

The Scottish Government Records Management Health and Social Care Code of Practice (Scotland) 2019

CONSULTATION

Introduction

Purpose

1. This is a routine update of the Scottish Government Records Management Code of Practice for Health and Social Care (Scotland) 2019 (Annex A attached); the first of its kind as jointly drafted in collaboration with local authorities, NHS health boards, GPs, National Records Scotland and our network of archivists.
2. This version will supersede the [Scottish Government Records Management: NHS Code Of Practice \(Scotland\) Version 2.1 January 2012](#)
3. This update is to take into account many changes in legislation and best practice since 2012, including the General Data Protection Regulations (GDPR) 2018 and the Data Protection Act 2018 and also changes in record management practice across various specialties.
4. This version aims to improve compliance and consistency across the variety of organisations within health and social care, particularly from the citizen's perspective and the evolution of traditional "health records" into wider "health and care" records and the increasing dependency on digital records.

Background

5. The current Scottish Government Records Management Code of Practice was published in January 2012 and was based on the legal requirements and professional best practice at that time and was adopted by the Scottish NHS Boards. The code of practice contains guidance for records managers and detailed retention schedules derived from consultation amongst representatives of the wide spectrum of parties and relevant professional bodies such as royal colleges.
6. In preparing this update of the code of practice for the 2019 version the methodology was as follows.
 - a. A consensus workshop was organised with subgroups of specialists in various areas of the code of practice (medical records, corporate records, joint health and care records, digital records, GP records and permanent archival).

- b. Each of the groups were tasked to agree and propose the necessary changes to the 2012 code of practice. Over the last 18 months these “specialist” groups have been working and making proposals.
 - c. Comments from the specialist groups were incorporated in a version issued across representatives of the parties for internal consultation, including health boards, archivists, local authorities, and various Scottish Government policy areas, as well as some professional bodies relevant on specific retention schedules in the code of practice.
 - d. After this internal consultation, a draft has been produced for a more wider consultation across the large community impacted by this code of practice. This final consultation will be targeted to relevant user and regulatory areas.
7. The Scottish Government Records Management Health and Social Care Code of Practice (Scotland) 2019 sets out the expectations for managing the wide range of records across health and care organisations based on current legal requirements, information security standards and professional best practice.

Role of Scottish Government and Partners

8. The Scottish Government has taken on the role of providing expert advice as well as coordinating the update of this code of practice amongst a complex and wide landscape of organisations, and has set up a network of specialist advisors who will work closely with the National Records Management Forum, to ensure future updates are produced more consistently and frequently.
9. Through taking this role, the Scottish Government is co-producer, co-owner and publisher of this code of practice.
10. Work towards closer integration of health and social care in Scotland is ongoing, as such the new code of practice will be distributed to Scottish Integrated Joint Boards and to Local Authority partners as well as health boards and GPs, with the expectation that they will adopt the code of practice where relevant to their responsibilities.
11. The Scottish Government through the National Records Management Forum will set up a mechanism for a continual review of the code of practice, that will allow more frequent updates as needed, taking into account changes in requirements, either regulatory, technical or best practice.

Assurance and Due Diligence

12. As part of the development of the new code of practice, due diligence has been carried out by having the document reviewed by; Information Governance professionals, medical professionals and their relevant bodies, records managers, archivists, information security experts and representatives of the complex variety of parties involved, including health boards, GPs, local authorities and integrated joint boards.
13. A special group has been set up to review the recommendations for the management of records related to the transgender population; therefore parties must continue to apply current best

practice until this review is completed. This is a priority area and a revised set of recommendations will be released as soon as the consultation with relevant parties, policy areas and groups of interest is completed.

Data Protection Risk

14. By implementing the new code of practice and its underpinning legislation the parties will improve their current data protection compliance risk, including a better adjustment of retention periods and minimising the retention of records for longer than necessary under Data Protection restrictions.

Recommendations

15. Due to a number of legislative changes a range of Scottish Government published guidance is now out of date. This new code of practice rectifies this issue for Health and Social Care records Management and puts in place a more robust review cycle (continuous) to take account future changes.



RESPONDENT INFORMATION FORM

Please Note this form **must** be completed and returned with your response no later than 26 January 2020.

To find out how we handle your personal data, please see our privacy policy:
<https://beta.gov.scot/privacy/>

Are you responding as an individual or an organisation?

Individual Organisation

Full name or organisation's name

Royal College of Physicians and Surgeons of Glasgow

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The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- Publish response with name
 Publish response only (without name)
 Do not publish response

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so.

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes No



CONSULTATION QUESTIONNAIRE

FORMAT AND GENERAL COMMENTS

1. Do you have any general comments about the Code of Practice?

Generally, an excellent document.

However Section 6 - Useful Guidance - P32 para 136. This only refers to situations within Scotland yet other UK authorities may have a legitimate interest such as HM Coroners' Service, HM Courts in Scotland and other Jurisdictions within the United Kingdom and the Crown Dependencies (Isle of Man and Channel Islands) and other competent authorities.

P102

Note is made of the Royal College of Physicians with a website of RCPE. This is correctly the Royal College of Physicians of Edinburgh. There is not mention of the Royal College of Physicians and Surgeons of Glasgow and the Royal College of Surgeons of Edinburgh who also have an interest in this matter.

2. Are there other sectors within Health and Social Care whose records should be included within the scope of this Code of Practice?

No (Delete as appropriate).

If Yes - what sectors and why ?

3. Do you have comments or suggested amendments to the Health Records Retention Schedule?

No (Delete as appropriate).

If Yes – what are the suggested amendments

4. Do you have comments or suggested amendments to the Administrative Records Retention Schedule?

No (Delete as appropriate).

If Yes – what are the suggested amendments



DRAFT

QUESTIONS IN RELATION TO THE PROPOSED CONTINUOUS REVIEW PROCESS

It is proposed that the Scottish Government through the National NHSS Records Management Forum will set up a mechanism for a continual review of the code of practice, that will allow more frequent updates as needed, taking into account changes in requirements, either regulatory, technical or best practice.

5. Do you think that the National NHSS Records Management Forum is the appropriate group to management the continual review of the code of practice?

Yes / No (Delete as appropriate).

If Yes – what are the suggested amendments

Yes, but it needs to include all Royal Colleges and not just selected ones. Similarly, it is wrong to consult with one defence organisation (MDDUS and not MDU and MPS)

7. How would you want to be involved/consulted on for a minor change to the code of practice?

- To be contacted directly regarding all changes made to the code of practice
- To be contacted directly for only those changes that is specific to my area of expertise
- Representation on a SWLG regarding all changes made to the code of practice
- Representation on a SWLG regarding only those changes that is specific to my area of expertise
- I do not want to be consulted on minor changes

8. How would you want to be involved/consulted on for a major change to the code of practice?

- To be contacted directly regarding all changes made to the code of practice
- To be contacted directly for only those changes that is specific to my area of expertise
- Representation on a SWLG regarding all changes made to the code of practice
- Representation on a SWLG regarding only those changes that is specific to my area of expertise

Thanks for your feedback. We will analyse the results of this consultation and we will prepare a plan to incorporate suggestion within the earliest practicable version. Please note the proposal addressed in question number five (5) in relation to a “continual review” approach.