

Witness Name: Scottish Government

Statement No.: WITN7649001

Exhibits: WITN7649002-

WITN7649005

Dated: 27 January 2023

INFECTED BLOOD INQUIRY

WRITTEN STATEMENT OF JONATHAN CAMERON, ON BEHALF OF THE SCOTTISH GOVERNMENT

The Scottish Government provides this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 12 December 2022.

I, Jonathan Cameron, will say as follows: -

Section 1: Introduction

2. What have been the historic weaknesses and challenges of medical record-keeping in the NHS? Please consider on- and off-site record keeping for both hard-copy and digital records. In relation to hard copy records, the presentation by Inquiry counsel [INQY0000378] may be of assistance but your views are sought as to whether there are further issues relating to hard copy records that may be identified and particularly in relation to weaknesses and challenges with digital records.

Medical record keeping is a matter for NHS Boards within Scotland, who are their own legal entities overseeing their territory or providing national-level delivery/support. As such, the Scottish Government is only providing a general view. Within that context, it should also be noted that patients in NHS Scotland can have multiple medical records dispersed throughout the health landscape, dependant on the care (Primary, Secondary, Tertiary and Social) they have received.

High level Weaknesses and Challenges:

- Volume of records handled by boards
- Increase in information needed to be gathered and shared due to greater emphasis on a holistic approach to care.
- Increased clinical governance
- Resource and time afforded/available.
- Increasing and new ways of communication techniques adding more intricacies i.e., Instant messaging platforms,
- Interoperability of old and new systems

Health Boards cooperate in the day-to- management of records through their Record Management Forums.

3. What are the respective roles and responsibilities of the Digital Health and Care Directorate, the NHS Scotland Directorate, and the NHS Boards in Scotland in relation to medical records management?

As a Directorate within the Scottish Government, the Digital Health and Care Directorate:

- Supports Health and Social Care in Scotland by making the best use of digital technologies in the design and delivery of services. Its primary role relates to the overall management and delivery of the [Digital Health & Care Strategy](#) [WITN7649002] and its associated [Delivery Plan](#) [WITN7649003].
- The directorate also holds key Information Governance functions for NHS Scotland, which include the ownership of:
 - The NHS Scotland Records management Code of Practice
 - Policies governing and pertaining to protecting patients' confidentiality i.e., Protecting Patient Confidentiality Code of Practice
 - National data sharing agreements i/e. Neo Natal Audit, Medicines Registries, Intra Sharing Accord
 - Responsibility under Network and Information Systems (NIS) as competent authority.
 - Continuous Support of Health Board IG Teams, and support on national deliverables from the wider Health and Social Care Directorate/SG

NHS Boards in Scotland

- NHS Boards in Scotland have the responsibility for ensuring that they meet their legal and regulatory responsibilities with regards to the management of information and records.

Further details can be found in the Records Management Health and Social Care Code of Practice (Scotland) 2020 [RLIT0001150].

4. Who has responsibility for deciding whether, when and how to (a) move to digital records and (b) digitise historic medical records?

Overall responsibility falls collaboratively between the Scottish Government and the NHS Scotland Boards. The Scottish Government creates, drives and supports policy in this direction, in collaboration with NHS Scotland boards who support and deliver.

NHS Scotland boards may also have local processes within their territory/national remit.

5. The Inquiry has been informed by several Trusts that the Records Management Code of Practice for Health and Social Care 2021 [RLIT0001284] is the main guidance document in records management for NHS England (“DHSC Records Management Code 2021). What is the equivalent Code that applies within Scotland?

Scottish Government Records Management Health and Social Care Code of Practice (Scotland) 2020 (see [RLIT0001150]).

This superseded Scottish Government Records Management: NHS Code of Practice (Scotland) Version 2.1 January 2012.

6. The DHSC Records Management Code 2021 makes the following recommendation: “Wherever possible organisations should be moving away from paper towards digital records.” (p.4)

(a) Does this or an equivalent recommendation apply in Scotland?

The Scottish Government introduced, in 2011, a commitment that all NHS Boards would have well established programmes in place by 2014 to replace paper with digital equivalents. See 5. How We Are Responding To The Challenges - Our Strategic Aims For Ehealth - eHealth Strategy 2011-2017 (Revised July 2012 to include a Sixth Strategic Aim) - gov.scot (www.gov.scot). [WITN7649004]

The 2014 eHealth Strategy recognised that the ongoing process of full digitisation of patient information must be completed, with minimal resort to paper which needs to be scanned in order to be added to the electronic record. A key principle of this digitisation is the importance of using structured and coded formats whenever possible. Whilst this can be a burden and time-consuming for front line practitioners, it results in much more valuable data which will have benefits for patients, through enabling more intelligent support from systems, and for research. See eHealth Strategy 2014 - 2017 (www.gov.scot). [WITN7649004]

(b) Please comment on the extent to which NHS Boards in Scotland are moving away from paper towards digital records, providing specific data where possible.

Work on this continues within local Health Boards, recognising the many millions of paper records that were in existence.

- All territorial Boards are undertaking actions to move away from paper and towards digital records and are at differing stages in the process. As an example, all referrals of patients from primary care to specialist care are required to be made electronically and discharge summaries are sent electronically back to GP Practices.
- Health Boards are working proactively with other public, private and third sector organisations to provide information and records digitally within information governance parameters e.g., for research or implementation of new policies such as disability benefits in the process of being devolved to Scotland.
- Specific data on the progress of individual Health Boards in Scotland will need to be requested directly from the Boards.

(c) Please set out the measures taken by the Scottish Government to support and enable NHS Boards in Scotland to move towards digital records.

Moving towards digital records has been an iterative process over many years, accompanied by significant national investment in a number of systems, such as GP IT for primary care. The actual move towards digital records is a matter for individual Health Boards and, as set out in the 2011 eHealth Strategy, funds have been provided, and continue to be provided, to Health Boards to allow Health Boards the flexibility to invest in the strategic priorities of those Boards.

(d) Is there an obligation or requirement for all NHS Boards in Scotland to digitise medical records within a particular time period?

No.

(e) What are the barriers that continue to exist preventing all NHS Boards in Scotland having achieved a move to contemporaneous digital records?

In general terms, the barriers relate to the scale of the task, the range of different organisations (although there are 14 territorial health boards in Scotland, and 8 national health boards, there are 32 integrated health & social care partnerships, 32 local authorities, and several thousand providers of health & social care services, such as GP practices, dentists, care homes and care at home providers, all of whom are their own legal entities with associated data controller obligations) and the issues around coding and interoperability.

(f) What are the barriers that continue to exist preventing the digitisation of historic records in all NHS Boards in Scotland?

The Scottish Government is not aware of any barriers actively preventing digitisation of historic records but recognises that the scale of the task means the ongoing scanning and storing of historic records in a digital form will continue to take time.

NHS Boards are better placed to identify any barriers beyond time and human capacity.

7. The DHSC Records Management Code 2021 states that “Managing electronic records presents a significant challenge, especially for typical health and social care organisations, where electronic records are stored in a large variety of databases, email and file systems (including shared drives), which have no standardisation in place. The risk of alteration or deletion makes this challenge even greater.” [Paragraph 147] Please compare the relative risks of alteration or deletion of paper and electronic records. To what extent can digitisation of records minimise the risk of human error or deliberate tampering?

- Digitisation can reduce the risk of human error or deliberate tampering due to back up solutions and audit trails being in place for almost all digital platforms. This enables NHS Boards to retrieve information/records which have been accidentally/purposefully deleted and allows them to review audit trails to ascertain when records were deleted/alterd and by whom. This may deter people from deliberately tampering with records and will allow an investigation to take place to clarify whether the alteration was accidental. Of note, the risk of human error will always exist however with digital records it is easier to investigate.
- Digitisation removes the onus of an individual holding a physical record, with much more risk associated with a file that is ‘loose’, digitisation mitigates this ensuring data is always held in a secure environment and overseen by the organisations policies and audit logs.

8. In a statement to the Inquiry [12th September 2022, [WITN4665008] Suzanne Rankin, Chief Executive Officer of Cardiff and Vale University Health Board, described how digitisation enabled the destruction of hard copies, depending on the type of record: “Microfiche, scanned to CD, Digitally Scanned Records and Electronically Scanned” - some categories of these records no longer have the original copy available, others can be ‘reconstituted on demand”, while others are also still available in the original copy.

a. How common is it for digitised records to completely supersede hard copies?

- This is dependent on the organisation. Records should follow the Code of Practice.

b. Under what circumstances are hard copies still retained?

- The Records Management Health and Social Care Code of Practice (Scotland) 2020 does not distinguish between digital and paper copies – it is the responsibility of Health Boards to ensure they have appropriate retention processes in place, in line with their legal obligations.

c. Is partial digitisation more common than full digitisation?

- This is a matter for individual Health Boards, but in general terms most day-to-day clinical care results in/uses digital records.

9. In a statement to the Inquiry on behalf of University Hospitals Bristol and Weston NHS Trust, [7th September 2022, WITN7125001] Eric Sanders outlined how the Trust has gone through several stages of digitisation: “The Trust has a historic scanning system which was called ‘Aurora’, later to become Document 1. The records held in this repository are available via our internet portal and will soon be incorporated into our Electronic Document System... The Trust also historically commissioned an external scanning contractor and also used a company called Gateway. These records are all available on our Casenote tracking system.” What are the specific challenges of such repeated migrations of records?

The Scottish Government has no view on this question – it is a general (not health-specific) matter for any and all organisations to manage.

10. In a statement to the Inquiry on behalf of Chelsea and Westminster Hospital NHS Foundation Trust, Roger Chinn, Chief Medical Officer of the Trust, [3rd October 2022, WITN7266001] described how many of the Trust’s medical records were destroyed in a serious fire at an Iron Mountain storage facility in East London where the “the bulk of the Trust’s medical records” were held. As a result of the incident, the Trust’s action plan involved “ultimately a consideration of deploying a digital solution for future records.” Would you say that individual moves towards digitisation have been reactive rather than proactive?

It is not an either/or – most of the moves have been driven by what is technically possible and what is affordable during any budget cycle. This is the same across any industry. As wider technology improves and evolves (e.g., the shift to cloud storage), so too does the approach to digitisation.

11. What are the difficulties that continue to exist with maintaining medical records and providing access to them across the NHS in Scotland? Please explain in particular any ongoing issues relating to the following:

- a. Destruction of records, for example by flood, fire, sewage leaks or server malfunction.**
- b. Patients having difficulty obtaining medical records, for example due to the hospital they were originally treated at being closed.**
- c. Requests for medical records being ignored.**
- d. Delay in obtaining records.**
- e. Patients being told no records were held for them, but records subsequently found.**
- f. Issues with the veracity or quality of medical records, for example inconsistency between oral information and what is recorded in medical records, inconsistencies between records, or inaccuracy.**
- g. Missing records, for example a specific procedure or appointment, a specific time period or specific types of records missing.**

- h. Ability of different NHS Boards in Scotland to access patient records from another NHS Board.**
- i. Ability of primary care providers in accessing hospital clinical records.**

For the first part of the question, the continued difficulties in relation to access across the NHS are covered in response to the question on contemporaneous digital records, namely the scale of the task, the range of different organisations and the issues around coding and interoperability. There is an Intra NHS Scotland Information Sharing Accord to help facilitate ongoing access across the NHS, as well as continued developments in core technical capabilities (see [Intra-NHSS Information Sharing Accord 2020 \(digihealthcare.scot\)](https://www.intra-nhss.scot/) [WITN7649005] and, for an example of technical developments, see <https://www.nationaldigitalplatform.scot/>.

For details related to a-i, that is a matter for individual Health Boards.

12. What actions are already being taken or might be taken to address any ongoing difficulties?

In addition to ongoing technical developments and investments, including the roll-out of a new GP IT system to all GP practices in Scotland, the Scottish Government continuously reviews key policy documents. This includes the existing Records Management Code of Practice, a formal review of which is currently underway.

13. How may developments in and use of data analysis and artificial intelligence products have assisted either:

- a. Earlier identification of the link between receiving blood products and receiving a diagnosis of Hepatitis C and/or HIV; or**
- b. A comprehensive 'look back' exercise to identify those who may have received contaminated blood or blood products through the course of NHS treatment.**

NHS Scotland is now required to ensure traceability of any blood components, which is important in ensuring the past recipients of any blood components from any donor found to have been infected can be identified and traced as part of any look back exercise.

It is possible that advances in technology could help speed up processes, including through automation, however the Scottish Government is not aware of any direct developments in this space and it is not possible to comment with any certainty on this given the circumstances at the time patients were infected with Hepatitis C and/or HIV were very different. It may be better to direct this question to Public Health Scotland and/or academic bodies involved in research into the potential use of artificial intelligence as they would be better placed to answer this.

14. Please provide any further comment that you wish to provide about matters of relevance to the Inquiry's Terms of Reference, in particular Terms 1, 5, 6, 7, 9 and 10.

The Scottish Government has no further comment to make in relation to digital aspects of matters of relevance to the Inquiry, save to state that we live in an increasingly connected world and the ongoing delivery of care (for any condition) will be reliant on digital and data.

Statement of Truth

I believe that the facts stated in this witness statement are true.

GRO-C

Signed ____Jonathan Cameron____

Dated ____27th January 2023____

Table of exhibits:

Date	Notes/ Description	Exhibit number
27th October 2021	<u>Digital Health & Care Strategy</u>	WITN7649002
1st November 2022	<u>Delivery Plan</u>	WITN7649003
1st July 2012	<u>5. How We Are Responding To The Challenges - Our Strategic Aims For Ehealth - eHealth Strategy 2011-2017 (Revised July 2012 to include a Sixth Strategic Aim) - gov.scot (www.gov.scot).</u>	WITN7649004
Revised July 2012	<u>eHealth Strategy 2011 - 2017 (www.gov.scot).</u>	WITN7649004
1st June 2020	<u>Intra-NHSS Information Sharing Accord 2020 (digihealthcare.scot)</u>	WITN7649005

