Records Management Policy

February 2019

Version:	2.0
Policy Number:	CO017/02/2021
Date ratified:	12 February 2019
Name of originator/author:	eMBED IG Manager
Name of Sponsor:	Director of Commissioning and Performance
Name of responsible committee	Governance Sub Committee
Date issued:	February 2019
Review date:	February 2021
Target audience:	All CCG staff

Policy Audit Tool

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Please give status of Policy:	~~New~~ / Revised

1.	**Details of Policy/Procedural Document**	
1.1	Policy Number:	CO017/02/2021
1.2	Title of Policy/document:	Records Management Policy
1.3	Sponsor	Director of Commissioning and Performance
1.4	Author:	eMBED IG Manager
1.5	Lead Committee	Governance Sub Committee
1.5	Reason for policy/document:	Details how records will be managed throughout the CCG
1.6	Who does the policy affect?	All CCG staff
1.7	Are the National Guidelines/Codes of Practice etc issued?	
1.8	Has an Equality Impact Assessment been carried out?	Yes
2.	**Information Collation**	
2.1	Where was Policy information obtained from?	Previous Policy & Information Governance expertise
3.	**Policy Management**	
3.1	Is there a requirement for a new or revised management structure for the implementation of the Policy?	No
3.2	If YES attach a copy to this form.	
3.3	If NO explain why.	
4.	**Consultation Process**	
4.1	Was there external/internal consultation?	Internal
4.2	List groups/persons involved	CCG IG Group
4.3	Have external/internal comments been included?	Yes
4.4	If external/internal comments have not been included, state why.	
5.	**Implementation**	
5.1	How and to whom will the policy be distributed?	CCG Intranet
5.2	If there are implementation requirements such as training please detail.	
5.3	What is the cost of implementation and how will this be funded	
6.	**Monitoring**	
6.1	How will this be monitored	IG Training completed by all staff.

		Completion of Information Governance Toolkit on an annual basis. Information Governance Toolkit requirements are met. Number of adverse incidents reported.
6.2	Frequency of Monitoring	Monthly, Annually

Version Control

VERSION CONTROL				
Version	Date	Author	Status	Comment
1.0	February 2013	Mark Wilkinson / Jill Rutt	Final	Minor update of previous PCT policy
1.1	January 2015	Mark Wilkinson	Review	Minor updates
1.2	January 2017	Mark Wilkinson	Review	Minor update
2.0	January 2019	Gershon Nubour	Review	Adopted New Policy Template Updated Code of Practice Revised DPO entry Primary Care Support England referenced for GP Records Referenced GDPR/ DPA2018 Sections Added for: Scanned Records, Cloud Based Storage, Digital Records, FOI, Retention and Disposal Schedules

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1   Introduction & Purpose

Records management is the process by which an organisation manages all 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.

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.

2   Scope

A formal definition of a record is "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." (BS ISO 15489.1 Information and Documentation. Records Management)

This policy relates to all records held in any format by the CCG. These include:

- All administrative records (e.g. diaries, emails, correspondence, personnel, estates, financial and accounting, contracts, complaints, records of meetings, policies and procedures)
- Information relating to identifiable individuals who are not staff (including, but not limited to, patients, members of the public, volunteers etc.)

The CCG's records are its corporate memory, providing evidence of actions and decisions representing a vital asset to support daily functions and operations.

Records:
- Support policy development and decision-making at all levels across every function
- Protect the interests of the CCG and the rights of patients, staff and members of the public
- Support research and development
- Support consistency, continuity, efficiency, productivity and patient safety
- Support service delivery in consistent and equitable ways.

Aims of the Records Management System

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

- **Records are available and can be accessed when needed** - records and the information within them can be located and displayed in a way consistent with their use.

- **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.

- **Records management across the CCG is based on best practice** – to ensure that record keeping is consistent and of the highest standards.

Roles and Responsibilities

Chief Officer
The Chief Officer has overall responsibility for records management in the CCG. 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.

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

Senior Information Risk Owner (SIRO)
The SIRO (Director of Commissioning) is responsible for non-clinical records – day to day operational responsibility is delegated to the Deputy SIRO (Deputy Director of Commissioning & Performance)

Chief Nurse
The Chief Nurse is responsible for any clinically related records (including complaints)

Information Governance Manager
The Commissioning Support (eMBED) Information Governance Team provides IG support to Sheffield CCG and will support the roles of the SIRO and Caldicott Guardian through the provision of expert advice. The Deputy SIRO is the IG lead for the CCG.

Data Protection Officer (DPO)
The statutory role of Data Protection Officer is performed by the EMBED shared DPO Service.

Staff
All employees of the CCG have an implied duty of confidentiality and loyalty to the organisation as their employer. All CCG staff sign a confidentiality clause in their contract as they join the CCG. It is the responsibility of all staff to ensure that they keep appropriate records in keeping with the Records Management Policy.

Independent Contractors Records

Clinical records are managed by independent contractors, under their terms of service, on behalf of the practice / NHSCB. It is the responsibility of individual contractors to maintain records in line with statutory and professional requirements.

GP Records

Primary Care Support England is responsible for:

a) Retaining the clinical records of patients who are no longer registered with a GP practice, e.g. patients who have died or moved out of the country.

b) Ensuring that the records of all unregistered patients, living in the CCG area, are returned by GP practices for retention.

Other Healthcare Providers Records

The CCG will agree contracts with other healthcare providers (including NHS Trusts, NHS Foundation Trusts, Commissioning Support, and independent sector providers) which set out clearly their responsibilities for managing patient records and for providing data and reports to the CCG in specific areas. These contracts will normally be the national standard contracts issued by the Department of Health.

3   Definitions

Records management is a discipline which utilises an administrative system to direct and control the creation, version control, distribution, filing, tracking of record movements, retention in line with appropriate schedules, storage, archiving and secure 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.
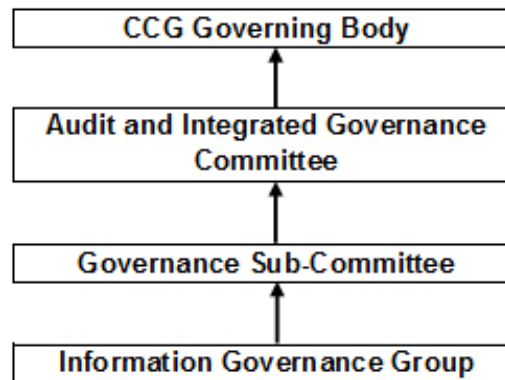
The term **Records Life Cycle** describes the life of a record from its creation/receipt through the period of its 'active' use, then into a period of 'inactive' retention (such as closed files which may still be referred to occasionally) and finally either confidential disposal or archival preservation.

4   Process/Requirements

Information Governance Group
Records management plays an integral role in the CCG's Information Governance. The Information Governance Group is responsible for ensuring that this policy is implemented.

Reporting Arrangements

```
        CCG Governing Body
               ▲
 Audit and Integrated Governance
           Committee
               ▲
    Governance Sub-Committee
               ▲
   Information Governance Group
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Implementation and Standards

The CCG's records should be managed in accordance with the records lifecycle from its creation/receipt through the period of its 'active' use, then into a period of 'inactive' retention and finally either confidential disposal or archival preservation.

Procedural documents implementing this policy are available on the intranet and internet. These documents and the policy itself should be cross-referenced with other information governance policies and procedural documents. An up-to-date list of these documents is available on the intranet on the Information Governance pages.

Best Practice in Records Management
Every individual has a responsibility to manage their records effectively. Best Practice ensures that every individual works to the same standards and allows consistency throughout the CCG. The CCG expects all staff to comply with the minimum standards set out in guidance documents available on the intranet.

Scanned Records

Where records have been scanned they must be able to perform the same function as the original paper copy did. Scanned records can be challenged in a court so the CCG must be able to demonstrate that scanned records are authentic and that there are procedures in place to maintain the integrity, authenticity and usability of the records for the duration of the retention period where it is likely that this will be required.

The standard, 'BS 10008 Electronic Information Management - Ensuring the authenticity and integrity of electronic information', specifies the method of ensuring that electronic information remains authentic. For large scale scanning, or where it is likely that the authenticity of scanned records will need to be proven, the CCG will use a supplier or service that meets the BS 1000 standard.

For small scale scanning requirements or those records where there is a low risk of being required to prove their authenticity, staff may undertake the scanning internally.

Once scanned records have been digitised and the appropriate quality checks completed, it is possible to destroy the paper original.

Cloud Based Storage

Before cloud based storage solutions are implemented staff must refer to the "NHS and social care data: off-shoring and the use of public cloud services" guidance from NHS Digital This makes clear the safeguards and steps which should be undertaken when using cloud solutions

Further guidance has been published by the Information Commissioners Office in their "Guidance on the use of cloud computing"

A Data Protection Impact Assessment should be undertaken before any final decision is made to implement cloud based storage

Digital Records

Digital records must remain authentic and reliable, retaining their integrity, accessibility and usability over time despite advances in digital technology including software upgrades which can leave other applications unusable.

There are several strategies that can be adopted to ensure that digital information can be kept in an accessible form over time. Among the most common strategies adopted are:

- Emulation (using software to simulate the original application)
- Preservation of host system
- Conversion to a standard file format (or a limited number of formats)
- Migration to new system (retaining existing formats)

The Freedom of Information Act

The Freedom of Information Act allows individuals to request information held by a public authority. Freedom of Information legislation gives the right of access to corporate information held by the NHS and its partners. It gives the public:-

- The right to be told whether the information exists and;
- The right to receive the information.

It sets out exemptions from that right and places a number of obligations on public authorities. The Act is enforced by the Information Commissioner.

Section 46 of the Freedom of Information Act is the principal legislation governing the management of records. It directs organisations covered by the Freedom of Information Act to have records management systems which will help them to perform their statutory function.

The CCG has a Freedom of Information Policy which all staff are expected to familiarise themselves and comply with. This is available on the intranet.

Records Management Systems Audit

The CCG will audit its records management practices for compliance with this framework. There will be an annual sample audit as part of the Information Governance Toolkit completion

Results from the audits will be reported to the Information Governance Group.

Guidance and Training

All CCG staff will be made aware of their responsibilities for record-keeping and records management via their line managers.

All managers are responsible for ensuring all staff are appropriately trained in record management. This should be included within staff appraisal and training, given in accordance with their personal development plans.

Retention and Disposal Schedules

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.

At the end of the minimum retention period, records will be reviewed in conjunction with the IG Lead to determine whether they should be destroyed, retained for a longer period of time (for situations such as public enquiries) or transferred to a permanent place of deposit appointed under the Public Records Act 1958.

The CCG follows the retention periods set out in appendix 3 of the Records Management Code of Practice for Health and Social Care 2016.

5   Monitoring effectiveness of the policy/procedural document

This policy will be reviewed if new legislation, codes of practice or national standards are introduced.

6   Review

This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed after twelve months and thereafter on a bi-annual basis or when a change in legislation dictates.

7   References and links to other documents

Legal and Professional Guidance

All NHS records are Public Records under the Public Records Acts. The CCG will take action as necessary to comply with the legal and professional obligations set out within the NHS Records Management Code of Practice for Health and Social Care 2016 in particular:

- The Public Records Act 1958
- General Data Protection Regulation
- The Data Protection Act 2018
- The Freedom of Information Act 2000
- The Common Law Duty of Confidentiality
- The NHS Confidentiality Code of Practice
- Mental Capacity Act 2005
- Current Performance Standards
- Protection of Freedoms Act 2012
- Health and Social Care Act 2012
- Health and Social Care (Safety and Quality) Act 2015

A comprehensive list of the key legal and professional obligations as well as retention schedules can be found in
Records Management Code of Practice for Health and Social Care 2016
https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/records-management-code-of-practice-for-health-and-social-care-2016

NHS Digital: NHS and social care data: off-shoring and the use of public cloud services
https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/nhs-and-social-care-data-off-shoring-and-the-use-of-public-cloud-services

ICO: Guidance on the use of cloud computing
https://ico.org.uk/media/1540/cloud_computing_guidance_for_organisations.pdf

8   Equality & Diversity Statement

Following an initial Equality Impact Assessment screening we confirm no person, either individually or by group, would be discriminated against by this policy.

NHS Sheffield CCG 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. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability. Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the person requesting has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

NHS Sheffield CCG embraces the six staff pledges in the NHS Constitution. This policy is consistent with these pledges.

9   Disability Confident

NHS Sheffield CCG has been accredited with the Disability Confident Award – level 1. This is in recognition of meeting the commitments regarding employment of disabled people and permits the organisation to use the Disability Confident logo on all of its stationery.   The Disability Confident symbol should be added as a footer to all policies / procedural documents.

NHS Sheffield

Clinical Commissioning Group

NHS Sheffield CCG Equality Impact Assessment 2016

Equality Impact Assessment

Title of policy or service:	Records Management Policy
Name and role of officer/s completing the assessment:	Gershon Nubour, EMBED IG Manager
Date of assessment:	24 Jan 2019
Type of EIA completed:	**Initial EIA 'Screening'** ☑ *or* **'Full' EIA process** ☐

1. Outline

Give a brief summary of your policy or service • Aims • Objectives • Links to other policies, including partners, national or regional	Records management is the process by which an organisation manages all 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. The policy identifies the aims of records management, roles and responsibilities. Relates to other CCG IG policies

Identifying impact:

- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;

- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is justified, eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

2. Gathering of Information

This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty.*

(Please complete each area)	What key impact have you identified?			For impact identified (either positive an or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
Human rights	☐	☒	☐		
Age	☐	☒	☐		
Carers	☐	☒	☐		
Disability	☐	☒	☐		
Sex	☐	☒	☐		
Race	☐	☒	☐		
Religion or belief	☐	☒	☐		
Sexual orientation	☐	☒	☐		
Gender reassignment	☐	☒	☐		
Pregnancy and maternity	☐	☒	☐		
Marriage and civil partnership (only eliminating discrimination)	☐	☒	☐		
Other relevant groups	☐	☒	☐		
HR Policies only: Part or Fixed term staff	☐	☐	☐		

IMPORTANT NOTE: *If any of the above results in 'negative' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.*

Having detailed the actions you need to take please transfer them to onto the action plan below.

3. Action plan				
Issues/impact identified	**Actions required**	**How will you measure impact/progress**	**Timescale**	**Officer responsible**
No actions required				

4. Monitoring, Review and Publication				
When will the proposal be reviewed and by whom?	**Lead / Reviewing Officer:**	**G.Nubour**	**Date of next Review:**	**February 2021**