

Data Protection Policy

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If developed in partnership with another agency, ratification details of the relevant agency			

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Revision History

Version No.	Updated By	Updated On	Description of Changes
1.0	Amy Bowden, Business Support Officer, Corporate Services	15 th December 2020	Amendments made to remove references to EU GDPR and replace with UK GDPR in line with BREXIT

Equality Impact and Parity of Esteem

Wiltshire Health and Care staff strive to ensure equality of opportunity and parity of esteem for all service users, local people and the workforce. As an employer and a provider of health care, we aim to ensure that none are placed at a disadvantage as a result of its policies and procedures. This document has therefore been equality impact assessed in line with current legislation to ensure fairness and consistency for all those covered by it regardless of their individuality. This means all our services are accessible, appropriate and sensitive to the needs of the individual.

References: NHS England 'Everyone Counts: planning for patients 2014-15 / 2018-19' and The Mental Health Crisis Care Concordat (DH 2014).

Safeguarding

Wiltshire Health and Care has a strong commitment to care that is safe, of a high quality and that upholds our patients' rights. All our patients have the right to live lives free from abuse or neglect and, where they are able to, to make or be supported to make informed decisions and choices about their treatment, care and support. Where patients are not able to make their own decisions, Wiltshire Health and Care staff are committed to ensuring that treatment, care and support is undertaken in accordance with the person's best interests. In order to fulfil these commitments, Wiltshire Health and Care follow the Safeguarding principles and responsibilities laid out in sections 42-46 of the Care Act (2014) and are informed by, and apply, the guiding principles and provisions of the Mental Capacity Act (2005) (refer to Wiltshire Health and Care Safeguarding Adults Policy and Procedure, and Mental Capacity Act Policy and Procedure).

Regarding children, WHC is responsible for providing services in accordance with Section 11 of the Children's Act (1989) and works under the principles of Working Together to Safeguard Children (2018).

Special Cases

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None.

1. Instant Information – WHC Data Protection Statement

The following statement is extracted from WHC's standard employment contract:

Confidentiality of Information

Any matter of a confidential nature, in particular any information relating to patients, individual staff records or details of business terms, must not in any circumstances be disclosed or passed onto any unauthorised person. You are required to preserve the confidentiality of any information regarding patients, staff (in connection with their employment), and the organisation's business, and this obligation shall continue indefinitely (i.e. even after your employment with Wiltshire Health and Care ends).

If in doubt, you should ask your manager for guidance.

Confidential information takes many forms. It can be stored on computers, transmitted across networks, printed out or written down on paper, and spoken in conversation. To ensure confidentiality, appropriate protection must be applied to all forms of confidential information, including papers, databases, electronic formats, and any other methods used to convey knowledge and ideas. You are therefore responsible for ensuring that all information is stored, used, transported and accessed appropriately and that security levels are maintained at all times in accordance with the relevant policies.

Staff should not use social networking sites to discuss any aspect of their employment or give an opinion about patients, colleagues or the organisation.

Any breaches of these requirements will be regarded as gross misconduct and as such will be grounds for dismissal, subject to the provision of the relevant policies and the disciplinary procedures.

Any member of staff who has a particular concern about how others may be managing confidential information should raise this in accordance with Wiltshire Health and Care's Freedom to Speak Up (whistleblowing) arrangements.

Data Protection – Your Data

Under the Data Protection Act 2018 all staff who operate computer systems are required to adhere strictly to the legal requirements for confidentiality. In particular this means information must not be passed on to unauthorised persons and that only personal data that is registered under the Act is processed. If in doubt, you should ask your manager for guidance. Breach of these requirements could render you liable to disciplinary action. Obtaining or disclosing data other than as described in the register entry or without authority is an offence under the Act and could render you liable to prosecution.

In keeping with good human resources practice, Wiltshire Health and Care LLP retains and processes personal data relating to its employees. In addition, Wiltshire Health and Care LLP may, from time to time, retain and process "special category" or "sensitive data" (as defined by the General Data Protection Regulations 2016 (GDPR) and the Data Protection Act 2018) relating to its employees, For example, in

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relation to sickness and occupational health records, appraisal schemes, equal opportunities monitoring, or for the prevention of fraud or other illegal activities.

By entering into a contract with WHC, the LLP will process, share and disclose your personal data in accordance with the principles of the Data Protection Act 2018 and other impacting legislation.

Wiltshire Health and Care LLP will ensure proper safeguards are in place to prevent the misuse of confidential data [and where it is necessary to transfer such data outside the UK, appropriate measures will be taken to ensure that adequate safeguards are in place].

Wiltshire Health and Care LLP takes all reasonable steps to ensure that the data it holds is accurate, complete, current and relevant. If an employee considers that data held relating to them is or may be inaccurate, or if an employee wishes to have access to such data, the employee should make a Subject Access Request by contacting: whc.recordsrequest@nhs.net.

1.1 Glossary/Definitions

The following terms and acronyms are used within the document:

CCTV	Closed Circuit Television
Data Controller	A person or organisation responsible for determining the purposes for which personal data is processed, including the use, storage and deletion of data.
Data Processor	Any person (other than an employee of the Data Controller) who processes the data on behalf of the Data Controller
Data Subject	An individual who is the subject of personal data.
DPA	Data Protection Act 2018
EEA	European Economic Area
GDPR	General Data Protection Regulation
GWH	Great Western Hospital
ICO	Information Commissioner's Office
IG POG	Information Governance Policy & Oversight Group
NHS	National Health Service
Personal Data	Relates to a living, identifiable individual who can be identified from the data held by WHC.
Processing	In its broadest sense, it is the obtaining, recording, holding, storing, using, sharing or erasing of data.
SARs	Subject Access Requests
Sensitive Personal Data	Information relating to the racial or ethnic origin, political opinions, religious beliefs or beliefs of a similar nature, trade union membership, physical or mental health or condition, sexual orientation, criminal proceedings or criminal convictions.
Third Party	Third Party in relation to personal data is any person other than the data subject or the data controller.
WHC	Wiltshire Health and Care

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2. Document Purpose

2.1 Introduction and Purpose of the Document

The purpose of this document is to give clear guidance concerning data protection within WHC, including data transfers, and describes the legal obligations and responsibilities for WHC as a whole, and for individual employees. It also describes the process necessary to renew WHC's data protection registration, identifies responsible persons, and describes WHC's purposes for processing personal information.

The Data Protection Act 2018 (DPA) (Ref. 1) gives individuals a right of access to a copy of the information comprised in their personal data and provides a framework to ensure that personal information is handled properly. It relates to personal information concerning living individuals.

All employees of WHC have obligations regarding data protection as most manage, or will manage, information about people at some time. The Data Protection Statement (see section 1) forms part of each employee's contract.

The DPA 2018 (Ref. 1), the Human Rights Act 1998 (Ref. 2) and the Freedom of Information Act 2000 (Ref. 3) are interlinked. They are intended to help maintain a fair balance between the rights and interests of individuals, in particular between the freedom to process information on the one hand and rights of privacy on the other.

The DPA 2018 is administered by the Information Commissioner's Office (ICO), an independent public body that reports directly to Parliament

3. Regulatory/Legal Framework

3.1 Regulatory Position

- Data Protection Act 2018
- Health and Social Care (Safety and Quality) Act 2015

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3.2 Further Reading and Links to Other Policies or documents

The following is a list of other policies, procedural documents or guidance documents (internal or external) to which employees should refer for further details:

Ref. No.	Document Title	Document Location
1	Data Protection Act 2018	www.legislation.gov.uk/
2	Human Rights Act 1998	www.legislation.gov.uk/
3	Freedom of Information Act 2000	www.legislation.gov.uk/
4	Health and Social Care (Safety & Quality) Act 2015	www.legislation.gov.uk/
5	The Information Governance Review (2013 Caldicott Report)	https://www.gov.uk/government
6	Access to Health Records Act 1990	www.legislation.gov.uk/
7	Subject Access Code of Practice	www.ico.org.uk
8	CCTV Code of Practice	www.ico.org.uk
9	Employment Practices Code & Supplementary Guidance	www.ico.org.uk
10	Information Disclosure Policy (under development)	TWiltshire Health and Care Documents
11	SOP Requests for Information (including Subject Access Requests)	TWiltshire Health and Care Documents
12	Data Protection Notification Handbook	www.ico.org.uk
13	General Data Protection Regulation (UK) 2016/679	To follow
14	SOPs on use of digital tools (includes Attend Anywhere; Teams; GoTo; AccuRx)	TWiltshire Health and Care Documents
15	NHS Mail Acceptable Use Policy	https://portal.nhs.net/Home/AcceptablePolicy

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4. Document Details

4.1 Introduction and Purpose of the Document

Data Protection Act 2018 Principles

Wiltshire Health and Care collects, stores, and processes information about its employees, patients and other individuals for a variety of purposes (for example, the provision of healthcare services or employment which requires correspondence and communication). To comply with the Data Protection Act 2018 and UK General Data Protection Regulation (GDPR) information must be collected openly and transparently, used fairly, held in an identifiable format for no longer than necessary, stored safely, and not disclosed to any unauthorised person. The Act and Regulation applies to manual and electronic records. The lawful and correct treatment of personal information is vital to successful operations, and to maintain confidence within the organisation and the patients it treats.

Wiltshire Health and Care will comply with the requirements of the GDPR by incorporating the six data protection principles within the organisation's internal policies, processes and procedures.

Table 4 below, lists the GDPR requirements which must be met by data controllers:

Table 4: Six Data Protection Principles

No	Expectation	
1	Information is used for limited, specifically stated purposes	Wiltshire Health & Care must ensure that its internal processes and procedures governing the collection and use of personal data explain why it is being collected, what it will be used for, how long it will be stored and how they can receive copies of the information held
2	Using the minimum amount necessary	Collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes; further processing for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes shall not be incompatible with the initial purposes;
3	Information is accurate	Adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed;
4	Information is kept in an identifiable format no longer than necessary	Accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data are inaccurate, having regard to the purposes for which they are processed, and are erased or rectified without delay;
5	Information is Secure	Kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed; personal data may be stored for longer periods insofar as the personal data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes subject to implementation of the appropriate technical and organisational measures required by the GDPR in order to safeguard the

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		rights and freedoms of individuals;
6	Information is processed lawfully, fairly and in a transparent manner in relation to individuals	Processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures. requires personal data to be processed in a manner that ensures its security. This includes protection against unauthorised or unlawful processing and against accidental loss, destruction or damage. It requires that appropriate technical or organisational measures are used.

- **Individuals' rights under the General Data Protection Regulations (GDPR)**

Table 5 below contains the details of the six data protection principles and the legal expectations Wiltshire Health and Care is required to achieve in order to comply with GDPR.

Table 5: GDPR principles and expectations

No	Data Protection Principle	Expectation
1	Information is processed lawfully, fairly and in a transparent manner in relation to individuals	Wiltshire Health and Care must ensure that its internal processes and procedures governing the collection and use of personal data explain why it is being collected, what it will be used for, how long it will be stored and how they can receive copies of the information held
2	Information is used for limited, specifically stated purposes	Collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes; further processing for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes shall not be incompatible with the initial purposes;
3	Using the minimum amount necessary	Adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed;
4	Information is accurate	Accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay;
5	Information is kept in an identifiable format no longer than necessary	Kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed; personal data may be stored for longer periods insofar as the personal data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes subject to implementation of the appropriate technical and organisational measures required by the GDPR in order to safeguard the rights and freedoms of individuals;

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6	Information is Secure	<p>Processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.</p> <p>Requires personal data to be processed in a manner that ensures its security. This includes protection against unauthorised or unlawful processing and against accidental loss, destruction or damage. It requires that appropriate technical or organisational measures are used.</p>
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Disclosure

Disclosure of personal information is governed by the first and second principles of the DPA concerning 'processing'. Some examples where disclosure of personal health data might be considered are:

- A legal duty requiring health and adult social care bodies to share information with each other for the direct care of a patient.
- Administration (e.g. to recover payment for treatment or for audit purposes to improve efficiency).
- Research & teaching (e.g. statutory or non-statutory disclosures to disease registries and for epidemiological research, clinical trials, or teaching).
- Non-health purposes (e.g. disclosures for Crime and Disorder Act 1998 purposes, to the police, to hospital chaplains, or to the media).

For a person's direct care, the default position should now be to share unless there is a reason not to. The Health and Social Care (Safety and Quality) Act (Ref. 4) aims to address the 'culture of anxiety' with regards to data sharing that was identified by the 2013 Caldicott Report (Ref. 5).

Use of the hospital or National Health Service (NHS) number rather than patient name, and encryption and anonymisation of data are recommended where appropriate. Consent, whether explicit or implied, is usually required for disclosures of personal data. However, consent is not required where there is a risk of harm or abuse to the data subject or other people, where a serious crime is being investigated, or where there is a legal duty or requirement (see Section 3.6 - Exemptions).

For further information, particularly regarding specific requests for disclosure please refer to the Information Disclosure Policy (Ref. 10).

Subject Access Requests

To gain access to their personal data, an individual, usually a patient or employee must apply in writing to the holder of that data (in this case WHC) These requests are known as Subject Access Requests (SARs).

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Following receipt of a subject access request, the information requested must be provided promptly and where possible within 21 calendar days, as advised by the Department of Health. However, the legal requirement under the DPA 2018 is to respond within a calendar month.

All subject access requests must be forwarded to whc.healthrecords@nhs.net for logging and processing. The Corporate Services Team will provide a quarterly report to the IG POG.

A Subject Access Code of Practice (Ref. 7) is available from the ICO website.

Health Records

Clinicians are encouraged to use their judgement as the primary contact with the data subject (the patient) to disclose any information to the patient and, with the patient's consent, to any relatives. This includes giving access to the health record for viewing, which would constitute an informal request, but not for transcribing or photocopying.

Any request for a copy of part or all of the patient notes must be in writing using the form on the intranet.

NHS employees have no special rights to view their own health records, and must apply in the same way as any other patient. This also applies to their own Occupational Health records which are classed as a health record (for employment records – see 3.4.2).

The following provisions will apply to SARs for health records:

- If any information identifies a third party who is not a healthcare professional directly involved with the care of the patient, these individuals' details will be removed from the record (unless they explicitly consent otherwise).
- Any data that a qualified employee (e.g. a clinician) believes would cause physical or mental harm to the data subject may be omitted from the disclosure without informing the data subject (this is exceptional and must be documented by the data controller).
- Any codes or abbreviations must be explained in understandable terms.
- The information may not be disclosed by WHC to anyone other than the data subject or their legal representative.

Many subject access requests are from solicitors who request copies of health records for a variety of reasons, including insurance claims and litigation. Requests from solicitors must be accompanied by signed consent from the patient and must be forwarded to whc.healthrecords@nhs.net to be logged and processed.

Ideally, disclosure to solicitors should be limited to the relevant incident. However, if disclosure of the full record is required this will be complied with as long as it is clear that the patient understands that full disclosure will take place and has consented to this.

Refer to the separate SOP Receiving Requests for Information (Ref. 11) for more detailed information about making and handling a subject access request for health records.

Employment Records

Subject access requests may also be made for non-health records, including employment records. Comprehensive guidance regarding subject access for employees is provided by the ICO in The Employment Practices Code and The Employment Practices Code Supplementary Guidance (Ref. 9). The following is an extract from that guidance:

Examples of personal information concerning employees likely to be covered by the DPA include:

- Details of an employee's salary and bank account held on an organisation's computer system.
- An email about an incident involving a named employee.
- A supervisor's notebook containing information on an employee where there is an intention to put that information in that employee's personnel file.
- An individual employee's personnel file.
- Records of leave such as annual and/or sick leave taken by the employee.

A request for subject access to employment records is to be made in writing or using the general Subject Access Request Form available on the intranet

Access to Email

Employees are entitled, under subject access rights, to copies of information held in emails that is about them. However, employers are not required to search through all email records merely on the off-chance that there might be a message that mentions the employee who has made the request. For information to fall within the DPA's subject access provisions the employee must be the subject of the information and the information must affect the employee's privacy. This means, for example, that an email about an employee's conduct or performance must be provided. However, an email that only contains an employee's name on the email's address list need not be provided.

WHC, as an employer, will check wherever there is some likelihood that messages might exist, for example in the mailbox of the employee's manager. In doing so they are to take into account any details the employee has provided to assist them in locating the information about them, and use the employee's full name to conduct the search. Corporate Services Team will assist with any searches required as part of a subject access request, provided sufficient detail is provided by the employee to make a search of the vault feasible.

Third Party Information

Information that identifies another person, for example a work colleague, is known as third party information. Release of this information could lead to the third party's rights under the DPA being infringed.

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In many cases, simply removing the third party name from the information before it is disclosed will resolve the problem. However, an employee may be able to work out the identity of the third party from the information itself. WHC has to strike a balance between the right of the employee to access the information and the right of the third party to privacy. A clear and documented decision-making process is to be followed before releasing any such information.

Closed-Circuit Television (CCTV) Images

Individuals whose images are recorded have a right to view the images of themselves and, unless they agree otherwise, to be provided with a copy of the images. Other individuals who have not given consent for their image to be released to the requestor will have their image obscured so that they cannot be identified from the footage.

Subject access requests for CCTV images on WHC sites should be made to:

Daniel Purdy – Operations Manager EFM & Facilities Daniel.purdy1@nhs.net

For further information please refer to the CCTV Code of Practice (Ref. 8) published by the Information Commissioner’s Office.

Exemptions from Disclosure

Exemptions vary according to the particular circumstance and range from total exemption from the principles, notification, and data subject access, to more limited exemption. There are a number of exemptions to the full operation of the DPA, but they are limited to certain circumstances. Exemptions are complex and should be used with care. The Data Protection Officer can provide assistance and guidance if an exemption is to be considered via sft.information.governance@nhs.net. Some examples of exemption are:

- To safeguard national security.
- To enable the prevention and detection of crime and the apprehension or prosecution of offenders.
- Disclosures required by law or in connection with legal proceedings.
- Information for the discharge of a regulatory activity, such as protecting members of the public against dishonesty, malpractice or seriously improper conduct of professional persons, or for securing the health, safety and welfare of persons at work.
- To prevent prejudice to the combat effectiveness of the armed forces.

Further information concerning exemptions can be found on the website of the ICO at www.ico.org.uk

Notification Requirements

The DPA requires every data controller (e.g. organisation, sole trader) who is processing personal information to register (notify) with the ICO, unless they are exempt. Notification is the process by which a data controller’s details are added to the register and, in WHC, is the responsibility of the Business

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Manager. The ICO maintains a public register of data controllers. Each register entry includes the name and address of the data controller and a general description of the processing of personal data by a data controller. Individuals can find out from the register, what processing of personal data is being carried out by a particular data controller. The DPA 2018 requires every data controller who is processing personal data to notify unless they are exempt. The notification period is one year and failure to notify is a criminal offence.

Our Data Protection registration can be viewed on the website of the Information Commissioner's Office at <http://ico.org.uk/esdwebpages/search>

5. Data Transfers

5.1 Data Protection Act 2018

Wiltshire Health and Care is registered under the Data Protection Act 2018 (Ref 4) to process information for the normal business purposes of the organisation, which are described in general terms within the Register of Data Controllers held by the ICO. If data from Wiltshire Health and Care systems is to be used for a purpose other than the normal business purposes, then both the Information Governance team and the Data Protection Officer must be informed and give approval prior to the transfer taking place.

If the intended purpose falls outside the normal business purposes, it may be necessary to inform and seek explicit consent from all affected Data Subjects (i.e. patients/employees).*

**It may be that the Purposes of Use registered were, for example, Health Administration and Services. If the data were being taken off-site for the purpose of Research, then the Data User (the Clinician responsible for the collection and use of the data) would need to change the internal registration and begin to inform all new Data Subjects of the new Purpose before s/he could authorise its removal and use. If data already collected is involved, then 'Positive Consent' may be required from individual Data Subjects, particularly if identifiable Personal Data is being used.*

If the data is to be used legitimately for any purpose other than one of the registered purposes (e.g. a Consultant who has a private practice), then the individual using the data MUST be separately registered with the ICO and comply with the procedures and principles of the Data Protection Act (Ref 4). In the example of a private practice consultant, consent must also be sought from the patient for the information to be disclosed from Wiltshire Health and Care to the private practice.

5.2 Methods of Transfer

5.2.1 Portable Devices and Removable Media

Person-identifiable or other confidential data being transferred electronically on any portable device (e.g. laptop) or removable media (e.g. USB memory stick or CD/DVD) must be encrypted in line with current Department of Health (DH) approved standards. The Great Western Hospitals NHS Foundation Trust (GWH) IT Department will provide assistance to facilitate encryption or to ensure that appropriate

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procedures are in place. The encrypted device/media may then be securely transported by an employee, or sent by courier or post (see sections below for further details).

5.2.2 Email

Email transmission of person-identifiable or confidential information is the fastest and most efficient way of transferring information to other employees of Wiltshire Health and Care, or to employees of third-party/partner organisations. However, there are some risks involved and care must always be taken when providing information by email.

The following principles must be followed:

- Check that the intended recipient has a 'need to know' (refer to section 4.4) – the recipient must either have a legal right to the information or patient consent to the disclosure must have been obtained.
- Check that the information can be sent securely (e.g. automatically encrypted). There is an NHS-wide ban on transmitting unencrypted person-identifiable information across the public internet.
- Personal identifiers e.g. data elements that identify a unique individual, must be removed wherever possible, and only the minimum necessary information sent. Person-identifiable or other confidential information must not be included in the subject line of the email. However, for speed of reference, the local hospital number of a patient may be included in the subject line of internal emails which are not sent outside of WHC.
- Employees must always check that they are sending the data to the correct individual at the correct email address.
- Employees must never, under any circumstances, use a 'Freemail' or commercial email account (e.g. Yahoo, Hotmail, Virgin.net etc.) to send person-identifiable or confidential information to other employees or to other organisations.

The Wiltshire Health and Care Internet & Email Usage Policy (Ref 2) provides further information about the acceptable use of email by employees.

It should be noted that emailing person-identifiable information to patients contravenes the NHS-wide directive on secure (encrypted) communications. There is currently no secure means for Wiltshire Health and Care LLP employees to communicate with patients electronically. The presence of an email address in a patient/employee record does not constitute consent for confidential information to be sent by non-secure email. Obtaining patient consent for the use of email does not relieve the employee of the obligation to ensure that confidential information is transferred securely.

5.2.2.1 Use of NHS Mail

Staff must be aware that their use of NHS Mail (work e.mail address name.name@nhs.net) is expected to be in their official capacity only, and in line with the guidance in NHS Mail Acceptable Use Policy (Ref 15). Section 3.1.9 states:

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All communication you send through the NHSmail services is assumed to be official correspondence from you acting in your official capacity on behalf of your organisation. This should be in accordance with your local organisation's policies for exchanging data. Should you need to, by exception, send communication of a personal nature you must clearly state that your message is a personal message and not sent in your official capacity. This includes Instant Messaging.

5.2.3 Fax

With effect from 01/04/2020, fax machines are no longer used in the NHS.

5.2.4 External Post

Small quantities of person-identifiable information about an individual, such as paper correspondence, may be sent via second class post (Royal Mail). All such items must be in a securely sealed, new envelope and correctly addressed.

Best practice recommends that correspondence containing personal information should be addressed to a named recipient, should bear a clearly-identified return address and, where appropriate, should be marked 'confidential' or 'addressee only'. Therefore correspondence should not be addressed to a team, a department, a unit or an organisation, but to a person, a post-holder, a consultant or a valid Safe Haven.

The bulk transfer of person-identifiable information by post must use the Royal Mail 'Track & Trace' or 'Signed for Service'. The Track & Trace and Signed for Service supersede the Recorded Delivery Service, and both First Class post and Special Delivery are not to be used for reasons of cost. This applies to:

- Larger quantities of paper records
- Paper records about many patients
- Encrypted confidential information on digital media such as CD/DVD or USB memory stick
- Particularly sensitive information on paper, regardless of quantity.

Use of the Signed for Service must be authorised by the appropriate department lead as per local financial instructions. Items which include a signature and need to be sent via either the Royal Mail Track & Trace or Signed for Services, must be authorised by a Head of Service. Special Delivery should not be used.

5.2.5 Internal Post

The internal post service provides deliveries to the sites operated by WHC and to other local destinations such as GP practices and commissioners' premises. All paper correspondence or other items containing person-identifiable information sent by internal post must be in a securely sealed, correctly addressed, new envelope. Envelopes must not be re-used as there is a risk that they will go astray.

5.2.6 Courier

Person-identifiable information being transferred by courier must be securely sealed and correctly addressed. Patient records must be transferred in sealed, secure bags. Signatures must be obtained on collection and on receipt. Only approved carriers must be used (each department will hold a list of the couriers used for this purpose).

5.2.7 Text Messages

Explicit consent must be obtained if data is to be transferred to patients or employees via text messaging, and the security risks associated with text messaging must be made clear. The presence of a mobile phone number in a patient/employee record does not constitute consent for confidential information to be sent by text message.

WHC does make limited use of mobile phone numbers to send patient appointment reminders, but care is taken that such messages do not include any confidential information.

5.2.8 Transfers via Digital Tools

There is an increasing need to conduct virtual meetings via a range of digital tools, both for business purposes and with patients. Whilst there is provision to share person-identifiable information/records during such meetings, following the guidelines set out in relevant Standard Operating Procedures (Ref.14), there are strict rules about ensuring documents are not saved or transferred via these platforms.

5.3 Data Transfers Outside of the United Kingdom (UK)

Transfers of person-identifiable data to countries outside of the UK are **not** permitted without the explicit consent of the data subject (i.e. the patient or employee) **and** authorisation of the Information Governance team. The manager responsible for transferring person-identifiable data is to identify any data transferred to a country outside of the UK, and to ensure compliance with the Data Protection Act 1998 and guidance available from the Information Commissioner's Office (Ref 5). The Information Governance team is also to conduct regular reviews of transfers to identify any non-UK recipients and any non-compliant practices.

6. Duties and Responsibilities of Individuals and Groups

6.1 Managing Director

The Managing Director is ultimately responsible for the implementation of this document.

6.2 Ward/Service Managers, and Managers for Non Clinical Services

All Ward/Service Managers, and Managers for Non Clinical Services are to ensure that the list of new or revised policies, competencies, clinical guidelines, strategies, plans, protocols or procedural documents published each month is on the agenda at meetings to ensure that the documents are drawn to the attention of managers and general users. All Ward/Service Managers and Managers for Non Clinical

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Services must ensure that employees within their area are aware of the document; able to implement the document and that any superseded documents are destroyed.

6.3 Document Author

The document author is responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

6.4 Target Audience – As indicated on the Cover Page of this document

The target audience has the responsibility to ensure their compliance with this document by:

- Ensuring any training required is attended and kept up to date.
- Ensuring any competencies required are maintained.
- Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.

6.5 The Information Governance Policy & Oversight Group (IG POG)

IG POG meets quarterly and discusses all matters relating to Data Protection including the number of requests for information received.

7. Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below:-

Measurable document objectives	Monitoring / audit method	Monitoring responsibility (individual/group /committee)	Frequency of monitoring	Reporting arrangements (committee / group to which monitoring results are presented)	What action will be taken if gaps are identified?
Data is protected according to this policy	Number and type of IG breaches	IG POG	Quarterly	IG POG	Incident reports, lessons learned and action plans

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8. Review Date and Consultation Process

8.1 Review Date

This document will be fully reviewed every 3 years (or after 1 year if the document is new) in accordance with the Wiltshire Health and Care agreed process for reviewing its documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.

8.2 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Data Protection Officer (SFT)	(via IG POG e.mail voting 10/6/20)
Advanced Information Analyst	13/2/20
Head of IT	(via IG POG e.mail voting 10/6/20)

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Appendix A – Equality Impact Assessment

Protected Characteristic	For employees	For patients
Age	Employment practices including recruitment, personal development, promotion, entitlements and retention encompass employees with protected characteristics.	<ul style="list-style-type: none"> • Services are provided, regardless of age, on the basis of clinical need alone. •
Disability -	Reasonable steps will be taken to accommodate the disabled person's requirements, including: <ul style="list-style-type: none"> • Physical access • Format of information • Time of interview or consultation event • Personal assistance • Interpreter • Induction loop system • Independent living equipment • Content of interview or course etc. 	Reasonable steps are taken to accommodate the disabled person's requirements, including: <ul style="list-style-type: none"> • Physical access • Format of information • Time of consultation /event • Personal assistance • Interpreter • Induction loop system
Gender reassignment -	There is equal access to recruitment, personal development, promotion and retention. Confidentiality about an individual's gender status is maintained.	There is equality of opportunity in relation to health care for individuals irrespective of whether they are male or female. Confidentiality about an individual's gender status is maintained
Marriage and Civil Partnership	There is equal access to recruitment, personal development, promotion and retention for individuals irrespective of whether they are single, divorced, separated, living together or married or in a civil partnership	There is equality of opportunity in relation to health care for individuals irrespective of whether they are single, divorced, separated, living together or married or in a civil partnership.
Pregnancy and Maternity -	There is equal access to recruitment, personal development, promotion and retention for female employees who are pregnant or on maternity leave. A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. <ul style="list-style-type: none"> • There is a Flexible Working Policy. 	There is equality of opportunity in relation to health care for women irrespective of whether they are pregnant or on maternity leave. A woman is protected against discrimination on the grounds of pregnancy and maternity.

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Race - including Nationality and Ethnicity	<p>There is provision for interpreter services for people whose first language is not English. Documents can be made available in alternative languages/formats</p> <p>Written communications are in plain English and the use of jargon or colloquialisms is avoided.</p> <p>Religion, belief and culture are respected.</p>	<p>There is provision for interpreter services for people whose first language is not English. Documents can be made available in alternative languages/formats</p> <p>Written communications are in plain English and the use of jargon or colloquialisms is avoided.</p> <p>Religion, belief and culture are respected.</p>
Religion or Belief	<p>HR policies cover consideration of:</p> <ul style="list-style-type: none"> • Prayer facilities • Dietary requirements. • Gender of staff when caring for patients of opposite sex. • Respect for requests from staff to have time off for religious festivals and strategies. • Respect for dress codes 	<p>Equality and Diversity guidelines enable consideration of:</p> <ul style="list-style-type: none"> • Prayer facilities • Dietary requirements. • Gender of staff when caring for patients of opposite sex. • Respect for religious festivals • Respect for dress codes
Sex	<p>HR policies cover consideration of:</p> <ul style="list-style-type: none"> • Equal access to recruitment, personal development, promotion and retention. • Childcare arrangements that do not exclude a candidate from employment and the need for flexible working. • The provision of single sex facilities, toilets 	<p>Single sex facilities, including toilets and on wards, are provided.</p>
Sexual orientation	<p>HR policies cover consideration of:</p> <ul style="list-style-type: none"> • Recognition and respect of individual's sexuality. • Recognition of same sex relationships in respect to consultation for Best Interest determinations. • The maintenance of confidentiality about an individual's sexuality. • Consider the effect on heterosexual, gay, lesbian and bi-sexual people 	<p>There is:</p> <ul style="list-style-type: none"> • Recognition and respect of individual's sexuality. • Recognition of same sex relationships in respect to consultation for Best Interest determinations. • The maintenance of confidentiality about an individual's sexuality. • Consideration of the effect on heterosexual, gay, lesbian and bi-sexual people

Appendix B – Quality Impact Assessment

<p>Purpose</p> <p>To assess the impact of individual policies and procedural documents on the quality of care provided to patients by Wiltshire Health and Care</p>	
<p>Process</p> <p>The impact assessment is to be completed by the document author. In the case of clinical policies and documents, this should be in consultation with Clinical Leads and other relevant clinician representatives.</p> <p>Risks identified from the quality impact assessment must be specified on this form and the reasons for acceptance of those risks or mitigation measures explained.</p>	
<p>Monitoring the Level of Risk</p> <p>The mitigating actions and level of risk should be monitored by the author of the policy or procedural document or such other specified person.</p> <p>High Risks must be reported to the relevant Executive Lead.</p>	
<p>Impact Assessment</p> <p>Please explain or describe as applicable.</p>	
1.	<p>Consider the impact that your document will have on our ability to deliver high quality care.</p> <p><i>The policy will have no direct effect on the delivery of care</i></p>
2.	<p>The impact might be positive (an improvement) or negative (a risk to our ability to deliver high quality care).</p>
3.	<p>Consider the overall service - for example: compromise in one area may be mitigated by higher standard of care overall.</p> <p><i>This document will not compromise care in any other area</i></p>
4.	<p>Where you identify a risk, you must include identify the mitigating actions you will put in place. Specify who the lead for this risk is.</p>
<p>Impact on Clinical Effectiveness & Patient Safety</p>	
5.	<p>Describe the impact of the document on clinical effectiveness. Consider issues such as our ability to deliver safe care; our ability to deliver effective care; and our ability to prevent avoidable harm.</p> <p><i>The policy is designed to enable staff to deliver care or services with access to up-to-date information which is protected by law and practice.</i></p>

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Impact on Patient & Carer Experience	
6.	Describe the impact of the policy or procedural document on patient / carer experience. Consider issues such as our ability to treat patients with dignity and respect; our ability to deliver an efficient service; our ability to deliver personalised care; and our ability to care for patients in an appropriate physical environment.
	<i>The policy allows patients to receive care in a context of relevant information about them, and to be able to access that information when requested.</i>
Impact on Inequalities, and Parity of Esteem	
7.	Describe the impact of the document on inequalities in our community. Consider whether the document will have a differential impact on certain groups of patients (such as those with a hearing impairment or those where English is not their first language).
	<i>There should be no negative impact on any groups of patients.</i>

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