

## Data Protection Impact Assessment (DPIA) - Full Assessment (updated 160621)

### Guidance for the Project Manager and Sponsor

**Use the pre-screening template first.** If that shows a high risk in processing the data then you must carry out this full DPIA. **Do not complete this form unless you have already completed the pre-screening and it shows high risk and the DPO as advised you to do a full DPIA.**

The Data Privacy Impact Assessment (DPIA) will enable you to systematically and thoroughly analyse how your project or system will affect the privacy of the people whose data you are dealing with and show how you will minimise the privacy risks. This template has been designed to incorporate the legal requirements of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. Conducting a DPIA is a legal requirement under the GDPR particularly if the proposed processing is using new technologies and poses a high-risk to people's data. Further information and guidance on the DPIA is also available on the ICO website here: [ICO's PIA code of practice](#) and the Article 29 Working Party [here](#).

### **GOVERNANCE ARRANGEMENTS**

This DPIA will be submitted to the Corporate Information Governance Group (CIGG) and the advice of the Data Protection Officer (DPO) will be sought as part of that process. You must keep the signed DPIA and all supporting documents with your project file for audit purposes.

#### **1. PROJECT SUMMARY**

<b>Project Name</b>	Parent Child Psychological Support programme (PCPS)	<b>Directorate and Service</b>	Early Intervention and Prevention Integrated Early Years' Service
<b>Project Sponsor and Position</b>	Eve Stickler Director of Early Intervention & Prevention	<b>Project Manager and Position</b>	Head of Integrated Early Years

<b>Project Start Date</b>	22 <sup>nd</sup> March 2021	<b>Project Go Live Date (anticipated/planned)</b>	June 2021
<b>Project End Date</b>			
<b>Third parties involved/associated with the Project:</b>	Institute of Psychology for Children and families (IPINFA)  Central and North West London NHS Foundation Trust  Tavistock and Portman NHS Foundation Trust	<b>Does this DPIA cover multiple projects?</b>	No

**High Level description of the Project:**

- *Explain what this project is in plain language. For example: “We would like to share data with a third party so that they can carry out research into how to improve people’s access to benefits.”]*
- *Attach the pre-screen DPIA. The conclusion to that will explain why it is necessary to carry out this DPIA.*

This project, part of the service transformation in Camden Integrated Early Years, will increase the universal service offer for families with children in their first 1001 days. The new service model includes the introduction of the Parent Child Psychological Support (PCPS) programme for Camden families. The PCPS programme was developed by Professor Cerezo, Chair of Psychology at the University of Valencia, who holds the property rights for the programme which focuses on supporting child development and the quality of the of the parent child relationship.

There is a significant, and growing, body of evidence that shows that children who have an attuned relationship with their principle care giver, often the mother, will develop a secure attachment. Achieving a secure attachment in early childhood creates greater resilience to cope with challenges throughout the life and reduces the incidence of school exclusion, youth offending and mental ill health.

The PCPS programme will be delivered by clinicians who already work in partnership with the Integrated Early Years’ Service in Camden. These will be Council children’s centre staff, Health Visitors and Nursery Nurses employed by CNWL and Psychologists employed by the

Tavistock and Portman NHS Foundation Trust.

Dr Cerezo, through the **Institute of Psychology for children and families (IPINFA)** at the University of Valencia, will provide training and support for the delivery team and the analysis of video footage of the parent-child relationship recorded at clinic sessions.

The data sharing that will take place is the sharing of video footage of parents interacting with their children during their regular appointments at the PCPS clinics delivered in Camden's children's centres. The recorded interactions are analysed and 'coded' by the Psychology team in IPINFA to inform the conversation with parents about their responses to their child and to support the quality of the parent-child relationship. The conversations are strengths based and will explore early communication and interactions that babies share with their parents. The aim is to support parents to respond sensitively to their babies' cues and signals, thereby developing a secure relationship in the early weeks and months of life. Studies undertaken in other areas that have offered PCPS show a marked improvement in the percentage of children who achieve a secure attachment by the time they are 18 months old.

The programme is universal and will be implemented across Camden taking a **phased approach**. The objective is for all families to engage with the programme; the take up rates in other Countries that have run the programme (Spain and Ireland) have reached a 70% coverage.

Data on take up from families with different protected characteristics will be shared with IPINFA for research purposes but this will be at a level such that it will be anonymised.

## 2. DESCRIPTION OF THE PROJECT

*Include here a plain English description of:*

- *the Project (set the context so that it is clear what you want to do)*
- *what will be done with the data (the processing activities)*
- *the reasons why you need to process the data (the purpose)*
- *the benefits that this project will provide*

- *how the data will be processed (for example, who will carry out the processing and will they use software or other devices to do it)*
- *how will the data be stored?*
- *where have you obtained the data from?*
- *How long will you be processing the data for and how often? For example, once a week for six months.*
- *What is the volume of the data? For example, 150 records of service users.*

### **The programme and its benefits**

Camden is transforming its Early Years' Service to have a greater focus on the first 1001 days of a child's life (pregnancy to age 2). This is in response to a growing body of research evidence that demonstrates that if a child has already fallen behind by the time they are two years old they are more likely to fall further behind than they are to catch up. Furthermore, there is strong evidence for effective prevention and early intervention in the First 1001 days.

The Early Years' Service has researched different approaches and sought expert advice and has determined that the PCPS programme developed by Dr Cerezo to be the approach most likely to deliver improved outcomes for children in Camden. The programme is gaining increasing interest in the UK and has been presented to the Government's 1001 days review team who visited Camden as part of their evidence gathering. The programme is consistent with the Healthy Child Programme currently delivered by Health Visitors in England and represents an enhancement to it rather than a new 'bolt on' service. PCPS will therefore be delivered by Health Visitors and Nursery Nurses. Health Visiting services are commissioned by Camden Public Health under a section 75 partnership agreement, and Psychologists whose additional time will be commissioned for the first phase from the Tavistock and Portman NHS Foundation Trust, the current providers of Child and Adolescent Mental Health Services (CAMHS) in the borough. The programme administration will be undertaken by the Council's children's centre teams.

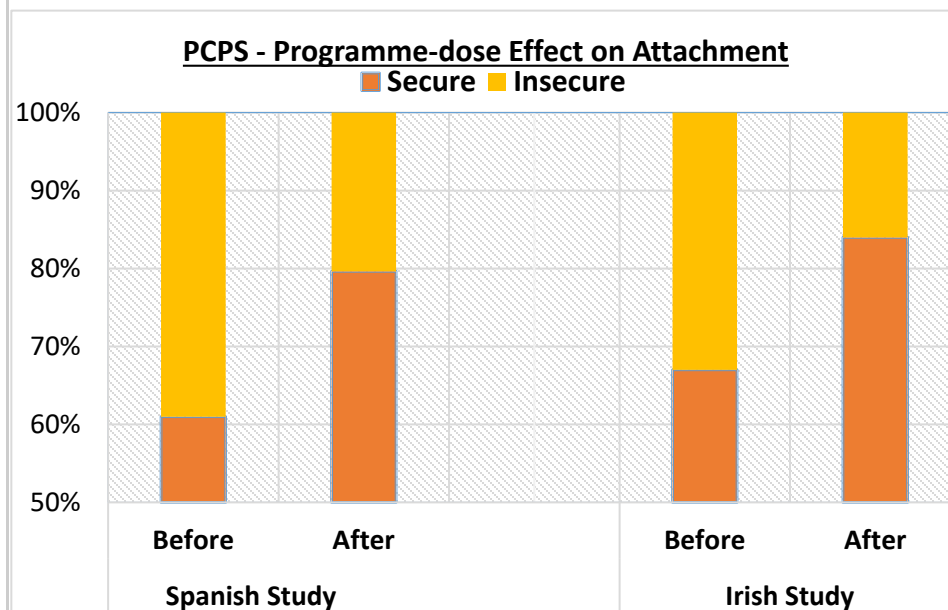
The PCPS programme consists of 6 clinics, when babies are 3, 6, 9, 12, 15 and 18 months. Each clinic consists of 4 'stations'.

- Station 'A' is the welcome and administration, carried out by an Administration Officer, a Camden's Early Years' service (children's centre) employee, Station 'B' is a physical development review (weight, height etc) undertaken by a Nursery Nurse,
- Station 'C', is delivered by a Health Visitor, and is a cognitive development review which involves the baby being invited to

participate in age appropriate activities, such as stacking blocks. During station 'C' the parent and child are left to have free play together for a few minutes during which their interactions are recorded on video, with the parent's consent. The video footage is then analysed and 'coded' by psychologists at IPINFA who are experienced in the programme; the resulting analysis informs part of the conversation at Station 'D' at the next visit.

- Station 'D' is led by a Clinical Psychologist from the Tavistock & Portman NHS Foundation Trust.

Where implemented in other countries the programme has demonstrated significant increases in the percentage of children who display secure attachment at 18 months. See diagram below.



### What will be done with the data?

The Health Visiting Service in Camden, provided by CNWL, holds child health records for all Camden children. There would be significant risk in creating a separate child record of their engagement with the PCPS programme and so it is proposed that the data collected at PCPS clinics be integrated into the child health record on the CNWL records system, called System1. If the fields are configured correctly it will be

possible to report on the take up of PCPS and the outcomes of the programme using similar measures used in other areas. Anonymised take up data will be shared with IPINFA.

#### **Internal users:**

Families' personal information would be recorded on System1. All information gathered during the sessions in Station 'B', 'C' and 'D' will be recorded on a paper form by the Administrator, Health Visitors, Nursery Nurses and Clinical Psychologists, then transferred onto System1. If System1 will not be configured for the PCPS data at the launch date of the programme, the information will be kept in paper form, stored in a secure cupboard at the venue until ready to be recorded on System1.

All data will be stored and retained in accordance with the council's current data protection and retention procedures.

It is proposed that the video footage would also be held on a PCPS-Early Years Teams site, hosted by the Council. This footage will be saved using a Family ID and date, no sensitive data will be linked to the video recording.

#### **External users:**

The Psychologists from IPINFA will analyse the footage, timestamp and 'code' the parent-child interactions. For this, they have historically used a bespoke specialised video player application that creates a text file with the time and a code for each marked interaction. As this application is not capable of directly reading video recordings stored on a MS Teams site;

- a read
- write
- and download

access to the PCPS-Early Years Teams site needs to be given to the psychologists from IPINFA.

This access is permitted in the MS environment under a "guest" account. Guest account access will be managed by Business Manager and any amendments will require authorisation of the Early Years' Service Operations Manager.

The above set up for the external users will only be required during the pilot and "training" period (first phase) following which the CAMHS Practitioners will take over the coding of the video footage and the guest access to the IPINFA team will be removed. Expected date: June 2022.

## Frequency and volume of processing

The programme will be offered to all Camden families on the birth of a new baby. Camden has approximately 2,500 new births every year and in order to invite each baby for 6 appointments between 3 and 18 months, PCPS clinics will be operating in the 5 Children's Centre localities on an almost daily basis.

Parents will be invited to participate in the PCPS programme and will be asked to give informed consent to participate in the programme and the video recording. Parents are offered an introductory visit prior to the first 3 month appointment.

## Types of personal data to be processed and data flow map(s):

### Personal data:

*List the types of data that you intend to process and the types of data subject (for example, names, addresses of residents, service users etc):*

- Refer to this guidance to assess what is personal data: <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/key-definitions/what-is-personal-data/>

Data will form part of the child health record held in CNWL.

The data that will be shared is:

- The video footage of interactions between parent and child
- A number or code assigned to a piece of video footage of a parent and child interacting together which relates the video footage to the child.
- CNWL, Early Years Service and Tavistock practitioners and managers will have access to System1 records to enable the team to work with families, and for the purpose of consultations, clinical supervision, professional development and training
- Summary PCPS Data collated from System1 will be shared with IPINFA for supervision, consultation and evaluation.

### **Special category data:**

**List the types of special category data and the types of data subject:**

- Refer to this guidance to assess what is special category data: <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/special-category-data/>
- Any criminal convictions data?

The discussions held in station 'D' may cover aspects of a parent's mental health. The Clinical Psychologists will add information gathered in station 'D' to the child health record held in System1.

### **Data Flows:**

- You may find it useful to use a flowchart, which you can attach at Annex A.
- The flowchart should show, for example: Data entry and exit points, location, user categories, data subject categories



Station A  
(Administration Officer)

- Demographic information
- Contact information
- Recorded in System1

Station B  
(Nursery Nurse)

- Physical development information
- Recorded in System1

Station C  
(Health Visitor)

- Cognitive development information
- Recorded in System1

Station D  
(Clinical Psychologist)

- Parent-child attachment
- Parental Mental Health
- Plus information received from Spain about the previously recorded parent-child interactions
- Recorded in System1

- Video footage - stored on MS Teams site, with the file name consisting of Family ID and the date of recording

- All video footage downloaded in Spain for analysis and feedback

### 3. DATA PROTECTION PRINCIPLES

This section demonstrates how the project meets the data protection principles.

- *How will you make sure that you only process the data that is necessary and proportionate for the purpose of the project, and no more than is necessary?*

The data collected as part of this project will be added to the child health record held on System1. Much of the information recorded will be the same as that collected and stored as part of the current health visiting service. The video footage will be held on the PCPS-Early Years Teams site hosted by the council. The video footage is additional data and will be used only to inform a conversation with parents about the relationship with their child.

- *If the data was originally collected for one purpose and you intend to use it for another purpose, explain how you will inform the data subjects.*

As stated in the PCPS consent form;

Details about how services will collect personal information about the families can be found in the privacy notices:

- Integrated Early Years Service and Central and North West London NHS Foundation Trust: <https://www.camden.gov.uk/privacy-notices-ieys>
- Tavistock and Portman NHS Foundation Trust: <https://tavistockandportman.nhs.uk/care-and-treatment/your-personal-information/>

The consent limits the use of the video recordings to those specified by the parent/s. If at a later date the service would like to use the recording in any other way, we will seek parent/s specific permission to do so.

- *How will you make sure that the data is kept accurate and up to date?*

Data will be updated at each clinic appointment as is the case with current child health records.

- *How long will you keep the data for and how will you destroy it at the end of the retention period?*

Data will be retained and destroyed in line with the council's and CNWL's current data retention policy. IPINFA will not retain personal data. The Tavistock and Portman NHS Foundation Trust will retain psychologist records in line with their retention policies which are acceptable to the council.

- *Have you cleared the information security arrangements with the Information Security Manager?* **YES**

Pat Keane's comments have been incorporated in the DPIA and he is happy with the proposals

- **Record the Information Security manager's comments here:**

#### **4. BASIS OF PROCESSING**

- Which legal basis in Article 6 are you relying on? See this guide to help you identify the legal basis <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/>
- If you think you need to rely on legitimate interests then ask the Information and Records Management Team for advice.
- If you are processing special category data, you will also need a legal basis under Article 9 to process this. See this guide to help you identify the legal basis <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/special-category-data/>
- If you are processing criminal convictions data or data for law enforcement reasons then you should speak to the Legal team as you need an additional legal basis to do this.

**Basis for processing under Art 6 (and Art 9 if special category data):**

Our lawful basis for the Health Visitor interactions will be Art 6 (1)(e) 'Public task' and art 9(g) substantial public interest with the DPA18 schedule 1 part 2 condition being statutory and government purposes and (h) health or social care with the DPA18 schedule 1 part 1 condition being para 2 health and social care purposes which is the same as for all existing health visitor interactions.

The additional processing by videoing parents and children, storing that, sharing with IPINFA, their processing of it, and discussions between parents and psychologists will be based on explicit informed consent under art 6(1)(a) and 9(a).

**5. DISCLOSURES OF DATA**

Will you be transferring/ sharing/giving this data to a data processor or a sub-processor? **YES** CNWL under a section 75 partnership agreement, and Tavistock and Portman NHS Foundation Trust and Institute of Psychology for children and families (IPINFA) at the University of Valencia through contracts. CNWL and Tavistock are existing known and trusted partners commissioned by the Council. IPINFA has been subject to due diligence checks.

- Tick here to agree that you will be entering into a data processing agreement with them [  ]
- Will you be sharing data with any other third party? **NO**
- List the third parties that you propose to share with:
- Tick here to agree that you will be entering into a data sharing agreement with the third parties [  ]

**6. TRANSFERS OF DATA OUTSIDE OF THE UK**

**Will any personal data be processed outside of the UK?** YES

See a list of countries here: <https://www.gov.uk/eu-eea>

If your answer is yes, you must consult the DPO straight away, and see the guidance here:

<https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/international-transfers/>

**If there WILL be a transfer out of UK enter comments of the data protection advisor:**

The transfer will enable IPINFA to view the videos in their Spanish offices, by accessing the shared teams site. Spain is in the EU and therefore under GDPR.

Given that and the level of processing, this is considered to be acceptable.

## **7. DATA SUBJECT RIGHTS AND COMPLIANCE WITH CORPORATE POLICIES**

**[Information in Camden](#) contains the Council's policies and procedures on data protection compliance, including how to respond to requests from people to enforce their rights under data protection law.**

The term 'Video footage' referred to within this DPIA means; 'CCTV audio and visual recordings of a child's early year's relationship with their principle care giver.'

The council's CCTV policy amended to include in its objectives, justification and purchasing, CCTV usage specific to this task and made mention in sections 1.2, 2.1, 5.1 and 5.7 of the policy.

The CCTV systems used within Children Centres for this specific task will fall under the same governance as the council's central CCTV control room in relation to:

- Equipment being maintained within the council's CCTV installation and maintenance contract
- Operational Requirement has been completed
- Privacy Impact Assessment has been completed

- You must comply with the requirements in Information in Camden. Tick here to agree that you will be complying with IIC on Data Subject Rights [  ] If there is a reason why you cannot do this, please explain why here:

## 8. CONSULTATION WITH INTERESTED PARTIES

Is one of the outcomes of your project going to make a change which will have a direct effect on data subjects?, For example: introducing CCTV into a library? If so, contact the Information and Records Management Team for advice at [dpa@camden.gov.uk](mailto:dpa@camden.gov.uk) about whether you need to consult with stakeholders.

**Record the comments of the data protection adviser here:**

*No consultations required*

## 9. RISK ASSESSMENT AND MITIGATION

**Risk** is a combination of **impact**- how bad the effect of the risk would be- and **probability** – the likelihood of the risk happening. Risk is assessed from the perspective of the data subject (as opposed to risk to the Council) and what the impact could be on them as a result of the proposed data processing. For each of the risks you identify:

1. think about how likely they are to occur and categorise them according to **Table 1 in the appendix (e.g., rare, unlikely etc)**.
2. Then consider the impact each risk will have and categorise them according to **Table 2 in the appendix (e.g., minor, moderate etc)**.
3. Then look at **Table 3** and see the risk level. Where the level says mitigations are needed, think about what these will be and how they will reduce the risk level down.

4. Enter the details in the grid below

There is more information on the council’s approach to risk here

[https://lbcamden.sharepoint.com/sites/intranet/finance/Pages/Risk\\_Management.aspx](https://lbcamden.sharepoint.com/sites/intranet/finance/Pages/Risk_Management.aspx)

<p style="text-align: center;"><b>Risk 1</b></p> <p style="text-align: center;"><i>[include as many rows as necessary to identify each risk individually]</i></p>	<p style="text-align: center;"><b>Risk Level Before any Mitigations</b></p>	<p style="text-align: center;"><b>Risk Level After Mitigations</b></p>
<p><b>Source of risk:</b> This is a new programme, developed in Spain, introduced to the UK for the first time The data processing will partly be in Spain and so outside the UK, with privacy implications.</p> <p><b>Potential impact on individuals:</b></p> <p>If the programme is not a good fit for Camden’s culturally diverse communities the data processing may be detrimental to the data subjects.</p> <p><b>Threats that could lead to illegitimate access, undesired modification and disappearance of data:</b></p> <p>There is a chance that access by the Spanish researchers may lead to data being compromised.</p> <p><b>Any compliance or corporate risks?</b></p> <p>There could be a reputational risk for the Council.</p> <p><b>Where mitigations are required what are these?</b></p> <p>The programme has been well evaluated and was developed by the University of Valencia, a leader in</p>	<p style="text-align: center;">6</p> <p style="text-align: center;"><b>Unlikely and Moderate</b></p>	<p style="text-align: center;">4</p> <p style="text-align: center;"><b>Rare and moderate</b></p>

research and working with parents and children.  
 Take up of the programme by families with protected characteristics will be monitored.  
 The Institute of Psychology at the University of Valencia has passed due diligence checks, has a positive track record in this area and has robust professional Indemnity insurance.

The processing is within the EU and so subject to GDPR which is equivalent protection to UK law.

**Risk 2**

**Source of Risk:**

Psychologists from IPINFA having access to the PCPS-Early Years Teams site containing video recordings of children and parents.

**Potential Impact on Individuals**

Data may be copied and shared or, files may get deleted or corrupted. This could represent an intrusion into an individuals' privacy, and personal information being shared inappropriately.

**Threats that could lead to illegitimate access, undesired modification and disappearance of data:**

Psychologists from Spain accessing data on the PCPS-Early Years Teams site.  
 Video recordings being mixed up and not given the correct identifying code.

**Any compliance or corporate risks?**

All colleagues involved in the programme must understand their responsibilities with regards to data protection and have participated in data protection training.

**Where mitigations are required what are these?**

The processing is within the EU and so subject to GDPR which is equivalent protection to UK law. The Institute of Psychology at the University of Valencia has passed due diligence checks, has a positive track record in this area and has robust professional Indemnity insurance.  
 Data protection policy and procedures for all partners must be shared and understood.  
 Training must be updated at regular intervals.

**3**

**Rare and Moderate**

**3**

**Rare and Moderate**



<p>The video footage stored and accessed (downloaded) from the Camden’s Teams site will have no linked identifiable data; the video files will be stored using a family ID and date as the name of the file. Access to the Teams site will be managed by the Business Manager and any amendments to access (adding or removing a guest) will require authorisation from Operations Manager.</p> <p><b>Risk 3</b></p> <p><b>Source of Risk:</b> Relying on consent as a legal basis means parents have the right to withdraw from the programme. Potential for limiting the Council’s ability to evaluate and provide evidence of effectiveness of the programme.</p> <p><b>Potential Impact on Individuals</b> If parents change their mind and decide to withdraw their consent from the programme, the family record will be locked/restricted. However, where safeguarding or child protection concerns are identified, the Council reserves the right to share information with Social Work colleagues.</p> <p><b>Any compliance or corporate risks?</b> Possible effects on council if information needed for safeguarding. In this case, records would be unrestricted to provide information to SWs for the protection of children. . High rates of</p> <p><b>Where mitigations are required what are these?</b> Safeguarding concerns may be identified, however, this is a universal service and the majority of families will not present with safeguarding issues.</p>	<p><b>3</b></p> <p><b>Rare and Moderate</b></p>	<p><b>3</b></p> <p><b>Rare and Moderate</b></p>
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**10. OVERALL RISK RATING FOR THE PROJECT AS A WHOLE ONCE THE MITIGATING MEASURES HAVE BEEN PUT IN PLACE:**

LOW	<b>MODERATE</b>	MEDIUM/ HIGH	HIGH
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**ANNEX A:**

**ANNEX B Risk Assessment Tables**

**Table 1 Likelihood of Risk Occurring**

<b>Rare</b>	One-off failure
<b>Unlikely</b>	Possible that it may reoccur but not likely
<b>Possible</b>	Might happen or reoccur on a semi-regular basis (no more than once a quarter)
<b>Likely</b>	Will reoccur on a regular basis, pointing to some failure in controls
<b>Almost Certain</b>	Wilful act, systemic failure in controls

**Table 2 Impact of Risk if it occurs**

<b>Negligible</b>	No personal data involved, or risk won't have any impact.
<b>Minor</b>	<ul style="list-style-type: none"> <li>• Short-term, minimal embarrassment to an individual</li> <li>• Would involve small amounts of sensitive personal data about an individual</li> <li>• Minimal disruption or inconvenience in service delivery to an individual (e.g. an individual has to re-submit an address or re-register for a service)</li> </ul>

<b>Moderate</b>	<p><i>More than a minimal amount of sensitive personal data is involved at this level</i></p> <ul style="list-style-type: none"> <li>• Short-term distress or significant embarrassment to an individual or group of individuals (e.g. a family)</li> <li>• The potential of a financial loss for individuals concerned</li> <li>• Minimal disruption to a group of individuals or significant disruption in service delivery or distress to an individual (e.g. availability to a set of personal information is lost, requiring resubmission of identity evidence before services)</li> </ul>
<b>Major</b>	Significant amount of HR, or resident personal, and / or sensitive data released outside the organisation leading to significant actual or potential detriment (including emotional distress as well as both physical and financial damage) and / or safeguarding concerns
<b>Catastrophic</b>	Catastrophic amount of HR or service user personal and or sensitive data released outside the organisation leading to proven detriment and / or high-risk safeguarding concerns. Data subjects encounter significant or irreversible consequences which they may not overcome (e.g. an illegitimate access to data leading to a threat on the life of the data subjects, layoff, a financial jeopardy)

**Risk Assessment: Table 3**

	Score:	PROBABILITY				
		Rare	Unlikely	Possible	Likely	Almost Certain
<b>IMPACT</b>	Catastrophic	5	10	15	20	25
	Major	4	8	12	16	20
	Moderate	3	6	9	12	15
	Minor	2	4	6	8	10
	Negligible	1	2	3	4	5

Level of risk	
<b>1-3 Low Risk</b>	Acceptable risk No further action or additional controls required Risk at this level should be monitored and reassessed at appropriate intervals
<b>4-6 Moderate Risk</b>	A risk at this level may be acceptable, if so no further action or additional controls required If not acceptable, existing controls should be monitored or adjusted
<b>8-12 Medium / High Risk</b>	Not normally acceptable Efforts should be made to reduce the risk, provided this is not disproportionate Determine the need for improved control measures
<b>15-25 High Risk</b>	Unacceptable Immediate action must be taken to manage the risk A number of control measures may be required

**Annex C:**

**Any DPO Advice or comments not included above**

**I have reviewed this amended document and remain content that this processing is in all the circumstances acceptable**

**Andrew Maughan  
Borough Solicitor and DPO**