HIC STANDARD OPERATING PROCEDURE

Document Scanning & Shredding

SOP NUMBER: HIC SOP 08
VERSION NUMBER: 4.0
EFFECTIVE DATE: 15/01/2021
DOCUMENT SECURITY LEVEL: Open
REVIEW DATE: This SOP will be reviewed at least every 12 months, or at other times as requested by: HIC Information Governance Committee

AUTHOR: Duncan Heather
DATE APPROVED BY THE INFORMATION GOVERNANCE COMMITTEE: 15/01/2021
DATE APPROVED BY THE HIC EXECUTIVE COMMITTEE: 10/11/2020
DATE REVIEWED BY THE HIC OPERATIONAL COMMITTEE: n/a

CONTACT PERSON FOR THIS SOP: Duncan Heather, HIC Governance Manager, d.heather@dundee.ac.uk
## DOCUMENT HISTORY:

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Edited by (job title)</th>
<th>Effective Date</th>
<th>Details of editions made</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Duncan Heather HIC Governance Manager</td>
<td>15/05/14</td>
<td>This is a new SOP which expands on a subset of policies and supersedes Version 6 of the HIC Standard Operating Procedure, Management of HIC Datasets</td>
</tr>
<tr>
<td>2.0</td>
<td>Duncan Heather HIC Governance Manager</td>
<td>01/01/15</td>
<td>General review and update</td>
</tr>
<tr>
<td>3.0</td>
<td>Duncan Heather HIC Governance Manager</td>
<td>18/12/2015</td>
<td>Add section in 5.1.8.5 about an external confidential waste shredding process</td>
</tr>
<tr>
<td></td>
<td>Jenn Johnson HIC Business Support</td>
<td>15/05/2020</td>
<td>As agreed at the HIC Information Governance Committee signatures and names have been removed from the cover page and replaced with date approved by the respective Committees. Header updated to the most recent rebranding.</td>
</tr>
<tr>
<td>4.0</td>
<td>Adrian Clatworthy (HIC Business Support Co-Ordinator)</td>
<td>15/01/2021</td>
<td>Updated to reflect new Business Support Team structure</td>
</tr>
</tbody>
</table>

*Draft and Archived/Obsolete revisions are not to be used. Access current versioning system to verify revision.*
1. PURPOSE
Health Informatics Centre Services (HIC Services) is a University Research Support Unit operating within the Tayside medical Science Centre (TASC) at the University of Dundee, in collaboration with NHS Tayside and NHS Fife. HIC Services provides Data Users with linked, anonymised information derived mostly from large Population Based Health Datasets, owned mainly by the NHS and the University of Dundee. HIC also develops data collection software, provides data entry and securely hosts data for research use.

This SOP describes the procedures involved with the scanning of paper data to create an authentic and legally admissible electronic copy and shredding procedures.

2. SCOPE
This SOP covers all of the projects and tasks which HIC undertake involving patient data, which involve the HIC Business Support Team. It is applicable to all the HIC Business Support staff involved with patient data and their managers. This SOP is made available to all users and potential users of the HIC Service and will be externally visible on the public HIC website.

3. DEFINITIONS
For overall Definitions see HIC Services SOP Appendix B – Definitions.

4. RESPONSIBILITIES
- **HIC Director** – Responsible for overall HIC security policy and implementation
- **Process Manager** – Ensuring SOPs are followed by team
- **Governance Manager** – Monitoring compliance, handling significant events, keeping SOP up to date
- **All HIC CIB Staff** – Responsible for adherence to the SOP as specified

5. POLICY
For overall Policy see HIC Services SOP Appendix A – Policy.

The procedures in this SOP are based on Part 3 (Business Procedures) of the British Standards Institution (BSI) BIP 0008 “Code of Practice on Legal Admissibility and Evidential Weight of Information Stored Electronically”, and demonstrate the administrative procedures which establish the authenticity of electronic documents in compliance with s.5 (1) of the Civil Evidence (Scotland) Act 1988.
5.1.1 Record of Custody

5.1.1.1 Only trained and experienced HIC Business Support Staff are permitted to receive or dispatch paper-based data on behalf of HIC Business Support. See HIC Services SOP 07 RECORD OF CUSTODY

5.1.2 Creating a legally admissible copy

This section is applicable to consent forms relating to research subjects and patients, and other related documents. To be able to demonstrate that consent was properly obtained from the research participant or hospital patient and, without retaining the original paper consent forms and other documents, an authentic electronic copy of the document is made. To ensure the authenticity, integrity and availability of electronically stored documents, the following process is followed:

5.1.2.1 Documents are checked to ensure that they are suitable for scanning i.e. checked for damage, creases, staples are removed.

5.1.2.2 The scanner will auto detect most qualities being scanned – e.g. colour/B&W, size, paper thickness, image orientation. For multiple page or double/single sided the appropriate settings will be selected. The default settings are:

- Mode: Black and White
- Paper Size: Letter – 8.5 x 11 in
- Dots Per Inch: 300dpi
- Scanning Side: Simplex
- Deskew (unselected)
- Moiré Reduction: None
- Image Quality: Speed Priority
- Scanning Option: Standard

5.1.2.3 The project supplement will be checked for project specific scanner settings, as required.

5.1.2.4 Only original Documents will be scanned. Photocopies will not to be accepted, unless certified as true copies by an officer of the undertaking from which the photocopy is being supplied.

5.1.2.5 Should photocopies be received, an email will be sent to project coordinator with the batch details. Photocopies will be logged and stored as described under document retention below. Once originals have been received, the photocopies will be destroyed as described under Document Destruction.

5.1.2.6 Documents will be sorted, scanned & saved by batch which includes:
- Project Identifier, batch identifier, group identifier(s), number of pages, document type, date, initials of scanning personnel. Refer to Project Specific Template for precise batch saving information.
5.1.2.7 Documents will be scanned using the following standards:
- Items will be scanned in jpg format
- No image manipulation will be carried out post-scan
- Any exceptions or anomalies will be recorded. This includes
  - Print errors on the original document unrelated to scanning
  - Highlighting or notation not picked up by scan
  - Any other unexpected anomaly not already listed (any anomaly not listed here but recorded using electronic flag function (F12) will be added to this list).

5.1.3 Indexing
5.1.3.1 Projects will be indexed using the same information used during batch saving: e.g. project name/number, group(s), batch, date. The project specific template will be referred to for precise indexing procedure.
5.1.3.2 Indexing will be verified and corrected during linking.

5.1.4 Quality Control
5.1.4.1 A sample “test” document will be created to check the quality of the scan at the end of each week. The test document will include a sample representation of documents to be scanned e.g. blank consent form showing “print name here” for name and any scribble for a signature.
5.1.4.2 The result of all quality control checks, including Test Target scans, will be recorded in the quality control log, which is managed by the HIC Business Support Team.
5.1.4.3 Each document scanned will be compared to original. If the scan is good it will be marked as good (F1). If the scan is bad QC will determine if the bad scan is due to a print error, or a scan error. If it is a print error, the error will be logged using F12. If it is a scan error, the original will be returned to the scan staging box to be scanned again.
5.1.4.4 Paper originals will not be shredded until all steps listed in the above sections are completed.

5.1.5 Document Retention
5.1.5.1 Some documents may need to be retained when, due to poor quality of the original paper document, the scanned image is not of sufficiently high quality.
5.1.5.2 The document to be retained will be referenced by batch number.
5.1.5.3 The document to be retained will be filed in a secure location and records maintained following record of custody procedures as outlined in HIC Services SOP 07 - RECORD OF CUSTODY
5.1.5.4 The electronic data will be kept indefinitely. The paper originals that are kept due to inability to scan will be stored for 12 years then destroyed as per document/data destruction outlined below.
5.1.6 Storage
5.1.6.1 The scanned documents will be stored in jpg format and saved on the NHS network.
5.1.6.2 Items will be transferred via secure encrypted email or physically following Record of Custody procedures. More details or instructions may be provided in project-specific documentation.
5.1.6.3 Compression techniques will not be employed.
5.1.6.4 Records can be retrieved if required under Data protection/Freedom of Information.

5.1.7 Audit Trail
5.1.7.1 Documents will be received by HIC Business Support and logged in the Custody of Documents as per HIC Services SOP 07 RECORD OF CUSTODY
5.1.7.2 Audit records are then kept through the following processes scanning log, Saving Batch file, Indexing Creation, Document Retention log OR Document Destruction logs (see relevant section for detailed information).

5.1.8 Record of Data Destruction
5.1.8.1 Only trained and experienced HIC Business Support Staff are permitted to shred paper-based data and enter data into the Record of Data Destruction system on behalf of HIC.
5.1.8.2 The project supplement will be checked for any special instructions.
5.1.8.3 A record of data destruction will be kept for anything that has been destroyed. Any confidential document containing data that has been entered or scanned onto a database and is no longer needed will be shredded as soon as possible to help prevent anyone who doesn’t need to see the data from doing so.
5.1.8.4 A log sheet is available next to the shredder and the team member using the shredder will record on the log sheet every time any data is shredded:
   - What is being shredded
   - The date
   - How many sheets of paper are being shredded
   - Signature or initials
5.1.8.5 When documents are bagged for destruction by an external confidential waste shredding company:
   - The number of bags sent will be recorded in the HIC Business Support log sheet
   - The company’s “transfer of waste” collection note will be retained in the HIC Business Support log
   - The company’s “certificate of destruction”, confirming the number of bags shredded, will also be retained in the HIC Business Support log
5.1.9 Authenticating an Electronic Copy of Documents

5.1.9.1 Where prints of scanned documents are required for any purpose relating to a court of law or some other statutory body, then in order to prove that the contents of a particular document scanned into the HIC electronic document management system have not changed since the time of the scan, such prints of scanned documents shall be appropriately certified in terms of the Civil Evidence Scotland Act 1988, s.5 (1). The HIC Director shall certify on any such print that ‘This print is a true copy of the original document scanned in accordance with the HIC Services SOP 08’. Such certificate shall be signed and dated by the HIC Director who will print their name, their job title and the name of their employer.

6. APPLICABLE REFERENCES

- HIC Transfer of Document sheets
- HIC Business Support Data Destruction Log
- Project Specific Template
- HIC Services SOP 01 - HIC SERVICES DATA SECURITY
- HIC Services SOP 03 - HANDLING SIGNIFICANT EVENTS WHEN USING HIC DATA
- HIC Services SOP 05 - HIC DATA ENTRY SECURITY
- HIC Services SOP 06 - HIC BUSINESS SUPPORT DATA ENTRY TRAINING & MONITORING
- HIC Services SOP 07 - RECORD OF CUSTODY