

Records Management Policy
For clinical and non-clinical records including procedure

Author:	Ruth Drewett
Department:	Information Governance
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Authorised by: [2] Date:	Trust Board

Records Management Policy

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1. Statement

- 1.1 Information is a corporate asset and the records of the Royal Surrey County Hospital NHS Foundation Trust [the Trust] are the corporate memory, providing evidence of actions and decisions and representing a vital asset to support daily functions and operations. Records support policy formation and managerial decision-making, protect the interests of the Trust and the rights of patients, staff and members of the public. They support consistency, continuity, efficiency and productivity and help deliver services in consistent and equitable ways.
- 1.2 The Records Management Policy is a specific part of the Trust's overall corporate programme and relates to other policies, including:
- Healthcare records management procedures
 - Freedom of Information policy and procedures
 - Data Protection Policy
 - Information Security policy – [for manual and electronic records]

2. Introduction

- 2.1 Records Management is the process by which an organisation manages all the aspects of records whether internally or externally generated and in any format or media type, from their creation, all the way through to their lifecycle to their eventual disposal.
- 2.2 This document sets out a framework within which the staff responsible for managing the Trust's records can develop specific policies and procedures to ensure that records are managed and controlled effectively, and at best value, commensurate with legal, operational and information needs.
- 2.3 The Records Management: NHS Code of Practice has been published by the Department of Health as a guide to the required standards of practice in the management of records for those who work within or under contract to NHS organisations in England. It is based on current legal requirements and professional best practice.
- 2.4 The Public Records Act 1958 and its subsequent amendments are core to the NHS. The Lord Chancellor is generally responsible for the execution of the Public Records Act, and supervises the care and preservation of public records. The NHS is a Public Body as defined in the Public Records Act.
- 2.5 It is the duty of every person responsible for public records of any description which are not in the Public Record Office or a place of deposit appointed by the Lord Chancellor under this Act to make arrangements for the selection of those records which ought to be permanently preserved and for their safe-keeping. This includes:
- All public records created before the year 1660 will be among those selected for permanent preservation.
 - Public records selected for permanent preservation under this section shall be transferred not later than 30 years after their creation either to the Public Record Office or to such other place of deposit as the Lord Chancellor may direct.

This Act is amended by the Freedom of Information Act.

- 2.6 The Freedom of Information Act 2000 ["The Act"] imposes certain obligations on public authorities, which includes the Trust. It provides the public with wide rights of access to the Trust's records and also obligates the Trust to implement and maintain a comprehensive Records Management System.
- 2.7 The Trust's Policy on Freedom of Information is that it will comply fully with the Act and will place in the public domain as much information about its activities as is practicable and, subject to the exemptions permitted under the Act, will make all other information available on request. In particular, the Trust will conform with the Lord Chancellor's Code of Practice on the Management of records produced by the Department of Constitutional Affairs, and to the National Health Service Code of Practice Records Management 2006.
- 2.8 Freedom of Information Act 2000 and the Data Protection Act [DPA] 1998 provide two overarching pieces of Legislation impacting on all records. There are, however, other pieces of legislation which will impact on individual aspects of records management for example the Statute of Limitations or certain Financial Acts.
- 2.9 This policy and procedure provides guidance on the implementation of the records management aspects of the Trust's Freedom of Information Policy, the Data Protection Act 1998 and Trust Corporate Policy. There are parallel procedures which provide guidance on the handling of requests for information submitted under the Freedom of Information Act, and also submitted under the Data Protection Act called Subject Access Requests which are managed under the Healthcare Records Management Strategy.

3. Legal and professional obligations

- 3.1 All NHS records are Public Records under the Public Records Acts. The Trust will take actions as necessary to comply with the legal and professional obligations set out in the Records Management: NHS Code of Practice, in particular:
- The Public Records Act 1958
 - The Data Protection Act 1998
 - The Freedom of Information Act 2000
 - The Common Law Duty of Confidentiality; and
 - The NHS Confidentiality Code of Practice.

Also any new legislation affecting the records management as it arises.

4. Scope and definitions

- 4.1 This policy covers all records regardless of their physical format which are created or received by the Trust and its staff.
- 4.2 This policy relates to all clinical and non-clinical operational records held in any format by the Trust. These include:
- All administrative records [e.g. personnel, estates, financial and accounting records, notes associated with complaints]; and
 - All patient healthcare records [for all specialities and including private patients, including x-ray and imaging reports, registers, etc.]
- 4.3 This policy applies to all permanent staff, temporary or contracted staff employed by the Royal Surrey County Hospital NHS Foundation Trust [including volunteers, bank

and agency staff, locums, student placements, subcontractors and Foundation Trust Council of Governors] who are engaged in work for the Trust at any location.

4.4 *Records Management* is a discipline which utilises an administrative system to direct and control the creation, version control, distribution, filing, retention, storage and disposal of records, in a way that is administratively and legally sound, whilst at the same time serving the operational needs of the Trust and preserving an appropriate historical record. The key components of records management are:

- record creation;
- record keeping;
- record maintenance (including tracking of record movements);
- access and disclosure;
- closure and transfer;
- appraisal;
- archiving; and
- disposal.

4.5 *Records Life Cycle* describes the life of a record from its creation/receipt through the period of its 'active' use, then into a period of 'inactive' retention [such as closed files which may still be referred to occasionally] and finally either confidential disposal or archival preservation.

4.6 *Records* in this policy is defined as 'recorded information, in any form, created or received and maintained by the Trust in the transaction of its business or conduct of affairs and kept as evidence of such activity'. For example, paper records, maps, photographs, sound or video recordings, machine readable records and electronic records or other documentary material, regardless of physical form, created or received by the Trust and its staff in the normal course of Trust business. Such documents constitute [with a very few exceptions] Trust Records and remain its property.

4.7 *Machine readable records* are electronic records, including e-mails. They meet the legal, operational and archival requirements of the Trust, support accountability, and are subject to the same legislation as paper records. Electronic records should be able to function as evidence of business activities and processes with the same degree of confidence as paper records. They should be accessible and provide appropriate access within and between business processes, and prevent unauthorised access. From the point at which an electronic document is filed as record, it becomes part of the Trust Corporate Record.

4.8 *Information* is a corporate asset. The Trust's records are important sources of administrative, evidential and historical information. They are vital to the Trust to support its current and future operations [including meeting the requirements of Freedom of Information legislation], for the purpose of accountability, and for an awareness and understanding of its history and procedures.

5. Aims of the Records Management System

5.1 The aims of our Records Management System are to ensure that:

- **records are available when needed** - from which the Trust is able to form a reconstruction of activities or events that have taken place;
- **records can be accessed** - records and the information within them can be located and displayed in a way consistent with its initial use, and that the current version is identified where multiple versions exist;

- **records can be interpreted** - the context of the record can be interpreted: who created or added to the record and when, during which business process, and how the record is related to other records;
- **records can be trusted** – the record reliably represents the information that was actually used in, or created by, the business process, and its integrity and authenticity can be demonstrated;
- **records can be maintained through time** – the qualities of availability, accessibility, interpretation and trustworthiness can be maintained for as long as the record is needed, perhaps permanently, despite changes of format;
- **records are secure** - from unauthorised or inadvertent alteration or erasure, that access and disclosure are properly controlled and audit trails will track all use and changes. To ensure that records are held in a robust format which remains readable for as long as records are required;
- **records are retained and disposed of appropriately** - using consistent and documented retention and disposal procedures, which include provision for appraisal and the permanent preservation of records with archival value; and
- **staff are trained** - so that all staff are made aware of their responsibilities for record-keeping and record management.

6. Roles and Responsibilities

Chief Executive

The Chief Executive has overall responsibility for records management in the Trust. As accountable officer he/she is responsible for the management of the organisation and for ensuring appropriate mechanisms are in place to support service delivery and continuity. Records management is key to this as it will ensure appropriate, accurate information is available as required.

The Trust has a particular responsibility for ensuring that it corporately meets its legal responsibilities, and for the adoption of internal and external governance requirements.

6.2 Caldicott Guardian

The Trust's Caldicott Guardian has a particular responsibility for reflecting patients' interests regarding the use of patient identifiable information. They are responsible for ensuring patient identifiable information is shared in an appropriate and secure manner

6.3 Health Records Manager

The Health Records Manager is responsible for the overall development and maintenance of health records management practices throughout the Trust, in particular drawing up guidance for good records management practice and promoting compliance with this policy in such a way as to ensure the easy, appropriate and timely retrieval of patient information. This includes the efficient handling of requests to access health records [subject access requests] under the Data Protection Act or Access to Health Records Act.

6.4 Health Records Management Group

The Health Records Management Group will monitor the effectiveness of this policy and identify procedures and develop practices required to keep health records management system accurate and accessible and compliant to the Records Management: NHS Code of Practice.

This group will liaise with Corporate Records Management Group to ensure:

- the Trust's Retention and Disposal Schedules is maintained and kept up to date with record management and system development changes; and
- regular audits are carried out to monitor effectiveness of this policy and records management procedures and practices.

6.5 Trust Company Secretary

The Trust's Company Secretary is the lead of the Trust's Corporate Records Management group, strategy, policy and procedures, co-ordinating, publicising and monitoring the implementation of this strategy, and related policies and procedures.

The Trust's Company Secretary will also ensure that the Trust has available suitable advice and guidance on best practice in non-clinical records management.

6.6 Corporate Records Management Group

A Corporate Records Management Group will be established and will report to the Information Governance Steering Group Committee. Its aim is to ensure a systematic and planned approach to the management of all records is in place within the Trust from creation to disposal.

This group will have representation from:

- Estates/Engineering
- Facilities – hotel services, security
- Finance
- Information Management & Technology [IM&T]
- Human Resources
- Purchasing and Supplies including Contracts
- Communication and marketing
- Non-Clinical Risk
- Complaints / PALS

See Appendix 1: Terms of Reference to Corporate Records Management Group.

6.6.1 The Corporate Records Management Group will be responsible for:

- Keeping the Trust's corporate records management policies and procedures under review and ensuring that these comply with good practice in the NHS and other public sectors.
- Advising the Trust's Chief Operating Officer & Deputy Chief Executive on changes to the Trust's records management policies and procedures.
- Setting consistent standards for records management practices across the Trust.
- Audit of record management performance
- Assessing the requirement for advice and training to staff about efficient record-keeping practices.

- Liaise with the Healthcare Records group to ensure that both groups are working in line to Trust policy and Department of Health guidance.

6.7 Head of Communication and Marketing

Is responsible for the effective implementation of the Freedom of Information Act requirements and will therefore will be a member of the Corporate Records Management Group to ensure that the implementation of procedures are in line with accessibility for FOI requests.

6.8 Information Governance Manager

The Information Governance Manager will work with the Trust Company Secretary to ensure that storage, processing and use of personal information meets the requirements of the Data Protection Act.

6.9 All Staff

All Trust staff, whether clinical or administrative, who create, receive and use records have records management responsibilities. In particular all staff must ensure that they keep appropriate records of their work in the Trust and manage those records in keeping with this policy and with any guidance subsequently produced.

6.10 Specialist Business Units [SBU] and Line Managers

SBU and Line Managers are responsible for:

- Ensuring that this policy and procedures are implemented across the SBU and department and that they operate efficiently and effectively.
- Ensuring these procedures are applied not only to paper records but also all other forms of record. Ensuring that they comply with these procedures.
- Developing local procedures to support implementation of this policy.
- Designating departmental Records Managers if required.
- Providing appropriate space for the storage of departmental records.
- Ensuring that departmentally held records are disposed of in accordance with the retention schedules set out in the DH Records Management Code of Practice part 2.
- Developing business continuity and disaster recovery processes as appropriate.
- Ensuring staff are aware of their responsibilities in relation to records, and where appropriate identifying specific responsibilities within job descriptions.
- To ensure adequate arrangements are made where off-site storage is undertaken through the Healthcare Records Management office as per their guidance.
- SBU/Line Managers to inform the Healthcare Records Committee and the Corporate Records Group of any new notifications regarding their speciality in relation to the retention and disposal schedule, so that it is updated accordingly and communicated to all areas affected by the notification change [e.g. the Blood Products Directives required traceability for a 30 year period].

6.11 IM&T Department and Departmental Information Asset Owners

Those designated with these roles to ensure that sufficient controls are in place to protect confidentiality and integrity of the information and to restrict its availability to appropriate users. There is also a requirement to ensure the ongoing availability of reliable systems-based information.

7. Registration of Record Collections

The Trust will establish and maintain mechanisms through which departments and other units can register the records they are maintaining. The inventory of record collections will facilitate:

- the classification of records into series; and
- the recording of the responsibility of individuals creating records.

The register will be reviewed annually.

8. Retention and Disposal Schedules

It is a fundamental requirement that all of the Trust's records are retained for a minimum period of time for legal, operational, research and safety reasons. The length of time for retaining records will depend on the type of record and its importance to the Trust's business functions.

The Trust has adopted the retention periods set out in the Records Management: NHS Code of Practice (detailed in the Trust's Retention Schedules for Health and Non-Health Records). The retention schedule will be reviewed annually.

9. Records Management Systems Audit

The Trust will regularly audit its records management practices for compliance with this framework.

The audit will:

- Identify areas of operation that are covered by the Trust's policies and identify which procedures and/or guidance should comply to the policy;
- Follow a mechanism for adapting the policy to cover missing areas if these are critical to the creation and use of records, and use a subsidiary development plan if there are major changes to be made;
- Set and maintain standards by implementing new procedures, including obtaining feedback where the procedures do not match the desired levels of performance; and
- Highlight where non-conformance to the procedures is occurring and suggest a tightening of controls and adjustment to related procedures.

The results of audits will be reported to the Information Governance Steering Group.

10. Training

All Trust staff will be made aware of their responsibilities for record-keeping and record management through generic and specific training programmes and guidance.

Appendix 1:

CORPORATE RECORDS MANAGEMENT GROUP Terms of Reference – October 2010

1. Constitution/ purpose

The group is to be known as the Corporate Records Management Group (the Group). The Group has the powers either specifically delegated in these terms of reference or the Trust's scheme of delegation.

The Group reports to the Information Governance Steering Group and is responsible for ensuring a systematic and planned approach to the management of all records is in place within the Trust from creation to disposal.

2. Membership, Chairmanship and Quorum

(a) Membership

Representatives from the following areas will be appointed to serve in the Group:

Estates/Engineering
Facilities - hotel services and security
Finance
Information Management and Technology
Human Resources (including Learning and Development and Occupational Health)
Purchasing and Supplies (including contracts)
Communications and Marketing
Clinical Risk
Complaints / PALS

(b) Chairmanship

The Company Secretary shall be the Chairman of the Group.

(c) Quorum

A quorum shall be 4 members.

3. Frequency of meetings

Meetings shall be held quarterly and members must attend at least 75 % of all meetings but should aim to attend all scheduled meetings.

4. Terms of authority

The Group is authorised by the Board to investigate any activity within its Terms of Reference and to seek any information it requires from any employee and all employees are directed to cooperate with any requests made by the Group.

The Group is authorised by the Board to obtain legal or other independent advice and to secure attendance of outsiders with relevant experience and expertise if it considers this necessary.

5. Objectives

The Group shall have responsibility for:

- Keeping the Trust's Corporate Records Management policies and procedures under review and ensuring that these comply with good practice in the NHS e.g. Information Governance Toolkit , the NHS standard for records management and other public sectors
- Advising the Trust's Company Secretary on changes to the Trust's records management policies and procedures
- Setting consistent standards for records management practices across the Trust
- Assessing the requirement for advice and training to staff about efficient record-keeping practices
- Liaising with the health Care Records group to ensure that both groups are working in line with Trust policy and Department of Health guidance

6. Accountability

The Group's meetings will be formally recorded and submitted to the Information Governance Steering Group.

7. Review of effectiveness

On a quarterly basis the Group shall monitor its effectiveness as follows:

- Ensuring its objectives, accountability and reporting arrangements are effective and meet the Group's requirements.
- The programming and implementation of any action plans
- Membership and attendance record
- Reporting arrangements for any Sub-Groups
- Quorum requirements

Agreed