



# NHS Forth Valley Records Management Plan

## 2016 - 2021

## CONTENTS

	Page No.
Introduction	3
Element 1: Senior management responsibility	5
Element 2: Records manager responsibility	6
Element 3: Records management policy statement	7
Element 4: Business classification	8
Element 5: Retention schedules	10
Element 6: Destruction arrangements	12
Element 7: Archiving and transfer arrangements	14
Element 8: Information security	15
Element 9: Data Protection	17
Element 10: Business continuity and vital records	18
Element 11: Audit trail	19
Element 12: Competency framework for records management staff	21
Element 13: Assessment and review	22
Element 14: Shared information	23
Other: Evidence Requested in Interim Report	24
Annex A: Evidence previously submitted in support of the Elements	25
Annex B: Evidence in support of Elements & Other Evidence requested	27

## Introduction

Records management is the systematic control of an organisation's records, throughout their life cycle, in order to meet operational business needs, statutory and fiscal requirements, and community expectations. Effective management of information allows fast, accurate and reliable access to records, ensuring the timely destruction of redundant information and the identification and protection of vital and historically important records.

Effective records management involves efficient and systematic control of creation, storage, retrieval, maintenance, use and disposal of records, including processes for capturing and maintaining evidence.

Systematic management of records allows organisations to:

- know what records they have, and locate them easily
- increase efficiency and effectiveness
- make savings in administration costs, both in staff time and storage
- support decision making
- be accountable
- achieve business objectives and targets
- provide continuity in the event of a disaster
- meet legislative and regulatory requirements
- protect the interests of employees, clients and stakeholders

The guiding principle of records management is to ensure that information is available when and where it is needed, in an organised an efficient manner and in a well maintained environment.

The importance of good records management has been brought into sharp focus by the "2007 Historical Abuse Systemic Review of Residential Schools and Children's Homes in Scotland" by Tom Shaw ("the Shaw Report"). The recommendations of the Shaw Report and the subsequent 2009 review by the Keeper of the Records of Scotland led to the "Public Records (Scotland) Act 2011" ("PRSA") in March 2011.

The Act makes provision about the management of public records by named public authorities. Provisions include the preparation of a Records Management Plan ("RMP") setting out and evidencing proper arrangements for the management of the authority's public records, and its submission for agreement by the Keeper. Each Board's Health Records and Corporate Records Management Policies should provide further detail concerning standards for the management of records.

The PRSA defines a record as "Anything in which information is recorded in any form." A record can be recorded in computerised or manual form or in a mixture of both. Data can be held on a range of media, including text, sound, image, and/or paper. Increasingly records are being kept on electronic and document management systems. Records may include such things as hand-written notes; emails and correspondence; radiographs and other imaging records; printouts from monitoring equipment; photographs; videos; and tape-recordings of telephone conversations.

## Public Records (Scotland) Act 2011 – Records Management Plan

Under the Public Records (Scotland) Act 2011, Scottish public authorities must produce and submit a records management plan setting out proper arrangements for the management of the organisations

records to the Keeper of the Records of Scotland for his agreements under Section 1 of the Public Records (Scotland) Act 2011.

NHS Forth Valley Records Management Plan (RMP) sets out the overarching framework for ensuring that NHS Forth Valley records are managed and controlled effectively, and commensurate with the legal, operational and information needs of the organisation. The RMP considers all 14 elements as advised in the Keeper's Model RMP and supporting guidance material. 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

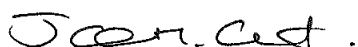
Each element details:-

- Introduction – Key requirement
- Statement of Compliance – Current Position
- Evidence of Compliance – Varying forms of evidence required, e.g. policies, guidance, minutes, etc
- Future Developments – Next steps to improve compliance
- Assessment and Review – NHS Forth Valley assessment of our compliance
- Responsible Officer(s) - Varied

The RMP defines NHS Forth Valley's Action Plan for improving the quality, availability and effective use of records in NHS Forth Valley and provides a strategic framework for all records management activities. Any outstanding actions will be incorporated into the relevant action plans to progress the work with overall progress monitored by the Corporate Management Team.

**NHS Forth Valley Records Management Plan is effective from 2<sup>nd</sup> March 2016**

Agreed by



**Date: 2<sup>nd</sup> March 2016**

**Jane Grant, Chief Executive, NHS Forth Valley**

## Element 1: Senior Management Responsibility

<b>Introduction</b>	A <b>compulsory element</b> of the Public Records (Scotland) Act 2011, Element 1: Senior management responsibility is the single, most important piece of evidence to be submitted as part of NHSFV's Records Management Plan. This element must identify the person at senior level who has overall strategic responsibility for records management within the organisation.
<b>Statement of Compliance</b>	The Senior Responsible Officer for Records Management within NHS Forth Valley is <b><i>Miss Tracey Gillies, Medical Director.</i></b>
<b>Evidence of Compliance</b>	Evidence in support of Element 1 includes:  1.1 Policy Statement from Chief Executive.  1.2 Extract from the Minute of Forth Valley NHS Board meeting, 26.01.16, when agreement took place
<b>Future Developments</b>	There are no planned future developments in respect of Element 1. However, if the Senior Responsible Officer for records management were to change, policies and procedure would need to be updated in light of these changes.
<b>Assessment and Review</b>	This element will be reviewed as soon as there are any changes in personnel.
<b>Responsible Officer(s)</b>	<b><i>Miss Tracey Gillies, Medical Director</i></b>

## Element 2: Records Manager Responsibility

<b>Introduction</b>	A <b>compulsory element</b> of the Public Records (Scotland) Act 2011, Element 2: Records manager responsibility must identify the individual(s) within the organisation, answerable to senior management, to have operational responsibility for records management within the organisation.
<b>Statement of Compliance</b>	<p>The officer with operational responsibility for records management within NHS Forth Valley is <b><i>Elaine Vanhegan, Head of Performance and Governance</i></b>, with technical experience/support provide by <b><i>Deirdre Coyle, Head of Information Governance</i></b>.</p> <p>Supported operationally by an identified individual for each Directorate area of responsibility as listed in the Corporate Records Management Policy.</p>
<b>Evidence of Compliance</b>	<p>Evidence in support of Element 2 includes:</p> <p>2.1 Policy Statement from Chief Executive (Ref 1.1)</p> <p>2.2 Records Management Improvement Plan / Addendum to Job Descriptions</p> <p>2.3 Extract of Minute of Forth Valley NHS Board meeting, 26.01.16, when agreement took place (Ref: 1.2)</p>
<b>Future Developments</b>	<p>Job statements to be prepared for the nominated individuals in each area.</p> <p>The Corporate Records Management Policy requires to be amended to reflect change of responsibility.</p>
<b>Assessment and Review</b>	This element will be reviewed as soon as there are any changes in personnel.
<b>Responsible Officer(s)</b>	<b><i>Elaine Vanhegan, Head of Performance and Governance</i></b> <b><i>Deirdre Coyle, Head of Information Governance</i></b>

### Element 3: Records Management Policy Statement

<p><b>Introduction</b></p>	<p>A <b>compulsory element</b> of the Public Records (Scotland) Act 2011, Element 3: Records management policy statement must demonstrate the importance of managing records within the organisation and serve as a mandate for the activities of the allocated records managers. It is necessary in order to provide an overarching statement of the organisation's priorities and intentions in relation to recordkeeping, and deliver a supporting framework and mandate for the development and implementation of a record management culture.</p>
<p><b>Statement of Compliance</b></p>	<p>NHS Forth Valley is committed to a systematic and planned approach to the management of records within the organisation, from their creation to their ultimate disposal. This will ensure that NHS Forth Valley can:</p> <ul style="list-style-type: none"> <li>• Control the quality, quantity and security of the information that it generates;</li> <li>• Maintain that information in an effective manner whilst ensuring compliance with the recommendations of the appropriate authorities.</li> </ul> <p>NHS Forth Valley has an approved and current Corporate Records Management Policy that reflects the agreed structure for records management.</p>
<p><b>Evidence of Compliance</b></p>	<p>Evidence in support of Element 3 includes:</p> <p>3.1 NHS Forth Valley Policy Statement, signed by Chief Executive (Ref 1:1)</p> <p>3.2 NHS Forth Valley Corporate Records Management Policy - Updated Version</p> <p>3.3 The Health Records Management Policy – Update Version</p> <p>3.4 Extract from Minute of Forth Valley NHS Board meeting, 26.01.16, when agreement took place. (Ref 1.2)</p> <p>3.5 Screenshot of location of Corporate Records Management Policy on Staffnet</p> <p>3.6 Screenshot of location of Health Records Management Policy on Staffnet</p>
<p><b>Future Developments</b></p>	<p>Establish a list of all record types for each Directorate.</p>
<p><b>Assessment and Review</b></p>	<p>This element will be informally reviewed by <i>Elaine Vanhegan, Head of Performance and Governance</i> on a regular basis. It will be formally reviewed by the responsible person and Corporate Management Team on an annual basis.</p>
<p><b>Responsible Officer(s)</b></p>	<p><b><i>Tracey Gillies, Medical Director</i></b></p>

## Element 4: Business Classification

<p><b>Introduction</b></p>	<p>The Keeper expects an organisation to carry out a comprehensive assessment of its core business functions and activities, and represent these within a business classification scheme (BCS). It is expected that Element 4 should confirm that the organisation has developed or is in the process of developing a BCS.</p>
<p><b>Statement of Compliance</b></p>	<p>NHS Forth Valley recognises that the Business Classification Scheme (BCS) will become the keystone of the records management function within NHS Forth Valley. This will be developed and maintained in partnership with each unit and function to ensure that it meets specific operational requirements. The Business Classification Scheme will be based on a functional model.</p> <p>In addition to the developing Business Classification Scheme, it should also be noted that the bulk of our records relate to patient identifiable clinical records. The hospital uses a terminal digit filing system and electronic tracking system for paper records, and electronic records e.g. prescribing and order communication systems use the CHI number as the key as does clinical portal.</p> <p>A Records Management Plan Implementation Working Group has been established to implement the Records Management Plan to ensure improvement of quality, availability and effective use of records in NHS Forth Valley, adhering to the strategic framework for all records management activities. In the Group's approved Terms of Reference, under objectives it states "<i>ensuring that appropriate process in place to support both the implementation and post-implementation and review of the Business Classification Scheme</i>".</p> <p>At the meeting on 29 June 2016 it was agreed that implementation required to be prioritised with focus on Business Classification at the next meeting. The aim to create a draft scheme for piloting by September 2016 was considered appropriate. The Group also welcomed Mr Frank Rankin, Head of Information Governance, NHS Education for Scotland (NES) who advised on good practice and Business Classification Schemes.</p> <p>The Head of Information Governance and Deputy Head of Corporate Services are active members of the NHS Scotland Records Management Forum.</p>
<p><b>Evidence of Compliance</b></p>	<p>Evidence in support of Element 4 includes:</p> <ul style="list-style-type: none"> <li>4.1 Records Management Improvement Plan – Objective 3 (Ref 2.2)</li> <li>4.2 Records Management Plan Implementation Working Group Terms of Reference</li> <li>4.3 Records Management Plan Implementation Working Group Note of meeting held on 29 June 2016</li> <li>4.4 Records Management plan Implementation (high level) to December 2017</li> <li>4.5 Records Management plan Implementation Schedule to December 2016</li> <li>4.6 Governance Structure</li> <li>4.7 Membership of the NHS Scotland Records Management Forum.</li> </ul>
<p><b>Future Developments</b></p>	<p>Business Classification Scheme requires to be developed for the organisation by responsible officers.</p> <p>A high level Business Classification scheme will be created by September 2016, which will be implemented using an improvement model on an incremental basis.</p> <p>A pilot Business Classification Scheme will commence in October 2016, covering both clinical and corporate areas. Following the pilot a review will be carried out with the intention to rollout the Business Classification Scheme on a phased basis throughout the organisation from April 2017.</p>



	Set up an information asset register.
<b>Assessment and Review</b>	This will be reviewed annually
<b>Responsible Officer(s)</b>	<i>Elaine Vanhegan, Head of Performance and Governance Deirdre Coyle, Head of Information Governance Record Management Officers in Directorates/departments</i>

## Element 5: Retention Schedules

<p><b>Introduction</b></p>	<p>Element 5: Retention schedules must demonstrate the existence of and adherence to corporate records retention procedures. These procedures must show that the organisation routinely disposes of information, whether this is destruction or transfer to an archive for permanent preservation. A retention and disposal schedule, which sets out recommended retention periods for records created and held by an organisation, is essential for ensuring that the organisation's records are not retained longer than necessary (in line with legal, statutory and regulatory obligations), storage costs are minimised (through the timely destruction of business information), and records deemed worth of permanent preservation are identified and transferred to an archive at the earliest opportunity.</p>
<p><b>Statement of Compliance</b></p>	<p>NHS Forth Valley refers to the Scottish Government Records Management: NHS Code of Practice (Scotland) Version 2.1 January 2012 and other relevant guidance and standards in the development of Policies and Procedures.</p> <p>The NHS Forth Valley Corporate Records Management Policy, NHS Forth Valley Health Records Management Policy and NHS Forth Valley Financial Operating Procedures FOP 13 – Records Management draws on the guidelines specified in the Scottish Government Records Management: NHS Code of Practice (Scotland)</p> <p>As noted, a Records Management Plan Implementation Working Group has been established to implement the Records Management Plan to ensure improvement of quality, availability and effective use of records in NHS Forth Valley, adhering to the strategic framework for all records management activities. The Group will oversee the implementation of appropriate mechanisms to ensure that NHS Forth Valley records are retained for a minimum period of time for legal, operational, research and safety reasons and are appropriately disposed once no longer required. (Ref 4.2 &amp; 4.4)</p>
<p><b>Evidence of Compliance</b></p>	<p>Evidence in support of Element 5 includes:</p> <ul style="list-style-type: none"> <li>5.1 The Scottish Government Records Management: NHS Code of Practice (Scotland) Version 2.1 January 2012</li> <li>5.2 NHS Forth Valley Corporate Records Management Policy (Ref 3.2)</li> <li>5.3 NHS Forth Valley Health Records Management Policy (Ref 3.3)</li> <li>5.4 NHS Forth Valley Financial Operating Procedures FOP 13 – Records Management – Approved Version</li> <li>5.5 Extract of Board meeting minute where Standing Orders (including Scheme of delegation &amp; SFIs were approved</li> <li>5.6 Retention and Destruction Checklist</li> <li>5.7 Records Management plan Implementation (high level) to December 2017 (Ref 4.4)</li> <li>5.8 Screenshot of FOP on Staffnet</li> <li>5.9 Records Management Plan Implementation Working Group Terms of Reference (Ref 4.2)</li> <li>5.10 Contract &amp; SLA – Anglo Environmental Services Ltd</li> <li>5.11 Agreement with Squirrel Storage Ltd</li> </ul>

<b>Future Developments</b>	<p>This element will be kept up to date in line with the national code of practice. Work will be undertaken to formalise retention schedules for each Directorate/department</p> <p>Further develop procedures for managing documents that require to be permanently preserved.</p>
<b>Assessment and Review</b>	<p>Deirdre Coyle, Head of Information Governance and the identified Directorate support will be responsible for monitoring and reviewing the schedule every three months, ensuring that it continues to reflect recordkeeping best practice as well as legal and statutory obligations. A formal review of the schedule, will take place annually.</p>
<b>Responsible Officer(s)</b>	<p><i><b>Elaine Vanhegan, Head of Performance and Governance</b></i>  <i><b>Deirdre Coyle, Head of Information Governance</b></i></p>

## Element 6: Destruction Arrangements

<p><b>Introduction</b></p>	<p>A <b>compulsory element</b> of the Public Records (Scotland) Act 2011, Element 6: Destruction arrangements should evidence the arrangements that are in place for the secure destruction of confidential information. Clear destruction arrangements detailing the correct procedures to follow when destroying business information are necessary in order to minimise the risk of an information security incident and ensure that the organisation meets its obligations in relation to the effective management of its records, throughout their lifecycle.</p>
<p><b>Statement of Compliance</b></p>	<p>NHS Forth Valley refers to the Scottish Government Records Management: NHS Code of Practice (Scotland) Version 2.1 January 2012 and other relevant guidance and standards in the development of policies and procedures.</p> <p>NHS Forth Valley has a number of procedures and processes for managing the confidential destruction of expired records. E.g. Retention &amp; Destruction Checklist (Ref 5.6)</p> <p>NHS Forth Valley is currently reviewing the retention arrangements to ensure universal compliance across all media.</p> <p>NHS Forth Valley currently has contracts with confidential waste contractors for the destruction of bagged confidential waste, e.g. paper, etc.</p> <p>The Terms of Reference of the Records Management Plan Implementation Working Group clearly detail “ensuring that <i>appropriate mechanisms are in place to ensure that NHS Forth Valley records are retained for a minimum period of time for legal, operational, research and safety reasons and are appropriately disposed once no longer required</i>”. The Implementation Group has prioritised further work on Destruction Arrangements as per the Records Management Plan Implementation Schedule (Ref 4.4 &amp; 4.5)</p>
<p><b>Evidence of Compliance</b></p>	<p>Evidence in support of Element 6 includes:</p> <p>6.0 The Scottish Government Records Management: NHS Code of Practice (Scotland) Version 2.1 January 2012 (Ref 5.1)</p> <p>6.1 NHS Forth Valley Waste Disposal Operational Policy</p> <p>6.2 Sample Certificate of Destruction</p> <p>6.3 ICT Destruction of Equipment Policy</p> <p>6.4 Retention and Destruction Checklist (Ref 5.6)</p> <p>6.5 FVRH – TES AMM Certificate of Destruction</p> <p>6.6 Disposal Stock Control Sheet</p> <ul style="list-style-type: none"> <li>• PC'S</li> <li>• Misc</li> <li>• Servers</li> </ul> <p>6.7 Email from Restore re destroyed schedules</p> <p>6.8 Disposal Handover (signed) – Duty of Care Controlled Waste Document</p> <p>6.9 Records Management Plan Implementation (high level) to December 2017 (Ref 4.4)</p> <p>6.10 Terms of Reference (Ref 4.2)</p> <p>6.11 Contract &amp; SLA – Anglo Environmental Services Ltd (Ref 5.10)</p>

	<p>6.12 Agreement with Squirrel Storage Ltd Ref 5.11)</p> <p>6.13 NHS FV Backup Strategy</p> <p>6.14 NHS FV Backup Strategy DFSSR Data</p> <p>6.15 Restore : - Filetrak User Guide</p> <p>6.16 NHS FV Serial Number Report</p>
<b>Future Developments</b>	<p>Review of current procedures for Destruction Arrangements at varying levels in organisation.</p> <p>Continual review of off-site storage processes.</p> <p>It should be noted there is an issue recognised nationally regarding both legacy and new electronic systems in NHSScotland and the deletion of electronic information. This organisation awaits the outcome of advice nationally.</p>
<b>Assessment and Review</b>	<p>This will be reviewed annually</p>
<b>Responsible Officer(s)</b>	<p><i>Elaine Vanhegan, Head of Performance and Governance</i></p> <p><i>Deirdre Coyle, Head of Information Governance</i></p>

## Element 7: Archiving and Transfer Arrangements

<b>Introduction</b>	A <b>compulsory element</b> of the Public Records (Scotland) Act 2011, Element 7: Archiving and transfer arrangements should detail the processes in place within an organisation to ensure that records of long term historical value are identified and deposited with an appropriate archive repository. Arrangements for the transfer of material of enduring value to an archive should be clearly defined and made available to all staff in order to ensure that the records are transferred at their earliest opportunity and the corporate memory of the organisation is fully and accurately preserved.
<b>Statement of Compliance</b>	<p>NHS Forth Valley adheres to the Scottish Government Records Management: NHS Code of Practice (Scotland) Version 2.1 January 2012. Records identified as having enduring value or are of historic interest are transferred to the University of Stirling. An SLA is in place between NHS Forth Valley and the University.</p> <p>In addition, there are robust arrangements for off-site storage and archiving for a variety of records. (Restore : - Filetrak User Guide ref 6.15/7.8)</p> <p>Archiving and Transfer arrangements are key priorities for the Implementation Working Group. In the agreed Terms of Reference Objectives it states <i>“ensuring that appropriate processes in place detailing NHS Forth Valley’s archiving and transfer arrangements and appropriate process in place detailing NHS Forth Valley’s arrangement for the management of records that are not stored on NHS Forth Valley sites.”</i> Both objectives are scheduled into the Implementation Project Plan.</p>
<b>Evidence of Compliance</b>	<p>Evidence in support of Element 7 includes:</p> <p>7.1 Archiving arrangements with University of Stirling  7.2 Receipt from Archivist  7.3 University of Stirling Archives  7.4 Records Management Plan Implementation (high level) to December 2017 (Ref 4.4)  7.5 Hospital archive – Stirling University Articles:</p> <ul style="list-style-type: none"> <li>• <a href="http://www.stir.ac.uk/news/2013/07/archive-gets-un-status">http://www.stir.ac.uk/news/2013/07/archive-gets-un-status</a></li> <li>• <a href="http://archiveshub.ac.uk/blog/2015/03/continuity-of-care-the-royal-scottish-national-hospital/">http://archiveshub.ac.uk/blog/2015/03/continuity-of-care-the-royal-scottish-national-hospital/</a></li> </ul> <p>7.6 Terms of Reference (Ref 4.2)  7.7 Agreement with Squirrel Storage Ltd (Ref 5.11)  7.8 Restore : - Filetrak User Guide (Ref 6.15)  7.9 Stirling University a Service Level Agreement</p>
<b>Future Developments</b>	Continual review of arrangements for archiving and transfer in each area.
<b>Assessment and Review</b>	This will be reviewed annually
<b>Responsible Officer(s)</b>	<b><i>Elaine Vanhegan, Head of Performance and Governance Deirdre Coyle, Head of Information Governance</i></b>

## Element 8: Information Security

<b>Introduction</b>	<p>A <b>compulsory element</b> of the Public Records (Scotland) Act 2011, Element 8: Information security must make provisions for the proper level of security of its records. There must be evidence of robust information security procedures that are well understood by all members of staff. Information security policies and procedures are essential in order to protect an organisation's information and information systems from unauthorised access, use, disclosure, disruption, modification, or destruction.</p>
<b>Statement of Compliance</b>	<p>NHS Forth Valley has a number of information security policies and procedures in place which staff are required to comply with.</p> <p>NHS Forth Valley provides systems which maintain appropriate confidentiality security and integrity for all data including storage and use in line with NHS Scotland Information Assurance Strategy.</p> <p>NHS Forth Valley is responsible for ensuring that adequate physical controls are put in place to ensure the security and confidentiality of all health and business sensitive data, whether held manually or electronically.</p> <p>NHS Forth Valley IT policies comply with NHS Scotland minimum requirements. These are subject to regular review.</p>
<b>Evidence of Compliance</b>	<p>Evidence in support of Element 8 includes:</p> <p>8.1 Information Security Policy</p> <ul style="list-style-type: none"> <li>• Appendix B Access to Systems (<i>currently under review</i>)</li> <li>• Appendix Transportation and handling of confidential information</li> </ul> <p>8.2 E-Mail Acceptable Use Policy (<i>currently undergoing a review due at the next Information Governance Group 12 April 2016</i>)</p> <p>8.3 Internet Acceptable Use Policy</p> <p>8.4 Moveable Media Acceptable Use Policy</p> <p>8.5 Information Governance Remote Working Guidance</p> <p>8.6 IG/ ICT Information Security Incident Management Procedure – Updated version</p> <p>8.7 ICT Infrastructure Security Policy</p> <p>8.8 Learn-pro mandatory training</p> <p>8.9 Information Governance Training Dates</p> <p>8.10 Information Governance Training – Learnpro training programme – Staff News</p> <p>8.11 IG/ ICT Information Security Incident Management Procedure – Screenshot of intranet where policy sits</p> <p>8.12 Records Management Plan Implementation (high level) to December 2017 (Ref 4.4)</p>
<b>Future Developments</b>	<p>All Information security policies require review under DL 2015 (17) Governance procedures required for the use of Apps in clinical care.</p>
<b>Assessment and Review</b>	<p>Policies are reviewed in line with policy guidance.</p>

<b>Responsible Officer(s)</b>	<i><b>Fiona Ramsay, Director of Finance, SIRO Elaine Vanhegan, Head of Performance and Governance Scott Jaffray, Head of ICT</b></i>
-------------------------------	--



### Element 9: Data Protection

<b>Introduction</b>	The Keeper expects an organisation to provide evidence of compliance with data protection responsibilities for the management of all personal data.
<b>Statement of Compliance</b>	<p>NHS Forth Valley has a legal obligation to comply with the requirements of the Data Protection Act 1998, in relation to the management, processing and protection of personal data. The NHS Forth Valley Data Protection and Confidentiality Policy is a statement of public responsibility and demonstrates the organisations commitment to compliance with the Act and the safeguarding and fair processing of personal data held. All NHS Scotland staff are bound by the NHS Code of Confidentiality</p> <p>NHS Forth Valley staff receive mandatory training on Data Protection at induction and are required to complete the Learn-pro Data Protection Module. NHS Forth Valley also has bespoke Information Governance training available.</p> <p>Patients receive information on what their information will be used for. Leaflets are available within outpatients and ward areas regarding confidentiality and Freedom of Information. This information is also published on the NHS Forth Valley website.</p>
<b>Evidence of Compliance</b>	<p>Evidence in support of Element 9 includes:</p> <ul style="list-style-type: none"> <li>9.1 NHS FV Data Protection and Confidentiality Policy</li> <li>9.2 NHS Forth Valley Data Protection Registration Details</li> <li>9.3 Privacy Policy of NHS Forth Valley</li> <li>9.4 Subject Access Form</li> <li>9.5 Data Protection Subject Access Procedure</li> <li>9.6 Job Description for Information Governance Team Leader</li> <li>9.7 Learn-pro mandatory training (Ref 8.8)</li> <li>9.8 Information Governance Training Dates (Ref 8.9)</li> <li>9.9 NHS FV Data Protection and Confidentiality Policy Screenshot</li> <li>9.10 Records Management Plan Implementation (high level) to December 2017 (Ref 4.4)</li> </ul>
<b>Future Developments</b>	Changes on the horizon for EU Data Protection regulations.
<b>Assessment and Review</b>	This will be reviewed in line with any changes made in Data Protection legislation and regulation
<b>Responsible Officer(s)</b>	<b><i>Deirdre Coyle, Head of Information Governance</i></b>

## Element 10: Business Continuity and Vital Records

<b>Introduction</b>	<p>It is recommended that a Business Continuity and Vital Records Plan is in place in order to ensure that key records and systems are protected and made available as soon as possible in the event of, and following, an emergency. The plan should identify the measures in place to prepare for, respond to and recover from such an emergency.</p>
<b>Statement of Compliance</b>	<p>NHS Forth Valley has corporate, departmental and site Business Recovery/Continuity Plans. These plans include arrangements for the recovery of both physical and digital records and data.</p> <p>For Area Wide, sub section 11.1 of the Major Emergency Plan. Medical Records has its own Business Continuity Plan (ref 10.2) and each Service area Business Continuity Plan has a section in relation to records.</p> <p>There is also in place an IM&amp;T Business Continuity Plan, with more detailed technical plans (e.g. IT Disaster Recovery Plans)</p> <p>All records and data held on NHS Forth Valley networks are subject to regular back-up and associated recovery procedures.</p>
<b>Evidence of Compliance</b>	<p>Evidence in support of Element 10 includes:</p> <ul style="list-style-type: none"> <li>10.1 Sample of a NHS Forth Valley Healthcare Continuity Plan.</li> <li>10.2 Extract from Major Emergency Plan (Section 1.11 Healthcare (Business) Continuity)</li> <li>10.3 NHS FV Healthcare Continuity Plan – Health Records Services – Site Specific: FVRH/FCH/SCH</li> <li>10.4 FVRH Healthcare Continuity Plan ICT/eHealth Dept</li> <li>10.5 Major Infrastructure Failure Response Plan</li> <li>10.6 Screen shot of location of Emergency Plans</li> <li>10.7 NHS FV Backup Strategy (Ref 6.13)</li> <li>10.8 NHS FV Backup Strategy DFSR Data (Ref 6.14)</li> <li>10.9 Records Management Plan Implementation (high level) to December 2017 (Ref 4.4)</li> </ul>
	<p>Review/set up and maintain business continuity plan for records in each Directorate/department.</p> <p>Full review of all resilience policies and procedures against the 41 standards, following the NHS Scotland Organisational Resilience Standards audit which should conclude in November/December 2016</p> <p>Commence refresh of all plans as part of the three year cycle.</p>
<b>Assessment and Review</b>	<p>This will be reviewed annually</p>
<b>Responsible Officer(s)</b>	<p><b><i>Elaine Vanhegan, Head of Performance and Governance</i></b> (Robert Stevenson, Head of Civil Contingencies)</p>

## Element 11: Audit Trail

<p><b>Introduction</b></p>	<p>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. The Keeper will expect an authority's records management system to provide evidence that the authority maintains a complete and accurate representation of all changes that occur in relation to a particular record.</p>
<p><b>Statement of Compliance</b></p>	<p>Monitoring and audit is included in the Systems Checklist for All New NHS Forth Valley systems/Projects. This provides a key guide in the type of documentation expected in the introduction of all new systems within the organisation.</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. Paper and electronic health records are tracked electronically using the TOPAS case note tracking system.</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>A Fairwarning System is in place within NHS Forth Valley. Fairwarning is a privacy breach detection tool which automatically audits clinical system logs and alerts Information Governance staff to any <u>potential</u> breaches. Use of the product doesn't alter existing NHS Forth Valley policies as most systems have been subject to audits by system administrators. Fairwarning automates much of this work and allows for far more complicated audits across multiple systems to be run more frequently.</p> <p>The Terms of Reference of the Records Management Plan Implementation Working Group clearly state "<i>ensuring that appropriate arrangements in place to ensure audit trails that detail a complete and accurate representation of all changes that occur in relation to a particular record</i>". The Group have agreed an Implementation Plan and the development/review of Audit Trails will commence in September 2016.</p>
<p><b>Evidence of Compliance</b></p>	<p>Evidence in support of Element 11 includes:</p> <ul style="list-style-type: none"> <li>11.1 Principles of Audit Trails</li> <li>11.2 TOPAS case note tracking</li> <li>11.3 Staff Update – evidence of audit and checking</li> <li>11.4 Helix TOPAS User Guide</li> <li>11.5 Records Management Plan Implementation (high level) to December 2017 (Ref 4.4)</li> <li>11.6 Fairwarning Monitoring Report</li> <li>11.7 Screenshot of location of Fairwarning on Staffnet</li> <li>11.8 Project Managers Check List</li> <li>11.9 Terms of Reference (Ref 4.2)</li> </ul>
<p><b>Future Developments</b></p>	<p>NHS Forth Valley currently uses the Covalent Performance Management System. The system has document management functionality and we are currently investigating the use of this module to support timely updates of policies and procedures. This will further</p>

	<p>enhance the audit trails which are robust within the system, ensuring updates and reviews are timeous and traceable. This work is running in parallel to the Records Management Implementation Working Group.</p> <p>Set up and maintain audit and monitoring for records in each Directorate/department.</p>
<b>Assessment and Review</b>	This will be reviewed annually
<b>Responsible Officer(s)</b>	<i>Elaine Vanhegan, Head of Performance and Governance</i> <i>Deirdre Coyle, Head of Information Governance</i>

## Element 12: Competency Framework for Records Management Staff

<b>Introduction</b>	Core competencies and key knowledge and skills required by staff with responsibilities for records management should be clearly defined and made available within organisations so as to ensure that staff understand their roles and responsibilities, can offer expert advice and guidance, and can remain proactive in their management of recordkeeping issues and procedures. With core competencies defined, the organisation can identify training needs, assess and monitor performance, and use them as a basis from which to build future job descriptions.
<b>Statement of Compliance</b>	<p>NHS Forth Valley will provide appropriate training and development support to ensure all staff are aware of their records management responsibilities. All new staff undertakes mandatory training on their NHS induction. This training includes modules on Information Governance and Information security.</p> <p>NHS Forth Valley recognises the important role of Administration and Clerical staff in the management of records and will include this in their learning and development plan.</p>
<b>Evidence of Compliance</b>	<p>Evidence in support of Element 12 includes:</p> <p>12.1 NHS Scotland Information Governance Competency Framework  <a href="http://www.nes.scot.nhs.uk/media/584116/information_governance_in_nhsscotland_competency_framework.pdf">http://www.nes.scot.nhs.uk/media/584116/information_governance_in_nhsscotland_competency_framework.pdf</a></p> <p>12.2 NHS Information Governance e-Learning Module (Ref 8.8)  12.3 Training certificate  12.4 NHSFV Records Management Competencies Framework  12.5 Job Description for Head of Performance &amp; Governance and Head of Information Governance  12.6 Records Management Plan Implementation (high level) to December 2017 (Ref 4.4)</p>
<b>Future Developments</b>	<p>Development of a Learn-pro training module for records management underway</p> <p>Define core competencies required for records management in each Directorate/department.</p> <p>Provision of training in records management in each Directorate/department.</p>
<b>Assessment and Review</b>	This will be reviewed annually
<b>Responsible Officer(s)</b>	<i>Elaine Vanhegan, Head of Performance and Governance</i> <i>Deirdre Coyle, Head of Information Governance</i>

### Element 13: Review and Assessment

<p><b>Introduction</b></p>	<p>Records Management practices in place within an organisation must remain fit for purpose. Procedures should be closely monitored, assessed and reviewed with a view to ensuring ongoing compliance and commitment to best practice recordkeeping. The Keeper expects the Records Management Plan to have in place mechanisms for regularly reviewing the contents of the Plan to ensure processes are operating successfully and identifying processes which require modification.</p>
<p><b>Statement of Compliance</b></p>	<p>The Head of Performance and Governance along with the Head of Information Governance will regularly review NHS Forth Valley's Records Management Plan and an annual report is required by the Corporate Management Team.</p> <p>The Public Records (Scotland) Act is a standing item on the NHS Forth Valley Information Governance Group agenda. This Group reports to the Clinical Governance Committee, which in turn reports to the Forth Valley NHS Board.</p> <p>The Implementation Working Group report frequently on progress to the Chief Executive's Operational Group. Further reports are provided to the Corporate Management Team and NHS Board, as per the agreed Implementation Governance Structure.</p> <p>The Director of Finance has agreed to include in the Internal Auditors work plan for 2017/18 a full review of records management in line with the Records Management plan</p>
<p><b>Evidence of Compliance</b></p>	<p>Evidence in support of Element 13 includes:</p> <ul style="list-style-type: none"> <li>13.1 Information Governance Group Agenda</li> <li>13.2 Information Governance Group Minutes</li> <li>13.3 Health Records Committee Minutes</li> <li>13.4 Information Governance Annual Report</li> <li>13.5 Records Management Plan Implementation (high level) to December 2017 (Ref 4.4)</li> <li>13.6 Terms of Reference Implementation Working Group (Ref 4.2)</li> <li>13.7 Implementation Governance Structure (Ref 4.6)</li> <li>13.8 Guidelines &amp; Policies Update</li> </ul>
<p><b>Future Developments</b></p>	<p>Provide a regular review of all practices in relation to records management in each Directorate/department.</p> <p>The Implementation Working Group will investigate ARMS or such other tools for assessment and review and develop a self-assessment mechanism. This work is scheduled in the agreed implementation plan.</p> <p>All recommendations from the Internal Auditors review of records management will be considered and appropriate action taken.</p>
<p><b>Assessment and Review</b></p>	<p>This will be reviewed annually</p>
<p><b>Responsible Officer(s)</b></p>	<p><i>Elaine Vanhegan, Head of Performance and Governance</i> <i>Deirdre Coyle, Head of Information Governance</i></p>

### Element 14: Shared Information

<p><b>Introduction</b></p>	<p>Procedures for the efficient sharing of information both within an organisation and with external partners are essential for ensuring information security and recordkeeping compliance. Protocols should include guidance as to what information can be shared, who should retain the data, what levels of security are to be applied, who should have access, and what the disposal arrangements are.</p>
<p><b>Statement of Compliance</b></p>	<p>Sharing of information is a core NHS Scotland activity and takes place in line with the Data Protection Act 1998 and other relevant privacy regulation. All sharing of information is subject to the appropriate level of risk assessment</p> <p>NHS Forth Valley patients can be sent to other NHS hospitals for healthcare. NHS Forth Valley is satisfied these hospitals take records governance seriously and to the same standard as NHS Forth Valley. They are scheduled public authorities and are therefore bound by the requirements of the Public Records (Scotland) Act 2011.</p> <p>NHS Forth Valley adheres to the requirements of the Freedom of Information (Scotland) Act 2002. Details of how to make a request under FOI are included via the NHS Forth Valley website.</p>
<p><b>Evidence of Compliance</b></p>	<p>Evidence to be submitted in support of Element 14 includes:</p> <ul style="list-style-type: none"> <li>14.1 Scottish Accord on the Sharing of Personal Information (SASPI)</li> <li>14.2 SASPI - Guidance on Development of an ISP</li> <li>14.3 SASPI - ISP Template</li> <li>14.4 Data Sharing Group role and remit</li> <li>14.5 Minutes Data Sharing Group</li> <li>14.6 Freedom of Information Policy</li> </ul>
<p><b>Future Developments</b></p>	<p>Set up and maintain procedures for sharing information across partners.</p>
<p><b>Assessment and Review</b></p>	<p>This will be reviewed annually</p>
<p><b>Responsible Officer(s)</b></p>	<p><i><b>Deirdre Coyle, Head of Information Governance</b></i></p>

## OTHER EVIDENCE REQUESTED

**1. The RMP is labelled as 'DRAFT' but appears to be operational from 2<sup>nd</sup> March 2016 and has been signed off by the Chief Executive. The Keeper believes the draft status is erroneous but would welcome confirmation.**

- Minute of FVNHS Board meeting January 2016 where RMP was approved.

**2. It is not clear whether any of NHSFV's 'functions' are carried out by a third party. If not, a statement to this effect would be sufficient. If it is the case, then NHSFV will need to describe how they ensure that the third party provider complies with its records management requirements. The Keeper would welcome clarification on this.**

- Contractor Checklist Action Plan
- Implementation of CEL 25
- Statement
- Data Processing Agreement
- CEL 25



## Annex A: Evidence previously submitted

Please find a list of evidence submitted in support of each of the elements of the Records Management Plan below.

Evidence Item Reference No	Details	In support of Element (s)
1.1	Policy Statement from Chief Executive	1, 2, 3
1.2	Extract from Minute of NHS Board Meeting 26.01.16	1, 2, 3
2.2	Records Management Improvement Plan / Addendum to Job Descriptions	2, 4
3.2	NHS Forth Valley Corporate Records Management Policy	3, 5
3.3	Health Records Management Policy	3, 5
5.1	The Scottish Government Records Management: NHS Code of Practice (Scotland) Version 2.1 January 2012	5, 6
5.4	NHS Forth Valley Financial Operating Procedures FOP 13 – Records Management	5
6.1	NHS Forth Valley Waste Disposal Operational Policy	6
6.2	Sample Certificate of Destruction	6
6.3	ICT Destruction of Equipment Policy	6
7.1	Archiving arrangements with University of Stirling	7
7.2	Example from archive register	7
8.1	Information Security Policy	8
	<ul style="list-style-type: none"> <li>• Access to Systems Appendix B</li> </ul>	8
	<ul style="list-style-type: none"> <li>• Transportation and handling of confidential information Appendix D</li> </ul>	8
8.2	E-mail Acceptable Use Policy	8
8.3	Internet Acceptable Use Policy	8
8.4	Moveable Media Acceptable Use Policy	8
8.5	Information Governance Remote Working Guidance	8
8.6	IG/ ICT Information Security Incident Management Procedure	8
8.7	ICT Infrastructure Security Policy	8
8.8	Learn-pro mandatory training	8,9,12
8.9	Information Governance Training	8,9
9.1	NHS Forth Valley Data Protection and Confidentiality Policy	9
9.2	NHS Forth Valley Data Protection Registration Details	9
9.3	Privacy Policy of NHS Forth Valley	9
9.4	Data protection Subject Access Form	9
9.5	Data Protection Subject access procedure	9
9.6	Job Description for Information Governance Team Leader	9
10.1	Example of a NHS Forth Valley Healthcare Continuity Plan	10
11.1	Principles of Audit Trails	11
11.2	TOPAS case note tracking	11
11.3	Staff Update – evidence of audit and checking	11
12.1	NHS Scotland Information Governance Competency Framework ( <i>link</i> )	12
12.3	Training Certificate	12
12.4	NHS Forth Valley Records Management Competencies Framework	12
13.1	Information Governance Group Agenda	13
13.2	Information Governance Group Minutes	13
13.3	Health Records Committee Minutes	13
13.4	Information Governance Annual Report	13
14.1	Scottish Accord on the Sharing of Personal Information (SASPI)	14
14.2	SASPI - Guidance on the Development of an ISP	14
14.3	SASPI - ISP Template	14
14.4	Data Sharing Group Role & Remit	14

14.5	Minutes for Data Sharing Group	14
14.6	Freedom of Information Policy	14

## Annex B: Evidence to be submitted

Please find a list of evidence being submitted in support of each of the elements of the Records Management Plan, as requested in the Keeper's Interim Report.

Evidence Item Reference No	Details	In support of Element (s)
3.2	NHSFV Corporate Records Management Policy – updated version	3
3.3	NHSFV Health Records Management Policy – updated version	3
3.5	Screenshot of location of Corporate Records Management Policy on Staffnet	3
3.6	Screenshot of location of Health Records Management Policy on Staffnet	3
4.2	Records Management Plan Implementation Working Group Terms of Reference	4, 5, 6, 7, 11, 13
4.3	Records Management Plan Implementation Working Group Note of meeting held on 29 June 2016	4
4.4	Records Management Plan Implementation (high level) to Dec 2017	4, 5, 6, 7, 8, 9, 10, 11, 12, 13
4.5	Records Management Plan Implementation Schedule to Dec 2016	4
4.6	Implementation Governance Structure	4, 13
4.7	Membership of the NHS Scotland Records Management Forum	4
5.4	NHSFV Financial Operating Procedures FOP 13 – Records Management – Approved Version	5
5.5	Extract of Board meeting minute where Standing Orders (including Sod & SFIs) were approved	5
5.6	Retention & Destruction Checklist	5, 6
5.8	Screenshot of location of FOP 13 on Staffnet	5
5.10	Anglo Environmental Services Ltd Contract & SLA	5, 6
5.11	Squirrel Storage Ltd Agreement	5, 6, 7
6.5	FVRH – TES AMM Certificate of Destruction	6
6.6	Disposal Stock Control Sheet	6
6.7	Email from Restore re destroyed schedules	6
6.8	Disposal Handover (signed)	6
6.13	NHSFV Backup Strategy	6, 10
6.14	NHSFV Backup Strategy DFSSR Data	6, 10
6.15	Restore Filetrak User Guide	6, 7
6.16	NHSFV Serial Number Report	6
7.3	University of Stirling Archives	7
7.5	Hospital Archive – Stirling University – web links <ul style="list-style-type: none"> <li>• <a href="http://www.stir.ac.uk/news/2013/07/archive-gets-un-status">http://www.stir.ac.uk/news/2013/07/archive-gets-un-status</a></li> <li>• <a href="http://archiveshub.ac.uk/blog/2015/03/continuity-of-care-the-royal-scottish-national-hospital/">http://archiveshub.ac.uk/blog/2015/03/continuity-of-care-the-royal-scottish-national-hospital/</a></li> </ul>	7
7.9	Service Level Agreement	7
8.6	IG/ITC Information Security Incident Management Procedure – Updated Version	8
8.10	Information Governance Training – Learnpro training programme – Staff News	8
8.11	Screen shot of location of IG/ITC Information Security Incident Management Procedure on Staffnet	8
9.9	Screen shot of location of NHSFV Data Protection and Confidentiality Policy	9
10.2	Major Emergency Plan Extract 1.11 Healthcare (Business) Continuity	10
10.3	NHSFV Healthcare Continuity Plan – Health Records Services – Site Specific: FVRH/FCH/SCH	10
10.4	Forth Valley Royal Hospital Healthcare Continuity Plan ICT/eHealth	10

10.5	Major Infrastructure Failure Response Plan	10
10.6	Screenshot of location of Emergency Plans	10
11.4	Helix TOPAS User Guide	11
11.6	Fairwarning Monitoring Report	11
11.7	Screenshot of location of Fairwarning Monitoring	11
11.8	Project Managers Check List	11
12.5	Job Descriptions for individuals having operational responsibility for RM (to follow)	12
13.8	Guidelines & Policies Update	13

### OTHER EVIDENCE REQUESTED

1. Extract of the minute of FVNHS Board meeting on 26 January 2016 where RMP was approved.
2. Contractor Checklist Action Plan
3. Implementation of CEL 25
4. Statement
5. Data Processing Agreement
6. CEL 25