NHS
West Hampshire
Clinical Commissioning Group

RECORDS MANAGEMENT POLICY

Version 2

Subject and version number of document:	Records Management Policy Version 2
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Author:	NHS South, Central and West Commissioning Support Unit, Information Governance Team
CCG Owner:	Mike Fulford, Chief Finance Officer
Links to Other Policies:	CSU Information Security Policy
Review date:	September 2018
For attention of:	All CCG staff
Policy statement:	This policy describes the CCG responsibilities with regard to records management and the way in which the CCG will meet these responsibilities.
Responsibility for dissemination to new staff:	Line Managers
Mechanism for dissemination:	All new and revised policies are published on the CCG intranet and website and promoted through the CCG staff newsletter.
Training Implications:	All staff will need to ensure they have made themselves aware of the policy content and location for future reference.
Further details and additional copies available from:	Intranet http://nww.intranet.westhampshireccg.nhs.uk/index.php?option=com_docman&view=list&slug=information-governance&Itemid=110&layout=table Website http://www.westhampshireccg.nhs.uk/downloads/categories/policies-and-guidelines
Equality Impact Assessment Completed?	Yes
Consultation Process	Version 1: CCG Corporate Governance Committee July 2012, approved by CCG Board August 2012 Version 1.02: CCG Corporate Governance Committee – 22 October 2013 Version 2: Policy Sub Group, September 2015
Approved by:	Corporate Governance Committee
Date approved:	22 September 2015

Amendments Summary:

Amend No	Issued	Page(s)	Subject	Action Date
1		3	Responsibilities of staff	02/07/13
2		4	Examples of types of records	02/07/13
3		7	Adoption of Records Management NHS Code of Practice retention periods	02/07/13
4		8	Extend review date to biennially	23/07/13
5			Put into CCG template and change references to Information Risk Policy to Information Security Policy as discussed with Amy Ford.	5/11/13
6		6-9, 11 and 12	Scope, data quality, legal and professional obligations, responsibilities, reference documentation and appendix 1.	16/7/15
7	Aug 2016	Throughout	Amend references to Corporate Governance Committee to Finance & Assurance Committee throughout body of text. Addition of a summary page and amendment to reference to NHS Records Management Code of Practice to Records Management Code of Practice Health & Social Care 2016.	17/8/16

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Name of Reviewer	Ratification Process	Notes
1.1	02/07/2013	Jackie Thomas		Reviewed on release of NHS England Records Management Policy
1.2	23/07/13	IG Team		Reviewed by IG Team for comment and further amendments
1.3	5/11/13	Jackie Zabiela	N/A	Amendments as per 5 above.
2	16/7/15	Lucy Savill	Policy Sub Group / Corporate Governance Committee / Board September 2015	Policy due for review

Summary
This Policy is written to give NHS West Hampshire Clinical Commissioning Group (CCG) a clear Records Management framework which includes advice and guidance and to inform staff of their operational and legal responsibilities.

Consultation
The Policy has been considered by the CCG Corporate Governance Committee (now known as the Finance & Assurance Committee) which includes the CCG Caldicott Guardian and the Senior Information Risk Officer. Comments have been incorporated as appropriate.

RECORDS MANAGEMENT POLICY

Summary of Key Points to Note

This document sets out a framework within which the staff responsible for managing the CCG'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. Specifically:

- 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 and eventual disposal.

- The [Records Management Code of Practice for Health and Social Care 2016©](#) 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.

- It is the responsibility of all staff including those on temporary or honorary contracts, agency staff and students to comply with this policy. All CCG staff, whether clinical or administrative, who create, receive and use clinical or corporate records have records management responsibilities. In particular all staff must ensure that they keep appropriate records of their work in the CCG and manage those records in keeping with this policy, national guidance and the Law.

- Part of records management involves ensuring records are of a sufficient quality. To ensure the CCG has good quality data it must be:
  - complete (in terms of having been captured in full)
  - accurate (the data must be recorded factually, legibly and consistently)
  - relevant (the degree to which the data meets current and potential user's needs)
  - accessible (available when needed)
  - timely (recorded and available as soon after the event as possible)

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RECORDS MANAGEMENT POLICY

1.   INTRODUCTION

1.1   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 and eventual disposal.

1.2   The Records Management Code of Practice for Health and Social Care 2016© 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.

1.3   Records within the NHS can be held in paper or electronic form. All NHS organisations will have a duty to ensure that their record systems, policies and procedures comply with the requirements of the Care Record Guarantee.

1.4   The CCG records are its 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 organisation 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.

1.5   The CCG Finance & Assurance Committee has adopted this records management policy and is committed to on-going improvement of its records management functions as it believes that it will gain a number of organisational benefits from so doing. These include:

- better use of physical and server space
- better use of staff time
- improved control of valuable information resources
- compliance with legislation and standards and
- reduced costs.

1.5   The CCG also believes that its internal management processes will be improved by the greater availability of information that will accrue by the recognition of records management as a designated corporate function.

1.6   This document sets out a framework within which the staff responsible for managing the CCG'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.

1.7   It is the responsibility of all staff including those on temporary or honorary contracts, agency staff and students to comply with this policy.

2. SCOPE AND DEFINITIONS

2.1 This policy relates to all records held in any format by the CCG.

2.2 A record is anything which contains information (in any media) which has been created or gathered as a result of any aspect of the work of NHS employees, including:

- all administrative records (such as personnel, estates, financial and accounting records, records associated with complaints)
- all patient health records (for all specialties and including private patients, x-ray and imaging reports, registers, etc.)
- continuing health care and safeguarding records
- computer databases, output and disks, and all other electronic records
- material intended for short term or transitory use, including notes and spare copies of documents
- meeting papers, agendas, formal and information meetings including notes taken by individuals in note books and bullet points and emails
- audio, video tapes, cassettes and CD ROMs.

This list is not exhaustive

2.3 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 CCG 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.

2.4 The term **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.

2.5 In this policy, Records are defined as 'recorded information, in any form, created or received and maintained by the CCG in the transaction of its business or conduct of affairs and kept as evidence of such activity'

2.6   Information is a corporate asset. The CCG's records are important sources of administrative, evidential and historical information. They are vital to the organisation in order 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.

3.   PROCESSES / REQUIREMENTS

3.1   The aims of our records management system are to ensure that:

- **records are available when needed** - from which the CCG 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.

4.   DATA QUALITY

4.1   Part of records management involves ensuring records are of a sufficient quality. To ensure the CCG has good quality data it must be:

- complete (in terms of having been captured in full)

- accurate (the data must be recorded factually, legibly and consistently)

- relevant (the degree to which the data meets current and potential user's needs)

- accessible (available when needed)

- timely (recorded and available as soon after the event as possible)

4.2 Good quality data will be used by the CCG to support risk minimisation, clinical and corporate governance and ultimately effective patient care. This will be achieved by setting and meeting the standards contained within this policy and ensuring all staff are aware of their responsibilities regarding data quality.

4.3 Data quality issues should be raised via the CCGs incident reporting procedure and regular spot checks should be carried out to ensure records are of a sufficient quality.

4.4 To ensure both clinical and corporate records are kept at a high quality they should be audited on an annual basis to identify any areas that need improving.

5. LEGAL AND PROFESSIONAL OBLIGATIONS

5.1 All NHS records are Public Records under the Public Records Acts. The CCG 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
- The NHS Care Record Guarantee

and any new legislation affecting records management as it arises.

5.2 Nurses doctors and other clinicians (such as physiotherapists) will also have professional obligations under bodies such as the Nursing and Midwifery Council (NMC) and General Medical Council (GMC) who they are accountable to. Their Codes contain professional standards that registered clinicians (such as nurses and doctors) must uphold which include details on keeping clear and accurate records.

6. RESPONSIBILITIES

6.1 The CCG has a particular responsibility for ensuring that it corporately meets its legal responsibilities, and for the adoption of internal and external governance requirements. The responsibilities of the accountable officer, Caldicott guardian, senior information risk owner and head of information governance ar detailed in West Hampshire CCGs Information Governance Management Framework and Strategy.

NHS West Hampshire Clinical Commissioning Group Staff

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

7.   TRAINING

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

8.   RETENTION AND DISPOSAL SCHEDULES

8.1   It is a fundamental requirement that all of the CCG'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 CCG's business functions**.**

8.2   The CCG has adopted the retention periods set out in the Records Management Code of Practice for Health and Social Care 2016. The retention schedule will be reviewed as appropriate by NHS England.

9.   SUCCESS CRITERIA

9.1   The information governance action plan which includes records management will be monitored by the Finance & Assurance Committee.

9.2   A regular audit of records management functions will be undertaken by data custodians. The audit will:

- identify areas of operation that are covered by the CCG'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.

9.3   The results of audits will be reported to the CCG Finance & Assurance and Audit Committees. Appendix 1 of this Policy can also be used to audit teams.

10. REFERENCE DOCUMENTATION

- The Public Records Act 1958
- The Data Protection Act 1998
- The Freedom of Information Act 2000
- The Common Law Duty of Confidentiality
- The NHS Confidentiality Code of Practice

10.1 The CCG will also take action to comply with any new legislation affecting records management as it arises.

10.2 Each team in the CCG has a local records procedure. Please refer to these procedures which provide detailed guidance on creating records, maintaining records, access and disclosure, closure and transfer, archiving and disposal of records relating to each specific team.

11. EQUALITY, DIVERSITY AND MENTAL CAPACITY ACT

11.1 This policy was assessed against the CCG Impact Needs Requirement Assessment (INRA) tool to ensure that it does not introduce any unexpected or unwarranted equality and diversity disparities. The assessment confirmed that no amendments are required at this time.

11.2 This policy has been assessed and meets the requirements of the Mental Capacity Act 2005.

12. MONITORING AND REVIEW

12.1 This policy will be monitored by the Finance & Assurance Committee to ensure that legislative changes that occur before the review date are incorporated. This policy will also be reviewed triennially.

13. COMMUNICATION AND DISSEMINATION

13.1 This policy will be communicated and disseminated by means of the CCG Intranet. Additional/alternative dissemination arrangements will be included as they become available.

APPENDIX 1   CORPORATE AND CLINICAL RECORDS MANAGEMENT GUIDANCE

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. It is the aim of the organisation to ensure that records are accurate and reliable, can be retrieved swiftly and kept for no longer than necessary.

Corporate Records can be considered records which contain the following:

- all administrative records (e.g. personnel, estates, financial and accounting records, notes associated with complaints).

Clinical records can be considered records which containing the following:

- any patient health record (for all specialities and including private patients, x-ray and imaging reports, registers and so on.

Records Management will also help data custodians with the information asset audit and the information flow mapping exercise.

Records management is crucial to all NHS organisations, especially during a time of transition. If records are not managed effectively, the organisation would not be able to function as required and expected, and to account for what has happened in the past or to make decisions about the future. Records are a fundamental corporate aspect and are required to provide evidence of actions and decisions, enable the organisation to be accountable and transparent, and comply with legal and regulatory obligations such as the Data Protection Act 1998 and the Freedom of Information Act 2000.

Corporate records also support the strategic decision making and enables the organisation to protect the interests of staff, patients, public and other stakeholders.

Corporate and clinical records should:
- be accurate and complete
- be relevant and accessible
- be arranged systematically
- should be sufficient to enable other members of staff to carry out their tasks
- should demonstrate compliance with legal and regulatory requirements

Paper Records
- A uniform filing system should be implemented to ensure that documents are grouped appropriately and consistently. Records that are frequently used should be stored within secure filing cabinets or secure areas (locked rooms, coded areas). Records that are not frequently or not used at all should be stored in secure rooms or with PHS Records Management. If records are no

longer needed and do not need to be kept according to the retention timeframes, the records should be destroyed.

- Access to clinical records should be a strict need to know basis by staff that have a legitimate purpose to access such records.

- The filing system should also be kept simple and easy for all to understand.

- Should you have many categories associated to the same record, cross – referencing is a key element to identify documentation which is connected to the same record.

- It should also be discussed with line management whether records are to be kept manually or electronically. This will help determine the definitive record.

- It is best to restrict 'creating folder responsibility' to limited amount of staff. If all members of staff create files, then there is a possibility of duplication, loss of information and more storage space would be required. Should a member of staff require a new folder to be created, they will need to be granted permission from the lead administrator.

- Paper files should be labeled accurately and helpfully. Labels should be brief, accurate, have a meaningful description of the contents, and intelligible to both current and future members of staff.

- Where appropriate templates should be used.

- Version controls should be applied and periodically reviewed.

- All paper files should be reviewed at the end of every financial year. This will identify if records need to be retained, archived or destroyed. It would be useful to have a tracker card to include who uses the file, location of where the file is situated and also retention review date.

- Should the file contain personal identifiable or sensitive information, it is important not to add this to the title of the record and should be kept in a secure location. Page numbering confidential files will confirm if pages have been removed or are missing.

- Permission to access personal confidential data and sensitive information should be restricted to a limited number of staff who requires access.

- Information Asset audits should be carried out, this will prevent duplication and provide easier access to information readily for requests/enquiries.

- Records should be reviewed on a periodic basis to ensure that destruction rules apply.

- If paper clinical records (such as patient health records) are taken out of the office they must be transported in a secure, lockable bag. The file must be durable and fit for purpose; eliminating the possibility for records to go missing.

- Paper clinical records that are created outside of the office environment must be returned to a secure site as soon as reasonably possible (such as diaries and notebooks) and whilst it is important to identify who the record belongs to, all measures to protect the identity of the patient/service user must be taken.

- When creating clinical notes in notebooks outside of the office, staff must ensure electronic systems are updated as soon as reasonably possible after the event.

Electronic Records

- Name electronic files accurately; they should be simple and easy for all to understand. Adopting a standard operating procedure ensure that all staff within your assigned area can follow the same filing procedure.

- It is best to restrict 'creating or deleting folder responsibility' to limited amount of staff. If all members of staff create files, then there is a possibility of duplication, loss of information and more storage space would be required. Should a member of staff require a new folder to be created, they will need to granted permission from the lead administrator.

- All electronic files should be reviewed at the end of every financial year. This will identify if records need to be retained and archived.

- Each assigned area should compile a list of standard terms and uniform terminology as naming conventions for files and folders.

- Version controls should be applied and periodically reviewed.

- Records with personal confidential data and sensitive information should be controlled through the use of logins, password protection and encryption. Please review the organisation's Information Security Policy for further details.

- Consideration should be given to security prior to adopting a filing structure containing personal confidential data. Use secure folders with the minimum number of staff able to access them and avoid the possibility of inappropriate access by attempting to isolate secure folders to enable appropriate authorisation processes for access. Access to such records should have strict controls in place for staff that have a legitimate purpose to view them.

- Once a project is completed, all associated electronic documentation should be contained in a zipped file, accurately named/dated and stored within a secure folder on the organisation' network. This will decrease storage space and will keep all common documentation together.

- Computers that hold confidential information should be located in rooms that have lockable doors or if not possible should be secured to the desktop. Laptops and portable devices must be encrypted and stored securely out of sight.

- Entries to health records on electronic systems should be made as soon as possible after the event to ensure the clinical record is kept accurate and up to date.

Record Keeping Audit

One of the responsibilities of data custodians is to conduct a record keeping audit. The information collected from the audit will enable the assigned data custodian;

- To understand what records are available within the department

- Assess the staff knowledge of records management
- Identify if the organisation's records management policy and procedures are adhered to by staff and have been implemented within your assigned area.
- Identify any gaps in record management processes
- To help collate information for the information asset register and the information mapping exercise.

Clinical Record Audit

Clinical records should be audited on an annual basis to ensure records are kept accurate and up to date. The audit should also assess the records legibility and timeliness. Where relevant, the access arrangements should be reviewed to ensure that no inappropriate access is possible for staff that no longer have a legitimate reason to view those records e.g. leavers, new roles etc.

Archiving, Retention and Disposal Process including Off-site Storage

To avoid breaches, incidents and information loss, it is important for departments to ensure that retention, retrieval and disposal procedures are followed. One of the responsibilities as Data Custodian is to coordinate this function within your assigned area. By using the outcomes from the audits and the data mapping exercise, Data Custodians will have the knowledge of what type and how long records need to be kept. Members of staff may also ask you to coordinate the archiving and disposal of records.

The current contract for offsite archive storage sits with PHS Records Management. Data Custodians should discuss their requirements with the CSU IG Team via the IG Enquiries mailbox and the following arrangements will be put in place.

Offsite Storage Archiving Process

CCG employees must consult the CSU Information Governance Team regarding archiving requirements.

Any records sent to offsite storage remain the responsibility of each team.

Data Custodians have the responsibility to ensure effective and relevant file management systems are in place for information held within their teams. Following this process will avoid teams duplicating or, mismanaging information therefore ensuring information security.

Please note that this process is only used for the destruction of records archived offsite.

Each team should have a programme of archiving for records held onsite. The following options should be used when considering records for destruction:

1. **Confidential Shredding**
   Teams should ensure all confidential documents are disposed of confidentially. Staff have access to designated shred it confidential waste boxes. Confidential waste is shredded on a regular basis by an approved contractor. Confidential waste should not disposed of within recycling and personal waste bins. Black bin liners should not be used to store or dispose of confidential information.

2. **Destruction of Electronic Equipment**
   All electronic equipment that store personal and sensitive information i.e. CDs, DVD –Roms, USB sticks, computers etc require specialist destruction. It is important to follow the CCG's hosted IT provider's Information Security destruction process. Should you have any queries or would like to request destruction of electronic equipment, please contact your IT provider service desk.

What to do in the Event of Missing Clinical and Corporate Records

Missing records are a serious risk to the organisation and it is therefore vital that a tracing procedure is undertaken. Should information go 'missing' the following procedures should be followed.

1. Highlight the that a record is 'missing' to the assigned Information Asset Owner (IAO) and work colleagues as soon as this becomes apparent.

2. Undertake a thorough search for the record in the places you would normally expect to find it. Search in the place you would normally expect to see the record but look either side, above and below where it should be filed. If the record is held electronically search in other folders or conduct a 'search' within your files.

3. Should the record remain missing after your search, you will need to contact the CSU IG team and complete a Risk Incident/Adverse Event form, and follow the Risk management process.

4. Keep a list of all the places that have been searched

5. The senior information risk owner (SIRO) /Caldicott guardian should be informed of the loss by the CSU IG team.

The Information Asset Owner (IAO) and CSU IG team should be informed if the record is found.

APPENDIX 2   ANALYSING THE IMPACT ON EQUALITY

1.	**Title of policy/ programme/ framework being analysed** Records Management Policy
2.	**Please state the aims and objectives of this work and the *intended equality outcomes*. How is this proposal linked to the organisation's business plan and strategic equality objectives?** To provide a framework of guidance regarding the management of records within the CCG.
3.	**Who is likely to be affected? e.g. staff, patients, service users, carers** Staff
4.	*What evidence do you have of the potential impact (positive and negative)?*
4.1	**Disability** (Consider attitudinal, physical and social barriers) No impact
4.2	**Sex** (Impact on men and women, potential link to carers below) No impact
4.3	**Race** (Consider different ethnic groups, nationalities, Roma Gypsies, Irish Travellers, language barriers, cultural differences). No impact
4.4	**Age** (Consider across age ranges, on old and younger people. This can include safeguarding, consent and child welfare). No impact
4.5	**Gender reassignment** (Consider impact on transgender and transsexual people. This can include issues such as privacy of data and harassment). No impact
4.6	**Sexual orientation** (This will include lesbian, gay and bi-sexual people as well as heterosexual people). No impact
4.7	**Religion or belief** (Consider impact on people with different religions, beliefs or no belief) No impact
4.8	**Marriage and Civil Partnership** No impact

4.9	**Pregnancy and maternity** (This can include impact on working arrangements, part-time working, infant caring responsibilities).
	No impact

4.10	**Carers** (This can include impact on part-time working, shift-patterns, general caring responsibilities, access to health services, 'by association' protection under equality legislation)**.**
	No impact

4.11	**Additional significant evidence** Give details of any evidence on other groups experiencing disadvantage and barriers to access due to: • socio-economic status • location (e.g. living in areas of multiple deprivation) • resident status (migrants) • multiple discrimination • homelessness
	No impact

5	**Action planning for improvement** Please give an outline of the key action points based on any gaps, challenges and opportunities you have identified. An Action Plan template is appended for specific action planning.
	Not applicable

Sign off
Name and signature of person who carried out this analysis
Lucy Savill, Information Governance Manager, NHS South, Central and West Commissioning Support Unit
Date analysis completed
August 2015