Progress Update Review (PUR) Template: State Hospitals Board for Scotland (Carstairs)

Element	Status of elements under agreed Plan 31JUL17	Progress assessment status 20JAN20	Progress assessment status <date>	Keeper's Report Comments on Authority's Plan 31JUL17	Self-assessment Update 07OCT19	Progress Review Comment 11MAR20	Self-assessment Update as submitted by the Authority since 11MAR20 (Submitted October 2021)	Progress Review Comment <date>
1. Senior Officer	G	G		Update required on any change.	New Chief Executive in post – NRS notified 02/04/19. *(Email attached - 1)*	Thank you for this update. The change of identified individual has already been noted. The Assessment Team acknowledge the receipt of the *Change of lead for Records Management Plan (RMP)* e-mail.	**No change.**	
2. Records Manager	G	G		Update required on any change.	No changes made.	No immediate action required. Update required on any future change.	**No change.**	
3. Policy	A	G		The Board have a *Management, Retention & Disposal of Administrative Records Policy* which has been supplied to the Keeper. This is version 1.0. dated February 2007. **However, the Board have stated "The current Administrative Records Policy is outdated and requires some work to bring it up to an acceptable standard. This work has begun and will be completed in 2017."** **This work features in the Action Plan against this element (and against element 5). The Keeper agrees this action and requests that he is sent the updated Policy when it becomes available.**	Administrative Records Policy was updated in April 2017 (*Copy attached - 2*). The update of the Clinical Records Policy was on hold awaiting the updated Records Management Code of Practice from Scottish Government. Work has begun on a Records Management Policy incorporating both clinical and administrative records. This will be forwarded to NRS on completion.	In 2017 the Keeper agreed this element of the State Hospital's Records Management Plan under 'improvement model' terms awaiting the completion and implementation of an updated *Administrative Records Policy*. The Assessment Team is pleased to recognise that this has now been done. The Assessment Team acknowledge the receipt of *Management Retention Disposal of Administration Records* (issue 02). If this was a formal re-submission it is likely that this element of the Plan would turn from Amber to Green.	**Corporate Records Policy is currently out for consultation – this will replace the Administrative Records Policy which is felt to be outdated. The Corporate Records Policy will be discussed at Policy Approval Group in October 2021.** **An updated Health Records Policy was released in June 2021.**	

	 	 		The Board have committed to do this. **The Keeper is able to agree this element of the Board's *Plan* under improvement model terms. This means that the authority has identified a gap in their records management provision (the administrative records policy is out-of-date) and have put processes in place to close that gap. The Keeper's agreement is conditional on his being updated as the new *Administrative Records Policy* becomes available.** The *Health Records Policy and Procedures* was due for review by June 2017.		The Keeper has been kept appraised of the development of an updated *Code of Practice* through the NHSS Forum and accepts that the State Hospital will adopt that Code when it is available. The Assessment Team notes that the authority is pursuing a *Records Management Policy* and looks forward to updates on this in subsequent PURs.	
4. Business Classification	**A**	**A**		The Board states (*Plan* page 10): The intention is to create a hospital-wide system which will incorporate all departments and systems. It is recognised that this is a huge undertaking and will take time and resources to put in place, however commitment is there to see this project through" - N.B. the Chief Executive has signed the *Plan* and therefore can be directly associated with this commitment. The Board have provided a small sample of how this system might look (from the finance department). The Keeper agrees that, with an organisation the size of the State Hospital, it is inevitable that progress will be made on an incremental basis. The Board have	A Records Survey is being carried out throughout the Hospital – this has taken longer than expected due to resourcing issues (small numbers of staff involved, and also workload of departments being surveyed). However, some headway has been made and the beginnings of an Information Asset Register are in place. This is being built upon, with Records Survey forms being completed throughout the site and collated by the Health Records Department. The survey is incorporating information on both electronic and physical records, and is also taking into account retention and	In the previous update the State Hospital indicated that they were pursuing an *Information Asset Register* structure around the management of their public records. This work is underway. Once complete the *Information Asset Register* will need to be populated at a local level (the involvement of local business areas in the work is vital). The Assessment Team looks forward to updates in subsequent PURs. This element remains at Amber while this work is ongoing. The Keeper is aware that NHS Boards are migrating their systems to a O365	**An Information Asset Register is now in place. There are currently around 30 assets registered and work is ongoing with various departments around the hospital to ensure more registrations are completed. The process is also contributing information to be used for better records management of the full lifecycle of the record.** **OneTrust is currently being used to register assets. Work is ongoing in relation to being able to complete DPIAs using this system – currently a DPIA lite (screening questions) is available for users with a full DPIA being tested.** **The Records Management team are working with colleagues to assist with review of records held in shared drives, encouraging destruction of non-relevant data and retention timescales to be put in place as well as better filing structures.** **Work in relation to the move to Microsoft 365 is ongoing in line with other Boards. TSH staff are engaged with national**	

				separately informed the Keeper that Work is underway although at a very early stage. **The Keeper will expect to see continual progress over the next year or so.** **The Keeper is able to agree this element of the State Hospital Board for Scotland's Records Management Plan under 'improvement model' terms. This means that the authority has identified a gap in their records management provision (No formal, hospital-wide, business classification scheme), but have put processes in place to close that gap. The Keeper's agreement is conditional on his being updated on the progress of the improvement plan explained above.**	destruction periods for future management. It is recognised that the process of identifying records held by the Hospital is essential for good records management and discussions are currently ongoing re resources in this area.	solution. This is bound to be incremental and take several years to bed-in properly. The Assessment Team acknowledge that the State Hospital are likely to be part of major project.	**Records Managers/Information Governance Groups.**	
5. Retention Schedule	G	G		Update required on any change.	Part of ongoing work as in Element 4 above.	The *NHS Code of Practice* is the key source for retention decisions and, as noted above, this *Code* is being updated at the moment. It is suggested in the PUR that the State Hospital will include retention decisions in its *Information Asset Register*. This is to be commended as liable to create a stronger business tool.	**Retention is included in IAR work. It is planned to have a retention policy created for the State Hospital based on the Code of Practice but with local information also included. The Health Records Manager has this built into their workplan for November 2021.** **Until such times as the retention policy is in place, staff are directed to use the current Scottish Government Records Management Code of Practice.**	
6. Destruction Arrangements	A	A		**Electronic Records: The *Plan* states "There are no formal arrangements in place currently for the destruction of electronic data…" but**	Twice yearly bulk shreds are taking place with paper records from around the Hospital being destroyed in line with guidance.	The Keeper agreed the State Hospital Board's original Records Management Plan on an improvement model basis partly on the	**Bulk shreds are held at least once a year (usual practice is twice annually).** **IAR work is highlighting the need to have destruction arrangements in place or being considered. In particular, consideration is**	

			goes on to commit the Board to "Look at how electronic data should be destroyed in line with the *Business Classification Scheme*." This latter statement is lifted from the Action Plan against this element. The Keeper agrees this action. The development of a hospital-wide solution for electronic records (see element 4) will greatly assist this aspect of destruction. Monitoring the imposition of retention decisions (see element 5) will be fundamental in mapping the success of this project. **The Keeper is able to agree this element of the State Hospitals Board's Records Management Plan on improvement model terms. This means that an authority has identified a gap in their records management provision (in this case that electronic records are not universally destroyed at the end of their retention period), but have put processes in place to close that gap. The Keeper's agreement is conditional on his being updated as the project explained in element 4 is progressed.**	*(Documentation attached - 3)* Appraisal of physical patient records is ongoing with some being agreed for destruction. Electronic records are being considered as part of the records survey (Element 4) and structures are being built into shared drive areas to better organise data to allow organised destruction. Discussions are at an early stage re information for destruction which is also held on back up.	grounds that the authority could not be confident that staff were destroying digital records at the end of their retention periods. He was convinced that processes were in place to remedy this. The Assessment Team note that the authority does not yet appear to be compliant in this element. However, they acknowledge that steps are being taken to improve control of digital records held on shared drives. Clearly, if all the public records of the authority are managed on the O365 system (see element 4) the routine and controlled destruction of electronic records should be more robust. However, this functionality will probably not be universally operational for some time. In the meantime it will remain important that staff are correctly prompted to destroy records appropriately. The example of the paper record bi-annual shredding programme shows that the State Hospital are pursuing this. This element remains at Amber while this work is ongoing. The Assessment Team acknowledge the receipt of evidence of shredding.	**now being given to the destruction of digital information, with staff being given support to begin this process via Records Management training and guidance documentation.** **In respect of clinical information, this should be contained within the patient record which has specific appraisal and destruction processes. Duplicate information (held in shared drives) is now being destroyed.** **In future records (non-clinical) will be managed via M365 – State Hospital staff are involved in national work in relation to this move and will continue to put in place any systems required from this.**	
7. Archiving and Transfer	**A**	**A**		The Keeper agrees this element of The State Hospitals Board for Scotland's *Records*	Appraisal of patient records is ongoing, with some being allocated for destruction and others	The Keeper agreed the original submission from the State Hospital under 'improvement	**Appraisal of patient records has continued although at a slow pace due to resourcing issues in the Health Records Department**	

	<td style="background:#f5b800"></td>	<td style="background:#f5b800"></td>		*Management Plan* under 'improvement model' terms. This means that he acknowledges that the authority has identified a gap in provision [there is no formal transfer agreement with the archive] and have put processes in place to close that gap. The Keeper's agreement is conditional on his PRSA Assessment Team being provided with a copy of the signed MOU when available.	for permanent preservation (this will go to NRS and Memorandum of Understanding will be signed when this is going to take place). Plans are underway for a mini-archive facility in the Health Records Department of The State Hospital for any records which are deemed to be for permanent preservation but which NRS cannot take. Web archiving is now being undertaken by NRS on a twice yearly basis.	model' terms for this element. This was because although they had identified a suitable repository for public records selected for permanent retention (NRS), they had not yet secured a formal agreement for the transfer of records. The Assessment Team acknowledge that the authority has taken steps to pursue an MoU with NRS (including a site visit by NRS client managers) and look forward to an update in subsequent PURs. This element remains at Amber.	**over the past 18 months – some of which can be attributed to the ongoing pandemic.** **Staffing has been improved in the department and the archiving/appraisal project has now restarted at an improved pace with staff putting dedicated time towards this.** **A meeting between TSH and NRS was held in October 2021 to restart discussions and begin the transfer to archives of items, in particular patient records prior to 1948.**	
8. Information Security	**G**	**G**		Update required on any change. The *Hospital Access & Egress Procedure* was due for review by May 2017. The *Incident Reporting and Review Policy* was due for review before September 2018. The *Information & Network Security Policy Pack* was due for review by January 2019. The *Safe Use of Medicines Policy and Procedures* is due for review by November 2019. *The Technology and Electronic Devices Within The State Hospital* policy should have been reviewed by February 2016. The Board stated in 2017: "This is the most current, up to date policy. It has been	Hospital Access and Egress Procedure was updated on 17/07/18 (review date 01/05/20). *(Copy attached - 4)* Incident Reporting and Review Policy was updated in November 2017 (review date November 2020). *(Copy attached - 5)* INSPP – awaiting update Safe Use of Medicines Policy is still current and in use. Technology and Electronic Devices within The State Hospital Policy – has been replaced by the Mobile Devices Policy dated 21/06/19 (review date 21/06/22) *(Copy attached - 6)* Named Data Protection Officer is now in place.	In their original submission the State Hospital committed to keep its information governance policy documents under review and the Assessment Team acknowledge that this is being done. The Assessment Team acknowledge receipt of *The State Hospital Access and Egress Procedure* (issue 2 2018); *Incident Reporting and Review Policy* (issue 6 2017) and *Mobile Device Policy* (issue 1 2019). These documents will be retained in order that the State Hospital's submission can be kept up-to-date.	**The State Hospital Access and Egress Procedure is currently in the process of being updated.** **Incident Reporting and Review Policy was updated in August 2021 (review due August 2024).** **Information and Network Security Policy – due for review by November 2021.** **Safe Use of Medicines Policy was updated in April 2021 (review due April 2024).** **Mobile Device Policy – still current (review due June 2022).**	

	G	G		noted that it requires updated and this will be taken forward by eHealth staff."	DPIAs – awareness raising taking place and being completed where appropriate.		
9. Data Protection	G	G		The *Data Protection Policy and Procedures* was due for review by April 2017. The Assessment Team would expect to see a GDPR update here.	Data Protection Policy updated 01/10/18 (for review 01/10/21) *(Copy attached - 7)* Named DPO now in place.	As with all other Scottish public authorities the State Hospital Board have been required to review and update their data protection procedures in light of the 2018 legislation. The Assessment Team notes that the public-facing website references data protection/privacy: https://www.tsh.scot.nhs.uk/Contact_Us/index.htm#access The Assessment Team note that they have received the *Data Protection Policy* (issue 7 2018). The Assessment Team note the additional training opportunities relating to Impact Assessments available to key information governance staff in the State Hospital.	**Information Governance (Data Protection) Policy dated June 2021 (review due June 2024). Available on TSH website: https://www.tsh.scot.nhs.uk/Policies/Docs/IG05%20-%20Information%20Governance%20Data%20Protection%20Policy%20-%20June%202021.pdf** **Completion of DPIAs is now at a higher rate with staff receiving training and support in this area.**	
10. Business Continuity and Vital Records	G	A		Update required on any change. A requirement to test the Business Continuity Arrangements is stated in the I.T. Policy section 1.8.	Existing BCP is out of date and is currently being updated. Will be forwarded to NRS on completion.	As the Business Continuity Plan has now lapsed this element becomes Amber while the update is being prepared. The Keeper agreed that the submitted *Business Continuity Plan* (version 3) adequately provided for the recovery of records and the Assessment Team is confident that the new version, when approved and	**Business Continuity and Emergency Planning Policy dated October 2021.**	

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11. Audit Trail	**A**	**A**		**The Keeper agrees this element of the Board's *Plan* under 'improvement model' terms. This means that the authority has identified a gap in provision (in this case that controlled record tracking is limited by the absence of a Business Classification/File Plan), but the Keeper is convinced that they have instigated processes to close that gap (see element 4). The Keeper's agreement is conditional on his being updated as the project explained in element 4 is progressed.**	Records Survey work is ongoing (Element 4) and audit trail forms part of this work.	The Keeper agreed the original submission on 'improvement model' grounds. That is to say the authority had recorded a gap in provision and was taking steps to close that gap. This was bound to be incremental and the Assessment Team is pleased to acknowledge that steps have been taken as agreed. However, it is vitally important that staff correctly name records at time of creation for any system that does not impose this. Similarly, version control instructions are key. It is important that any organisation can be confident that they can find a record when required and identify the correct version of that record. The Assessment Team acknowledge that the State Hospital are pursuing this objective. The creation of a clear structure (see element 4) will be a significant step forward. The O365 migration should greatly increase the control over document tracking although it will take some time for this	**Work has begun on updating filing guidance for the EPR which will incorporate naming conventions and timescales for uploading documents.** **TSH is working towards using M365 for future document management (non-clinical) – guidance will be given for this (in line with national work currently ongoing).** **IAR work is ongoing with system owners and shared drive owners being targeted to ensure their relevant areas are maintained in an accurate fashion – guidance and support is in place/development to make this process simpler. Responsibility is being emphasised to IAOs (director level) and IAAs.** **The use of a Business Classification Scheme is being explored with the Health Records Department being a pilot for this work. The BCS for TSH will be based on the ongoing national work being carried out.**	

					to be universally applied in the authority. However, in the short term the Assessment Team would expect the populated *Information Asset Register* to strengthen this element. (For comments regarding the O365 migration and the Information Asset Register see element 4 above). Once the *Information Asset Register* is rolled out, the creation and roll-out of staff guidance would seem to be the next vital step and the Assessment Team looks forward to updates on progress in subsequent PURs. This element remains at Amber.	
12. Competency Framework	G	G		Update required on any change.	Staff have undertaken further training – Health Records Manager has obtained IHRIM Diploma, Health Records Assistant has obtained IHRIM Certificate. Some hospital staff have gained the CTC, and a further CTC course is planned for December 2019. Online training is being updated and refresher training is mandatory every year.	The Assessment Team thanks the State Hospital for this update which we have noted. Congratulations on your new qualifications. The Keeper expects to see evidence that Staff creating, or otherwise processing records, are appropriately trained and supported. There is clear evidence that the State Hospital take this aspect of their records management provision seriously.	**Records Management training will take place in October for various staff. These 2-hour sessions are being delivered via Teams by the Health Records Manager and will focus on general records management as well as TSH specific learning.** **A new cohort has begun the IHRIM CTC in September 2021. This consists of 8 staff from TSH from a variety of departments (including 2 new Health Records Department staff members). Given the mixture of staff, the CTC is becoming more inclusive of corporate records as well as health records.**	
13. Assessment and Review	G	G		The Board intend to involve their Clinical Effectiveness (internal audit) team in reviewing particular elements of the *Plan* and this team's	Clinical Effectiveness have not been formally involved yet – this will follow the records survey work as in Element 4.	The Assessment Team note that, due to the State Hospital's records management systems still being something of a work in	**This is kept under review however to date there has been no official audit input.** **Records Management is on the agenda for various groups in TSH including the**	

				worksheet has been provided showing that retention and destruction will be reviewed in the winter of 2017. The Keeper notes that this proposal is 'draft' at the moment. However, he accepts that this probably relates to timing rather than intention. **That said, he requires the Board to inform him if this self-assessment mechanism does not proceed.**	Records Management is a standing agenda item for the Information Governance Group, and is discussed at the Freedom of Information Committee on a regular basis. Records Management information is included in annual reports from these groups which is are taken to the Senior Management Team/Board Meetings. The PUR will be discussed at the SMT meeting prior to submission.	progress (see element 4), internal audit (Clinical Effectiveness) have not yet carried out their survey of the provision. This is understandable and the Assessment Team looks forward to updates in subsequent PURs. In the meantime the review reporting structure continues as agreed by the Keeper in 2017.	**Information Governance Group, Corporate Services Group and the Freedom of Information Committee.** **The NRS PUR process is used to ensure that the RMP is kept under review and is discussed at Operational Management Group and Corporate Management Group prior to submission. Any other relevant issues are also raised at these high level meetings on an ad hoc basis.**	
14. Shared Information	**G**	**G**		Update required on any change. The *Information sharing between The State Hospital & the Police* document was due for review by June. The Board stated in 2017: "This is the most current, up to date policy. It has been noted that it requires updated and this will be taken forward by eHealth staff."	The Information Sharing with the Police Policy is out of date – discussions have been held and this policy was felt to be unsuitable and should be split into two new policies. This work is currently being carried out by the Caldicott Guardian and Director of Security. These will be forwarded to NRS on completion. Further Information Sharing Agreements have been signed. Staff from The State Hospital are involved in national groups working on data sharing agreements and these will be implemented as appropriate.	Thanks you for the update regarding the data sharing agreement with the Police. It is understandable that, at any given time, individual agreements may be up for review. The Keeper will, of course, be interested in receiving a copy of the new updated agreement when appropriate but, for the moment, this element remains at Green. The Assessment Team is satisfied that there remains a clear understanding of information governance issues when the State Hospital enters into information sharing projects with external parties.	**Information sharing with the police is now covered by a process in the Health Records Department rather than a specific policy.** **Information Sharing Agreements are in place or being considered where required. Awareness of agreements being required is raised via the IAR work and through training and discussion with relevant staff.**	