NHS
Coventry and Warwickshire
Integrated Care Board

Subject Access Request Policy

NHS Coventry and Warwickshire Integrated Care Board
Subject Access Request Policy, January 2025 V2
Expiry Date: January 2028 Review Date: July 2027

Reference Number:	IG/10
Version:	Version 2.0
Name of responsible Committee and date approved or recommended to Integrated Care Board Board:	Audit Committee January 2025
Date approved by the Integrated Care Board (if applicable):	N/A
Next Review Date:	July 2027
Expiry Date:	January 2028
Name of author and title:	Leila Hassouna, Governance and Compliance Manager
Name of reviewer and title:	Laura Whiteley, Governance and Corporate Affairs Manager
Department:	Corporate Governance Team

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.
December 2024	V1		

Contents

Page Number

1. Scope

1.1 This document sets out the Subject Access Request (SAR) Policy for NHS Coventry and Warwickshire Integrated Care Board ('the ICB'). It explains what the ICB will do to comply with its obligations under the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018 (DPA 2018).

1.2 This policy applies to all staff of the ICB, whether permanent or temporary.

1.3 This policy is complementary to other ICB policies and should be used/read in conjunction with them.

2. Introduction

2.1 What is a Subject Access Request?

2.1.2 Individuals have the right under current Data Protection legislation and the General Data Protection Regulation (UK) subject to certain exemptions, to have access to their personal records that are held by Coventry and Warwickshire ICB. This is known as a 'Subject Access Request' (SAR).

2.1.3 A Subject Access Request (SAR) is a request received from a person (the 'data subject') asking to provide them with copies of the information held about them. Individuals have the right to access information held about them under Data Protection legislation: General Data Protection Regulations (GDPR) and the UK Data Protection Act (DPA) 2018.

2.1.4 This procedure ensures that individual's rights under the Data Protection legislation are followed and that each SAR is appropriately and fairly handled.

2.2 Who can make a SAR?

The data subject can make a request for all or part of their personal information. Another person/party, for example a solicitor, can make a request on behalf of the data subject providing they also supply the data subject's evidenced consent to act on their behalf.

2.3 What is a valid SAR?

A valid SAR can be made verbally or in writing. The individual making the SAR does not need to state the Act they are relying onto make their request within the conversation/letter/email. The data subject should make a clear request for the personal information the organisation holds on them.

2.4 Are there fees attached?

In most cases there should be no charge for information requested by a data subject. The following are possible exceptions to this:

- Where the request can be evidenced as being 'manifestly unfounded or excessive' a 'reasonable fee' may be charged to cover the administrative costs of complying with the request;
- Where an individual requests further copies of their data following a request a 'reasonable fee' may be charged to cover the administrative costs of complying with the request.

2.5 **Timescales for Response**

2.5.1 A SAR should be processed without undue delay within one month of receiving the request.

2.5.2 It is possible to extend the time to respond by a further two months if the request is complex or there have been a number of requests received from the same individual.

2.5.3 The individual must be informed of this extension within one month of receiving their request and given an explanation of why the extension is necessary. The timescale must only be increased following discussion with the ICB Director of Corporate Governance or the Commissioning Support Unit's Information Governance Lead.

3. Statement of Intent

3.1 The aim of this policy is to ensure compliance with the Data Protection Act (DPA) 2018, the GDPR and Caldicott principles and enable the ICB to fulfil and safeguard its requirements under these regulations.

4. Definitions

4.1 T**he Data Protection Act 2018 (DPA 2018)**

The DPA 2018 principles under the GDPR are based upon good information handling. These give people specific rights in relation to their personal information and place certain obligations on those organisations that are responsible for processing it.

4.2 **General Data Protection Regulations (GDPR)**

The GDPR came into force on 25th May 2018, with the objective of providing individuals with increased control over use of their personal data. Article 5(2) of the GDPR requires that all data controllers shall be responsible for, and able to demonstrate compliance with the principles and those referenced in Appendix B.

4.3 **Subject Access Request**

The individual who is the subject of personal data is the Data Subject.

- The DPA 2018 also gives people a right to request a copy of the information held about them. This is known as a Subject Access Request.

- An individual can request access to information regardless of the media in which it may be held.
- The ICB's Subject Access Request Policy provides the ICB with a process for the management of requests for personal information under the DPA 2018 and GDPR (for living individuals) and under the Access to Health Records Act 1990 (for deceased individuals).
- The ICB will ensure that the general public, staff, including volunteers, locums, temporary employees and patients are aware of why the NHS needs information about them, how this is used and to whom it may be disclosed. The ICB maintains a Fair Processing Notice on the respective websites and statements about data protection will be included on all forms requesting personal identifiable information.

4.3 **Caldicott principles**

The Caldicott Principles refer to a set of rules that organisations like the NHS must follow to protect any patient information that could identify them, such as their name or medical records. This ensures that sensitive information is only used and shared when it is appropriate to do so.

5. Duties/Responsibilities

5.1 The ICB's Governing Body has a duty to ensure that all records are managed in accordance with legal obligations and professional best practice. The Governing Body will be kept informed of any risks or issues in relation to compliance with this policy via the Clinical Quality and Governance Committee. The ICB Director of Corporate Governance is the accountable officer for this Policy.

5.2 All staff, including temporary and agency staff, are responsible for:

- Compliance with relevant process. Failure to comply may result in disciplinaryaction being taken.
- Co-operating with the development and implementation of policies and procedures and as partof their normal duties and responsibilities.
- Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly.
- Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.
- Attending training / awareness sessions when provided.
- Reporting concerns and completing incident forms for incidents/near misses.

6. Procedure and Information Required to Process the SAR

6.1 Contact information should be requested from the individual in order to update them on the progress of the request. Further information should be asked for as it will assist in the processing of the request, however, information requested should only be of a sufficient amount in order for the SAR to be processed effectively carried out Requested information may include:

- Full Name

- Address
- Date of Birth
- Requestor's ID

The type of information the individual is looking for, for example an individual may have made a complaint to your organisation and now require all information that is filed related to the complaint.

With regards to verifying the identity of the requestor, of their representative, the Information Commissioner Officer's guidance states: If you have doubts about the identity of the person making the request you can ask for more information. However, it is important that you only request information that is necessary to confirm who they are. The key to this is proportionality. You need to let the individual know as soon as possible that you need more information from them to confirm their identity before responding to their request. The period for responding to the request begins when you receive the additional information. Should you have doubts about the identity of the person making the request, please inform the Corporate Governance Manager or the Commissioning Support Unit's Information Governance Lead. It may also be appropriate to consult the ICB's Caldicott Guardian.

6.2 SAR procedure

6.2.1 **Keep a record**.

A copy of each written SAR should be retained electronically. The SAR should be recorded on the 'SAR log' and allocated a reference number. Where a SAR is made verbally, the member of staff receiving the SAR should complete Section 1 of the Subject Access Request Form (Appendix A) to assist in capturing the SAR. A copy of the form should be retained electronically and the SAR should be recorded on the 'SAR log' and allocated a reference number.

6.2.2 **Start the Clock**

Upon receipt of a SAR, the date received should be recorded on the 'SAR log' and one month clock should start.

6.2.3 **Acknowledge receipt, ask for more information and verify identity/right to act on behalf of the subject**.

A completed Subject Access Request Acknowledgement Letter (Appendix B) should be sent to the requestor to:

- Inform the requestor of the one month timescale for SAR, advising them that the 'clock has stopped and will restart upon receipt of verification of identity'.
- Provide the contact details for the Corporate Governance Manager;

- If the information the requestor had provided is limited, offer them the opportunity to provide more information by completing Section 1 of the Subject Access Request Form;
- Ask the requestor to verify their identity by completing Section 2 of the Subject Access
- Request Form and, where the SAR is being made by a representative, the identity of the representative also.

Once the letter has been issued, the clock should stop.

It is important to note that it is not mandatory for the requestor to complete the Subject Access Request Form, however, should there be any concerns over the identity of the requester or of their representative, the ICB may decide that it is necessary for the individual to verify their identity before it will complete the SAR.

These concerns should be discussed with the ICB's Corporate Governance Manager and/or Information Governance Lead before informing the requestor. If the Subject Access Request Form is not returned within 3 months or the requestor does not contact you to advise you that they do not wish to complete the form, the SAR will be closed. Should the same requestor repeat the request following this it should be treated as a new SAR.

6.2.4 **Acknowledge receipt and restart the clock**.

Upon receipt of a completed and signed Subject Access Request Form or confirmation that the requestor does not wish to complete the form, the clock should restart. The Subject Access Request Clock Restart Letter (Appendix C) should be sent to the requestor to:

- Inform the requestor the date by which their response should be issued
- Provide the contact details for the member of staff dealing with their SAR.

6.2.5 **Collate and create a copy of the relevant information.**

A request should be made to the relevant department to provide copies of the information held in respect of the SAR. The department should be given a deadline to process the SAR and advised that the information should be checked to establish whether any exemptions, as set out in the DPA 2018 apply. Exemptions may relate to:

- Third party information
- Information that could cause serious damage or harm to the mental / physical health of the person or any other person.

Any proposed exemptions should be discussed with the ICB's Corporate Governance Manager before being made.

6.2.6 **Once all checks are complete, send the information with the accompanying Subject Access Request disclosure letter.**

Complete the Subject Access Request Disclosure Letter template. The letter should:

- Detail and explain any redactions which may have been applied;
- Provide an explanation of any abbreviations and/or information it would be reasonable for the recipient not to fully understand;
- Provide the contact details should they have any questions about the disclosure;
- Avoid the use of abbreviations, if necessary, include a list / glossary of their meanings.

6.2.7 A copy of the letter and the information should then be sent to the requestor and a copy retained by the ICB. The date of sending should be recorded on the SAR log and the SAR closed.

6.3 Outsourcing of Complex Requests

The ICB in agreement with the Director of Corporate Governance, will outsource complex SARs if deemed necessary. This decision will be made on a case-by-case basis. The requestor will be notified of the decision within one month.

6.4 Right to Rectify

Under Article 16 of the GDPR individuals have the right to have inaccurate personal data rectified. An individual may also be able to have incomplete personal data completed, although this will depend on the purposes for the processing. The request to rectify personal data may be given in writing or verbally and a response must be given within one month. Under certain circumstances a request for rectification can be refused, for example if it is unfounded or excessive.

6.5 What We Will Do if We Are Satisfied That The Data is Accurate?

The Corporate Governance team will let the individual know if we are satisfied that the personal data is accurate and tell them that we will not be amending the data. The Corporate Governance team will explain our decision and inform them of their right to make a complaint to the ICO or another supervisory authority, and their ability to seek to enforce their rights through a judicial remedy. The Corporate Governance team will also place a note on our system indicating that the individual challenges the accuracy of the data and their reasons for doing so.

6.6. Right to Erasure

Individuals can request that their data is erased, under GDPR legislation, however, this is not an absolute right as the ICB is required to keep records in accordance with the NHS Records Management Code of Practice.

7. Dissemination & Implementation

7.1 This policy will be available to all Staff.

7.2 All managers are responsible for ensuring that relevant staff within the ICB have read and understood this document and are competent to carry out their duties in accordancewith the procedures described.

8. Training

8.1 The training required to comply with this policy are that all Managers must ensure that all staff attend necessary events e.g. Conflict Resolution Training every three years.

9. Monitoring and Compliance Review

9.1 The policy will be reviewed every three years, or sooner should there be new guidance from NHSE, changes to statute, regulations, revised professional or clinical standards or local/national directives that affect, or could potentially affect, this policy.

9.2 Individuals covered by this policy will be advised whenever a new version of this is approved and will be able to access it via the ICB's website. Where required, training will be given.

10. Staff Compliance Statement

10.1 All staff must comply with this ICB-wide policy and failure to do so may be considered a disciplinary matter leading to action being taken under the ICB's Disciplinary Policy. Actions which constitute breach of confidence, fraud, misuse of NHS resources or illegal activity will be treated as serious misconduct and may result in dismissal from employment and may in addition lead to other legal action against the individual/s concerned.

A copy of the ICB's Disciplinary Policy is available on the ICB website.

11. Equality & Diversity Statement

11.1 In applying this policy, the ICB will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic. The ICB is committed to ensuring that all people are able to access our service. An Equality Impact Assessment has been undertaken and included in this Policy.

12. Associated Policies

- Access to Healthcare Records Policy
- Information Governance Policy

- Records Management Policy
- Data Protection and Confidentiality Policy

Quality and Equality Impact Assessment

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.
Record your reasons for arriving at that conclusion in the comment's column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

Quality Impact Assessment

Scheme Title:	SAR Policy		
Project Lead:	Laura Whiteley, Corporate Governance Manager	**Senior Responsible Officer:**	Geoff Stokes, Interim Director of Corporate Affairs
		Quality Sign Off:	n/a – full QIA not required
Intended impact of scheme:			
How will it be achieved:			

Name of person completing assessment:	Leila Hassouna
Position:	Governance and Compliance Manager
Date of Assessment:	20 December 2024

Quality Review by:	**n/a**
Position:	
Date of Review:	

High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
Duty of Quality	Effectiveness – clinical outcome			**x**	Effective process ensures the organisation is sighted on and can address issues as a result of complaints and improve the quality of care and patient experience				
	Patient experience			**x**	"				
	Patient safety			**x**	"				
	Parity of esteem			**x**	"				
	Safeguarding children or adults			**x**	"				
Access Could the proposal impact positively or negatively on any of the following:									

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
Compliance with NHS Constitution	Quality of care and environment			x					
	Nationally approved treatment/drugs			x					
	Respect, consent and confidentiality			x					
	Informed choice and involvement			x					
	Complain and redress			x					
Could the scheme impact positively or negatively on any of the following:									
NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life			x	"				
	Ensuring people have a positive experience of care			x	"				
	Preventing people from dying prematurely			x	"				
	Helping people recover from episodes of ill health or following injury			x					
	Treating and caring for people in a safe environment and protecting them from avoidable harm			x					
Patient services Could the proposal impact positively or	A modern model of integrated care, with key focus on multiple long-			x					

negatively on any of the following:	term conditions and clinical risk factors								

Equality Impact Assessment

Project / Policy Details

What is the aim of the project / policy?
This document sets out the Subject Access Request (SAR) Policy for NHS Coventry and Warwickshire Integrated Care Board ('the ICB'). It explains what the ICB will do to comply with its obligations under the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018 (DPA 2018).

Who will be affected by this work? e.g staff, patients, service users, partner organisations etc.
Patients and relevant staff.

Is a full Equality Analysis Required for this project?			
Yes	Proceed to complete this form.		Explain why further equality analysis is not required.
If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.			

Equality Analysis Form

1. Evidence used
What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.
Information commissioners' guidance Data protection Act 2018 General Data Protection Regulations (GDPR)

2. Impact and Evidence:
In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.
Age: A person belonging to a particular age (e.g., 32 year old's) or a range of ages (e.g., 18-30 year old's)
N/A
Disability: A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities
N/A

Gender reassignment (including transgender): Where a person has proposed, started or completed a process to change his or her sex.
N/A
Marriage and civil partnership: A person who is married or in a civil partnership.
N/A
Pregnancy and maternity: A person is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the person is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.
N/A
Race: A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
N/A
Religion or belief: A group of people defined by their religious and philosophical beliefs including lack of belief (e.g., atheism). Generally, a belief should affect an individual's life choices or the way in which they live.
N/A
Gender:
N/A

Sexual orientation: Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).
N/A
Carers: A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support
N/A
Other disadvantaged groups:
N/A

3. Human Rights		
FREDA Principles / Human Rights	**Question**	**Response**
Fairness – Fair and equal access to services	How will this respect a person's entitlement to access this service?	N/A
Respect – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	N/A
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	N/A
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	N/A

Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	N/A
Right to **Life**	Will or could it affect someone's right to life? How?	N/A
Right to **Liberty**	Will or could someone be deprived of their liberty? How?	N/A

4. Engagement, Involvement and Consultation		
If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:		
Engagement Activity	**Protected Characteristic/ Group/ Community**	**Date**
N/A		
For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g., patient told us …. So we will ….):		
N/A		

5. Mitigations and Changes
Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.
N/A

6. How will you measure how the proposal impacts health inequalities?

e.g. Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway, the ICB is able to show increased take up from this group, this is a positive impact on health inequalities. You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.
N/A

7. Is further work required to complete this assessment?

Please state what work is required and to what section. e.g., additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g., disability).

Work needed	Section	When	Date completed
N/A			

8. Sign off

The Equality Analysis will need to go through a process of **quality assurance** by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.

Requirement	Name	Date
Senior Manager Signoff	Laura Whiteley	19 December 2024
Which committee will be considering the findings and signing off the EA?	**Audit Committee**	January 2025
Approved by the Policy Procedure and Strategy Assurance Group.		19 December 2024