NHS Lanarkshire Records Management Plan

December 2014

Version 1.0

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0.1	12th July 13	First draft		
0.2	14th October 13	2nd Draft – update to Actions from Sept and Sept PRSA Surgery	JD	No
0.3	Aug 2014	3rd draft – tidy up and allocation of evidence	JD	No
0.4	Oct 14	4th draft – finalisation of plan, evidence and actions	JD	No
0.5	Dec 14	5th draft – comments from Craig Tannahill and advice from informal review of RMP by Office of the Keeper.	JD	No
1.0	Dec 14	Final draft for submission to Corporate Management Team (CMT)	JD	No
1.0	Feb 15	Final tidy up of evidence links and final proof read	JD	No

Review:

This plan will be reviewed in one year and then every 3 years in line with supporting policies.

Introduction

Records management is the systematic control of an organisation's records, throughout their life cycle, in order to meet operational business needs, statutory and fiscal requirements, and community expectations. Effective management of information allows fast, accurate and reliable access to records, ensuring the timely destruction of redundant information and the identification and protection of vital and historically important records.

Effective records management involves efficient and systematic control of the creation, storage, retrieval, maintenance, use and disposal of records, including processes for capturing and maintaining evidence.

Systematic management of records allows organisations to:

- know what records they have, and locate them easily
- increase efficiency and effectiveness
- make savings in administration costs, both in staff time and storage
- support decision making
- be accountable
- achieve business objectives and targets
- provide continuity in the event of a disaster
- meet legislative and regulatory requirements
- protect the interests of employees, clients and stakeholders

The guiding principle of records management is to ensure that information is available when and where it is needed, in an organised and efficient manner, and in a well maintained environment.

The importance of good records management has been brought into sharp focus by the 2007 Historical Abuse Systemic Review of Residential Schools and Children's Homes in Scotland by Tom Shaw ('the Shaw Report'). The recommendations of the Shaw Report and the subsequent 2009 review by the Keeper of the Records of Scotland led to the Public Records (Scotland) Act 2011 ('PRSA') in March 2011.

The Act makes provision about the management of public records by named public authorities. Provisions include the preparation of a Records Management Plan ('RMP') setting out and evidencing proper arrangements for the management of the authority's public records, and its submission for agreement by the Keeper. Each Board's Health Records and Corporate Records Management Policies should provide further detail concerning standards for the management of records.

The PRSA defines a record as "Anything in which information is recorded in any form." A record can be recorded in computerised or manual form or in a mixture of both. Data can be held on a range of media, including text, sound, image, and/or paper. Increasingly records are being kept on electronic and document management systems. Records may include such things as hand-written notes; emails and correspondence; radiographs and other imaging records; printouts from monitoring equipment; photographs; videos; and tape-recordings of telephone conversations.

Public Records (Scotland) Act 2011 – Records Management Plan

Under the Public Records (Scotland) Act 2011 Scottish public authorities must produce and submit a records management plan setting out proper arrangements for the management of the organisations records to the Keeper of the Records of Scotland for his agreement under Section 1 of the Public Records (Scotland) Act 2011.

NHS Lanarkshire Records Management Plan (RMP) sets out the overarching framework for ensuring that NHS Lanarkshire records are managed and controlled effectively, and commensurate with the legal, operational and information needs of the organisation. The RMP considers all 14 elements as advised in the Keeper's Model RMP and supporting guidance material. The 14 elements are:

1. Senior management responsibility
2. Records manager responsibility
3. Records management policy statement
4. Business classification
5. Retention schedules
6. Destruction arrangements
7. Archiving and transfer arrangements
8. Information security
9. Data protection
10. Business continuity and vital records
11. Audit trail
12. Competency framework for records management staff
13. Assessment and review
14. Shared information

The RMP defines NHS Lanarkshire's Action Plan for improving the quality, availability and effective use of records in NHS Lanarkshire and provides a strategic framework for all records management activities. Any outstanding actions will be incorporated into the relevant action plans to progress the work with overall progress monitored by the Information Assurance Committee.

Records Management Action Plan is effective from   11th December 2014

Agreed by   ……………………………………….   11th December 2014

Ian Ross Chief Executive, NHS Lanarkshire

Element 1: Senior Management Responsibility (Guidance)

Element Requirement:	NHS Lanarkshire Statement:	Corporate Evidence:	Actions:
Identify an individual at senior level who has overall strategic accountability for records management.	**The senior individual** who has overall strategic responsibility for records management is [Dr Harpreet Kohli Director Of Public health (Executive Member of NHSL Board)	Letter from Chief Executive to Dr Kohli Evidence 1.0 Records Management Policy Statement Evidence 1.1	▪ No further action required.

Element 2: Records Manager Responsibility (Guidance)

Element Requirement:	NHS Lanarkshire Statement:	Corporate Evidence:	Actions:
Identify individual within the authority, answerable to senior management, to have day-to-day operational responsibility for records management within the organisation.	**NHSL has designated two senior officers who have re**sponsibility for development and operation of records management. These are Mr John Duncan Head of health records who has responsibility for health records and Mr Neil Agnew Corporate Affairs Manager who has responsibility for corporate records. These officers are named in the letter from the Chief Executive as having delegated authority for Records Management. The contact details are below John Duncan Head of Health Records NHS Lanarkshire HQ Kirklands Hospital Bothwell G71 0BB	Addendum to Job Description for both officers Evidence 2.0	• No further action required.

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Element 3: Records Management Policy Statement (Guidance)

Element Requirement:	NHS Lanarkshire Statement:	Corporate Evidence:	Actions:
A records management policy statement that describes how the authority creates and manages authentic, reliable and usable records, capable of supporting business functions and activities for as long as they are required.	NHS Lanarkshire is committed to a systematic and planned approach to the management of records within the organisation, from their creation to their ultimate disposal. This will ensure that NHS Lanarkshire can: ■ control the quality, quantity and security of the information that it generates; ■ Maintain that information in an effective manner whilst ensuring compliance with the recommendations of the appropriate authorities. NHS Lanarkshire has an approved and current Health Records Management Policy and Administrative Records Management Policy. These policies are approved by the Boards Information Assurance	NHS Lanarkshire Information Assurance Strategy Evidence 3.0 NHS Lanarkshire Health Records Management Policy Evidence 3.1 NHS Lanarkshire Administrative Records Management Policy Evidence 3.2 Information Assurance Strategy Evidence 3.3 These above policies have been included in the Corporate Management Team (CMT)paper submitted	■ NHSL will ensure that SALUS who provide Occupational Health services to NHSL and commercially to other organisations follow the principles set out in the NHSL RMP. ■ Review NHS Lanarkshire Administrative Records Management Policy.

	Committee. These will be subject to review every three years or earlier in the case of significant regulatory change.	as critical to compliance with Act and the NHSL RMP Evidence 3.4 Staff communication plan implementing the Board's RMP . Evidence 3.5	

Element 4: Business Classification (Guidance)

Element Requirement:	NHS Lanarkshire Statement:	Corporate Evidence:	Actions:
A business classification scheme that reflects the functions of the authority. Demonstrating at a given point in time, the information assets the business creates and maintains, and in which function or service they are held.	Currently NHSL has a high level BCS. Departments store their documents on a centralised secure network referred to as the "R" drive. NHS Lanarkshire recognises that the Business Classification Scheme (BCS) will become the keystone of the records management function within NHS Lanarkshire. This will be developed and maintained in partnership with each business unit and function, to ensure that it meets specific operational requirements. NHSL has developed an Information Asset Register to record the information assets it holds along with some key attributes that describe these assets.	File structure for NHS Lanarkshire Business Classification Scheme Framework Evidence 4.0 Information Asset Register Evidence 4.1	▪ NHSL will develop standard operating practices for the maintenance of R:drives ▪ NHSL will continue to develop the BCS to ensure that it meet the needs of the organisation. ▪ NHSL will continue to develop the Information Asset register ensuring that it is maintained and holds relevant information.

Element 5: Retention Schedules [(Guidance)](#)

Element Requirement:	NHS Lanarkshire Statement:	Corporate Evidence:	Actions:
A retention schedule that details the procedures that the authority follows to ensure records are routinely assigned to disposal dates and that they are subsequently destroyed at the appropriate time, or preserved permanently by transfer to an approved repository or digital preservation programme.	The Board maintains health and corporate records retention schedules as part of the respective records management policies. These comply with the current NHS Records Management Code of Practice 2012 and other relevant guidance and standards.	NHS Lanarkshire Health Records Management Policy Evidence 3.1 NHS Lanarkshire Administrative Records Management Policy Evidence 3.2 Record of authority to destroy records held at Departmental level. Evidence 5.0 Arrangements with secure shredding companies state minimum data set that requires to be provided along with the certificate of destruction. Evidence 5.0 NHSL undertakes Privacy Impact Assessments for all new electronic systems, where there are major changes to an electronic system or where there is a risk of privacy intrusion.	• NHSL will review the requirement for a document disposal register as part of its ongoing review of records management. Upon renewal of contracts a Data Processing Agreement will be signed between NHSL and the the third party contractor. A minimum data set that requires to be provided along with the certificate of destruction will be established • NHSL will review archiving arrangements for records that require permanent preservation along with NHSiS ehealth strategy to reduce reliance on paper records.

| | | Evidence 5.1

Example of Retention Guidance Page on Firstport and link to Scottish Government website | |

Element 6: Destruction Arrangements (Guidance)

Element Requirement:	NHS Lanarkshire Statement:	Corporate Evidence:	Actions:
Demonstrate that proper destruction arrangements are in place. Disposal arrangements must also ensure that all copies of a record – wherever stored – are identified and destroyed.	The Board has procedures for managing the confidential destruction of expired records in all formats, in a way that is auditable and irreversible. NHSL is currently reviewing the retention arrangements for emails to ensure compliance with relevant Acts and policies All backup data is expired in the backup software database for the media (disk and tape) according to an agreed schedule. The disk backups are purged accordingly and the tapes are overwritten on reuse as per this schedule.	Contract with Contractor for electronic media destruction Evidence 6.1 Computer backups are undertaken according to a schedule and tapes are overwritten according to the schedule in NetBackup Enterprise Backup Solution Administration Evidence 6.2 Record of authority to destroy records held at Departmental level. Evidence 5.0 Arrangements with secure shredding companies state minimum data set that requires to be provided along	• NHSL are currently reviewing the contracts for secure destruction of confidential waste and will ensure that compliance with appropriate industry standards and legislation are covered. • Review email retention schedules as part of the ongoing review of NHSL email in line with national strategy. • As NHSL moves to a greater reliance on electronic records we will ensure that arrangements are in place to permanently delete records from systems. These will be

			embedded within the Health and Administrative Records Policies.
			▪ Request that senior operational managers undertake a review of all uses of 3rd party storage provision and that there is an agreed contract to comply with NHSL Records Management Policies and retention schedules.
			▪ Consider implementing a policy\procedure that seeks senior management approval to the use of 3rd party storage.
		with the certificate of destruction. Evidence 5.0	▪ **Review guidance on disposal of confidential paper waste**

Element 7: Archiving and Transfer Arrangements (Guidance)

Element Requirement:	NHS Lanarkshire Statement:	Corporate Evidence:	Actions:
Detail the authority's archiving and transfer arrangements, ensuring that records of enduring value are deposited in an appropriate archive repository.	NHS Lanarkshire currently does not have any archival arrangements and will retain locally all records identified as having enduring value.	Health Records Management Policy Evidence 3.1	▪ Draft protocol for 3rd Party use. ▪ Seek to arrange appropriate transfer of archival records to local

	NHS Lanarkshire has its own Secondary Storage facility for Acute Health Records and the transfer arrangements are described in the Health Records Policy. This is where records already identified to be of enduring value will be stored. As this is a working health records library these records are not available to the public. When required NHSL will use Records Management Companies who are on the national framework agreements for ongoing storage of record that cannot be stored locally. NHSL has written to NSS requesting that requirement to comply with PRSA should be included when contracts are reviewed.		council archivists so that records of enduring value are available to the public. Discussions are underway with North Lanarkshire Council to agree the records that are for permanent retention and the resultant volume of records that could potentially transfer. ▪ During the checking process prior to transferring records to Archivists will separate records that could potentially identify a living individual and that these will be subject to a separate transfer arrangement to the Archivist. ▪

Element 8: Information Security (Guidance)

Element Requirement:	NHS Lanarkshire Statement:	Corporate Evidence:	Actions:
Ensure provision for the proper level of security for its public records. The security procedures must put in place adequate controls to prevent unauthorised access, destruction,	NHS Lanarkshire provides systems which maintain appropriate confidentiality security and integrity for all data including storage and use in line with NHS Scotland Information	NHS Lanarkshire Information Security Policy. Evidence 8.0 List of IT policies and	▪ No further action required.

| alteration or removal of records. | Assurance Strategy.

NHS Lanarkshire is responsible for ensuring that adequate physical controls are put in place to ensure the security and confidentiality of all health and business sensitive data, whether held manually or electronically.

NHSL IT policies comply with NHSiS minimum requirements

These will be subject to review every three years or earlier in the case of significant regulatory change. | schedule for publication 2014/15
Evidence 8.1

Example of Internal Audit reports
Evidence 8.2 | |

Element 9: Data Protection (Guidance)

Element Requirement:	NHS Lanarkshire Statement:	Corporate Evidence:	Actions:
Demonstrate compliance with the authority's data protection obligations.	NHS Lanarkshire is the Data Controller for large volumes of personal and sensitive data. NHSL is compliant with the Data Protection Act 1998 and Caldicott Guidance. All NHS Scotland staff are bound by the NHS Code of Confidentiality. NHSL staff have confidentiality clauses contained within their contract of employment. NHSL is a Data Controller registered	NHS Lanarkshire Data Protection Policy Evidence 9.0 NHS Lanarkshire Data Protection Registration Details. Information Commissioners - Data Protection Register - Entry Details Example of Data Processing agreement	Monitor impact of Fairwarning and communication to staff. Seek approval from Fairwarning Project Board to extend scope and range of Fairwarning. Ongoing monitoring of Learnpro Training module 'Secure Information Handling' uptake by the Information Assurance Committee

with the information Commissioners Office. NHSL complies with CEL 25 (2011) and requires Data Processing Agreements being signed with 3rd parties. In December 2013 NHSL implemented 'Fairwarning' privacy breach detection software. This was implemented in conjunction with Staff Side Partnership representatives and was supported by an extensive Communication Plan NHS Lanarkshire staff receive induction training on Data Protection and national training package 'Safe Handling of Information ' is available via Learnpro.	Evidence 9.1 Communication plan to staff regarding implementation of Fairwarning Evidence 9.2 Letter from Director of Human Resources to managers Procedure for investigating potential breaches available on request. Evidence 9.3 'Safe Information Handling' is included in the list of compulsory training for all staff Evidence 9.4 Example of Safe Information Handling Certificate after successful completion of Learnpro module. Evidence 9.5	To establish a Subject Access Request link on the NHSLwebsite

Element 10: Business Continuity and Vital Records (Guidance)

Element Requirement:	NHS Lanarkshire Statement:	Corporate Evidence:	Actions:
Detail arrangements in support of records vital to business continuity.	NHS Lanarkshire has corporate, departmental and site Business Recovery/Continuity Plans. These plans include arrangements for the	Extract from NHS Lanarkshire eHealth Business Continuity Management Plan	▪ eHealth to continue to review Business Continuity in the Grey Pack. ▪ Review Information Asset

| | | recovery of both physical and digital records and data.

All records and data held on NHS Lanarkshire networks are subject to regular back-up and associated recovery procedures. | Evidence 10.0

The Information Asset Register will identify vital records that are outwith the Business Classification records that are managed on the R:drive. | Register to identify vital records that are not covered by business classification. |

Element 11: Audit Trail (Guidance)

Element Requirement:	NHS Lanarkshire Statement:	Corporate Evidence:	Actions:
Provide evidence that the authority maintains a complete and accurate representation of all changes that occur in relation to a particular record. An audit trail is a sequence of steps documenting the movement and/or editing of a record resulting from activities by individuals, systems or other entities.	All major IT systems have an audit log of records accessed and changed by a user. The detail and content of these audit logs vary from system to system. Acute Health Records are tracked through the Trakcare Patient Management system. Mental Health Records are currently tracked through PiMS but this will transfer to Trakcare during 2015. The tracking requirements for other records is undertaken as appropriate based on assessment of risk, and commensurate with the sensitivity of information which they contain, and its value as evidence. Further information is detailed in the Health	Example of professional Code for Record Keeping Evidence 11.0 Evidence of major IT system audit trails can be supplied on request but is not published due to confidentiality. Evidence of Acute Health Records Tracking Audits Evidence 11.1 Internal Audit report on Health Records management arrangements Evidence 11.2	▪ Development/implementation of version control and audit trail protocols as strategic electronic records system become the norm. ▪ Transfer PiMS to Trakcare

| | Records Policy.

NHSL does not track administrative records as they are contained within the offices and departments to which they relate.

NHSL clinical staff are required by their professional body to keep accurate records which include dating and signing of all entries and changes to records.

NHSL is developing a protocol for version control of electronically created and maintained non-clinical records. NHSL does not have an audit trail for changes made to non-clinical records. | | |

Element 12: Competency Framework for Records Management Staff (Guidance)

Element Requirement:	NHS Lanarkshire Statement:	Corporate Evidence:	Actions:
Detail a competency framework for person(s) designated as responsible for the day-to-day operation of activities described in the elements in the authority's RMP.	NHS Lanarkshire will provide appropriate training and development support to ensure all staff are aware of their records management responsibilities. NHSL recognises the important role of Admin and Clerical staff in the management of records and will	Learnpro Training Module 'Secure Information Handling is available to all staff. Evidence 9.4 Communication plan for all NHS staff outlining their role in creating, maintaining and managing records belonging	▪ Continue to monitor uptake of Learnpro Training Module 'Secure Information Handling ▪ Develop a Records Management Learnpro module aimed at Admin and Clerical Staff

	include this in their learning and development plan.	to NHSL. Evidence 3.5	

Element 13: Assessment and Review (Guidance)

Element Requirement:	NHS Lanarkshire Statement:	Corporate Evidence:	Actions:
Detail the procedures in place to ensure regular self-assessment and review of records management systems in place within the authority.	The designated Records Managers will regularly review NHS Lanarkshire's Records Management Plan. The RMP will be reviewed one year on from submission (December 15) in line with residual action completion dates. This will be approved by the Information Assurance Committee. NHS Lanarkshire Internal Audit has information assurance as part of the audit universe they use to prepare the audit plan. Clinical Records will be subject to continuous review by Clinical Governance. NHSL RMP will be covered under the Health Records standing agenda item of the IA Committee	RMP agreed by the PRSA Project Board and CMT and outstanding actions incorporated in Information Assurance Strategy Action plan Evidence 13.0 Internal Audit statement from Director of Finance Evidence 13.1 Example of Clinical Governance audit Evidence 13.2	▪ Ensure RMP outstanding actions are allocated to the relevant work programmes at point of RMP sign off by CEO ▪ Ensure arrangements are in place to allow Information Assurance Committee to monitor overall progress of outstanding actions.

Element 14: Shared Information (Guidance)

Element Requirement:	NHS Lanarkshire Statement:	Corporate Evidence:	Actions:

Provide evidence that the authority has considered the implications of information sharing of good records management. Include reference to information sharing protocols that govern how the authority will exchange information with others and make provision for appropriate governance procedures.	Sharing of information is a core NHS Scotland activity and takes place in line with the Data Protection Act 1998 and other relevant privacy regulation. All sharing of information is subject to the appropriate level of risk assessment. NHSL patients will be sent to other NHS hospitals for healthcare. NHSL is satisfied these hospitals take records governance seriously and to the same standard as NHSL. They are scheduled public authorities and are therefore also bound by the requirements of the Public Records (Scotland) Act 2011. Private healthcare providers commissioned by NHSL are expected to keep appropriate records in line the Scottish Government Records Management Code of Practice (Scotland) Version 2.0 2010. NHSL will share information with other Public Services in order to maintain the health and safety of its population. Where NHSL contracts with a 3rd party for services that requires personal information to be shared a Data Processing agreement that complies	Monitoring of records keeping standards for private healthcare providers Evidence 14.0 NHSL Information Sharing protocol Evidence 14.1 Example of Data Processing agreement (template only) Evidence 9.1	▪ It is noted that the NHSL Data Sharing policy is continuously under review with all partner agencies. ▪ On renewal contracts with private healthcare providers will include reference to requirements of PRSA and compliance with NHSL RMP.

	with CEL 25 (2011) is signed between both organisations.		