

RETRACTION OF SITES POLICY FOR THE SAFE AND EFFECTIVE REMOVAL OF DATA

Author:	Head of Planning & Development
Responsible Lead Executive Director:	Director of Information and Digital Technology
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CONSULTATION AND DISTRIBUTION RECORD

Contributing Author / Authors	<ul style="list-style-type: none"> 2010 Version Edited and Reformed by C. Lauder 2014
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Distribution:	<ul style="list-style-type: none"> Corporate Management Team General Manager, PSSD Head of Planning & Development General Manager, eHealth/ICT All Lanarkshire GP Practices (for guidance only)

CHANGE RECORD

Date	Author	Change	Version No.
Feb 2017	M Nobes	Document moved to formal policy template. Minor amendments to reflect current structure.	Version 4
March 2020	M Nobes	Definition of data added. Minor amendments to reflect role changes	Version 5
Feb 2022	M Nobes	Review in line with policy process. Minor amendments to reflect change in legislation.	Version 6

1. **INTRODUCTION**

In order to ensure that Lanarkshire NHS Board meets its obligations under the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018 (DPA 2018) it is essential that this policy is implemented when a health facility is to be vacated. Its aim is to ensure that all person identifiable data or data that is commercially confidential is securely removed from a location prior to it being vacated by NHS and/or social care staff.

This Policy will apply if a whole or partial site is to be vacated or where a ward or a partial site clinical facility is to be closed for an extended period e.g. for decoration or refurbishment.

Data may consist of, or exist on paper records, diaries, print outs, wipe boards, electronic/digital devices including desktop computers, laptops, tablets, mobile phones, USB stick, CDs, DVDs and hard drives. This is not an exhaustive list.

2. **AIM, PURPOSE AND OUTCOMES**

The removal, transfer or disposal of records/data must be in accordance with the Scottish Government Records Management Health and Social Care Code of Practice (Scotland) 2020 .

3. **ROLES AND RESPONSIBILITIES**

Where data/records require to be removed from a site there will be one Designated Senior Manager (DSM) who will be explicitly responsible for the implementation of this Policy where it is enacted. The DSM will be the individual who has ultimate responsibility for operational clinical issues on the site. For an acute hospital this will be the site Director of Hospital Service, for a clinic or health centre this will be the Unit General Manager. In the event of any disagreement as to who is the designated individual the matter must be referred to the Director of Acute Services or the appropriate Chief Officer for Health & Social Care.

It will be the responsibility of the DSM to implement the Policy where a full site is to be vacated. This will be applicable even if the manager does not have direct operational responsibility for specific departments that operate on this site.

Where a whole site or a number of rooms within a health facility is to be vacated the DSM will be responsible for undertaking a physical check of all rooms on the site once they have been vacated. The DSM will be accompanied by a senior colleague. It will be the responsibility of the DSM to ensure all loose material containing data are removed correctly from the site before it is made secure (for fixed term see 4 below).

It will be the responsibility of the DSM and appointed senior colleague to provide a written and signed record of their inspection. The record will indicate the following:

- The date and time of inspection.

- Each individual room inspected.
- A note of any room where materials or data were found.
- A note of disposal/transfer arrangements undertaken for any material or data found.
- A note of the arrangements undertaken to secure the room/building after the inspection.

The written report will be submitted to the Information Governance Manager within 7 days of vacating the site.

Whilst the above action must be implemented the DSM may identify individual senior managers to undertake a similar inspection prior to final inspection. If this arrangement is implemented the inspection should be undertaken by two people and a written record of the inspection must be completed signed and dated. The written record will indicate the same information as identified above although this is unlikely to include the final security arrangements. This written record will be submitted to the DSM and form part of the final submission for the Information Governance Manager.

All documentation associated with these physical checks along with the operational procedures and instructions to staff at the time of retraction will be submitted by the DSM and retained by the Information Governance Manager until the site is disposed of or once buildings have been demolished.

The DSM will also provide a written report of the retraction arrangements to the General Manager of Property and Support Services (GM- PSSD) to be attached to the Property Transaction Handbook records.

Where a ward, clinical area or office is to be vacated and closed for any period of time e.g. refurbishment or redecoration, it is essential that steps are taken to minimise risk of potential breaches of information/data as identified in the Records Management Policy in relation to the safe retention and disposal of records. In such cases it will be the responsibility of the appropriate DSM to undertake the procedures as described in this section of the Policy. It is recognised that where an area is to be redecorated/refurbished then not all loose furniture will be removed. However, the written policy described should be followed to ensure safe handling of information/data.

4. RESOURCE IMPLICATIONS

When a building is vacated and the site is to be sold, consideration must be given to undertaking an exercise to remove fixed furniture and fittings, such as shelving units, cupboards, work benches etc. This is known as “soft strip”. The implementation of a “soft strip” will reduce the risk of material being missed, particularly where material may have fallen behind fixed shelves and drawers.

There may be substantial cost to undertake this work. A joint risk assessment should therefore be undertaken by the DSM and the GM – PSSD. The written assessment will identify the estimated cost of undertaking the “soft strip” (as identified by the GM – PSSD) and the potential risk of missing data. If funding is required the request will be submitted to the Director of Finance for final resolution. If there is a disagreement in completing the

joint risk assessment the matter must be escalated to an Executive Director/Chief Officer for resolution. A copy of the Joint Risk Assessment will be submitted to the Information Governance Manager who will retain the record until the site is sold or the buildings are demolished.

In some cases consideration will be required as to whether vacated buildings should be demolished once they have been vacated and a full site inspection exercise has been completed (see paragraph 3 above). An initial economic assessment must be undertaken by the DSM when an Outline Business Case is submitted for any project which, if approved, could lead to demolition of buildings. Details and costs (provided by the GM – PSSD) should be clearly identified in the Outline Business Case and should link to the Estate Strategy of NHS Lanarkshire.

The assessment of whether a building should be demolished must take into account the potential level of ongoing security and any other potential risk or financial cost which would be required if buildings are to remain on a site.

If no assessment of demolition was undertaken at Outline Business Case stage as to whether buildings should be demolished, an economic assessment must be undertaken as soon as possible once the position is known to the DSM. This must take place no later than when the building is vacated. In such circumstances an assessment must be undertaken and submitted for approval to the GM – PSSD and the Director of Finance. The outcome of their assessment will be reported to the Capital Investment Group.

Where there is any doubt in the interpretation of national or local guidance in relation to transfer or disposal of data, the Information Governance Manager should be contacted for guidance and advice.

5. **COMMUNICATION PLAN**

This policy document will be available on Firstport. It will also be distributed to key stakeholders as per the circulation list.

6. **QUALITY IMPROVEMENT – Monitoring and Review**

The Information Governance Committee will request appropriate reports and information on a regular basis from the Information Governance Manager to ensure compliance with this Policy.

Where there is any doubt in the interpretation of the Policy the Director of Strategic Planning and Performance should be contacted.

7. **EQUALITY AND DIVERSITY IMPACT ASSESSMENT**

This policy meets NHS Lanarkshire's EQIA. A completed copy has been sent to hina.sheikh@lanarkshire.scot.nhs.uk



(tick box)

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