

2017

Golden Jubilee Foundation
Records Management Plan

Version 01.01



Golden Jubilee Foundation

RECORDS MANAGEMENT PLAN

The Golden Jubilee Foundation Records Management Plan sets out the overarching framework for ensuring that records are managed and controlled effectively, and commensurate with the legal, operational and information needs of the organisation.



Records Management Plan

Name	Golden Jubilee Foundation Records Management Plan
Summary	Records Management Plan sets out the overarching framework for ensuring that records are managed and controlled effectively, and commensurate with the legal, operational and information needs of the organisation.
Associated documents	As detailed within the document
Target Audience	All staff of the Golden Jubilee Foundation
Version	V01.01
Date of this version	February 2017
Review Date	October 2017
Name of Board	Golden Jubilee Foundation
Approving committee/group	Senior Management Team
Author of document	Records Management Officer

Revision History

Version	Date	Summary of Changes	Name
V01.01	10/2/2017	Statement on use of third party contractors. Additional evidence on electronic back up cycles. Additional evidence on review methodology. Additional statement on destruction of electronic records.	Graham Bryson

Review:

This plan will be reviewed every year or sooner if new legislation, codes of practice or national standards are to be introduced.

Golden Jubilee Foundation Values Statement

What we do or deliver in our roles within the Golden Jubilee Foundation is important, but the way we behave is equally important to our patients, customers, visitors and colleagues. We know this from feedback we get from patients and customers, for example in “thank you” letters and the complaints we receive.

Recognising this, the Golden Jubilee Foundation have worked with a range of staff, patient representatives and managers to discuss and promote our shared values which help us all to deliver the highest quality of care and service across the organisation. These values are closely linked to our responsibilities around Equality.



Our values are that we will:

- Take responsibility for doing our own job well
- Treat everyone we meet in the course of our work with dignity and respect
- Demonstrate through our actions our commitment to quality
- Communicate effectively, working with others as part of a team
- Display a “can do” attitude at every opportunity.

Our policies are intended to support the delivery of these values which support employee experience.

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 principles of records management are 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 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.

The Golden Jubilee Foundation (GJF) Records Management Plan (RMP) sets out the overarching framework for ensuring that GJF 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 the GJF Action Plan for improving the quality, availability and effective use of its records and provides a strategic framework for all records management activities.

GJF Records Management Plan is effective from 31/10/2016.

This Plan is to be continuously reviewed and updated. Reports will be submitted quarterly to the Information Governance Group and annually to the Senior Management Team.

Agreed by



Julie Carter
Director of Finance
Senior Information Risk Owner (SIRO)

Summary of Evidence

The NHS National Waiting Times Centre was rebranded in 2016 as the Golden Jubilee Foundation, incorporating the Golden Jubilee National Hospital, the Golden Jubilee Research Institute, the Golden Jubilee Innovation Centre and the Golden Jubilee Conference Hotel.

As a result of this recent rebranding, the Golden Jubilee Foundation is still in a period of transition where the organisation may still be referred to in some documentation or systems as the National Waiting Times Centre.

Evidence	Description
Evidence 1.1 & 2.1 & 3.1	Letter from GJF SIRO/Director of Finance.
Evidence 2.1 & 1.1 & 3.1	Letter from GJF SIRO/Director of Finance.
Evidence 2.2	Information Governance Manager's Job Description.
Evidence 3.1 & 1.1 & 2.1	Letter from GJF SIRO/Director of Finance.
Evidence 3.2	GJF Effective Management of Records Policy
Evidence 3.3 & 9.3	GJF Health Records Policy
Evidence 3.4	Q-Pulse Screenshot. Providing example of access to policies by all staff.
Evidence 3.5	Staff Bulletin. Providing example of communication of information to staff.
Evidence 3.6	eDigest. Providing example of communication of information to staff.
Evidence 3.7	Redacted Contract between GJF and Iron Mountain
Evidence 4.1	GJF Business Classification Scheme
Evidence 4.2	GJF Senior Management Team declaration of support for implementation of Business Classification Scheme
Evidence 5.1 & 10.5	GJF Retention Schedule
Evidence 5.2	GJF Health Records Culling SOP.
Evidence 5.3	Screenshot of Culled Health Record tracking location.
Evidence 6.1	GJF Disposal of Confidential Waste Policy

Evidence	Description
Evidence 6.2 & 8.10	GJF Procurement, Installation, Repair, Relocation and Disposal of Computer Systems and Equipment.
Evidence 6.3	GJF Medical Physics Disposal of Media containing sensitive data.
Evidence 6.4	Data Processing Agreement with PHS Data.
Evidence 6.5	Example Certificate of Destruction from PHS Data.
Evidence 6.6	Duty of Care Statement from PHS Data.
Evidence 6.7	Data Solutions Certificate of Registration
Evidence 6.8	Destruction Certificate from disposal of electronic equipment.
Evidence 6.9	Electronic Back Up Procedure
Evidence 7.1	GJF Archiving Policy
Evidence 7.2	GJF Memorandum of Understanding with NRS
Evidence 8.1	GJF Information Governance Policy.
Evidence 8.2	NHS Scotland Information Governance Guidelines.
Evidence 8.3	Information Security Policy
Evidence 8.4	Information Governance Group Agenda listing Information Security Framework as a standing item.
Evidence 8.5 & 8.6	Information Security Framework Implementation Documentation.
Evidence 8.7	GJF IM&T Security Policy
Evidence 8.8	GJF Control of Access to Computer Systems.
Evidence 8.9	GJF Secure use of Passwords.
Evidence 8.10	GJF Network Access Procedure.
Evidence 8.11 & 6.2	GJF Procurement, Installation, Repair, Relocation and Disposal of Computer Systems and Equipment.
Evidence 8.12	GJF Access to Server Room.
Evidence 8.13	GJF Email and Internet use.
Evidence 8.14	GJF Digital and Social Media Policy.
Evidence 8.15 & 9.1	GJF Data Protection Policy.
Evidence 8.16	GJF Security Policy
Evidence 8.17	GJF CCTV Code of Practice

Evidence	Description
Evidence 8.18	GJF Homeworking Policy.
Evidence 8.19	GJF eHealth Handbook.
Evidence 8.20	Redacted FairWarning Report, detailing staff members viewing possible family member's records.
Evidence 8.21	Redacted FairWarning Report, detailing staff members viewing their own records
Evidence 8.22	GJF Sample letter from Information Governance Manager to Department Manager highlighting FairWarning breach.
Evidence 8.23	Information Governance Manager report extract to Information Governance Group detailing responses to FairWarning breach and abuse of email.
Evidence 8.24	GJF Email to All Staff.
Evidence 8.25	GJF Corporate Induction Agenda.
Evidence 8.26 & 9.17 & 12.9	GJF Safe Information Handling Mandatory Electronic Module.
Evidence 8.27	GJF job offer pack, including undertaking of confidentiality and security declaration.
Evidence 9.1 & 8.15	GJF Data Protection Policy.
Evidence 9.2 https://ico.org.uk/ESDWebPages/Entry/Z7996020	Information Commissioners Officer – Data Protection Register – Entry Details.
Evidence 9.3 & 3.3	GJF Health Records Policy
Evidence 9.4	GJF Policy on Confidentiality of Personal Data Processed by Third Party
Evidence 9.5	GJF Access to Health Records.
Evidence 9.6	GJF Guidelines for the release of Health Records and Patient Information.
Evidence 9.7	NHS Scotland How to See Your Health Records Handbook
Evidence 9.8 http://www.nhsgoldenjubilee.co.uk/patients-and-visitors/data-protection/	GJF Subject Access Request Form

Evidence	Description
Evidence 9.9 & 11.6	GJF FairWarning Managers Guide.
Evidence 9.10	GJF FairWarning Staff Guide.
Evidence 9.11	GJF JABS Magazine Extract, Winter 2015, FairWarning roll out.
Evidence 9.12	GJF Corporate Induction Agenda.
Evidence 9.13	GJF Induction Slides.
Evidence 9.14 9.15 9.16	GJF Induction Course Handouts.
Evidence 9.17 & 8.26 & 12.9	GJF Safe Information Handling Mandatory Electronic Module.
Evidence 9.18	GJF Safe Information Handling Mandatory Electronic Assessment.
Evidence 9.19	Example GJF Data Processing Agreement.
Evidence 9.20	GJF Patient's General Information Guide mentioning Data Protection.
Evidence 9.21	Privacy Impact Assessment
Evidence 9.22	Privacy Impact Assessment Screening Questionnaire
Evidence 10.1	GJF Business Continuity Policy
Evidence 10.2	Sample GJF Business Continuity Booklet
Evidence 10.3	Evidence of GJF Internal Emergency Contingency File.
Evidence 10.4	GJF signed statement of compliance.
Evidence 10.4A	GJF signed statement of compliance update.
Evidence 10.5 & 5.1	GJF Retention Schedule listing Vital Records
Evidence 11.1	GJF Version Control & Naming Convention Guidelines.
Evidence 11.2	GJF Tracking Health Record Documentation.
Evidence 11.3	GJF Sample Health Records Tracking History.
Evidence 11.4 & 8.8	GJF Control of Access to Computer Systems Policy.
Evidence 11.5	GJF Sample Trakcare Audit Reports.
Evidence 11.6 & 9.9	FairWarning Managers Guide.
Evidence 12.1	GJF Business Case for Records Management Officer.

Evidence	Description
Evidence 12.2	GJF Senior Management Team Paper.
Evidence 12.3	GJF Records Management Officer Job Description.
Evidence 12.4	GJF Records Management Officer Safe Information Pass Certification.
Evidence 12.5	GJF Records Management Plan Paper from Senior Management Team Meeting.
Evidence 12.6	GJF Information Governance Manager, Information Governance in Practice Pass Certification.
Evidence 12.7	GJF Information Governance Manager, Public Records Act (Scotland) 2011, course certification.
Evidence 12.8	GJF Information Governance Manager, Practitioner Certificate in Data Protection.
Evidence 12.9 & 9.17 & 8.26	GJF Safe Information Handling Mandatory Electronic Module.
Evidence 13.1	Agenda from Information Governance Group, detailing Records Management Plan as a Standing Item.
Evidence 13.2	GJF Information Governance Group, Terms of Reference.
Evidence 13.3	Records Management Internal Assessment Methodology
Evidence 14.1	GJF Information Sharing Protocol
Evidence 14.2	Procedure for the transfer of patient identifiable/commercially sensitive data.
Evidence 14.3	Safe Removal of Information for Research and Audit.
Evidence 14.4	GJF Transport Policy.
Evidence 14.5	GJF Sample Service Level Agreement with Other Board.
Evidence 14.6	GJF Freedom of Information Policy
http://www.nhsgoldenjubilee.co.uk/patients-and-visitors/freedom-of-information/	GJF Webpage instructing how to make an FOI request.

GOLDEN JUBILEE FOUNDATION RECORDS MANAGEMENT PLAN

Element 1: Senior Management Responsibility				
Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Actions:
Identify an individual at senior level who has overall strategic accountability for records management	The senior individual (board level) who has overall strategic responsibility for records management is Julie Carter, Director of Finance who has been designated as Senior Information Risk Owner (SIRO) for the GJF.	Letter from GJF Director of Finance. Evidence 1.1, 2.1 & 3.1	SIRO/ Review if Change in Post Holder	Completed.

Element 2: Records Management Responsibility				
Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Actions:
Identify an individual within the Board, answerable to senior management, to have day to day operational responsibility for records management within the organisation	The individual who has operational responsibility for introducing the development and operation of records management is Mrs Sharon Stott, Information Governance Manager.	Letter from GJF Director of Finance. Evidence 2.1, 1.1 & 3.1	SIRO/ Review if Change in Post Holder	Completed.
		Information Governance Manager's Job Description Evidence 2.2	Head of eHealth/ Review if Change in Job Description	

Element 3: Records Management Policy Statement				
Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Actions:
A records management policy statement that describes how the Board creates and manages authentic, reliable and usable records, capable of supporting business functions and activities for as long as they are required	<p>The GJF is committed to a planned approach to the management of records within the organisation from creation to disposal. This will be carried out in line with NHS Scotland codes of practice and will ensure that the quality and quantity of records held is controlled whilst maintaining the security of our records.</p> <p>All policies and guidelines are available to all staff via the Q-Pulse system.</p> <p>The GJF receives patients for treatment from other NHS hospitals. Patients can also be transferred to other NHS sites for continued treatment. The GJF is satisfied that these organisations take records governance seriously and to the same standard as the GJF, being scheduled public authorities and are also, therefore, bound by the requirements of the Public Records (Scotland) Act 2011.</p>	Letter from GJF Director of Finance. Evidence 3.1, 2.1 & 1.1	SIRO/ Review if Change in Post Holder	Completed.
		GJF Policy on The Effective Management of Records. Evidence 3.2	Information Governance Manager/ September 2018	
		GJF Health Records Policy. Evidence 3.3 & 9.3	Information Governance Manager/ October 2018	
		Screenshots demonstrating access to policies via Q-Pulse. Evidence 3.4	Records Management Officer/Update in the event of system change	

Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Actions:
	<p>The GJF is also in the process of collaborating with other health boards in the development and standardisation of Information Governance Policies that can be applied across a number of health boards.</p>	<p>Staff Bulletin providing example of communication of information to staff. Evidence 3.5</p>	<p>Comms</p>	
	<p>A historical agreement was passed to GJF with third party storage providers, Iron Mountain. The records concerned with this contract were transferred to the care of the GJF as part of a service relocation.</p>	<p>eDigest, providing example of communication of information to staff. Evidence 3.6</p>	<p>Comms</p>	
		<p>Redacted contract between GJF and Iron Mountain. Evidence 3.7</p>	<p>National Services Division Nurse Manager</p>	

Element 4: Business Classification				
Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Action:
A business classification scheme that reflects the functions of the Board. Demonstrating at a given point in time, the informational assets the business creates and maintains, and in which function or service they are held.	The GJF Business Classification Scheme (BCS) is the keystone of the records management function within GJF.	GJF Business Classification Scheme. Evidence 4.1	Records Management Officer/Under Continuous Review	Completed.
	<p>The BCS aims to provide a framework for managing GJF records and information. It has been developed in partnership with representatives from each department, to ensure that it meets their specific operational requirements. The GJF has adopted the NHS National Services Scotland BCS template which is a three level functional hierarchy based on <i>Function, Action</i> and <i>Transaction</i>.</p> <p>The BCS will act as a foundation for a future document filing structure at the GJF, with a commitment for the implementation of this structure within the next 2 years.</p>	Statement from GJF senior management regarding commitment to implement the Business Classification Scheme. Evidence 4.2		

Element 5: Retention Schedules				
Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Action:
A retention schedule that details the procedures that the Board 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 GJF maintains corporate and health records retention schedules approved by the relevant governance group (eHealth Steering Group) and complies with 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.	GJF Retention Schedules for Clinical and Non Clinical Records. Evidence 5.1 & 10.5	Records Management Officer/ August 2018	Completed.
		Health Records Culling SOP. Evidence 5.2	Health Records Manager/ August 2018	
		Screenshot of Culled Health Record tracking location. Evidence 5.3	Health Records Manager/ Review in the event of system change	

Element 6: Destruction Arrangements				
Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Action:
<p>Demonstrate that proper destruction arrangements are in place. Disposal arrangements must also ensure that all copies of a record – wherever stored – are identified and destroyed.</p>	<p>The GJF has procedures for managing the confidential destruction of expired records, in a way that is auditable and irreversible.</p>	<p>GJF Disposal of Confidential Waste Policy. Evidence 6.1</p>	<p>Information Governance Manager/ 24/2/17</p>	<p>Completed.</p>
	<p>As the GJF transitions from paper to electronic records, arrangements will be in place to support the permanent deletion of records from systems.</p>	<p>GJF Procurement, Installation, Repair, Relocation and Disposal of Computer Systems and Equipment. Evidence 6.2 & 8.11</p>	<p>Information Governance Manager/ February 2017</p>	
	<p>Procedures are also in place for the disposal of paper records and the destruction of IT equipment , ensuring that all information is purged from IT equipment as part of the destruction process.</p>	<p>Medical Physics Disposal of Media containing sensitive data. Evidence 6.3</p>	<p>Medical Physics Manager/July 2017</p>	
	<p>Currently, daily and weekly back-ups are overwritten in weekly and monthly cycles. Monthly tape back ups are stored in a secure location, but not destroyed. The back-up process and retention of monthly back-up tapes is currently under review.</p>	<p>Data Processing Agreement with PHS Data. Evidence 6.4</p>	<p>SIRO</p>	
	<p>Records, with a 30 year retention requirement, held with third party</p>	<p>Example Certificate of Destruction from PHS Data. Evidence 6.5</p>	<p>Finance/ Updated certificate received monthly</p>	
		<p>Duty of Care Statement from PHS Data. Evidence 6.6</p>	<p>31/3/17/ Updated duty of care received annually</p>	

Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Action:
	<p>storage provider, Iron Mountain, were transferred to the care of the GJF as part of a service relocation. No records held by Iron Mountain have been inactive for over 25 years. As yet no decision has been made on whether these records have historical or research value and should be archived for permanent preservation or destroyed. Contact has been made with NRS regarding the possibility of archiving.</p> <p>As part of the ongoing assessment and review of Records Management at GJF, a records audit will be undertaken and an Information Asset Register will be created. This register will identify Information Asset Owners and Information Asset Administrators who will take the lead in supporting a data cleanse within the organisation. This will be in conjunction with the development and adoption of a formalised Board procedure for all staff to adhere to on the retention and</p>	<p>Data Solutions Certificate of Registration. Evidence 6.7</p>	<p>Records Management Officer</p>	
		<p>Destruction Certificate from disposal of electronic equipment. Evidence 6.8</p>	<p>IT Manager</p>	
		<p>Electronic back up procedure. Evidence 6.9</p>	<p>IT Manager</p>	

Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Action:
	destruction of electronic records, including email. This will also act as the foundation for the implementation of the Business Classification Scheme.			

Element 7: Archiving and Transfer Arrangements				
Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Action:
Detail the Board's archiving and transfer arrangements, ensuring that records of enduring value are deposited in an appropriate archive repository.	The GJF was only established in 2002 and has not yet begun the process of archiving of records.	GJF Archiving and Transfer Policy. Evidence 7.1	Information Governance Manager/ October 2018	Completed.
	A Memorandum of Understanding has been agreed between GJF and National Records Scotland to house any records that may be of national interest.	GJF Memorandum of Understanding with National Records Scotland. Evidence 7.2	Information Governance Manager	

Element 8: Information Security				
Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Action:
Ensure provision for the proper level of security for its public records. The security procedures must put in place adequate controls to prevent unauthorised access, destruction, alteration or removal of records.	<p>The GJF 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>The GJF is responsible for ensuring that adequate physical controls are in place to ensure the security and confidentiality of all health and business sensitive data, whether held manually or electronically.</p> <p>All GJF staff receive training on Data Protection and Information Governance at induction and must complete online refresher training every two years. Service specific classroom training sessions are also delivered, where appropriate.</p> <p>All staff are also required to sign a security declaration which is held within individual staff records and have a responsibility to adhere to the GJF policies.</p>	GJF Information Governance Policy. Evidence 8.1	Information Governance Manager/ June 2018	Completed.
		NHS Scotland Information Governance Guidelines. Evidence 8.2	NHS Scotland/ Review in the event of updated publication	
		Information Security Policy. Evidence 8.3	Information Governance Manager/ 12/8/18	
		Information Governance Group Agenda listing Information Security Framework as a standing item. Evidence 8.4	Information Governance Manager	
		Information Security Framework Implementation Documentation. Evidence 8.5 & 8.6	Information Governance Manager	

Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Action:
	<p>In line with policies relating to IM &T, Information held on the GJF servers is regularly backed up and held at an offsite facility.</p>	<p>GJF IM&T Security Policy. Evidence 8.7</p>	<p>Information Governance Manager/ 15/3/17</p>	
	<p>Procedures are in place to ensure that access to records is at the appropriate level to the role of each individual within the organisation.</p>	<p>GJF Control of Access to Computer Systems. Evidence 8.8</p>	<p>Information Governance Manager/ 24/2/17</p>	
	<p>The implementation of the Scottish Government Information Security Framework is currently underway and will be completed by June 2017.</p>	<p>GJF Secure use of Passwords. Evidence 8.9</p>	<p>Information Governance Manager/ July 2018</p>	
	<p>GJF Network Access Procedure. Evidence 8.10</p>	<p>Information Governance Manager/ 15/3/17</p>		
	<p>GJF Procurement, Installation, Repair, Relocation and Disposal of Computer Systems and Equipment. Evidence 8.11 & 6.2</p>	<p>Information Governance Manager/ 28/2/17</p>		
	<p>GJF Access to Server Room. Evidence 8.12</p>	<p>Information Governance Manager/ July 2018</p>		
	<p>GJF Email and Internet use. Evidence 8.13</p>	<p>Information Governance Manager/ 16/3/17</p>		

Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Action:
		GJF Social Media Policy. Evidence 8.14	Comms/ March 2018	
		GJF Data Protection Policy. Evidence 8.15 & 9.1	Information Governance Manager/ 24/2/17	
		GJF Security Policy. Evidence 8.16	Head of Estates and Facilities/ 3/11/18	
		GJF CCTV Code of Practice. Evidence 8.17	Head of Estate and Facilities/ 4/4/2019	
		GJF Homeworking Policy. Evidence 8.18	Partnership Forum/ July 2018	
		GJF eHealth Handbook. Evidence 8.19	eHealth/ Review as Systems are updated	
		Redacted FairWarning Report, detailing staff members viewing possible family member's records. Evidence 8.20	Information Governance Manager	

Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Action:
		Redacted FairWarning Report, detailing staff members viewing their own records. Evidence 8.21	Information Governance Manager	
		GJF Sample Letter from Information Governance Manager to Department Manager highlighting FairWarning breach. Evidence 8.22	Information Governance Manager/Review as letter is updated	
		Information Governance Manager Report from Information Governance Group detail responses to FairWarning breach. Evidence 8.23	Information Governance Manager	
		GJF Email to All Staff. Evidence 8.24	Comms	
		GJF Corporate Induction Agenda. Evidence 8.25	Learning & Development/ Review prior to each Induction event	

Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Action:
		GJF Safe Information Handling Mandatory Electronic Module. Evidence 8.26 & 9.17 & 12.9	Information Governance Manager/ As legislation requires	
		GJF job offer pack including undertaking of confidentiality and security declaration. Evidence 8.27	Human Resources/ Review as pack is updated	

Element 9: Data Protection				
Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Actions:
Demonstrate compliance with the Board's data protection obligations.	<p>The GJF is responsible for large volumes of personal and sensitive data subject to the Data Protection Act 1998 and, in the case of patient data, the Caldicott Principles.</p> <p>All GJF staff are bound by the NHS Code of Confidentiality.</p> <p>All GJF staff receive training on Data Protection and Information Governance at induction and must complete online refresher training every two years. Service specific classroom training sessions are also delivered, where appropriate.</p> <p>Any patient attending the GJF will be provided with information on the processing and usage of their health information. Leaflets are available within outpatients departments and ward areas regarding confidentiality and Freedom of Information. This information is also published on the Golden Jubilee Foundation website.</p>	GJF Data Protection Policy. Evidence 9.1 & 8.15	Information Governance Manager/ 24/7/17	Completed.
		Information Commissioners Officer – Data Protection Register – Entry Details. Evidence 9.2 https://ico.org.uk/ESD/WebPages/Entry/Z7996020	Information Governance Manager/ 28/8/2017	
		GJF Health Records Policy. Evidence 9.3 & 3.3	Information Governance Manager & Health Records Manager/ 26/7/2017	
		GJF Confidentiality of Personal Data Processed by a Third Party. Evidence 9.4	Information Governance Manager/4/8/2018	
		GJF Access to Health Records. Evidence 9.5	Information Governance Manager/ 28/2/17	

Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Actions:
	<p>Procedures are in place to ensure that access to records is at the appropriate level to the role of each individual within the organisation.</p>	<p>GJF Guidelines for the release of Health Records and Patient Information. Evidence 9.6</p>	<p>Information Governance Manager/ 4th August 2018</p>	
	<p>‘FairWarning’ software, deployed within the GJF, detects unauthorised or inappropriate access to our main clinical information systems.</p>	<p>NHS Scotland How to See Your Health Records Handbook. Evidence 9.7</p>	<p>NHS Scotland & Comms/Review as publication is updated</p>	
	<p>A Privacy Impact Assessment Screening questionnaire is required to be completed for any proposed changes to a service, including contracting of third party suppliers, if the screening questionnaire returns any positive responses a Privacy Impact Assessment is required to be completed.</p>	<p>GJF Subject Access Request Form. Evidence 9.8</p>	<p>Information Governance Manager & Health Records Manager</p>	
		<p>GJF FairWarning Managers Guide. Evidence 9.9 & 11.6</p>	<p>Information Governance Manager/ Review as System is Updated</p>	
		<p>GJF FairWarning Staff Guide. Evidence 9.10</p>	<p>Information Governance Manager/ Review as System is Updated</p>	
		<p>GJF JABS Magazine Extract, Winter 2015, FairWarning roll out. Evidence 9.11</p>	<p>Comms</p>	

Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Actions:
		GJF Corporate Induction Agenda. Evidence 9.12	Learning & Development/ Review prior to each Induction event	
		GJF Induction Slides. Evidence 9.13	Information Governance Manager/ As legislation requires	
		GJF Induction Course Handouts. Evidence 9.14 9.15 9.16	Information Governance Manager/ As legislation requires	
		GJF Safe Information Handling Mandatory Electronic Module. Evidence 9.17 & 8.26 & 12.9	Information Governance Manager/ As legislation requires	
		GJF Safe Information Handling Mandatory Electronic Assessment. Evidence 9.18	Information Governance Manager/ As legislation requires	
		Example Data processing agreement. Evidence 9.19		
		GJF Patient's General Information Guide mentioning Data Protection. Evidence 9.20	Comms/Review as publication is updated	

Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Actions:
		Privacy Impact Assessment. Evidence 9.21	Information Governance Manager	
		Privacy Impact Assessment Screening Questionnaire. Evidence 9.22	Information Governance Manager	

Element 10: Business Continuity and Vital Records				
Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Actions:
Detail arrangements in support of records vital to business continuity.	<p>In order to support Business Continuity Management, the GJF has in place a Business Continuity policy, which is currently under review, an Information Security Policy and accompanying Information Security Incident Response Plan (ISIRP) as well as an eHealth disaster recovery plan.</p> <p>As part of the formal review of existing processes the Resilience Group has been developed who will drive forward the review of Business Continuity Procedures within the organisation</p> <p>The Business Continuity policy requires each department to maintain a business continuity booklet detailing procedures to be carried out, in the event of a crisis or incident occurring.</p> <p>In the event of any incidents effecting information security, the ISIRP would be activated, the ISIRP and the eHealth Disaster Recovery Plans are not for general distribution and therefore, have not been supplied as supporting</p>	GJF Business Continuity Policy. Evidence 10.1	Senior Management Team/August 2016	Completed.
		GJF Sample Business Continuity Booklet. Evidence 10.2	To be maintained by each department	
		GJF Internal Emergency Contingency File. Evidence 10.3	Records Management Officer/Review as Updated	
		GJF signed statement of compliance. Evidence 10.4	SIRO	
		GJF signed statement of compliance update. Evidence 10.4A	SIRO	

Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Actions:
	<p>evidence.</p> <p>Back-ups of the data held on the GJF servers are maintained at a secondary site, supporting our ability to recreate lost and damaged records.</p>	<p>GJF Retention Schedules Listing Vital Records. Evidence 10.5 & 5.1</p>	<p>Records Management Officer/ August 2018</p>	

Element 11: Audit Trail				
Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Actions:
Provide evidence that the Board 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 GJF has a centralised electronic repository for all policy documentation (Q-Pulse). Q-Pulse has inbuilt version control and automatically records any amendments to existing documents.	Version Control and Naming Conventions Guidance. Evidence 11.1	Records Management Officer/August 2018	Completed.
	The GJF also has Version Control and Naming Convention Guidelines for documents which are stored on shared drives.	GJF Tracking Health Record Documentation. Evidence 11.2	Health Records Manager/ Review as System is Updated	
	All paper Health Records are labelled using a bar code which is used to track movements within the GJF Patient Administration System, providing a detailed tracking history with audit reporting function.	Sample Health Records Tracking History. Evidence 11.3	Health Records Manager/Review as System is Updated	
	All Health Records are stored in the Health Records library and are filed sequentially using a unique identified (Community Health Index).	GJF Control of Access to Computer Systems Policy. Evidence 11.4 & 8.8	Information Governance Manager/ 24/2/17	
		Sample Trakcare Audit Reports. Evidence 11.5	PMS System Administrator/Review as System is Updated	

Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Actions:
	<p>Potentially inappropriate access to electronic health data, by staff members, is identified via “FairWarning” (Privacy Breach detection software) which is then investigated and may result in disciplinary action be initiated.</p> <p>Paper corporate records are held in accordance with individual departmental filing systems.</p> <p>An inventory of Records held offsite with third party storage provider Iron Mountain identifies the box number where each record is stored. The records can be retrieved using a same day, next day or 2 hour return service by contacting Iron Mountain.</p>	<p>FairWarning Managers Guide. Evidence 11.6 & 9.9</p>	<p>Information Governance Manager/ Review as System is Updated</p>	

Element 12: Competency Framework for Records Management Staff				
Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Actions:
Detail a competency framework for person(s) designated as responsible for the day-to-day operation of activities described in the elements in the Board's RMP.	The GJF provides appropriate training and development support to ensure all staff are aware of their records management responsibilities.	GJF Business Case for Records Management Officer. Evidence 12.1	Head of eHealth/ Review if change in post holder or business requirements	Completed.
	In addition, further training and development support is provided to the Information Governance Manager, ensuring that the organisation can be fully supported in all aspects of records management.	GJF Senior Management Team Paper. Evidence 12.2	Head of eHealth	
	A bespoke training programme has been developed and implemented, providing all staff responsible for records management with the required knowledge and skills in records management. This will further ensure that GJF complies with the requirements of the Act.	GJF Records Management Officer Job Description. Evidence 12.3	Head of eHealth/ Review if change in post holder or business requirements	
		GJF Records Management Officer Safe Information Pass Certification. Evidence 12.4	Records Management Officer/ 16/12/17 or in the event of a change of post holder	
		GJF Records Management Plan Paper from Senior Management Team Meeting. Evidence 12.5	Senior Management Team	

Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Actions:
		GJF Information Governance Manager, Information Governance in Practice Pass Certification. Evidence 12.6	Information Governance Manager	
		GJF Information Governance Manager, Public Records Act (Scotland) 2011, course certification. Evidence 12.7	Information Governance Manager	
		GJF Information Governance Manager, Practitioner Certificate in Data Protection. Evidence 12.8	Information Governance Manager	
		GJF Safe Information Handling Mandatory Electronic Module. Evidence 12.9 & 9.17 & 8.26	Information Governance Manager/ As legislation requires	

Element 13: Assessment and Review				
Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Actions:
Detail the procedures in place to ensure regular self-assessment and review of records management systems in place within the Board.	The Information Governance Manager will review quarterly the overall contents of the GJF's Records Management Plan. The GJF Senior Management Team require an annual report on the progress of the RMP.	Agenda from Information Governance Group, detailing Records Management Plan as a Standing Item. Evidence 13.1	Information Governance Group	Completed.
	The Public Records (Scotland) Act is a standing item on the agenda for the quarterly meeting of the GJF Information Governance Group and progress reports are submitted at each meeting. This Group reports to the eHealth Steering Group and the GJF Senior Management Team which in turn reports to the GJF Board.	Information Governance Group, Terms of Reference. Evidence 13.2	Information Governance Manager/Update as TOR alter	
	The evidence submitted to support the plan will be reviewed in accordance with the associated review dates. Each of the policies and procedures provided, in line with the requirements of the Public Records (Scotland) Act 2011, have been prepared in consultation with stakeholders across the organisation.	GJF Records Management Internal Assessment Methodology. Evidence 13.3	Records Management Officer/ Update as reviews are completed	

Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Actions:
	<p>Each policy will be reviewed, in line with the assigned review date, to ensure that ongoing compliance and commitment to best practice recordkeeping is maintained.</p> <p>The Records Management Officer will conduct a bi-annual self assessment using an internally developed methodology, the results of which will be reported to the Information Governance Group.</p> <p>The first review is due to commence in March 2017 in order to provide a benchmark prior to the formal implementation of the Records Management Plan, data cleansing work and the adoption of the Business Classification Scheme.</p>			

Element 14: Shared Information				
Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Actions:
Provide evidence that the Board has considered the implications of information sharing of good records management. Include reference to information sharing protocols that govern how the Board will exchange information with others and make provision for appropriate governance procedures.	<p>The sharing of information is a core activity within NHS Scotland, as patient care is delivered across professions and geographical boundaries, 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>Information Sharing Agreements are in place with the appropriate third parties, eg other NHS boards.</p> <p>The Golden Jubilee Foundation does not generally engage third parties to deliver core functions. The primary role of the organization is to relieve waiting list pressure for territorial NHS Health Boards receiving allocations of agreed numbers of patients annually.</p> <p>However, at present a contract is in place with a diagnostic imaging company.</p>	GJF Information Sharing Protocol. Evidence 14.1	Information Governance Manager/August 2018	Completed.
		Procedure for the transfer of patient identifiable/commercially sensitive data. Evidence 14.2	Information Governance Manager/October 2018	
		Safe Removal of Clinical Information for Research and Audit. Evidence 14.3	Information Governance Manager/August 2018	
		GJF Transport Policy. Evidence 14.4	Transport Manager/Sept 2018	
		GJF Sample Service Level Agreement with Other Board. Evidence 14.5	Director of Operations /1/4/17	
		GJF Freedom of Information Policy. Evidence 14.6	Information Governance Manager/ 13/03/17	

Element Requirement	GJF Statement	Corporate Evidence	Owner/Review Date	Actions:
	Any records created by the diagnostic imaging company in the provision of this service are returned to the GJF Radiology department for management.	GJF Webpage instructing how to make an FOI request. http://www.nhsgoldenjubilee.co.uk/patients-and-visitors/freedom-of-information/	Information Governance Manager/Comms	