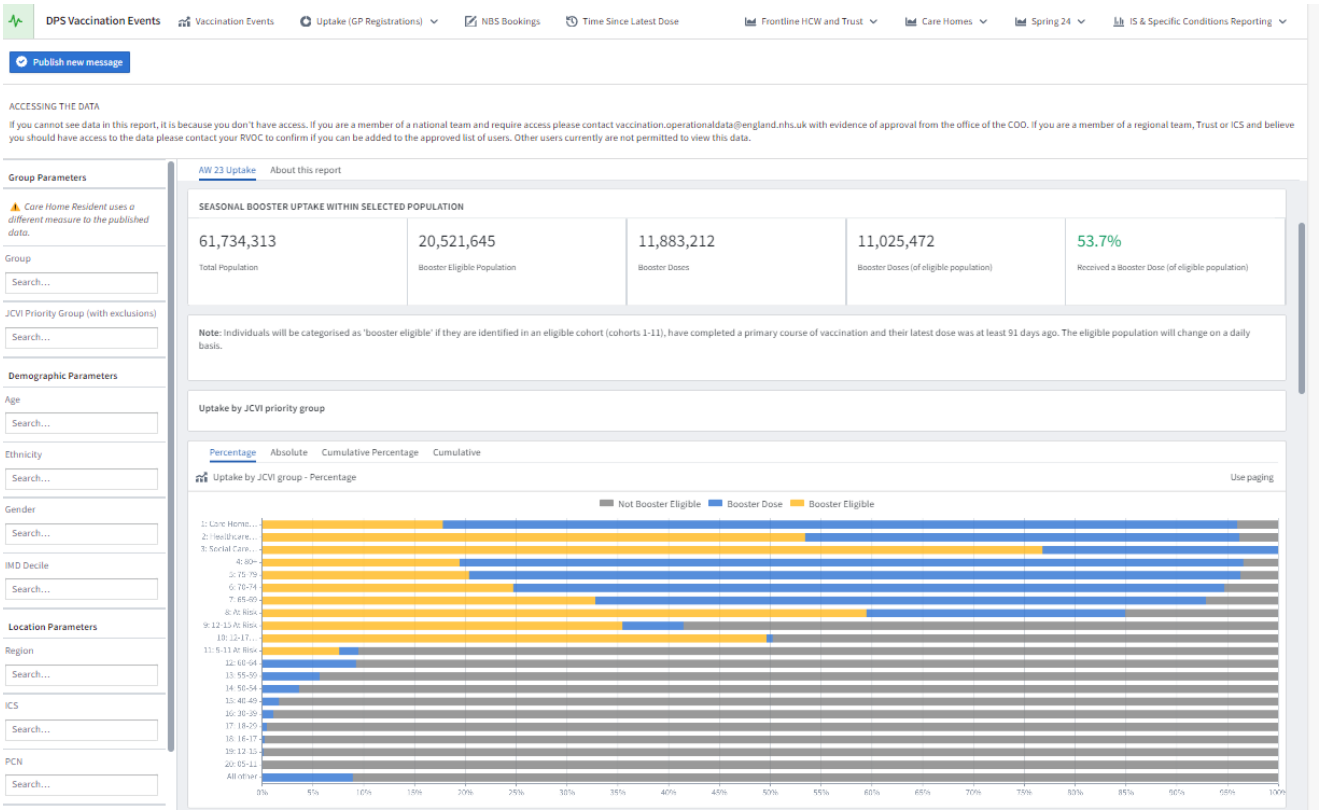
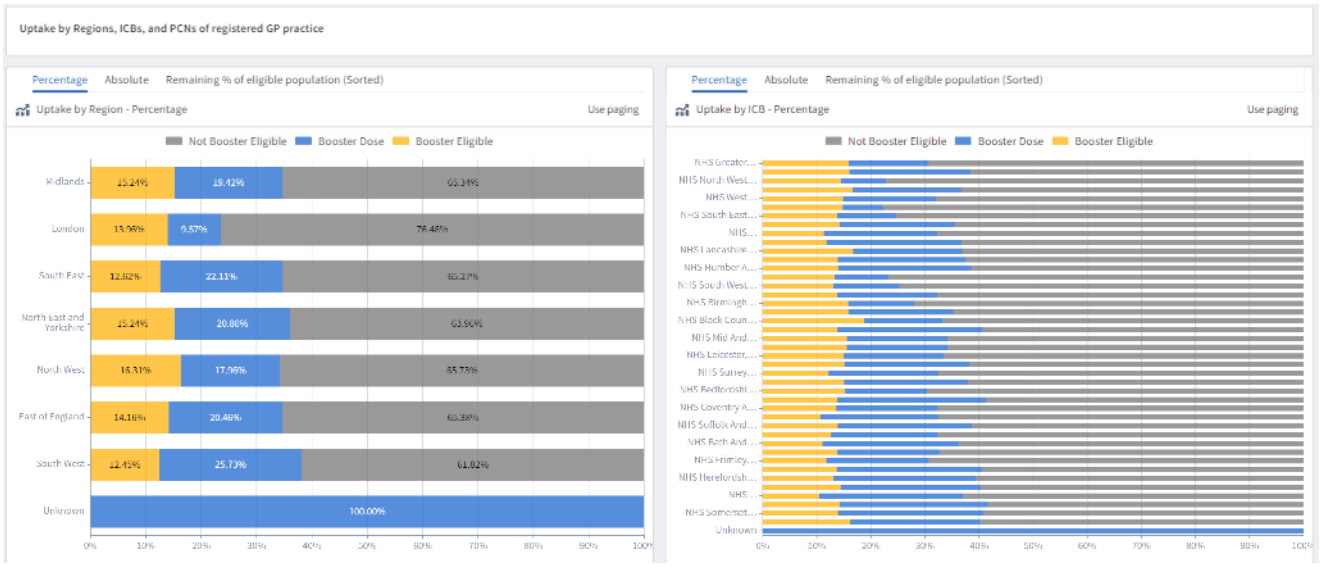
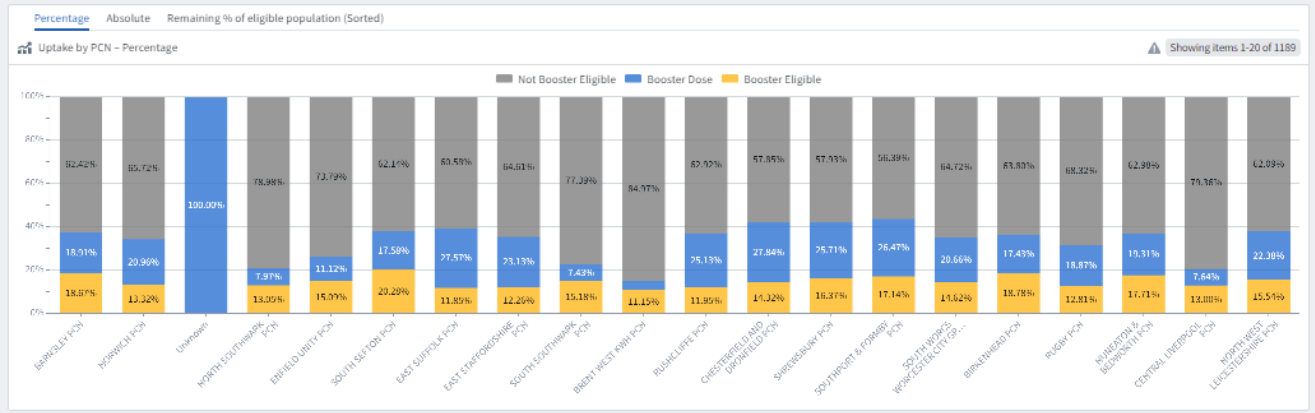
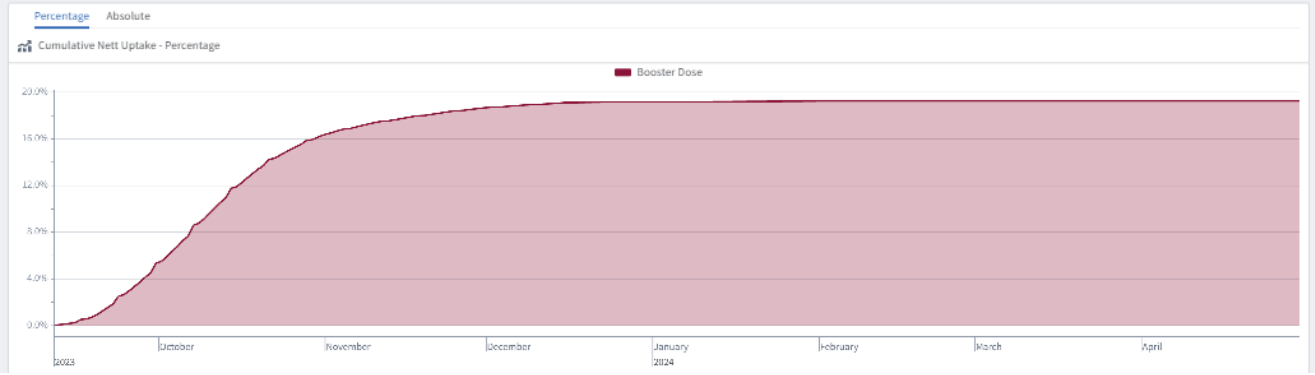

DPS Vaccination Events
Vaccination Events
Uptake (GP Registrations)
NBS Bookings
Time Since Latest Dose
Frontline HCW and Trust
Care Homes
Spring 24
IS & Specific Conditions Reporting
Publish new message
ACCESSING THE DATA
If you cannot see data in this report, it is because you don't have access. If you are a member of a national team and require access please contact vaccination.operationaldata@england.nhs.uk with evidence of approval from the office of the COO. If you are a member of a regional team, Trust or ICS and believe you should have access to the data please contact your RVOC to confirm if you can be added to the approved list of users. Other users currently are not permitted to view this data.
Group Parameters
Care Home Resident uses a different measure to the published data.
Group
Search...
JCVI Priority Group (with exclusions)
Search...
Demographic Parameters
Age
Search...
Ethnicity
Search...
Gender
Search...
IMD Decile
Search...
Location Parameters
Region
Search...
ICS
Search...
PCN
Search...
AW 23 Uptake
About this report
SEASONAL BOOSTER UPTAKE WITHIN SELECTED POPULATION
61,734,313
Total Population
20,521,645
Booster Eligible Population
11,883,212
Booster Doses
11,025,472
Booster Doses (of eligible population)
53.7%
Received a Booster Dose (of eligible population)
Note: Individuals will be categorised as 'booster eligible' if they are identified in an eligible cohort (cohorts 1-11), have completed a primary course of vaccination and their latest dose was at least 91 days ago. The eligible population will change on a daily basis.
Uptake by JCVI priority group
Percentage
Absolute
Cumulative Percentage
Cumulative
Uptake by JCVI group - Percentage
Use paging
Not Booster Eligible
Booster Dose
Booster Eligible

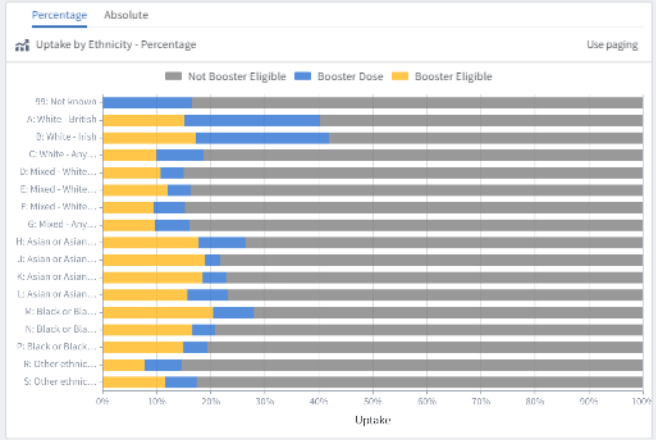

Uptake by Regions, ICBs, and PCNs of registered GP practice
Percentage
Absolute
Remaining % of eligible population (Sorted)
Uptake by Region - Percentage
Use paging
Not Booster Eligible
Booster Dose
Booster Eligible
Midlands
15.24%
19.42%
65.34%
London
13.96%
9.57%
76.48%
South East
12.62%
22.11%
65.27%
North East and Yorkshire
15.24%
20.86%
63.90%
North West
16.31%
17.96%
65.73%
East of England
14.16%
20.46%
65.38%
South West
12.45%
25.73%
61.82%
Unknown
100.00%
Uptake by ICB - Percentage

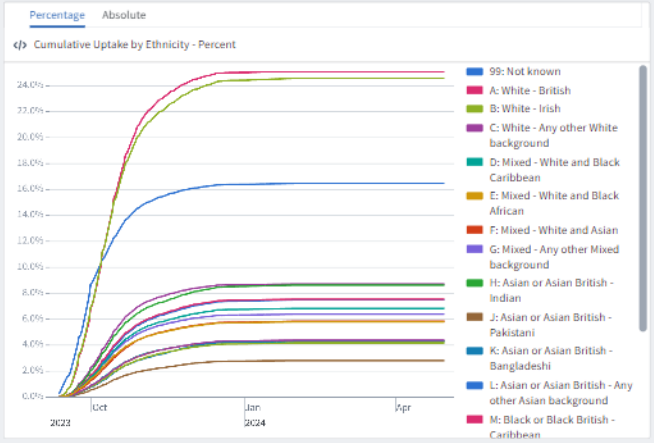


Cumulative Daily Uptake

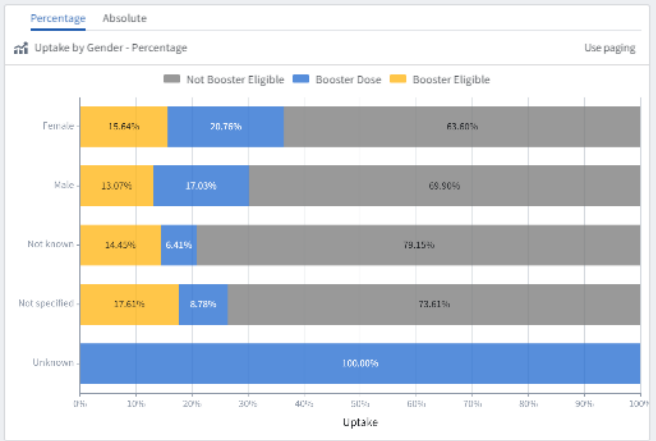


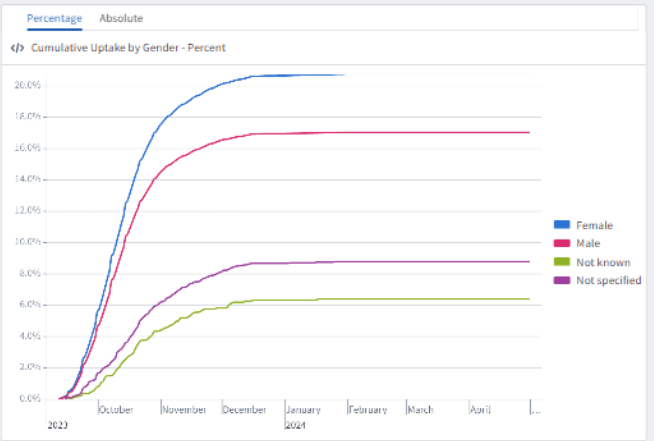
Uptake by Ethnicity





Uptake by Gender





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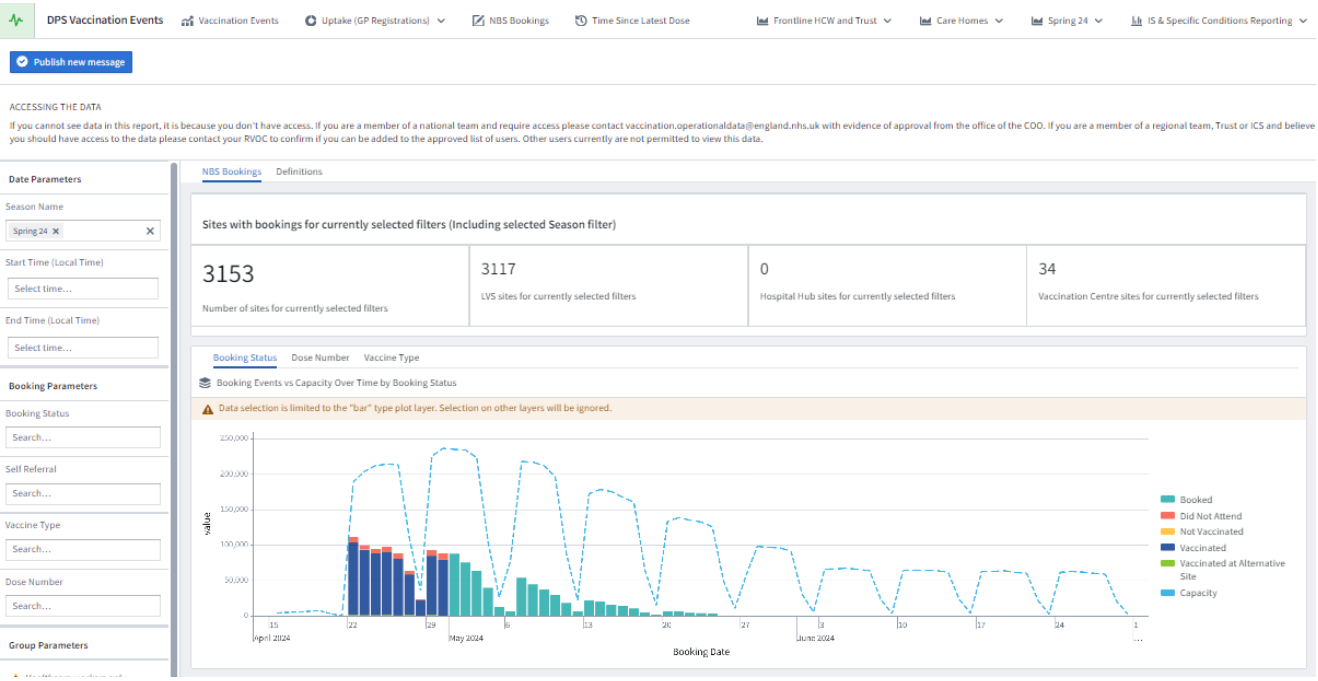
NBS Bookings:



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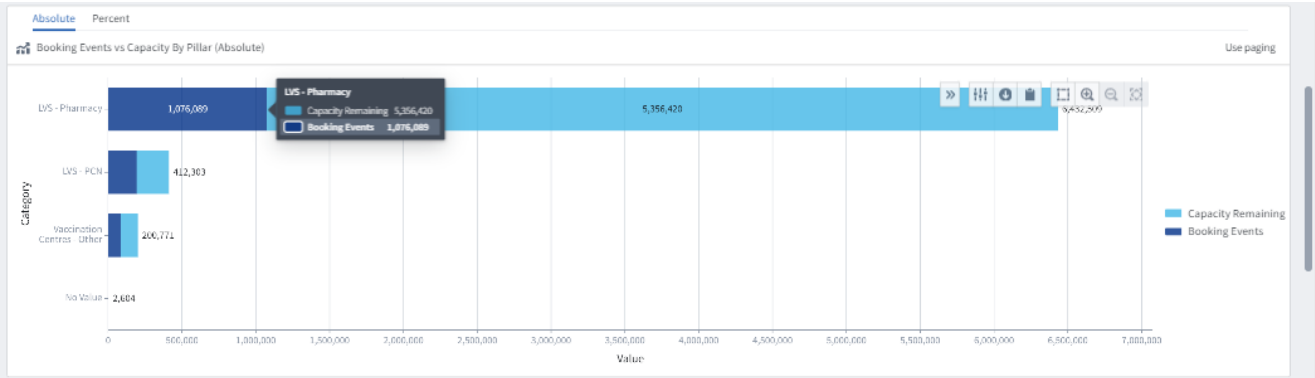
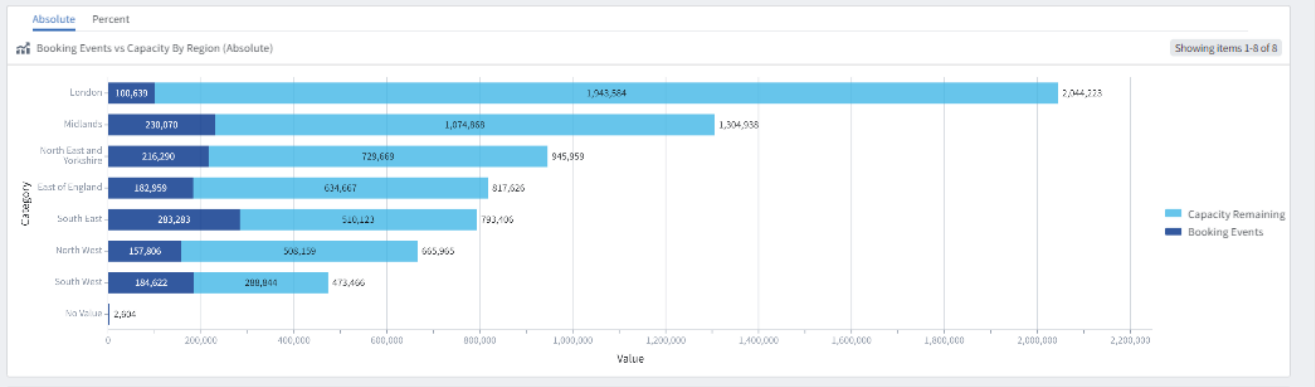
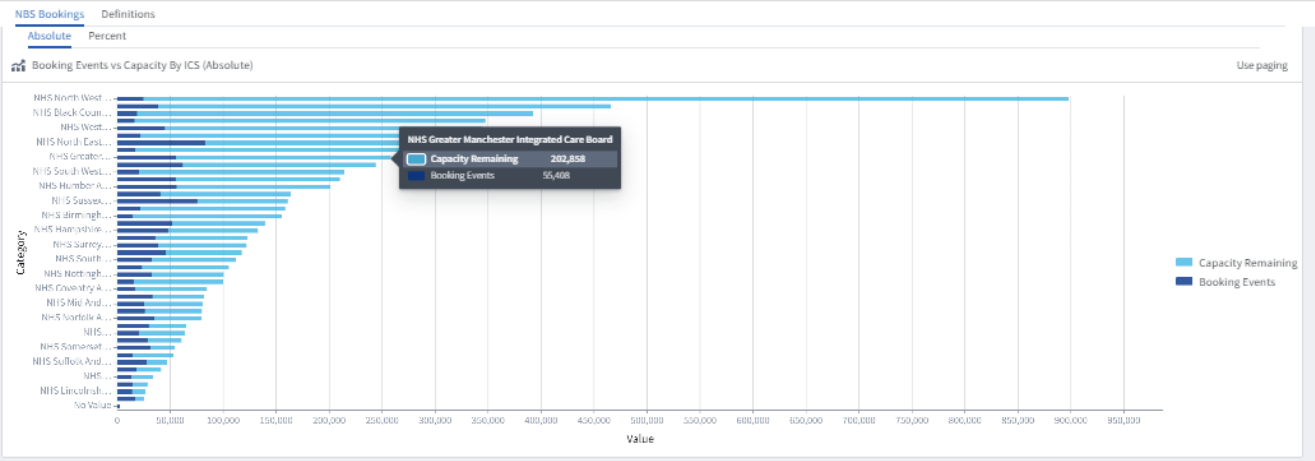
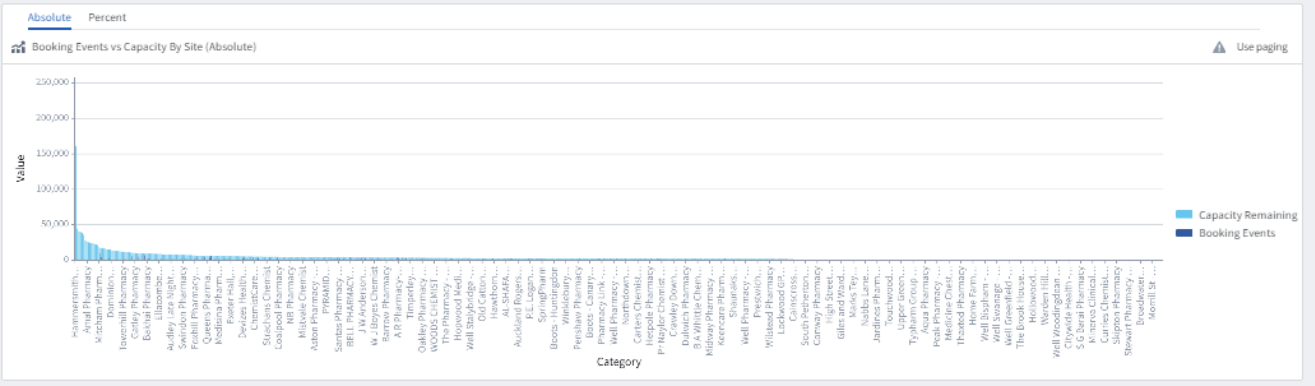
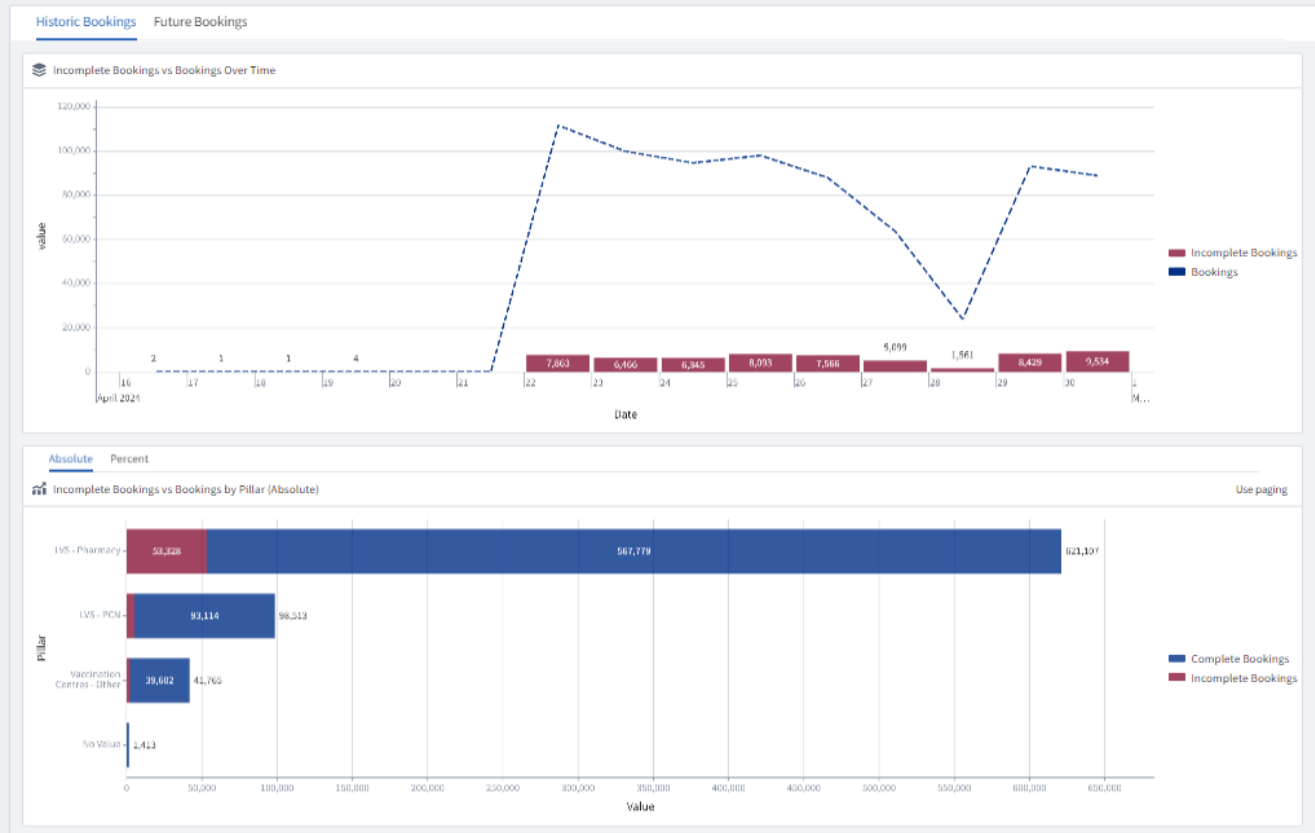
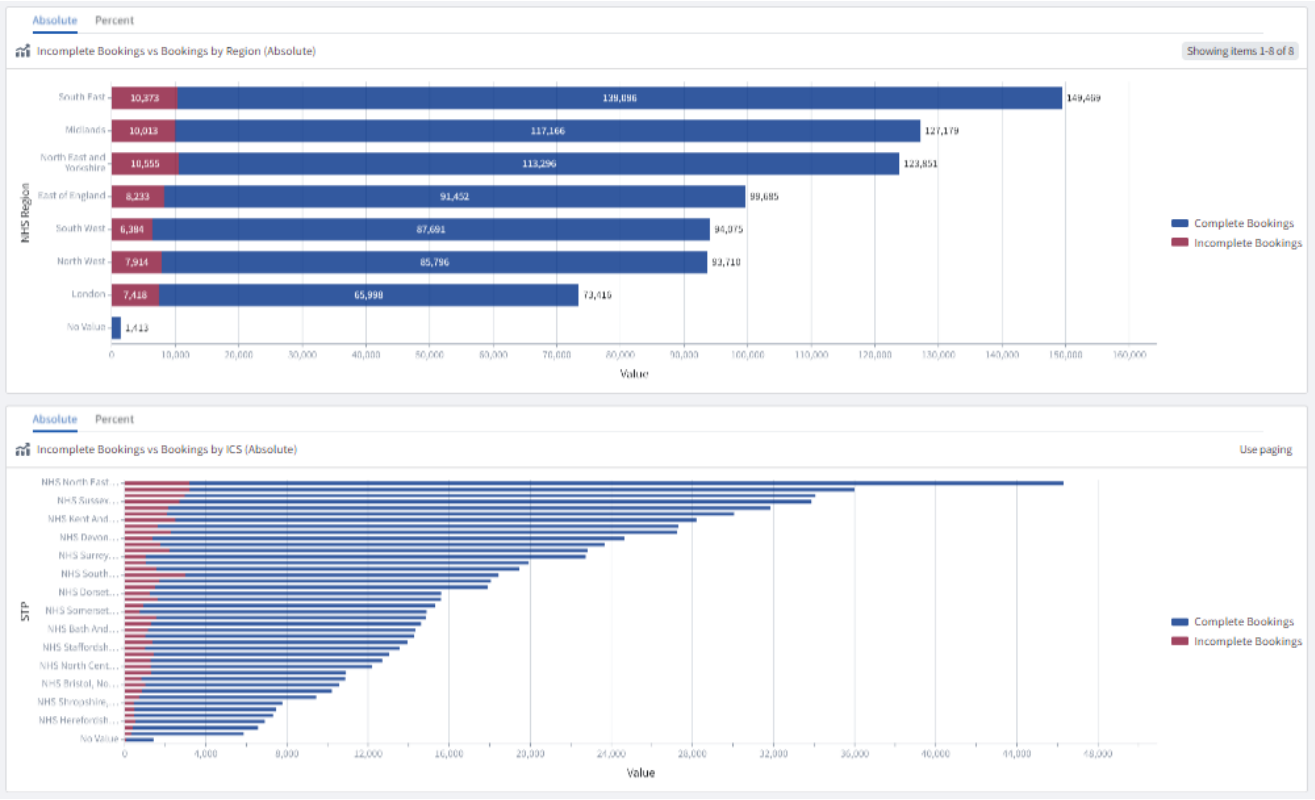

Absolute
Percent
Booking Events vs Capacity By Pillar (Absolute)
Use paging
LVS - Pharmacy
1,076,089
Capacity Remaining 5,356,420
Booking Events 1,076,089
5,356,420
LVS - PCN
412,303
Vaccination Centres - Other
200,771
No Value
2,604
Category
0
500,000
1,000,000
1,500,000
2,000,000
2,500,000
3,000,000
3,500,000
4,000,000
4,500,000
5,000,000
5,500,000
6,000,000
6,500,000
7,000,000
Value
Capacity Remaining
Booking Events


Absolute
Percent
Booking Events vs Capacity By Region (Absolute)
Showing items 1-8 of 8
London
100,639
1,943,584
2,044,223
Midlands
230,070
1,074,868
1,304,938
North East and Yorkshire
216,290
729,669
945,959
East of England
182,959
634,667
817,626
South East
293,283
510,123
793,406
North West
157,806
508,159
665,965
South West
184,622
288,844
473,466
No Value
2,604
Category
0
200,000
400,000
600,000
800,000
1,000,000
1,200,000
1,400,000
1,600,000
1,800,000
2,000,000
2,200,000
Value
Capacity Remaining
Booking Events


NBS Bookings
Definitions
Absolute
Percent
Booking Events vs Capacity By ICS (Absolute)
Use paging
NHS Greater Manchester Integrated Care Board
Capacity Remaining 202,858
Booking Events 55,408
Category
0
50,000
100,000
150,000
200,000
250,000
300,000
350,000
400,000
450,000
500,000
550,000
600,000
650,000
700,000
750,000
800,000
850,000
900,000
950,000
Value
Capacity Remaining
Booking Events


Absolute
Percent
Booking Events vs Capacity By Site (Absolute)
Use paging
250,000
200,000
150,000
100,000
50,000
0
Value
Category
Capacity Remaining
Booking Events





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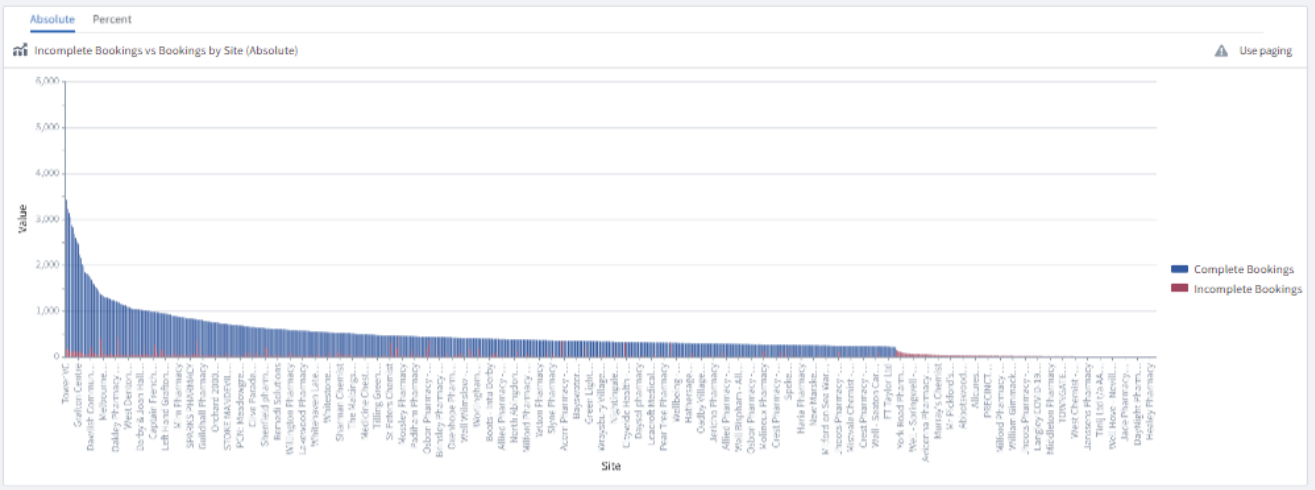
Absolute
Percent
Incomplete Bookings vs Bookings by Site (Absolute)
Use paging
6,000
5,000
4,000
3,000
2,000
1,000
0
Value
Site
Complete Bookings
Incomplete Bookings