

# GROUP SOP23

## Procedure for the access to and use of Survey Monkey Inc

### 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 Survey Monkey (henceforth referred to as 'Survey Monkey' 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 Survey Monkey and/or any other survey tool is not allowed. This includes personal accounts and free accounts including with Survey Monkey (US). Use of any such systems or products not in line with this procedure could result in disciplinary action.

In adhering to this procedure, all applicable aspects of the Conflicts of Interest Policy (OP109) must be considered and addressed. In the case of any inconsistency, the Conflicts 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 and Anti-Bribery Policy (GP02).

### 2.0 Accountabilities

The Chief Officer responsibility for the use of 'the product' is the Group Director of Assurance.

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 Group Company Secretary.

The Trust License has three named High-level Users (Administrators) which at present are:

- Chief Executives Office – Group Company Secretary
- Chief Executives Office – RWT Policy Management Officer
- Chief Executives Office – WHT Senior Administrator to Group Company Secretary

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 (IAO).

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.wilshere1@nhs.net.

Once they have an account, in the case of each survey, they will need to seek approval from the local IAO 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 IAO and it will be decided 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 IAO who will review and if approved place it on the local IAO. 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 not been accessed for more than 6 months or has not been attended to within 6 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 Survey Monkey must be included 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 Group Company Secretary and the Group of Administrators.

### 9.0 Communication and Training

The Group Company Secretary 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	Group 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  GSOP23  Version 3.0	<b>Title of Procedure / Guidelines</b> Procedure for the access to and use of Survey Monkey	<b>Status: Final</b>		<b>Author:</b> Group Company Secretary  <b>For Trust-wide Procedures and Guidelines Chief Officer Sponsor:</b> Group Director of Assurance
Version / Amendment History	Version	Date	Author	Reason
	V1	01.11.18	KW	New SOP
	V2	August 2021	KW	Full review of SOP
	V2.1	September 2022	KW	Update to title of SOP
	V2.2	September 2023	KW	Minor update to section 1.0 re: personal / free accounts
	V3.0	September 2024	Group Company Secretary	Full review of SOP
<b>Intended Recipients:</b> All Staff.				
<b>Consultation Group / Role Titles and Date:</b> Information Governance teams at RWT and WHT – September 2024 RWT Trust Policy Group – December 2024 WHT Policy Management Core Group – December 2024				
<b>Name and date of group where reviewed</b>		RWT Trust Policy Group – December 2024 WHT PMCG – December 2024		
<b>Name and date of final approval committee</b>		RWT Trust Management Committee – January 2025 WHT Trust Management Committee – February 2025		
<b>Date of Procedure/Guidelines issue</b>		February 2025		
<b>Review Date and Frequency</b> (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		December 2027		

<b>Training and Dissemination:</b> Publication of Procedure	
<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
<b>Monitoring arrangements</b>	Trust Management Committee
<b>Document summary/key issues covered.</b> Use of Survey Monkey	
<b>Key words for intranet searching purposes</b>	GSOP23, Survey Monkey, Surveys, Data, Survey, Survey Data, Feedback, Feedback Survey