This is a Local Product for Local NHS Organisations (for example NHS Trusts) who will be the Controllers for the data processed within this Product. NHS England has no access to the data or processing activities.

This document has been created by NHS England as a template for Local NHS Organisations to utilise when completing their own Data Protection Impact Assessment (DPIA) therefore this document may not be implemented by the Local NHS Organisation or used in its entirety. There are highlighted sections throughout the document which require specific information to be completed by the Local NHS Organisation.

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FDP Product Data Protection Impact Assessment: My Clinical Feedback

Document Management

Revision History

Version	Date	Summary of Changes
0.1		
0.2	29/05/2024	Review of initial DPIA by NHSE/ FDP IG Teams
0.3	10/05/2024	Redraft by LAS
0.4	13/05/2024	Review of updated DPIA by FDP/NHSE IG Team
0.5	15/05/2024	Redraft by LAS
0.6	17/05/2024	Review of updated DPIA by FDP/NHSE IG Team
0.7	20/05/2024	Redraft onto new template by LAS
0.8	24/05/2024	Review of updated DPIA by FDP/NHSE IG Team
0.9	23/06/2024	Redraft of DPIA by LAS
0.10	23/06/2024	Review of updated DPIA by FDP/NHSE IG Team
0.11	26/06/2024	Redraft of DPIA with minor amendments
0.12	28/06/2024	Review of DPIA, set as final draft for release to DGG
0.13	02/07/2024	DGG comments
0.14	12/07/2024	Addressing DGG comments
0.15	12/07/2024	Clean version of DPIA for approval
0.16	22/07/2024	Updated to reflect NHSE comments
0.17	22/07/2024	Further updates to reflect NHSE review
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1.1	01/10/2024	Update to reflect new processing activity
1.2	01/11/2024	Updated to reflect DGG comments
1.3	04/11/2024	Updated to reflect NHSE comments
2.0	07/11/2024	Finalisation of document

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]	Assistant Director of IG (Digital Operations) Privacy, Transparency, and Trust Delivery Directorate NHS England	23/05/2024	0.1
[redacted]	Head of IG – FDP	28/06/2024	0.1- 0.12, 0.17, 1.0,1.3

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, NHSE	25/07/2024	0.17/1.0/1.3

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Purpose of this document

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

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

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

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

Defined Terms used in this DPIA

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

Standard wording in this DPIA

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

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

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

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

The aims of the Federated Data Platform (FDP)

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

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

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

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

The Federated Data Platform (FDP)

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

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

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

1. Better outcomes and experience for people

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

2. Better experience for staff

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

3. Connecting the NHS

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

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

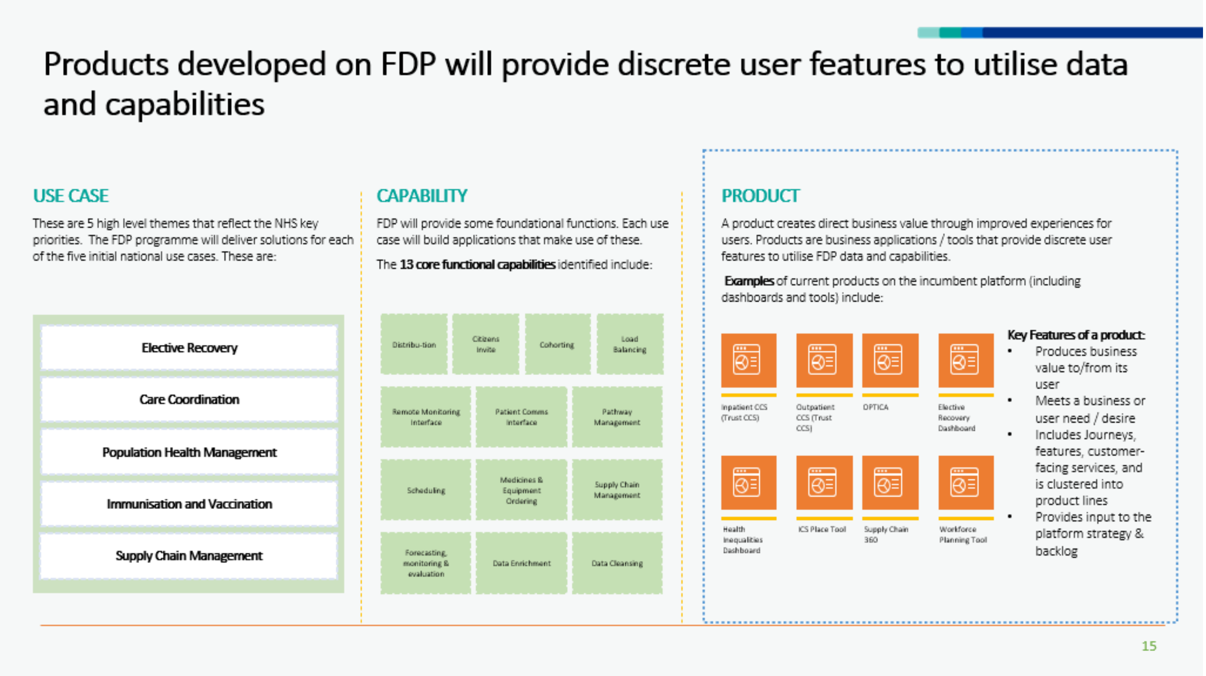
We want the NHS to be the best insight-driven health and care system in the world. This software will provide the foundation to improve the way that Data is managed and used across the NHS in England to transform services and save lives.

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

The ‘Product’ Data Protection Impact Assessment (DPIA)

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

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



Products developed on FDP will provide discrete user features to utilise data and capabilities

USE CASE

These are 5 high level themes that reflect the NHS key priorities. The FDP programme will deliver solutions for each of the five initial national use cases. These are:

- Elective Recovery
- Care Coordination
- Population Health Management
- Immunisation and Vaccination
- Supply Chain Management

CAPABILITY

FDP will provide some foundational functions. Each use case will build applications that make use of these.

The **13 core functional capabilities** identified include:

- Distribu-tion
- Citizens Invite
- Cohorting
- Load Balancing
- Remote Monitoring Interface
- Patient Comms Interface
- Pathway Management
- Scheduling
- Medicines & Equipment Ordering
- Supply Chain Management
- Forecasting, monitoring & evaluation
- Data Enrichment
- Data Cleansing

PRODUCT

A product creates direct business value through improved experiences for users. Products are business applications / tools that provide discrete user features to utilise FDP data and capabilities.

Examples of current products on the incumbent platform (including dashboards and tools) include:

- Inpatient CCS (Trust CCS)
- Outpatient CCS (Trust CCS)
- OPTICA
- Elective Recovery Dashboard
- Health Inequalities Dashboard
- ICS Place Tool
- Supply Chain 360
- Workforce Planning Tool

Key Features of a product:

- Produces business value to/from its user
- Meets a business or user need / desire
- Includes Journeys, features, customer-facing services, and is clustered into product lines
- Provides input to the platform strategy & backlog

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Key information about the Product

Purpose of the Product - Overview

This DPIA is to cover the use of My Clinical Feedback (MCF), an application for clinical learning and reflection to assist with the on-going care and treatment of patients accessing the London Ambulance Service, within Local FDP solutions at acute hospital and ambulance trusts.

Context

My Clinical Feedback relies on two-way data sharing between London Ambulance Service (LAS) and acute hospital systems, governed by local Data Sharing Agreements. An early pilot for this project was developed between Lewisham and Greenwich NHS Trust and LAS; since then, the Product has been deployed in North West London, supported by data from all acute Trusts in the North West London ICS. This existing Product is now transitioning from Foundry to FDP.

As well as transition to FDP, London Ambulance Service is now expanding the My Clinical Feedback programme to cover all of its operations and clinicians in the capital, with the support of all London acute Trusts. The NHS FDP, with its objectives to enable data sharing and scale innovations through common infrastructure, is the ideal platform to enable this application to increase its coverage across London, and (in future) to other parts of the country.

Purpose

The primary purpose of the Product is to enable acute providers to share information on the outcomes of the patients that they have treated with ambulance clinicians.

This will be a Product that links patient-level data across ambulance and acute providers, enabling paramedics to receive clinical feedback on the outcomes and associated treatments of patients they have attended. The My Clinical Feedback application will enable:

1. **Reflection on outcomes to support improvements in care.** Paramedics and frontline ambulance clinicians work at the front door of the urgent and emergency care system, taking decisions on the most appropriate pathway and conveyance destination for patients while also providing care. They are also the only clinicians in the UK who receive no routine feedback on the decisions they take for their patients. My Clinical Feedback changes this. It provides ambulance clinicians with information on the subsequent care, diagnosis and outcomes of their patients, empowering them to learn and improve the care they provide. This will assist in the on-going treatment of patients who regularly access the ambulance service as well as assisting in the improvement of care for patients requiring treatment by the ambulance service more widely.
2. **Specialisation of the paramedic workforce.** Specialisation of the paramedic workforce is an objective of the national workforce plan. Putting in place the mechanisms of clinical supervision, case discussion, morbidity and mortality reviews, all supported by a knowledge of patient outcomes, is integral to supporting this development of paramedics' capabilities. This will ensure that patients are treated by the most appropriate clinician in the most appropriate way.
3. **More effective and efficient urgent and emergency care (UEC) operations, with reduced pressure on emergency departments.** Empowering paramedics to learn from their actions, and to increasingly be better able to provide the right care at the right place, taking the most appropriate conveyance decisions, will lead to safer and more efficient care. Acute trusts may benefit from a reduction in the number of patients conveyed to A&E (~7%), who may have been more quickly and effectively treated in other settings of care. This information has been collected from the Acute sites that are currently using MCF only.
4. **Improving the welfare and experience of ambulance clinicians**. LAS' clinicians currently have no access to the outcomes of their patients, which leaves them wondering what happened to patients that they care about. As one example, a clinician has described how they 'once had a big job with a patient who lived in a house that I drive past every day. I don't know if [the patient] survived. I think about it all the time. I guess I always will.' Staff in the Product pilot have highly valued the 'closure' that providing outcomes for their patients can bring.

It is important to note that paramedics using the My Clinical Feedback Product are only able to view the outcomes of their own patients to improve patient pathways within the service as well as improving clinical knowledge.

Underpinning the Product is a linked UEC dataset, that provides an integrated view of the patient's journey through ambulance services, emergency departments and inpatient care, for te patients that the ambulance service treats. Beyond the clinical feedback application, there are secondary uses for this data: to support clinical and operational leadership to have better strategic visibility on urgent and emergency care, to monitor the effectiveness of existing pathways, and to design improvements to these pathways, to improve the quality and efficiency of care provided to patients using ambulance services. Any and all further analysis outside of the clinical team on the UEC dataset, or provision of dashboards to support clinical and operational leaders, would produce outputs that are anonymous and aggregated, not containing confidential patient information.

Update – October 2024

This DPIA has been updated to reflect the addition of a 3rd party processor (Mckinsey).

In addition to being the Processor for the FDP Platform, Palantir, will be a sub-processor for this Product on behalf of Mckinsey. There is a DPA in place for the specific Processing carried out within this Product between Mckinsey and Palantir which details this sub-processing arrangement.

LAS contracts McKinsey & Company (‘McKinsey’), with Palantir as their sub-contractor, to deploy (install) the software, perform the engineering to implement these data processing steps, and to continue to provide troubleshooting for the product and its supporting data pipelines.
This means that:

- Engineers from McKinsey and Palantir validate the input data from acute trusts and LAS in steps (1) and (3) (by creating aggregate quality control summary reports)
- engineers from McKinsey and Palantir operate as processors within acute trusts’ FDP environments to deploy and validate the software that performs steps (2) and (4),
- Palantir engineers implement the sharing of filtered acute data between FDP instances of the acute trusts and LAS in step (5)
- engineers from McKinsey deploy and validate the software on LAS’ FDP environment that performs step (6), makes data available to users in the applications (7,8),
- Engineers from LAS and McKinsey may perform step (9), working with the joint UEC dataset to create aggregate reports

Finally, engineers from McKisney and Palantir may troubleshoot any issues in the data or software, in steps (1)-(9), that cannot be solved or reproduced on test data, and deploy updates to the software pipelines to resolve these issues.

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 pathway, 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.
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	☒	For Data ingested into the FDP to create the Product For Data ingested into the Product to create the Product For Data displayed or shared with users of the Product
Pseudonymised Data	☐	
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	☐	
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.

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

During Product development a robust, user-centric approach was employed to understand and prioritise the needs and preferences of users.

This involved developing a clear understanding of users' needs, desires, pain points, and motivations through in-depth interviews. The design team created user personas, and maps of current and future user journeys. These formed inputs into co-creative working groups that informed the design of the application – while always being guided by the notion that we maintain *patient outcomes above all*, to help focus us the ideation and prioritisation.

Product prototypes were iteratively tested with this working group in North West London. User feedback from testing sessions shaped a clear future state, and helped to ensure that the most important functionality was designed correctly. This approach was seen as successful, reducing the risk of re-development, and building a sense of shared achievement all stakeholder groups. This did not include patient user groups.

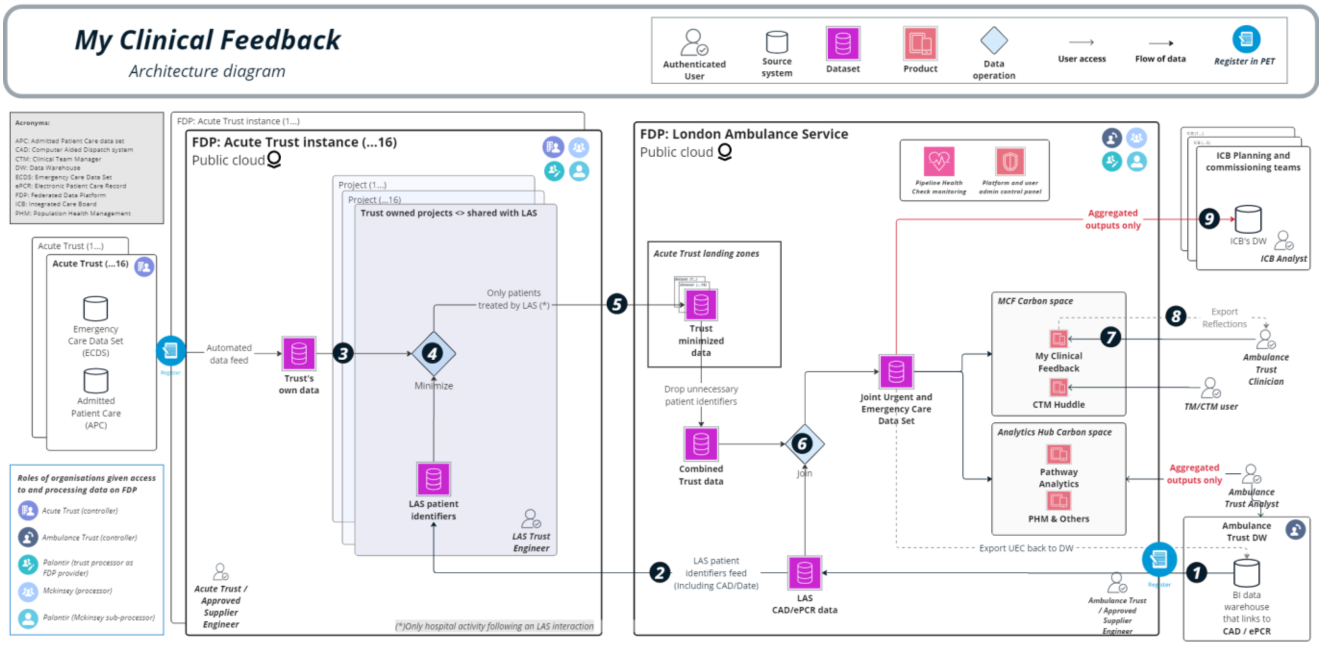
Features
Through collaboration with users it was discovered several pieces of functionality would be important to transform their way of working and learning:

- The ability to investigate, evaluate, and understand if the care decisions they made for patients were the best choices they could have made.
- Making data available in an easy to use, intuitive, and quick-to-review experience, enabling clinicians to review whether alternative care pathways or decisions would be more appropriate for similar cases in the future.
- Providing the Product to clinicians on their LAS iPads while out on / between calls, making data and reflection habits accessible, this also has 2 factor authentication for access.
- Regular, operations-focused, constructive feedback about their performance and areas to improve from team managers, based on aggregated data rather than case specific feedback.
- Instead of annual / semi-annual reports, clinicians having access to continual snapshots of their work and where (and across what themes) they could benefit from learning and development.
- Clinicians have mentioned this will become the perfect "starting point" for discussions with their clinical team managers on jobs they've had questions on or where they could benefit from help.
- A starting point for clinical discussions where users could call back on questions they had and ask for thoughts / collaboration across conversations with managers and other colleagues.
- Clinicians, data now at hand, can *save* cases within the app for later review and discussion. ('Starring' a patient will make this record appear in the 'My Starred Patients' page.) This enables the standard mechanisms of clinical development in other clinical professions to be practiced in the ambulance sector: in which clinicians can discuss cases anonymously with clinical supervisors, or in peer case reviews, or as part of morbidity and mortality reviews.

- An easily accessible portfolio of their work over a set time, together with clinicians' own reflections on these cases.
- The ability to automate and speed up the process of recording evidence of continuous professional development, or portfolios of work that support professional qualification, by enabling the export to PDF of a clinician's case reflections, recorded in-app, together with *anonymous* information on the patient. (This is a process required of all clinicians, and they typically type up their case notes and reflections manually.) [*forthcoming feature*]
- A space, through the forthcoming *Initiatives* page, for clinicians to review cases automatically flagged as pertaining to themes highlighted by LAS, eg. During mental health awareness week, "which of my patients over the last 90 days might have been relevant, considering mental health issues, and how might this have changed given this understanding".

Although there has been no direct consultation with LAS patients regarding this Product here has been discussion with wider patient engagement groups where this Product has been well received

2. Data Flow Diagram


My Clinical Feedback
Architecture diagram
Authenticated User
Source system
Dataset
Product
Data operation
User access
Flow of data
Register in PET
Acronyms:
APC: Admitted Patient Care data set
CAD: Computer Aided Dispatch system
CTM: Clinical Team Manager
DW: Data Warehouse
ECDS: Emergency Care Data Set
ePCR: Electronic Patient Care Record
FDP: Federated Data Platform
ICB: Integrated Care Board
PHM: Population Health Management
Acute Trust (1...)
Acute Trust (...16)
Emergency Care Data Set (ECDS)
Admitted Patient Care (APC)
Roles of organisations given access to and processing data on FDP
Acute Trust (controller)
Ambulance Trust (controller)
Palantir (trust processor as FDP provider)
Mckinsey (processor)
Palantir (Mckinsey sub-processor)
FDP: Acute Trust instance (1...)
FDP: Acute Trust instance (...16)
Public cloud
Register
Automated data feed
Trust's own data
3
Project (1...)
Project (...16)
Trust owned projects <> shared with LAS
4
Minimize
Only patients treated by LAS (*)
LAS patient identifiers
LAS Trust Engineer
Acute Trust / Approved Supplier Engineer
(*)Only hospital activity following an LAS interaction
5
FDP: London Ambulance Service
Public cloud
Pipeline Health Check monitoring
Platform and user admin control panel
Acute Trust landing zones
Trust minimized data
Drop unnecessary patient identifiers
Combined Trust data
6
Join
Joint Urgent and Emergency Care Data Set
Aggregated outputs only
MCF Carbon space
My Clinical Feedback
CTM Huddle
7
Analytics Hub Carbon space
Pathway Analytics
PHM & Others
Export UEC back to DW
2
LAS patient identifiers feed (Including CAD/Date)
LAS CAD/ePCR data
Ambulance Trust / Approved Supplier Engineer
ICB Planning and commissioning teams
9
ICB's DW
ICB Analyst
8
Export Reflections
Ambulance Trust Clinician
TM/CTM user
Aggregated outputs only
Ambulance Trust Analyst
Ambulance Trust DW
1
BI data warehouse that links to CAD / ePCR

(See section 3 for a description of this flow, with reference to the numbered points on this diagram.)

- Engineers from McKinsey and Palantir validate the input data from acute trusts and LAS in steps (1) and (3) (by creating aggregate quality control summary reports)
- engineers from McKinsey and Palantir operate as processors within acute trusts' FDP environments to deploy and validate the software that performs steps (2) and (4),
- Palantir engineers implement the sharing of filtered acute data between FDP instances of the acute trusts and LAS in step (5)

- engineers from McKinsey deploy and validate the software on LAS' FDP environment that performs step (6), makes data available to users in the applications (7,8),
- Engineers from LAS and McKinsey may perform step (9), working with the joint UEC dataset to create aggregate reports

3. Description of the Processing

Preparation of the ambulance data within LAS (not shown on diagram)

In their BI warehouse, that draws from the ambulance dispatch systems (Computer Aid Dispatch (CAD)) and electronic patient record (Emergency Patient Care Record (ePCR)), LAS holds information on each incident and individual patient. This includes:

- The conclusion of the call handler on what is wrong with the patient ('Medical Priority Dispatch System (MPDS) pathway') and the category of the incident
- the time and location of the incident, and details of the patient
- the clinicians' record of their impressions, and any interventions performed or medications given
- the pathway decision of the clinical team (i.e. to convey, or other services the patient was referred into)
- and details of the conveyance destination

Each patient-incident is separately identified in the dataset, and assigned a 'CAD' number and date.

Matching of LAS clinicians to each patient record at LAS

Within their BI warehouse, LAS append to each incident the identities of the clinicians who attended the patient.[1] This relies on a routine link between the CAD system that routes vehicles to incidents, the vehicle call-sign, and the staff roster that matches staff to vehicles. (This step enables the application to only show relevant patients to an authenticated user who logs into the 'My Clinical Feedback app.)

This then forms the 'ambulance data.' A full schema is provided later in this document.

Joining of the acute hospital data to the ambulance data

1. Ambulance data is uploaded into LAS' FDP (and registered in PET if necessary)

2. A list of identifiers of all LAS patients, such as NHS Number/CAD Number, Name and Date of Birth (DoB), is shared with each acute trust, to enable only the appropriate set of patients to be sent by the acutes (step 4, below)

[1] The CAD system provides separate numbers for each *patient*, not each incident, even in an incident with multiple patients. Multiple clinicians frequently attend an incident. All of their email IDs are appended by LAS to each row in the dataset, so they can all access the patient record.

3. Trust ECDS and APC data are uploaded into each acute Trust's FDP (and registered in PET if necessary)

4. This data are filtered within the Trust FDP using the identifiers from (2) to limit the data to:

Emergency department (ED) records for:

- Patients conveyed to an acute setting by LAS
- Patients who walk in or otherwise attend ED, but who had a previous interaction with LAS in the preceding 2 weeks. (This allows patients who walk into ED after a hear-and-treat or see-and-treat interaction with LAS to be linked to ambulance data, in addition to patients who were conveyed. These patient groups are of interest, because they potentially could have been conveyed on the first interaction with LAS.)

Inpatient records for:

- Follow-on episodes for the same patients, who are admitted to hospital from the emergency department
- Patients who are directly admitted to hospital on arrival in an ambulance (e.g. for some maternity and cardiac pathways)

5. Filtered acute data are shared from the acute trust's FDP to LAS' FDP

6. The acute hospital records are joined back to the ambulance data using the CAD/Date key. This is done to append relevant incident information that was excluded from the feed sent to trusts, for data minimisation principles.

Provision of the ambulance data to users

7. Clinical data is presented to users through the web-app My Clinical Feedback. Row-level access controls on the data within the Product ensure a patient record can only be displayed to users who are part of that patient's clinical care team: attended that patient on-scene. For each record presented in the Product, clinicians can use a combination of the 'CAD' number (created by the Computer Aided Dispatch (CAD) system for ambulances), and the incident date, to recall which patient is described.

8. Users are able to record their own reflections on each case within the Product. They can then [in a forthcoming feature] export a summary of an individual case as a pdf, to include within their record of continuous professional development, or as part of their portfolio of work to meet professional qualifications. These exported pdfs are strictly limited in what they contain, to an entirely anonymous summary of the case: they contain the details of the presenting conditions, care provided, and outcomes (from the interaction with the ambulance service and any linked episode in hospital). They also contain patient gender and age, but no other patient identifiers (no CAD number, no locations or conveyance destinations, and no exact dates - only month/year of the incident). This reproduces the manner in which a clinician would typically write up a case for their portfolio. A full list of the fields included in this export functionality is attached as an appendix.

9. Once acute trusts share data with LAS for this Product, and they are linked to form a joint UEC dataset for the purposes of Direct Care, there is scope for secondary purposes within LAS: LAS creates a view of the data for secondary purposes, that excludes clear patient identifiers from the dataset, that can then be used within LAS to support further uses such as pathway analytics, so long as all outputs are presented in aggregated form to users. LAS can provide access to aggregate dashboards to clinical and operational leaders in LAS, acute trusts and ICBs, so long as the underlying identifiable data is not made available.

4. Purpose of Processing Personal Data for this Product

The primary purpose of processing personal data for this product is to enable LAS clinical staff to be able to see their patients' clinical outcomes, and to learn from these to improve the care they provide on-scene. As a result of paramedics' ability to better learn and take more effective decisions, patients should receive better care, in the right place at the right time, more often: treated on scene by more able and more specialised paramedics, and taken to the most appropriate location for further treatment. It is expected in particular that the number of patients taken to the emergency department who do not need to be there should reduce.

This purpose is met in two ways:

1. Through the provision of the My Clinical Feedback Product , described below
2. By providing outcomes information, on aggregate across patients, to the clinical supervisors (who assure the quality of care that front-line clinicians provide), through the CTM Huddle application

In addition, once the joint UEC dataset is formed for this purpose, LAS intends to make further use of it to provide strategic visibility on, and design improvements to, the emergency pathway for patients using ambulance services.

My Clinical Feedback

Currently, there is no existing end-to-end view of the UEC pathway and there is a lack of visibility between emergency service and emergency departments. This leads to strategic, operational, and clinical challenges. At an operational level, ambulance services and paramedics do not know what happens to patients after they attend, and therefore have no method to improve performance.[2] For paramedics, this absence of follow-up limits understanding of outcomes resulting from their clinical decisions made on scene.

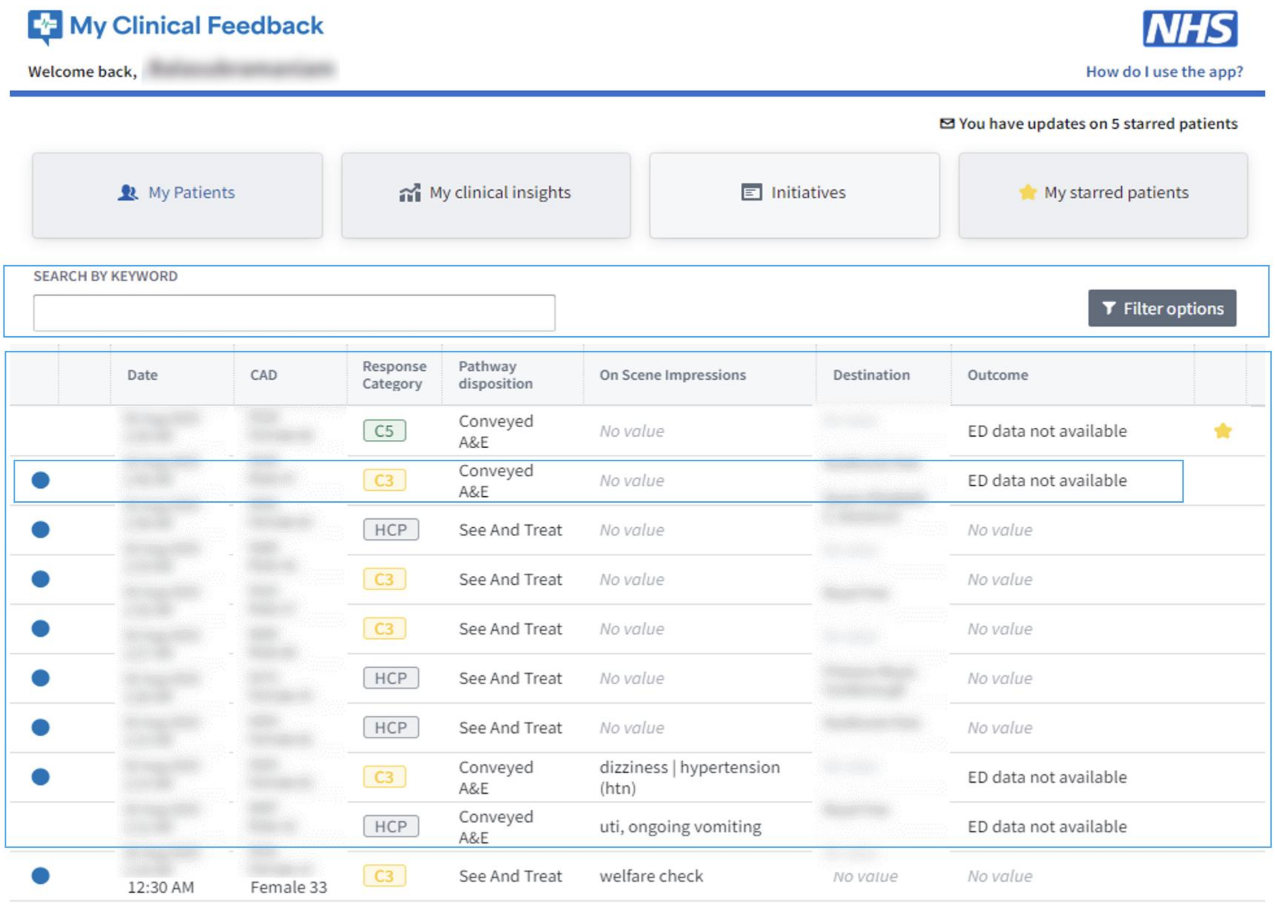
The London Ambulance Service (LAS) is looking to improve patient care by increasing the efficiency and effectiveness of paramedic learning by providing visibility into patient clinical outcomes and treatments through the development of My Clinical Feedback. This will then support the Trust in their purpose of managing healthcare services, as it is hoped the

[2] There is now work, led by NHS England, to link emergency care data to ambulance data, to form an 'Ambulance Data Set.' However, this lacks the connection to admitted care data – where the diagnoses and outcomes of the most ill patients are recorded – and is not available on a 24-hour latency. It cannot (yet) support this purpose and application. In future, the application could shift its data inputs as the ambulance data set evolves.

learning feedback to paramedics will see a fall in A&E admissions and positive change in conveyancing results.

Find your patients dashboard

The first dashboard shows all your recent patients on the “My patients” homepage. Move between tabs along the top to find patients, review your clinical insights, and keep all your starred patients in one place to discuss in a team huddle



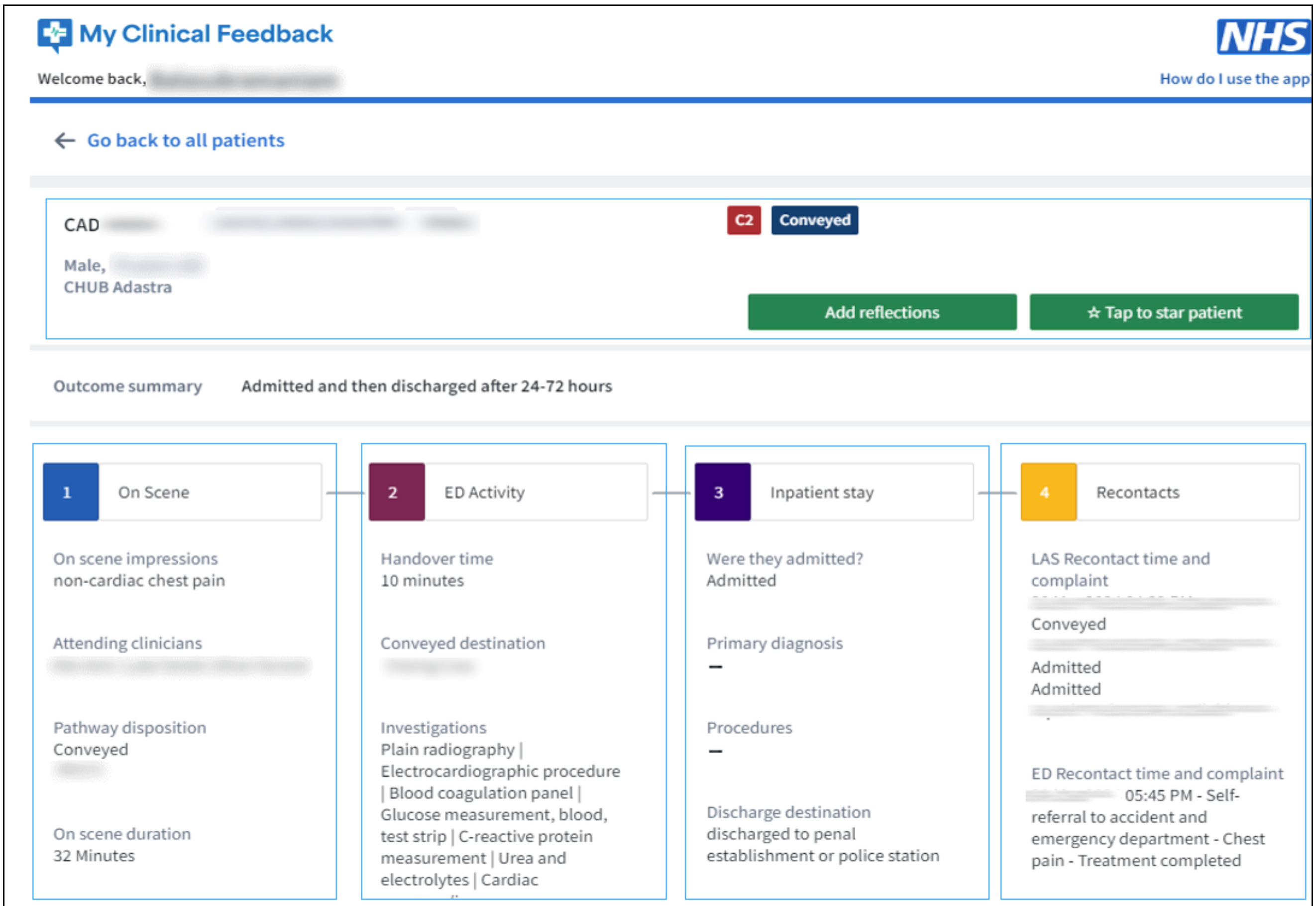
Welcome back, [redacted]

✉ You have updates on 5 starred patients

	Date	CAD	Response Category	Pathway disposition	On Scene Impressions	Destination	Outcome	
	[redacted]	[redacted]	C5	Conveyed A&E	No value	[redacted]	ED data not available	★
●	[redacted]	[redacted]	C3	Conveyed A&E	No value	[redacted]	ED data not available	
●	[redacted]	[redacted]	HCP	See And Treat	No value	[redacted]	No value	
●	[redacted]	[redacted]	C3	See And Treat	No value	[redacted]	No value	
●	[redacted]	[redacted]	C3	See And Treat	No value	[redacted]	No value	
●	[redacted]	[redacted]	HCP	See And Treat	No value	[redacted]	No value	
●	[redacted]	[redacted]	HCP	See And Treat	No value	[redacted]	No value	
●	[redacted]	[redacted]	C3	Conveyed A&E	dizziness | hypertension (htn)	[redacted]	ED data not available	
	[redacted]	[redacted]	HCP	Conveyed A&E	uti, ongoing vomiting	[redacted]	ED data not available	
●	[redacted] 12:30 AM	[redacted] Female 33	C3	See And Treat	welfare check	No value	No value	

Treatments and Outcomes dashboard

This dashboard provides a more complete view on the patient’s treatment and outcomes, drawing on data from ambulance service and hospital trusts. The data linkage allows the identification of patients that interacted with LAS but were not directly conveyed, such as recontacts and later walk-ins, so paramedics can reflect on the level of care provided during the initial interaction, this means that the care provided at initial interaction can be improved on in any future interactions.



Welcome back, [redacted]

CAD [redacted] [redacted]

Male, [redacted]
CHUB Adastra

Outcome summary Admitted and then discharged after 24-72 hours

1 On Scene

On scene impressions
non-cardiac chest pain

Attending clinicians
[redacted]

Pathway disposition
Conveyed
[redacted]

On scene duration
32 Minutes

2 ED Activity

Handover time
10 minutes

Conveyed destination
[redacted]

Investigations
Plain radiography | Electrocardiographic procedure | Blood coagulation panel | Glucose measurement, blood, test strip | C-reactive protein measurement | Urea and electrolytes | Cardiac

3 Inpatient stay

Were they admitted?
Admitted

Primary diagnosis
–

Procedures
–

Discharge destination
discharged to penal establishment or police station

4 Recontacts

LAS Recontact time and complaint
[redacted]
Conveyed
[redacted]
Admitted
Admitted
[redacted]

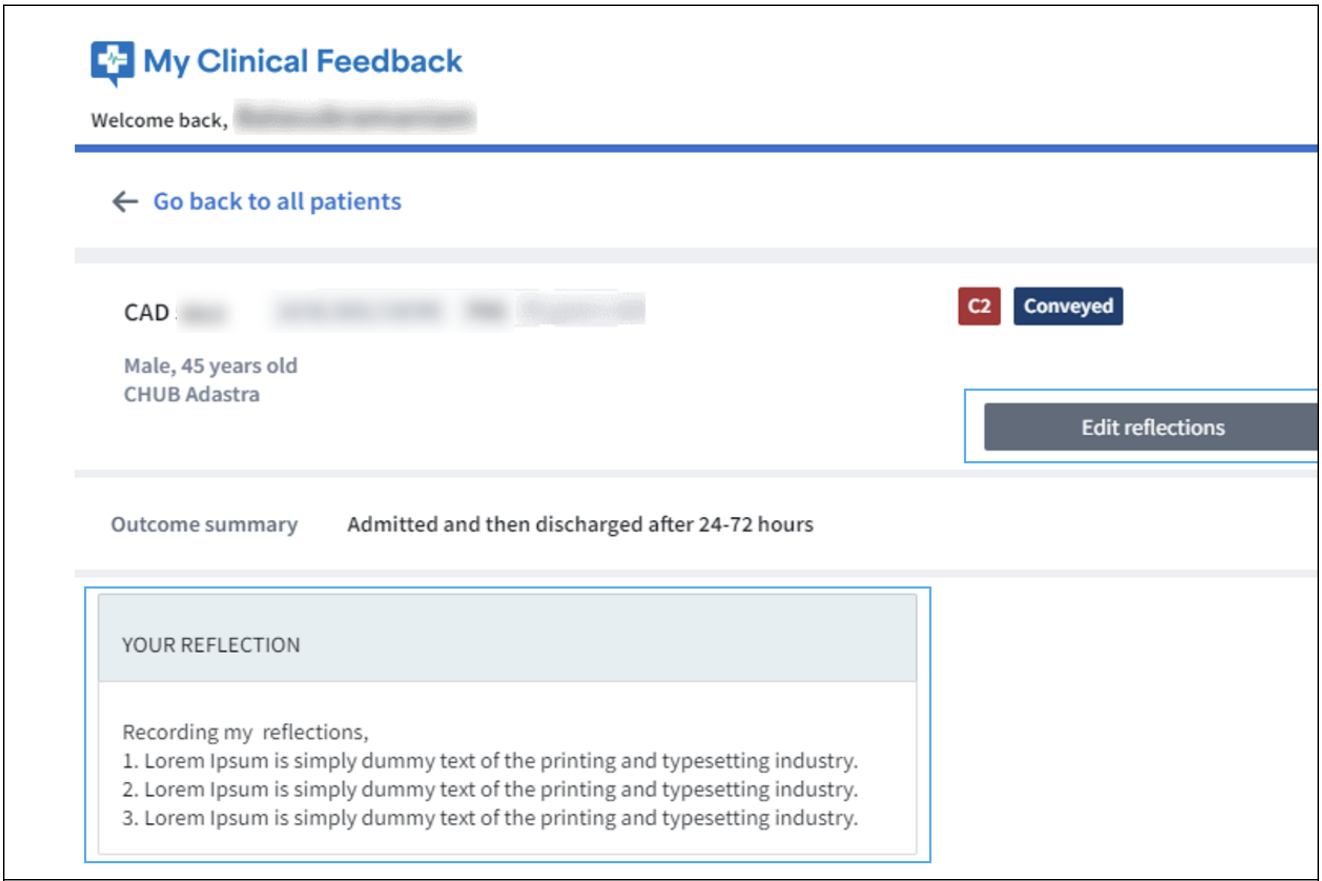
ED Recontact time and complaint
[redacted] 05:45 PM - Self-referral to accident and emergency department - Chest pain - Treatment completed

Adding and exporting reflections

This dashboard provides a space to star patients for a later review, record self-reflections of the case and enable paramedics to revisit complex cases with their managers or during a team huddle, all within the application. This will allow for better care planning for future interactions.

Paramedics can efficiently prepare for portfolio evaluations with the Products exporting feature, which allows case preparation using reflection templates and anonymized data fields such as incident year, incident month, patient's age and gender, clinical impressions, MPDS determinant from call, on-scene activity, outcomes in hospital, recontacts, and the paramedic's own reflection on the case. Direct identifiers, and any data that could lead to patient re-identification (such as locations, dates, unique identifiers, conveyance destinations) are excluded from the reports. This function allows for better service evaluation which is an integral part of direct care.

This feature allows clinicians to make a copy of their patient's clinical records, when needed to evidence their training and continuous professional development but ensures that clinicians are able to remove information which could identify the patient. It is the clinician's responsibility not to identify the patient in any of the reflections that they write themselves, as it would be in any other record they make for their development.



My Clinical Feedback

Welcome back, [redacted]

Go back to all patients

CAD [redacted]

Male, 45 years old
CHUB Adastra

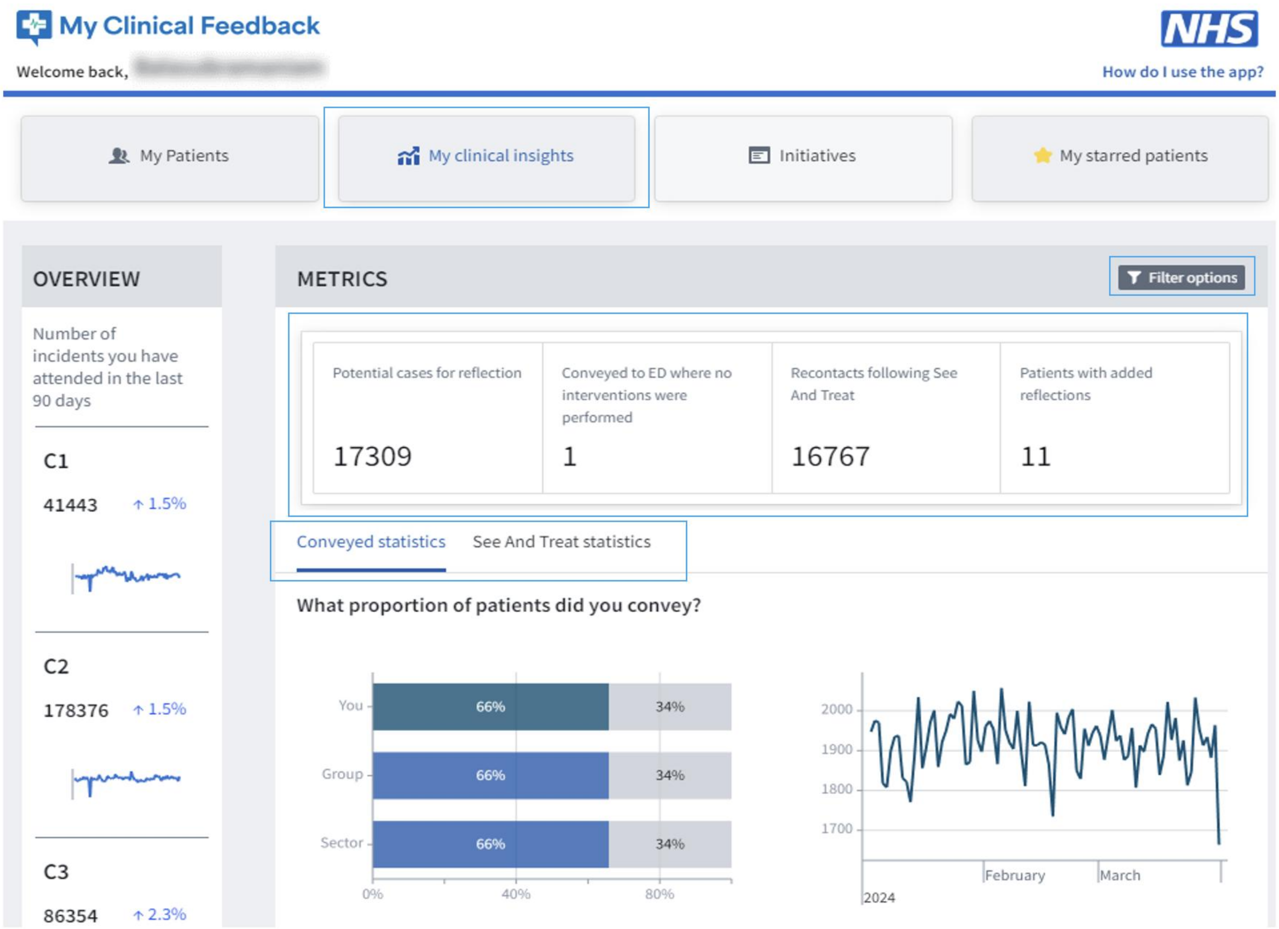
Outcome summary: Admitted and then discharged after 24-72 hours

YOUR REFLECTION

Recording my reflections,
1. Lorem Ipsum is simply dummy text of the printing and typesetting industry.
2. Lorem Ipsum is simply dummy text of the printing and typesetting industry.
3. Lorem Ipsum is simply dummy text of the printing and typesetting industry.

My Clinical Insights dashboard

This dashboard allows clinicians to view statistics and deep dive into patients with outcomes for reflections, and dynamic filters can be applied so that charts reflect specific cohorts of patients.



Welcome back, [redacted]

OVERVIEW

Number of incidents you have attended in the last 90 days

C1

41443 ↑ 1.5%

C2

178376 ↑ 1.5%

C3

86354 ↑ 2.3%

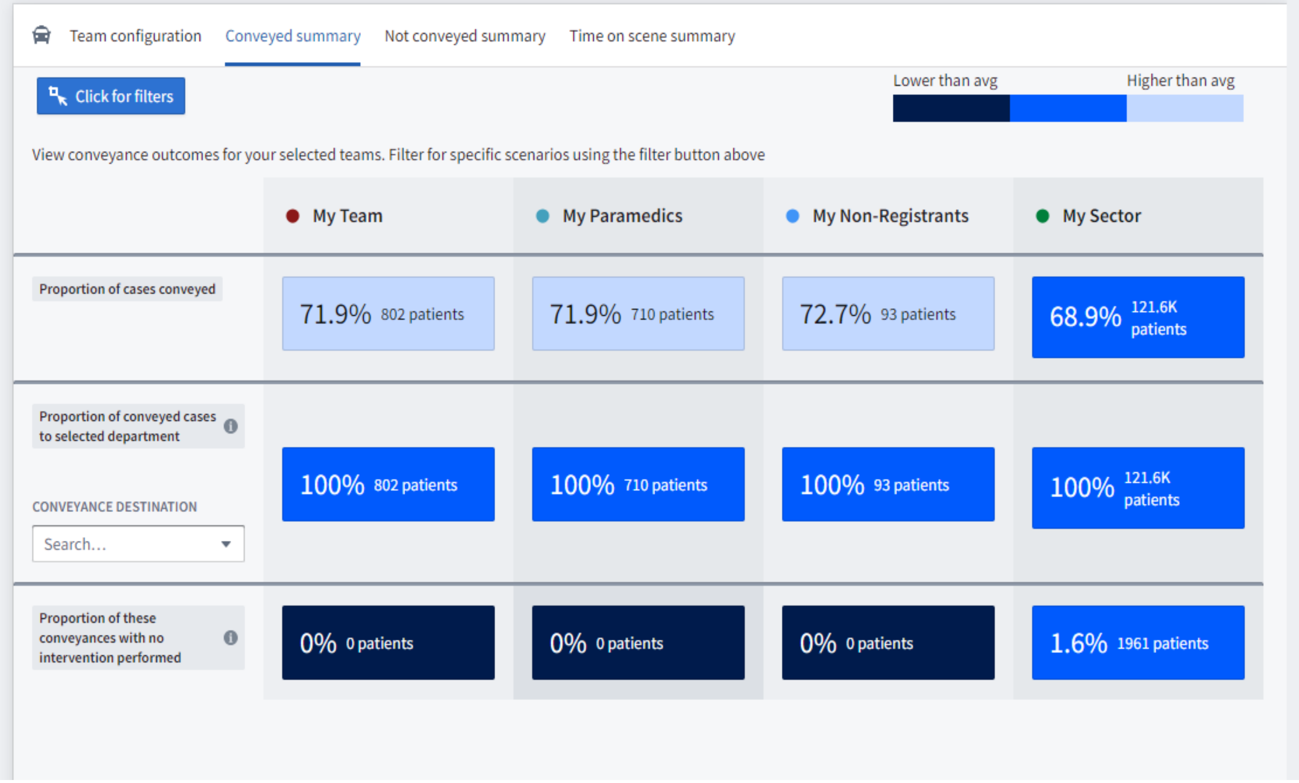
METRICS

Potential cases for reflection	Conveyed to ED where no interventions were performed	Recontacts following See And Treat	Patients with added reflections
17309	1	16767	11

Conveyed statistics | See And Treat statistics

What proportion of patients did you convey?

CTM Huddle application for clinical team managers



View conveyance outcomes for your selected teams. Filter for specific scenarios using the filter button above

	● My Team	● My Paramedics	● My Non-Registrants	● My Sector
Proportion of cases conveyed	71.9% 802 patients	71.9% 710 patients	72.7% 93 patients	68.9% 121.6K patients
Proportion of conveyed cases to selected department	100% 802 patients	100% 710 patients	100% 93 patients	100% 121.6K patients
Proportion of these conveyances with no intervention performed	0% 0 patients	0% 0 patients	0% 0 patients	1.6% 1961 patients

CTM Team Huddle is a separate application that enables Clinical Team Managers to review clinical outcome summaries of the paramedics and non-registrants within their team. Looking in aggregate across their team, they can view the summary outcomes and metrics for different pathways, with a comparison to average scores across all teams in their sector. All data displayed to managers is anonymous, in aggregate form, and always averaged across all patients that their team treats. For CTM dashboard to display any performance metrics, the team size needs to be of at least 5 clinicians.

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** *The highlighted text are the most identified risks in the programme. Please amend and delete as appropriate and add Product specific risks.*
1	There is a risk that Personal Data will be processed beyond the appropriate retention period.
2	There is a risk that insufficient organisational measures are in place to ensure appropriate security of the Personal Data (e.g. policies, procedures, training, disciplinary controls).
3	There is a risk that insufficient technical measures are in place to ensure appropriate security of the Personal Data (e.g. encryption, access controls).
4	There is a risk that data could be deliberately breached by an internal bad actor
5	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 by the Trust.
6	There is a risk of failure to provide appropriate transparency information to the data subject by the Trust.
7	There is a risk that the linkage algorithm is performed incorrectly, and data are disclosed to the wrong user.
8	There is a risk of users appending or changing patient's personal medical record
9	There is a risk that clinicians do not render outputs anonymous.

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 2S 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?

Statutory Authority

Name of Source Dataset(s) and System Source	Statutory Authority for collection of Source Datasets	Statutory Authority for Processing Dataset within the Product	Statutory Authority for sharing Data through the Product
ECDS/OPA/APC	**NHS Act 2006**	**NHS Act 2006**	**NHS Act 2006**
LAS Dataset	**NHS Act 2006**	**NHS Act 2006**	**NHS Act 2006**

Legal basis under UK GDPR & Data Protection Act 2018 (DPA 2018):
Article 6 – Personal Data
To be completed by the Controller – examples below. If more than one, then explain what Processing activity or Data the legal basis applies to.

- [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].

Common Law Duty of Confidentiality

- It is considered this purpose of processing and disclosure from the NHS Trust to LAS is for the purpose of Direct Care, and as such, implied consent can be relied upon to permit the disclosure under the common law duty of confidentiality. Direct Care is defined within the 2013 Caldicott Report: Information, to share or not to share as:

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.

- It is considered therefore that the use of the My Clinical Feedback app by LAS clinical staff falls within scope of 'Direct Care', specifically in relation to the measurement of outcomes by healthcare professionals with a legitimate relationship to the individual.

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 empower LAS paramedics to better understand the implications of their treatment and conveyance decisions, and support their learning and development to improve the care they provide. This falls within FDP's aim to improve the effective co-ordination and delivery of care.

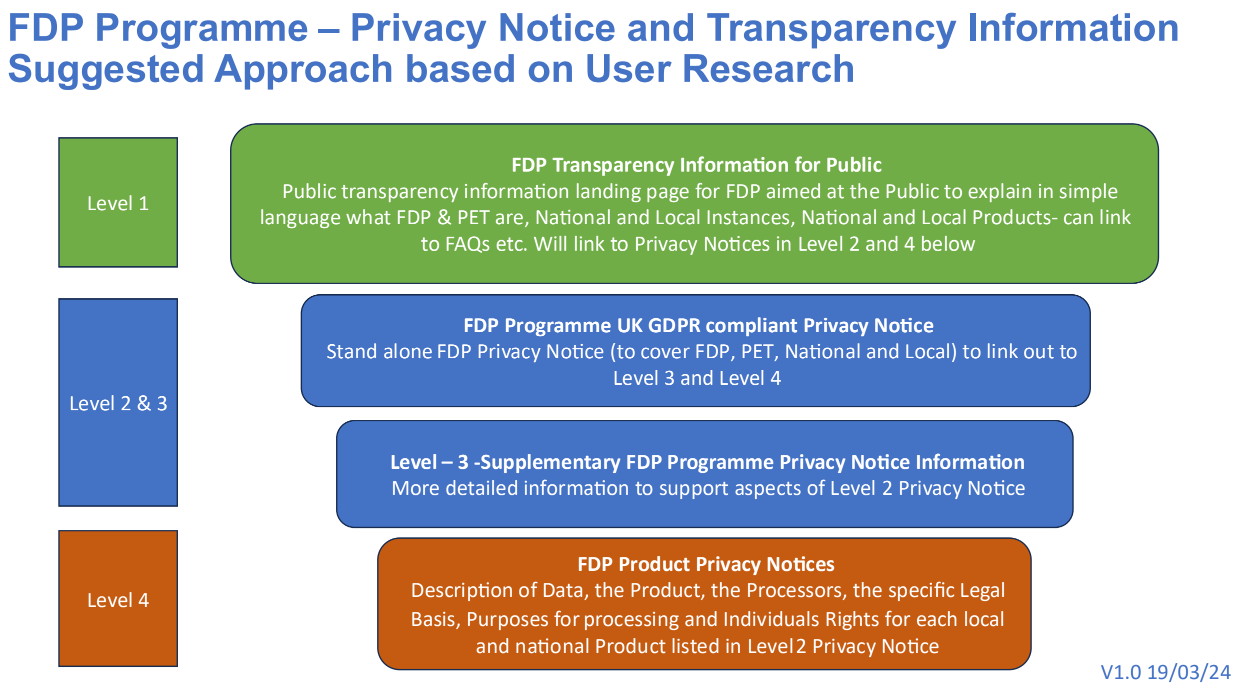
As a result of paramedics' ability to better learn and take more effective decisions, patients should receive better care, in the right place at the right time, more often: treated on scene by more able and more specialised paramedics, and taken to the most appropriate location for further treatment. It is expected in particular that the number of patients taken to the emergency department who do not need to be there should reduce.

Reducing un-necessary conveyances should also reduce the total costs of the health system, reducing the burden on the tax payer.

No adverse impact is expected on patients whose data are shared, linked and made available in the application.

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 published on the NHSE website 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

Level 1

FDP Transparency Information for Public
Public transparency information landing page for FDP aimed at the Public to explain in simple language what FDP & PET are, National and Local Instances, National and Local Products- can link to FAQs etc. Will link to Privacy Notices in Level 2 and 4 below

Level 2 & 3

FDP Programme UK GDPR compliant Privacy Notice
Stand alone FDP Privacy Notice (to cover FDP, PET, National and Local) to link out to Level 3 and Level 4

Level – 3 -Supplementary FDP Programme Privacy Notice Information
More detailed information to support aspects of Level 2 Privacy Notice

Level 4

FDP Product Privacy Notices
Description of Data, the Product, the Processors, the specific Legal Basis, Purposes for processing and Individuals Rights for each local and national Product listed in Level2 Privacy Notice

V1.0 19/03/24

Trust Specific Transparency Information
In addition to the above, we have also published the following information about FDP and the Product on our website: London Ambulance Service privacy notice

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

A detailed description of the flow is described above. In summary, the initial processing of Personal Data occurs within the NHS Trust FDP instance, where the NHS Trust will transfer their clear data. LAS, from their FDP instance, will send clear patient identifiers (excluding clinical data) over to the NHS Trust. On the NHS Trust FDP instance, data undergoes a data minimization exercise: both datasets are cross-referenced to identify only hospital activity that follows an LAS interaction. The matched hospital data is then transferred to LAS tenant using a shared project space, fully owned by the Trusts where LAS has been granted access (same method used to send the identifiers above). The items listed below are therefore only the initial transfers to the local Trust FDP Product. The information below describes the patient details used between the NHS Trust and LAS identify the data to be shared.

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	Yes	Data is required to support linkage, particularly to identify patients with missing NHS Number
Address	No	
Postcode	Yes	Data is required to support linkage, particularly to identify patients with missing NHS Number
Date of Birth	Yes	Data is required to support linkage, particularly to identify patients with missing NHS Number
Age	Yes	Data is required to support linkage, particularly to identify patients with missing NHS Number
Sex	Yes	Data is required to support linkage, particularly to identify patients with missing NHS Number
Gender	No	
Marital Status	No	
Living Habits	No	
Professional Training / Awards / Education	No	
Email Address - Patient	No	
Email Address - Staff	Yes	The staff attending incidents are identified in the data by their email address; this links to their authenticated identity on the platform when they view the application.
Physical Description	No	
General Identifier e.g. NHS No	Yes	Needed to match patient records
Home Phone Number	No	
Online Identifier e.g. IP Address/Event Logs	No	
Mobile Phone No – Patient	No	
Mobile Phone / Device No / IMEI No - Staff	No	
Location Data (Travel / GPS / GSM Data)	No	
Device MAC Address (Wireless Network Interface)	No	
Spare – add Data item (as necessary)		
Spare – add Data item (as necessary)		
Special Category Data	es/No	
Physical / Mental Health or Condition, Diagnosis/Treatment	Yes	*This is outcome data of patients who the paramedics have treated*
Sexual Life / Orientation	No	
Religion or Other Beliefs	No	
Racial / Ethnic Origin	Yes	This is needed for patient segmentation during outcome analysis
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 for this Product:

Data provided by ambulance service

Field	**Field Type**

patient_details_postcode	Patient Identifiers
patient_details_lsoa_code	Patient Identifiers
patient_details_age	Patient Identifiers
patient_details_gender	Patient Identifiers
patient_details_nhs_number	Patient Identifiers
patient_details_forename	Patient Identifiers
patient_details_surname	Patient Identifiers
patient_details_dob	Patient Identifiers
patient_details_sub_postcode	Patient Identifiers
deprivation_category	Patient clinical details
Comorbidities	Patient clinical details
frailty_score	Patient clinical details
Emails	Paramedic details
hcp_ift_calls	Incident timestamps
call_source	Incident timestamps
call_connect	Incident timestamps
call_answered	Incident timestamps
time_triage_outcome_reached	Incident timestamps
call_concluded	Incident timestamps
Dispatch	Incident timestamps
vehicle_activated	Incident timestamps
arrived_on_scene	Incident timestamps
eprrecord_head_id	Incident identifiers
Pk	Incident identifiers
incident_id	Incident identifiers
cad_number	Incident identifiers
conveying_callsign	Incident identifiers
time_left_scene	Incident duration
Destination	Incident destination
arrived_at_hospital	Incident destination
patient_handover	Incident destination
conveyance_destination	Incident destination
referral_destination	Incident destination
incident_location_vehicle	Incident destination
clinical_impressions	Incident clinical information
snomed_name	Incident clinical information
observations_list_news2_risk	Incident clinical information
observations_list_pain	Incident clinical information
treatment_care_plan	Incident clinical information
top_epr_impressions_list	Incident clinical information
epr_medications_list	Incident clinical information
epr_interventions_list	Incident clinical information
triage_outcome_through_pathways_or_mpds	Incident classification
response_categorisation	Incident classification

Referral	Incident classification
hear_and_treat	Incident classification
see_and_treat	Incident classification
disposition_outcome_non_conveyance_discharge_reasons_clinical_discussion_summary	Incident classification
department_type	Incident classification
Disposition	Incident additional details
vehicle_green_time	Incident additional details
number_of_vehicles_assigned	Incident additional details
type_of_vehicles	Incident additional details
transporting_vehicles	Incident additional details
number_of_associated_calls	Incident additional details
number_of_vehicles	Incident additional details
number_of_paramedics	Incident additional details
first_responding	Incident additional details
double_crewed_ambulance_attending	Incident additional details
solo_responder_attending	Incident additional details
other_attending	Incident additional details
Pre_Alert	Incident additional details
mpds_pathway_category	Incident additional details
mpds_pathway_description	Incident additional details
mpds_pathway_category_bkp	Incident additional details
pathway_grouping	Incident additional details
pathway_referral_groupings	Incident additional details
pathway_grouping_order	Incident additional details
disposition_description	Incident additional details
disposition_abbreviations	Incident additional details

Data needed from Acute Trusts

See attached schema.
Acute Data Specification

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

There are several data processors, and some of them take multiple roles for the deployment of this product, in the provision of infrastructure, the development of the software, and the engineering support to deploy this software

- **The infrastructure (FDP tenants at the acute trusts and LAS) is provided by Palantir.** The Platform Contractor (Palantir) is a Processor acting on behalf of the Trust as a Controller in relation to Processing 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]

- **The software (data processing pipelines, applications) are licensed from McKinsey & Company.** Data pipelines that form part of the product are deployed both at LAS, and in the acute trusts. The applications (for use by clinicians) are deployed at LAS. The software product is developed by McKinsey & Company on dummy datasets in an entirely separate development environment, with no contact to NHS patient data. No confidential personal data is provided to, or shared with, the software developer for this purpose. The product is then deployed by acute Trusts and LAS into their FDP instances to run 'in production' on real data.

- **LAS and acute trusts process their data, on FDP, to input into, and as part of,the My Clinical Feedback application.** To do this, LAS and acute Trusts need to deploy (install) the My Clinical Feedback product (both data pipelines and, at LAS, the application), monitor this product (e.g. continue to check linkage rates and data quality), and to maintain this product (including but not limited to the investigation of bugs, and testing the product and new releases). Where possible, product testing and maintenance happens on dummy datasets (not real patient data), but some deployment, monitoring, investigation and maintenance tasks may need to happen 'in production' (on the real data) to appropriately deploy the product and resolve issues.

  In addition to using Palantir as infrastructure provider, and McKinsey & Company as software vendor, the London Ambulance Service also contracts McKinsey, with Palantir as their sub-contractor, to provide engineering support for these deployment, monitoring, maintenance and issue resolution activities: both at LAS and for the pipelines deployed at acute trusts. McKinsey & Company is a processor for both LAS and the acute trusts where this product is deployed, and Palantir is their sub-processor.

  LAS' use of McKinsey and Palantir for engineering support is subject to separate contracts and data processing agreements, which satisfy UK GDPR, specify the processing instructions, and incorporate the terms and scope of this DPIA. Acute Trusts' use of McKinsey and Palantir for engineering support to deploy and maintain the product pipelines is governed by separate data processing agreements and annexes between the trust and these suppliers, that provide specific processing instructions and incorporate the terms and scope of this DPIA.

At no point does any data leave NHS Trust systems. Any engineers that will have access to data, contracted from Palantir or McKinsey & Company to support Trusts in their data processing, must work within Trusts' FDP environments. Their accounts are managed by NHS Trust administrators. All activity on the FDP environments is logged for audit purposes.

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

Sharing of row-level patient data

Data is shared from multiple Trusts to LAS within the product, to make it work. There is no further sharing from the product. Data sharing within the product is governed by data sharing agreements, which incorporate this DPIA.

Sharing of aggregated outputs for further analysis

Once acute trusts share data with LAS for this Product, and they are linked to form a joint UEC dataset for the purposes of direct care, there is scope for secondary purposes within LAS:

LAS creates a view of the data for secondary purposes, that excludes clear patient identifiers from the dataset, so that these data can be used within LAS to support further uses such as pathway analytics, so long as all outputs are presented in anonymous and aggregated form to users.

LAS could then provide access to aggregate dashboards to users in LAS, acute trusts and ICBs, so long as row-level data is not made available.

13. How long will the Data be retained?

The data will be retained for 5 years within the LAS FDP, as it is required to build a longitudinal dataset that is able to show trends to users (e.g. paramedic behavioural changes, unnecessary conveyance rates, etc.) so they can understand over a sustained and meaningful period of time how their learning from the feedback from MCF is making real world difference

The data collected are copies of existing patient datasets held by acute and ambulance trusts, which separately satisfy any statutory minimum data retention periods.

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 by the Trust in line with the NHS Records Management Code of Practice 2021.

The clear data within the Trust FDP will be retained utilising local retention periods, predominantly based on whether the NHS Trust wishes to use that data for other purposes or other products within their FDP which is outside the scope of this DPIA.

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

Accuracy of data provided by the Trusts and LAS

- Controllers need to ensure the data they submit are accurate. All data comes from Acute and Ambulance Trusts’ routine reporting systems subject to their internal quality assurance processes

Accuracy of the linkage between the datasets

- We use a match on either NHS Number, or in cases where NHS Number is missing, a full match on all the following fields: Date of Birth, Sex, Name, Home Postcode. This follows the example of NHSE's algorithm to match patients without NHS number published here.

Data up to date

- Everyday LAS updates data for the past 48h – a period for which the data typically does not change.
- Trusts continue to update the flows as patients move through their pathways. For instance, if they get admitted or discharged

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 within this Product:

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

We also have additional information about patients' rights and how to exercise them available on our website here:

LAS and all Trusts will also refer to the processing activities on their own privacy notices.

Any requests to exercise these rights would be handled in accordance with our existing standard processes by the relevant data controllers (NHS Trusts and LAS)

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 Plans
LAS does not operate a business continuity plan for My Clinical Feedback. While an important tool to support learning and development, loss of the product and its service in the short term is not considered to have an impact on immediate patient care.

Specific Access controls for this Product
User access and authentication on the platform
Users accessing My Clinical Feedback (e.g. by opening the icon on their iPad homescreen), or accessing LAS' FDP platform, authenticate their identity using NHSmail single sign-on (SSO), supported by an enforced, app-based two-factor authentication step.

Control of access using purpose-based access groups
Access to the platform, data, and applications on FDP is managed by purpose-based access groups. Each group is granted a specific, narrow set of permissions (for example, to access My Clinical Feedback). Users are granted permissions on the platform by being granted membership to the appropriate groups.

LAS retains absolute control of the assignment of group membership. This is managed practically by LAS' service desk, or by platform administrators (such as the deputy CCIO). The platform also integrates with LAS' HR system, to automatically assign ambulance clinicians (a defined set of roles), who have access to LAS' electronic patient record, membership of the My Clinical Feedback user group. This ensures appropriate onboarding of new joiners onto the application, and automatic off-boarding of leavers from the application.

The access groups pertinent to My Clinical Feedback

- Platform access. This allows members to authenticate onto the platform, but will not provide them with any further access, information, datasets, products, applications or services. There is not even a 'home screen.' All LAS clinicians with ePCR access are members.
- My Clinical Feedback Users. This grants access to the application, My Clinical Feedback, and to the reporting datasets that are shown within the application. This group can only interact with the data through the application – they have no access to any other parts of FDP, do not have any other 'home screen,' and cannot navigate or search for datasets. Ambulance clinicians who have access to ePCR are granted membership of this group.
- CTM Huddle Users. This grants to Clinical Team Managers (CTMs) access to the application, CTM Huddle[3], and to the aggregate datasets which the application presents. As with the My Clinical Feedback User Group, these users can only interact with data through the application, and have no access to any other FDP functionality. Only clinical team managers are granted membership of this group.
- Application developers. This group

Additional row-based access controls
Within My Clinical Feedback, 'row-based access controls' ensure that a user of the application will be presented *only with patient records for patients that they attended*. Users are restricted in what they can view, to only those rows of the data (patients) to which their user ID is tagged by the computer-aided dispatch system, marking them as a clinician who was on-scene with the patient.

As a result, users cannot see information on patients that they did not treat. This includes clinical managers – they do not have access to the individual patient records that their team attended, unless they were also on scene.

[3] CTM Huddle presents reports, in aggregate, on the performance of groups of clinicians that the CTMs supervise, for example their team's conveyance rate. Data are anonymous, aggregated across patients and clinicians, and not presented for groups of clinicians fewer than 5. No individual patient data is available within the application. No data on individual clinicians' performance is available within the application.

The IAO will be required to approve user access based on the Purpose Based Access Controls in place for the Product which will be managed by LAS in line with their current FDP processes.

Operational controls
Users are given guidance and training in the access and use of My Clinical Feedback. Users have the same responsibility in the use and safeguarding of patient data in the application as they do the information present in the electronic patient record, or the One London Shared Care Record. It is part of appropriate professional practice to ensure patient's data are protected, including by not showing the iPad screen to others, and not discussing cases except anonymously. All of this is included in the training provided to users.

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.

The platform uses only AWS servers and infrastructure located in the UK.

18. Do Opt Outs apply to the Processing?

The National Data Opt Out policy does not apply to this Product as the Confidential Patient Information Processed in this Product is used and shared for the purposes of the Direct Care of patients.

Type 1 Opt Outs do not apply to this Product because the Confidential Patient Information Processed in this Product is not Primary Care data.

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	Personal 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 retention will be enforced using Palantir (FDP provider) native mechanisms as described in their documentation: https://www.palantir.com/docs/FDP/retention/overview/	Section 13	Tolerate	Remote	Minimal	Low
2	Insufficient organisational measures are in place to ensure appropriate security of the Personal Data (e.g.	1.Appropriate organisational measures in relation to Data controls and governance are in place to ensure the security of the Data. Additional local SOPs are in place to ensure that all existing policies are underpinned by new SOPs relating to the FDP Instance, including but not limited to SAR searches; and data breach management. 2. Organisational measures are adhered to across the Data platform. Any breaches are reported in line with these.	Set out in the Overarching FDP DPIA and Section 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
	policies, procedures, disciplinary controls)	3. Each interaction is recorded for audit on FDP 4. Role Based Access Controls and Purpose Based Access Controls are in place to limit access to Data.] 5. Healthcare professional users belongs to a clinical group that provides supervision					
3	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. RBAC and PBAC is in place so paramedics only get access to their own patients 5. 2FA is also in place when accessing this informaiton	Set out in the Overarching FDP DPIA and Section 12 & 16 above	Tolerate	Remote	Significant	Low
4	Data could be deliberately breached by an internal bad actor	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 the Trust. 2. Staff are trained and fully aware of their responsibilities when accessing and using Data to only use the minimum required for their purpose and that it is a criminal offence under the DPA 2018 to use it beyond their justified purpose 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	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
		the Personal Data to this Product for the purposes required 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. Those accessing the data are registered paramedics with an established relationship with the patient					
5	There is a risk that Subject Access Requests will not include a search of FDP preventing individuals from having access to all data held about them by the Trust	1. IG and Medical Records teams responsible for coordinating SAR responses need appropriate levels of access through the Role Based and Purpose Based Access Controls/Permissions Matrix]; 2. Existing SOPs relating to clinical system searches in response to SARs need to be revised to include FDP and the Products sitting within the Trust's local Instance of the platform.	Section 15	Treat	Remote	Minimal	Low
6	There is a risk of failure to provide adequate transparency information to the data	1. All Trust privacy notices need to be updated 2. A NHSE Product Privacy Notices needs to be created	Sections 8 and 9	Treat	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
	subject by the Trust						
7	Disclosure to paramedics of incorrect patients occurs	1. In the application, users are only able to see patients that they themselves have attended (through row-level access controls) 2. Additionally, some patients are filtered out from the application (such as members of staff or high-profile figures) to ensure their confidentiality is upheld. This is performed by the ambulance service before the data are uploaded into the platform.	Sections 2 and 3	Treat	Remote	Significant	Low
8	There is a risk of users appending or changing patient's personal medical record	1. There is a one way data process in place that data is only pulled from patients' records and nothing is pushed back. This risk can therefore not occur.	Sections 2 and 3	Tolerate	Remote	Minimal	None
9	There is a risk that clinicians do not render outputs anonymous before sharing	Standard operating procedures in place to ensure that the clinicians anonymize the data prior to sharing more widely	Section 4	Tolerate	Remote	Minimal	None

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
	reports more widely						

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	NHS Trusts to update all privacy notices	6	*NHS Trusts*	TBC
2	LAS and Trust internal documentation to be updated where necessary to reflect the use of FDP	2,3,5	LAS and NHS Trusts	TBC
3	Standard Operating Procedures (SOPs) to be created by the trusts and London Ambulance Service for Right to Object and Right to Rectification to ensure that patients are aware of their rights in relation to LAS,MCF	*15*	LAS and NHS Trusts	TBC
4,	Consultation with patients to be undertaken by LAS in relation to the Product	*5*	LAS	TBC

21.Completion and signatories

The completed DPIA should be submitted to the [Data Protection Officer/Information Governance Team] via [*add email address*](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	
Signature	
Date	

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22. Summary of high residual risks

Risk no.	High residual risk summary
-	No high residual risks

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**

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.
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[4]
Controller	Has the meaning given in UK GDPR being the natural or legal person, public authority, agency, or other body which, alone or

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

Defined Term	Meaning
	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[5].
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
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

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

Defined Term	Meaning
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[6] and Operational Policy Guidance for more information[7]
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 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

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

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

Defined Term	Meaning
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
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.

Defined Term	Meaning
UK GDPR	UK GDPR as defined in and read in accordance with the Data Protection Act 2018