

Data Protection Act 1998 Undertaking follow-up

South West Yorkshire Partnership NHS Foundation Trust ICO Reference: ENF0509465, ENF0520791, ENF0521223, ENF0525665 & COM0565177

On 21 December 2015 the Information Commissioner's Office (ICO) conducted a follow-up assessment of the actions taken by South West Yorkshire Partnership NHS Foundation Trust (the Trust) in relation to the undertaking it signed in May 2015.

The objective of the follow-up is to provide the ICO with a level of assurance that the agreed undertaking requirements have been appropriately implemented. We believe that appropriate implementation of the undertaking requirements will mitigate the identified risks and support compliance with the Data Protection Act 1998.

The follow-up assessment consisted of a desk-based review of the documentary evidence the Trust supplied to demonstrate the action it had taken in respect of the undertaking requirements. This included policies and procedures including correspondence, validation guidance and bulletins issued to staff, a detailed communications and engagement plan, and a 'Think Information Governance' presentation delivered to the extended Executive Management Team (EMT).

The review demonstrated that the Trust has taken appropriate steps and put plans in place to address some of the requirements of the undertaking; however further work needs to be completed by the Trust to fully address the agreed actions.

In particular the Trust confirmed that it has taken the following steps:

- The Safe Haven Policy was updated in September 2015 to include guidance on creating local validation check procedures for outgoing correspondence which includes checking the contact details of service users each time they have contact with the Trust. The policy was due to be ratified in late October 2015 at the Information Governance (IG) Trustwide and Action Group; however the validation check procedure is currently available to staff as a standalone document on the Trust intranet site.

- Work has begun on developing local processes aligned to the updated validation check procedure guidance in areas where incidents occurred; however this is still in the early stages. Going forward the Trust plan to review local processes and ensure ongoing use through periodic 'spot checks' performed at intervals by the IG team.
- The Trust has reviewed its processes for managing IG incidents and has amended the Datix incident reporting form to help staff identify and accurately report IG incidents. The revised form went live on 1 September 2015 and includes specific categories of IG incident such as misdirected correspondence. Work is also underway to create a flowchart that contains additional questions to those on Datix in the event of a serious incident and draws together the Serious Incidents Requiring Investigation (SIRI) and Strategic Executive Information System (STEIS) reporting routes for serious IG incidents.
- From the 1 September 2015 any reported IG incidents received by the IG and Patient Safety Teams not already graded as amber are regraded to this mandatory level in the first instance to ensure the appropriate level of investigation is undertaken. To date awareness of this process is only known at a local level by the above teams and has not been communicated to all staff; however the Trust are planning to communicate this to staff and it will form part of the IG incident flowchart.
- The Trust has recently run a 'Think Information Governance' campaign with the intention of raising awareness of IG practices amongst staff. The campaign included a face to face session with the EMT in July 2015, followed by a screensaver and posters in November 2015.
- The Trust have developed new classroom-based IG training designed to be more relevant for staff, along with additional role-specific e-learning modules. These sessions are currently awaiting approval before they can be scheduled. The Trust plan to reinforce this learning with 'real world' IG scenarios communicated to staff through weekly email bulletins and posters advertising IG drop in sessions for all staff across a number of Trust premises.

However the Trust should take further action as follows:

- Ensure the updated Safe Haven Policy is ratified and made available to staff and raise awareness regarding key amendments to the policy such as the outgoing correspondence validation procedure.
- Ensure local processes relating to checking the content and contact details of all outgoing correspondence are developed in all Trust

areas, not just those that have had previous IG incidents, and included in role-specific training where appropriate.

- Review the Investigating and Analysing Incidents, Feedback and Claims to Learn from Experience Policy by April 2016, ensure it contains a copy of the IG incident flowchart and is made available to all staff within the Trust.
- Communicate changes such as the mandatory amber identifier for IG incidents and the IG incident flowchart to all staff as soon as practicable.

Date Issued: 21 December 2015

The matters arising in this report are only those that came to our attention during the course of the follow up and are not necessarily a comprehensive statement of all the areas requiring improvement.

The responsibility for ensuring that there are adequate risk management, governance and internal control arrangements in place rests with the management of South West Yorkshire Partnership NHS Foundation Trust.

We take all reasonable care to ensure that our Undertaking follow up report is fair and accurate but cannot accept any liability to any person or organisation, including any third party, for any loss or damage suffered or costs incurred by it arising out of, or in connection with, the use of this report; however such loss or damage is caused. We cannot accept liability for loss occasioned to any person or organisation, including any third party, acting or refraining from acting as a result of any information contained in this report.