

# DATA PROTECTION IMPACT ASSESSMENT

Delegation of the identified Specialised Commissioning Services in the Midlands region of NHSE to their respective ICBs (no staff transfers)

# 1. Document contributors

The Data Protection Impact Assessment (DPIA) is owned by the team undertaking the processing and will be completed with the support of data protection and records management specialists from the Corporate IG team.

## 1.1 Document owners

To be completed by the business lead.

The individuals named below will be responsible for implementing all compliance activities required as a result of the assessment process.

### Business owner

This should be the project or team lead responsible for completing this DPIA.

Names	Key contacts: Stacey Brittain, Development Manager – <a href="mailto:stacey.brittain@nhs.net">stacey.brittain@nhs.net</a>
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### Senior Responsible Owner (SRO)

This should be a relevant Band 9 or above accountable for the project or programme.

Name	RDC contact: Jo Melling, Deputy Director Commissioning Integration – <a href="mailto:jomelling@nhs.net">jomelling@nhs.net</a>
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## 1.2 Corporate IG specialist

To be completed by Corporate IG.

Corporate IG – the IG Officer, Manager or Lead supporting this DPIA.

Name	Rebecca Bray & Lindsay Ince
Job title	Snr IG Manager, RM Manager
Corporate IG work stream	PTT, Digital & Corporate Operations & Records management
Email address	<a href="mailto:rebecca.bray11@nhs.net">rebecca.bray11@nhs.net</a> <a href="mailto:Lindsay.ince@nhs.net">Lindsay.ince@nhs.net</a> <a href="mailto:england.ig-delegationsupport@nhs.net">england.ig-delegationsupport@nhs.net</a>

## 2. Data Protection Impact Assessment (Level 1)

To be completed by the business owner and emailed to [Corporate IG](#).

### 2.1. Previous reviews

Has this project, programme or initiative been subject to a previous Data Protection Impact Assessment?

No	If yes, provide IG reference of previous DPIA	
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### 2.2. Purpose of the processing

Describe your project or initiative and the outcomes and benefits it hopes to achieve.

<p>On the 1<sup>st</sup> April 2025 the final phase of the delegation of specialised services to ICBs will be complete.</p> <p><a href="#">NHS commissioning » How commissioning is changing workspace homepage</a> – <i>this holds the detail of the services being delegated, including other relevant material to both delegated and retained specialised commissioning functions.</i></p> <p>The specialised commissioning team will transfer from NHS England to the host ICB on the 1<sup>st</sup> July 2025 and will form part of an integrated commissioning team working alongside staff employed by NHSE in the retained geographical Unit.</p> <p>There will be little change to the data being collected and shared as there is already the commitment to work with ICBs, there are joint working arrangements and operating models (see appendix 4) already in place and these are continuously being updated by the regional Commissioning Integration team and respective ICBs.</p> <p>The further identified services to be delegated will be added to the revised Delegation Agreement (DA) for April 2025. The current Joint Data controller agreement (JDCA) (see Appendix 3) will be updated to include the further 3 months between April and July 25. This change covers the interim period during which staff will remain with NHS England until 1 July 2025.</p> <p>The Operating model for the Specialised Integrated Commissioning team made up of the ICB employed team for delegated specialised services and the NHSE employed team for retained specialised services will be appended to the document for reference when they are finalised. These will help us understand what changes or additional sharing and governance mechanisms we need to have in place at the point of staff transfer, on the 1st July 2025.</p>
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What is the anticipated timeframe for your project or initiative?

<p>On 1<sup>st</sup> April 2025 the midlands ICBs will take responsibility for the delegated functions (detailed within the DA), however the regional NHSE Commissioning Integration team, will continue to process this data on behalf of the ICBs as staff will not transfer from NHSE to the relevant ICB host, until 1<sup>st</sup> July 2025 – the detail around this is in both the DA and JDC</p>
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**IG Reference:** Delegation: Spec comm April 2025

## Agreement

The Joint controller agreement currently in place with the NHSE regional commissioning teams and their relevant ICBs will need to be extended to cover the additional three months between 1<sup>st</sup> April 2025, when the further services are added to the DA agreement and 30<sup>th</sup> June 2025 when the staff will transfer to their respective ICBs.

### 2.3. Description of personal data to be processed

Who will the data you intend to use be about (e.g. cancer patients, NHSE staff)?

See list of functions in Appendix 1. This detail all functions/services which will be delegated to the ICBs.

Please select all relevant options below to describe the data you will receive and use.

#### Types of people

Patients	Yes
NHSE staff	Yes
Wider health and care staff	Yes
Other	Yes

#### Number of people

Less than 100	No
Between 100 and 999	No
Between 1,000 and 99,999	No
Between 100,000 and 10m	Yes
Over 10m	No

#### Types of data

Data concerning health	Yes
Racial or ethnic origin	Yes
Political opinions	No
Religious or philosophical beliefs	No
Trade union membership information	No
Genetic data	No
Biometric data	No
Sex life or sexual orientation	No
Criminal convictions	No

#### Sensitivity of data

Contains identifiers (e.g. name, address, NHS number)	Yes
Data about individual people with identifiers removed	Yes
Summary or aggregated data that does not describe individual people	Yes

**2.4. How the personal data will be collected and used**

Will **all** personal data to be processed for your project be received via the National Commissioning Data Repository (NCDR) or Strategic Information Platform (SIP)?

No, some but not ALL

If any personal data will be collected from sources other than the NCDR or SIP, describe where you will collect the personal data from.

Directly from providers and between commissioners.  
Directly from patients (case workers only)

Describe how you intend to use this information and how you will ensure it is securely stored and managed.

For the delivery of the delegated commissioning specialised function which are delegated to the ICBs.

Will your use of the data result in automated decisions or actions being made about people in ways that could have a significant impact on them?

Yes	If yes, how will this impact people	Used to plan service provision and financial planning for these related services.
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Do you have a Records and Information Management Co-ordinator (RIMC) in your team?

Yes	If yes, confirm their name	Lindsay Ince
	Summarise their advice in relation to the storage, management and retention of any <u>corporate records</u> this processing may generate	Specific records management guidance and support materials, supported by Q&A sessions, with each region, will be provided.

If you do not have an RIMC, you may continue with the assessment. However, all teams should have a nominated co-ordinator, you must contact [england.ig-corporate@nhs.net](mailto:england.ig-corporate@nhs.net) to arrange for a member of your team to be trained and registered.

Will NHS England colleagues be using a new IT platform that requires users to log in (i.e. with a username and password or other authentication process) or one that has substantially changed following a previous DPIA to process the personal data?

No

If yes, you will need to produce or update a [System-Level Security Policy \(SLSP\)](#) before this review can be assured – please contact [england.itsecurity@nhs.net](mailto:england.itsecurity@nhs.net). You must submit a copy of the approved SLSP with this DPIA to Corporate IG before your project can be signed off.

List any other organisations who will be given access to this data (for example, suppliers, data processors, contractors, consultancies, research agencies).

<b>Organisation</b>	<b>Country of operation</b>	<b>Data to be shared</b>
NHS Black Country ICB  As per the appended Joint Data Controller agreement	United Kingdom	Contracting data / Performance data / Service provision & planning data / employment data and personal files / patient identifiable data
NHS Birmingham and Solihull ICB  As per the appended Joint Data Controller agreement	United Kingdom	Contracting data / Performance data / Service provision & planning data / employment data and personal files / patient identifiable data
NHS Coventry & Warwickshire ICB  As per the appended Joint Data Controller agreement	United Kingdom	Contracting data / Performance data / Service provision & planning data / employment data and personal files / patient identifiable data
NHS Derby and Derbyshire ICB  As per the appended Joint Data Controller agreement	United Kingdom	Contracting data / Performance data / Service provision & planning data / employment data and personal files / patient identifiable data
NHS Herefordshire & Worcestershire ICB  As per the appended Joint Data Controller agreement	United Kingdom	Contracting data / Performance data / Service provision & planning data / employment data and personal files / patient identifiable data
NHS Leicester, Leicestershire, and Rutland ICB  As per the appended Joint Data Controller agreement	United Kingdom	Contracting data / Performance data / Service provision & planning data / employment data and personal files / patient identifiable data
NHS Lincoln and Lincolnshire ICB	United Kingdom	Contracting data / Performance data /

As per the appended Joint Data Controller agreement		Service provision & planning data / employment data and personal files / patient identifiable data
NHS Northamptonshire ICB  As per the appended Joint Data Controller agreement	United Kingdom	Contracting data / Performance data / Service provision & planning data / employment data and personal files / patient identifiable data
NHS Nottingham and Nottinghamshire ICB  As per the appended Joint Data Controller agreement	United Kingdom	Contracting data / Performance data / Service provision & planning data / employment data and personal files / patient identifiable data
NHS Shropshire, Telford and Wrekin ICB  As per the appended Joint Data Controller agreement	United Kingdom	Contracting data / Performance data / Service provision & planning data / employment data and personal files / patient identifiable data
NHS Staffordshire and Stoke on Trent ICB  As per the appended Joint Data Controller agreement	United Kingdom	Contracting data / Performance data / Service provision & planning data / employment data and personal files / patient identifiable data

## 2.5. Lawful basis for processing the personal data

What is it in statute or common law that enables and/or entitles NHSE, TDA or Monitor to use information about people in the proposed way? (For example, this might be a specific clause(s) within the NHS Act 2006 or the Health and Social Care Act 2012, a set of Regulations, Ministerial Directions, or a clear common law task. A list of NHS England statutory duties can be found [here](#).)

NHS England has statutory functions to arrange for the provision of prescribed services for the purposes of the NHS, including the '**Specialised Services**'. Pursuant to section 65Z5 of the NHS Act 2006 NHS England intends to delegate to ICBs (via the '**Delegation Agreement**') the statutory functions for commissioning certain of those Specialised Services ('**the Delegated Specialised Services**') to take effect from the beginning of the 2025/26 financial year.

However, staff to support the delivery of delegated commissioning functions won't transfer to the relevant ICBs until 1st July 2025, there will be supporting arrangements to cover this transitional period (Joint Data Controller Agreements 1 April – 30 June 2025). For this interim period NHS England will also continue to deliver supporting functions such as FOI, SRR and complaints as they will retain the data and staff required to fully answer these types of queries.

NHS England will continue to hold the statutory function for a number of Specialised Services who are not, at present, to be delegated to the ICBs ('**the Retained Specialised Services**').

- NHS Act 2006, Schedule 1, paragraph 13(3) to obtain and analyse data.
- NHS Act 2006, Section 2 gives NHS England the power to do anything calculated to facilitate, or that is conducive or incidental to the discharge of any of the tasks given to it by the NHS 2006 Act. This includes sharing data when this is done for a proper purpose

Do any of the following statements apply?

We need the information to enact a contract between us and the person to whom the data relates	No
We will be seeking explicit and unconditional consent from each person to which the data relates	No
We are responding to a legally binding request from a court or other statutory agency to provide this information	No
We need the information to protect the life of an immediately endangered individual or persons	No

## 2.6. Risk assessment

**This risk log should be updated throughout the DPIA process and may be contributed to by the business owner, IG Specialist, IG Management, the Data Protection Officer (DPO) or the SIRO.**

Please record below any information risks associated with this programme, project or initiative. Several general information risks have been pre-populated and must be considered in all cases. Please also add any additional, project-specific information risks. All risks identified in this DPIA should be transferred to the project, programme or initiative’s local risk log for operational management by the business owner.

Risk scores should be calculated assuming any proposed mitigating actions have been successfully implemented, using the scoring matrix in the DPIA guidance.

Risk title	Description of how the risk impacts this activity or a justification of why it is not applicable	Risk score (Prior to mitigations)			Proposed solution(s) or mitigating action(s)	Action owner(s)	Action Due Date(s)	Risk score (After mitigations are implemented)			Status
		Likelihood	Impact	RAG status				Likelihood	Impact	RAG status	
1 There is a risk that personal data may be misused by those with access	New ways of working may invoke challenges and over sharing of data	2	3	A	There will be minimal data shared between NHSE and the ICBs further than what is already available already and that which is required to deliver the delegated functions. Shared work space minimises the risk as access controls will be mapped out and implemented prior to staff transfer.	NHSE and ICBs	31/03/2024	1	3	A	Closed
2 There is a risk that insufficient organisational measures are in place to ensure appropriate security of the personal data (e.g. policies, procedures, disciplinary controls)	minimal personal data being processed as part of this work.	1	2	G	Case managers have been identified as part of the data flow mapping appended to this DPIA, they will have access to relevant PID however their working folders will continue to be locked down only to those staff required to have access.	NHSE	31/03/2025	1	1	G	Closed
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)	minimal personal data being processed as part of this work.	1	2	G	As above. Similarly in terms of the contractually sensitive information, this data is managed so only those staff members who need access will have access, this is mapped out	NSHE	31/03/2025	1	1	G	Closed

Risk title	Description of how the risk impacts this activity or a justification of why it is not applicable	Risk score (Prior to mitigations)			Proposed solution(s) or mitigating action(s)	Action owner(s)	Action Due Date(s)	Risk score (After mitigations are implemented)			Status	
		Likelihood	Impact	RAG status				Likelihood	Impact	RAG status		
					within the data flow mapping document appended to this DPIA.							
4	There is a risk that insufficient testing has taken place to assess and improve the effectiveness of technical and organisational measures	New ways of working, delegation is new to these teams.	2	3	A	NHSE regional commissioning teams have already been working in a collaborative way and this year's arrangement should not bring any new risk as no new data will be made available that what is already in place/available to either party. In addition to this the access controls which have been mapped out will be tested and in place prior to staff transferring to the ICBs host hub.	NHSE and ICBs	31/03/2025	1	3	A	Closed
5	There is a risk that data that has had identifiers removed could be manipulated in some way to re-identify individual people	This would always be a risk due to the nature of the nature available to either organisation, however this is not the intention and data is always treated as confidential and care is always take to ensure only the minimum amount necessary is available to only those who require it.	3	3	AG	This is not the intention and data is always treated as confidential and care is always take to ensure only the minimum amount necessary is available to only those who require it.	NHSE and ICBs	31/03/2024	2	2	A	Closed
6	There is a risk that...		Select	Select	Select				Select	Select	Select	Select

**Thank you for completing the Level 1 Data Protection Impact Assessment. Please submit it to [Corporate IG](#), where it will be assigned to a member of Corporate IG who will contact you to appraise the processing and complete the review. We aim to respond to you within ten working days.**

### 3. DPIA (Level 1) Risk Screening

To be completed by the allocated Corporate IG specialist.

#### 3.1. Type(s) of personal data

Fully identifiable	Yes
Pseudonymised	Yes
Anonymised in context	Yes
Fully anonymised	Yes

Will the processing involve fully identifiable data about patients?

Yes

#### 3.2. Risk thresholds

There is no processing of personal data involved in this activity	No	<b>If the answer to any of these statements is “Yes”, there is no need to progress further with the DPIA</b>
Data has been fully aggregated with small-number suppression applied prior to processing	Yes (some, not all)	
NHS England is <b>not</b> a data controller or processor for this processing	No	

Any element of automated processing in which decisions are made about a person in the absence of human intervention (including profiling)	No	<b>If all these statements are answered “No”, progress as Level 1 DPIA</b> Complete Section 5 and seek local IG Manager approval
Processing of individual-level data that includes special categories or criminal convictions/offences (this does not apply to data from the SIP/NCDR or fully anonymised data)	Yes DSCRO CSUs only	
Processing of fully anonymised data about more than 10,000,000 people that includes special categories or criminal convictions/offences	No	<b>If the answer to any of these statements is “Yes”, progress as Level 2 DPIA</b> Complete Section 4 and Section 5 and seek DPO and SIRO approval
Systematic monitoring of a publicly accessible area involving more than 1,000 people	No	
Transfer, storage or access of personal data outside of the UK	No	
Any other risks to peoples’ rights and freedoms that cannot be mitigated below amber-red	No	

## 4 Data Protection Impact Assessment (Level 2)

To be completed by the business owner in discussion with the allocated IG Specialist if Corporate IG assess the processing as being high-risk.

### 4.1. Justification for personal data to be processed

Describe why it would not be possible to undertake your project or initiative without the personal data described in 2.3. Explain why this is the minimum amount of data necessary for the task and, if applicable, why you could not use de-identified data.

In order for NHSE to delegate the identified commissioning functions (listed in Appendix 1) to be updated for April 25, to include the additional services which have been added to the delegation agreement, ready for the staff transfer in July 2025.

Identifiable data is only used in a small percentage of services in Specialised commissioning, full details are within the associated Data flow mapping document.

Operating models will be jointly developed. To promote an open and collaborative approach to deliver specialised commissioning functions a shared repository workspace will be developed (on NHSE .net tenancy), for each region, accessible via SharePoint or Teams. Records management guidance and support will be provided to support this work within the regional teams.

Is the provision of personal data obligatory?

Yes	If yes, describe why this is the case	Some data is classed a pseudonymised level data, provided from the CSUs DSCROs. Both organisations already have access to this level of data. The only addition to this will be in relation to the case managers as detailed earlier in this document and in the data flow mapping document appended.
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What are the possible consequences for a data subject if there is a failure to provide the requested personal data?

The possible consequences are:

- The ICB could not fulfil their obligations to deliver the delegated functions.
- NHSE could not discharge these functions on behalf of the ICBs for this interim period until staff are transferred.
- NHSE would carry the risk associated with these functions as it remains overall accountable for all delegated services. It is in the interest of all organisations involved

to ensure the risks are addressed prior to delegation and for the staff transfer.

If the processing will result in a decision being made about an individual without any human intervention, describe the logic by which any decisions will be reached?

n/a

Will any personal data be used for direct marketing to data subjects?

No	If yes, provide further details	
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**4.2. Additional information about personal data to be processed**

Describe the dataset(s) that you intend to collect and process, who will have access to it and how it will be securely stored. Please either submit a comprehensive data flow diagram or complete the section below.

Dataset	Personal data items	To be accessed by	Secure storage
See Appendix 2			

List any flows of personal data into NHS England.

Sender	Content	Secure transfer mechanism	Recipient
N/A			

List any flows of personal data out of NHS England.

Sender	Content	Secure transfer mechanism	Recipient
See Appendix 2			

Will the personal data be recoverable in the event of a physical or technical incident?

No	If yes, explain how or refer to SLSP	
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If you are using a data processor, are arrangements in place to securely return or destroy the personal data at the end of the contract?

No	If yes, explain how or refer to SLSP	
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Will it be possible to provide an individual, or another organisation, a copy of their personal data in a structured, commonly used and machine-readable format? Note this only applies in limited circumstances – your IG Specialist will support you with this.

NA	If yes, explain how	
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## 5 IG Assessment

**To be completed by a Corporate IG specialist in discussion with the business owner and records management colleagues.**

### 5.1. Controllers, processors and third parties

Confirm the controller(s) for this processing.

NHS England - all Spec comm retained services	Yes
ICBs - for all delegated services	Yes

List additional joint controller(s)/processors for this processing and upload evidence of the compliant joint data controller arrangements (e.g. Joint Controller Agreement/processing agreement).

Organisation	Evidence of arrangements
Regional teams within NHSE together with ICBs for the delegation specialised functions for the interim period between Delegation and staff transfer.	<b>Joint Controller Agreement</b> In support of the package of arrangements detailed in <b>appendix 3</b>
NHSE as host of the data related to all spec comm services , full details within the schedule detailed in the Delegation Agreement.	<b>Delegation Agreement, Data Processing &amp; Sharing schedule 6</b>
ICB hub arrangements between all associated ICBs	<b>Processing arrangements. Tbd between ICBs</b>

List any Commissioning Support Units or Hosted Bodies that will undertake processing of personal data for this purpose and provide a copy of the relevant SLA or MoU that commissions the work.

CSU	MoU or SLA
ALL CSUs nationally via DSCROs	Under current arrangements, no new data flows.

## 5.2. International Transfers

If any of the organisations listed in Section 2.4 will process personal data outside of the UK, describe the arrangements in place. Ensure copies of any contractual agreements (e.g. standard contractual clauses, binding corporate rules) are attached in Section 5.1 above.

Organisation	Location	Control
n/a		Choose an item.

## 5.3. Lawful basis

Confirm the UK GDPR Article 6 condition for the processing.

Not made available to either party as identifiable data. Processed via the DSCROs in the CSUs.

Art 6.1a Consent	No
If yes, explain how consent will be sought and how data subjects can revoke it if required	
Art 6.1b Contract	No
If yes, describe the contract between NHSE/I and the data subject	
Art 6.1c Legal obligation	Yes
If yes, describe the legal obligation to which NHSE/I needs to adhere	Processing is necessary to comply with NHS England's statutory duties under the NHS Act 2006. DPA 2018 schedule 1, paragraph 2, (health or social care purposes).
Additional considerations:	
<ul style="list-style-type: none"> <li>Statutory Function Justification: NHS England and ICBs have statutory duties under the Act 2006 to commission healthcare services.</li> <li>Data Protection Safeguards: Processing must comply with schedule 1, part 4 of DPA 2018, which requires appropriate policies and documentation (DPIA, JCA &amp; Delegation Agreement and supporting information including Records Management documentation).</li> </ul>	
Art 6.1d Vital interests	No
If yes, describe why processing the data is necessary to protect someone's vital interests	
Art 6.1e Public authority	Yes
If yes, detail the clause(s) from an Act or Regulation that describes the legal duty	
Art 6.1f Legitimate interests	No
If yes, describe NHSE/I's legitimate interests to process this data	

Will the processing involve special categories of personal data?

Yes

Not made available to either party as identifiable data. Processed via the DSCROs in the CSUs.

If yes, confirm the UK GDPR Article 9 condition for the processing.

Art.9.2a Explicit consent	No
Art.9.2b Employment, social security, social protection law	No
Art.9.2c Vital interests	No
Art.9.2d Political, philosophical, religious or trade union not-for-profit body	No
Art.9.2e Data manifestly made public by the data subject	No
Art.9.2f Legal claims	No
Art.9.2g Public interest	No
Art.9.2h Health or social care system	Yes
Art.9.2i Public health	No
Art.9.2j Archiving, scientific or historical research	No

Will the processing involve disclosing data that is subject to a duty of confidentiality for a purpose other than direct care?

No

If yes, confirm the lawful basis for processing.

Consent	Yes/No
Safeguarding	Yes/No
Covered by Section 251 decision	Yes/No
Required by law (e.g. COPI regulations)	Yes/No
Overriding public interest	Yes/No

#### 5.4. Information asset management

Does an information asset already exist in relation to this processing?

Yes

If yes, provide the asset number	
If no, confirm the new IAO	Jo Melling
If no, confirm the new IAA(s)	Stacey Brittain

#### 5.1. Records and information management

Will any records be created or managed as part of this processing?

Yes	If yes, identify the types of record	Specialised Commissioning delegated and retained services working papers and digital records
	If yes, confirm where the records will be stored	Within the NHSE SharePoint environment, hosted on the NHS Mail tenancy. Most areas will be open to retained and delegated staff, with some exceptions (e.g. PID/historic contracts/ledgers) locked down to specified access permissions groups, specified on the Data Mapping spreadsheet. ICB staff will be given access to the SharePoint space via their email accounts, and folders can be managed down to different staff
	If yes, provide the retention period for the personal data and the basis for this retention period (e.g. <u>corporate retention schedule</u> , applicable guidance or rationale)	In line with NHSE Retention Schedules (applicable to legacy records pre-April 2025) and thereafter the retention schedule of the ICB for data April 2025 onwards.
	If yes, and where records are processed outside of NHSE premises or systems, how will they be securely returned for the remainder of the retention period(s) as and when this becomes necessary (e.g. following the closure of the project)?	Only nonidentifiable data that is already available to the ICBs via DSCROs; rest of data will be retained within NHSE environment.
	If yes, name of Corporate Records Management specialist who has reviewed the processing	Lindsay Ince IG Manager – Records Management

## 5.2. Fair processing

Is NHS England exempt from providing fair processing information under provisions specified in the UK GDPR?

No	If yes, describe exemption	Choose an item.
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If no, is the processing sufficiently described in NHS England's central privacy notice?

Yes- already updated
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## 6 Approval

All Level 1 and Level 2 DPIAs must be assessed and assured by a Corporate IG Manager, Senior Manager or SMT Lead via section 6.1.

Processing activities subject to a Level 2 DPIA must also be submitted to the national Senior Information Risk Owner (SIRO) and Data Protection Officer (DPO) for approval – complete section 6.2.

### 6.1. Actions required

Select all mandatory actions that apply to this processing from the list below.

Action	Applies	Due date or pre-go-live	Complete
RIMC trained	Yes		Yes/No/NA
Asset registered or updated on IAMS	Yes		Yes/No/NA
Local privacy information provided	Yes		Yes/No/NA
Data processing and sharing agreements signed	Yes		Yes/No/NA
Mitigation of outstanding risks	Yes		Yes/No/NA

List any additional actions specific to this project or initiative below.

Action	Due date	Status
Joint Controller Agreement agreed and completed as part of the suit of documents jointly drafted by NHSE regional teams and the ICBs moving toward delegation. To be extended to include the interim period between April and July 2025	Prior to sign off	
Operating models appended to the DPIA to provide further detail not able to be articulated in this DPIA.	Prior to sign off	

### 6.2. DPIA Assurance (Level 1 and Level 2)

Outcome of IG Management assurance	Assurance pending
Date of IG Management assurance	

Corporate IG Manager, Senior Manager or SMT Lead

Name	Rebecca Bray
Job title	Senior Information Governance Manager
Corporate IG work stream	PTT, Digital and Operations
Email address	Rebecca.bray11@nhs.net

Submit Level 2 DPIAs to [england.dpo@nhs.net](mailto:england.dpo@nhs.net) for consideration by the Data Protection Officer and Senior Information Risk Owner

IG Reference: Delegation: Spec comm April 2025

### 6.3. DPIA Approval (Level 2 only)

Outcome of SIRO assessment	Choose an item.
Date of SIRO assessment	

Does the Data Protection Officer have any concerns regarding this processing that they feel have not been sufficiently mitigated?

Yes/No	If yes, provide details	
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Data Protection Officer or deputy

Name	
Job title	
Email address	

Senior Information Risk Owner or deputy

Name	Jo Melling
Signature	
Job title	Deputy Director Integrated Commissioning
Email address	jomelling@nhs.net

**Ensure that this DPIA and its status is logged on the IG Advice Register and a copy saved in the relevant SharePoint folder.**

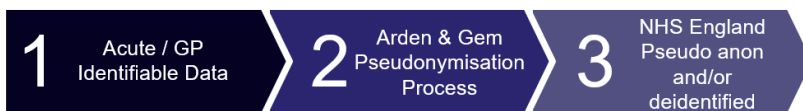
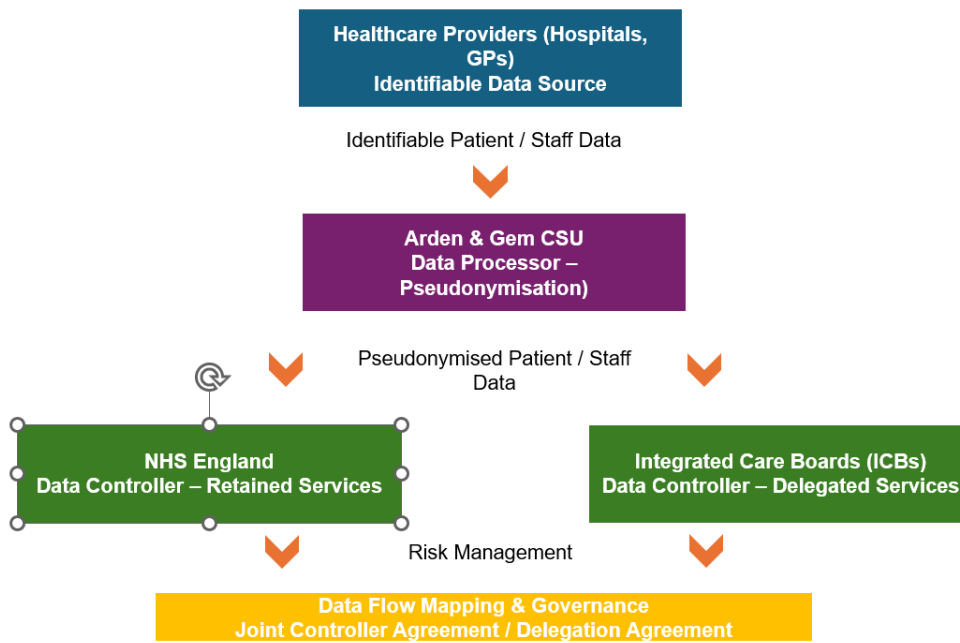
## **Appendix 1: Delegated Commissioning Services**



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## Appendix 2: Data Sets and Flow

  
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## Appendix Three

The following documents referenced within this DPIA can be found on [NHS Futures](#)

- List of functions, to be delegated and those retained by NHSE
- Delegation Agreement for Specialised Services
- MOU and Collaboration Agreement for the Delegation of Specialised Services 2024/25
- Commissioning Team Agreement and Standard Operating Framework for 2024/25
- IG considerations for Delegation Phase 3
- Joint Controller Agreement



Joint Controller  
Agreement

Contracting SOP [NHS Futures](#)

Finance SOP [NHS Futures](#)

Future resource pages [Tools](#)

**Appendix Four**

Operating models for delegated Hubs and Retained Units



Consultation Close  
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