

Protocol for the decommissioning ¹ of NHS Premises

Introduction

This protocol must be followed whenever the NHS vacates premises whether owned or leased. It should be read in conjunction with Scottish Government e-Health Directorate Policy “Decommissioning of NHS Premises” which deals specifically with the issue of records, other documents or media containing patient identifiable information being left in disused NHS premises

It is a sobering fact that however thorough the process followed it is easy to miss information and the process of clearing a site must involve an initial check and subsequent confirmation that all items have been removed. The objective should be to treat any disposal as providing “vacant possession” in terms of **records, equipment, furniture, medicinal products or substances which may cause injury.**

NHS Tayside identified ² four key reasons for documents being left on the site of the former Strathmartine Hospital when it was disposed of:-

- lack of a designated responsible individual for ensuring the site was clear prior to sale
- poor communication between various groups of staff about uplift of materials
- poor record-keeping that provided an audit trail that identified actions had been undertaken, and
- the storage/hiding of documents under the floorboards is difficult to legislate for.

The latter point may seem far-fetched, but there are other examples across the NHS of false ceilings being created in old buildings and the ceiling void being used for storage. Many old buildings have store rooms, cupboards or service ducts that have not been open for years and it is essential that these are all checked as part of the decommissioning process.

When a building is vacant we have a continuing responsibility of care to those who may seek unauthorised access. Whilst reasonable measures must be taken to prevent access by unauthorised persons these can rarely be 100%

¹ Decommissioning is to be taken as meaning any retraction, transfer, closure or change of use of any accommodation or building or premises used by the NHS.

² Strathmartine Hospital Improvement Review Report Commissioned by the Chief Executive of NHS Scotland 2008

efficient. Where there is a will there is a way. We must therefore make sure that there are no inherent dangers within premises which have been vacated.

Principles

Whenever a building is to be decommissioned, the following steps must be taken at an early stage in the planning of the vacation:-

- (a) Nomination of a person at Director-level within the organisation to take responsibility for and oversee the process of decommissioning;
- (b) Adoption of a Project management approach to the decommissioning exercise with a Project Board under the Chairmanship of the nominated Director and agreed actions recorded;
- (c) Identification of all parties who have an interest in the site or corporate responsibilities for issues relating to the decommissioning process who will form the Decommissioning Team. This to include **as a minimum:-**

A nominated Site Retraction/Decommissioning Manager

Facilities Manager who has responsibility for site Services

Estates Manager with knowledge of the site

IT Infrastructure/Security Specialist

Health Records Manager

Representative of Pharmacy & Prescribing Support Unit (to advise on all matters relating to medicines and medical gases)

Procurement Representative (to advise on the disposal of surplus equipment and furniture etc and to ensure the most cost effective approach is taken to removal arrangements).

In the case of Hospital areas, nursing staff with a working knowledge of the areas would be a valuable additional contributor.

- (d) Establishment of a User Group to be Chaired by the Decommissioning Manager and to include:-

Representatives of all Directorates/Services who use the facility to be decommissioned

The Health Board Archivist who will advise on the retention of records of historical or research value

IT Infrastructure/Security Specialist

Nominated Health Records Manager

- (e) The Role of the Health Records, IT/Information Governance, Facilities and Estates Services in relation to the decommissioning of NHS premises should be clearly defined as part of the decommissioning process.

Health Records/IT Information Governance staff have a responsibility to ensure that all staff are aware of their responsibilities to preserve the confidentiality of patient/person identifiable data. Such data may include:-

- name, address, post code, date of birth;
- pictures, photographs, video tapes, audio tapes or other images of patients, clients and staff;
- CHI number and local patient/person identifiable numbers;
- Anything else that may be used to identify a person directly or indirectly (for example, rare diseases, drug treatments or statistical analyses which have very small numbers within a small population may allow individuals to be identified).

Facilities staff are responsible for the provision of appropriate support services to facilitate the complete vacation of premises including such matters as removal of waste, collection of confidential waste and overseeing its secure disposal, safety and security on site whilst the premises continue to be occupied.

Estates staff are responsible for decommissioning physical systems on site e.g. water supply, electricity, alarms and for securing the premises so far as reasonably practical. This responsibility includes placing warning signs on site advising against entry to the property and removal of external signage which may facilitate the identification of the premises e.g. removal of Hospital signs at the entrances to sites. Once a building is vacant and secure, regular checks should be made to ensure that the security of the premises has not been compromised with remedial action taken as required to preserve the fabric of the premises pending decisions on eventual disposal or re-use.

Decommissioning Process

The **Decommissioning Manager** is responsible with users of the premises for devising a plan for the effective vacation of the accommodation and the removal of all portable equipment, furniture, records (administrative and patient), stores, medicines and portable gas cylinders.

Users of premises are responsible for any costs associated with the removal of material from the site unless otherwise agreed in writing with the

Decommissioning Manager. If items remain after two weeks after a user's vacation of premises, the Decommissioning Manager may arrange removal and charge the cost to the former user Division or Department.

As part of the decommissioning process Estates shall produce accommodation schedules based on current plans which can be utilised as a basis for inspection of vacated accommodation and recording of any further work that requires to be attended to. A sample Schedule is at **Schedule A**.

An inspection checklist should be prepared (see example at **Schedule B**) which mirrors Schedule A and is to be used to verify that areas have been cleared.

Inspection Process

This should be undertaken as a two stage process

STAGE 1 – IDENTIFICATION OF ACTIONS REQUIRED

This should be undertaken by a Group comprising:-

- the Decommissioning Manager,
- a senior representative of each user department,
- an Estates Officer with detailed knowledge of the site,
- a Health Records Officer nominated by the Health Records Services Manager and
- the IT Security Manager (or named nominee).

Each individual room or area should be physically checked by the inspection team and crosschecked against the accommodation schedule. Any changes or omissions should be entered on to the schedule. Any health records or other documentation containing person identifiable information or business documentation should be noted on the inspection checklist along with details of the responsible department or record holder. Whenever a particular course of action can be identified (e.g. exceeds minimum retention period – suitable for destruction) this should also be recorded on the inspection checklist.

Particular attention should be paid to any notices or signs left within the premises which may contain patient identifiable information. Examples might include fire evacuation registers, patient diet sheets, patient names written on white boards. Where practical, removal of any patient identifiable information should be undertaken as the inspection proceeds. If this is not practical a clear note should be made of items requiring subsequent attention with agreed timescales.

Responsible managers in departments transferring out of accommodation should be advised of procedures for safe transfer, archiving and destruction of health records and documents containing person identifiable information.

All desks, filing/storage cabinets, drawers, cupboards, and storage shelving must be thoroughly checked prior to removal from site. Care must be taken to remove drawers and removable fittings to ensure that no business or person identifiable information has been left behind at the back of drawers or behind cabinets. No cupboard or filing cabinet or drawer until should be removed if it is locked until access has been obtained to view the inside of the unit. If keys cannot be located Estates/Facilities must be asked to force units open.

STAGE 2 – VERIFICATION THAT AREAS ARE CLEAR

The inspection team are re-assembled when ALL departments have moved out of the defined accommodation and a further thorough inspection exercise is undertaken to ensure that all business and person identifiable information has been removed. Due diligence is undertaken to ensure that:

- All mobile desks, filing/storage cabinets, drawers, cupboards, and storage shelving have been removed.
- Fitted medicine cabinets are open and checked to be clear of any medicines – where any items are found safe disposal should be arranged via the PPSU who will produce a report to this effect. The suitability of cabinets for re-use should be considered. Removal and re-use should be facilitated via the GG&C Procurement Team and Estates Departments.
- Notice boards are checked to ensure they are cleared of all information.
- All built in cupboards are opened and checked to ensure they are empty.
- Whenever shelving or racks have been used for records storage these should be dismantled if there is no clear view behind them to ensure that no business or person identifiable information has slipped under, behind or between shelves.
- Where accommodation contains attic or basement areas or has been altered from plans to conceal areas, arrangements should be made via the Estates Department to have these areas accessed and inspected, including taking photographic images as proof of clearance if the areas are inaccessible by the inspection team.
- Each individual room and area should be photographed using a digital camera which dates and times the image as proof that the area was cleared.
- Any records or documents found containing business or person identifiable information should be bagged, labelled with room number/description and location and removed from the decommissioned area to a secure area for further action by the Records Manager or Decommissioning Manager.

- Any IT equipment or media should be taken into the possession of the HI&T representative to identify the person responsible for same/its destruction.
- Each Room/Cupboard/Service area should be labelled with a self adhesive notice stating:

Inspected, [Date] This area has been cleared of all NHS Board records and documentation. Under no circumstances should any records or documentation be stored in this room. If you require further information contact [Decommissioning Manager]’.

Once an area is fully cleared this should be certified by the Decommissioning Manager using Schedule B. Estates should be instructed to secure the premises with immediate effect and to allow access (except in an emergency) only on the authority of the Decommissioning Manager or the responsible Director. A log of all authorised access to the site should be maintained by the local Estates Department. Known unauthorised access should be recorded as an incident via the Datix Incident recording system and reported to the Police.

Any use of empty accommodation for commercial purposes must be approved in advance by the Property Manager.

Once the building or facility is completely clear Schedule B should be countersigned by the responsible Director who should make his/her own arrangements to independently verify the information on the Schedule.

Following Vacation

Following full vacation of a building or complex, responsibility for future security of the site transfers to the Director of Facilities who shall be obliged to advise the Chief Executive and the Designated Director of any incidents on site. The date on which responsibility transfers shall be documented in writing.

**Prepared by Anne Hawkins,
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AH/JD
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**NHS Greater Glasgow & Clyde
Decommissioning of NHS Premises**

Accommodation Schedule (This should list all accommodation including areas which are inaccessible to be compiled from current Estates Department building plans)

Decommissioning of (name of Building) : _____

Date Prepared : _____

Floor	Room/Accommodation Number or Description	Comments

Schedule B

NHS Greater Glasgow & Clyde
Decommissioning of NHS Premises
Inspection Schedule for Decommissioning of (Name of Building) _____

Inspection Team

Name	Designation

Following inspection I confirm that the accommodation listed below has been cleared of all business documents, health records, other documents or media containing person identifiable information and so far as practical all surplus furniture and equipment has been removed. .

Signed _____

Director _____

Date _____

