

Data Processing Impact Assessment (DPIA) [HertsOne Leg Ulcer Service]

First written: 16/09/2019

Last updated: 15/11/2022

This document records HertsOne Ltd's DPIA processes and outcomes for the Community Leg Ulcer Service in the four localities within the area covered by HertsOne Ltd Federation; Watford and Three Rivers, St Albans and Harpenden, Hertsmere and Dacorum.

A DPIA is formed at the start of any major project involving the use of personal data, and will be reviewed upon any significant change to an existing process, with outcomes integrated back into project plans as agreed by the Senior Information Risk Officer.

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Step 1: Identify the need for a DPIA

Explain broadly what the project aims to achieve and what type of processing it involves. Summarise why you identified the need for a DPIA.

In order to be sure the Community Leg Ulcer Service will process data in a secure manner and follow GDPR legislation, at the start of any project process and at the point of significant changes to existing process HertsOne will complete and/or update a Data Processing Impact Assessment (DPIA) to identify and review processing needs, risks and mitigations.

The four localities within HVCCG area are Watford and Three Rivers, St Albans and Harpenden, Hertsmere and Dacorum and they are represented through the overarching cross-locality GP Federation HertsOne Ltd.

HertsOne Ltd have been sub-contracted by Central London Community Healthcare Trust (CLCH) to provide Adult Community Services (Leg Ulcers) which will hereto in this document be referred to as the Community Leg Ulcer Service.

HertsOne Ltd have sub-contracted the provision of some of the nursing workforce in the service to Dacorum Healthcare Providers GP Federation (Registered company no. 09034171). The remaining nursing workforce is provided by CLCH.

The project will involve the processing of sensitive health data of vulnerable patients, with the service contracted under Community Services (CS). To fulfill the contract to provide health care to patients with identified venous leg ulceration suitable for high compression therapy or with leg ulcers of mixed aetiology (arterial and venous) suitable for modified compression therapy, the Provider will need to process special category data. The grounds for the processing of sensitive health care data is met under GDPR Article 6(1)(e) "Official Authority" and GDPR Article 9(2)(h) "Health & Social Care".

Local aims of Leg Ulcer project

The sub-contracted service provider, the GP Federation HertsOne Ltd, will manage the sub-contract for the Community Leg Ulcers Service, which covers the four localities within HertsOne; Watford and Three Rivers, St Albans and Harpenden, Hertsmere and Dacorum. The project will start on 01/10/2019 and was originally contracted to run for 2 years, this has since been extended to 30/09/2024.

There is cross-locality support to share learnings and ensure a standardized level of care for patients across the area, with appropriately managed care of patients with new and existing leg ulceration.

Following consultation and feedback from practices, HertsOne Ltd will deliver leg ulcer clinics from at least two locations within each locality, to optimise ease of access for patients and provide a standardised service. Nurses will work at designated sites to enable informal integration on the surgery or hospital premises and build relationships.

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What the service aims to achieve:

As described in the update guidance provided by HVCCG to GP Practices on 22 August 2019, the Community Leg Ulcer Service aims to standardise and improve the level of care for patients with a 'Level 2' ulcer. Patients with a 'Level 1' ulcer will still be seen in GP Practice but patients whose leg ulcer has failed to heal after more than 6 weeks of GP Practice treatment will be referred by their GP Practice into the Community Leg Ulcer Service.

The service is designed to appropriately manage the care of patients with new and existing leg ulceration who would benefit from compression therapy.

The aims of the service are:

- To provide nursing assessment and diagnosis of leg ulcer aetiology for ambulant patients
- To provide on-going treatment and evaluation up to healing
- To provide support for aftercare and prevention of re-occurrence of ulceration
- To provide educational advice to support patients in the management of their skin

A cohesive patient pathway has been created for this service (as laid out on page 3):

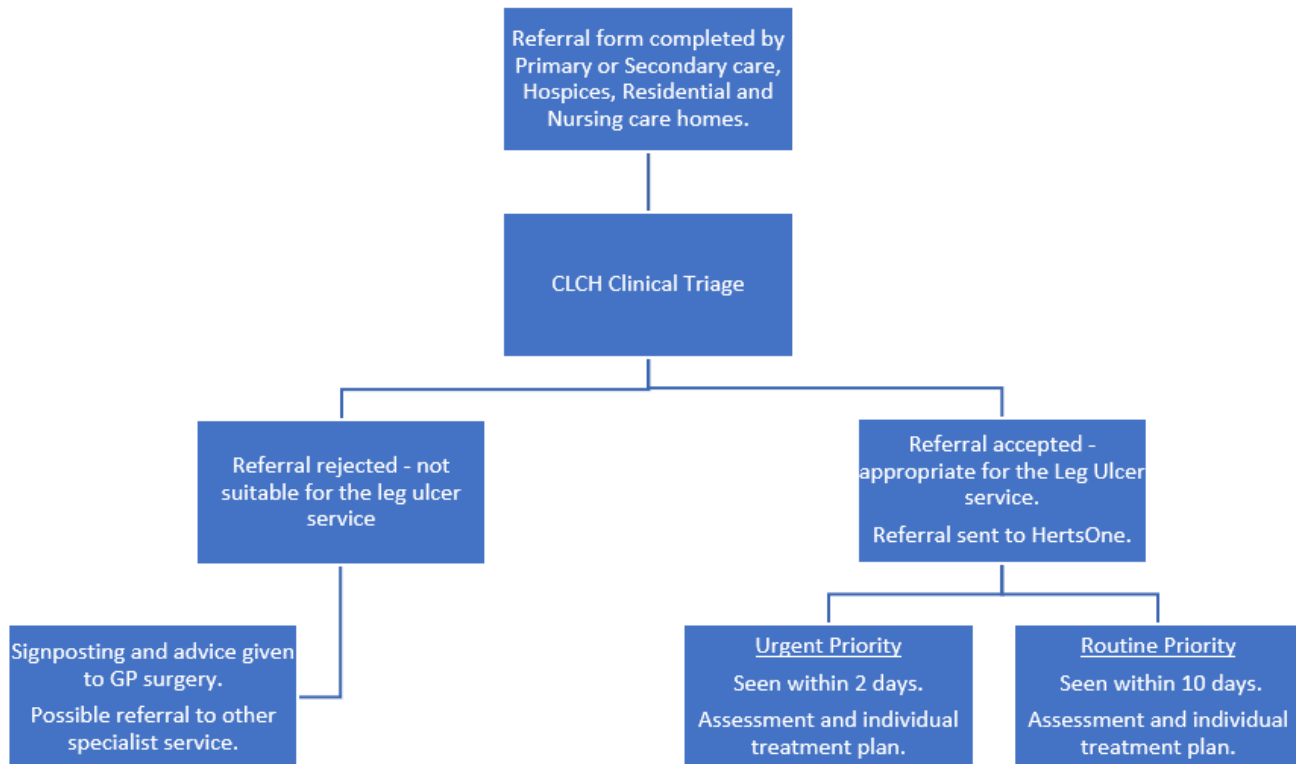
- New referrals made by GP Practices via a CLCH DXS referral form, specifying criteria for acceptable referral. These are then triaged by a CLCH Triage Nurse, and referred as appropriate into the HertsOne Community Leg Ulcer Service for booking by a HertsOne Ltd administrator into a leg ulcer clinic.
- Patients seen within the Community Leg Ulcer Service requiring a follow up appointment will be booked into HertsOne EMIS appointments by the consulting clinician.
- For the transfer of existing patients into the new Community Leg Ulcer Service, where patients were receiving treatment within the prior service, GP Practices will share relevant patient record and referral information with the HertsOne Ltd Community Leg Ulcer Service team via secure NHS.net prior to 01/10/2019.

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Leg Ulcer Pathway



The service will provide:

- A full and holistic assessment of a patient with leg ulceration to assess their suitability for high compression therapy or modified compression therapy. This will include the use of Doppler Ultrasound or MESI as a diagnostic tool.
- Ongoing compression therapy in 12 weekly cycles with reassessment every 12 weeks.
- Regular dressings and compression therapy according to an individualised treatment plan and in line with HVCCG wound dressing formulary
- Ongoing review and reassessment and referrals where appropriate to specialists, e.g. Specialist Tissue Viability service, Dermatology or Vascular services.
- The service will adhere to CLCH criteria for infection control and the safe disposal of contaminated waste.
- Accurate and clear records will be expected from nursing teams and audited to ensure adherence to this.
- HertsOne will ensure that all clinical staff providing this service have completed relevant training in the management of leg ulcers and are proficient and competent in the care of people with leg ulceration, including skills in the use of Doppler or MESI and compression bandaging.
- Evaluation and audit of primary care leg ulcer services will be undertaken regularly to ensure that quality and standards, within the context of clinical governance, are being maintained.

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- Leg Ulcer Nurses will also develop and deliver education across HVCCG on aspects of wound management, leg ulcer care and treatment and ulcer prevention management.
- Patient self-care and preventative management will be signposted to aid healing and prevent recurrence.

What type of processing the service will involve:

The service will involve the data processing of patient's generic (demographic) and health (medical) data, for the purposes of providing health and social care.

We identified the need for a DPIA upon the formation of the service draft as the service will perform processing which is likely to involve high-risk, including sensitive data, data of a personal nature, and data concerning vulnerable data subjects.

We will process personal data for patients whom are:

- over 18 years,
- registered with a Herts Valleys GP
- with complex or hard to heal wounds
- requiring support and advice regarding wound management

We will also process personal data for staff and administrators involved in the service, with this information detailed in the table on page 5.

In consideration of the Community Leg Ulcer Service, personal data is information that relates to an identified or identifiable natural individual and is covered under GDPR if:

- it is processed by wholly or partly by automated means; or
- the processing is by other than by automated means of personal data which forms part of, or is intended to form part of, a filing system.
- Personal data only includes information relating to natural persons who: can be identified or who are identifiable, directly from the information in question; or who can be indirectly identified from that information in combination with other information.
- Personal data may also include special categories of personal data or criminal conviction and offences data. These are considered to be more sensitive and you may only process them in more limited circumstances.
- Pseudonymised data can help reduce privacy risks by making it more difficult to identify individuals, but it is still personal data.

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<u>Type of Processing</u>	<u>Occurrences</u>	<u>Category</u>	<u>Lawful Basis</u>
Collection	GP Practices providing patient transfer notes to HertsOne administrator (only applicable at the set up of the service)	Personal; Special Category	Article 6(1)(e) "Official Authority" & Article 9(2)(h) "Health & Social Care"
Collection	CLCH Triage Nurse providing referral forms and additional information to HertsOne administrators.	Personal; Special Category	Article 6(1)(e) "Official Authority" & Article 9(2)(h) "Health & Social Care"
Collection	HR information on staff	Personal	Article 6(1)(e) "Official Authority"
Recording	HertsOne administrator compiling a list of patients to be booked for an appointment.	Personal; Special Category	Article 6(1)(e) "Official Authority" & Article 9(2)(h) "Health & Social Care"
Organisation	Classifying GP Practice responses and grouping into folders on nhs.net	Personal; Special Category	Article 6(1)(e) "Official Authority" & Article 9(2)(h) "Health & Social Care"
Storage	Patient transfer information stored on nhs.net secure account.	Personal; Special Category	Article 6(1)(e) "Official Authority" & Article 9(2)(h) "Health & Social Care"
Collection	HR records for staff; payroll administration	Personal; Special Category	Article 6(1)(e) "Official Authority" & Article 9(2)(h) "Health & Social Care"
Storage	Storage of IP addresses or MAC addresses	Patient	Article 6(1)(e) "Official Authority"
Adaption or alteration	Patient contacts HertsOne Ltd to request update of demographic information (i.e. best contact information)	Personal; Special Category	Article 6(1)(e) "Official Authority" & Article 9(2)(h) "Health & Social Care"
Retrieval	HertsOne Ltd administrator retrieving information on	Personal; Special Category	Article 6(1)(e) "Official Authority"

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	appointment deadlines to ensure that patients are seen at the correct time.		& Article 9(2)(h) "Health & Social Care"
Consultation	Leg Ulcer Nurse performs Consultation with patient and records information in EMIS Enterprise patient record, which saves back to patient record automatically for EMIS patients.	Personal; Special Category	Article 6(1)(e) "Official Authority" & Article 9(2)(h) "Health & Social Care"
Use	Patient information provided by GP Practice either directly or via CLCH Triage Nurse to HertsOne Ltd via nhs.net used by HertsOne Ltd administrator to update records once patient is in the service.	Personal; Special Category	Article 6(1)(e) "Official Authority" & Article 9(2)(h) "Health & Social Care"
Use	HertsOne Ltd administrator access to access to database containing personal data	Personal	Article 6(1)(e) "Official Authority"
Disclosure by transmission	HertsOne Ltd transfers EMIS patient consultation information via secure nhs.net email when requested.	Personal; Special Category	Article 6(1)(e) "Official Authority" & Article 9(2)(h) "Health & Social Care"
Disclosure by transmission	Data Subject Access Request	Personal; Special Category	Article 6(1)(a) "Consent"
Dissemination or otherwise making available	Pseudonymised information regarding an Incident or Serious Incident provided to Directors as applicable	Personal; Special Category	Article 6(1)(e) "Official Authority" & Article 9(2)(h) "Health & Social Care"
Dissemination or otherwise making available	Auditing of service	Personal; Special Category	Article 6(1)(e) "Official Authority" & Article 9(2)(h) "Health & Social Care"
Alignment or combination	Pseudonymised information reviewed for service provision operational standards	Personal; Special Category	Article 6(1)(e) "Official Authority" & Article 9(2)(h) "Health & Social Care"
Restriction	Data Subject Access Request	Personal; Special	Article 6(1)(e)

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		Category	"Official Authority"; Article 6(1)(a) "Consent"
Erasure	Request to erase data (qualified right)	Personal; Special Category	Article 6(1)(e) "Official Authority" & Article 9(2)(h) "Health & Social Care"; Article 6(1)(a) "Consent"
Destruction	Request to destroy data by patient or CLCH; end of Retention Period; secure disposal of documents containing personal data (i.e. electronic version stored, no need for paper copy)	Personal; Special Category	Article 6(1)(e) "Official Authority" & Article 9(2)(h) "Health & Social Care"; Article 6(1)(a) "Consent"

We will need to consider within the DPIA how data processing will be kept in compliance with the General Data Protection Regulations and the Data Protection Act 2018 and how electronic or manual, software or hardware incorporating the processing of personal identifiable information will be tested for GDPR/confidentiality compliance prior to implementation/commencement. The Information Governance Lead/Data Protection Officer will periodically carry out data protection compliance checks on existing processes and a report will be made to the appropriate Director and the Senior Leadership Team detailing findings and recommendations if compliance is not met.

Step 2: Describe the processing

Describe the nature of the processing: how will you collect, use, store and delete data? What is the source of the data? Will you be sharing data with anyone? You might find it useful to refer to a flow diagram or other way of describing data flows. What types of processing identified as likely high risk are involved?

We can justify the processing of personal data in connection with the Community Leg Ulcer Service under Article 6(1)(e) "Official Authority" and Article 9(2)(h) "Health & Social Care" of the GDPR. HertsOne Ltd as have been sub-contracted to provide the service and named as Data Processor by Head Provider and Data Controller CLCH, and CLCH have provided HertsOne Ltd with written instructions on processing activities within Schedule 6F of the sub-contract.

The service will collect data in the following ways through service pathway:

- GP Practice remains the ultimate Data Controller of the patient record and determines the sharing of patient record with the Practice GP, Practice Nurse or Community Nurse referring a patient into the service via CLCH DXS referral form. This form provides patient demographic and medical information to CLCH Triage Nurse and these are then shared by the CLCH Triage Nurse with HertsOne Ltd via nhs.net if the patient is suitable for the

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Community Leg Ulcer Service (demographic and medical details collected and recorded).

- The CLCH DXS referral form will contain: date of referral, SCR status, patient demographic and medical details, carer information.
- The nhs.net emailed referral from CLCH Triage Nurse to HertsOne will contain patients demographic information and medical information including whether the leg ulcer is affecting one leg or two and the patient's registered GP practice.
- HertsOne administrator accesses nhs.net referral sent by CLCH, views patient demographic and medical information and books the patients into a first appointment with the Leg Ulcer Nurse on HertsOne EMIS RC (demographic and medical details collected and recorded)
- The Leg Ulcer Nurse consults in HertsOne EMIS and accesses the medical and demographic information provided for the patient. After the initial appointment, the Leg Ulcer Nurse books the patient into a follow up appointment on HertsOne EMIS (demographic and medical details collected and recorded)
- When discharging patients from the service, the Leg Ulcer service will send a detailed discharge summary letter to the patients GP practice. This discharge letter will include a summary of treatment received, outcome of the treatment and any recommended actions. If the patient remains complex and requires further care refers them to another specialist service via nhs.net.
- HertsOne clinical audit log to ensure appropriate medical care in service
- HertsOne data reporting for HVCCG (anonymous data)
- Data mapping flowchart on page 10.

The service will use data in the following ways:

- HertsOne administration to use referral information from CLCH Triage Nurse to book first appointment.
- Leg Ulcer Nurse to check patient record, including medical history, referral information and consultation information to perform consultation in service and book follow up appointments.
- After assessment, if leg ulcer care needs cannot be met safely within the service, the Leg Ulcer Nurse will refer patients to a different specialist service.
- HertsOne Ltd will perform regular audits and check that patient outcomes are in line with national targets, ensuring that patients have the right care at the right time.
- HertsOne Ltd will perform regular audits to ensure appropriate appointment booking and appointment seen time.

Types of processing identified as likely high risk

Patient data involved in the services includes sensitive data, data of a personal nature, and data concerning vulnerable data subjects.

- Receipt of patient data from CLCH or GP Practice (special category)
- HertsOne administration recording and storing patient data via nhs.net and EMIS database
- Referral of patient for on-going/additional support outside of the service
- Sending patient information out of the service to health care organisations involved in the patient's care via nhs.net

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Scope of processing:

We will be collecting and using the following data:

- Demographic

This includes; forename, surname, D.O.B, title, gender, home address, telephone contact information

- Medical

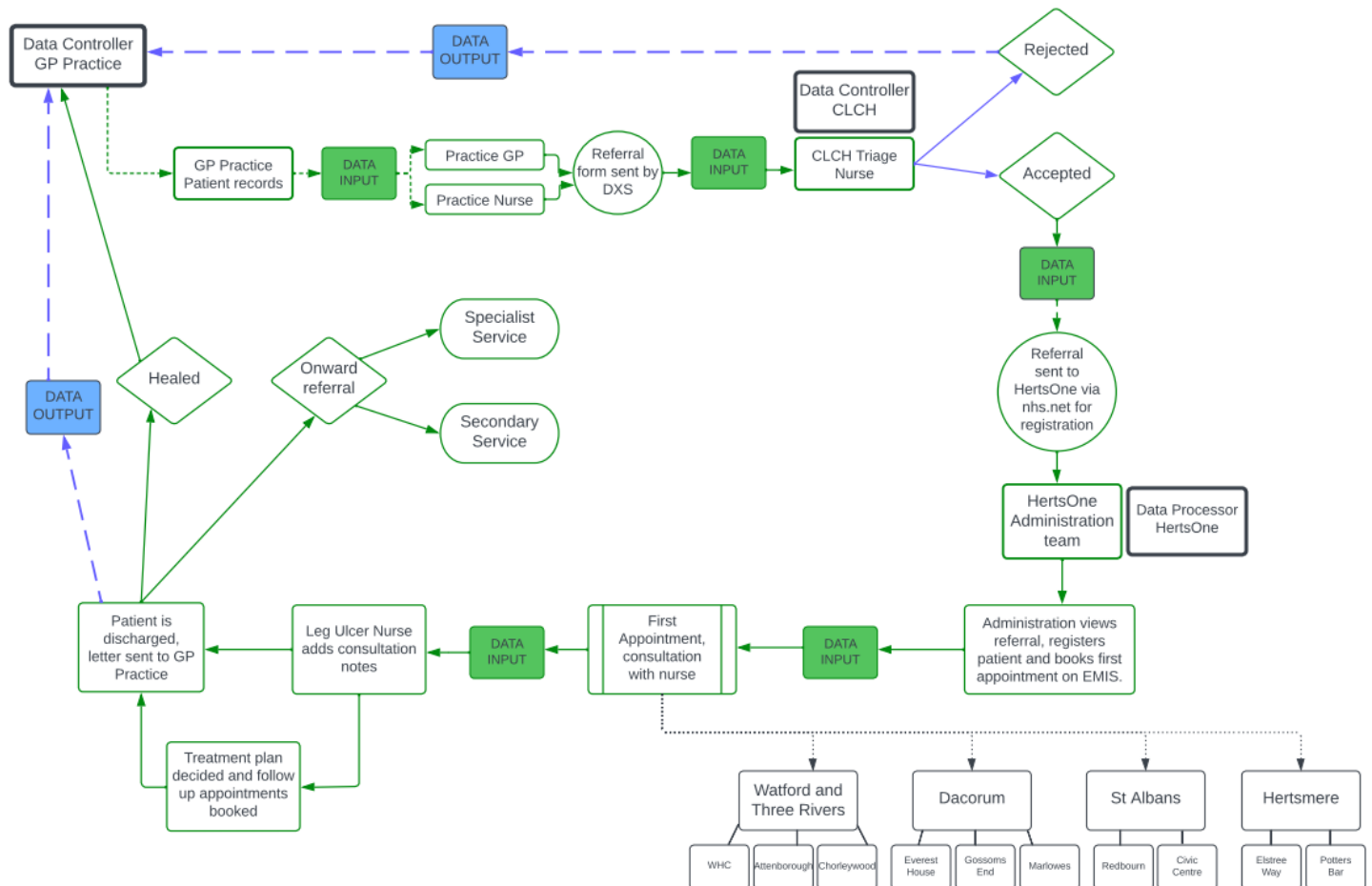
This includes; registered GP information, previous service interactions, medical history, initial and triage assessment (including primary presenting reason, discharge information and consultation outcomes), allergies, medications and recent medical reports as relevant to our provision of medical care to the patient.

- Non-medical

This includes appointment type and whether the appointment was attended, not attended or cancelled.

Data mapping flowchart – Community Leg Ulcer Service

The source of the data:



- GP Practice sharing patient demographic and medical referral information via secure nhs.net email in the transfer of existing patients into the new service.

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- Patients mid-treatment within the prior service transferred over to the Community Leg Ulcer Service as applicable by Clinicians, however transfer of patients to the service is no longer applicable.
- Practice GP/Practice Nurse/Community Nurse sharing patient demographic and medical referral information for new patients via DXS referral form to CLCH Triage Nurse.
- New patients referred by GP Practice via DXS form that are triaged by a CLCH Triage Nurse as appropriate for the Community Leg Ulcer Service are referred on by CLCH Triage Nurse to HertsOne Community Leg Ulcer Service via secure NHS.net.
- Patients will be booked into the HertsOne Community Leg Ulcer Service EMIS appointments by HertsOne administration staff, accessing a secure nhs.net account.
- Patients seen within the Community Leg Ulcer Service requiring a follow up appointment will be booked into HertsOne EMIS appointments by the consulting clinician.
- Leg Ulcer Nurse access of referral information and provision of first appointment consultation.
- Leg Ulcer Nurse consultation recorded in HertsOne EMIS.
- GP Practice patient medical history
- Clinician consultation with the patient
- Previous interaction with the service

We will share data with:

- In accordance with the sub-contract, information will be provided by HertsOne Ltd to CLCH in aggregated form or disaggregated form as the Head Provider may direct.

The reporting requirements to CLCH include anonymised or pseudonymised data within monthly performance reports against standards, the indicative activity plan, and local quality requirements.

Local Quality Requirements:

- Number of patients receiving a Doppler assessment
- Number of patients receiving a diagnosis
- Number of patients in the service longer than 48 weeks
- Percentage who healed within 12 weeks
- Percentage who healed within 24 weeks
- Percentage who healed within 36 weeks
- Percentage who healed within 46 weeks
- Percentage of patients referred to a specialist/secondary care

Anonymised data reports in turn may be shared by CLCH with HVCCG and HVCCG may then share on to NHS England and other national NHS bodies as appropriate.

- Any Incidents or Serious Incidents will be reported by HertsOne Ltd to CLCH.
- Any Data Breaches will be reported by HertsOne Ltd to CLCH and ICO as required.

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- Clinicians as appropriate in the patient's care. For example, if they are referred to Secondary Care or CLCH Tissue Viability service.
- The patient, if requested under their Data Subject Access rights.
- The data will be shared with those involved directly in the patient's medical care and within the boundaries of statutory disclosures of information. This includes:

General information sharing for direct medical care

- Routine
- Emergencies
- Specific referrals

Access to your GP record

- Clinical staff
- Clinical auditing staff

NHS Data Sharing databases

- The National Summary Care Record (SCR) - Core/Basic
- The National Summary Care Record (SCR) - Enriched
- EMIS Web data sharing
- SystemOne TPP data sharing
- Vision data sharing
- E-referral Services (E-RS)

Statutory Disclosures of information

- CQC
- The Courts
- DVLA
- GMC
- Health Service Ombudsman
- HMRC
- ICO
- Medical Defence Organisation
- NHS Counter Fraud
- NHS Digital
 - The National Diabetes Audit (NDA)
 - Individual GP level data (IGPLD)
 - Female Genital Mutilation data (FGM)
- Police
- Public Health
- Safeguarding
 - Childrens Services

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- s47/s45 Adult SAB

Permissive disclosures of information

Only with the patients explicit consent, HertsOne Ltd can release information to relevant organisations.

These may include:

- Your employer
- Insurance companies
- Solicitors

Data Processors

- EMIS Health Ltd
- SystemOne TPP Ltd (GP Practice patient record)
- Vision Health Ltd (GP Practice patient record)
- HertsOne Ltd (clinical audits; anonymised or pseudonymised data)
- Local Authorities (Hertfordshire County Council Social Services)
- Central London Community Healthcare Trust (CLCH) (anonymised or pseudonymised data)
- Herts Valleys CCG (anonymised data)
- NHS England (anonymised data)

Pharmacies

- Pharmacy collection of FP10 prescriptions

Communicating with our patients

- Email (medical purposes)/Email (non-medical purposes)
- Telephone (medical purposes)/Telephone (non-medical administrative purposes)

Types of processing identified as high risk involved are:

- Receipt of patient data from GP Practice
- Receipt of patient data from Leg Ulcer Nurse for existing patients
- Receipt of patient data from CLCH Triage Nurse
- Recording and storing patient data
- Referral of patient for on-going/additional support outside of the service and sending patient information out of the service to health care organisations involved in the patient's care

Scope of processing:

We will be collecting and using the following data:

- Demographic

This includes; forename, surname, D.O.B, title, gender, home address, NHS number, telephone contact information

- Medical

This includes; registered GP information, previous service interactions, medical history, referral information, triage assessment (from CLCH Triage Nurse), allergies, medications and recent medical reports as relevant to

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our provision of medical care to the patient.

- Non-medical

This includes; triage date information, and whether the appointment was attended, not attended or cancelled

We collect and use data on a referral and appointment basis:

- This depends on how often the patient is referred into our service and has medical appointments in our service.

- Every time a patient has an appointment in our service, we may process their demographic data to ensure the data subject's right to rectification is maintained and we will process their medical data appropriately to ensure that the medical care given to the patient is informed by up-to-date accurate information.

- As our data includes medical information, this information is kept on our records on a case-by-case basis. We deduct patients from our records as medically appropriate.

We process data for patients within our care. The geographical area covered by the sub-contract is all four West Hertfordshire localities within HertsOne; Watford and Three Rivers, St Albans and Harpenden, Hertsmere and Dacorum. This area includes 650,000 patients.

HertsOne have been sub-contracted to accommodate 5,500 patient contacts per year, this is subject to change.

Context of processing:

The relationship between HertsOne Ltd and the individual service user is between a health care provider sub-processor and a data subject. Leg Ulcer Nurses from Dacorum Healthcare Provider GP Federation have been sub-contracted by HertsOne to provide Leg Ulcer Nurse clinics, performing consultations and booking follow up patient appointments. The relationship between the Leg Ulcer Nurse and the individual service user will be between a clinician and a patient.

HertsOne provide patients with healthcare and facilitate healthcare appointments, including the booking of first appointments.

Patients have a high level of control over their data, but this is mitigated by the sensitive nature of the data; not all the data can be released to patients or erased as the exercise of Official Authority Article 6(1)(e) is in place. Under GDPR data subjects have the right to request their data in part or in full and have the right to request their right of erasure be fulfilled, but this must be balanced with the need to exercise official authority and provide safe health care.

Patients would expect us to use their data to provide them with our healthcare services in a safe and informed way, and this is how we use their data. Patients are provided with Privacy Notice information for the Community Leg Ulcer Service at the point of appointment booking, so that the patient is informed on the ways that their data may be used. Patients will be referred back to their HVCCG GP Practice if they do not consent to the Leg Ulcer nurse viewing their medical record.

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A Data Sharing Agreement (DSA) is in place between CLCH and all HVCCG GP Practices, in addition to this a DSA is also in place between HertsOne Ltd and each HVCCG GP Practice, to enable the sharing of personal & special category data to facilitate the booking of appointments in the Community Leg Ulcer Service. Parties to the DSA have agreed to data sharing on the understanding that information will only be viewed by audit, administration staff and clinicians triaging referrals or performing remote consultation appointments.

In the context of our processing, the following groups are included:

- patients over 18 years,
- registered with a Herts Valleys GP
- complex or hard to heal wounds
- patients requiring support and advice regarding wound management.
- vulnerable groups

There are no prior concerns over this type of processing or over software or hardware or other security flaws. All appointment booking and consultation occurs within HertsOne Emis and Clinicians gain the patient's consent to access data and to send data to another clinician or outside of the service for the ongoing provision of care.

The processing of the data is not novel in any form, it is a routine processing of health data to provide health care to patients.

The current state of technology in our area is high; practices, staff and providers use PCs with Windows 7 or 10. Patient data is received and sent through secure nhs.net email, with devices linked to a secure N3/HSCN connection.

Purpose of processing:

Our data processing is in adherence with the service sub-contract and is designed to achieve:

- The appropriate management of the care of patients with new and existing leg ulceration who would benefit from compression therapy.
- Timely care so that patients are seen within the correct timeframes. This is in the context of patients requiring timely management to boost healing rates.
- Nursing assessment and diagnosis of leg ulcer aetiology for ambulant patients
- On-going treatment and evaluation up to healing
- Support for aftercare and prevention of re-occurrence of ulceration
- Educational advice to support patients in the management of their skin

The benefits of our data processing are that:

- Patients are provided with timely access to healthcare and multiple choices as to the location of their care
- We identify where processes can be improved, i.e. if a patient could have been seen sooner

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Step 3: Consider Consultation

HertsOne Ltd completed consultations with Herts Valleys GP Practices to identify ways in which the service could be tweaked to best serve patients. These discussions and feedback from GP Practices were fed back into service design, with the result of an increase in clinic locations per locality from one location to two or more locations. Consultations have been via emailed letter communication from HertsOne leads and through locality meetings.

Step 4: Assess necessity and proportionality

How will you ensure data quality and data minimisation? What information will you give individuals? How will you help to support their rights?

The processing of the data is necessary to achieve our sub-contracted purpose of providing a Community Leg Ulcer Service and providing healthcare to patients referred into our service.

We are processing patient information on the legal basis of Official Authority GDPR Article 6(1)(e) and Health & Social Care GDPR Article 9(2)(h).

Data quality for existing patients that were transferred into the new service was ensured through the data input flows coming directly from the GP patient record Data Controller (the GP Practice) in referral information.

For new patients, GP Practices send referral information through a DXS form, and the Triage Nurse sends a referral decision for new patients into the service. The service can then ensure that all data is inputted for a patient appointment is the most recent demographic and medical data for the patients within our service.

Data minimisation is ensured for existing patients by HertsOne Ltd's request for GP Practices to securely transfer relevant patient demographic and medical referral information. For new patients this is ensured by a specially designed DXS form to enable the inclusion of only relevant patient information. Leg Ulcer Nurses are trained on HertsOne EMIS to professionally record information as relevant to the consultation.

We provide the following information to individuals:

- HertsOne Ltd Privacy Notice
- The information we hold on them i.e. their demographic information and referral information, as appropriate.
- The nature of the service, clinic location information, clinic session holder and appointment times information.
- Appointment information, including clinic location and parking information
- Contact information for HertsOne Ltd

We help to support data subject access rights by:

- Providing individuals with information on our Privacy Notice
- Assisting with all rectification and erasure requests, with governance policies and procedures in place to

Data Processing Impact Assessment (DPIA) [HertsOne Leg Ulcer Service]

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Last updated: 15/11/2022

guide responses and actions

- Publishing details of our Data Protection Officer on HertsOne website and ICO website

We have taken the following measures to ensure processors comply with GDPR:

All staff are assured to have been trained on Data Protection and completed relevant training courses

All third party organisations involved in processing have either been checked or have confirmed that they abide by the GDPR regulations.

We do not make any international transfers of data.

Step 5: Identify and assess risks

Describe source of risk and nature of potential impact on individuals.

Initial assessment

<u>Risk</u>	<u>Vulnerability</u>	<u>Impact</u>	<u>Likelihood</u>
A. Security breach/PCs are hacked/not working	Inadequate security	High (3)	Occasional (2) NHS faces constant threats to its systems and regular phishing attempts
B. Break-in and hard data stolen/PCs stolen	Inadequate security	High (3)	Occasional (2) Building visibly marked as a building hosting sensitive health information.
C. Personal data accessed by staff that should not have access and confidentiality is compromised	Staff do not follow training	High (3)	Occasional (2) Human error

Likelihood	Likely (3)	3	6	9
	Occasional (2)	2	4	6 (A) (B) (C)
	Unlikely (1)	1	2	3
		Low (1)	Medium (2)	High (3)
Impact				

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Step 6: Identify measures to mitigate risk

Risk Item	Potential impact on individual	Risk Level: Low	Risk Level: Medium	Risk Level: High	Measure to mitigate risk
Risk: Security breach/PCs are hacked. PCs stop working.	High	Remaining Risk	Initial Risk		Staff have received Data Security Awareness training to look out for security breach phishing attempts. HertsOne have confirmed that IT support and security is in place for all devices and locations used in the service. PCs are securely accessed with password protections and data is accessed through EMIS. HertsOne utilises the NHS Digital CareCERT Information Sharing Portal to receive alerts and patch notifications; Previous I.T supplier Egton is GDPR compliant and complies with all CESG (National Cyber Security Centre) Best Practice guidance, and confirms that they work closely with NHS CareCERT and GOVUK Cert teams to ensure they can rapidly respond to industry wide threats. HertsOne Ltd is registered with the Data Protection Security Toolkit.
Risk: Break-in and hard data stolen/PCs stolen	High	Remaining Risk	Initial Risk		The registered site is secured by automatic building alarms, passcode entry and CCTV is in operation. HertsOne share office space. However, EMIS access is only provided to HertsOne staff users with the authorisation to access the patient database.

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					HertsOne does not store paper copies of patient identifiable information however HR records are stored in the head office, these are in lockable cupboards.
Risk: Un- authorised access to data	High	Remaining Risk	Initial Risk		Staff have received training; policies and procedures are in place, the ability to provide access to patient data to additional staff members is restricted to management level; EMIS system is audited regularly). Electronic data is securely stored with password protections. EMIS have confirmed that they have five internationally recognised quality management registrations, including ISO27001 for information security and are compliance with the Health and Social Care Information Centre (HSCIC) guidelines.

Likelihood	Likely (3)	3	6	9
	Occasional (2)	2	4	6
	Unlikely (1)	1	2	3 (A) (B) (C)
		Low (1)	Medium (2)	High (3)
	Impact			

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Consideration	Assessment
System/new(revised) process name	HertsOne administration are predominantly home based, but do have constant access to the registered address and a hot desk; Leg Ulcer Nurses will be based in GP Surgeries and Hospital sites to run the new service clinics. The service will provide care to patients who have a Level 2 or Level 3 leg ulcer.
Will the system integrate with any other systems?	No.
Is personal data being processed? And if so, can we legitimise processing of personal data in accordance with the terms of Article 6 of the GDPR? (Appendix 1)	Yes - legitimate process under GDPR Article 6(1)Public interest (e)
Is sensitive (special) personal data being processed? And if so, can we legitimise processing of sensitive personal data in accordance with the terms of Article 9 of the GDPR (Appendix 2)	Yes - legitimate process under GDPR Article 9(2)Health & Social Care (h)
Is the system capable of capturing and storing the NHS number?	Patient registrations in EMIS are being completed with NHS number provided in GP Practice referral information.
Does the system have a reporting facility? Is the system able to produce a printout of all personal data to satisfy the subject access provision of the General Data Protection Regulations	Yes - to print out personal data to satisfy a SAR the GP as data controller of the record could print medical notes and the booking and consultation information could be also be provided by HertsOne Ltd as host of EMIS.
What steps have been taken to ensure the data processor complies with data protection?	All staff have been trained on Data Protection and completed relevant training courses. HertsOne Ltd is registered with the Data Security Protection Toolkit. Regular audits are undertaken by HertsOne Ltd.
How have you assessed the system security measures? Does the process/system have an adequate level of security to ensure that PID is protected from unlawful or unauthorised access and from accidental loss, destruction or damage?	HertsOne Ltd has confirmed that I.T supplier Egton is GDPR compliant and complies with all CESG (National Cyber Security Centre) Best Practice guidance, and confirms that they work closely with NHS CareCERT and GOVUK Cert teams to ensure they can rapidly respond to industry wide threats. The internal named lead is the system owner and is responsible for the system management. HertsOne Ltd will oversee the provision of secure access to PID information through password-protected

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	nhs.net and EMIS. Leg Ulcer Nurses have nhs.net email address accounts to ensure secure access to receive and send patient information as appropriate and as laid out in the data mapping pathway.
Is there an ongoing procedure in place to monitor compliance with data protection?	HertsOne Ltd will perform regular audits as detailed in governance policies and procedures. HertsOne Ltd has a named Data Protection Officer. The Provider is registered with the Data Security Protection Toolkit.
Are individuals offered the opportunity to restrict processing of their personal data? If so when is that opportunity offered?	Individuals are offered the opportunity to restrict processing of their personal data at the point of referral and at the point of appointment booking. Consent will not be used as the basis to process. Patients will be offered the fair processing/Privacy Notice to ensure transparency over how their data will be processed if the individual accepts an appointment.
Are procedures in place for maintaining an up to date record of use of personal data. If so how often and by whom?	The GP record will be updated by clinicians involved in the patient's care pathway. Clinicians follow SOP procedures and their own professional standards on record keeping.
Will the data be used for the purpose of direct care?	Yes.
Will the data be used for HR/staff records?	Yes; limited personal data from Nurses and administrators will be processed for HR purposes in order to fulfil the sub-contract and complete due diligence.
Who will be responsible for the data quality (accuracy) of the information in the process/system? How will the data be checked for relevancy, accuracy and validity? How often will the data be checked and validated?	HertsOne is responsible for maintaining relevancy, accuracy and validity of patient records and carrying out data validation checks as usual. The clinician checks patient details on GP Record at time of consultation. The Provider can perform monthly audits against the staff rota and against the record of outcomes.
Who will have access to the system and how will that access be controlled?	The Leg Ulcer Nurse will have access to the referral information via EMIS and access will be controlled by a single management level database user. The HertsOne administrator will have access to pre-

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<p>Will training on use of the system be provided and a list of trained personnel maintained?</p> <p>Is there a process in place to ensure all users have attended mandatory data protection training.</p>	<p>service start transferring patient record information and demographic/booking information for new patients, controlled via secure nhs.net account access. A Data Sharing Agreement has been put place for the service to cover transfer of records and new referrals into the service. Staff members will need to ensure that there is no cross contamination of data between services by following guidance in the SOP and in the Data Sharing Agreement.</p> <p>The Provider will arrange system training for staff and this will be recorded by HertsOne Ltd.</p> <p>All staff receive mandatory Data Security training within their organisation. This is confirmed in HR records.</p>
<p>Is identifiable data shared with other organisations via the system?</p>	<p>No, data is only shared when necessary and only by secure NHS.net.</p>
<p>Is anonymised or aggregate data shared with other organisations?</p>	<p>Yes, anonymised or aggregate data will be shared with CLCH as per sub-contract reporting requirements. Data may be passed on HVCCG and NHS England.</p>
<p>Does the process/system enable timely location and retrieval of personal data to meet Subject Access requests?</p>	<p>Yes, the Provider has a written policy on meeting Subject Access Requests.</p> <p>The DPO will validate the identity of requester, determine the grounds for processing, and investigate, process and log the SAR.</p>
<p>Is PID being sent outside the UK?</p>	<p>No.</p>
<p>Is the purpose of processing the personal data listed in the Provider's Notification to the ICO?</p>	<p>Yes.</p>

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Step 7: Sign off and record outcomes

Item	Name/date	Notes
Measures approved by:		Integrate assessments and actions back into project plan, with date and responsibility for completion.
Residual risks approved by:		If accepting any residual high risk, consult the ICO before going ahead
DPO advice provided:	15/11/2022	DPO should advise on compliance, actions and whether processing can proceed

Summary of DPO advice:

HertsOne Ltd have proven that data is processed under legal authority provided by Article 6(1)(e) "Official Authority" and upon Article 9(2)(h) "Health & Social Care" of the GDPR Act.

The GDPR Act updates the Data Protection Act law in the following relevant ways:

Health is a special category of data and definition of personal data is enhanced:

- relating to living human beings who can be directly or indirectly identified
- identifiers include ID numbers, location data, physical, physiological, genetic, mental factors.

The Data Processor and Controller must be:

- transparent
- collection purposes must be explicit and legitimate
- every reasonable step must be taken to ensure inaccurate personal data is erased or rectified
- responsible for, and must be able to demonstrate, compliance with the principles ("accountability")
- Conditions must be met both under Article 6 for processing personal data (consent; contractual necessity; compliance with legal obligations; vital interests; public interest or in exercise of official authority; legitimate interests (does not apply to public authorities) and under Article 9 for the special category of health data (explicit consent; vital interests; charity or not-for-profit bodies; manifestly made public by data subject; legal claims; substantial public interest; health and social care; public health; historical, statistical or scientific purposes).

Patient acknowledgement of data use is preferable to consent. Therefore, patients must be provided with a Privacy Notice, informing them of how their data will and may be processed and used.

Joint Controller Arrangements:

- where 3rd parties are involved, the legal entity is responsible for due diligence, checking for instance that they have not previously been fined by the ICO, and informing the 3rd party of their obligations

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towards data protection.

Data Breaches:

- must be reported to ICO by all joint-controller parties involved within 72 hours.

Processing advised to proceed.

DPO advice accepted by:		If overruled, you must explain your reasons
Comments:		
Consultation responses reviewed by:		If your decision departs from individuals' views, you must explain your reasons
Comments:		
This DPIA will kept under review by:	Georgina Smith	The DPO should review ongoing compliance with DPIA

Step 8: Integrate outcomes into plan

Outcomes will be integrated into project plans.

Step 9: Keep under review

The DPIA will be reviewed on an on-going basis, as a live document reactive to any changes in the service. Upon any significant change to an existing process, additional review by the Senior Information Risk Officer will be undertaken, with outcomes integrated back into project plans.

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APPENDIX 1 – ARTICLE 6 OF THE GDPR

At least one of the following conditions must be satisfied to legitimise processing of personal data:

The lawful bases for processing are set out in Article 6 of the GDPR. At least one of these must apply whenever you process personal data:

- (a) Consent:** the individual has given clear consent for you to process their personal data for a specific purpose.
- (b) Contract:** the processing is necessary for a contract you have with the individual, or because they have asked you to take specific steps before entering into a contract.
- (c) Legal obligation:** the processing is necessary for you to comply with the law (not including contractual obligations).
- (d) Vital interests:** the processing is necessary to protect someone's life.
- (e) Public task:** the processing is necessary for you to perform a task in the public interest or for your official functions, and the task or function has a clear basis in law.
- (f) Legitimate interests:** the processing is necessary for your legitimate interests or the legitimate interests of a third party unless there is a good reason to protect the individual's personal data which overrides those legitimate interests. (This cannot apply if you are a public authority processing data to perform your official tasks.)

APPENDIX 2 – ARTICLE 9 OF THE GENERAL DATA PROTECTION REGULATIONS

At least one of the following conditions must be satisfied to legitimise processing of sensitive personal data:

The conditions are listed in Article 9(2) of the GDPR:

- (a) the data subject has given explicit consent to the processing of those personal data for one or more specified purposes, except where Union or Member State law provide that the prohibition referred to in paragraph 1 may not be lifted by the data subject;
- (b) processing is necessary for the purposes of carrying out the obligations and exercising specific rights of the controller or of the data subject in the field of employment and social security and social protection law in so far as it is authorised by Union or Member State law or a collective agreement pursuant to Member State law providing for appropriate safeguards for the fundamental rights and the interests of the data subject;
- (c) processing is necessary to protect the vital interests of the data subject or of another natural person where the data subject is physically or legally incapable of giving consent;
- (d) processing is carried out in the course of its legitimate activities with appropriate safeguards by a foundation, association or any other not-for-profit body with a political, philosophical, religious or trade union aim and on condition that the processing relates solely to the members or to former members of the body or to persons who have regular contact with it in connection with its purposes and that the personal data are not disclosed outside that body without the consent of the data subjects;

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(e) processing relates to personal data which are manifestly made public by the data subject;

(f) processing is necessary for the establishment, exercise or defence of legal claims or whenever courts are acting in their judicial capacity;

(g) processing is necessary for reasons of substantial public interest, on the basis of Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject;

(h) processing is necessary for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional and subject to the conditions and safeguards referred to in paragraph 3;

(i) processing is necessary for reasons of public interest in the area of public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care and of medicinal products or medical devices, on the basis of Union or Member State law which provides for suitable and specific measures to safeguard the rights and freedoms of the data subject, in particular professional secrecy;

(j) processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes in accordance with Article 89(1) based on Union or Member State law which shall be proportionate to the aim pursued, respect the essence of the right to data protection and provide for suitable and specific measures to safeguard the fundamental rights and the interests of the data subject.