

NHS Greater Glasgow & Clyde

Records Management Plan

This Plan is made in terms of the Public Records (Scotland) Act 2011 and follows Guidance issued by the Keeper of the Records of Scotland on the form and content of a Records Management Plan

V2.0 Approved 6th October 2016 for submission to Keeper of Records

Introduction

- (i) The Public Records (Scotland) Act 2011 (Section 1(1)) requires all NHS bodies in Scotland to prepare a Records Management Plan setting out the organisation's proper arrangements for the authority's public records. The prepared Plan is subject to approval by the Keeper of the Records of Scotland. Once approved the organisation is required to ensure that its public records are managed in accordance with the plan as agreed with the Keeper.
 - (ii) For the purpose of the Act (Section 3(1)) "public records" means:-
 - (a) records created by or on behalf of the authority in carrying out its functions,
 - (b) records created by or on behalf of a contractor in carrying out the organisation's functions,
 - (c) records created by any other person that have come into the possession of the authority or a contractor of the authority in carrying out the authority's functions.
 - (iii) The authority must submit its proposed Records Management Plan to the Keeper for agreement by such date as the Keeper may determine. It is to be submitted in such form and manner as the Keeper may determine. The Keeper has developed a Model Records Management Plan to assist in this process.
 - (iv) On receiving a proposed plan the Keeper must:
 - (a) agree it, or
 - (b) if the Keeper considers that it does not set out proper arrangements for the management of public records, return it.
 - (v) Where the Keeper is considering returning the proposed Plan the Keeper must
 - (a) notify the authority –
 - (i) that the Keeper is considering returning the proposed Plan, and
 - (ii) the reasons for doing so.
 - (b) give the authority an opportunity to make representations, and
 - (c) have regard to the representations made by the authority.
- If the Keeper returns the proposed Plan he must –
- (a) state the reasons for the return, and

- (b) may propose modifications to the proposed Plan. Thereafter the authority must submit a revised Plan to the Keeper for agreement by such date as the Keeper may determine.
- (vi) An authority must keep its approved Plan under review and may be required to undertake such review not less than 5 years after the Plan was last approved.
- (vii) The Keeper may also undertake a review (a records management review) of whether an authority is complying with its records management Plan. Where an authority is deemed not to be compliant with its Plan the Keeper may serve an action notice on the authority specifying the details of the alleged failure and requiring the authority to take specific action by a specified date. There is provision for the authority to make representations before an Action Notice is issued. Failure to comply with an Action Notice allows the Keeper to take such action as he considers appropriate to publicise the failure.
- (viii) To assist authorities, the Keeper is required to prepare and publish a Model Records Management Plan which is subsequently used to benchmark individual authorities' Records Management Plans. The Keeper may also publish guidance.
- (ix) This Records Management Plan for NHS Greater Glasgow & Clyde takes account of the Model Records Management Plan issued by the Keeper together with the associated guidance first published in August 2012.

Records Management Plan

The NHS Greater Glasgow & Clyde Records Management Plan is presented as an electronic document in portable document format (pdf). It is set out under the following 14 Sections which mirror those adopted by the Keeper of Records in developing a Model Records Management Plan:-

The 14 elements are:

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

Information on each of these elements is set out below or via linked documents which are publicly available via the NHSGGC web site.

1. SENIOR MANAGEMENT RESPONSIBILITY

- 1.1 Section 1(2)(a)(i) of the Act¹ specifically requires a RMP² to identify the individual responsible for the management of the authority's public records.
- 1.2 The RMP was developed by a Public Records Act Group appointed by the Corporate Management Team who has acted under the general direction of the Director of eHealth. The RMP as presented has been subject to consultation and was approved by the Public Records Act Group on behalf of the Health Board. The Board has determined that the Board Official with overall responsibility for the RMP is:-

Robert Calderwood
Chief Executive
Board Headquarters
NHS Greater Glasgow & Clyde
JB Russell House
Garthnavel Royal Hospital Complex
1055 Great Western Road
Glasgow
G12 0XH

- 1.3 For the purpose of the RMP his deputy, who provides direct management support to the Chief Executive and the Whole Systems Directors Group, in terms of records and information management is:-

Robin Wright
Director of eHealth
Board Headquarters
NHS Greater Glasgow & Clyde
JB Russell House
Garthnavel Royal Hospital Complex
1055 Great Western Road
Glasgow
G12 0XH

- 1.4 The officers have confirmed their responsibilities in terms of the RMP by signing this document below



Robert Calderwood
Chief Executive

30th March 2016



Robin Wright
Director of eHealth

¹ References in this document to the Act are to The Public Records (Scotland) Act 2011.
² Records Management Plan

2. RECORD MANAGER RESPONSIBILITY

2.1 Section 1(2)(a)(ii) of the Act specifically requires a RMP to identify the individual responsible for ensuring the authority complies with its plan.

2.2 The Board has designated

Linda McAllister
Head of Health Records
Glasgow Royal Infirmary
84 Castle Street
Glasgow
G4 0SF

as the individual who is responsible for implementing and complying with the RMP. The Board has also designated:

Kerry Lochrie
Deputy Health Records Manager
Stobhill Hospital
133 Balornock Road
Glasgow
G21 3UW

with the day to day responsibility of implementing the RMP throughout GGC.

In view of the size and diversity of NHSGGC it is the responsibility of the Chief Officer Acute Services, Acute Directors, Health Board Directors and Partnership Chief Officers to work collectively in supporting the effective implementation of the RMP in their areas of responsibility. Health & Social Care Partnerships (legally defined as Integration Joint Boards) are individually responsible for producing a records management plan for each Integration Joint Board³. These Record Management Plans cover information held by Health & Social Care Partnerships.

- 2.3 The Records Management role will additionally be supported by a contracted Professional Archive Service delivered by the University of Glasgow and by specialist managers responsible for clinical and organisational business records and data security and data protection.
- 2.4 The Board will establish professional leadership of staff whose responsibilities include records management.
- 2.5 The Director of eHealth is responsible for designating an individual who will carry out his responsibilities under the RMP during any periods of absence or in the event that his post is vacant.

³ Paragraph 11 of the Schedule to The Public Bodies (Joint Working) (Scotland) Act 2014 (Consequential Modifications and Saving) Order 2015, SSI 2015 No. 157

3. RECORDS MANAGEMENT POLICY STATEMENT

- 3.1 Records form an integral part of the corporate memory of the organisation, providing evidence of decisions, the rationale for decisions and supporting the organisation's daily functions and operations. Information which comprises records is necessary to support policy formulation and managerial decision making. They are also essential to protect the rights of patients, staff and members of the public who have dealings with the organisation. Records support consistency, continuity and efficiency and help the Board to deliver services in a consistent and equitable way.
- 3.2 Records management is about the proper content, control, security, storage and ultimate destruction of records. Records created and held by NHSGGC as part of the discharge of its functions are public records under the Public Records (Scotland) Act 2011 (PRSA). Going forward, the effectiveness, safety, care and efficient management of healthcare services depends on the right information being available to the right people at the right time. This can only be achieved if there are effective records management policies and processes in place.
- 3.3 The Board, senior management and all who work for the organisation have responsibilities to ensure that information is handled appropriately and is not retained unnecessarily beyond its life cycle. We also have a responsibility to ensure the accuracy of records, to make sure that they are available when required for patient care, or decision making or to meet statutory obligations under e.g. the Data Protection Act 1998, the Freedom of Information (Scotland) Act 2002 or the Environmental Information (Scotland) Regulations 2004. In this regard, the Board commits to ensuring that appropriate training is provided to staff in the effective creation and management of records at all levels in the organisation.
- 3.4 Within the NHS there is a national obligation to comply with Codes of Practice and Guidance on Records Management including (but not limited to):-

<http://www.nhsggc.org.uk/about-us/publications-library/?id=251137>

Section 61 Code of Practice under the Freedom of Information (Scotland) Act 2002. 16th December 2011

Staff must ensure that they comply with the guidance in these documents.

- 3.5 The Policy applies to all public records created by or on behalf of the organisation. This includes:-
 - personal health records (paper based or electronic including those concerning all specialties, and GP medical records);
 - records of NHS patients treated on behalf of the NHS in the private health sector (regardless of the media on which they are held, including paper, electronic, still and video images and sound recordings);
 - records of private patients seen on NHS premises;
 - records of blood and tissue donors;
 - accident & emergency, birth, and all other registers;

- theatre registers & minor operations (and similar);
- x-ray and imaging reports, output and images;
- administrative records (including, for example, general, financial, property, environmental, health and safety, human resource, procurement/stores, NHS Board and service planning records).

3.6 The objectives of the Policy statement are to ensure:-

Accountability – That adequate records are maintained to account fully for all actions and decisions;

Quality - That records are complete and accurate

Accessibility - That records and information in them is legible and can be retrieved when required.

Efficiency - That records are retained in the most cost effective way.

Security – That records are secure from unauthorised or inadvertent access, alteration or erasure.

Retention – That there are consistent and justifiable reasons for the retention of records.

Destruction – That there are established procedures in place to record the destruction of records at the appropriate time.

Training – That staff are trained in good practice in record keeping.

3.7 The roles of the Chief Executive and Director of eHealth are set out in Sections 1 & 2. Directors, Heads of Service and Clinical Leads are responsible for policy implementation in their areas of responsibility. All staff are responsible for ensuring that they keep appropriate records of their work activities which are consistent with organisation wide policy and departmental procedures.

4. Business Classification Scheme

Element Requirement	Board Statement	Corporate Evidence
<p>A business classification scheme that reflects the functions of the authority. Demonstrating at a given point in time, the information assets the business creates and maintains, and in which function or service they are held.</p>	<p>NHS Greater Glasgow & Clyde currently has a developing business classification scheme.</p> <p>The Board commissioned a project to develop a Business Classification Scheme (BCS) for NHSGGC. The Board has designated:</p> <p>Kerry Lochrie Deputy Health Records Manager Stobhill Hospital 133 Balornock Road Glasgow G21 3UW</p> <p>As project lead who has the day to day responsibility of implementing the BCS.</p> <p>The process began with an appraisal of the pre-existing core BCS as developed by NHS National Services Scotland, to produce a draft BCS covering the inward-facing functions of NHSGGC. This is in the process of being further developed using expert consultation and testing within the board.</p> <p>After study of the published evidence base and discussion with the authors of other business classification schemes the project team decided to utilise the Designing and Implementing Recordkeeping System (DIRKS) methodology (developed by the National Archives of Australia). This</p>	<p>NHSGGC BCS http://www.nhsqgc.org.uk/media/236761/nhsggc_bcsv0-3.pdf</p>

Element Requirement	Board Statement	Corporate Evidence
	<p>methodology uses both a top down analysis of key organisational sources to identify organisational functions, and a bottom up approach of working with staff to identify the records used and created during routine work processes, which can then be mapped to the identified functions. This work will enable the continued development of this BCS to begin to develop a comprehensive scheme of all NHSGGC functions.</p> <p>The project sought to tailor this methodology and produce guidance to ensure replication of the mapping process across the organisation, beyond the life of the project.</p> <p>The project team also studied the evidence base to provide recommendations for the implementation of the BCS across NHSGGC. The BCS has also been catalogued electronically to enable use and implementation; further publication may take place on the organisation's intranet.</p> <p>In addition to the developing draft BCS, it should also be noted that the vast bulk of our records relate to patient identifiable clinical records. These are routinely indexed by name/date of birth or CHI (Community Health Index). The CHI is used to link patient record data across the range of Acute and Primary care systems, generating a unified record of care.</p> <p>It is too early to predict with certainty when the BCS will be fully developed, as it will largely develop as it is being implemented.</p>	

Element Requirement	Board Statement	Corporate Evidence
	With an organisation the size of NHSGGC it is inevitable that progress will be made on an incremental basis.	

5. Retention Schedules

Element Requirement	Board Statement	Corporate Evidence
<p>A retention schedule that details the procedures that the authority follows to ensure records are routinely assigned disposal dates and that they are subsequently destroyed at the appropriate time, or preserved permanently in an approved depository or digital preservation programme</p>	<p>NHS Greater Glasgow & Clyde applies to its records the retention and destruction schedules contained in <u>Scottish Government Records Management: NHS Code of Practice (Scotland) Version 2.1 January 2012</u> or subsequent guidance issued.</p> <p>A Procedure note describes the process individual operational units must follow in applying the retention and destruction schedules and how decisions are recorded.</p> <p>Procedures are in place to ensure that any plans for the destruction of records which may have a continuing historical value are discussed with the Health Board Archivist before arrangements for disposal are made.</p> <p>The Archivist is:</p> <p>Alistair Tough NHSGGC Archives c/o Glasgow City Archives Mitchell Library 201 North Street Glasgow G3 7DN</p>	<p>NHS Code of Practice http://www.gov.scot/Publications/2012/01/10143104/0</p> <p>Retention and Destruction of Records Guidance www.nhsrrc.org.uk/media/236728/record-retention-guidance-v2-03-08-2015.docx</p> <p>NHS Greater Glasgow & Clyde Archive Policy www.nhsrrc.org.uk/media/236727/nhsrrc-archive-policy-july-2014.docx</p>

Element Requirement	Board Statement	Corporate Evidence
	<p><u>Alistair.Tough@glasgow.ac.uk</u></p> <p>is available to give advice on material which is suitable for permanent retention and the arrangements for its transfer to the Archive.</p> <p>For electronic health records systems, the Board operates a complex range of interoperable systems across care sectors and operational functions. In accordance with a strategic approach agreed with clinicians, to ensure the on-going integrity of such data, electronic patient data is not routinely deleted or archived. When systems are replaced it is normal practice to limit the transfer of data and not perpetuate those records which are no longer required. This is in accord with the Board's agreed data retention periods.</p>	

6. Destruction of Records

Element Requirement	Board Statement	Corporate Evidence
<p>Demonstrate that proper destruction arrangements are in place. Disposal arrangements must also ensure that all copies of a record – wherever stored – are identified and destroyed.</p>	<p>The Board has procedures for managing the confidential destruction of expired records in all physical formats, in a way that is auditable and irreversible. This is in line with the retention schedule outlined in the Scottish Government Records Management: NHS Code of Practice (Scotland 2012).</p> <p>Guidance is available on the retention, destruction and archiving of health records.</p> <p>The destruction of records is recorded on schedules retained by each operational unit. These lists are such that they identify the nature of the records destroyed (including any relevant time period), but are not a listing of each and every item destroyed.</p> <p>Advice is issued to all users on the destruction of electronic files and e-mail correspondence.</p> <p>When systems are migrated to new hardware, or desktop equipment is replaced, redundant data/disks are destroyed securely through a service procured from an external contractor.</p>	<p>Scottish Government Records Management: NHS Code of Practice (Scotland 2012) - http://www.gov.scot/Publications/2012/01/10143104/0</p> <p>Procedures for the destruction of records: Link can be found in Element 5 (page 12).</p> <p>Procedure for the retention, archiving and destruction of health records http://www.nhsggc.org.uk/media/236553/procedure-for-retention-and-destruction-v2-0.pdf</p>

Element Requirement	Board Statement	Corporate Evidence
		<p>Procedure for the Transportation of Health Records Within & Outwith Organisation Boundaries</p> <p>http://www.nhsggc.org.uk/media/236729/procedure-for-transportation-of-health-records-within-and-outwith-organisation-boundaries.pdf</p> <p>Copy of the agreement with external records depository for the confidential disposal of records that are no longer required.</p> <p>http://www.nhsggc.org.uk/media/236898/gqc1-wincanton-agreement-doc-2.pdf</p> <p>http://www.nhsggc.org.uk/media/236899/gqc2-wincanton-agreement-doc-1.pdf</p>

Element Requirement	Board Statement	Corporate Evidence
		<p>http://www.nhsqgc.org.uk/media/236900/ggc3-iron-mountain-agreement-doc-1.pdf</p> <p>http://www.nhsqgc.org.uk/media/236903/gcc4-iron-mountain-agreement-doc-2.pdf</p> <p>A sample of the evidence of the disposal.</p> <p>www.nhsqgc.org.uk/media/236554/destruction-certificates.doc</p> <p>Example of planned records destruction for an operational unit</p> <p>http://www.nhsqgc.org.uk/media/236550/archive-destruction-december-2017.pdf</p> <p>HI&T policy for the storage of electronic information on electronic devices.</p>

Element Requirement	Board Statement	Corporate Evidence
		<p><u>http://www.nhsggc.org.uk /media/236763/it- security-policy.pdf</u></p> <p>Health Data and Electronic Systems Leaflet</p> <p><u>http://www.nhsggc.org.uk /media/236552/health- data-and-electronic- systems-leaflet.pdf</u></p> <p>Records movement Trakcare 1</p> <p><u>http://www.nhsggc.org.uk /media/236583/destroyed -records-trak1.png</u></p> <p>Records movement and destruction Trakcare 2</p> <p><u>http://www.nhsggc.org.uk /media/236584/destroyed -records-trak2.png</u></p> <p>Health Records Quality Assessment Form for</p>

Element Requirement	Board Statement	Corporate Evidence
		<p>Destruction of Records <u>www.nhsqgc.org.uk/media/236585/quality-assessment-form.doc</u></p> <p>Screenshot of Staff Access to Retention and Destruction of Business Records <u>http://www.nhsqgc.org.uk/media/238535/staffnet-access-2.docx</u></p> <p>Screenshot of Staff Access to Guidance regarding Electronic Records <u>http://www.nhsqgc.org.uk/media/238534/staffnet-access.docx</u></p> <p>Destruction Certificate <u>http://www.nhsqgc.org.uk/media/238536/shredit-certificate.pdf</u></p>

Element Requirement	Board Statement	Corporate Evidence
		<p>Key Performance Indicator of Off-Site Records Destruction</p> <p>http://www.nhsqgc.org.uk/media/238537/westway-sample.xls</p> <p>EPR Team Daily Backup Report</p> <p>http://www.nhsqgc.org.uk/media/238733/epr-team-daily-report-screenshot.docx</p> <p>Trak Production Backup Status – Site A</p> <p>http://www.nhsqgc.org.uk/media/238734/trak-production-backup-status-site-a-screenshot.docx</p> <p>Trak Production Backup Status - Site B</p> <p>http://www.nhsqgc.org.uk</p>

Element Requirement	Board Statement	Corporate Evidence
		<p><u>/media/238735/trak-production-backup-status-site-b-screenshot.docx</u></p> <p>Backups Aug 2016</p> <p><u>http://www.nhsqgc.org.uk/media/238736/records-management-plan-backup-aug-2016.docx</u></p> <p>Net Backup Schedule Trak and LIMS July 2016</p> <p><u>http://www.nhsqgc.org.uk/media/238737/copy-of-records-management-netbackup-schedule-track-and-lims-july-2016.xlsx</u></p> <p>Trak and LIMS Backup Monitoring July 2016</p> <p><u>http://www.nhsqgc.org.uk/media/238738/records-management-track-and-lims-backup-monitoring-july-2016.docx</u></p>

Element Requirement	Board Statement	Corporate Evidence
		<p>Trakcare Journals <u>http://www.nhsggc.org.uk/media/239296/trakcare-journals.docx</u></p> <p>Backup Store and Portal Weekly Reports <u>http://www.nhsqgc.org.uk/media/238739/records-mgt-plan-backup-store-and-portal-weekly-reports_28_07_2016_09_14_56_603_am.pdf</u></p> <p>Backup Store and Portal 28/7/2016 <u>http://www.nhsqgc.org.uk/media/238740/records-mgt-plan-backup-store-and-portal-28_07_2016_09_09_48_815_am.pdf</u></p> <p>SCI Store SQL Backup</p>

Element Requirement	Board Statement	Corporate Evidence
		<p>History</p> <p>http://www.nhsggc.org.uk/media/238741/copy-of-records-management-store-sql-backup-history.xlsx</p> <p>Portal SQL Backup History</p> <p>http://www.nhsggc.org.uk/media/238742/copy-of-records-mangement-portal-sql-backup-history.xlsx</p> <p>NHSGGC Policy for the Safe Destruction of Independent Contractor Historical Paper Based Elements of Patient Medical Records v.1.</p> <p>http://www.nhsggc.org.uk/media/238743/policy-nhs-gg-c-policy-for-the-safe-destruction-of-independent-contractor-historical-paper-based-</p>

Element Requirement	Board Statement	Corporate Evidence
		<u>elements-of-patient-medical-records-v1.pdf</u>

7. Archiving and Transfer Arrangements

Element Requirement	Board Statement	Corporate Evidence
<p>Detail the authority's archiving and transfer arrangements, ensuring that records of enduring value are deposited in an appropriate archive repository.</p>	<p>The remit of the Archive is to acquire, organise, describe and make available records of the NHS and the records of predecessor and partner bodies (including those with a separate legal identity) in accordance with the Code of Practice for Records Management in the NHS in Scotland.</p> <p>The NHSGGC Archive policy applies to all users of the archive including NHSGGC staff, researchers and members of the public.</p> <p>Records for transfer to the Board's Archives are selected in accordance with the guidelines contained in Scottish Government Records Management: NHS Code of Practice (Scotland) Version 2.1 January 2012.</p> <p>The receipt of records into the Board's Archives is recorded in an accession register. The location in which the records are stored is recorded in a location register. Detailed descriptive lists of records are prepared by Archives staff.</p> <p>Summary descriptions of records in the Board's Archives are made available via the website of Glasgow University Archives Services. Digitisation of full descriptive lists takes place via the Archives Hub and/or the Discovery system hosted by The National Archives.</p>	<p>NHSGGC Archive Policy www.nhsqgc.org.uk/media/236727/nhsggc-archive-policy-july-2014.docx</p> <p>Scottish Government Records Management: NHS Code of Practice (Scotland 2012) – http://www.gov.scot/Publications/2012/01/10143104/0</p> <p>Summary Descriptions of Archive Elements http://www.archives.gla.ac.uk/gghb/collects/default.html</p>

Element Requirement	Board Statement	Corporate Evidence
		<u>http://archiveshub.ac.uk/search/search.html</u>

8. Information Security

Element Requirement	Board Statement	Corporate Evidence
<p>Ensure provision for the proper level of security for its public records. The security procedures must put in place adequate controls to prevent unauthorised access, destruction, alteration or removal of records.</p>	<p>The Scottish Government has been working with NHS Boards to promote safe, effective and appropriate use of information by providing strategic direction through the publication of an Information Assurance Strategy and supporting core guidance. This is also reflected in the NHSScotland eHealth Strategy 2011-2017.</p> <p>The Board is responsible for ensuring adequate physical controls are in place for the security and confidentiality of all health and business sensitive data, whether held manually or electronically.</p> <p>NHSGGC provides systems that maintain appropriate confidentiality, security and integrity for all data, including storage and use in line with the NHS Scotland Information Assurance Strategy and through the implementation of standards, controls, policies and procedures. These are subject to both internal and external audit scrutiny.</p> <p>As part of our commitment to improve staffs' awareness of their responsibilities in information security and policy compliance, we have in place an Information Governance Awareness Programme which delivers key policies and security messages to staff and provides a full audit of who has accepted these.</p> <p>We also carry out regular and mandatory training with staff, both face to face and via e-learning modules. Access to our</p>	<p>Policies:</p> <p>NHSGGC IT Security Policy http://www.nhsqgc.org.uk/media/236731/it-security-policy.pdf</p> <p>NHSGGC Internet Acceptable Use Policy http://www.nhsqgc.org.uk/media/236732/15-may-acceptable-internet-use-policy.pdf</p> <p>NHSGGC Email Usage Policy http://www.nhsqgc.org.uk/media/236733/15-september-email-usage-policy.pdf</p> <p>NHS Mail Acceptable Use Policy http://systems.hscic.gov.uk</p>

Element Requirement	Board Statement	Corporate Evidence
	<p>e-learning programmes can be provided on request.</p> <p>As part of the terms of service for all staff within NHSGGC, the individual's responsibility for maintaining the security and integrity of all health and business sensitive data is made clear.</p> <p>NHSGGC takes its responsibilities for the confidentiality and security of its data seriously and we have put in place dedicated resources to ensure compliance with the Data Protection Act and other relevant legislation. We have identified a number of key roles to ensure our compliance, including a Senior Information Risk Officer and Caldicott Guardian, both at Director level, together with an Information Governance Manager and IT Security Manager. Compliance is overseen by our Information Governance Steering Group who meet quarterly and consists of senior clinical and non clinical staff from across the services.</p>	<p>/nhsmail/policies/aup.pdf</p> <p>NHSGGC Mobile Computing Devices and Media Policy http://www.nhsggc.org.uk/media/236734/mobile-devices-and-media-policy-january-2015.pdf</p> <p>Procedures for Authorisation to Access Staff Files / Emails http://www.nhsggc.org.uk/media/238538/procedures-re-authorisation-staff-files-final-version.doc</p> <p>NHSGGC GP Remote Access Policy www.nhsggc.org.uk/media/236736/gms-remote-access-policy.docx</p> <p>NHSGGC Web Content &</p>

Element Requirement	Board Statement	Corporate Evidence
		<p>Development Policy http://www.nhsggc.org.uk/ media/236763/it-security- policy.pdf</p> <p>Decommissioning Protocol http://www.nhsggc.org.uk/ media/236738/decommis- sioning-protocol-march- 2013.pdf</p> <p>Scottish Government Records Management: NHS Code of Practice (Scotland 2012): Link can be found under Element 7 (page 24)</p> <p>Extract from NHSGGC Employee Contract www.nhsggc.org.uk/media/ 236557/nhsggc-employee- contract-confidentiality- clause.docx</p> <p>NHSScotland Code of Practice: Protecting Patient</p>

Element Requirement	Board Statement	Corporate Evidence
		<p>Confidentiality</p> <p>http://www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/4069835/3619da45-b41c-4c2b-bb75-10cd7ff091bb.pdf</p> <p>Example of Mandatory Induction Training</p> <p>www.nhsggc.org.uk/media/236559/statutory-and-mandatory-training-within-acute-services-appendix-10-09-09.doc</p> <p>http://www.nhsggc.org.uk/media/236885/new-managers-training-presentation.pdf</p>

9. Data Protection

Element Requirement	Board Statement	Corporate Evidence
<p>Demonstrate compliance with the authority's data protection obligations.</p>	<p>NHSGGC is responsible for large volumes of personal and sensitive personal data subject to the Data Protection Act 1998, and in the case of patient/client data, the Caldicott Principles.</p> <p>NHSGGC fully endorse the principles set out in the Data Protection Act and the Caldicott Report.</p> <p>NHSGGC take all reasonable measures to comply with its legal responsibilities and to preserve and maintain the confidentiality of the information it holds to ensure its integrity and protection from inappropriate disclosure and to ensure it is readily available to authorised staff</p> <p>All staff are bound by contractual obligations and the NHS Scotland Code of Practice: Protecting Patient Confidentiality</p> <p>As part of the Scottish Government Records Management Code of Practice processes for the safe management and retention of data are compliant with the Data Protection Act.</p> <p>NHSGGC provides a number of mechanisms for staff to receive adequate and appropriate training on data protection so they fully understand their responsibilities.</p> <p>This includes face to face training, e-learning modules, policies and procedures and regular updates on our intranet page.</p>	<p>Information Governance Framework http://www.nhsggc.org.uk/media/238539/ig-framework-final-version.docx</p> <p>Information Governance Strategy http://www.nhsgqc.org.uk/media/236742/14-jul-07-ig-strategy-final.pdf</p> <p>Confidentiality and Data Protection Policy http://www.nhsgqc.org.uk/media/236743/14-jul-02-dp-confidentiality-policy-final.pdf</p> <p>Be Aware: Do's & Don'ts messages http://www.nhsgqc.org.uk/media/236886/be-aware-dos-and-dont-paper.pdf</p>

Element Requirement	Board Statement	Corporate Evidence
	<p>All new patients receive a patient leaflet explaining how we may use their information, how to access their health records and who to contact if they have any queries or concerns. Information for patients is also available on our public website by way of a Privacy Notice.</p> <p>NHSGGC is in the process of introducing 'Fairwarning' which will detect any unauthorised or inappropriate access to our information systems as an additional measure to ensure our information is kept secure and confidential.</p> <p>There are a number of policies in place which provide guidance on specific issues, such as the safe and secure faxing of documents and how to deal with a data breach.</p> <p>NHSGGC has linked Fairwarning with two clinical systems; Emergency Care Summary and the Patient Management System TrakCare. We are currently connecting Fairwarning with Clinical Portal. Once complete, we will run daily audits to ensure staff access to these systems is appropriate.</p> <p>As noted under Section 8 0 – Information Security - NHSGGC takes its responsibilities for the confidentiality and security of its data seriously and we have put in place dedicated resources to ensure compliance with the Data Protection Act and other relevant legislation. We have identified a number of key roles to ensure our compliance, including a Senior Information Risk Officer and Caldicott Guardian, both at Director level, together with an Information</p>	<p>NHSGGC Mandatory Induction Training http://www.staffnet.ggc.scot.nhs.uk/Human_Resources/Learning_and_Education/Acute/Pages/Statutory.aspx</p> <p>NHS Information Governance Safe Information Handling (Foundation level)</p> <p>Access limited to internal users</p> <p>NHS Information Governance Information Handling In Practice (Intermediate level) eLearning Module</p> <p>Access limited to internal users</p> <p>NHS Information Governance New Managers DP Training</p>

Element Requirement	Board Statement	Corporate Evidence
	<p>Governance Manager and IT Security Manager. Compliance is overseen by our Information Governance Steering Group who meet quarterly and consists of senior clinical and non clinical staff from across the services.</p>	<p>Access limited to internal users Data Protection Registration https://ico.org.uk/ESDWebPages/DoSearch Data Registration No. <u>Z8522787</u></p> <p>Privacy Notice http://www.nhsrrc.org.uk/patients-and-visitors/faqs/data-protection-privacy/</p> <p>How the NHS Protects your Personal Health Information leaflet www.nhsrrc.org.uk/media/236563/how-the-nhs-protects-your-personal-health.pdf</p> <p>Guidance and application form for accessing health records http://www.nhsinform.co.uk</p>

Element Requirement	Board Statement	Corporate Evidence
		<p><u>/rights/publications/otherformats/largeprint/~/media/hris/documents/other%20formats/large%20print/confidentialitylargeprintv2.ashx</u></p> <p><u>http://www.nhsggc.org.uk/media/226767/Document%203%20-%20Confidentiality%20Flyer%20-%20Oct%2008%20.pdf</u></p>

10. Business Continuity & Vital Records

Element Requirement	Board Statement	Corporate Evidence
<p>Detail arrangements in support of records vital to business continuity.</p>	<p>The Civil Contingency Act 2004 identifies NHS Boards as a Category 1 responder. Amongst other responsibilities this means, the Board must maintain business continuity plans to ensure we can continue to perform our critical services in the event of an emergency.</p> <p>The Board has agreed the Business Continuity Management Strategy. The aim of the strategy is to support NHS Greater Glasgow & Clyde to have flexible and tested plans in place to minimise disruption when unplanned events significantly disrupt normal business.</p> <p>Business Continuity Management is a process to enhance the resilience of NHS Greater Glasgow & Clyde; the process is owned and driven by senior management. It will help to ensure continuity of critical services to patients and customers following a disruptive event.</p> <p>The Board takes as its definition of vital records: "Records that are essential to the organisation's operation or to the resumption of the organisation's operations after a disaster."</p> <p>The Board regards the following as its vital records:</p> <ul style="list-style-type: none"> ▪ Major incident plans, including those relating to epidemics of infectious diseases 	<p>Business Continuity Management Strategy 2015 www.nhsggc.org.uk/media/236564/strategy-bcp-april-2015-v1-3-final-pdf.pdf</p> <p>NHS GG&C Major Incident Plan December 2015 http://www.nhsggc.org.uk/media/239298/nhsggc-major-incident-plan-2015-2-sanitized.pdf</p> <p>Department level Business Continuity Plan template www.nhsggc.org.uk/media/236565/bc-template-april-2015-1-3-final-2.docx</p>

Element Requirement	Board Statement	Corporate Evidence
	<ul style="list-style-type: none"> ▪ Clinical Systems ▪ Payroll Systems <p>All records are of importance to NHSGGC. All NHSGGC hosted systems which hold critical data are located in two data centres on opposite sides of the city, in such a manner that in the event of the total loss of one of them, all records will be available from the surviving location. Both data centres are directly accessible from all Board locations. Further, all systems are backed up on a scheduled basis.</p> <p>The Board also has the ability to utilise CLIO during an incident. CLIO is a web based software package which can aid the communication and management of a major incident.</p>	North East Glasgow BCP http://www.nhsqgc.org.uk/media/236567/business-continuity-plan-version-3-march-2014-redacted.doc

11. Audit Trail

Element Requirement	Board Statement	Corporate Evidence
<p>Provide evidence that the authority maintains a complete and accurate representation of all changes that occur in relation to a particular record. An audit trail is a sequence of steps documenting the movement and/or editing of a record resulting from activities by individuals, systems or other entities.</p>	<p>Major NHSGGC electronic Patient Records systems have audit capability in relation to what is being accessed or changed. Where paper records continue to be used in certain clinical settings, the Health Records team track the location of these using the electronic system. As the Board continues to roll out clinical systems, the shift to electronic care records will continue, and the reliance on paper based records will diminish.</p> <p>Where paper records are held these are stored in locked cabinets or locked rooms to which only authorised staff have access. Movement of personal or personal/sensitive information is tracked manually or electronically.</p> <p>All major documents, policies, procedures, process and system documents are subject to version control and require to be dated. Review dates are required to be set for Policies and Procedures.</p> <p>Audits are carried out against clinical systems to ensure staff access is appropriate and in line with business requirements. Fair Warning is an audit tool which will be used to ensure daily audits are run against specific criteria.</p>	<p>Scottish Government Records Management: NHS Code of Practice (Scotland 2012) - Link can be found under Element 7 (page 24)</p> <p>Health Records working procedures</p> <p>Clinical System Audit http://www.nhsggc.org.uk/media/236629/copy-of-16-mar-07-trak_portal-audit-sample-for-rmp.xlsx</p> <p>Audit log of patient record.</p> <p>http://www.nhsggc.org.uk/media/236568/case-record-tracking-history-trakcare.docx</p>

		<p>Clinical Portal Procedure for Health Records Tracking http://www.nhsqgc.org.uk/media/236746/procedure-for-health-record-tracking.pdf</p> <p>Procedure for Security of Health Records Storage Areas http://www.nhsqgc.org.uk/media/236747/procedure-for-security-of-health-records-storage-areas.pdf</p> <p>Indexing standards for Electronic Records. http://www.nhsqgc.org.uk/media/236570/indexing.pdf</p> <p>http://www.nhsqgc.org.uk/media/236571/scanning-quick-reference_151202.docx</p> <p>Version Control for</p>
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		<p>Admin Records</p> <p>http://www.nhsggc.org.uk/media/236572/version-control.doc</p> <p>Screenshot of NHSGGC Staff Access to SG Version Control and Naming Conventions for Electronic Records</p> <p>http://www.nhsggc.org.uk/media/238745/element-11-access-screen-shot.docx</p>
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12. Competency Framework for Records Management Staff

Element Requirement	Board Statement	Corporate Evidence
<p>Detail a competency framework for person(s) designated as responsible for the day-to-day operation of activities described in the elements in the authority's RMP.</p>	<p>NHSGGC provides appropriate training and development support to all of their staff to ensure they are aware of their records management responsibilities. The main vehicle for this is an on-line training module specifically designed to meet the awareness requirements of the PRSA.</p> <p>Core competencies have been agreed for managers with responsibility for records management staff and for those who have practical responsibilities for maintaining any form of records beyond general office duties.</p>	<p>On-line training package via Learn Pro www.nhsrrc.org.uk/media/236589/20160216_nhsrrc_rm-e_en_ew_cp9.doc</p> <p>Job Description Head of Health Records Manager http://www.nhsrrc.org.uk/media/238805/jd-head-of-health-records-2.doc</p> <p>Job Description for Deputy Health Records Manager http://www.nhsrrc.org.uk/media/238806/jd-2013-deputy-health-records-2.doc</p>

		<p><u>records-manager.doc</u></p> <p>Core Competencies document. http://www.nhsqgc.org.uk/media/236573/records-management-core-competencies.docx</p> <p>Health Records Induction Manual http://www.nhsqgc.org.uk/media/236574/staff-induction-programme.pdf</p> <p>Health Records Creating a Case Note Volume http://www.nhsqgc.org.uk/media/236575/hr-creating-a-case-note-volume-qrg-v4.docx</p> <p>Health Records Medical Records Tracking http://www.nhsqgc.org.uk/media/236576/hr-medical-records-tracking-qrg-v4.docx</p>
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		<p>Health Records Patient Searches http://www.nhsggc.org.uk/media/236577/hr-patient-searches-v2-15th-nov-2013.docx</p> <p>Health Records Tracking Out Clinics http://www.nhsggc.org.uk/media/236578/hr-tracking-out-clinics-qrg-v3.docx</p> <p>Health Records Bulk Receiving Case notes http://www.nhsggc.org.uk/media/236579/hr-bulk-receiving-casenotes-v4.docx</p>
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13. Review & Assessment of Records Management Systems

Element Requirement	Board Statement	Corporate Evidence
<p>Detail the procedures in place to ensure regular self-assessment and review of records management systems in place within the authority.</p>	<p>The e-Health Director will review the content and operation of the Board's Records Management Plan at least Annually and produce an Annual Report to the Whole System Directors Group.</p> <p>The e-Health Director will call on relevant qualified and experienced staff to assist in the review, including:-</p> <ul style="list-style-type: none"> The Head of Health Records The Deputy Health Records Manager The Archivist Director of Public Health Medical Director and staff with relevant experience in records management from outwith the Board area. <p>When the RMP has been approved the NHSGGC RMP Working Group will create a communications strategy to roll out the RMP document. Kerry Lochrie as Deputy Health Records Manager will lead this project by working with management across the Board to support and advise. Progress from each area will be reported to Kerry via a template document which will have been approved by the RMP Working Group. Kerry will monitor key performance indicators to highlight to the RMP Working Group which areas need further support and guidance which will then be provided by Kerry.</p> <p>The Records Management Plan shall be a standing item on the agenda for NHSGGCC Information Governance Steering Group</p> <p>Any resource or significant service issues shall be brought to the attention of the Chief Executive by the Director.</p>	<p>Remits of the identified groups</p> <p>http://www.nhsqgc.org.uk/media/236580/ceo-whole-system-directors-group-remit-jan-2016-2.docx</p> <p>http://www.nhsqgc.org.uk/media/236581/ig-steering-group-remit.doc</p> <p>Screenshot of RMP LearnPro Module</p> <p>http://www.nhsqgc.org.uk/media/239085/element-13-rm-learn-pro-module-screen-shot.docx</p>

Element Requirement	Board Statement	Corporate Evidence
	<p>The Board has developed a RMP LearnPro module that will be mandatory for all staff to complete. The Deputy Records Manager/project lead (Kerry Lochrie) will also work with the Communications department to promote Records Management and the Learning & Education department to ensure all current GGC staff are aware of this mandatory module and that it is also part of the new staff induction process.</p>	

14. Shared Information

Element Requirement	Board Statement	Corporate Evidence
<p>Provide evidence that the authority has considered the implications of information sharing for good records management. Include reference to information sharing protocols that govern how the authority will exchange information with others and make provision for appropriate governance procedures.</p>	<p>Sharing of information is a core NHS Scotland activity and takes place in line with the Data Protection Act 1998 and related privacy legislation, together with the Caldicott principles.</p> <p>Sharing of information is subject to the appropriate level of risk assessment and Privacy Impact Assessment.</p> <p>The Board has entered into a number of Information Sharing Protocols, including one with the 6 local authorities in its area.</p> <p>It is intended to adopt the Health and Social Care Partnership (HSCP) Information Sharing Protocol with the 6 HSCPs in the Board area.</p> <p>There is an Information Sharing Protocol with the Prison Service</p>	<p>Caldicott Report http://www.imi.org.uk/file/download/3707/Caldicott_GuardianManualScotland-June2012.pdf</p> <p>Information Sharing Protocol between NHSGGC and Local Authorities http://www.nhsoggc.org.uk/media/236748/124-nhsoggc-protocol-for-sharing-information.pdf</p> <p>Access Protocol Chemotherapy Prescribing and Administration System (CEPAS) http://www.nhsoggc.org.uk/media/236627/14-dec-12-access-protocol-cepas-final.docx</p>

Element Requirement	Board Statement	Corporate Evidence
		<p>SCI (Scottish Care Information) Access Protocol http://www.nhsggc.org.uk/media/236628/access-to-ggc-sci-store-protocol-lothian.docx</p> <p>Information Sharing Protocol training – e-learning module covering the sharing of information www.nhsggc.org.uk/media/236749/information-sharing-protocol.docx</p> <p>Information Sharing template for use by the NHS, Local Authorities and the Integrated Joint Boards http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Health-and-Social-Care-Integration/docs/ISP-TEMPLATE.pdf</p>

Element Requirement	Board Statement	Corporate Evidence
		<ul style="list-style-type: none"> - Scottish Prison Service <p><u>http://www.nhsggc.org.uk /media/236582/information-sharing-protocol-nhs-scotland-and-sps1.pdf</u></p> <p>Sharing Data with Third Parties</p> <p><u>http://www.nhsggc.org.uk /media/238819/data-processing-agreement-it-dept-use.doc</u></p> <p>DPA Confidentiality Clauses</p> <p><u>http://www.nhsggc.org.uk /media/239084/dpa-confidentiality-clauses-revised-jan16.docx</u></p>