49 EC
Records Management Policy

Policy number	49 EC
Version	2.0
Approved by	Information Governance Sub-Committee
Name of author/originator	Patrick Mwondela, Records Manager
Owner (director)	Elaine Newton, Director of Governance and Compliance
Date of approval	9th March 2017
Date of last review	February 2017
Review to be completed by	March 2019

Version control sheet

Version	Date	Author	Status	Comment
1.0	June 2013	Owen Lloyd	Draft	As adapted from draft provided by CSU IG lead, Juliana Luxton
1.1	June 2013	Owen Lloyd	Draft	Comments balloon deleted from draft following discussion at Quality and Governance Committee
1.2	Dec 2013	Patrick Mwondela	Draft	Updated Key IG roles - 4.5 Director of Governance & Compliance and 4.7 Information Governance Manager
1.3	January 2014	Patrick Mwondela	Final	Approved
1.4	February 2017	Patrick Mwondela	Draft	New policy to consolidate and replace: Records Management and Information Lifecycle Management Strategy & Records Management and Information Lifecycle Policy
2.0	March 2017	Patrick Mwondela	Approved	Approved by IG Sub Committee

Equality statement

NHS Guildford and Waverley aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. We take into account the Human Rights Act 1998 and promote equal opportunities for all. This document has been assessed to ensure that no employee receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the member of staff has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

We embrace the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.

See next page for an Equality Analysis of this policy.

Equality Analysis

Equality analysis is a way of considering the effect on different groups protected from discrimination by the Equality Act, such as people of different ages. There are two reasons for this:

- to consider if there are any unintended consequences for some groups
- to consider if the policy will be fully effective for all target groups

Name of Policy: Records Management Policy	Policy Ref: 49 EC	Is this New [ ] or Existing? [X]
Assessment conducted by (name, role): Patrick Mwondela, Records Manager		**Date of Analysis:** 06/02/2017
Directorate: Governance and Compliance	**Director's signature:**	

Who is intended to <u>follow</u> this policy? Explain the aim of the policy as applied to this group.
- All individuals undertaking work on behalf of the CCG
- Aim is to set out the organisation's structural arrangements and key responsibilities for management of records from creation to disposal

Who is intended to <u>benefit from</u> this policy? Explain the aim of the policy as applied to this group.

All individuals undertaking work on behalf of the CCG

1. **Evidence considered**. *What data or other information have you used to evaluate if this policy is likely to have a positive or an adverse impact upon protected groups when implemented?*
Relevant material included within available guidance

2. **Consultation.** *Have you consulted people from protected groups? What were their views?*
No

3. **Promoting equality.** *Does this policy have a positive impact on equality? What evidence is there to support this? Could it do more?*
No data is available to suggest any positive impact on equality.

4. **Identifying the adverse impact of policies**
Identify any issues in the policy where equality characteristics require consideration for either those abiding by the policy or those the policy is aimed to benefit, based upon your research.

a) People from different age groups:
None identified

b) Disabled people:
None identified

c) Women and men:
None identified

d) Religious people or those with strongly held philosophical beliefs:
None identified

e) Black and minority ethnic (BME) people:
None identified

f) Transgender people:
None identified

g) Lesbians, gay men and bisexual people:
None identified

h) Women who are pregnant or on maternity leave:
None identified

i) People who are married or in a civil partnership:
None identified

5. Monitoring *How will you monitor the impact of the policy on protected groups?*
Via feedback provided via CCG's Complaints process

Contents

1. Introduction and Policy Objective

A record is defined as 'information created, received, and maintained as evidence and information by an organisation or person, in pursuance of legal obligations or in the transaction of business' (ISO 15489-1:2016).

The Data Protection Act 1998 defines a health record as a record which 'consists of information relating to the physical or mental health or condition of an individual' and 'which has been made by or on behalf of a health professional in connection with the care of that individual'.

All public bodies are required to have effective records management systems in place to support delivery of their functions. For Health & Social Care organisations the primary reason for managing information and records effectively is to support the provision of high quality care.

The overall objective of this policy is to provide a framework for consistent and effective management of corporate and health records within the CCG that is based on established standards and which is integrated with other information governance activity.

This policy is aligned with the records management strategy of the organisation, which includes the following commitments:

- To have awareness of the importance of records management and evidence of responsibility and accountability for this at all levels;
- To maintain a systematic and planned approach to managing records throughout their lifecycle; which ensures that information within the organisation is of the highest quality in terms of completeness, accuracy, relevance, accessibility and timeliness;
- To have in place effective arrangements to ensure the confidentiality, security and quality of personal data and other confidential information both within the CCG and its commissioned activities;
- To have in place a records management system that supports the CCG's effective compliance with statutory governance requirements and which supports the CCG in making non-confidential information publicly available in line with responsibilities under the Freedom of Information Act 2000 and the Government's transparency agenda;
- To minimise as far as possible (financial and staff) costs associated with the management and storage of records and to achieve the best possible value for public funds for records management activity;
- The proactive and appropriate use of information by the organisation and its partner organisations for the commissioning of care and the robust monitoring and evaluation of this activity.

This policy forms part of a suite of documents which explain how the CCG will discharge its duties with respect to Records Management, as detailed in the table below:

Document	Purpose
Records Management Policy	Details the overall strategy and key roles and responsibilities
Records Management Procedures	Provides detailed guidance to support compliance with the requirements of the policy
Records Management Assurance Plan	Explains how the CCG will monitor compliance with the policy and related procedures

2. Legislative Framework/Core Standards

This policy is designed to support the CCG's continual compliance with the following:

- Schedule 1 of the Public Records Act 1958
- Local Government Act 1972
- The Data Protection Act 1998
- Code of Practice issued under Section 46 of the Freedom of Information Act 2000
- ISO 15489-1:2016 Information and documentation - Records management
- BSIA EN15713:2009 - Secure Destruction of Confidential Material
- The Caldicott Principles
- The NHS Information Governance Toolkit
- The NHS Constitution
- The NHS Standard Contract
- The Records Management Code of Practice for Health and Social Care 2016 published by the Information Governance Alliance (IGA) for the Department of Health (DH)
- The European General Data Protection Regulation (GDPR)

3. Scope

This policy applies to:

- All permanent, temporary and contract staff and other individuals undertaking work on behalf of the CCG
- Records created by GWCCG since its inception on the 1st April 2013
- Records controlled by GWCCG under contractual or joint working arrangements
- Legacy records from defunct NHS organisations for which the CCG has accepted responsibility (including Surrey Primary Care Trust and NHS Surrey)
- Records transferred to us by other CCGs following changes to collaborative working arrangements
- Where required by contract, records held on our behalf by third parties and organisations/individuals undertaking work on the CCG's behalf

The requirements of this policy apply regardless of the record's format (i.e. electronic or hard-copy) and this includes:

- Photographs, slides, and other images
- Audio and video tapes, cassettes, CD-ROM etc.
- E-mails and Faxes
- Computerised records (including data held on ICT systems)
- Scanned records
- Text messages (SMS)

- Social media such as Twitter and Skype (both outgoing from the NHS and incoming responses from the patient or members of the public)
- Websites and intranet sites that provide key information to patients and staff.

This policy relates to all clinical and non-clinical operational records held by GWCCG including:

- All administrative and corporate records (e.g. personnel, estates, financial and accounting records, notes associated with complaints etc.)
- All patient health records (e.g. reports, registers, requests for funding etc.).

4.   Definitions
The following acronyms are used in this policy and supporting documents:

- DPA –Data Protection Act 1998
- FOIA – Freedom of Information Act 2000
- GWCCG – NHS Guildford and Waverley Clinical Commissioning Group
- GDPR – General Data Protection Regulation
- IAO – Information Asset Owner
- IG – Information Governance
- IGA – Information Governance Alliance
- ISO – International Standards Organisation
- NHS - National Health Service
- RM – Records Management
- SIRO – Senior Information Risk Officer

5.   Roles and Responsibilities
The key roles and responsibilities with respect to this policy are detailed below:

5.1   The Chief Executive
- Ultimately accountable for ensuring that the CCG is compliant with legislation, statutory guidance, and contractual requirements relating to Records Management.

5.2   The Governing Body and Committees
- Responsible for ensuring that sufficient resources are provided to support the requirements of the policy and for ensuring that assurance with respect to compliance with legislation and statutory guidance relating to Records Management is maintained.

6.   The Caldicott Guardian
- Responsible for providing advice and guidance to ensure patient identifiable data and personal data is handled in an appropriate and secure manner.

6.1   Senior Information Risk Owner (SIRO)
- Has delegated responsibility for ensuring that the CCG is compliant with legislation and statutory guidance relating to Records Management.

6.2 Directors and Managers

Responsibility for local records management and compliance with the requirements of this policy is devolved to the relevant directors, team leaders, and line managers. This includes:

- Ensuring the effective maintenance of records throughout their lifecycle;
- Ensuring the timely review of records and their secure disposal (whether this be transfer to other providers for permanent preservation or destruction to certified standards);
- Ensuring appropriate consideration is given to records management within business continuity plans and impact assessments;
- Ensuring appropriate contractual clauses relating to records management are included within third party contracts and other agreements relating to their area of the business;
- Ensuring that staff and other individuals undertaking work on the CCG's behalf for which they are responsible for complete any mandatory Records Management training.

6.3 Information Governance Lead

Responsible for:

- The maintenance of this policy, procedures and related assurance plans;
- Monitoring and reporting of compliance with this policy and related procedures;
- The provision of day to day advice and support to individuals in relation to records management requirements and best practice;
- Investigation of any potential breaches of this policy;
- Managing any independent audits of the CCG's records management that may be required.

6.4 Corporate Governance Systems Manager, Corporate Governance Support Officer, and support staff based in other Directorates

Responsible for supporting:

- The monitoring and reporting of compliance with this policy and related procedures;
- Teams to undertake any retention reviews required;
- Any independent audits of the CCG's records management that may be required.

6.5 Information Asset Owners/Administrators

Information Asset Owners (IAOs) are responsible for supporting the effective management of records within their area of the business by:

- Providing feedback with respect to the records management policy, procedures and related assurance plans;
- Co-ordinating responses from their area of business for records management assurance activities;
- Championing the benefits of effective records management;

- IAOs will also provide regular assurance to the SIRO that records management risks relating to the assets they are responsible for are being managed effectively.

6.6 All Staff (and other Individuals Undertaking Work on our Behalf)

All individuals undertaking work on the CCG's behalf (including permanent, temporary and agency staff) have a responsibility to:

- Keep appropriate records of their work in the CCG;
- Manage those records in accordance with this policy and related procedures;
- Undertake any mandatory records management training that may be required for their role;
- Participate fully in any audits as requested;
- Bring to their line manager's attention any concerns regarding records management relating to individuals/organisations undertaking work on the CCG's behalf or those relating to commissioned services and providers;
- Report any incidents of non-compliance with RM requirements through CCGs incident reporting process and to co-operate fully with any investigations undertaken.

7.   Procedure

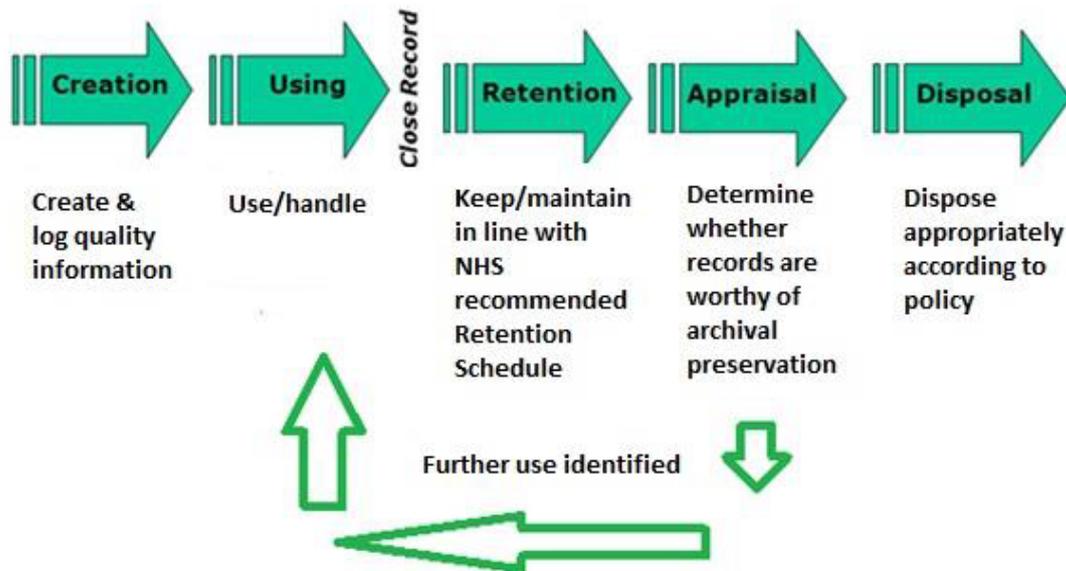Included at Annex A to this policy are the detailed procedures which reflect the Records Management Lifecycle shown below:

Figure 1: Records/Information Lifecycle published by the Information Governance Alliance, July 2016

6.1: Creation – this includes detailed guidance relating to file formats, naming conventions, protective marking, and defining levels of access;

6.2: Using - this includes detailed guidance relating to version control, storage, transfers of records (including at contract changes), and closure;

6.3: Retention - this includes detailed guidance for undertaking retention reviews using the tools developed by the CCG, which reflect standard NHS Retention Schedules for both Corporate and Health records;

6.4: Appraisal - this includes detailed guidance for deciding what to do with records when their business use has ceased;

6.5: Destruction - this includes detailed guidance for ensuring the appropriate and secure destruction of paper and electronic records.

The above procedures are currently in development and will be uploaded to the Intranet in April 2017.

8.   Bibliography
- Information Governance Toolkit available at: https://www.igt.hscic.gov.uk
- The Records Management Code of Practice for Health and Social Care 2016 published by the Information Governance Alliance: https://digital.nhs.uk/article/1202/Records-Management-Code-of-Practice-for-Health-and-Social-Care-2016

9.   Monitoring and review of effectiveness
- Compliance with the provisions of this Policy will be regularly monitored and reviewed in accordance with the Records Management Assurance Plan and the CCG's Confidentiality Audit Procedures.

- 8.2 Breaches of this policy (i.e. records management incidents) will be investigated and reported in accordance with the CCG's IG incident Management Procedures.

10.   Review, Approval & Dissemination
These procedures will be reviewed by the CCG's IG Manager as follows:

- If there are significant changes to The Records Management Code of Practice for Health and Social Care 2016 published by the Information Governance Alliance
- At least every two years otherwise

The IG Sub-Committee of the CCG's Quality & Clinical Governance Committee (or a delegated sub-committee of the IGSC) will approve the procedures and agree any subsequent revisions to these.

This policy will be made available to all staff via the intranet and summary is provided in Corporate Induction material and staff IG Guidance documents.

The policy will be published on the CCG's website and will be disseminated to all staff via E-brief, the CCG's electronic staff newsletter.

11. Appendix A Procedural Document Checklist for Approval

This must be completed and include a plan regarding how a policy will be implemented.

Procedural document checklist for approval		
To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.		
Title of document being reviewed: Policy framework for the development and management of procedural documents	**Yes/No/** **Unsure**	**Comments/Details**
A **Is there a sponsoring director?**	Yes	
1. **Title**		
Is the title clear and unambiguous?	Yes	
Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2. **Rationale**		
Are reasons for development of the document stated?	Yes	
3. **Development Process**		
Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
Is there evidence of consultation with stakeholders and users?	Yes	
4. **Content**		
Is the objective of the document clear?	Yes	
Is the target group clear and unambiguous?	Yes	
Are the intended outcomes described?	Yes	
5. **Evidence Base**		
Is the type of evidence to support the document identified explicitly?	Yes	
Are key references cited?	Yes	
6. **Approval**		
Does the document identify which committee/group will approve it?	Yes	
7. **Dissemination and Implementation**		

	Procedural document checklist for approval		
To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.		
	Title of document being reviewed: Policy framework for the development and management of procedural documents	**Yes/No/ Unsure**	**Comments/Details**
	Is there an outline/plan to identify how the document will be disseminated and implemented amongst the target group? Please provide details.	Yes	
8.	**Process for Monitoring Compliance**		
	Have specific, measurable, achievable, realistic and time-specific standards been detailed to monitor compliance with the document?	Yes	
9.	**Review Date**		
	Is the review date identified?	Yes	
10.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for implementing and reviewing the documentation i.e. role of author/originator?	Yes	

Director Approval

On approval, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name	Elaine Newton	Date	
Signature			

Committee Approval

On approval, Chair to sign and date.

Name	Sue Tresman	Date	
Signature			

12. Appendix B Compliance & Audit Table

Explain how the procedures will be audited i.e. how you will provide assurance that the policy is being adhered to

Criteria	Measurable	Frequency	Reporting to	Action Plan/Monitoring
See Records Management Assurance Plan	See measures included	Quarterly	IG Sub Committee	See detailed Assurance Plan