

## **Procedure for the access to and use of Momentive Inc (Previously Survey Monkey Enterprise Product)**

### **1.0 Procedure Statement (Purpose / Objectives of the Procedure)**

The Trust needs to undertake surveys as and when required, and to ensure they meet the required standards of good governance, data handling and security. The Trust has procured a license for access to and the use of the Momentive Inc (henceforth referred to as 'Momentive Inc or 'the product') to meet the governance, security and data handling requirements of such survey and data collection.

This procedure describes the agreed and allowed process for undertaking such activity, access to and use of the product, and all requirements therein.

The procedure states that use on any Trust Business of any other form of Momentive Inc and/or any other survey tool is not allowed. Use of any such systems or products not in line with this procedure could result in disciplinary action.

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy (OP109) must be considered and addressed. In the case of any inconsistency, the Conflict of Interest Policy is to be considered the primary and overriding Policy.

Concerns identified around fraud and bribery should be referred to and raised as per the Local Anti-Fraud, Bribery and Corruption Policy (GP02).

### **2.0 Accountabilities**

The Chief Officer responsibility for the use of 'the product' is the Chief Finance Officer.

The Chief Officer responsibility relating to data handling good governance is the Chief Medical Officer.

The Trust License for 'the product' Super-user is the Head of Communications and the Company Secretary.

The Trust License has six named High-level Users (Administrators) from each of the named departments which at present are:

- Chief Executives Office – Company Secretary;
- Communications – Head of Communications;
- Library – Chief Librarian/Head of Library services;
- Education and Training – Director of Education & Training;
- Research and Audit – Head of Research;
- Human Resources – Deputy Chief People Officer.

Access can only be through one of these High-level Users ('Administrators') who will take responsibility for the good governance and safe use of 'the product' in line with this procedure in the absence of a suitable local Information Asset Owner.

Each proposed survey must have an identified lead member of staff who is responsible for

ensuring the proposed survey adheres to this Procedure (i.e. local IAO). They are responsible for reviewing the set-up and use of 'the product' in relation to that survey and to audit to ensure fidelity with this Procedure. Any surveys that do not meet the requirements will be either amended to do so or removed. No permission to 'go live' and collect data can be given without the expressed permission of the responsible local IAO or Administrator.

### **3.0 Procedure/Guidelines Detail / Actions**

Staff proposing to conduct a survey and/or collect data using the product will need to apply to Higher Level User by e-mail in the first instance to be invited to create a log-in and account on the system.

Emails to; keith.wilshire1@nhs.net.

Once they have an account, in the case of each survey, they will need to seek approval from either the local Information Asset Owner or the nominated Administrator based on an outline of:

- What data they want to collect?
- Why?
- How long they intend to do so for?
- How long the data would still be needed for?

On the basis of this information, an initial judgement by the local Information Asset Owner and/or the nominated Administrator will be made as whether:

1. The product is suitable;
2. The use is appropriate and in line with Policy, procedure and regulations;
3. The use of the data, its retention and disposal meet requirements.

If approved, the 'Project' is automatically the purview of the local Information Asset Owner who will review and if approved place it on the local Information Asset Register. Compliance with this SOP and future audits and close down are the responsibility of the local IAO. In the absence of a local IAO, these responsibilities will be allocated to an Administrator to provide the detailed oversight and governance checks using a single annual audit.

The local IAO or Administrator will then provide oversight of the data collection from inception to completion by at least Annual review until close down is confirmed.

The local IAO or Administrator will ensure and assure the orderly close down and deletion of data as per Trust retention standards.

Any data collection not regularly attended to by the author may be reviewed by the responsible Administrator and notice of closure sent where it has been moribund for more than 12 months or has not been attended to within 12 months of the stated end date as established at the point of annual audit.

### **4.0 Equipment Required**

Access to Trust computer and NHS email is required.

## 5.0 Training

All training is available on-line through the product or via the Administrators.

### 5.1 Data standards

Data for the following groups of recipients as follows.

Public – no person identifiable data, consent established at the outset i.e. before any data or information can be inputted.

Patients – only ‘pseudo-anonymised’ data to master list held by responsible person using Research Pseudo-anonymisation standards person. Consent and declaration at outset i.e. before any data or information can be inputted.

Staff – minimum identifiable data required, assurance statement and consent at outset.

### 5.2 Data deletion

Apart from the circumstances defined in Section 3\*, data from projects must be deleted once the Project is complete and the data has been used for the purposes required. Data can be deleted whilst the survey template is retained.

### 5.3 Consent and information on data collection, handling and disposal

All Survey Tools must state at the outset the purpose of the survey, what data will be held and used and what will happen to the data when the survey is complete so that those being asked to respond or complete can provide appropriate consent by proceeding.

It is best practice to include an indication of consent or agreement and permission at the start of the Survey along with a contact point to review data if required.

### 5.4 Asset Register

Information intended to be collected including data stored/collected via Momentive Inc on departmental asset register and fair processing notices.

## 6.0 Financial Risk Assessment

Does the implementation of this document require any additional Capital resources	No
Does the implementation of this document require additional revenue resources	No
Does the implementation of this document require additional manpower	No
Does the implementation of this document release any manpower costs through a change in practice	No
Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	No

### 7.0 Equality Impact Assessment

An initial equality analysis has been carried out and it indicates that there is no likely adverse impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

### 8.0 Maintenance

The SOP will be maintained by the Company Secretary and the Group of Administrators.

### 9.0 Communication and Training

The Trust Communications Team will provide a Communication Plan for the dissemination of the information in the SOP.

### 10.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Review of the operation of the SOP and the standards, requirements and process therein	Company Secretary, Local IAO's, Product Administrators	Review of operation against SOP at least annually.	At least annually.	Trust Management Committee

### 11.0 References - Legal, professional or national guidelines

GDPR, Information Governance Toolkit Standards, Records Policies.

## Part A - Document Control

Procedure / Guidelines number and version	<b>Title of Procedure / Guidelines</b> Procedure for the access to and use of Momentive Inc (Previously Survey Monkey Enterprise Product)	<b>Status: Final</b>		<b>Author:</b> Keith Wilshere Company Secretary & Emily Smith, Head of Communications  <b>For Trust-wide Procedures and Guidelines Chief Officer Sponsor:</b> Kevin Stringer, Chief Finance Officer
Version / Amendment History	Version	Date	Author	Reason
	V1	01.11.18	KW	New SOP
	V2	August 2021	KW	Full review of SOP
<b>Intended Recipients:</b> All Staff.				
<b>Consultation Group / Role Titles and Date:</b> Trust Policy Group – October 2021				
<b>Name and date of group where reviewed</b>		Trust Policy Group – October 2021		
<b>Name and date of final approval committee</b>		Trust Management Committee – October 2021		
<b>Date of Procedure/Guidelines issue</b>		November 2021		
<b>Review Date and Frequency</b> (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		October 2024		

<b>Training and Dissemination: Publication of Procedure</b>	
<b>Publishing Requirements: Can this document be published on the Trust's public page:</b>	
<b>Yes</b>	
If yes you must ensure that you have read and have fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of <a href="#">OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines</a> , as well as considering any redactions that will be required prior to publication.	
<b>To be read in conjunction with:</b> GDPR, Data Protection, Records Management	
<b>Initial Equality Impact Assessment: Completed Yes / No Full Equality Impact assessment (as required): Completed Yes / No / NA</b> If you require this document in an alternative format e.g., larger print please contact Policy Administrator 85887 for Trust- wide documents or your line manager or Divisional Management office for Local documents.	
<b>Contact for Review</b>	Keith Wilshere, Company Secretary Emily Smith, Head of Communications
<b>Monitoring arrangements</b>	Trust Management Committee
<b>Document summary/key issues covered.</b> Use of Momentive Inc	
<b>Key words for intranet searching purposes</b>	Momentive Survey Monkey Surveys

**(Part B)**

**Ratification Assurance Statement**

**Name of document:**

**Name of author:** Keith Wilshere      **Job Title:**      **Company Secretary**

I, Keith Wilshere the above named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines(OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author:

Date:

Name of Person Ratifying this document (Chief Officer or Nominee):

Job Title:

Signature:

- I, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

## IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Procedure/Guidelines number and version	Title of Procedure/Guidelines	
<b>Reviewing Group</b> Trust Policy Group	Procedure for the access to and use of Momentive Inc (Previously Survey Monkey Enterprise Product)	<b>Date reviewed:</b> August 2021
<b>Implementation lead:</b> <b>Keith Wilshere, Company Secretary</b> <b>Emily Smith, Head of Communications</b>		
Implementation Issue to be considered (add additional issues where necessary)	Action Summary	Action lead / s (Timescale for completion)
Strategy; <b>Consider</b> (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	Continue as per previous interaction	Continue as per previous interaction
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	Continue as per previous interaction	Continue as per previous interaction
Development of Forms, leaflets etc.; Consider 1. Any forms developed for use and retention within the clinical record <b>MUST</b> be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	Continue as per previous interaction	Continue as per previous interaction
Procedure/Guidelines communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	Continue as per previous interaction	Continue as per previous interaction
Financial cost implementation Consider Business case development	Continue as per previous interaction	Continue as per previous interaction