THE STATE HOSPITALS BOARD FOR SCOTLAND

RECORDS MANAGEMENT POLICY

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Advisory Group	Information Governance Group	
Approval Group	Policy Approval Group	
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Accountable Executive Director	Director of Finance and eHealth	

The date for review detailed on the front of all State Hospital policies/ procedures/ guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy/ procedure/ guidance at any time due to organisational/legal changes.

Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies/ procedures/ guidance can be found on the intranet: http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx

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1 POLICY STATEMENT/PURPOSE/AIM

This is the overarching Records Management (RM) Policy for the State Hospitals Board for Scotland. It:

a) Explains why the policy is required.
b) Sets out key definitions used in the policy.
c) Identifies the information to which this policy applies.
d) Sets out the roles and responsibilities of all parties involved.
e) Describes the standards of practice required in the management of all State Hospital records.
f) Gives information on advice and support available in relation to RM.

The State Hospital (TSH) has a statutory obligation under the Public Records (Scotland) Act 2011 (PRSA) to ensure that proper arrangements are made for the management, retention, storage and destruction of all business and administrative information and records. Good RM is essential in order that the organisation is able to:

- Support delivery of services and functions, including safe patient care.
- Provide evidence of actions and decisions taken.
- Protect the interests of patients, staff and members of the public or other stakeholders.
- Support the effective use of resources and lower risk of errors that could potentially cause the organisation to break the law.

TSH will manage and maintain records in an open and accountable manner, to support the delivery of care in accordance with national and locally recognised standards and legislation, complying with any directives or guidance issued by the Scottish ministers wherever relevant. A list of relevant legislation is attached as Appendix 1.

2 SCOPE OF POLICY

This policy applies to all operational records held by TSH, whether clinical or organisational.

All staff, including those on temporary or fixed term contracts, as well as secondees and volunteers require to follow the policy. Misuse of TSH records may lead to disciplinary or legal processes.

3 KEY DEFINITIONS

The following are terms used in this policy and have the meanings as set out below:

Term	Meaning
Data	Raw, unprocessed information which requires to be organised.
Data Protection	The protection of personal data and the actions that require to be taken to ensure that legislation is complied with.
FOI(S)A	The Freedom of Information (Scotland) Act 2002.
Information	Data that has been processed, structured and given meaning.
Information Asset	A body of information, defined and managed as a single unit so it can be understood, shared, protected and exploited efficiently (e.g. full patient record).

Term	Meaning
Information Governance (IG)	The overall strategy and framework applied to manage information with TSH. This includes Data Protection, Records Management and Information Security.
Operational records	Records created or received in the course of business and captured in a readable form in any medium which provide evidence of the functions, activities and transactions undertaken by the organisation. These include administrative records and clinical records in either digital or physical format.
Personal data	Any information relating to an identified or identifiable natural person ('data subject'); an identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person. (UK GDPR).
Processing	Any operation performed on information, including but not limited to: • Collection, recording, organisation, structuring or storage. • Adaptation or alteration. • Retrieval, consultation or use. • Disclosure by transmission, dissemination or otherwise making available. • Alignment or combination (e.g. for statistical purposes). • Restriction, erasure or destruction. •
Pseudonymised data	Data which has had the identifiers removed and replaced by a value that allows re-identification by an authorised person.
Record	Anything in which information is recorded in any form (electronic or physical) (NRS, 2024). Records are specific types of collated and organised information and data created, received and maintained as evidence by an organisation for reference in the transaction of a business or pursuance of legal obligations. This includes archive records, which are used to record corporate and clinical memory. **Note – emails are included as a record type and should be treated as such.**
Record lifecycle	The span of a record from creation through to use, maintenance, review and disposal (or permanent storage).
Records Management (RM)	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 (from NRS, 2024)
Records Management Plan (RMP)	Under the PR(S)A named public authorities (including health boards) are required to submit a RMP to be agreed by the Keeper of the Records of Scotland. This plan should set out proper arrangements for the management of the authority's public records.

Term	Meaning
UK General Data Protection Regulations (GDPR)	Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (United Kingdom General Data Protection Regulation), as it forms part of the law of England and Wales, Scotland and Northern Ireland by virtue of section 3 of the European Union (Withdrawal) Act 2018.

4   ROLES AND RESPONSIBILITIES

All staff members of TSH have a responsibility for records management in line with their role and job description duties. Certain staff members will have additional responsibilities due to their role in the organisation and in line with relevant guidance and legislation.

Role	Responsibility
Chief Executive	Named in Element 1 of the Records Management Plan as the senior person having overall accountability for RM in TSH.
Senior Information Risk Owner (SIRO)	Overall owner of information risk within the organisation.
Caldicott Guardian	Responsible for ensuring that all personal confidential data is handled legally, ethically and responsibly, as well as providing guidance on matters relating to information sharing and confidentiality. Advisory role and acts as 'the conscience of the organisation'.
Records Services Manager	Named in Element 2 of the Records Management Plan as having operational responsibility for RM in TSH.
Records Service Department Staff	To provide support and guidance to all staff in relation to RM issues. To promote good practices.
Information Asset Owners (IAO)	Responsible for an information asset, e.g. decision making and assessing risk. The IAOs at the State Hospital are the Directors, CEO and the Board Secretary.
Information Asset Administrators (IAA)	Responsible for the day to day use and management of an information asset.
Data Protection Officer	Appointed under statutory GDPR obligations. Responsible for monitoring compliance with Data Protection legislation and policies. The Information Governance and Data Security Officer is the organisations DPO.
All Staff	All staff have a responsibility to manage any records they create or use in their role in line with organisational policy and procedures.
Line Managers	As well as being responsible for their own records management, line managers should ensure their staff are aware of and follow organisational policy and procedures.

5 RECORDS MANAGEMENT STANDARDS

Records should be managed in line with the Scottish Government Health and Social Care – Records Management: Code of Practice (available at Section 2 - Context - Health and social care - records management: code of practice - gov.scot (www.gov.scot)).

Professional bodies may also have specific guidance documents relevant to the management of clinical or corporate records which should also be taken into consideration.

As well as the TSH Records Management Plan, various policies and guidance are in place to support with RM standards. A list of these is attached as Appendix 2.

6 FURTHER INFORMATION

Support and advice in relation to the management of TSH records can be obtained from any Records Services Department staff member.

7 COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW OF POLICY

This policy will be communicated to all stakeholders within The State Hospital via the intranet and through the staff bulletin. If required, the Person Centred Improvement Team will facilitate communication with Patients, Carers and Volunteers.

The Information Governance Group will be responsible for the implementation and monitoring of this policy and appropriate audits will be scheduled to monitor impact.

Any deviation from policy should be notified directly to the policy Lead Author. The Lead Author will be responsible for notifying the Advisory Group of the occurrence.

The policy will be formally reviewed every three years or sooner if required.

8 EQUALITY AND DIVERSITY

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and/or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Team on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The Equality and Impact Assessment (EQIA) considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Patient pre-admission assessment processes and ongoing review of individual care and treatment plans support a tailored approach to meeting the needs of patients who experience barriers to

communication (e.g. Dementia, Autism, Intellectual Disability, sensory impairment). Rapid access to interpretation/translation services enables an inclusive approach to engage patients for whom English is not their first language. Admission processes include assessment of physical disability with access to local services to support implementation of reasonable adjustments. Patients are encouraged to disclose their faith/religion/beliefs, highlighting any adapted practice required to support individual need in this respect. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Carers/Named Persons are encouraged to highlight any barriers to communication, physical disability or anything else which would prevent them from being meaningfully involved in the patient's care (where the patient has consented) and/or other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy".

The volunteer recruitment and induction process supports volunteers to highlight any barriers to communication, physical disability or anything else, which would prevent them from contributing meaningfully to patient care and/or engage in other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

9   STAKEHOLDER ENGAGEMENT

Key Stakeholders	Consulted (Y/N)
Patients	N
Staff	Y
Carers	N
Volunteers	Y

APPENDIX 1 – LIST OF RELEVANT LEGISLATION AS AT 07/10/2024

This is not an exhaustive list and will be updated as required.

- [Access to Health Records Act 1990](#)
- [Data Protection Act 2018](#)
- [Environmental Information (Scotland) Regulations 2004](#)
- [Freedom of Information (Scotland) Act 2002](#)
- [Inquiries Act 2005](#)
- [Network and Information System Regulations 2018](#)
- [Public Records (Scotland) Act 2011](#)
- [Scottish Public Sector Cyber Resilience Framework](#)
- [UK General Data Protection Regulations](#)

APPENDIX 2 – LIST OF RELEVANT POLICIES AND GUIDELINES AS AT 07/10/2024

This is not an exhaustive list and will be updated as required.

- IG02 Health Records Policy and Procedures
  http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/IG02%20Health%20Records%20Policy%20and%20Procedures%20May24.pdf
- IG05 Information Governance – Data Protection Policy
  http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/IG05%20Information%20Governance%20-%20Data%20Protection%20Policy.pdf
- IG24 Corporate Records Policy and Procedures
  http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/IG24%20Corporate%20Records%20Policy%20and%20Procedures%20May24.pdf
- IG28 Records retention and disposal policy
  http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/IG28%20Records%20retention%20and%20disposal%20policy%20Sept23.pdf
- Records Retention Schedule for TSH
  http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Records%20Retention%20Schedule%20for%20TSH%20Sept23.pdf
- Corporate Document Standards
  http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/SI%20-%20Comms%20-%20Corporate%20Document%20Standards%20(CDS)%20-%2019%20Sep%202023.pdf