

Public Records (Scotland) Act 2011

NHS Tayside Assessment Report

The Keeper of the Records of Scotland

3rd October 2016

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1. Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the Act) received Royal assent on 20 April 2011. It is the first new public records legislation in Scotland since 1937 and came fully into force on 1 January 2013. Its primary aim is to promote efficient and accountable record keeping by named Scottish public authorities.

The Act has its origins in *The Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950-1995* (The Shaw Report) published in 2007. The Shaw Report recorded how its investigations were hampered by poor record keeping and found that thousands of records had been created, but were then lost due to an inadequate legislative framework and poor records management. Crucially, it demonstrated how former residents of children's homes were denied access to information about their formative years. The Shaw Report demonstrated that management of records in all formats (paper and electronic) is not just a bureaucratic process, but central to good governance and should not be ignored. A follow-up review of public records legislation by the Keeper of the Records of Scotland (the Keeper) found further evidence of poor records management across the public sector. This resulted in the passage of the Act by the Scottish Parliament in March 2011.

The Act requires a named authority to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. A plan must clearly describe the way the authority cares for the records that it creates, in any format, whilst carrying out its business activities. The RMP must be agreed with the Keeper and regularly reviewed.

2. Executive Summary

This report sets out the findings of the Keeper's assessment of the RMP of **NHS Tayside** by the Public Records (Scotland) Act 2011 Assessment Team following its submission to the Keeper on 4th May 2016.

The assessment considered whether the RMP of NHS Tayside was developed with proper regard to the 14 elements of the Keeper's statutory Model Records Management Plan (the Model Plan) under section 8(3) of the Act, and whether in this respect it complies with it and the specific requirements of the Act.

The outcome of the assessment and the Keeper's decision on whether the RMP of NHS Tayside complies with the Act can be found under section 7 of this report with relevant recommendations.

3. Authority Background

Tayside Health Board was established in April 1974 and is responsible for commissioning health care services for the residents in the geographical local government areas of Angus, Dundee and Perth and Kinross. The Board's boundaries are coterminous with these local government areas, which had a combined population of 405,721 based on mid year 2011 population estimates.

NHS Tayside's governance includes a total of 22 major and community hospitals, including the University of Dundee's Medical School attached to the regions flagship institute, Ninewells Hospital in Dundee. It also includes over 75 GP surgeries and a variety of health centres staffed by over 30,000 employees of the health region.

<http://www.nhstayside.scot.nhs.uk/index.htm>

4. Keeper's Assessment Process

The RMP was assessed by the Public Records (Scotland) Act Assessment Team on behalf of the Keeper. Assessors used the checklist elements listed in section 5, to establish whether NHS Tayside's RMP was developed with proper regard to the elements of the Model Plan and is compliant with the Act. The assessment also considered whether there was sufficient supporting evidence of such compliance.

Key:

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| G | The Keeper agrees this element of an authority's plan. | | A | The Keeper agrees this element of an authority's plan as an 'improvement model'. This means that he is convinced of the authority's commitment to closing a gap in provision. He will request that he is updated as work on this element progresses. | | R | There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Keeper may choose to return the RMP on this basis. |
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5. Model Plan Elements: Checklist

| Element | Present | Evidence | Notes |
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| 1. Senior Officer <i>Compulsory element</i> | G | G | <p>NHS Tayside have identified Lesley McLay, Chief Executive, as the individual with overall responsibility for records management in the authority.</p> <p>This is confirmed by a <i>Covering Letter</i> from Ms. McLay dated 20th April 2016. In this letter Ms. McLay notes she delegates responsibility to Dr Andrew Russell, Medical Director (Health Records) and Ms Margaret Dunning, Board Secretary (Corporate Records). The Keeper agrees this delegation is appropriate.</p> <p>Ms. McLay is also the Board's 'Accountable Officer' (<i>Policy Development, Review and Control Policy</i> section 1).</p> <p>The identification of the Chief Executive to this role reflects statements in the Board's <i>Information Governance Policy</i> (for example section 5.2.4 and 5.2.5) The overall responsibility of the Chief Executive is also supported by principles in the <i>Scottish Government Records Management NHS Code of Practice (Scotland)</i>: http://www.gov.scot/Resource/Doc/366562/0124804.pdf</p> <p>The Chief Executive is an attendee at the Board's Finance and Resources Committee (see element 13).</p> <p>The Chief Executive has approved all policies submitted as evidence.</p> <p>The Keeper agrees that NHS Tayside have identified an appropriate individual to this role as required by the Act.</p> |

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| <p>2. Records Manager <i>Compulsory element</i></p> | <p>G</p> | <p>G</p> | <p>NHS Tayside have identified two individuals to this element. While recognising that the Act would indicate the identification of a <u>single</u> individual, the Keeper has agreed that shared responsibility is acceptable practice in this particular sector due to the clinical/corporate structure of territorial health boards.</p> <p>NHS Tayside have identified Ruth Anderson, Head of Health Records and Lynda Petrie, Corporate Records and Web Manager as the individuals with day-to-day responsibility for implementing the <i>Records Management Plan</i>.</p> <p>Ms. Petrie is the author of the <i>Plan</i>. Her role in the implementation of the <i>Plan</i> is confirmed by the <i>Covering Letter</i> from Lesley McLay, NHS Tayside Chief Executive (see element 1). She has a responsibility to report on regular reviews of the <i>Plan</i> to the Corporate Records Compliance Group (see under General Comments below).</p> <p>Ms. Petrie is also responsible for monitoring the DocStore (see element 4) and as such will be of central importance to the records management provision in the authority going forward.</p> <p>Ms. Anderson is the author of the <i>Health Records Strategy and Management Policy</i> (see element 3).</p> <p>The Keeper agrees that NHS Tayside have identified appropriate individuals to this role as required by the Act.</p> |
| <p>3. Policy <i>Compulsory element</i></p> | <p>G</p> | <p>G</p> | <p>NHS Tayside have a <i>Records Management Policy</i> (The <i>Policy</i>) which has been provided to the Keeper (version 5.1 approved by the Information Governance Committee in November 2015).</p> <p>The <i>Policy</i> is published online at: http://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SE</p> |

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| | | <p>CURE FILE&dDocName=DOCS_016344&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1</p> <p>NHS Tayside also operate a separate <i>Health Records Strategy and Management Policy</i> (the <i>Health Records Policy</i>) which provides further detail on the management of clinical records. This has also been supplied to the Keeper (version 4.0 approved January 2016).</p> <p>Mrs Anderson (see element 2) is the author of the <i>Health Records Policy</i>.</p> <p>These policies support NHS Tayside's <i>Information Governance Policy</i>, which has also been supplied (version 4.0 endorsed by the Information Governance Group January 2015).</p> <p>Screen shots have been provided to show that staff have access to information governance documents through the Board's intranet 'Staffnet'.</p> <p>The Keeper agrees the <i>Plan</i> supports the objectives of the <i>Policies</i>. Furthermore the Keeper agrees that the processes explained in the Board's <i>Records Creation and Registration</i> document (see element 4) will also help further the overall objectives of the <i>Information Governance Policy</i>.</p> <p>The Keeper agrees that the <i>Policy</i> explains the purpose of robust records management to NHS Tayside staff and that it mentions the Public Records (Scotland) Act 2011.</p> <p>The Keeper agrees that NHS Tayside have a records management policy statement as required by the Act and that this is available to staff.</p> |
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| 4. Business Classification | A | G | <p>NHS Tayside operate a document management system, 'DocStore', which is tied into the intranet 'Staffnet'. Records in DocStore are capable of being presented through the StaffNet system. Records held in shared drives in local services areas can not be centrally presented.</p> <p>There is currently a programme underway in the authority to create local service area business classification schemes which can then be transferred into the DocStore system. This is intended to allow centralisation and more efficient control of records management. This work is a key programme for the Corporate Records Compliance Group (see under General Comments below) and fundamental to future records management provision in the authority. The Keeper will request updates as the project progresses.</p> <p>This programme will support the objective of the <i>Records Creation and Registration</i>: "Records created by NHS Tayside should be arranged in a record keeping structure (or structures) that will enable it to obtain the maximum benefit from the quick and easy retrieval of information". A sample structure is given in the same document (page 2).</p> <p>The structure will be based on the Board's functions (<i>Records Management Policy (see element 3)</i> section 4). The structure must remain a business decision for the authority, but the Keeper acknowledges that a functional approach as suggested is currently considered best practice.</p> <p>The involvement of local business areas in the creation of a Business Classification Scheme is clear from the Plan and from evidential documents (see for example <i>Health Records Strategy and Management Policy</i> 2.6.9). The Keeper commends the involvement of local service areas as likely to facilitate a more useful business tool. He also commends the appointment of Departmental Records Officers where this is done. Utilising local 'champions' has proved beneficial in many other</p> |
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| | | | <p>organisations.</p> <p>The authority is also creating an <i>Information Asset Register</i> which should clarify information asset owners and tie record types into the <i>Retention Schedule</i> (see element 5). This is a commitment in the <i>Records Management Policy</i> (see element 3) section 4. The Keeper requests he is provided with the Register when available in order that he might keep NHS Tayside's submission up-to-date.</p> <p>The process by which NHS Tayside will implement this improvement is explained in the <i>Records Creation and Registration</i> document which has been shared with the Keeper (version 4.1 November 2015) sections 9 and 10.</p> <p>NHS Tayside have committed to rolling out staff training on the new <i>Business Classification Scheme</i> when appropriate (<i>Plan</i> element 11).</p> <p>The Keeper agrees this element of NHS Tayside's <i>Records Management Plan</i> under 'improvement model' terms. This means that an authority has identified a gap in their records management provision (in this case business classification schemes and information asset register are not fully functional across the Board) and has put processes in place to close that gap. The Keeper's agreement is conditional on him being updated as the project progresses.</p> |
| 5. Retention schedule | G | G | <p>NHS Tayside have full <i>Retention Schedules</i> for clinical and for administrative records.</p> <p>The have provided the Keeper with a copy of their <i>Records Retention Schedules</i> document (version 4.2, November 2015).</p> <p>Retention decisions are based on the <i>Scottish Government NHS Code of Practice</i></p> |

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| | | | <p>published at http://www.gov.scot/Publications/2012/01/10143104/0.</p> <p>The operation of this <i>Retention Schedule</i> confirms with NHS Tayside <i>Code of Corporate Governance</i> (section 33) http://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&dDocName=EPOS_395744&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1</p> <p>The Keeper agrees that NHS Tayside have an approved and operational retention schedule that covers the expected record types created by a territorial health board.</p> |
| 6. Destruction Arrangements <i>Compulsory element</i> | A | G | <p>The introduction to the <i>Plan</i> explains that effective records managements involves the efficient and systematic control of the “the timely destruction of redundant information”. The <i>Plan</i> states under element 6: “The Board has procedures for managing the confidential destruction of expired records in all formats, in a way that is auditable and irreversible.”</p> <p>NHS Tayside have the following processes in place:</p> <p><u>Paper (Internal)</u>: Paper records are destroyed under contract with third party shredding companies. Certificates of destruction, proving that these arrangements are operational, have been supplied as evidence.</p> <p><u>Paper (External)</u> There is no indication that NHS Tayside holds records with a third party storage supplier.</p> <p>Assuming that NHS Tayside does not hold records with a third-party storage contractor, the Keeper agrees that the authority has procedures in place to irretrievably and securely destroy paper records.</p> |

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| | | | <p><u>Electronic:</u> For records in the 'DocStore' (see element 4) deletion at the end of the appropriate retention period is automatic. This process is explained in the <i>Plan</i>. Line of business systems operated by the clinical side of the business also impose records destruction protocols (see <i>Health Records Strategy and Management Policy</i> 3.4). However, for corporate records held on shared drives, deletion must be done manually. The Keeper notes a statement under element 11 of the <i>Plan</i>: "NHS Tayside recognises there are challenges around managing records on department shared drives." The Keeper accepts that, as the records management programme outlined in element 4 proceeds, all corporate records will fall under DocStore processes. In the meantime NHS Tayside have an 'Action Point' under this element in the <i>Plan</i>: "Awareness raising campaign around appropriate retention and destruction of all record types. Within this campaign we will be providing staff with guidance and reminders particularly about deleting records and information from their shared drives."</p> <p>Deletion of e-mails is covered in the <i>Use of Email and Network Services Policy</i> (section 14.3) which has been provided to the Keeper (version 2.4 November 2015).</p> <p><u>Hardware:</u> Redundant IT equipment is cleared of records by a third party disposal contractor. This is confirmed by <i>the Information Governance Policy</i> (section 6.2 and 9.1). Sample destruction certificates have been supplied to demonstrate that this arrangement is operational.</p> <p><u>Back-Ups:</u> NHS Tayside have provided the Keeper with a statement from their Assoc. Director, eHealth explaining the back-up cycle and how long records remain available under this cycle.</p> <p>The Keeper agrees this element of NHS Tayside's <i>Records Management Plan</i> under 'improvement model' terms. This means that he acknowledges that, the authority has identified a gap in provision (manual deletion of electronic</p> |
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| | | | records in shared drives may not be suitably controlled). However, they have instigated processes to close that gap (moving shared drives to doc store and in the interim re-training staff). The Keeper agrees this element on the condition that he is kept updated as the project progresses. |
| 7. Archiving and Transfer <i>Compulsory element</i> | A | G | <p>As required by the introduction to the <i>Plan</i> NHS Tayside have made arrangements for the protection of “historically important records”. Evidential documents support this objective: “provide a true and accurate records...for the historical interest of future generations, including historians” (<i>Records Creation and Registration</i> document section 3)</p> <p>NHS Tayside have identified the University of Dundee Archive Service as an appropriate place of deposit for these records.</p> <p>They have provided the Keeper with an agreement between the authority and the repository (from 1987). With a note in the <i>Plan</i> stating: “NHS Tayside is keen to improve links between itself and the Dundee University Archive.” There is an ongoing action point to formalise the transfer arrangements with the University. The Keeper concurs.</p> <p>The Keeper agrees that Dundee University Archive is a suitable repository for NHS Tayside records selected as having long-term historical interest. In fact he is aware that arrangements to transfer historical material from the Board to the archive are in place.</p> <p>However, the is Keeper also aware that the formal arrangements by which this transfer take place are outdated and a dialogue between the two organisations should commence as soon as is practicable.</p> <p>The Keeper is able to agree this element of NHS Tayside’s <i>Plan</i> under</p> |

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| | | | <p>‘improvement model’ terms. This means that he acknowledges that an authority has identified a gap in their records management provision (in this case the archiving agreement is out-of-date), but has put appropriate processes in place to close that gap. His agreement is conditional on him being supplied with an updated M.O.U. or similar document showing the current agreement between NHS Tayside and Dundee University Archives. NHS Tayside have made a commitment to sharing this document with the Keeper when available.</p> |
| 8. Information Security Compulsory element | G | G | <p>Information security is noted as a “key element” of NHS Tayside’s <i>Information Governance Policy</i> (section 2.2) (see element 3). This is supported by the ‘main objective’ of the <i>Records Management Policy</i> : “Security – that records will be secure from unauthorised or inadvertent alteration or erasure, that access and disclosure will be properly controlled and audit trails will track all use and changes.”</p> <p>NHS Tayside operate an “Information Security Policy Framework” rather than a single IS policy.</p> <p>The Framework is described as being “about the delivery of improvements in information security” in the Board. It consists of a suite of security policies and procedures, such as the <i>System Access Policy</i>, <i>Portable Computing and Removable Media Policy</i> and an 2015 – 2017 action plan to bring the Board up to ISO 27001 standard. The Keeper thanks NHS Tayside for providing him with the currently operational suite of documents and requires the authority to forward documents relevant to the upgraded security provision when they become available.</p> <p>Screen shots have been provided to show that staff have access to information governance documents through the Board’s intranet ‘Staffnet’.</p> |

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| | | | <p>The <i>Information Governance Policy</i> also states the principle that: "NHS Tayside will promote effective confidentiality and security practice to its staff through policies, procedures and training. NHS Tayside will establish and maintain incident reporting procedures and will monitor and investigate all reported instances of actual or potential breaches of confidentiality and security." The Keeper commends this commitment.</p> <p>Security of e-records is the responsibility of the E-Health Director (<i>Information Governance Policy</i> section 5.2.11).</p> <p>The Keeper agrees that the commitment to improve information security in the authority, while welcome, is not a indication that records are failing to be securely managed currently.</p> <p>The Keeper agrees that NHS Tayside have current arrangements in place to ensure that records are held securely as required by the Act. However, he notes that "there are a number of new things to be undertaken" as part of the Information Security Framework (report on Information Security Framework to Information Governance Committee, 6th May 2015) and looks forward to regular updates.</p> |
| 9. Data Protection | G | G | <p>NHS Tayside has a <i>Data Protection Policy</i> which has been supplied to the Keeper (version 3.1 October 2015).</p> <p>The <i>Data Protection Policy</i> explains the (current) 8 principles of data protection.</p> <p>Screen shots have been provided to show that staff have access to information governance documents through the Board's intranet 'Staffnet'.</p> <p>The authority is registered with the Information Commissioner: Z8537226.</p> |

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| | | | <p>Subject Access requirements are explained in the <i>Policy</i> (section 5). For members of the public an <i>Access to Records Leaflet</i> can be downloaded from : http://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SE_CURE_FILE&dDocName=PROD_233668&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1</p> <p>The <i>Data Protection Policy</i> supports the aims of the <i>Records Management Policy</i> (RM Policy section 1.4).</p> <p>Data protection is specifically addressed in the authority's <i>Information Governance Policy</i> (see element 3) with subject access obligations particularly noted (section 3.1).</p> <p>The Keeper agrees that NHS Tayside have appropriately considered their responsibilities under the Data Protection Act 1998.</p> |
| 10. Business Continuity and Vital Records | G | G | <p>NHS Tayside have an overarching <i>Corporate Business Continuity Plan</i> (provided to the Keeper as version 1.15, 15 May 2015) which instructs the creation of local area plans. A template for local plans has been provided to the Keeper.</p> <p>NHS Tayside have chosen not to supply a local continuity plan for the Keeper's inspection. This is in line with the authority's security protocols and is accepted by the Keeper. They have, instead, provided a letter from the Board Secretary in which she explains the <i>Continuity Plan</i> provision in the Board and states that she is "satisfied that robust processes are in place within NHS Tayside to ensure business continuity of our key operations and to protect NHS Tayside's vital records." The <i>Information Governance Policy</i> indicates that the Board Secretary is the appropriate responsible officer to provide such an assurance.</p> |

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| | | | <p>The operation of this <i>Continuity Plan</i> system supports the aims of the <i>Information Governance Policy</i> (section 6).</p> <p>Vital records are identified in the DocStore (see element 4).</p> <p>Screen shots have been provided to show that staff have access to information governance documents through the Board's intranet 'Staffnet'.</p> <p>The Keeper notes a statement in the plan that TrakCare will, when adopted, "deliver suitable Disaster Recovery and Business Continuity Plans". He requires an update, when appropriate, of how this alters the Board's submission under element 10.</p> <p>The Keeper agrees that NHS Tayside has approved business continuity plans in place and that they properly consider the recovery of records.</p> |
| 11. Audit trail | A | G | <p>A 'main objective' of NHS Tayside's <i>Records Management Policy</i> (see element 3) is: "Accessibility – that records and the information held within them can be efficiently retrieved by those with a legitimate right of access, for as long as the records are held."</p> <p>The Keeper agrees that line of business systems operated by the authority have tracking functionality. Examples have been provided to the Keeper showing how these appear in practice (TrakCare and TOPAS). TrakCare is due to be deployed in March 2017. NHS Tayside have made a commitment to inform the Keeper once this system is fully deployed.</p> <p>However, the <i>Plan</i> states (element 11): "NHS Tayside recognises there are challenges around managing records on department shared drives." These challenges are to be met by structuring local business area shared drives and</p> |

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| | | | <p>merging them with the DocStore system (see element 4).</p> <p>The process by which NHS Tayside will implement this improvement is explained in the <i>Records Creation and Registration</i> document which has been shared with the Keeper (version 4.1 November 2015).</p> <p>The Keeper agrees that the BCS/IAR project will greatly assist the ‘tracking’ of records.</p> <p>NHS Tayside have committed to rolling out staff training on the new <i>Business Classification Scheme</i> when appropriate.</p> <p>The Keeper agrees this element of NHS Tayside’s <i>Records Management Plan</i> under ‘improvement model’ terms. This means that he acknowledges that an authority has identified a gap in their records management provision (in this case around “long term management of organisational shared drives” – <i>Plan</i> element 11 actions). He notes that NHS Tayside have implemented appropriate programmes to close that gap. The Keeper’s agreement is conditional on him being updated as the project progresses.</p> |
| 12. Competency Framework for records management staff | G | G | <p>NHS Tayside have provided the Keeper with the Head of Health Records and the Corporate Records and Web Manager’s job descriptions. They both show responsibility for records management provision in the authority.</p> <p>Specifically, as explained in the <i>Plan</i>, the Corporate Records and Web Manager’s job description clearly identifies Ms. Petrie as the officer responsible for areas of work that fall under PRSA.</p> <p>Details of the training and experience of these two individuals has been included in the <i>Plan</i>.</p> |

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| | | <p>It is a principle of the <i>Information Governance Policy</i> (section 3.2.1) that: “NHS Tayside will promote information quality and effective records management through policies, procedures/user manuals and training.” The Policy also states the principle that: “NHS Tayside provides training and guidance on Information Governance issues. It is the responsibility of managers and staff to ensure that they have adequate knowledge and access to appropriate resources.” The Keeper commends these corporate principles.</p> <p>NHS Tayside has recently rolled out a records management training module and a communication was sent to all staff via the weekly newsletter ‘Inbox’ advising staff the module was available on Learnpro. A copy of the information that was issued has been provided as evidence.</p> <p>Training of staff is a specific objective of the Board’s Data Protection Policy (section 2).</p> <p>Detail of current induction processes is provided in the Health Records Strategy and Management Policy (Section 3) which also contains a ‘Policy Training Plan’. Training is delivered through on-line resources such as Learn-Pro and InfoAware. Under the How We Work: Information Governance section.</p> <p>The Keeper has been provided with information governance training material.</p> <p>Managers are responsible for supporting their staff to undertake training (<i>Policy Development, Review and Control Policy</i> section 4).</p> <p>Staff are informed of information governance developments through e-mails (<i>Policy Development, Review and Control Policy</i> section 5) and intranet updates “Vital Signs”. A sample from Vital Signs has been provided.</p> |
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| | | | <p>Screen shots have been provided to show that staff have access to information governance documents through the Board's intranet 'Staffnet'.</p> <p>NHS Tayside have committed to rolling out staff training on the new <i>Business Classification Scheme</i> when appropriate (<i>Plan</i> element 11).</p> <p>The Keeper agrees that NHS Tayside have ensured that the individuals identified at element 2 have the required authority and skills to implement the <i>Plan</i>. They also consider training opportunities for other members of staff when appropriate.</p> |
| 13. Assessment and Review | G | G | <p>The Act requires a scheduled public authority to "keep its records management plan under review" (part 1 5.1 (a)).</p> <p>NHS Tayside's <i>Records Management Policy</i> (see element 3) states as one of 7 'main objectives': "Performance measurement – that the application of records management procedures are regularly monitored against agreed indicators and action taken to improve standards as necessary"</p> <p>The Plan is scheduled to be formally reviewed before April 2018. However, the Plan commits NHS Tayside Corporate Records and Web Manager (see element 2) to 'regular reviews' of progress in the meantime. These reviews are reported quarterly to the Corporate Records Compliance Group (see under General Comments below). Overall responsibility for monitoring information governance improvement plans, including the implementation of the <i>Plan</i>, lies with the Board's Finance and Resources Committee (<i>Information Governance Policy</i> (see element 3) section 2.1 and 5.1.1).</p> <p>It is a principle of the <i>Information Governance Policy</i> (section 3.2.1) that "NHS Tayside will undertake or commission annual assessments and audits of its</p> |

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| | | <p>information quality and records management arrangements” (+ ‘security’ section 3.3.1).</p> <p>Progress on the implementation of the <i>Plan</i> will be audited by NHS Tayside Internal Audit. The use of internal audit is supported by the <i>Information Governance Policy</i> (section 5.2.15). The Keeper strongly recommends the use of an internal audit facility, when one exists, to self-assess an authority’s records management plan. A Internal Audit report on records management has been provided as a sample of how these reviews might appear.</p> <p>The Keeper also acknowledges that policies and procedures submitted in evidence have review dates included in their control sheets and commends this:</p> <p>The <i>Health Records Policy</i> (see element 3) is due for review before March 2017</p> <p>The <i>System Access Policy</i> (see element 8) is due for review by April 2017.</p> <p>The <i>Waste Management Policy</i> is due for review by June 2017.</p> <p>The <i>Data Protection Policy</i> (see element 9) is due for review by October 2017.</p> <p>The <i>Records Management Policy</i> (see element 3), the <i>Use of Email and Network Services Policy</i> and the <i>Records Creation and Registration Policy</i> are due for review by November 2017.</p> <p>The <i>Sharing Information with the Police – Arrangements and Guidance</i> document is due for review by December 2017.</p> <p>The <i>NHS Tayside Information Governance Policy</i> (see element 3) is due for review by July 2018.</p> |
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| | | | <p>The <i>Policy Development, Review and Control Policy</i> is due for review by August 2019</p> <p>The Board Secretary is responsible for prompting review six months before a policy's review by date (<i>Policy Development, Review and Control Policy</i> section 5).</p> <p>The Keeper requests that he is provided with updated policy documents when available, in order that he may keep the NHS Tayside submission up-to-date.</p> <p>NHS Tayside's registration with the Information Commissioner (see element 9) must be renewed before 28 March 2017.</p> <p>The Keeper agrees that NHS Tayside have arrangements in place to review their RMP as required by the Act. Furthermore he acknowledges that key information governance documents have appropriate review periods allocated to them.</p> |
| 14. Shared Information | G | G | <p>"The duty to share information can be as important as the duty to protect patient confidentiality" (Caldicott principle 7 https://nhsnss.org/pages/corporate/caldicott_guardians.php)</p> <p>It is a principle of the Board's <i>Information Governance Policy</i> that: "NHS Tayside has agreements to share patient information with other healthcare organisations and other agencies in a controlled manner, which ensure the protection of patients' and public interests." (<i>Information Governance Policy</i> section 2.2)</p> <p>When pursuing its functions it is vital that NHS Tayside can share information with third parties (such as Social Work departments or Police Scotland). However, it is important that it can do so securely and that information governance is considered at the outset of any information sharing agreement.</p> |

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| | | <p>The RMP states that NHS Scotland undertakes information sharing on a routine basis in line with the Data Protection Act 1998.</p> <p>NHS Tayside enters into data sharing agreements using the Scottish Accord for the Sharing of Personal Information (SASPI). Their partners in this accord are Angus Council, Dundee City Council, Perth & Kinross Council. A copy of the Accord has been submitted as evidence and is dated August 2014.</p> <p>NHS Tayside has also submitted a sample <i>Information Sharing Protocol</i> developed using SASPI guidelines (Prison Service).</p> <p>NHS Tayside have separate arrangements with Police Scotland. They have supplied the Keeper with their <i>Sharing Information with the Police – Arrangements and Guidance</i> document as evidence that this arrangement is in place.</p> <p>The Keeper agrees that NHS Tayside properly consider information governance when entering into arrangements to share information with third parties.</p> |
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NHS Tayside

General Notes on RMP, Including Concerns:

Version:

This assessment is on the *Records Management Plan* (the *Plan*) of NHS Tayside version 1.1 created by Lynda Petrie (**see element 2**) and the Corporate Records Compliance Group (**see below**) and approved in September 2016.

The *Plan* is accompanied by an endorsing *Covering Letter* from Lesley McLay, Chief Executive of NHS Tayside (**see element 1**) and by the Board's *Information Governance Policy* (**see element 3**). This Policy states the objective: "Fundamental to the success of delivering IG and IA compliance is developing an IG and IA culture within NHS Tayside." The Keeper welcomes this statement as being entirely in the spirit of the Act.

The *Plan* contains an 'Actions' element in a column against each element explaining future developments. For example see elements 4 and 11.

The *Plan* provides an explanation of the benefits of efficient records management (introduction).

The authority refers to records as a business asset (for example *Information Governance Policy* page 3 and *Records Management Policy* page 1). This is an important recognition and the Keeper commends it.

NHS Tayside have a statement regarding the submission of their *Records Management Plan* under the Act at <http://www.nhstayside.scot.nhs.uk/YourRights/PublicRecordsScotlandAct/index.htm>

There is a commitment to publish the *Plan* when agreed. **The Keeper strongly commends this and asks that he is informed when this has been done so that he may provide a link from his own site.**

A sample report has been provided to show that the PRSA implementation is discussed at Director level in the authority.

Evidential policy documents are published to staff on their intranet 'StaffNet' (*Policy Development, Review and Control Policy* section 5).

The *Plan* mentions the Act and is based on the Keeper's, 14 element, Model Plan <http://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan>.

The Keeper agrees that the Plan supports the overall objectives of the Board's Information Governance Strategy and the NHS Scotland Information Assurance Strategy.

Third Parties:

The Act makes it clear that records created by a contractor in carrying out a scheduled authority's functions are public records (Part 1 section 3.1 (b)).

At several points the policies submitted in evidence correctly indicates that clauses therein apply to third parties carrying out the functions of NHS Tayside under contract. (For example *Information Governance Policy* 4.1 and *Health Records Strategy and Management Policy* Foreword and 2.1.2)

Many of NHS Tayside's third party contracts in place are with other Scottish public authorities who are covered by PRSA under the schedule to the Act. However, third party contractors not covered, such as private hospitals, are bound by agreements that include the proper provision of records management. An extract of the Service Level Agreement to Third Party Care Providers in relation to records management has been provided as evidence that these agreements are in place.

NHS Tayside states that they plan "to ensure its procurement department builds appropriate records management provision into any future contracts to address and comply with this important part of the PRSA legislation". The Keeper welcome this.

Corporate Records Compliance Group:

The Corporate Records Compliance Group is responsible for Monitoring “the formulation and dissemination of a non-clinical records management policy, strategy and supporting guidelines, taking into account the Information Governance Strategy and policies for Tayside.” (*Information Governance Policy* Appendix 1). PRSA is a standing item on their agenda.

This group, chaired by Margaret Dunning, Board Secretary, oversaw the creation of the *Plan*. The Compliance Group reports to senior management through the Information Governance Committee. Liaison with the Compliance Group is a formal objective of the Information Governance Committee.

The remit of the Corporate Records Compliance Group has been provided to the Keeper and the Keeper acknowledges that this includes establishing a link with himself and introducing specific training around PRSA. The Keeper welcomes these objectives.

The Corporate Records and Web Manager reports on her regular reviews to the Corporate Records Compliance Group who reports to the Information Governance Committee who report to the Finance and Resources Committee (Chief Executive (**see element 1**) attends their meetings) who report to the Board.

The *Records Management Policy* (at 1.2) states: Compliance with PRSA will be reported to the Information Governance Committee through the Corporate Records Compliance Group. See, more generally, the *Information Governance Policy* section 5.2.9.

The Corporate Records Compliance Group’s remit has been provided to the Keeper. Sample reports from the group to the Information Governance Committee have been provided as evidence that PRSA issues are being reported on appropriately (**see element 13**).

This group is clearly of fundamental importance to records management in the authority and the Keeper thanks NHS Tayside for including information about its work in their submission.

6. Keeper's Summary

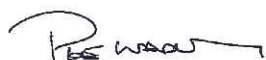
Elements 1 - 14 that the Keeper considers should be in a public authority records management plan have been properly considered by NHS Tayside. Policies and governance structures are in place to implement the actions required by the plan.

7. Keeper's Determination

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

The Keeper recommends that NHS Tayside should publish its agreed RMP as an example of good practice within the authority and the sector.

This report follows the Keeper's assessment carried out by,



.....
Pete Wadley
Public Records Officer



.....
Robert Fotheringham
Public Records Officer

8. Endorsement of Report by the Keeper of the Records of Scotland

The report has been examined and is endorsed under the signature of the Keeper of the Records of Scotland as proof of compliance under section 1 of the Public Records (Scotland) Act 2011, and confirms formal agreement by the Keeper of the RMP as submitted by NHS Tayside. In agreeing this RMP, the Keeper expects NHS Tayside to fully implement the agreed RMP and meet its obligations under the Act.



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