

NHS Thames Valley Integrated Care Board (ICB)

Personal Information – what people need to know

Who is the ICB and what do they do

NHS Thames Valley Integrated Care Board (ICB) is responsible for securing, planning, designing, and paying for people's NHS services, including planned and emergency hospital care, as well as community and primary medical care (GP) services. The ICB also has a performance monitoring role for these services, which includes ensuring the highest quality of healthcare is provided and responding to any concerns from the ICB's patients on services offered. This is known as commissioning.

What is this Fair Processing Notice about?

This Privacy Notice (also known as a Privacy Notice) details the ICB's data processing activities enabling the ICB to meet its transparency obligations under the Data Protection Act.

This notice tells you about information the ICB collects and holds about people, what it does with it, how it is looked after it and who it might be shared with. It covers information collected directly from people or received from other individuals or organisations.

If anyone requires any additional information or further explanation, a request should be sent to: thamesvalleyicb.enquiries@nhs.net, or by post to:

Thames Valley Integrated Care Board

1st Floor, Unipart House
Garsington Road
Cowley
Oxford
OX4 2PG

The ICB's commitment to Data Privacy and Confidentiality Issues

The ICB is committed to protecting your privacy and will only process data in accordance with the Data Protection Legislation. This includes the UK General Data Protection Regulation (UK GDPR), the Data Protection Act (DPA) 2018, the Law Enforcement Directive (Directive (EU) 2016/680) (LED) and any applicable national Laws implementing them as amended from time to time.

In addition, consideration will also be given to all applicable Law concerning privacy, confidentiality, the processing and sharing of personal data including the Human Rights Act 1998, the Health and Social Care Act 2012 as amended by the Health and Social Care (Safety and Quality) Act 2015 and the Health and Care Act 2022, the common law duty of confidentiality and the Privacy and Electronic Communications (EC Directive) Regulations. Further reading links are provided at the end of this section.

Thames Valley ICB is a Data Controller as defined under the UK GDPR and DPA. The ICB is legally responsible for ensuring that all personal information that is processed i.e. information held, obtained, recorded, used or shared is done in compliance with the Data Protection Principles as set out in Article 5 under UK GDPR.

All data controllers must notify the Information Commissioner's Office (ICO) of all personal information processing activities.

All data controllers must register with the Information Commissioner's Office (ICO) and pay the appropriate fee. The ICB's ICO Data Protection Registration number can be found in the Register of Fee payers on the [Information Commissioner's Office website](#).

What safeguards are in place to ensure data that identifies individuals is secure?

Everyone working for the NHS has a legal duty to keep information about people confidential. The NHS Constitution provides a commitment all NHS organisations and those providing care on behalf of the NHS, will only use information about people in ways which respect their rights and promote health and wellbeing. Further information can be found at: [The NHS Constitution](#).

Within the NHS, the ICB also follows [the common law duty of confidentiality](#), which means where identifiable information about individuals has been given in confidence, it should be treated as confidential and only shared for the purpose of providing direct healthcare.

All ICB staff, contractors and committee members receive role appropriate and on-going data privacy training to ensure they are aware of their personal responsibilities and have contractual obligations to uphold confidentiality, enforceable through disciplinary procedures.

All information the ICB holds about individuals will be held securely and confidentially. Administrative and technical controls are used to do this. It is ensured that only a limited number of authorised staff can see information which identifies individuals where it is appropriate to their role and is strictly on a need-to-know basis. Only the minimum amount of information necessary about individuals is used.

The ICB contracts with other organisations to process data on their behalf. These organisations are known as 'Processors' and the ICB ensures they are legally and contractually bound, providing sufficient guarantees to implement appropriate technical and organisational measures in such a manner that processing will meet the requirements of [the Data Protection Act 2018](#), and ensure the protection of the rights of the data subject.

What kind of information does the ICB hold?

As commissioners, the ICB does not routinely hold or have access to an individual's clinical records. However, where it does support patient care e.g. all age continuing care (AACC), Individual Funding Requests, managing complaints, the information held will be information individuals have provided to the ICB, or information provided on individuals behalf by relatives or those who care for and know patients well, or from health professionals and individuals supporting their care and treatment. Information may include:

- Their name, address, date of birth, contact details and NHS number
- Details of their GP, what treatment they have received and where they received it
- Details of concerns, requests, complaints, or compliments, they have raised about their healthcare provision which they have asked the ICB to investigate, which could include details of clinical or safeguarding concerns raised by their General Practitioner (GP) or service providers about their healthcare provision

- Where the ICB is required to fund specific specialised treatment for a particular condition which is not already covered in its contracts with organisations which provide NHS care
- If individuals ask the ICB to keep them regularly informed and up to date about the work of the ICB, or if they are actively involved in ICB engagement and consultation activities or service user/Patient Participation Groups

A full list of details including the legal basis, any Data Processor involvement and the purposes for processing information can be found in Appendix A.

Definition of the information the ICB may hold:

- **Personal Data** or Personally Identifiable Data (PID) – means 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 (DPA).
- **Personal Confidential Data** - this is personal information about identified or identifiable individuals which should be kept private or secret. The definition includes dead as well as living people and 'confidential' includes information 'given in confidence' and 'that which is owed a duty of confidence'.
- **Special Categories of Personal Data** – this term describes 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 (DPA).
- **Confidential Patient Information** – this term describes information or data relating to their health and other matters disclosed to another (e.g., patient to clinician) in circumstances where it is reasonable to expect that the information will be held in confidence. Including both information 'given in confidence' and 'that which is owed a duty of confidence'.
- **Pseudonymised** – this is data that has undergone a process which replaces personally identifiable information such as NHS number, postcode, date of birth with a unique identifier, which obscures the 'real world' identity of the individual patient to those working with the data
- **Anonymised** – this is data about individuals but with identifying details removed so that there is little, or no risk of the individual being re-identified
- **Aggregated** – anonymised information that is grouped together so that it does not identify individuals

How the ICB uses Pseudonymised/anonymised/aggregated data

Every patient registered with a GP practice has a unique NHS Number, which in some circumstances the ICB may use as a single identifying number (with no other information about the individual attached). A person's NHS number is present in all their health records and therefore the ICB can use that number to link information to or about individuals without revealing any personal or confidential data, where the ICB is lawfully allowed to do this.

The ICB use pseudonymised, anonymised, and aggregated data to plan health care services. Specifically, it is used to:

- check the quality and efficiency of the health services commissioned to make sure is it of the highest standard,
- prepare, review performance reports on the services commissioned
- support Regional and National initiatives through the Integrated Care Systems
- work out what illnesses people may have in the future, so that services can be planned and prioritised to ensure these meet the needs of patients in the future
- purpose of improving local services, research, audit, and public health management e.g. understanding how health conditions spread across the local area compares against other areas.

[The Health and Social Care Act 2012](#) provides some NHS bodies, particularly NHS England (formally the Health and Social Care information Centre) ways of collecting and using patient data which cannot identify a person to help Commissioners to design and procure the combination of services that best suit the population they serve.

The ICB also works in collaboration with other organisations to jointly commission services. This requires it to share statistical information to improve services commissioned and the health outcomes of its population.

Data may be anonymised and linked with other data so that it can be used to improve healthcare and development and monitor NHS performance. Where data is used for these statistical purposes, stringent and technical measures are taken to ensure individual patients cannot be identified.

When analysing health services and proposals to develop future services it is sometimes necessary to link separate datasets to produce a comprehensive evaluation. This may involve linking primary care data from Doctors (GPs) with other data such as hospital inpatient stays, outpatient appointments and A&E attendances; this type of data is called secondary uses service (SUS) data. In some cases, there may also be a need to link local datasets which could include a range of other hospital-based services such as radiology, physiotherapy, audiology etc., as well as mental health and community-based clinics and services such as district nursing, podiatry etc. When conducting this analysis, the linkage of these datasets is always done using a pseudonym (unique identifier), applied by NHS England, which does not reveal a person's identity, as the ICB does not have any access to identifiable data for these purposes.

When the ICB will share individuals' information (personal data)

Information that identifies individuals will not be shared unless there is a fair and lawful basis such as:

- the individual has given explicit consent
- the ICB needs to act to protect children and vulnerable adults
- when a formal court order has been served
- when the ICB is lawfully required to report certain information to the appropriate authorities or agencies e.g., to prevent fraud or a serious crime
- emergency planning reasons such as for protecting the health and safety of others
- when there is an overriding public health interest e.g., communicable diseases as instructed by NHS England

- when permission is given by the Secretary of State or the Health Research Authority on the advice of the Confidentiality Advisory Group to process personal and special categories of personal data without the explicit consent of individuals

The ICB is required by law to protect the public funds it administers, it may share information provided to it with other bodies responsible for auditing or administering public funds, or are undertaking a public function, to prevent and detect fraud.

How long is information held for?

The ICB's approach to the management of its information is in line with national guidance from NHS England, Records Management Code of Practice. The code of practice sets out the best practice for NHS organisations to follow. Information will only be retained in accordance with the schedules set out in the NHS Records Management Code of Practice. Once information has been identified for destruction it will be disposed of in the most appropriate way for the type of information it is e.g. Confidential information (whether personal or commercially) will be disposed of by approved and secure confidential waste procedures.

Records are primarily held in electronic format.

Accountability, advice and support

The ICB has a director responsible for protecting the confidentiality of patient information. This person is called the Caldicott Guardian who oversees the arrangements for the use and sharing of patient information. The Caldicott Guardian plays a key role in ensuring that the NHS, Councils with Social Services and Public Health responsibilities and Partner organisations satisfy the highest practical standards for handling patient information. Acting as the 'conscience' of the organisation, the Caldicott Guardian actively supports work to enable information sharing where it is appropriate to share and advises on options for lawful and ethical processing of information.

The contact details of the ICB's Caldicott Guardian are as follows:

Lalitha Iyer

Chief Medical Officer and Caldicott Guardian

Email: frimleyicb.igenquiries@nhs.net

The ICB has a senior member of staff responsible who is responsible for information risk and information security, this person is called the Senior Information Risk Owner (SIRO). The contact details of the ICB's SIRO are as follows:

Hannah Iqbal

Chief Strategy and Commissioning Officer and SIRO

Email: frimleyicb.igenquiries@nhs.net

The Data Protection Officer (DPO) is responsible for monitoring compliance against the data protection legislations (GDPR & DPA 2018), Information Governance (IG) policies, providing advice and guidance, raising awareness, training, and audits. The DPO acts as a contact point for the ICO, employees and the

public. They co-operate with the ICO and will consult on any matter relevant to Data Protection. The contact details of the ICO's DPO are as follows:

Nicola Gould

Data Protection Officer

Email: frimleyicb.igenquiries@nhs.net

Individuals' right to opt out of data sharing and processing

The NHS Constitution states, 'Individuals have a right to request their personal confidential information is not used beyond their own direct care and treatment and to have their objections considered.' For further information please see [the NHS Constitution](#).

Direct care is defined as a clinical, social or public health activity concerned with the prevention, management, investigation and treatment of illness and the alleviation or suffering of an individual.

Indirect care is defined as work within the health and social care environment which does not involve the direct treatment or support of individuals e.g., research, commissioning and much of the work done in public health.

There are several forms of opt- outs available at various levels. These include for example:

Information directly collected by the ICB. Peoples' choices can be exercised by withdrawing their consent for the sharing of information which identifies them unless there is an overriding legal obligation. The ICB will first need to explain how this may affect the care individuals receive but this can be done this by writing to the ICB.

Information not directly collected by the ICB but collected by organisations that provide NHS services.

These are known as Type 1 and National data opt-outs (previously Type 2) and are described below:

Type 1 opt-out

If someone does not want personal confidential information which identifies them to be shared outside their GP practice, for purposes beyond their direct care, they can register a 'Type 1 Opt-Out' with their GP practice. This prevents personal confidential information from being used other than in circumstances required by law, such as a public health emergency like an outbreak of a pandemic disease.

Patients are only able to register an opt-out at their GP practice.

Records for patients who have registered a 'Type 1 Opt-Out' will be identified using a particular code which will be applied to their clinical records to stop their records from being shared outside their GP Practice.

Data opt-out and the ICB

The ICB's primary role is to commission NHS Services. Individuals have the right to opt out of their data being used for secondary purposes, more information relating to opting out can be found [here](#). Where the ICB is processing patient data, this is to support direct care i.e. All Age Continuing Care and the national opt out does not apply to this processing.

National data opt-out

National data opt-out. The national data opt-out was introduced on 25 May 2018, enabling patients to opt-out from the use of their data for research or planning purposes (Secondary use), in line with the recommendations of the National Data Guardian in her Review of Data Security, Consent and Opt-Outs.

All health and care organisations are required to apply national data opt-outs where confidential patient information is used for secondary use.

The use of personal confidential data by ICBs for invoice validation under approval reference (CAG 7-07)(a-c)/2013) has been extended to the end of September 2025 and as part of that review, it has been agreed no opt out will be applied to invoice validation due to the importance of accurately allocating NHS resources and the lack of evidence of public concern in relation to the use of data for this specific purpose. This effectively means that data which includes an identifier (usually NHS number) is flowing from NHS England to commissioners for invoice validation/challenge purposes will be provided for all patients ensuring providers receive the correct funding for the health and care services they provide.

To find out more visit [NHS England website opting out pages](#).

Gaining access to the data the ICB holds about individuals

Individuals can find out if the ICB holds any personal information relating to them by making a request under the Right of Access, more commonly called a '[Subject Access Request \(SAR\)](#).' If personal data relating to an individual is held, the ICB will:

- Say why the ICB is holding it, and where it was received from
- Say who it has or could be disclosed to
- Let the person have a copy of the information in an intelligible form

Everybody has the right to request, a reason does not need to be given, and to receive a copy of the personal data held. The ICB follows the ICO guidance relating to Personal Data [What is the meaning of 'relates to'? | ICO](#), meaning in some instances whilst information may contain an individual's name it does not fall within the remit of personal data, so will not be disclosed when an individual submits a SAR. Additionally, when processing a request, there may be some exceptions when information cannot be disclosed, as well due to the volume of information an administration fee may be applied.

If someone wishes to request a copy of their data, they must make the request in writing. If they require further advice, they should email their request to:

Email: frimleyicb.igenquiries@nhs.net

Other Individual Rights

GDPR/Data Protection provides [other rights for individuals](#):

- The right to be informed
- The right to rectification
- The right to erasure
- The right to restrict processing

- The right to data portability
- The right to object
- Rights in relation to automated decision making and profiling.

To enquire about any of these rights, individuals should contact the ICB at the above email address. Dependent on [the lawful basis](#) with which an individual’s personal data is processed, some individual rights may not apply, and where this is the case, this will be explained.

Other Processing

Data Protection Impact Assessments (DPIA)	Where the ICB undertakes any processing of personal data, it must undertake a DPIA to identify the risks and issues with processing personal data, and ensuring appropriate mitigations are in place. For a copy of a DPIA, a request must be submitted to the email address above.
Overseas Data Transfers	The ICB does not send or transfer any information overseas (outside of the United Kingdom)
Automate Decision Making	The ICB does not undertake any automated decision making on any information
Selling Information	The ICB does not sell or share any information outside of the reasons detailed in this privacy notice.
Artificial Intelligence	The ICB uses AI tools to support its business functions and to improve its efficiencies. Further information relating to the use of information by AI, please contact the ICB using the above email address.

Links to other websites

This Privacy Notice does not cover the links within ICB’s website linking to privacy statements on other organisation’s websites. Individuals are encouraged to read the privacy statements on other websites they visit.

Changes to this privacy notice

This Privacy Notice is reviewed regularly; the date of the last update is detailed in the footer of the document.

Complaints or questions

The ICB aims to meet the highest standards when collecting and using personal information. For this reason, any complaints received are taken very seriously. The ICB encourages individuals to bring any concerns to its attention if they think it’s collection or use of their information is unfair, misleading, or inappropriate, by using the contact details direct to the ICB.

What is the right to know?

The Freedom of Information Act 2000 (FOIA) gives people a general right of access to information held by or on behalf of public authorities, promoting a culture of openness and accountability across the public sector. They can request any information the ICB holds, which does not fall under an exemption. They may not ask for information that is covered by the Data Protection Act under FOIA. However, this can be

requested using a Subject Access Request – see section above ‘Gaining access to the data the ICB holds about individuals.’

A request must be in writing and can be either emailed or posted to:

By Email: frimleyicb.foi@nhs.net

By Post:

Thames Valley Integrated Care Board

Freedom of Information Dept

1st Floor, Unipart House

Garsington Road

Cowley

Oxford

OX4 2PG

For further information please visit the ICB’s website: www.thamesvalley.icb.nhs.uk

Data Linking

Data may be de-identified and linked by organisations so that it can be used to improve health care and development and monitor NHS performance. Where data is used for these statistical purposes, stringent measures are taken to ensure individual patients cannot be identified. When analysing current health services and proposals for developing future services it is sometimes necessary to link separate individual datasets to be able to produce a comprehensive evaluation. This may involve linking primary care GP data with other data such as secondary uses service (SUS) data (inpatient, outpatient and A&E). In some cases, there may also be a need to link local datasets which could include a range of acute-based services such as radiology, physiotherapy, audiology etc, as well as mental health and community-based services such as Improving Access to Psychological Therapies, district nursing, podiatry etc. When carrying out this analysis, the linking of these datasets is always done using a unique identifier that does not reveal a person’s identity as the ICB does not have any access to patient identifiable data.

Data Retention

The ICB will approach the management of its business records in line with its Records Management Policy which sets out roles and responsibilities for records management and the key operating principles for record keeping across the business and manages records in line with the Records Management NHS Code of Practice for Health and Social Care which sets the required standards of practice in the management of records for those who work within or under contract to NHS organisations in England, based on current legal requirements and professional best practice. ICB records shall not be retained indefinitely. At the end of the retention, records shall be disposed of. In most cases this will mean controlled destruction; a small percentage of records may become archived meaning that they will be retained indefinitely under the Public Records Act.

Information Governance

Information Governance is about the way organisations process or handle information. It includes personal information relating to patients, service users, employees, and corporate information (financial and accounting records).

The organisations that the ICB deals with are subject to the same legal rules and conditions for keeping personal confidential data secure and are underpinned by a contract with the ICB. Before awarding any contract, it is ensured that organisations will look after patient's information to the same high standards that the ICB does. Those organisations can only use patient information for the service that they have contracted for and cannot use it for any other purpose. All organisations are required to complete a Department of Health Information Governance Toolkit (Data Security and Protection Toolkit [DSPT]) which integrates the legal rules and central guidance and presents them in a single standard set of information governance requirements. This includes management structures and responsibilities, confidentiality, data protection and information security. All organisations must demonstrate that they can be trusted to maintain the confidentiality and security of personal information in a way that increases public confidence.

Information Commissioners Office

For independent advice about data protection, privacy, data sharing issues and individuals' rights, the Information Commissioners Office should be contacted in the following ways:

By post:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

By telephone: 0303 123 1113 (local rate) or 01625 545 745

By email: casework@ico.org.uk or visit [the ICO website](https://www.ico.org.uk).

Important links for further information:

- [Data Protection Act \(DPA\) 2018](#)
- [General Data Protection Regulation \(EU\) 2016/679 \(GDPR\)](#)
- [Human Rights Act 1998](#)
- [Health and Social Care Act 2012](#) as amended by [the Health and Social Care \(Safety and Quality\) Act 2015](#)
- [NHS Act 2006](#)
- [Common law duty of confidentiality](#)
- [Privacy and Electronic Communications \(EC Directive\) Regulations](#)
- [Law Enforcement Directive \(Directive \(EU\) 2016/680\) \(LED\)](#)

The ICB's use of Information by area of Accountability - Chief Medical Officer

Activity	Rationale	Processor	Retention Period
<p>Medicines Optimisation</p>	<p>Purpose - Medicines Optimisation is about ensuring patients get the right choice of medicine at the right time. By focusing on patients and their experiences, the goal is to help patients to improve their outcomes, take their medicines correctly, avoid taking unnecessary medicines which will reduce wastage of medicine and improve medicines safety. Much of the work undertaken is done so at a system level, creating guidance and training. Sometimes, it may be necessary to look at individual cases as described below.</p> <p>To achieve the above the ICB will process personal data for the following purposes to:</p> <ul style="list-style-type: none"> • Conduct direct patient-facing activities on behalf of or at the request of a GP (General Practice). • Undertake analysis using specific criteria to identify individual patients who may benefit from a safer, more effective and / or more efficient medicinal regimes and approaches. This analysis may be conducted proactively or at the direct request of a General Practices and lead to recommendations to the responsible clinician • Conduct administrative or audit processes which are necessary to ensure best practice guidance is being followed, the right payments are made, and staff in GP Practices are suitably trained to undertake work safely and effectively <p>Legal Basis – the legal basis below enables the ICB to process personal data for the purposes of medicines optimisation:</p> <ul style="list-style-type: none"> • Health & Social Care Act 2012 (Section 251b) (duty to share information) • NHS Act 2006 (Section 3a) (duty as to provision of certain services) • UK GDPR Article 6(1)(e) - processing for a task in the public interest • UK GDPR Article 9(2)(h) - processing of special category data for medical diagnosis, care, and treatment, or the management of health systems <p>Benefits – The ICB can conduct Medicines Optimisation activities to ensure patients receive prescribed items which are clinically effective and cost effective based on individual, local and national health population needs. The ICB can also benchmark and share best practice (using anonymised data) at a practice level, locally and nationally to improve patients' experience of prescribed items and to the benefit of the ICB's local population.</p>	<p>Yes</p>	<p>5 years</p>

Chief Nursing Officer

Activity	Rationale	Processor	Retention Period
Assuring Transformation	<p>Purpose – The Assuring Transformation (AT) programme collects information about people with a learning disability and autistic people who are receiving treatment or care as inpatients in a mental health hospital data. The ICB is responsible for monitoring the healthcare providers keep the patient’s information in our catchment area up to date.</p> <p>The data for the AT service is held on a live Clinical Audit Platform from which NHS England collects the data monthly to publish a monthly progress report. These reports do not include any personal information. This information informs NHS England of:</p> <ul style="list-style-type: none"> • how many people are in hospital; • how long they have been in hospital for; • when their care and treatment is checked; • what kind of hospital they are in <p>NHS England will check this information to make sure people are not in hospital if they would be better looked after in the community. Further information can be found at: Assuring Transformation (AT) - NHS England Digital</p> <p>Legal Basis – the legal basis below enables the ICB to process personal data for the purposes of Assuring Transformation:</p> <ul style="list-style-type: none"> • NHS Act 2006 (Section 251) approval from the Health Research Authority’s Confidentiality Advisory Group (CAG 251), on behalf of the Secretary of State: CAG Reference: CAG 8-02(a-c)/2014. <p>Benefits - Published reports allows the public to check if the NHS is doing a good job of looking after people with a learning disability, autism or both who are in hospital and assists NHS England in determining whether patients are getting the right care in the right place.</p>	<p>No</p>	<p>Until 25th Birthday of a child or 8 years after treatment for an adult, or lifetime of patient if sooner</p>
Clinical Feedback	<p>Purpose – Clinical Feedback (formerly known as ‘Clinical Concerns’) was developed in response to the Francis Report 2013 and recently refreshed to be in line with Patient Safety Incident Response Framework (PSIRF), Learning from Patient Safety Events (LFPSE) and the Patient Safety strategy.</p> <p>It is a process through which the ICB works in collaboration with all providers within the Integrated Care System to collate healthcare professionals feedback about local health and social care services. The aim is to gather thematic intelligence about the quality and safety of local services and to facilitate learning and improvement.</p>	<p>Yes</p>	<p>10 years</p>

	<p>The NHS Provider (Data Controller) within the ICS have appointed the ICB as the Data Processor to process Clinical Feedback on their behalf and have a Data Processing Agreement in place. The Data Processing Agreement details the boundaries of sharing information.</p> <p>For any cases which require an individual review, the NHS Provider service will provide the ICB with an individual's NHS Number. The ICB will share this with the relevant healthcare providers involved in the individual's care and treatment for them to continue the clinical feedback process. The aim of this process is to resolve any outstanding issues in relation to the individual's care and treatment and to provide an opportunity to improve the quality of the service. The ICB will not use an NHS number for any other purpose.</p> <p>Legal Basis – the legal basis below enables the ICB to process personal data for the purposes of Clinical Feedback:</p> <ul style="list-style-type: none"> • Health & Social Care Act 2012 (Section 251b) (duty to share) • NHS Act 2006 section: <ul style="list-style-type: none"> ○ 13R - information on safety of services provided by the health service ○ 14Q - duty as to effectiveness and efficiency ○ 14R - duty as to the improvement in the quality of services • UK GDPR Article 6(1)(e) - processing for a task in the public interest and • UK GDPR Article 9(2)(h) - processing of special category data for medical diagnosis, care, and treatment, or the management of health systems. <p>Benefits - To assist with the gathering of intelligence about the quality and safety of local services and to facilitate learning and improvement.</p>		
<p>Commissioning – POD</p>	<p>Purpose – The ICB has been delegated responsibility from NHS England for commissioning pharmaceutical, general ophthalmic and dental (POD) services. The ICB employs and hosts the pharmacy, optometry, dental commissioning teams on behalf of the ICBs in the South East Region. The ICB processes personal information to perform several activities including POD contract management, recruitment and financial management. In carrying out these responsibilities the ICB will process personal information about contractors, clinicians and in certain cases patients (e.g. complaints).</p> <p>Legal Basis - the legal basis below enables the ICB to process personal data for the purposes of delegation of Pharmaceutical, Optometry, and Dental (POD) services:</p>	<p>No</p>	<p>6 years after the end of the contract</p>

	<ul style="list-style-type: none"> Health and Care Act 2022 - which permits the delegation of NHS England's national commissioning responsibilities to ICBs. The ICB has a specific delegation agreement in place for POD. UK GDPR Article 6(1)(e) - processing for a task in the public interest UK GDPR Article 9(2)(h) - processing of special category data for medical diagnosis, care, and treatment, or the management of health systems <p>Benefits - Delegated authority for POD services from NHS England to Integrated Care Boards (ICBs) offers several benefits, including increased autonomy for local systems, improved patient care, and better resource allocation. ICBs can better allocate resources to where they are needed most, addressing health inequalities and improving access to service.</p>		
Complaints	<p>Purpose – To process someone’s personal information if it relates to a complaint where they have asked for the ICB’s help or involvement. For contact details please see the ICB’s complaints contact page on its website.</p> <p>Legal Basis - The legal basis below enables the ICB to process personal data for the purposes of Complaint Management is:</p> <ul style="list-style-type: none"> NHS Act 2006 section: <ul style="list-style-type: none"> 14R - duty as to the improvement in the quality of services UK GDPR Article 6(1)(a) - explicit consent UK GDPR Article 9(2)(a) - explicit consent <p>Benefits - Managing complaints enables the ICB to continuously improve the quality of the services they commission.</p>	Yes	10 years
All Age Continuing Care (AACC)	<p>Purpose – The ICB will collect and process an individual’s identifiable information where they have asked it to undertake assessments for their continuing healthcare which is a package of care that is arranged and funded solely by the NHS for individuals who are not in hospital but have been assessed as having a “primary health need”. This is called “All Age Continuing Care” (AACC), and the ICB has a duty to reduce health inequalities in access to health services and health outcomes achieved.</p> <p>Legal Basis - the legal basis below enables the ICB to process personal data for the purposes of All Age Continuing Care (AACC):</p> <ul style="list-style-type: none"> National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 (SI 2012 No 2996) (Part 6-20-22) 	Yes	8 years from last date of contact or until 25 th birthday of a child

	<ul style="list-style-type: none"> • UK GDPR Article 6(1)(a) - explicit consent to share information with Third Party organisations • UK GDPR Article 9(2)(a) - explicit consent to share information with Third Party organisations <p>The clinical professional who first sees a patient will discuss their needs and explain to them the information which needs to be collected and processed to enable the ICB to assess their needs and commission their continuing healthcare.</p> <p>Benefits – The ICB can arrange a care and support package that meets a service users assessed needs. The ICB can determine how these needs and care will be managed, where the care will be provided e.g., at home or in a care home and identify which organisation will be responsible for meeting these needs.</p>		
Infection Prevention and Control	<p>Purpose – The ICB has an obligation for conducting Infection Control surveillances. This work is undertaken by a practitioner with support from Primary and Social Care plus Acute Trusts to provide the relevant information for the investigation to be undertaken and outcomes derived.</p> <p>Legal Basis - the legal basis below enables the ICB to process personal data for the purposes of Infection Prevention and Control:</p> <ul style="list-style-type: none"> • The Health Service (Control of Patient Information) Regulations 2000 (Paragraph 3) enables the lawful processing of patient information in relation to diagnosing, recognising trends, controlling, preventing, monitoring, and managing communicable diseases and other risks to public health • Mandatory Health Care Associated Infection Surveillance: Data Quality Statement April 2016 (PHE) <p>Benefits - The surveillance reports produce actions and lessons learnt that both support direct improved care of patients but also to continuously improve the safety of patients and be focussed on clinical learning.</p>	Yes	8 years
Learning from Lives and Deaths - people with a Learning Disability and autistic people programme (LeDer)	<p>Purpose - The Learning from lives and deaths - people with a learning disability and autistic people programme (LeDeR) aims to review the death of any person who lived with learning disabilities or autism, by identifying any health and social care factors relating to the death where things could have been done differently. It seeks to ensure that where care and treatment have not been at the expected standard this is not repeated elsewhere. The programme is co-ordinated by the University of Bristol in partnership with NHS England. The ICB participates in the programme by co-ordinating reviews at a local level.</p>	Yes	10 years

	<p>The LeDeR programme office (University of Bristol) can be told about the death of a person with learning disabilities by anyone holding that information. This could be, for example, a health or care professional, a relative, a service manager or another person with learning disabilities. When the death is notified to the programme, via a secure web portal, personal information about the person who has died is collected. This information is then shared with the ICB in the locality where the patient had been registered with their GP. The ICB co-ordinates the reviews for its geographical area at the local level and is therefore privy to all the information about the case communicated from the LeDeR programme office. The information is communicated via a secure web platform.</p> <p>The ICB appoints a trained reviewer who then seeks further information about the person who has died from health or care professionals who have been involved in supporting that person. The reviewer may ask them questions about the health and care of the person, their diagnosis and treatments, and the circumstances leading up to their death. The reviewer may also need to look in the person's health or care records to check how their care was delivered. The reviewer will also make contact, when possible, with those closest to the person, including their families and/or carer, so they can contribute to the review, should they wish. This will be done with the family and/or carer consent. The personal identifiable information collected for LeDeR reviews is uploaded, stored and communicated via a secure web platform hosted by the University of Bristol and covered by rigorous processes that meet NHS information governance requirements.</p> <p>The information the LeDeR programme gathers about people with learning disabilities or autism who have died includes:</p> <ul style="list-style-type: none"> • Personal details: (name, date of birth, date of death, gender, ethnicity, postcode, NHS number). These details help to identify the person who has died so that a local reviewer can trace their service contacts and conduct a review into their death. • Information about the circumstances leading to the person's death, which is held in health or social care records, to review the person's care, assess best practice and identify where service improvements may be required. • Information about the person's relative or next of kin (name, contact details, relationship), to invite them to contribute their views to the review. • Information about the person's cause of death. The central LeDeR programme office will share the NHS number (or any other information that could identify the person, e.g., date of birth and date of death) with NHS England. NHS England link this to information about cause of death held by the Office for National Statistics and send back to the LeDeR programme office the coding for the causes of death for people with learning disabilities whose deaths have been reviewed. 		
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	<p>Reports shared with local steering groups and other forums for the promotion of improvement and learning are shared in anonymised form with personal identifiers redacted.</p> <p>Legal Basis - the legal basis below enables the ICB to process personal data for the purposes of LeDeR:</p> <ul style="list-style-type: none"> NHS Act 2006 (Section 251) approval from the Health Research Authority’s Confidentiality Advisory Group (CAG 251), on behalf of the Secretary of State: CAG Reference: 20/CAG/0067. <p>This allows the management of identifiable data without consent to conduct a review of a death, and to link it to NHS England cause of death data.</p> <p>Benefits - To make improvements to the lives of people with learning disabilities by identifying any potentially modifiable factors associated with a person's death and working to ensure that these are not repeated elsewhere with system quality improvement workstreams identified.</p>		
<p>Patient and Public Involvement</p>	<p>Purpose – If individuals have asked the ICB to keep them informed and up to date about the work of the ICB or if they are actively involved in the ICB’s engagement and consultation activities or patient participation groups, the ICB will collect and process data which people have agreed to share.</p> <p>Where individuals submit their details to the ICB for involvement purposes, this information will only be used for this purpose. Individuals can opt out at any time by contacting the ICB using the contact details at the end of this document.</p> <p>Legal Basis - the legal basis below enables the ICB to process personal data for the purposes of Patient and Public Involvement:</p> <ul style="list-style-type: none"> NHS Act 2006 section 14Z2 Public involvement and consultation by Clinical Commissioning Groups UK GDPR Article 6(1)(a) - explicit consent <p>Benefits - To find out more information on how to get involved and how this benefits the ICB, please see the ICB’s Getting Involved pages.</p>	<p>Yes</p>	<p>5 years</p>

<p>Primary & Secondary Care Commissioning</p>	<p>Purpose – Commissioning is the process of planning, agreeing and monitoring health services. It is not one action but many, ranging from the health-needs assessment for a population, through to a clinically based design of patient pathways, to service specification and contract negotiation or procurement, with continuous quality assessment. The ICB commissions other organisations to provide primary and secondary healthcare services. These organisations may be within the NHS or outside the NHS.</p> <p>Primary Care services cover GP Practices, Dental Practices, Community Pharmacies, and high street Optometrists.</p> <p>Secondary Care services are usually (but not always) delivered in a hospital or clinic with the initial referral being received from Primary Care or other tertiary healthcare setting.</p> <p>Legal Basis - the legal basis below enables the ICB to process personal data for the purposes of Primary and Secondary Care Commissioning:</p> <ul style="list-style-type: none"> • Health & Social Care Act 2012 (Section 251b) (duty to share) • UK GDPR Article 6(1)(e) - processing for a task in the public interest • UK GDPR Article 9(2)(h) - processing of special category data for medical diagnosis, care, and treatment, or the management of health systems <p>Benefits - Through sharing information ethically and lawfully the NHS can improve its understanding of the most important health needs, and the quality of the treatment and care provided.</p>	<p>Yes</p>	<p>8 years after the end of the contract</p>
<p>Secondary Uses Services (SUS)</p>	<p>Purpose - The Secondary Uses Service (SUS) is the single, comprehensive repository for healthcare data in England which enables a range of reporting and analyses to support the NHS in the delivery of healthcare services.</p> <p>Within SUS resides NHS England’s Data Access Request Service (DARS) which is the gateway to accessing NHS health and social care data. DARS offers different ways to access this data depending on an organisations’ needs, such as on the Secure Data Environment (SDE), through clinical trials or by secure electronic file transfer. DARS enables the secure, transparent and ethical use of NHS health data.</p> <p>Sub-Licensing - In line with the ICB Data Sharing (DARS) agreement, the setting up of sub licence agreements enables the ICB to provide ICS stakeholders access to the ICB SUS Data. The ICB is required to maintain a list of organisations with whom the ICB has issued a sub licence to:</p> <ul style="list-style-type: none"> • Frimley Health NHS Foundation Trust 	<p>Yes</p>	<p>5 Years</p>

	<ul style="list-style-type: none"> Hampshire and Isle of Wight ICB <p>Legal Basis - the legal basis below enables the ICB to process personal data for the purposes of Primary and Secondary Use (SUS) service:</p> <ul style="list-style-type: none"> Health & Social Care Act 2012 (Section 251b) (duty to share) UK GDPR Article 6(1)(e) - processing for a task in the public interest UK GDPR Article 9(2)(h) - processing of special category data for medical diagnosis, care, and treatment, or the management of health systems <p>Benefits - Through sharing information ethically and lawfully the NHS can improve its understanding of the most important health needs, and the quality of the treatment and care provided. DARS enables clinicians and commissioners to have access to data to help improve NHS Services.</p>		
Primary Care Development	<p>Purpose – ICBs play an important role in developing and improving primary care services within their respective areas. They are responsible for commissioning and overseeing the delivery of primary care services, including general practice and community providers.</p> <p>Legal Basis - the legal basis below enables the ICB to process personal data for the purposes of Primary Care Development:</p> <ul style="list-style-type: none"> Health & Social Care Act 2012 (Section 251b) (duty to share) NHS Act 2006 (Section 3a) (duty as to provision of certain services) UK GDPR Article 6(1)(e) - processing for a task in the public interest UK GDPR Article 9(2)(h) - processing of special category data for medical diagnosis, care, and treatment, or the management of health systems <p>Benefits - ICBs work with primary care providers and to develop and implement plans to improve access, quality, and outcomes for patients.</p>	Yes	Up to 20 years, or 10 years after death
Safeguarding	<p>Purpose – Safeguarding means protecting peoples' health, wellbeing, and human rights, and enabling them to live free from harm, abuse, and neglect. It is key in providing high-quality health and social care. The ICB, as an NHS statutory organisation has a duty to participate in Serious Case Reviews for children and adults and Domestic Homicide Reviews undertaken by either the local Children’s Partnership Safeguarding Boards, the Adult Safeguarding Boards, or the Community Safety Partnership for continued learning, to minimise risk and to improve services.</p>	No	10 years

	<p>Legal Basis - the legal basis below enables the ICB to process personal data for the purposes of Safeguarding:</p> <ul style="list-style-type: none"> • Children Act 2004 • Care Act 2014 • Safeguarding provision within the Data Protection Act 2018 – Schedule 1, Part 2, subsections 18 and 19 to ensure the safety of all children, and the safety of adults at risk of abuse and neglect <p>Benefits - Safeguarding is a fundamental element of the ICBs commissioning plans and forms a core part of the commissioning assurance process.</p>		
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Chief Transformation Digital and Delivery

Activity	Rationale	Processor	Retention Period
<p>Emergency Planning</p>	<p>Purpose – The ICB needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. This is referred to as emergency preparedness, resilience and response (EPRR). The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded services, to show that they can deal with such incidents while maintaining services.</p> <p>The 2022 Health and Care Bill amended the 2004 Civil Contingencies Act (CCA) to designate Integrated Care Boards (ICBs) as “Category 1 responders”, which means that they are at the core of an emergency response.</p> <p>As a Category 1 responder, the ICB must:</p> <ul style="list-style-type: none"> • assess the risk of emergencies occurring and use this to inform contingency planning • put in place emergency plans and business continuity management arrangements • make information available to the public, including warning and informing in the event of an emergency • co-operate with and share information with other local responders <p>Legal Basis – the legal basis below enables the ICB to process personal data for the purposes of Emergency Planning:</p> <ul style="list-style-type: none"> • Civil Contingencies Act 2004 (CCA) Category 1 responders' duty to share with other responders 	<p>No</p>	<p>8 Years</p>

	<ul style="list-style-type: none"> • Health and Care Act 2022 • Health & Social Care Act 2012 (Sections 47 and 48) • NHS Act 2006 (Section 3) (duty as to provision of certain services) • NHS England EPRR Framework • UK GDPR Article 6(1)(e) - processing for a task in the public interest • UK GDPR Article 9(2)(h) - processing of special category data for medical diagnosis, care, and treatment, or the management of health systems <p>Benefits - Emergency planning benefits include improved coordination of healthcare responses, enhanced resilience to major incidents, and better public communication during emergencies. These plans ensure healthcare services can continue and be adapted during disruptive events, protecting patients and staff.</p>		
Freedom of Information (FOI) Act & requests	<p>Purpose – The ICB recognises, a member of the public, individuals have the right to know how public services make their operational decisions and how public money is spent. FOIA gives anyone a general right to request access to see official information held by public authorities such as the ICB. For further information, please visit the Information Commissioner's Office website. The FOIA does not override a person’s right of confidentiality. Individual rights to confidentiality are protected under Article 8 of the Human Rights Convention and the Data Protection Act 2018.</p> <p>Legal Basis – The legal basis below enables the ICB to process personal data for the purposes of Freedom of Information:</p> <ul style="list-style-type: none"> • Freedom of Information Act 2000 - (provides individuals with right of access to information held by public authorities) <p>Benefits – The Act reflects a national policy to shift from a culture of confidentiality to one of openness, where information is routinely available, subject to certain exemptions, to anyone who wishes to see it.</p>	Yes	3 Years
Shared Care Record	<p>Purpose – "Thames Valley and Surrey Shared Care Record" refers is the programme across Thames Valley and Surrey where a shared care records has been created to improve clinical staff access to patient’s clinical records across all healthcare providers in Thames Valley and Surrey which will improve the care and support provided.</p>		
Shared Care Record Analytics	<p>Shared Care Record Analytics provides insights into Shared Care Record System usage and data quality. It helps manage, analyse, and audit these systems, offering a deeper understanding of user behaviour and system performance and produces statistical information for planning and analysis. This information is used to improve the efficiency and</p>	Yes	Life of the Share Care Record

	<p>effectiveness of the shared care records. Further information about Thames Valley and Surrey Shared Care Record is available at: Thames Valley and Surrey Care Records</p> <p>Legal Basis – The legal basis below enables the ICB to process personal data for the purposes of Shared Care Record and Shared Care Record Analytics:</p> <ul style="list-style-type: none"> • NHS Act 2006 (Section 3a) (duty as to provision of certain services) • Health & Social Care Act 2012 (Section 254) (duty to establish information systems) • UK GDPR Article 6(1)(e) - processing for a task in the public interest • UK GDPR Article 9(2)(g) - processing is necessary for reasons of substantial public interest • UK GDPR Article 9(2)(h) -processing of special category data for medical diagnosis, care, and treatment, or the management of health systems • UK GDPR Article 9(2)(i) - processing is the management of public interest in public health <p>Benefits – The use of shared care records provides significant benefits directly to patients in supporting the delivery of direct care through improved continuity of care, clinician access to information to support decision making. Using Shared Care records analytics provides benefits to the wider system through ensuring data quality, system efficiency and overall improved to patient care.</p>		
<p>Secure Research Data Environment (SRDE)</p>	<p>Purpose – The Thames Valley and Surrey (TVS) Secure Data Environment (SDE) programme, hosted by Oxford University Hospitals NHS Foundation Trust (OUH), is developing an environment to support the re-use of healthcare data for research and development. The purpose of an SDE is to provide controlled, audited access for research and development without the need for patient data to leave the NHS.</p> <p>Legal Basis – the legal basis below enables the ICB to process personal data for the purposes of Secure Research Data Environment:</p> <ul style="list-style-type: none"> • NHS Act 2006 (Section 251) approval from the Health Research Authority’s Confidentiality Advisory Group (CAG 251), on behalf of the Secretary of State: CAG Reference: 23/CAG/0046 and REC Reference: 22/SC/0330. • UK GDPR Article 6(1)(e) - processing for a task in the public interest • UK GDPR Article 9(2)(h) -processing of special category data for medical diagnosis, care, and treatment, or the management of health systems <p>Benefits – Linking together data from patients, planners and researchers enables the ICB to look for patterns. This helps them identify ways to improve health and care services, including:</p>	<p>Yes</p>	<p>20 days</p>

	<ul style="list-style-type: none"> • understanding more about disease • developing new treatments • monitoring safety • planning services • reviewing the effectiveness of the NHS policy 		
Federated Data Platform (FDP)	<p>Purpose – The ICB is responsible for planning the delivery of NHS services in its area including deciding how resources are allocated. NHS England have developed a product called “Federated Data Platform (FDP)”, which the ICB has created its own FDP. The ICB will use the FDP to help decide what services to commission and how it can improve the NHS services provided to patients. The FDP will enable organisations who are supporting patient care to assess the effectiveness of their services, supporting them to plan and deliver care.</p> <p>Legal Basis - the legal basis below enables the ICB to process personal data for the purposes of Federated Data Platform:</p> <ul style="list-style-type: none"> • UK GDPR Article 6(1)(e) - processing for a task in the public interest • UK GDPR Article 9(2)(h) -processing of special category data for medical diagnosis, care, and treatment, or the management of health systems <p>Benefits - Better outcomes and experience for people, better experience for staff, connecting the NHS.</p> <p>Further information about the Federated Data Platform can be found: NHS England » NHS Federated Data Platform.</p>	<p>Yes</p>	<p>2 years</p>

Chief People Officer

Activity	Rationale	Processor	Retention Period
<p>Employee Information</p>	<p>Purpose – The ICB processes information on the staff it employs. The type of data processed includes personal information about staff including such data items as home addresses, NI number, date of birth as well as job related information such as salary, additional payments job titles and directorate.</p> <p>Sources of employee information - The ICB obtains information about its staff from the following sources:</p> <ul style="list-style-type: none"> • Directly from staff; • From an employment agency; • From employers in the case of a secondee; • From referees, either external or internal; • From security clearance providers; • From Occupational Health and other health providers; • From Pension administrators and other government departments, for example, tax details from HMRC; • From the Trade Union. <p>What data does the ICB process and why - Examples of what data the ICB holds and the reasons for holding it are as follows:</p> <p>Information related to employment The ICB uses the following information to conduct the contract it has with staff, provide staff access to business services required for their role and manage its human resources processes. It will also use it for regulatory purposes in its role as a supervisory authority:</p> <ul style="list-style-type: none"> • Personal contact details - staff name, address, contact telephone numbers (landline and mobile) and personal email addresses; • Date of birth, gender, and NI number; • A copy of staff passport or similar photographic identification and /or proof of address documents; • Marital status; • Next of kin, emergency contacts and their contact information; 	<p>Yes</p>	<p>Until 75th birthday or 6 years after employment has ended</p>

	<ul style="list-style-type: none"> • Employment and education history including qualifications, job application(s), employment references, right to work information and details of any criminal convictions that staff declare; • Location of employment; • Details of any secondary employment, political declarations, conflict of interest declarations or gift declarations; • Security clearance details including basic checks and higher security, clearance details according to their job; • Any criminal convictions that staff declare; • Responses to staff surveys where this data is not anonymised; • Political declaration form in line with the ICB’s policy and procedure regarding party political activities. <p>Information related to salary, pension, and loans</p> <p>The ICB processes the following information for the payment of staff salary, pension, and other employment related benefits. It also processes it for the administration of statutory and contractual leave entitlements such as holiday or parental leave:</p> <ul style="list-style-type: none"> • Information about job role and employment contract including start and leave dates, salary (including grade and salary band), any changes to employment contracts, working pattern (including any requests for flexible working) • Details of any time spent working and any overtime, expenses or other payments claimed, including details of any loans • Details of any leave including sick leave, holidays, special leave etc. Details relating to Maternity, Paternity, Shared Parental and Adoption leave and pay. This includes forms applying for the relevant leave, copies of MATB1 forms/matching certificates and any other relevant documentation relating to the nature of the leave staff are taking • Pension details including membership of both state and occupational pension schemes (current and previous) • Bank account details, payroll records and tax status information • Trade Union membership for the purpose of the deduction of subscriptions directly from salary <p>Information relating to staff performance and training</p> <p>The ICB uses the following information to assess staff performance, to conduct pay and grading reviews and to deal with any employer/employee related disputes. It also uses it to meet the training and development needs required for staff roles:</p> <ul style="list-style-type: none"> • Information relating to performance at work e.g., probation reviews, PDRs, promotions 		
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	<ul style="list-style-type: none"> • Grievance and dignity at work matters and investigations to which staff may be a party or witness • Disciplinary records and documentation related to any investigations, hearings and warnings/penalties issued • Whistleblowing concerns raised by staff, or to which staff may be a party or witness • Information related to staff training history and development needs <p>Information relating to staff health and wellbeing and other special category data The ICB use the following information to comply with its legal obligations and for equal opportunities monitoring. It also uses it to ensure the health, safety, and wellbeing of its employees, including contacting emergency contacts when appropriate:</p> <ul style="list-style-type: none"> • Health and wellbeing information either declared by staff or obtained from health checks, eye examinations, occupational health referrals and reports, sick leave forms, health management questionnaires or fit notes i.e., Statement of Fitness for Work from GP or hospital • Accident at work records • Details of any desk audits, access needs or reasonable adjustments • Information staff have provided regarding Protected Characteristics as defined by the Equality Act and s.75 of the Northern Ireland Act for the purpose of equal opportunities monitoring. This includes racial or ethnic origin, religious beliefs, disability status, and gender identification and may be extended to include other protected characteristics • Next of kin, emergency contacts and their contact information <p>Legal Basis (personal data) - the legal basis below enables the ICB to process personal data for the purposes of management of staff/employees:</p> <ul style="list-style-type: none"> • UK GDPR Article 6(1)(b) which relates to processing necessary for the performance of a contract. • UK GDPR Article 6(1)(c) so that the ICB can comply with its legal obligations as an employer • UK GDPR Article 6(1)(d) to protect staff vital interests or those of another person • UK GDPR Article 6(1)(e) for the performance of its public task • UK GDPR Article 6(1)(f) for the purposes of its legitimate interest <p>Legal Basis (special category data) – the legal basis below enables the ICB to process special category data for the purposes of management of staff/employees:</p> <ul style="list-style-type: none"> • UK GDPR Article 9(2)(b) which relates to conducting its obligations and exercising its rights in employment and the safeguarding of staff fundamental rights 		
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	<ul style="list-style-type: none"> • UK GDPR Article 9(2)(c) to protect vital interests or those of another person where staff are incapable of giving consent • UK GDPR Article 9(2)(h) for the purposes of preventative or occupational medicine and assessing working capacity as an employee • UK GDPR Article 9(2)(f) for the establishment, exercise, or defence of legal claims • UK GDPR Article 9(2)(j) for archiving purposes in the public interest <p>Legal Basis – the legal basis below enables the ICB to process personal data for the purposes of criminal convictions and offences:</p> <ul style="list-style-type: none"> • UK GDPR Article 6(1)(e) for the performance of its public task. In addition, it relies on the processing condition at Schedule 1 part 2 paragraph 6(2)(a) • UK GDPR Article 6(1)(b) for the performance of a contract. In addition, it relies on the processing condition at Schedule 1 part 1 paragraph 1 <p>Data Sharing - In some circumstances, such as under a court order, the ICB is legally obliged to share information.</p> <p>The ICB will share information about staff with third parties including government agencies and external auditors. For example, the ICB will share information with HMRC for the purpose of collecting tax and national insurance contributions. The ICB has a legal obligation to share information with appropriate organisations where an individual’s information is required for investigation into fraud or other certain unlawful activities.</p> <p>Additionally, it is required under the Public Records Act 1958 (as amended) to transfer records to the National Archives (TNA) for permanent preservation. Some of these records may include the personal data of current and former employees. Full consideration will be given to Data Protection and Freedom of Information legislation when making decisions about whether such records should be open to the public.</p> <p>Benefits – This benefits both the employer and the employee by clarifying how personal data is collected, used, and protected, ensuring transparency and compliance with data protection regulations. This provides employees with the information they need to make informed decisions about their data and empowers them with their data protection rights.</p>		
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<p>System Workforce Transformation</p>	<p>Purpose – System workforce transformation focuses on developing the health and care workforce to better meet local needs and be sustainable. This involves addressing challenges in workforce supply, retention, capability, and cost, whilst maximising socio-economic benefits within the community. The ICB has a role in developing a cohesive workforce strategy, ensuring resources are allocated appropriately, and promoting collaborative workforce development across primary care organisations.</p> <p>Legal Basis – the legal basis below enables the ICB to process personal data for the purposes of system workforce transformation:</p> <ul style="list-style-type: none"> • Health and Care Act 2022 - The Act enables workforce transformation through integrated planning and a clearer national strategy for recruiting and training staff. <p>Benefits - These include enhanced patient care, improved staff retention, and increased recruitment. It also fosters a more resilient, skilled, and motivated workforce, leading to more effective and efficient system-wide working.</p>	<p>Yes</p>	<p>From 2 years to 7 years, dependent upon the type of data</p>
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Chief Executive Officer

Activity	Rationale	Processor	Retention Period
Audit/Assurance	<p>Purpose – The ICB uses Audit and Assurance activities to review and assure its services and activities are meeting appropriate standards and to support continuous improvement. Wherever possible audit and assurance activities use anonymised personal data. However, for certain activities, the ICB may process personal data, to ensure that activities are thoroughly audited and performance reviewed. Where the ICB uses third parties to support these activities (e.g. Auditors) they will be subject to appropriate contracts/agreements and data minimisation will be ensured.</p> <p>Legal Basis – the legal basis below enables the ICB to process personal data for the purposes of Audit/Assurance:</p> <ul style="list-style-type: none"> • UK GDPR Article 6(1)(b) which relates to processing necessary for the performance of a contract. • UK GDPR Article 6(1)(c) so the ICB can comply with its legal obligations as an employer. • UK GDPR Article 6(1)(e) for the performance of the ICB’s public task. • UK GDPR Article 6(1)(f) for the purposes of the ICB’s legitimate interest. <p>Benefits - Audit and Assurance purposes helps to continuous improvement, identifying any areas for change, highlighting areas of good practice and helps to increase confident in the ICB’s activities.</p>	Yes	10 years
ICB Governance	<p>Purpose – The ICB has a range of policies, procedures, and practices in place to ensure that it operates effectively, ethically, and transparently, while meeting its statutory obligations. There are several Governance activities that may involve the processing of personal information including committee management, managing conflicts of interests and registering gifts and hospitality.</p> <p>Legal Basis – the legal basis below enables the ICB to process personal data for the purposes of ICB Governance:</p> <ul style="list-style-type: none"> • UK GDPR Article 6(1)(e) for the performance of the ICB’s public task • UK GDPR Article 6(1)(f) for the purposes of the ICB’s legitimate interest <p>Benefits - ICB Governance activities ensure that decisions are appropriately made and that there is accountability. There is increased trust and enhanced reputation through transparent processes and decisions.</p>	Yes	30 years

<p>Freedom to Speak Up</p>	<p>Purpose – The ICB has a responsibility to ensure everyone working for them feels safe and confident to speak up. The National Guardian’s Office leads, trains and supports Freedom to Speak Up Guardians in England and provides support and challenge to the healthcare system in England on speaking up.</p> <p>Legal Basis – the legal basis below enables the ICB to process personal data for the purpose of Freedom to Speak Up:</p> <ul style="list-style-type: none"> • UK GDPR Article 6(1)(a) consent • UK GDPR Article 6(1)(f) for the purposes of the ICB’s legitimate interest • UK GDPR Article 6(1)(e) public task/official authority <p>When raising concerns to the freedom to speak up guardian, the submission may contain additional information including data concerning health or ethnic origin which is considered special category data, where this is collected, the legal basis enables the ICB for process special category data for the purpose of Freedom to Speak Up:</p> <ul style="list-style-type: none"> • UK GDPR Article 9(2)(b) for employment • UK GDPR Article 9(2)(h) for health and social care • UK GDPR Article 9(2)(i) for public health <p>Benefits - Freedom to Speak Up benefits individuals, organisations and patients by promoting safety, improvement, and learning. It allows for the identification of issues early, leading to safer care and improved patient experiences, while also boosting staff satisfaction and engagement.</p>	<p>Yes</p>	<p>10 years</p>
<p>Specialist Commissioning</p>	<p>Purpose – Specialised services support people with a range of rare and complex conditions. They often involve treatments provided to patients with rare cancers, genetic disorders or complex medical or surgical conditions. They deliver cutting-edge care and are a catalyst for innovation, supporting pioneering clinical practice in the NHS.</p> <p>NHS England have delegated the management of specialist commissioning to ICBs. Across Southeast Region, the ICB have agreed to adopt a “hub” model for specialist Commissioning, and the ICB has agreed to host and manage the specialist Commissioning for the Southeast Region ICB’s. The ICB has a Data Processing Agreement in place for this management of the hub model/service.</p> <p>These services are commissioned and managed by the ICB, allowing it to focus on population health management across whole pathways of care, improving the quality of services, tackling health inequalities and ensuring best value.</p>	<p>Yes</p>	<p>Until 25th birthday of a child or 8 years after treatment for an adult, or lifetime of patient</p>

	<p>Legal Basis – the legal basis below enables the ICB to process personal data for the purposes of Specialist Commissioning:</p> <ul style="list-style-type: none"> Health and Care Act 2022 - which allows for the delegation of NHS England's national commissioning responsibilities to Integrated Care Systems (ICSs). Specifically, NHS England has set out plans to delegate some specialised commissioning functions to ICBs <p>Benefits - Allows ICBs to take strategic control over entire care pathways, improve patient care, and potentially reduce waiting times by ensuring services are planned, commissioned, and delivered in a more integrated manner. It also supports the government's aim to move towards preventative care and community-based services, strengthening the role of ICBs in strategic planning and population health.</p>		
<p>Closed Circuit TV (CCTV)</p>	<p>Purpose - CCTV systems are used on some of the ICB's sites, primarily to enhance safety and security for staff, patients, and visitors within healthcare settings. They serve as a deterrent to crime, assist in the prevention and detection of incidents, and can be used to gather evidence for investigations. Additionally, CCTV help monitor potentially risky areas, ensuring a safer environment for everyone.</p> <p>Legal basis - the legal basis below enables the ICB to process personal data for the purposes of CCTV:</p> <ul style="list-style-type: none"> UK GDPR Article 6(1)(f) Legitimate interests – e.g. crime prevention, security, or protecting property <p>Benefits – the benefits to utilising CCTV are:</p> <ul style="list-style-type: none"> Deterrent to crime - The presence of CCTV cameras discourages individuals from engaging in criminal or disruptive behaviour Incident management - CCTV helps to identify and respond to incidents such as violence, theft, or accidents, potentially preventing escalation Evidence gathering - In the event of an incident, CCTV footage can be used as evidence in investigations, both internal and external, including criminal investigations Safety monitoring - CCTV monitors areas where patients may be at risk of harm, such as from their own actions or behaviours or where there may be a risk of violence or aggression towards others Staff safety- CCTV helps protect staff from aggression or violence, providing a safer working environment. Security of premises -CCTV can monitor access points and other areas to ensure the security of the premises and property 	<p>Yes</p>	<p>Records are kept for 30 days unless there are ongoing investigations</p>

Chief Finance Officer

Activity	Rationale	Processor	Retention Period
<p>Cabinet Office</p>	<p>Purpose - The Cabinet Office is responsible for conducting data matching exercises. Data matching involves comparing computer records held by one body against other computer records held by the same or another body to see how far they match. This is usually personal information. Computerised data matching allows potentially fraudulent claims and payments to be identified. Where a match is found it may indicate that there is an inconsistency which requires further investigation. No assumption can be made as to whether there is fraud, error, or other explanation until an investigation is conducted.</p> <p>The ICB participates in the Cabinet Office’s National Fraud Initiative: a data matching exercise to assist in the prevention and detection of fraud. It is required to provide sets of data to the Minister for the Cabinet Office for matching for each exercise, as detailed here. Data matching by the Cabinet Office is subject to a Code of Practice.</p> <p>Legal Basis – the legal basis below enables the ICB to process personal data for the purposes of Cabinet Office:</p> <ul style="list-style-type: none"> Local Audit and Accountability Act 2014 Part 6 - Comptroller and Auditor General (C&AG) responsible for the preparation, publication and maintenance of the Code of Audit Practice. Data matching by the Cabinet Office is subject to the Code of Practice. <p>Benefits – the data matching exercise delivers the following benefits:</p> <ul style="list-style-type: none"> Protecting public funds Strengthening public sector efficiency and reform Improving data matching methodology Providing data for investigation Supports by identifying risks and weaknesses in NHS organisational processes 	<p>Yes</p>	<p>10 years</p>
<p>Collaborative fees within</p>	<p>Purpose - GPs from different geographic areas send their Mental Health Assessment Claim forms to Berkshire Healthcare Foundation Trust, West Hampshire ICB and South Central and West CSU depending</p>	<p>Yes</p>	<p>6 years</p>

Mental Health Assessment Claims	<p>upon their location. The purpose of the involvement of the Finance team with regards to Mental Health Assessment Claim work stream is to process the claim and approve payment to the assessing doctor for working during out of hours or on weekends.</p> <p>The information the Finance Team will have access to includes patient’s full name, address, D.O.B, NHS number, Registered GP of the patient, name of the assessing doctor, date and time of the assessment, and information on the outcome of the assessment.</p> <p>Legal Basis - the legal basis below enables the ICB to process personal data for the purposes of Collaborative Fees with Mental Health Assessment Claims:</p> <ul style="list-style-type: none"> • UK GDPR Article 6(1)b - contractual relationship • UK GDPR Article 9(2)c - processing is necessary to protect the vital interests of an individual <p>Benefits – Ensure staff who are completing Mental health Assessments are paid for the delivery of their service in a timely manner, which enables patients to receive the best possible care.</p>		
Financial Planning / Sustainability	<p>Purpose – The ICB uses financial planning to ensure NHS services remain sustainable, effective, and able to meet the needs of our local population. This means planning how we use public money wisely – balancing the funding we receive with the health and care needs of the people we serve. We aim to get the best value for money, support the long-term viability of services, and identify ways to improve efficiency and productivity.</p> <p>Legal Basis – the legal basis below enables the ICB to process personal data for the purposes of Financial Planning/Sustainability:</p> <ul style="list-style-type: none"> • Health and Care Act 2022 - management of public funds responsibly, ensure financial balance, and deliver services within our allocated budgets <p>Benefits - Good financial planning helps ensure NHS services are sustainable for the future. It supports better decision-making, manages financial risk, and helps identify areas for improvement or investment. This allows the ICB to deliver better care for patients, ensure fair access to services, and make the best use of the public funds it is entrusted with.</p>	<p>No</p>	<p>6 years</p>

Individual Funding Requests	<p>Purpose – The ICB will collect and process personal information where it is requested to fund a specific treatment or service for a condition that is not routinely offered by the NHS. This is called an “Individual Funding Request” (IFR).</p> <p>Legal Basis – the legal basis below enables the ICB to process personal data for the purposes of Individual Funding Requests:</p> <ul style="list-style-type: none"> • National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012 part 7 (34) sets out the duty of an ICB regarding funding and commissioning of drugs and other treatments • UK GDPR Article 6(1)(a) - explicit consent • UK GDPR Article 9(2)(a) - explicit consent <p>Benefits - The Individual Funding Request process allows the ICB to look at evidence for the safety and effectiveness of any treatment and ensures the services the ICB pays for will give patients the greatest health gains from the finite resources it has available.</p>	<p>No</p>	<p>2 years if funding is rejected or 8 years of funding is accepted.</p>
Invoice Processing and Validation	<p>Purpose – The Invoice Validation process ensures care providers who provide patients with care and treatment can be paid for the services they provide in a timely and efficient manner. There are situations where personal data is required to ensure the correct service provider is paid. In such cases service providers are required to send personal identifiable data, such as NHS Number, to a Controlled Environment for Finance (CEFF) which is a secure restricted area within the ICB. The invoices are then assessed to determine which can be validated (authorised) for payment.</p> <p>NHS England has published guidance on how invoices must be processed and Commissioners have a duty to detect report and investigate any incidents of where a breach of confidentiality has been made.</p> <p>Legal Basis – the legal basis below enables the ICB to process personal data for the purposes of Invoice Processing and Validation:</p> <ul style="list-style-type: none"> • NHS Act 2006 (Section 251) approval from the Health Research Authority’s Confidentiality Advisory Group (CAG 251), on behalf of the Secretary of State: CAG Reference: (7-07) (a-c)/2013. • UK GDPR Article 6(1)e for the for the performance of a task carried out in the public interest and • UK GDPR Article 9(2)(h) for the purposes of preventative or occupational medicine and assessing working capacity as an employee 	<p>No</p>	<p>3 years</p>

	<p>Benefits – The invoice validation process supports the delivery of patient care by ensuring that:</p> <ul style="list-style-type: none">• service providers are paid for patients’ treatment• enables services to be planned, commissioned, managed, and subjected to financial control,• enables commissioners to confirm that they are paying appropriately for the treatment of patients for whom they are responsible• fulfilling commissioners’ duties of fiscal probity and scrutiny• enables invoices to be challenged and disputed or discrepancies resolved• patients exist and have received the treatment from a real provider (helps to reduce fraud)		
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