

Public Records (Scotland) Act 2011

**Public Authority
NHS Grampian**

The Keeper of the Records of Scotland

14 September 2018

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1. Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the Act) received Royal assent on 20 April 2011. It is the first new public records legislation in Scotland since 1937 and came fully into force on 1 January 2013. Its primary aim is to promote efficient and accountable record keeping by named Scottish public authorities.

The Act has its origins in *The Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950-1995* (The Shaw Report) published in 2007. The Shaw Report recorded how its investigations were hampered by poor record keeping and found that thousands of records had been created, but were then lost due to an inadequate legislative framework and poor records management. Crucially, it demonstrated how former residents of children's homes were denied access to information about their formative years. The Shaw Report demonstrated that management of records in all formats (paper and electronic) is not just a bureaucratic process, but central to good governance and should not be ignored. A follow-up review of public records legislation by the Keeper of the Records of Scotland (the Keeper) found further evidence of poor records management across the public sector. This resulted in the passage of the Act by the Scottish Parliament in March 2011.

The Act requires a named authority to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. A plan must clearly describe the way the authority cares for the records that it creates, in any format, whilst carrying out its business activities. The RMP must be agreed with the Keeper and regularly reviewed.

2. Executive Summary

This report sets out the findings of the Keeper's assessment of the RMP of NHS Grampian by the Public Records (Scotland) Act 2011 Assessment Team following its submission to the Keeper on 29 September 2017.

The assessment considered whether the RMP of NHS Grampian was developed with proper regard to the 14 elements of the Keeper's statutory Model Records Management Plan (the Model Plan) under section 8(3) of the Act, and whether in this respect it complies with it and the specific requirements of the Act.

The outcome of the assessment and the Keeper's decision on whether the RMP of NHS Grampian complies with the Act can be found under section 7 of this report with relevant recommendations.

3. Authority Background

NHS services for the half-million people who live in Grampian are provided by NHS Grampian, and are overseen by one single NHS Board. The Board is supported from headquarters at Summerfield House in Aberdeen. Senior managers for the functions which cover the whole of Grampian are based there, including financial overview, corporate planning, and central responsibility for protection and promotion of public health.

NHS Grampian consists of acute services, corporate services and three Integration Joint Boards and works closely with the local authorities. NHS Grampian is also very closely linked with both the University of Aberdeen and The Robert Gordon University, especially in the fields of research, workforce planning and training.

Grampian NHS Board came into operation in 1 April 2004, following the dissolution of Grampian's two NHS Trusts and the creation of the one organisation - NHS Grampian. The single Grampian NHS Board is responsible for improving the health of the Grampian population, and for delivering the health care required.

4. Keeper's Assessment Process

The RMP was assessed by the Public Records (Scotland) Act Assessment Team on behalf of the Keeper. Assessors used the checklist elements listed in section 5, to establish whether NHS Grampian's RMP was developed with proper regard to the

elements of the Model Plan and is compliant with the Act. The assessment also considered whether there was sufficient supporting evidence of such compliance.

Key:

G	The Keeper agrees this element of an authority's plan.	A	The Keeper agrees this element of an authority's plan as an 'improvement model'. This means that he is convinced of the authority's commitment to closing a gap in provision. He will request that he is updated as work on this element progresses.	R	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Keeper may choose to return the RMP on this basis.
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5. Model Plan Elements: Checklist

Element	Present	Evidence	Notes
1. Senior Officer <i>Compulsory element</i>	G	G	<p>The Records Management Plan (RMP) of NHS Grampian has identified Dr Nick Fluck, Medical Director, as having senior management responsibility within the organisation. Dr Fluck has approved the RMP and appended his signature to it.</p> <p>Dr Fluck is also NHS Grampian's Caldicott Guardian. This requires Dr Fluck to be responsible for the protection of patient and service-user confidentiality and for</p>

			<p>enabling appropriate information sharing. The Records Management Policy (evidence 03.01) confirms the Medical Director as the Caldicott Guardian.</p> <p>Dr Fluck is also the Senior Information Risk Owner (SIRO) for NHS Grampian. A minute from a SIRO meeting which took place in March 2017 confirming that Dr Fluck has been appointed as SIRO has been submitted (evidence 13.01).</p> <p>The Keeper of the Records of Scotland (the Keeper) agrees that an appropriate individual has been nominated to take strategic responsibility for records management as required by the Public Records (Scotland) Act 2011 (the Act).</p>
<p>2. Records Manager <i>Compulsory element</i></p>	<p>G</p>	<p>G</p>	<p>The RMP identifies Roohi Bains, Acting Information Governance Manager, as the individual who currently has operational day-to-day responsibility for records management in NHS Grampian.</p> <p>A SBAR Report dated 21 July 2017 relating to the development of NHS Grampian's RMP and created by Ms Bains has been submitted (evidence 02.01). This Report highlights Ms Bains' detailed knowledge of the information governance landscape within NHS Grampian.</p> <p>Ms Bains is the interim Records Manager. The RMP states that NHS Grampian intends to recruit a full-time permanent Records Manager to fulfil this roll in the longer term. Once appointed, the Records Manager will report to the Information Governance Manager. NHS Grampian has committed to informing the Keeper once the new Records Manager has been appointed. NHS Grampian will need to provide the Keeper with evidence of this appointment, such as a Job Description clearly showing a responsibility for records management or a letter from the individual identified in Element 1 identifying the Records Manager as having responsibility for records management as required by the Act.</p>

			<p>The Keeper agrees that an appropriate individual has been identified to take interim responsibility for records management while the recruitment process for a permanent Records Manager is underway. The Keeper expects to be informed of the results of this recruitment process and supporting evidence showing this appointment as the completion date was given as January 2018.</p>
<p>3. Policy <i>Compulsory element</i></p>	<p>G</p>	<p>A</p>	<p>NHS Grampian has submitted its Records Management Policy, version 2.1, dated August 2015 (evidence 03.01). The Policy sets out NHS Grampian’s corporate approach to both clinical and corporate records. The Policy highlights the importance of records management to NHS Grampian in carrying out its functions and details the roles and responsibilities for ensuring compliance with its records management requirements. An extract from a meeting of the Information Governance Steering Group held in August 2015 approving the Information Governance policies listed, including the Records Management Policy, in an accompanying report have been submitted (evidence 03.02A and 03.02B).</p> <p>The RMP states that the Policy was due for review in August 2017 but this review has been delayed to allow for the recruitment of a full-time permanent records manager and also for the dissemination and acceptance of the NHS Scotland Records Management Code of Practice 2012 (evidence 03.03). The RMP states that this is still the current Records Management Policy. The RMP indicates an estimated date of June 2018 for the completion of the review of the Policy. The Keeper can accept that version 2.1 is the current operational Policy and requests he is sent the updated Policy once it is available.</p> <p>The RMP states that the Policy is published on NHS Grampian’s intranet and that it is supported by a suite of records management guidance documents. A series of screenshots have been submitted showing the location of the Policy on the intranet as well as the supporting guidance documents (evidence 03.04). A list of 17 proposed titles for a series of fact sheets describing how to manage, store, destroy and archive records has been provided (evidence 03.05). The RMP</p>

			<p>also states that these guidance documents need to be produced along with the Policy. The updating of the guidance document is anticipated to be completed by the end of 2018. The Keeper requests that he is sent these as evidence once they are available.</p> <p>The RMP states that basic records management training is included in the mandatory eLearning package for all NHS Grampian staff. A series of screenshots have been supplied (evidence 03.06) showing the available training that staff are required to undertake.</p> <p>The RMP states that guidance and protocols for the management of health records are published on the NHS Grampian intranet and that the Health Records Group has a communications strategy for disseminating policy and guidance. Screenshots of the Health Records intranet pages have been supplied (evidence 03.07) as well as the Health Records Communication Strategy (evidence 03.08).</p> <p>The RMP also highlights the commitment NHS Grampian has made to improving the management of health records using the single Electronic Patient Record (EPR) in the acute sector. This programme utilises an information governance work-stream to allow it to be aligned with wider records management policy and strategy. The EPR Programme Brief (evidence 03.09) outlines that the aim is to move away from paper based clinical records to develop a 'real-time' electronic equivalent.</p> <p>The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified a gap in provision (the lack of an up-to-date Records Management Policy and associated records management guidance documents) and has identified how it intends to close this gap. Once the Keeper receives the updated and approved documents he should be able to 'fully' agree this Element.</p>
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<p>4. Business Classification</p>	<p>A</p>	<p>G</p>	<p>NHS Grampian is committed to developing and rolling-out an Information Asset Register (IAR). Information Asset Owners (IAOs) have been identified in each Directorate and developed a technical tool within SharePoint to allow this. A series of screenshots of the IAR under development have been submitted (evidence 04.01). This work has an estimated completion date of mid-2018. The keeper requests that he is kept informed of the progress of this work.</p> <p>The RMP states that NHS Grampian will also develop a Business Classification Scheme (BCS). This work will be guided by the IAR once it has been populated and will also draw on examples of BCSs from other territorial NHS Boards as well as other SharePoint pilots. This has an estimated completion date of mid-2019. The Keeper requests that he is kept informed of the progress of this work.</p> <p>Also submitted is a fact sheet providing guidance on how to classify records (evidence 04.02) which is one of the fact sheets mentioned in Element 3 which requires updating. This provides guidance on how to name files and apply security classifications to records.</p> <p>The RMP recognises the issues around unstructured shared drives. One area which is addressing these issues is the Senior Leadership Team which has developed a business case for a standardised filing system pilot (evidence 04.03). The business case identifies the need for a corporate approach to recordkeeping with records currently being stored across a variety of drives, both personal and corporate, and a lot of duplication. The business case recommends the piloting of a 6 month project to agree naming conventions for files and to adhere to these. The Keeper requests that he is informed of the results of this pilot project.</p>
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			<p>The RMP states that other business areas are utilising Building Information Modelling (BIM) standard relating to information and records management in facilities management. The high level guidance has been supplied (evidence 04.04).</p> <p>The RMP describes that part of the EPR programme involves identifying and managing core health records which sit outside the EPR. A list of these records has been submitted (evidence 04.05).</p> <p>Clinical records are systematically classified using clinical coding, guidance for which is provided on NHS Grampian’s intranet (evidence 03.07). Procedures also exist for the scanning of mental health records (evidence 04.06).</p> <p>The Keeper can agree this Element on an ‘Improvement Model’ basis. This means that the authority has identified a gap in provision (a lack of a fully rolled-out IAR and BCS) and has identified how it intends to close this gap. This agreement is dependent upon the Keeper being regularly informed on the progress of work to close this gap.</p>
5. Retention schedule	A	G	<p>The RMP states that NHS Grampian uses the retention schedules included in the NHS Scotland Records Management Code of Practice (evidence 03.03). This is confirmed in Section 8.2 of the Records Management Policy (evidence 03.01). These schedules are either applied directly to records created and managed by NHS Grampian or are adapted and used locally. Specific guidance has been created for the destruction of X-Rays, HR records and facilities and estate management records and these schedules have also been submitted (evidence 05.02-05.04).</p> <p>The RMP also states that NHS Grampian recognises that it needs to apply retention schedules more comprehensively and consistently across the</p>

			<p>organisation. The Action Plan section of the Element describes the actions to be taken by NHS Grampian to work towards this. The adoption of retention schedules will be revisited once the revision of the NHS Scotland Records Management Code of Practice has been completed in early 2018. Once the new retention schedules have been adopted, NHS Grampian will commence a programme of creating retention schedules for specific business areas. This will be on-going from the revision of the Code of Practice. The mapping of retention schedules to the IAR and BCS has estimated completion dates of end of 2018 and mid-2019 respectively.</p> <p>The Keeper can agree this Element on an 'Improvement Model' basis. This means that the authority has identified a gap in provision (the lack of comprehensive consistently applied retention schedules) and has identified how it intends to close this gap. This agreement is dependent upon the Keeper being kept updated on the progress of work to close this gap.</p>
<p>6. Destruction Arrangements <i>Compulsory element</i></p>	<p>A</p>	<p>A</p>	<p>The Records Management Policy (evidence 03.01) states that NHS Grampian aims to ensure that 'records are retained and disposed of appropriately'. The RMP outlines the following procedures for the secure destruction of records:</p> <p>Paper (on-site) – The RMP states that the destruction of confidential paper waste is undertaken in-house using cross-cut shredders configured to the DIN-4 standard. The specifications of the shredders used by NHS Grampian have been supplied (evidence 06.06 and 06.07). Section 19 of the Protection of Information Policy (evidence 06.01) provides instructions for the secure destruction of paper records. NHS Grampian is currently in the process of outsourcing the secure shredding of paper records to a commercial contractor and is currently arranging a new Data Processing Agreement with the contractor. The Schedule to the proposed Agreement has submitted (evidence 06.R01). The contractor's manual for the secure destruction of confidential material has also been submitted (evidence 06.R02). Also supplied are the procedures for the secure handover of confidential</p>

			<p>waste to the contractor (evidence 06.R03) and a sample certificate of destruction provided by the contractor (evidence 06.R04). The Protection of Information Policy is being revised to reflect this new arrangement and the Keeper requests that he is sent a copy of the Policy once it has been finalised and approved.</p> <p>Section 2.2.4 of the NHS Grampian Waste Disposal Guidelines (evidence 06.05) also outlines the procedures for disposing of confidential waste.</p> <p><u>Paper (off-site)</u> – The RMP states that NHS Grampian uses a commercial provider for storing records off-site. NHS Grampian uses the central contract between NHS Scotland and RSS for storing records and, when required, records are destroyed RSS under instruction from NHS Grampian. A sample destruction certificate has been submitted as evidence of these arrangements (evidence 06.08).</p> <p><u>Electronic</u> – The RMP states that documents and data stored on shared drives currently relies on selection and destruction being carried out by individual staff. This has led to significant numbers of records being retained indefinitely. As part of the work to implement the BCS, NHS Grampian intends to impose maximum retention periods to networked storage areas. This has an estimated completion date of the end of 2018.</p> <p>NHS Grampian also uses a number of legacy electronic clinical systems which do not have retention and disposal functionality. This is part of a nationwide NHS Scotland issue and NHS Grampian is taking part in discussions with a view to providing a solution.</p> <p><u>Hardware</u> – NHS Grampian states that destruction of hardware is carried out as part of a contract with Capito. The disposal is carried out by a sub-contractor called Euro-recycling. NHS Grampian have created a Data Storage Device Disposal</p>
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			<p>Process (evidence 06.R05) which governs the secure on-site destruction of obsolete data storage devices. Sample destruction certificates showing that this process is operational have been submitted (evidence 06.R06-R08).</p> <p>Back-ups – NHS Grampian has supplied it’s ICT back-up programme (evidence 10.03). It outlines the processes used to back up and restore data across all the systems and applications administered by NHS Grampian’s ICT. It also describes the back-up cycle.</p> <p>The Keeper is able to agree this Element on an ‘Improvement Model’ basis. This mean that the authority has identified a gap in provision (the lack of control over the destruction of electronic records and the need to update the Protection of Information Policy) and has described how it intends to close this gap. As a condition of this agreement, the Keeper will require to be regularly updated on the progress of this work and will need to be sent the updated Protection of Information Policy when it becomes available.</p>
<p>7. Archiving and Transfer <i>Compulsory element</i></p>	<p>G</p>	<p>A</p>	<p>The RMP identifies the NHS Grampian Archive which is based in the Special Collections Department of Aberdeen University Archives as the place of deposit for records selected for permanent preservation. The Archivist for the Board is an employee of NHS Grampian.</p> <p>Submitted as evidence is the Collection Policy of NHS Grampian Archive (evidence 07.01). This states that the Archive aims to collect records created by and related to NHS bodies and their predecessor organisations.</p> <p>The RMP states that NHS Grampian and Aberdeen University are currently re-visiting the Memorandum of Understanding (MoU) and Data Processing Agreement relating to the transfer of records. NHS Grampian has stated that discussions are still on-going and has committed to sending the Keeper a copy of these documents once finalised. A copy of the draft Data Processing agreement has</p>

			<p>been supplied (evidence 07.R01) as well as the current MoU, dated April 2013 (evidence 07.R02) which is in the process of being reviewed.</p> <p>Also submitted is a fact sheet providing guidance to staff on how to archive records (evidence 07.04). This is one of the fact sheets mentioned in Element 3 which requires updating and the Keeper would be grateful if he could be sent the fact sheet once it has been updated.</p> <p>As part of its Action Plan NHS Grampian will look to increase the presence of information about the Archive Service within the Information Governance pages of the intranet. A tab has been created on the page to link to the web pages for the NHS Grampian Archive. The Keeper commends this intention, which has a completion date of mid-2018, and would welcome being provided with a screenshot of the relevant intranet pages as evidence.</p> <p>NHS Grampian has stated that the Acting Information Governance Manager (see Element 2) has commenced a series of meetings with the NHS Grampian Archivist in order to discuss improving procedures for the preservation, selection and transfer of historic records. The Keeper commends the building of relationships between public authorities and archivists.</p> <p>The Keeper can agree this Element on an ‘Improvement Model’ basis. This means that the authority has identified a gap in provision (key documents require updating) and has identified how they intend to close this gap. Once the Keeper receives copies of these documents he should be able to ‘fully’ agree this Element.</p>
<p>8. Information Security <i>Compulsory element</i></p>	<p>G</p>	<p>A</p>	<p>The RMP states that NHS Grampian has robust information security systems in place with dedicated information security professionals managing these. NHS Grampian is also subject to the national procedures and policy framework of NHS Scotland. The NHS Scotland Information Security Policy Framework 2015-2017 and</p>

			<p>the Annex of Controls have been supplied (evidence 08.01 and 08.02).</p> <p>One of the requirements of the Framework is that each Board should have an Information Security Policy. NHS Grampian’s Information Security Policy is currently being updated to reflect the requirements of the Framework and to align it to the International Standard ISO 27001: 2013. NHS Grampian has stated that the consultation on amending the Policy is still on-going and that it will be forwarded to the Keeper once approved.</p> <p>NHS Grampian has a range of other measures in place to ensure the protection of its information. It has submitted its Policy on the Use of Internet and Email (evidence 08.07) which also covers the use of social media.</p> <p>Also submitted is a leaflet providing guidance on the use of portable storage devices (evidence 08.06) as well as one titled ‘Do I.T. Securely (evidence 08.03) which covers the main information security threats, both physical and technical, to NHS Grampian and how to mitigate these.</p> <p>Also provided is guidance on sending clinical information by email (evidence 08.05) and the measures put in place to protect this information.</p> <p>NHS Grampian has processes in place to report information security incidents (evidence 08.04).</p> <p>Also provided are screenshots of NHS Grampian’s information security intranet pages (evidence 08.08) which gives staff access to guidance and policies relating to information security.</p> <p>The RMP states that there is mandatory e-learning for all staff in information security. NHS Grampian has supplied screenshots of the mandatory e-</p>
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			<p>learning module on Information Security (evidence 08.R01). The training relates to the physical, technical and procedural processes in place within NHS Grampian. The Keeper commends this commitment to providing staff with training so that they are aware of their responsibilities.</p> <p>Provided he receives the updated Information Security Policy, the Keeper should be able to ‘fully’ agree that NHS Grampian has procedures in place to protect its information and systems.</p>
<p>9. Data Protection</p>	<p>G</p>	<p>A</p>	<p>The RMP states that NHS Grampian has a mature Data Protection culture and that the protection of personal and sensitive information is a core activity of the information governance team. NHS Grampian is registered as a Data Controller with the Information Commissioner’s Office and therefore recognises the importance of processing personal data securely. A copy of the registration certificate has been provided (evidence 09.05).</p> <p>NHS Grampian also has a Data Protection Policy (evidence 09.01) which outlines its commitment to complying with the requirements of the Data Protection Act 1998. It also describes how it will comply with the Act and assigns responsibilities for ensuring this. The Policy is due for review and NHS Grampian has indicated that this has not yet taken place. The intention is to review all information governance policies at the same time to ensure consistency across the NHS North of Scotland Group, which comprises NHS Grampian, NHS Western Isles, NHS Orkney and NHS Shetland. This was agreed at a meeting of the Group in April 2018 (evidence 09.R01). The response also states that the submitted policies are still currently in use within NHS Grampian. The Keeper can accept this.</p> <p>NHS Grampian also follows NHS Scotland’s Code of Practice on Protecting Patient Confidentiality (evidence 09.02).</p>

			<p>NHS Grampian also has an Access to Personal Information Policy (evidence 09.03) which provides guidance to staff on how to deal with requests for personal information (Subject Access Requests). The Policy is due for review and NHS Grampian has indicated that this has not yet taken place. The intention is to review all information governance policies at the same time to ensure consistency across the NHS North of Scotland Group, which comprises NHS Grampian, NHS Western Isles, NHS Orkney and NHS Shetland. This was agreed at a meeting of the Group in April 2018 (evidence 09.R01). The response also states that the submitted policies are still currently in use within NHS Grampian. The Keeper can accept this.</p> <p>NHS Grampian has submitted its Caldicott Guardian Approval Policy (evidence 09.04). This Policy details the procedures in place for requests for use of patient identifiable information and aims to ensure this is done in accordance with the Caldicott Principals. The Policy is due for review and NHS Grampian has indicated that this has not yet taken place. The intention is to review all information governance policies at the same time to ensure consistency across the NHS North of Scotland Group, which comprises NHS Grampian, NHS Western Isles, NHS Orkney and NHS Shetland. This was agreed at a meeting of the Group in April 2018 (evidence 09.R01). The response also states that the submitted policies are still currently in use within NHS Grampian. The Keeper can accept this.</p> <p>The RMP states that all staff are required to undertake mandatory training in Data Protection. NHS Grampian has submitted screenshots from e-learning training modules on information governance, Data Protection and Freedom of Information. The response also states that the training will be reviewed to take account of the requirements of the General Data Protection Regulation (GDPR).</p> <p>As part of its Action Plan, NHS Grampian is carrying out a programme of work to</p>
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			<p>prepare for the General Data Protection Regulation which comes into force in May 2018.</p> <p>The Keeper can agree that NHS Grampian has procedures in place to protect the personal information it creates and manages provided he is sent the abovementioned policies once they have been updated and signed off.</p>
<p>10. Business Continuity and Vital Records</p>	<p>A</p>	<p>G</p>	<p>The RMP states that each business area must have a current Business Continuity Plan to ensure that they can resume their activities in the event of an interruption to services. NHS Grampian also takes place in regional and national resilience planning.</p> <p>NHS Grampian has submitted the Business Continuity Management Plan (evidence 10.R01). This is version 4.7 and was approved in April 2018.</p> <p>NHS Grampian has also provided its Major Incident Plan (evidence 10.02) which provides a framework to incidents which may have an impact on the ability to provide health care to the people of Grampian. It has been enacted and tested a number of times over the past decade. The Plan is due for review in February 2017. Due to staffing issues the review of the Plan has been delayed. It is expected to be completed by the end of the 2018-19 financial year. NHS Grampian has stated that this version of the Plan is still the one currently in operation.</p> <p>NHS Grampian requires its Asset Owners for its systems and applications to complete the Contingency Template for these. The Template has been provided (evidence 10.04).</p> <p>Also provided is NHS Grampian’s ICT back-up programme (evidence 10.03). It outlines the processes used to back up and restore data across all the systems and applications administered by NHS Grampian’s ICT. It also describes the back-up</p>

			<p>cycle.</p> <p>The Action Plan section of this Element sets out a commitment to identify vital records and put in place measures to protect these as part of the work to develop its IAR and BCS. This has a completion date of the end of 2018. The Keeper commends this action and requests that he is kept informed of the progress of this work.</p> <p>The Keeper is able to agree this Element on an ‘Improvement Model’ basis. This means that the authority has identified a gap in provision (the lack of identification of vital records and measures to protect these) and has identified how it intends to close the gap. The Keeper requests that he is kept informed of the progress of work to close the gap and requests that he is sent the updated Major Incident Plan when it becomes available.</p>
11. Audit trail	A	A	<p>NHS Grampian has provided some of the guidance it has created for managing both paper and electronic records. Factsheets 5 (How to Manage your Paper Records) and 12 (How to Manage your Electronic Records). These provide staff with guidance on how to create, maintain and dispose of records. The RMP, however, states that use of this guidance is not consistent across the organisation. They also need to be updated, which is recognised in Element 3. The updating of the guidance documents is anticipated to be completed by the end of 2018. The Keeper requests that he is sent these as evidence once they are available</p> <p>The RMP states that SharePoint 2016 has been used for a number of pilot projects within NHS Grampian headquarters, for example with the Chief Executive’s correspondence. NHS Grampian is currently investigating other corporate areas which would benefit from the use of SharePoint. SharePoint is able to provide better audit trail functionality than NHS Grampian’s current network drives. The Keeper requests that he is kept informed of the progress of this work.</p>

			<p>NHS Grampian also uses Datix for a number of corporate functions and is able to provide robust audit trail information. Submitted as evidence are several guidance documents as well as a screenshot showing how staff are able to access these (evidence 11.03-11.05).</p> <p>Element 4 outlines the procedures in place for the management of paper clinical records. In addition, clinical governance staff regularly conduct audits into the recordkeeping practices relating to clinical records. A spreadsheet, which is used to record these audits, has been provided (evidence 11.06).</p> <p>The RMP states that NHS Grampian has a number of legacy healthcare systems. They are also investing in consolidating these systems into TrakCare by using the EPR project (see Element 3 above). A spreadsheet showing the progress of this work has been submitted (evidence 11.07). A copy of the TrakCare brochure has been provided (evidence 11.08) which details the benefits of the system. The 'What's Happening in eHealth' (evidence 11.09) newsletter also provides an update on this work. Also provided is a screenshot of the EPR training page taken from NHS Grampian's intranet (evidence 11.10).</p> <p>GPs in the NHS Grampian area also use a system called Vision 360 which locks records from editing. The user guide has been supplied (page 4 of evidence 11.12).</p> <p>NHS Grampian also utilises the Fairwarning system which provides an audit trail for the access and use of most clinical systems in order to prevent unauthorised access by staff. A screenshot from NHS Grampian's intranet (evidence 11.15) has been submitted showing a description of the software and a warning for staff regarding inappropriate use of clinical systems.</p> <p>The RMP states that there are currently a number of projects underway within NHS</p>
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			<p>Grampian to improve the quality of recordkeeping across the organisation. The Clinical Process Documents Group has tackled the inconsistent creation and management of records for clinical processes. A policy and template been created to assist this and these have been submitted (evidence 11.16-11.18). The Keeper commends this action to improve consistency.</p> <p>Public Health Nursing have also put measures in place to raise awareness of the importance of good recordkeeping. Guidance for recordkeeping already exists (evidence 11.19) but an update on nursing documentation improvements from August 2017 (evidence 11.20) has been provided showing the improvements made. A presentation showing the key principles of recordkeeping has also been provided (evidence 11.21). Similar examples have been provided for the area of Allied Health Professionals (evidence 11.23-11.26).</p> <p>The Keeper can agree this Element on an ‘Improvement Model’ basis. This means that the authority has identified a gap in provision (the lack of consistent audit trail provision across the organisation) and has identified how it intends to close this gap. This agreement is dependent upon the Keeper being kept informed of progress as this work moves forward.</p>
<p>12. Competency Framework for records management staff</p>	<p>G</p>	<p>A</p>	<p>Information governance posts, including the new Records Manager, are covered by the NHS Scotland Information Governance Competency Framework. A link has been supplied to this document which is available online.</p> <p>The post of Records Manager is currently being recruited for and as a result a Job Description will be created, agreed and a copy sent to the Keeper. NHS Grampian has also committed to supporting the new Records Manager in their Continuing Professional Development. The Job Description and Person Specification for this post have been supplied (evidence 12.R01-R02) both showing a responsibility for records management and compliance with the Public Records (Scotland) Act 2011. These are both under review and the</p>

			<p>Keeper requests that he is sent the finalised versions once they have been finalised.</p> <p>NHS Grampian also engages with the NHS Records Management Forum which meets on a regular basis. This allows staff to meet with National Records of Scotland staff and other NHS records managers who can provide guidance on records management issues. The Terms of Reference for the NHS Records Management Forum have been supplied (evidence 12.02).</p> <p>Once he receives the finalised Job Description of the new Records Manager, the Keeper should be able to fully agree this Element. As the appointment of the new Records Manager is currently on-going, the Keeper would be grateful if he could be informed once an appointment has been made.</p>
<p>13. Assessment and Review</p>	<p>G</p>	<p>G</p>	<p>The RMP states that the Records Manager will be responsible for regularly assessing and reviewing the RMP against the agreed Action Plan. Progress and issues will be reported to the Information Governance Steering Group (IGSG) and to the SIRO (see Element 1). A sample from the minutes of a SIRO meeting have been submitted (evidence 13.01) showing the discussion of the RMP. The SIRO reports to the Chief Executive on matters relating to information risk and compliance. NHS Grampian intends to include the progress of implementing the RMP as a standing item on the agenda of the quarterly IGSG meetings.</p> <p>The RMP also states that a full review of the currency of the RMP against the Action Plan will be included in the annual information governance annual reports from 2017 onwards. A copy of the Annual Report for 2015 has been supplied (evidence 13.04).</p> <p>Also submitted is a note of a Health Records Group meeting which took place in April 2017 (evidence 13.06). This Group also reports to the IGSG.</p> <p>NHS Grampian has also committed to participate in the Progress Update Review</p>

			<p>(PUR) process which is administered by National Records of Scotland.</p> <p>The Keeper agrees that NHS Grampian has processes in place to keep its RMP up-to-date.</p>
<p>14. Shared Information</p>	<p>G</p>	<p>G</p>	<p>The RMP states NHS Grampian currently has over 40 Information Sharing Protocols in place with partner organisations. These are managed and kept up-to-date by the Information Governance Team. A sample Protocol between NHS Grampian, Aberdeen City Council, Aberdeenshire Council, Moray Council, Police Scotland, Office of the Public Guardian, Scottish Ambulance Service and the Scottish Fire and Rescue Service has been provided relating to providing care for Adults at Risk of Harm (evidence 14.01). The governance of the shared information has been considered in the Protocol.</p> <p>NHS Grampian recognises that Health and Social Care Integration will provide challenges for sharing and accessing clinical and social work records. Integration Joint Boards (IJB), who are responsible for the implementation of integrated health and social care, are scheduled authorities under the Public Records (Scotland) Act 2011 and are also required to comply with its requirement. A copy of the integration scheme for Aberdeenshire has been submitted (evidence 14.03).</p> <p>NHS Grampian is also in the process of establishing a Grampian Data Sharing Board to provide strategic oversight of information sharing between the partners in the health and social care partnerships. A proposal for the Boards creation has been provided (evidence 14.04) and it is included in the Action Plan section of this Element.</p> <p>The Keeper agrees that there arrangements in place to allow NHS Grampian to share information with its partners.</p>

Third parties - NHS Grampian states that it does occasionally outsource healthcare due to capacity or clinical specialities or diagnostics. It goes on to say that 'This outsourcing is to other NHS facilities or to private healthcare providers, all of which are subject to the same robust levels of clinical governance, including recordkeeping responsibilities, as NHS Grampian.' The Keeper can accept this statement with regards to other NHS facilities as all other NHS Boards have RMPs agreed by the Keeper detailing how their records are managed.

The records manager has also provided an email from NHS Grampian Procurement department which outlines a commitment to including a clause or a schedule relating to the management of data and information into contracts with third party providers. This would be included in a contract pack which would then be signed by both parties to the contract. The email also shows a commitment to review contracts when they are due for renewal to include provisions relating to the management of the records created while carrying out functions on behalf of NHS Grampian. Once contracts with third parties carrying out functions on behalf of NHS Grampian have been reviewed and amended, the Keeper requests that a sample contract is sent as evidence of the commitment to ensure that records created on behalf of NHS Grampian are managed appropriately.

6. Keeper's Summary

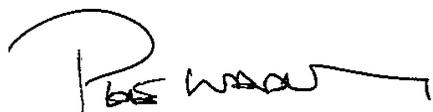
Elements 1-14 that the Keeper considers should be in a public authority records management plan have been properly considered by NHS Grampian. Policies and governance structures are in place to implement the actions required by the plan.

7. Keeper's Determination

Based on the assessment process detailed above, the Keeper agrees the RMP of NHS Grampian.

The Keeper recommends that NHS Grampian should publish its agreed RMP as an example of good practice within the authority and the sector.

This report follows the Keeper's assessment carried out by,



.....
Pete Wadley
Public Records Officer

.....
Robert Fotheringham
Public Records Officer

8. Endorsement of Report by the Keeper of the Records of Scotland

The report has been examined and is endorsed under the signature of the Keeper of the Records of Scotland as proof of compliance under section 1 of the Public Records (Scotland) Act 2011, and confirms formal agreement by the Keeper of the RMP as submitted by NHS Grampian. In agreeing this RMP, the Keeper expects NHS Grampian to fully implement the agreed RMP and meet its obligations under the Act.



.....
Laura Mitchell
Deputy Keeper of the Records of Scotland