NHS ORKNEY

Records Management Plan

Policy Author:	**Public Records Project Officer**
Policy Owners: (for updates)	**Board Secretary** **Clinical Administration Manager**
Engagement and Consultation Groups:	**Public Records Act Steering Group** **Information Governance Group**
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Suzanne Lawrence	Public Records Project Officer
Jean Aim	Board Secretary
Anne McOmish	Clinical Administration Manager

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Telephone: (01856) 888228 or

Email: jean.aim@nhs.net

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 the 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 and 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 agreement under Section 1 of the Public Records (Scotland) Act 2011.

NHS Orkney Records Management Plan (RMP) follows the NHS Scotland RMP template and sets out the overarching framework for ensuring that NHS Orkney 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

The RMP defines NHS Orkney's Action Plan for improving the quality, availability and effective use of records in NHS Orkney and provides a strategic framework for all records management activities.

This Plan is to be reviewed and updated annually, or sooner depending on changes in legislation. Reports will be submitted annually to the Information Governance Group

Records Management Plan is effective from   29 April 2016

Agreed by   …… *Cathie Cowen* **……. Date …30 April 2016**
Chief Executive, NHS Orkney

Summary of Evidence

Element	Evidence
1	**1.1** Letter from CEO **1.2** Records Management Policy **1.3** Information Governance Strategy
2	**2.1** Board Secretary JD **2.2** Clinical Admin Manager JD **1.1** Letter from CEO
3	**3.1** NHS Orkney Information Governance Policy **3.2** Policy Guidance Procedure **3.3** Paper from Communication Group **3.4** Blog policy screenshot **1.2** Records Management Policy **1.3** Information Governance Strategy (website) **1.1** Letter from CEO
4	**4.1** CMT paper- NHSO corporate functions and activity charts (BCS) **4.2** CMT paper – Paper light vision **4.3** CMT agenda **1.1** CEO letter
5	**5.1** NHS Orkney Procedure for the Storage, Retention and Disposal of Records **1.2** Records Management Policy
6	**6.1** NHS Orkney Destruction of Confidential Waste procedure **6.2** Electronic Media Destruction Protocol **5.1** NHS Orkney Procedure for the Storage, Retention and Disposal of Records
7	**7.1** Archive Catalogue **7.2** Agreement with Orkney Archive **1.2** Records Management Policy **5.1** NHS Orkney Procedure for the storage, Retention and Disposal of Records
8	**8.1** NHS Orkney IT Security Policy **8.2** Fairwarning guidance for staff **8.3** NHSO contract **8.4** NHSO Induction for new staff **8.5** Lost or Stolen Records procedure **8.6** Decommissioning of Premises Protocol
9	**9.1** NHS Orkney Data Protection Registration **9.2** NHS Orkney Privacy Notice (website) **8.1** NHS Orkney IT Security Policy

10	**10.1** IT Back-up Procedure **10.2** Letter from CEO **10.3** Business Continuity Plan template **1.2** Records Management Policy
11	**11.1** SCI Store to Store Access Protocol **11.2** SCI Store Access Protocol **11.3** Paper medical record audit screenshot **11.4** File audit screenshot **11.5** Printer audit screenshot **11.6** Access to records out of hours **3.2** Policy Guidance Procedure
12	**12.1** Mandatory LearnPro Information Governance e-Learning Modules **12.2** ICO visit to Orkney - itinerary **12.3** Competency Framework for Admin Staff **2.1** Board Secretary JD **2.2** Clinical Admin Manager JD **8.4** NHSO Induction for new staff
13	**13.1** Front pages of this RMP **13.2** Internal audit cycle **13.3** Information Governance Group agenda **3.2** Policy Guidance Procedure
14	**14.1** Scottish Accord for Sharing Personal Information (SASPI) **14.2** Information Sharing Protocols (ISP's) **14.3** Freedom of Information (website) **14.4** Publication Scheme **14.5** Subject Access requests (website)

Element 1: Senior Management Responsibility

Element Requirement:	NHS Orkney Statement:	Corporate Evidence:	Status
Identify an individual at senior level who has overall strategic accountability for records management. **This is a compulsory element under the terms of the Public Records (Scotland) Act: Section 1(2)(a)(i).**	**The senior individual** *(board level)* who has overall strategic accountability for records management is Cathie Cowan, Chief Executive, NHS Orkney.	<u>1.1</u> Letter from CEO <u>1.2</u> Records Management Policy <u>1.3</u> Information Governance Strategy	**Monitor / Review**

Further action: No further action required

- IG strategy going through review process and it is anticipated will be approved by the Board at its June meeting. The current Strategy can be found on the NHSO website
- The NHS Orkney Records Management Policy covers both clinical and non-clinical records. It also contains the Retention Schedule and will therefore serve as evidence for many of the elements within this RMP

Element 2: Records Manager Responsibility

Element Requirement:	NHS Orkney Statement:	Corporate Evidence:	Status:
Identify individual(s) within the authority, answerable to senior management, to have day-to-day operational responsibility for records management within the organisation. **This is a compulsory element under the terms of the Public Records (Scotland) Act: Section 1(2)(a)(i).**	**The Records Managers** who have responsibility for development and operation of records management are: **Jean Aim, Board Secretary (Corporate)** **Anne McOmish, Clinical Administration Manager (Clinical)**	**2.1** Board Secretary JD **2.2** Clinical Admin Manager JD **1.1** Letter from CEO	**Monitor / Review**

Further action: No further action required

- This will be reviewed following any eKSF (performance appraisal), organisational or staffing changes

Element 3: Records Management Policy Statement

Element Requirement:	NHS Orkney Statement:	Corporate Evidence:	Status:
A records management policy statement that describes how the authority creates and manages authentic, reliable and usable records, capable of supporting business functions and activities for as long as they are required. **This is a compulsory element under the terms of the Public Records (Scotland) Act: Section 1(2)(a)(i).**	NHS Orkney 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 Orkney can: ■ Control the quality, quantity and security of the information that it generates; ■ Maintain that information in an effective manner whilst ensuring compliance with the recommendations of the appropriate authorities.	**3.1** NHS Orkney Information Governance Policy **3.2** Policy Guidance Procedure **3.3** Paper from Communication Group **3.4** Blog policy screenshot **1.2** Records Management Policy **1.3** Information Governance Strategy (website) **1.1** Letter from CEO	**Monitor / Review**

Further Action: The Information Governance Strategy is going through the review process. The current Strategy is on the NHSO website

- Policies and Strategies will be reviewed and approved through the correct Board processes
- The Records Management Policy and The Information Governance Policy have been updated and approved following NHS Orkney's approval process.
- The Communications Group is discussing updates to the intranet and website to improve access to documents for both authors and users

Element 4: Business Classification

Element Requirement:	NHS Orkney Statement:	Corporate Evidence:	Status:
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.	NHS Orkney has initiated work to develop a Business Classification Scheme based on the NHS Scotland template.	**4.1** CMT paper- NHSO corporate functions and activity charts (BCS) **4.2** CMT paper light vision **4.3** CMT agenda **1.1** CEO letter	**Development**

Further Action: NHS Orkney will continue to develop Board Business Classification Scheme to transaction levels and asset register– by Spring 2018.

- BCS, eDRMS and paper light working is mentioned in the CEO letter as part of the eHealth workstream for the new hospital. Work has commenced on a business case for Electronic Medical Record (EMR) which will encompass clinical and non-clinical records. EMR will continue to be developed through a combination of improved integration between IT systems and implementing IT systems where none exist at present.

Element 5: Retention Schedules

Element Requirement:	NHS Orkney Statement:	Corporate Evidence:	Status:
A retention schedule that detail the procedures that the authority follows to ensure records are routinely assigned to disposal dates and that they are subsequently destroyed at the appropriate time, or preserved permanently by transfer to an approved repository or digital preservation programme.	The Board maintains corporate and clinical records retention schedules approved by Quality and Improvement Committee and drawing on the current NHS Records Management Code of Practice and other relevant guidance and standards. These will be subject to review every two years or earlier in the case of significant regulatory change.	**5.1** NHS Orkney Procedure for the Storage, Retention and Disposal of Records **1.2** Records Management Policy	**Monitor / review**

Further action: No further action required

Element 6: Destruction Arrangements

Element Requirement:	NHS Orkney Statement:	Corporate Evidence:	Status:
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. **This is a compulsory element under the terms of the Public Records (Scotland) Act: Section 1(2)(a)(i).**	The Board has procedures for managing the confidential destruction of expired records in all formats, in a way that is auditable and irreversible.	**6.1** NHS Orkney Destruction of Confidential Waste procedure **6.2** Electronic Media Destruction Protocol **5.1** NHS Orkney Procedure for the Storage, Retention and Disposal of Records	**Monitor / Review**

Further action: No further action required

- Electronic media is removed from equipment and rendered inoperable by a combination of degaussing and disk crushing.
- Assets are marked as disposed on the Board's asset register.
- Paper records are securely disposed of by shredding in house, we do not use outside contractors for this purpose. There is an industrial shredder on the Balfour Hospital site and large shredder in the Document Store. There are also small shredders in some departments throughout the organisation e.g. corporate services and HR

Element 7: Archiving and Transfer Arrangements

Element Requirement:	NHS Orkney Statement:	Corporate Evidence:	Status:
Detail the authority's archiving and transfer arrangements, ensuring that records of enduring value are deposited in an appropriate archive repository. **This is a compulsory element under the terms of the Public Records (Scotland) Act: Section 1(2)(a)(i).**	NHS Orkney will transfer records identified as having enduring value to Orkney Library Archives	**7.1** Archive Catalogue **7.2** Agreement with Orkney Archive **1.2** Records Management Policy **5.1** NHS Orkney Procedure for the storage, Retention and Disposal of Records	**Monitor / Review**

Further action: No further action required. As a Remote and Rural Island Health Board, we will continue with the service from the Orkney Archive.

- The Procedure for the Storage, Retention and Disposal of Documents will be reviewed following NHS Orkney approval process
- The retention schedule and identification of vital records are included in the Records Management Policy

Element 8: Information Security

Element Requirement:	NHS Orkney Statement:	Corporate Evidence:	Status:
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. **This is a compulsory element under the terms of the Public Records (Scotland) Act: Section 1(2)(a)(i).**	NHS Orkney provides systems which maintain appropriate confidentiality security and integrity for all data including storage and use in line with NHS Scotland Information Assurance Strategy NHS Orkney 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	**8.1** NHS Orkney IT Security Policy **8.2** Fairwarning guidance for staff **8.3** NHSO contract **8.4** NHSO Induction for new staff **8.5** Lost or Stolen Records procedure **8.6** Decommissioning of Premises Protocol	**Monitor / Review**

Further action: No further action required

- All staff with a need to access Board computer systems must observe the Board's IT security policy.
- Permission to access systems is granted on a need to know basis using role-based permissions
- The Board's Information Governance Group meets monthly to discuss all aspects of Information Security.
- Internal and External audits are carried out on a regular basis and any recommendations are monitored by the Board's audit committee.

Element 9: Data Protection

Element Requirement:	NHS Orkney Statement:	Corporate Evidence:	Status:
Demonstrate compliance with the authority's data protection obligations.	NHS Orkney is responsible for large volumes of personal and sensitive personal data subject to the Data Protection Act 1998 and, in the case of patient data, the Caldicott Principles. All NHS Scotland staff are bound by the NHS Code of Confidentiality.	**9.1** NHS Orkney Data Protection Registration **9.2** NHS Orkney Privacy Notice (website) **8.1** NHS Orkney IT Security Policy	**Monitor / Review**

Further action: No further action required

- The NHSO Data Protection Policy sits within the IT Security Policy. This policy has been reviewed and is going through the Board approval process. The current policy is attached

Element 10: Business Continuity and Vital Records

Element Requirement:	NHS Orkney Statement:	Corporate Evidence:	Status:
Detail arrangements in support of records vital to business continuity.	NHS Orkney has corporate, departmental and site Business Recovery/Continuity Plans. These plans include arrangements for the recovery of both physical and digital records and data. All records and data held on NHS Orkney networks are subject to regular back-up and associated recovery procedures.	**10.1** IT Back-up Procedure **10.2** Letter from CEO **10.3** Business Continuity Plan Template **1.2** Records Management Policy	**Implementation** *(will change to Monitor/review when the new disaster recovery arrangements have been tested)*

Further Action: NHS Orkney is moving all of its disaster recovery back up equipment off site to a building in Kirkwall. This should be complete by the end of April 2016. In the past this has proved difficult due to the limitation of available space. The IT Service Recovery Plan is being updated to take account of these changes

- Back-ups are done on a daily basis and tapes are stored in a fire-proof safe at an off-site location.
- The IT Service Recovery Plan is reviewed on an annual basis and recovery time objectives (RTOs) are agreed at a corporate level.
- The Board has invested significant funds during 2015/16 to improve Business Continuity and Disaster Recovery arrangements.
- NHS Orkney uses the Resilience Scotland NHS template for Business Continuity / Service Recovery Plans.

Element 11: Audit Trail

Element Requirement:	NHS Orkney Statement:	Corporate Evidence:	Status:

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.	The tracking of movement and changes to records is undertaken as appropriate based on assessment of risk, and commensurate with the sensitivity of information which they contain, and its value as evidence.	**11.1** SCI Store to Store Access Protocol
		11.2 SCI Store Access Protocol
		11.3 Paper medical record audit screenshot
		11.4 File audit screenshots
		11.5 Printer audit screenshot
		11.6 Access to records out of hours
		  3.2 Policy Guidance Procedure
		  8.2 Fairwarning guidance for staff
			Review/monitor
			with some of our electronic systems given a status of **Implementation**

Further Action: NHS Orkney will continue to update and review the record tracking procedures as changes to our systems and processes for records management occur from the work being undertaken by the eHealth project group for element 4

- NHS Orkney has a robust audit process for paper clinical records. Health Records are tracked electronically within NHS Orkney Patient Administration System. (Trakcare)
- The Board has invested in audit software which audits changes to files within folders and also audits printer use (i.e. date, time, logged in user, PC used, name of file accessed/printed).
- We use Fair-warning software for our confidential systems and a report goes monthly to the Caldicott Guardian of any inappropriate use of confidential databases
- The work being undertaken by the eHealth project group for element 4 will feed into the improvement for this element to a full Monitor/review status
- All physical clinical records and also corporate records for long-term retention will be scanned and downloaded to the records management system process described in Element 4

Element 12: Competency Framework for Records Management Staff

Element Requirement:	NHS Orkney Statement:	Corporate Evidence:	Status:
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.	NHS Orkney will provide appropriate training and development support to ensure all staff are aware of their records management responsibilities.	**12.1** Mandatory LearnPro Information Governance e-Learning Modules **12.2** ICO visit to Orkney - itinerary **12.3** Competency Framework **2.1** Board Secretary JD **2.2** Clinical Admin Manager JD **8.4** NHSO Induction for new staff	**Monitor/review**

Further action: No further action required

- As well as the mandatory LearnPro modules, full use is made of the other NHS Education Scotland on-line courses for Records Management and Information Governance for Continuing Professional Development purposes. These comply with the NHS Scotland Information Governance Competency Framework
- Mandatory courses will change and evolve with changes in organisational systems and current regulation and legislation
- Information Security is covered in the Board's induction programme
- In September 2015 we had a visit from a team from the Information Commissioners Office. Whilst here they held workshops for staff and had meetings with the Senior Management Teams from NHS Orkney and Orkney Islands Council

Element 13: Assessment and Review

Element Requirement:	NHS Orkney Statement:	Corporate Evidence:	Status:

Detail the procedures in place to ensure regular self-assessment and review of records management systems in place within the authority.	The Board Secretary and the Clinical Administration Manager will regularly review NHS Orkney's Records Management Plan	**13.1** Front pages of this RMP
		13.2 Internal audit cycle
		13.3 Information Governance Group agenda
		   3.2 Policy Guidance Procedure
		   4.3 CMT agenda
			Monitor/review

Further action: No further action required

- The CMT oversee the topics undertaken by the internal auditors to ensure that the work is vital and relevant; the Chair of the Information Governance Group is a member of this committee. Copy of CMT agenda provided for evidence
- The Information Governance Group oversee the Internal Audit Report for Information Governance and Data Security
- Recommendations from the Auditors are monitored by the Audit Committee
- The RMP will be reviewed annually through the Information Governance Group or before for changes in current legislation, the Board Secretary and the Clinical Administration Manager are members of this group
- All Records Management Policies, Protocols and Procedures will be reviewed every 2 years, or sooner with changes to regulation or legislation
- The Internal Auditors will undertake an audit on Records Management and Information governance every 3 years

Element 14: Shared Information

Element Requirement:	NHS Orkney Statement:	Corporate Evidence:	Status:
Provide evidence that the authority has considered the implications of information sharing of 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.	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.	**14.1** Scottish Accord for Sharing Personal Information (SASPI) **14.2** Information Sharing Protocols (ISP's) **14.3** Freedom of Information (website) **14.4** Publication Scheme (website) **14.5** Subject Access requests (website)	**Monitor/review**

Further action: No further action required

- The Orkney SASPI is being taken forward by the Information Sharing Group which is a sub-group of the Orkney Community Planning Partnership. It is ready for signing by the Accountable Officers of NHS Orkney, Orkney Islands Council, Police Scotland, Scottish Fire and Rescue, Scottish Ambulance Service and the CEO of Voluntary Action Orkney on behalf of all Voluntary Sector Partners. The current Orkney Information Sharing Gold Standard has been submitted as evidence

Actions for improvement identified in the RMP

Action Plan to be monitored by the Information Governance Group

NHSO Record Management Improvement Plan		
RMP Element	**Action**	**Timescale**
3	• All strategies, policies and procedures to be reviewed and updated within timescales. Policy owners to take forward. This will be improved by the work being undertaken for element 4	Ongoing
4	• NHS Orkney will continue to develop Board Business Classification Scheme to transaction levels and asset register • Work has commenced on a business case for Electronic Medical Record (EMR) which will encompass clinical and non-clinical records. EMR will continue to be developed through a combination of improved integration between IT systems and implementing IT systems where none exist at present	by end of the 2017/2018 financial year
10	• Testing of disaster recovery back-up systems. The status of this element will then change to Monitor/review	End of April 2016
11	• NHS Orkney will continue to update and review its record tracking procedures as changes to our systems and processes for records management occur from the work being undertaken by the eHealth project group for element 4	by end of the 2017/2018 financial year