

Data Protection Act 1998 Undertaking follow-up

Croydon Health Services NHS Trust ICO Reference: COM0542468 and COM0554943

In April 2016 the Information Commissioner's Office (ICO) conducted a follow-up assessment of the actions taken by Croydon Health Services NHS Trust (CHS) in relation to the undertaking it signed on 14 December 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 CHS supplied to demonstrate the action it had taken in respect of the undertaking requirements. This included:

- Information Governance (IG) Compliance Training Tracking Spreadsheet
- Complaints Team IGTT Report
- Oracle Learning Management System Information
- Example of staff attending IG Training
- Snapshot of ESR Training Classes for IG
- Information Flow and AR Validation Report 2016
- Destruction Certificate-165240164
- IG Report-FOI/ SAR Incidents Mar 2016
- Destruction Exception Report
- Destruction Final Listing
- Complaints Checklist
- Complaints Checklist Signed
- Sending of Personal Confidential Data Intranet Page
- Audit Committee Report IG Mar 2016
- Informatics Board Report-IG Mar 2016
- Confidentiality and Data Protection Policy v5
- IG Framework Feb 16
- Information Security Policy v1 0
- Records Management Strategy and Policy
- Staff Confidentiality Code of Conduct

The review demonstrated that CHS 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 CHS to fully address the agreed actions.

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

1. CHS has given key priority to achieving IG training targets and staff awareness. There is a regular review and testing of staff knowledge and the Information Governance Committee (IGC) has oversight. However, their initial target was 95% IG training completion by March 2016. According to their submission they're currently at 93% IG training completion.
2. All staff on the complaints team have completed data protection training in addition to the mandatory IG training. The training covers Consent, Confidentiality, Security and Records Management.
3. The ICO were informed that attendance at data protection training sessions is monitored and there are appropriate follow up procedures in place to ensure completion. We reviewed evidence that the system is able to monitor and highlight training figures.
4. CHS has reviewed information assets for data flows and conducted information risk assessments. These have been updated on the Information Asset Register (IAR). A consultancy had been commissioned to complete the IAR and the data flow mapping in 2014. CHS reviewed this information, tracked and updated it while assigning individual ownership and directorates in 2016. The ICO were supplied with a report that details the work to monitor data flows being completed. This included risk assessments for the data flows.
5. CHS has implemented a records disposal option for legacy records. There is regular monitoring of disposal by the IGC, but further work is scheduled for quarter one of 2016/ 2017 to complete this requirement.
6. A correspondence checking procedure has been implemented and brought to the attention of all staff. Evidence was provided that staff have signed to confirm that they are aware of this procedure and understand its requirements. The procedure includes a check list for staff members to use when transferring data.
7. The implementation of the recommendations from the data protection incident investigation report is monitored. The ICO reviewed evidence that the completion of these recommendations was overseen by IGC, the Audit Committee and the Executive Management Board (EMB).
8. The ICO were supplied with evidence in relation to progress against the objectives in the undertaking within the allotted time.
9. As well as the requirements for the undertaking, CHS has also reviewed and updated the following documents:

- Confidentiality and Data Protection Policy;
- IG Framework;
- Information Security Policy;
- Staff Confidentiality Code of Conduct; and
- Records Management Strategy and Policy.

10. The ICO were also informed that CHS has publicised their IG pages on their intranet.

However, CHS should take further action as follows:

- Ensure that the work around training continues to improve IG training figures and meet training targets.
- Ensure that legacy record destruction continues.

Date Issued: 14 April 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 Croydon Health Services NHS 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.