

Schedule L – SU190014/DPIA0026 – Thames Valley Together Analytics (BFFC)

This schedule to the Regional Health and Social Care Information Sharing Agreement provides key questions covering risk categories which have helped Thames Valley Police make an assessment of necessity to complete a full DPIA:

Use of Personal Data

1. Will the project involve the collection of new information about individuals? If yes, will individuals be told about the use of their personal data?
No collection of new data
2. Will the information be used for a purpose it is not currently used for, or in a way it is not currently used? If yes, please explain.
Data will be used to explore the possibility of successfully combining criminal offence data with partner organisations' data in order to make predictions of harm coming to or being perpetrated by individuals.
3. Will personal data be processed in ways which individuals might not reasonably expect? If yes, please state why.
The data selected is proportionate to the aim and intention of the POC, namely to see whether combining data at the current platform will yield outcomes that can successfully be used in order to incorporate risk-prevention measures. The period of time identified (two years) is necessary in order to conduct a successful trial.
4. Will any of the following types of data be processed? If yes, please list which.
Health; criminal offences / offending.
5. Will the proposal involve the systematic (methodical) surveillance of large public spaces, e.g. CCTV? If yes, please explain.
No

Use of New Technology, Retention, and Security

1. Are new technologies being used?
New to BFFC – but widely used externally
2. Will the new technology be perceived to be particularly privacy intrusive? If so, how?
No – this process merely automates a process that takes place daily across a variety of safeguarding meetings with multiple professionals involved
3. If you are using new software, is there a capability for automated and manual deletion of data and for the force to set the required retention periods? Do you know what retention periods are appropriate? – If so, please state them.
Data will be manually deleted at the end of the POC
4. Does this system replace an existing system? If so, which one? What will happen to the data on the system that is being replaced (e.g. back record conversion, retained, or deleted)?
No
5. Does the new system/software allow for a proper audit of the data being processed, for example auditable logs of how and when records have been accessed/alterd, and users' activity?
Fully auditable
6. If you are using new software, is there a capability to amend or append data when necessary – for example if it is later found to be inaccurate?
Yes

Third-party Access

1. Will information about individuals be disclosed to organisations or people who have not previously had access to the information?
Yes – NHS analysts involved in the POC
2. Do any external partners or suppliers have direct or indirect access to the proposed system?
Indirect – as system administrators

Automated decision-making and profiling

1. Will the project involve automated decision-making about an individual (where no human is involved) or any profiling of individuals?
Not at the current stage.
2. Explain what the automated decision or the profiling is intended to determine (e.g. profiling to predict risk of harm, automated recruitment shortlisting).
No.

Overseas Transfer

1. Will any data be transferred outside of the European Economic Area (EEA) ?
No
2. Is any part of the external service or a subcontractor located outside of the EEA (e.g. location of the suppliers servers or IT support)?
No
3. If there is an IT system being utilised or developed, where is it being hosted? i.e., on TVP/HC premises, or by another supplier (e.g., a cloud based storage system).
Azure Cloud System – GraphNet instance. Run and controlled by NHS trust.

End of Schedule L