

# **Public Records (Scotland) Act 2011**

## **NHS Lothian Assessment Report**

**The Keeper of the Records of Scotland**

**4 April 2017**

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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 Lothian by the Public Records (Scotland) Act 2011 Assessment Team following its submission to the Keeper on 29 April 2017.

The assessment considered whether the RMP of NHS Lothian 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 Lothian complies with the Act can be found under section 7 of this report with relevant recommendations.

### **3. Authority Background**

NHS Lothian provides a comprehensive range of primary, community-based and acute hospital services for the populations of Edinburgh, Midlothian, East Lothian and West Lothian. NHS Lothian provides services for the second largest residential population in Scotland - circa 850,000 people. It employs approximately 24,000 staff.

NHS Lothian is still a relatively young organisation. It was established in 2001 as the 'umbrella' organisation for all Lothian health services, with strategic planning and leadership provided by Lothian NHS Board. The unified board was tasked with breaking down the artificial barriers that had existed between the former health authority, Lothian Health, and the region's three former NHS trusts - Lothian University Hospitals, Lothian Primary Care and West Lothian Healthcare.

The dissolution of the three trusts in 2003-2004 means that a single health authority now oversees the planning and delivery of all the region's local health services.

### **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 Lothian'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:**

<b>G</b>	The Keeper agrees this element of an authority's plan.		<b>A</b>	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.		<b>R</b>	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>	<b>G</b>	<b>G</b>	<p>NHS Lothian's Records Management Plan (RMP) identifies Professor Alex McMahon, Director of Strategic Planning, as the officer with senior management responsibility for records management. Submitted as evidence is a paper to the Joint Management Team (JMT) on 6 June 2013 (evidence E01-01) confirming the appointment of the Director of Strategic Planning in this role (section 3.3).</p> <p>Professor McMahon is the corporate owner of NHS Lothian's RMP and has signed the RMP as evidence that it has been internally approved. A paper submitted to the Corporate Management Team on 14 December 2015 describing process in developing a RMP has been submitted (evidence E01-02).</p>

			<p>Professor McMahon is also Chair of the Strategic Public Records Programme Management Group. A sample minute from a meeting of this Group on 16 March 2016 has been supplied confirming Professor McMahon as Chair (evidence E01-03).</p> <p>The Keeper agrees that an appropriate individual has been identified to take senior management responsibility for records management within NHS Lothian as required by the Public Records (Scotland) Act 2011.</p>
2. Records Manager <i>Compulsory element</i>	<b>G</b>	<b>G</b>	<p>The RMP identifies Alyson Cumming, Strategic Planning Manager – Corporate Planning, Public Records and Managed Clinical Networks, as having operational responsibility for records management.</p> <p>Ms Cumming’s Job Description has been provided (evidence E02-01). This clearly shows a responsibility for creating and implementing a records management programme within NHS Lothian.</p> <p>Ms Cumming is supported in this role by Catriona Simpson, Assistant Programme Manager.</p> <p>Also submitted are the minutes from a meeting of the Strategic Public Records Management Programme Group on 18 May 2015. The Chair’s welcome makes it clear that Ms Cumming has been appointed as the Programme Manager for this post.</p> <p>The Keeper agrees that NHS Lothian has identified an appropriate individual to take operational responsibility for records management as required by the Public Records (Scotland) Act 2011.</p>
3. Policy	<b>G</b>	<b>G</b>	<p>The RMP states that the policies and procedures outlined within are developed with</p>

<p><i>Compulsory element</i></p>			<p>regards to the guidance provided in Scottish Government Records Management: NHS Code of Practice (Scotland). A link has been provided to this document.</p> <p>The RMP states that policies and procedures are approved and reviewed by various senior committees, such as the Information Governance Advisory Board, Records management Steering Group, Partnership Forum and the eHealth Executive.</p> <p>Submitted as evidence under this Element is NHS Lothian’s Information Assurance Strategy (evidence E03-01). This describes the high-level measures being taken to ensure that information is managed effectively and to make it part of normal business practice. This is Version 1.0 and is currently being reviewed and the new version will be available at year-end. The Keeper requests that he is sent this when available in order to keep the submission up-to-date.</p> <p>Also submitted as evidence is the Information Governance Policy (evidence E03-02) which describes the key principles of information management used in NHS Lothian which are ‘Openness, Confidentiality, Information Security and Quality Assurance’. The Policy also outlines NHS Lothian’s commitment to complying with the Public Records (Scotland) Act 2011 and in the Appendix there is a table which allocates specific information governance responsibilities.</p> <p>Also provided as evidence is the Records Management Policy (evidence E03-05). This demonstrates NHS Lothian’s commitment to adhering to best practice records management and any legislative requirements, including the Public Records (Scotland) Act 2011. The Health Records and Administrative Records Retention Schedules are included as appendices to the Policy. It is due for review in October 2018.</p> <p>Also submitted is the Clinical Documentation Standards document (evidence E03-06) which covers the quality of record-keeping in clinical records. Also provided is</p>
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			<p>guidance for managers on maintaining personal files (evidence E03-08).</p> <p>NHS Lothian has also submitted its Internal Audit Plan for 2014-15 (evidence E03-09). This shows that Information Governance and the management of staff records formed part of the internal auditor's work programme. The Keeper commends the use of auditors as an excellent tool for measuring compliance with an authority's records management requirements. NHS Lothian's Principal Auditor has indicated that information governance will continue to be considered for inclusion in the Internal Auditors' work programme, but this will depend on the level of risk associated with each area to be audited.</p> <p>The Corporate Management Team receives regular reports on compliance with the mandatory information governance training requirements across the organisation. A copy of the progress report considered by the Corporate Management Team has been submitted as evidence.</p> <p>Also submitted is a guidance document for the Safe Transmission of e-mails, version 3.5 (evidence E03-10) which details the procedures in place for sending personal and sensitive information by e-mail. This is due for review in May 2018.</p> <p>An example of an update from the eHealth Newsletter has been submitted (evidence E03-11) showing the progress made in scanning health records in order to make them easier to access across different NHS Lothian sites. Evidence items E03-13 and E03-14 provide staff with information on the progress of the eCasenotes project.</p> <p>A screenshot has also been supplied showing the location of a number of eHealth Health Records policies and procedures (evidence E03-12).</p> <p>The Keeper is able to agree that NHS Lothian has provided a policy statement</p>
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			<p>which is available to staff on the intranet and therefore staff are aware of their responsibilities.</p>
<p>4. Business Classification</p>	<p><b>A</b></p>	<p><b>G</b></p>	<p><b>The ‘Action Plan’ recognises the need for standardisation and streamlining of BCSs across the organisation and that work will be undertaken to achieve this. As part of the work to develop to develop an organisation-wide BCS owners of shared drives across NHS Lothian will be required to map the file structure within these and will be responsible for the management of electronic records within these. The Director of eHealth has collated the shared drives in use within NHS Lothian and identified the individuals responsible for the maintenance of these and submitted the spreadsheet to the Keeper. This will form the basis of work to develop a BCS which will be taken forward by the Public Records Management Group. Due to the size of the organisation and the number of shared drives it uses this project is anticipated to take up to three years to complete.</b></p> <p>Submitted as evidence are a number of policies and procedures concerning the creation and maintenance of health records (evidence E04-01-E04-05). These are available to staff on NHS Lothian’s intranet (evidence E03-12). Also submitted is guidance for the filing of case notes and the creation and filing of minutes from Board and Committee meetings (evidence E04-06-and E04-07). The Keeper commends the provision of guidance for staff to be able to create and manage records appropriately.</p> <p><b>Also submitted is the Finance Department’s Operating Procedures and Guidance for Records Filing, Sharing and Deletion (evidence E04-09). This document provides staff with guidance on how to use the shared drive structure used by the Finance Department and try to adhere to records management best practice. It also allocates responsibilities to members of staff for the management of Top Level Folders within the shared drive. These leads are responsible for the structure under the Top Level Folder and for</b></p>

			<p>reviewing the contents and deleting records where appropriate. Document naming and version control guidance is also provided in this Operating Procedure. Section 3.3 of the Operating Procedure recognises a need to improve the version control and record destruction procedures. The Keeper commends the use of this document as a practical tool for managing records on a shared drive platform. Other business areas have similar guidance in place and a sample of the guidance in place within the Strategic Planning Directorate has been submitted as additional evidence. The guidance describes the procedures to be followed when creating, naming and storing documents and files in the shared drive environment. The response also outlines a commitment to develop similar guidance within business areas which don't currently have these.</p> <p>Also submitted as evidence is a copy of an agenda for a forthcoming workshop for senior managers within Corporate Services. The Workshop will cover topics such as destruction of confidential records and the storage of manual and electronic records.</p> <p>Also provided is a letter from Professor Alex McMahon (see Element 1) outlining NHS Lothian's commitment to the development of an organisation-wide BCS, starting with corporate services before moving on to the acute hospitals. The Keeper welcomes this commitment.</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 a BCS which details the records being created by the authority) and has outlined how it intends to close this gap. This commitment to improve the level of provision in this area is supported by senior management. As part of the agreement of this Element, the Keeper will need to be kept updated on the progress of this work.</p>
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<p>5. Retention schedule</p>	<p><b>A</b></p>	<p><b>G</b></p>	<p>The RMP states that NHS Lothian adheres to the retention guidance set out in the Scottish Government Records Management: NHS Code of Practice (Scotland) 2012. This document provides guidance on the retention periods to be attached to the categories of records created by territorial boards.</p> <p>NHS Lothian has submitted their Records Management Policy (evidence E03-05) which incorporates the retention schedules which are currently in use. These include the retention decisions which are applied to both health and administrative records.</p> <p>Also submitted is the Health Records Retention and Destruction Policy (evidence E05-01) which provides practical guidance to staff on the destruction and retention of different categories of case notes.</p> <p>The Board and Committee Servicing Protocol (evidence E05-02) outlines the arrangements in place for creating and managing records of Board and Committee meetings.</p> <p>Also submitted is a Waste Disposal Audit Template (evidence E05-03). This is a checklist of whether good practice in disposal of waste, including confidential waste, is identified in areas across NHS Lothian.</p> <p>NHS Lothian has provided a Data Processing Agreement (evidence E05-04) with a commercial waste disposal provider to provide a confidential waste uplift and disposal service. Part of the Agreement includes the provision of documentation to show that waste has been uplifted and destroyed securely.</p> <p>NHS Lothian has submitted evidence showing the uplift programme for confidential waste across the organisation. Also supplied are destruction certificates from Shred-It evidencing the secure destruction of paper records.</p>
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			<p>NHS Lothian has also submitted an invoice for the provision of records storage from commercial providers (evidence E05-06). This is broken down into the storage costs for departments and service areas across NHS Lothian.</p> <p>A screenshot of retention and disposal guidance which appears on NHS Lothian’s intranet has been supplied (evidence E05-07). It provides staff with information on how to apply retention decisions to records and contact details for commercial records storage firms and Lothian Health Services Archive.</p> <p><b>The Improvement Plan states that NHS Lothian intends to create a system of local records management champions to ensure that the retention schedule is adhered to. The Keeper commends this approach and looks forward to being kept updated as this project progresses.</b></p> <p><b>The Keeper can agree this Element on an ‘improvement model’ basis. This means that the authority has identified a gap in provision (the implementation of retention schedules across the organisation) and has identified how it intends to close this gap. As part of this agreement the Keeper will expect to be kept informed of progress.</b></p>
<p>6. Destruction Arrangements <i>Compulsory element</i></p>	<p><b>A</b></p>	<p><b>G</b></p>	<p>NHS Lothian has outlined the following destruction arrangements:</p> <p><b>Paper</b> – the Health Records Retention and Destruction Policy (evidence E06-01) which provides practical guidance to staff on the destruction and retention of different categories of case notes has been provided. The Health Records Confidential Waste Policy (evidence E06-02) sets out the procedures for managing the destruction of confidential waste. Paper records are placed in confidential waste sacks and when these are full they are stored securely until uplifted by a contractor who then securely destroys them. A screenshot of staff instructions on NHS Lothian’s intranet have been provided (evidence E06-04). Sample destruction</p>

			<p>certificates (evidence E06-08) have been supplied showing that the procedures are operational.</p> <p>NHS Lothian’s Health Records Service runs monthly reports to identify paper records which are ready for destruction in line with retention schedules. Evidence cannot be supplied due to the personal and sensitive nature of the information involved. When paper clinical records are destroyed this is recorded on the TRAK patient administration system. Again, evidence of the system is unable to be provided due to the patient sensitive information being managed, but a sample destruction certificate for the secure disposal of paper records has been supplied.</p> <p><b>Paper stored in off-site facilities –</b> NHS Lothian uses several commercial operators to provide off-site records storage (evidence E05-06). Also provided as evidence is a note from the provider of off-site commercial storage (RSS) outlining the procedures behind the destruction process. It is mandatory for boxes stored with RSS to be labelled with a review/destruction date. Once the date has been reached RSS contacts NHS Lothian for authorisation to destroy or to extend the retention period. Once RSS receives authorisation to destroy records, these are securely transported to a third-party confidential waste shredding provider (Highlander Recycling) for secure destruction. This destruction is evidenced by the production of a destruction certificate a sample of which has been provided to the Keeper.</p> <p><b>Electronic records –</b> The RMP states that NHS Boards are unable to destroy records managed by the TRAK patient administration system. The Director of eHealth has confirmed that local and national systems are unable to provide evidence for the destruction of electronic records. The Keeper can accept this. NHS Lothian has provided evidence for the destruction of case notes (evidence E06-01) and the destruction of paper health records is noted on the TRAK patient administration system. The RMP Improvement Plan contains under Element 6 a commitment for departments to develop policies and</p>
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			<p>procedures for the consistent destruction of electronic records held on shared drives in line with the requirements set out in the retention schedules.</p> <p>The importance of adhering to NHS Lothian’s retention schedule and Records Management Policy was highlighted at a corporate records management workshop in December 2016. A copy of the presentation from the workshop has been submitted as evidence.</p> <p>A letter from the Acting Chief Executive, Jim Crombie, has been submitted as evidence requesting Heads of Services to encourage their staff to be aware of the requirements of the Records Management Policy as part of the destruction of paper records in advance of the forthcoming office rationalisation. The workshop for Corporate Services senior managers was used as an opportunity to reinforce existing policies for the destruction of records held on shared drives, which forms part of the Improvement Plan.</p> <p>The Keeper can accept that the consistent destruction of electronic records remains a work in progress and expects to be kept updated as the work to impose the requirements of the retention schedules on electronic records stored on shared drives moves forward.</p> <p><b>Hardware</b> – NHS Lothian have submitted their Secure Storage, Disposal and Destruction of Electronic Equipment and Media Policy (evidence E06-07). This describes the procedures for ensuring the secure destruction of obsolete hardware and storage media. It also provides guidance on transporting media if staff are working out-with their ‘normal’ place of work. This Policy has undergone review and is awaiting approval from the next meeting of the Information Governance Assurance Board in January 2017. <b>The Keeper requests that he is sent the approved Policy in order to keep the submission up to date.</b> A sample destruction certificate has been supplied showing that the procedures for secure</p>
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			<p>disposal of hardware are operational.</p> <p><b>Back-ups</b> – Back-up procedures are detailed in the sample Business Continuity Plan for eHealth (evidence E10-05). The Plan does indicate that there should be an approved cycle for backing up records on the servers and that business critical systems should have a second server in place in case of failure of the first. Back-up media should be located in a different location from the server. The back-up schedules operated by NHS Lothian are as follows: a daily incremental back-up is taken and retained for two weeks; a full weekly back-up is taken on a Friday and this is retained for 6 weeks; a full monthly back-up is taken on the last Friday of the month and retained for 12 months.</p> <p><b>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 ability to delete records held on shared drives as per the retention schedules) and has identified how it intends to close this gap. As part of this conditional agreement, the Keeper will expect to be regularly updated on the progress of work to close this gap.</b></p>
<p>7. Archiving and Transfer <i>Compulsory element</i></p>	<p><b>G</b></p>	<p><b>G</b></p>	<p>The RMP states that NHS Lothian transfer records selected for permanent preservation to their own archive. The Lothian Health Service Archive (LHSA) is one of the few archive services in Scotland that has achieved the necessary standard to gain accredited status in 2014. LHSA is therefore a suitable archive with which to deposit records.</p> <p>Submitted as evidence is a link to the LHSA catalogue section of the website (evidence E07-03) which lists the types of records that NHS Lothian and its predecessor organisations have transferred for archiving.</p> <p>Also submitted is a range of guidance and documentation from LHSA governing the transfer of records to the archive, including:</p>

			<p>Guidance for LHSA staff in the accessioning of records (evidence E07-04);</p> <p>A sample completed accession form (evidence E07-05);</p> <p>LHSA’s Collections Development Policy (evidence E07-06) is a high level document showing its approach to the type of records it aims to collect and assisting NHS Lothian with complying with the Public Records (Scotland) Act 2011;</p> <p>Guidance for staff on dealing with requests for information on deceased and living individuals (evidence E07-09 and E07-10).</p> <p>NHS Lothian has submitted a copy of the Deposit and Services Agreement (DSA) between them and the University of Edinburgh Library. This sets out the services to be provided by the Library. This is accompanied by a letter from the Library’s Head of Information Services Group confirming the arrangements and the relationship between the Library and NHS Lothian continues to operate under this agreement. The Lothian Health Services Archive was awarded Archive Service Accreditation in 2014 and this is evidenced by the letter of confirmation from the Chair of the Scottish Council on Archives and the Keeper of the Records of Scotland on behalf of the National Records of Scotland. The Keeper is therefore assured that this is a suitable place of deposit.</p> <p>The Keeper agrees that there are arrangements in place to allow NHS Lothian to transfer records selected for permanent preservation to a suitable archive when it needs to.</p>
<p>8. Information Security <i>Compulsory element</i></p>	<p><b>G</b></p>	<p><b>A</b></p>	<p>NHS Lothian has provided its eHealth Security Policy (version 2.5.07) (evidence E08-01) which sets out its approach to protecting the information it creates and manages and applies to both electronic and paper records. It contains a number of Appendices which are policies and guidance for staff on specific information security</p>



			<p>issues such as Identity Control, Acceptable Use of email and the internet and mobile devices. Page 9 highlights the necessity to control physical access to sensitive paper records. The Policy is available to staff in the Information Governance area of NHS Lothian's intranet and a screenshot has been supplied showing where it, and other policies, sit (evidence E08-08). <b>This Policy was due for review in January 2017. The Keeper requests that he is sent the updated version of the Policy to ensure that the submission is kept up-to-date.</b></p> <p>The RMP states that all staff are required to read and understand the Policy during their induction process and sign it to ensure they have done this. When staff log in to NHS Lothian systems they are required to agree that they have read and are aware of information security and Data Protection arrangements.</p> <p><b>NHS Lothian have submitted their Secure Storage, Disposal and Destruction of Electronic Equipment and Media Policy (evidence E06-07). This describes the procedures for ensuring the secure destruction of obsolete hardware and storage media. It also provides guidance on transporting media if staff are working out-with their 'normal' place of work. The document control sheet on the Policy gives a review date of January 2016. The Policy will be further discussed and approved at a meeting of the Information Governance Assurance Board in January 2017. The Keeper requests that he is sent the updated version of the Policy to ensure that the submission is kept up-to-date.</b></p> <p>Also provided as evidence is a Standard Operating Procedure for the safe transmission of email (version 3.5) (evidence E08-03). This describes the measures in places for securely sending personal and sensitive information by email. The document has a review date of May 2018.</p> <p><b>Also supplied is a Standard Operating Procedure for Systems Account Allocation, Password Reset and Account and Deactivation Management</b></p>
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			<p>(evidence E08-04). An updated version of the Policy has been circulated for comment and that its status will be confirmed as soon as possible. The Keeper requests that he is sent the updated version of the Policy to ensure that the submission is kept up-to-date.</p> <p>NHS Lothian has also submitted its Confidentiality of Personal Health Information Policy (evidence E08-05). The Policy highlights the importance of confidentiality for maintaining trust between NHS Lothian and its stakeholders. The Policy outlines the responsibilities in ensuring compliance with the provisions set out within and contains Appendices which provide guidance for staff. The Director of Public Health and Caldicott Guardian has indicated that this Policy is currently undergoing a technical update and a fuller review will take place to reflect changes to guidance. The Keeper requests that he is sent an updated copy of the Policy once it is operational.</p> <p>Also provided is a letter from the Director of Public Health and Health Policy (evidence E08-06) to all staff reminding them of their responsibilities around patient confidentiality and other information security issues. The Keeper commends this approach to raising levels of staff awareness.</p> <p>Also submitted is a LHSA guidance document on disclosing information (evidence E08-07).</p> <p>NHS Lothian has supplied a screenshot of the Information Governance area of its intranet (evidence E08-09) showing a series of FAQs for staff which provide guidance on a number of topics, including responding to requests from the police for personal information, definitions of personal data and using email to send personal information. The Keeper commends the provision of practical guidance for staff.</p> <p><b>The Keeper can agree that NHS Lothian have robust procedures in place to</b></p>
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	<b>G</b>	<b>G</b>	<p><b>ensure the security of the information it manages. As part of this agreement he requests that he is sent the abovementioned documents when they become available.</b></p>
<p>9. Data Protection</p>	<b>G</b>	<b>G</b>	<p>The RMP states that NHS Lothian is registered as a Data Controller with the Information Commissioner’s Office (ICO). It is registered as Lothian Health Board (registration number: Z5757124).</p> <p>NHS Lothian have submitted their Data Protection Policy (version 2.1) (evidence E09-01). This outlines a commitment to adhering to the Data Protection Act 1998. The Policy is due for review in July 2018.</p> <p>Also submitted is the Information Governance Policy (evidence E09-02) which sets out the high-level framework for information management across NHS Lothian. It also describes the information governance structure in place within NHS Lothian.</p> <p>Information governance is overseen by the Information Governance Advisory Board which is chaired by the Director of Public Health and Health Policy, who is also the Caldicott Guardian. The Information Governance Working Group is a sub-group of the board and is led by the Information Governance and Security Manager. Membership of the Working Group is drawn from departments across the organisation.</p> <p>NHS Lothian has also submitted its Confidentiality of Personal Health Information Policy (evidence E08-05). The Policy highlights the importance of confidentiality for maintaining trust between NHS Lothian and its stakeholders. The Policy outlines the responsibilities in ensuring compliance with the provisions set out within and contains Appendices which provide guidance for staff. <b>The Director of Public Health and Caldicott Guardian has indicated that this Policy is currently undergoing a technical update and a fuller review will take place to reflect changes to guidance. The Keeper requests that he is sent an updated copy of</b></p>

			<p><b>the Policy once it is operational.</b></p> <p>The RMP states that all staff are required to undergo Data Protection training on induction. A screenshot of the LearnPro training has been submitted (evidence E09-05). Staff are also required to undergo information governance training every two years. Additionally, the slides from an Information Governance Road Show presentation have been supplied (evidence (E09-04). The Keeper welcomes this commitment to training.</p> <p>Also provided is the Access to Health Records Policy (evidence E09-06), which provides staff with guidance on dealing with requests for access to health records. This is accompanied by a form which is used to apply for access (evidence E09-07).</p> <p>NHS Lothian has also submitted guidance on the use of health data for research purposes (evidence E09-08 and E09-09).</p> <p>Information surrounding the role of the Caldicott Guardian has also been provided (evidence E09-10).</p> <p>The RMP states that NHS Lothian uses the Fairwarning' system to detect unauthorised access to clinical records.</p> <p>Guidance on submitting Subject Access Requests and requests for information under the Freedom of Information (Scotland) Act 2002 is available on NHS Lothian's website.</p> <p>The Keeper can agree that NHS Lothian has procedures in place to comply with its responsibilities under the Data Protection Act 1998 and that appropriate staff receive training and are aware of their responsibilities.</p>
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<p>10. Business Continuity and Vital Records</p>	<p><b>G</b></p>	<p><b>G</b></p>	<p>The RMP states that NHS Lothian has in place corporate, departmental and hospital/site specific business recovery and continuity arrangements.</p> <p><b>NHS Lothian has submitted a Resilience Protocol (version 1.2), due for review in January 2017, (evidence E10-01) which is designed to ensure that all operational areas of the organisation regularly assess and report on their resilience capacities. NHS Lothian is designated as a Category 1 responder under the Civil Contingencies Act 2004 which places a statutory duty on them to have business continuity plans in place. The Keeper requests that he is sent an updated version of the Protocol once it has been reviewed and approved in order to keep the submission up-to-date.</b></p> <p>NHS Lothian has in place a Resilience Plan Checklist (evidence E10-03) which is used to ensure that plans are updated. Also submitted is a Pro Forma (evidence E10-04) which accompanies the annual updates.</p> <p>The Resilience Governance Arrangements document (E10-02) states that business continuity and emergency planning is the responsibility of the NHS Lothian Resilience Committee, supported by a Tactical Resilience Group. It also states that resilience plans are tested on a regular basis.</p> <p>A sample Business Continuity Plan has been submitted for the eHealth Department (evidence E10-05). This describes the procedures in place for restoring business in the event of some kind of interruption and assigns areas of responsibility to specific staff members.</p> <p>The RMP states that NHS Lothian has arrangements in place to ensure that all records and data maintained on its networks are backed up and that vital clinical records are recoverable in the event of an incident. There is no differentiation between vital and non-vital records and that all records are protected and retrieved</p>
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			<p>in the same way. The Keeper accepts that there is no specific provision in place for vital records and that <u>all</u> records are dealt with in the same way.</p> <p>The back-up procedures are detailed in the sample Business Continuity Plan for eHealth (evidence E10-05). The Plan does indicate that there should be an approved cycle for backing up records on the servers and that business critical systems should have a second server in place in case of failure of the first. Back-up media should be located in a different location from the server. The back-up schedules operated by NHS Lothian are as follows: a daily incremental back-up is taken and retained for two weeks; a full weekly back-up is taken on a Friday and this is retained for 6 weeks; a full monthly back-up is taken on the last Friday of the month and retained for 12 months.</p> <p>The Keeper agrees that NHS Lothian has business continuity plans in place to ensure it can resume its business in the event of an incident.</p>
11. Audit trail	<b>A</b>	<b>G</b>	<p><b>Annex 3 of the Records Management Policy (see Element 3) contains a list of subjects to be covered by operational procedures and guidance. This includes the development of procedures for the creation of records, including the consideration of version control and the referencing and classification of records and information for easier retrieval. It also includes the requirement to develop tracking systems to control the movement and audit the use of records. These procedures will be created and operated at department/service level.</b></p> <p><b>Also supplied is a presentation developed for the Finance Department which highlights the need to ensure that records are saved in the correct areas of the shared drive and that version control is used when required. Also provided is the Finance Department’s Operating Procedures and Guidance for Records Filing, Sharing and Deletion (evidence E04-09). This document provides staff with guidance on how to use the shared drive structure</b></p>

			<p><b>employed by the Finance Department and try to adhere to records management best practice. It also allocates responsibilities to members of staff for the management of Top Level Folders within the shared drive. These leads are responsible for the structure under the Top Level Folder and for reviewing the contents and deleting records where appropriate. Document naming and version control guidance is also provided in this Operating Procedure. Section 3.3 of the Operating Procedure recognises a need to improve the version control and record destruction procedures.</b></p> <p>Submitted as evidence is NHS Lothian’s Health Records-Casenote Tracking Policy (evidence E11-01) which details the requirements for ensuring that health records are appropriately tracked while they are being transported.</p> <p>Also provided is a staff newsletter (evidence E11-02) which highlights the use of the Fairwarning system to detect unauthorised access to health records.</p> <p>Staff who require access to NHS Lothian shared drives are required to complete an ID request form (evidence E11-03).</p> <p>Appendix 1 (section 6) of the eHealth Security Policy (E11-04) highlights that there are access controls in place to ensure the security of areas where paper files are stored.</p> <p>Also submitted as evidence are the Job Descriptions of the Data Quality Manager and the Strategic Programme Manager – Waiting Times Governance (evidence E11-06 and E11-07). These show that the individuals to whom these apply have been appointed to review clinical records to ensure that records maintained on NHS Lothian’s patient administration systems and that the governance of this information is maintained.</p>
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			<p><b>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 organisation-wide audit trail provision) and has shown a commitment to closing the gap. As part of this agreement the Keeper requests that he is kept informed of progress in closing the gap.</b></p>
<p>12. Competency Framework for records management staff</p>	<p><b>G</b></p>	<p><b>G</b></p>	<p>NHS Lothian adheres to the NHS Scotland Information Governance Competency Framework (evidence E12-01). The individual identified as the records manager in Element 2 has records management and creating and implementing a RMP as one of her key work programmes (evidence E02-01).</p> <p>NHS Lothian provides mandatory training for staff in Information Governance. A screenshot has been supplied showing the modules in Records Management, Data Protection and IT Security that staff are required to undertake (evidence E12-05). A screenshot of the contents of the records management module has also been submitted (evidence E12-06).</p> <p>The TRAK Health Records/Administration system is used to identify and locate patient health records. A sample of the staff training has been supplied (evidence E12-02).</p> <p>Guidance on the creation and management of secretariat records for Board and Committee Meetings is also provided to staff (evidence E12-03).</p> <p>The individual identified at Element 2 and colleagues regularly attend meetings of the NHS Records Management Forum and events facilitated by the National Records of Scotland.</p> <p>The Keeper agrees that NHS Lothian recognises the importance of records and information management and that this is reflected in the job descriptions of staff. Appropriate training in information governance is also provided.</p>



<p>13. Assessment and Review</p>	<p><b>A</b></p>	<p><b>A</b></p>	<p>NHS Lothian has identified the Strategic Planning Manager – Corporate Planning, Public Records and Managed Clinical Networks (see Element 2) as the individual who will be responsible for ensuring that the RMP and supporting evidence is kept up to date. She is assisted in this by various groups and committees: NHS Lothian Information Governance Advisory Board; Information Governance Working Group; Fairwarning Committee; Data Quality Group; Clinical Documentation Group; NHS Lothian Partnership Forum; and NHS Lothian and Borders Data Sharing Partnership. These groups and committees are responsible for assessing and reviewing parts of the RMP. An annual update will be provided to the Healthcare Governance Committee. The Terms of Reference for the Healthcare Governance Committee have been provided (evidence E13-01). This includes providing the NHS Lothian Board with assurance that they are complying with their information governance requirements. The Public Records (Scotland) Act 2011 is listed as one of the pieces of legislation with which the Board is required to comply.</p> <p><b>NHS Lothian will develop a bespoke self-assessment to review the provisions around the RMP. This self-assessment will use as its basis the appendix to the RMP covering the policies, procedures and guidance which underpins the RMP. The RMP also states that a system will be developed to ensure that policy owners are reminded to ensure that policies are reviewed and updated in line with the review dates given in policies. The Keeper requests that he is sent a sample of the self-assessment mechanism once it has been developed and is operational. He also requests that he is sent details of the system to remind policy owners of review dates once it has been implemented.</b></p> <p><b>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 methodology for ensuring that the RMP and supporting policies and procedures are regularly updated) and has outlined how it intends to close this gap. As part of this agreement, the Keeper will need to be provided with a</b></p>
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			<p><b>sample of the methodology used to ensure that NHS Lothian’s RMP is reviewed and updated once this has been implemented and also the system by which policy owners are reminded to ensure policies are reviewed.</b></p>
<p>14. Shared Information</p>	<p><b>G</b></p>	<p><b>G</b></p>	<p>NHS Lothian is a partner in a Lothian and Borders-wide Multi Agency Public Protection Arrangements (MAPPA) partnership for the protection of vulnerable adults along with another NHS Board, local authorities and Police Scotland. The high-level arrangements are set out in evidence document E14-01. Practical guidelines for NHS Lothian staff are laid out in the NHS Lothian Adult Support and Protection Procedures (evidence E14-02). NHS Lothian also has procedures in place to govern the sharing of information relating to the protection of children (evidence E14-03).</p> <p>There is also guidance in place relating to the sharing of information with families and carers of patients, guidance for GPs and for sharing information with other Health Boards (evidence E14-04, E14-05 and E14-06).</p> <p>NHS Lothian also operates a Clinical Portal which is presumably a method for sharing health information with other providers in the South and East. This is managed by a Clinical Advisory Group and the terms of reference for this group have been supplied (evidence E14-08) as well as guidance on using the Portal (evidence E14-07).</p> <p>The RMP states that NHS Lothian enters into Information Sharing Protocols (ISP) when sharing information with other bodies. Submitted as evidence is an information sharing form which is used to share information with Police Scotland. The form refers to complying with the requirements of the Data Protection Act 1998.</p> <p>Also submitted is an example of a newsletter that was distributed to staff in August 2016 as part of the monthly Team Briefing. The newsletter covered changes to information sharing as a result of a Supreme Court judgement and was sent to staff</p>

			<p>to inform them of the relevant changes.</p> <p>Also provided as evidence is a screenshot of the area of the Partnership Working and Information Sharing section of the intranet. The links on the left hand side of the screenshot point to relevant policies and guidance for staff relating to information sharing.</p> <p>The Keeper can agree that NHS Lothian has robust procedures in place to ensure the security and proper governance of any information it shares.</p>
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## 6. Keeper's Summary

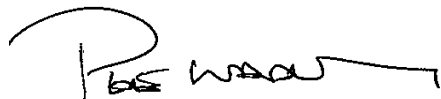
Elements 1-14 that the Keeper considers should be in a public authority records management plan have been properly considered by NHS Lothian. Policies and governance structures are in place to implement the actions required by the plan.

## 7. Keeper's Determination

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

The Keeper recommends that NHS Lothian 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,



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**Pete Wadley**  
Public Records Officer

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**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 Lothian. In agreeing this RMP, the Keeper expects NHS Lothian to fully implement the agreed RMP and meet its obligations under the Act.



.....  
**Tim Ellis**  
Keeper of the Records of Scotland