

Records Management Policy

November 2021

Version:	3.0
Policy Number:	CO017/01/2023
Date ratified:	18 November 2021
Name of originator/author:	IG Manager
Name of Sponsor:	Deputy Director of Information, Performance and PMO
Name of responsible committee	Governance Sub-committee
Date issued:	November 2021
Review date:	January 2023
Target audience:	All CCG staff

To ensure you have the most current version of this policy please access via the NHS Sheffield CCG Intranet Site by following the link below:

<http://www.intranet.sheffieldccg.nhs.uk/policies-procedure-forms-templates.htm>

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
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1.	Details of Policy/Procedural Document	
1.1	Policy Number:	CO017/01/2023
1.2	Title of Policy/document:	Records Management Policy
1.3	Sponsor	Deputy Director of Information, Performance and PMO
1.4	Author:	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 Data Security and Protection Toolkit annually DSP 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
3.0	January 2021	Gershon Nubour	Review	Removed references to EMBED Updated DPO section Reference Management Code updated to 2021 Public Records Definition Added Added Records Collection Register requirement Added Appendix A retention schedule All above changes to align with SY policies

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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 2021 has been published by NHSX, 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 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 (DPO) is provided by Caroline Million.

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 / NHS E&I. 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.

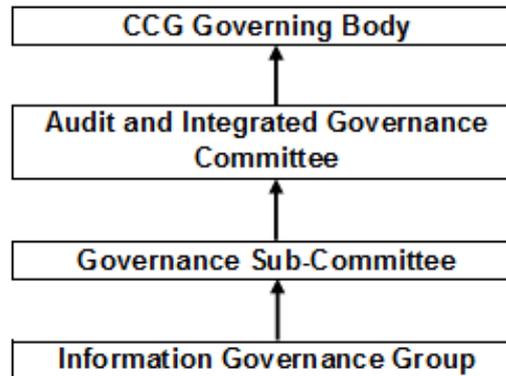
Public Records: All records created in the course of the business of the CCG are corporate records and are public records under the terms of the Public Records Acts 1958 and 1967. This includes email messages and other electronic records. Guidance on dealing with different types of records is available within The Records Management Code of Practice for Health and Social Care 2021

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



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)

Registration of Collections of Records

The CCG will establish and maintain mechanisms through which departments and other units can register the records they are maintaining. This will be achieved using the Information Asset Register, which includes information stored in restricted folders on the shared drive all of which have an identified Information Asset Owner.

The Freedom of Information Act

The Freedom of Information Act 2000 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
- 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 has adopted the retention periods set out in Appendix II of The Records Management Code of Practice for Health and Social Care 2021. The retention schedule at Appendix A of this policy lists the retention period for commonly used records at the CCG and is taken from the Records Management Code of Practice for Health and Social Care 2021. It is not the definitive list and staff must refer to the Code of Practice where documents are not listed in Appendix A, or where there is any doubt regarding applicable retention periods.

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 Records Management Code of Practice for Health and Social Care 2021, in particular:

- The Public Records Act 1958
- UK 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 The Records Management Code of Practice for Health and Social Care 2021

<https://www.nhsx.nhs.uk/information-governance/guidance/records-management-code/>

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.

Appendix A – Retention Schedule

Retention schedule for commonly used records in the CCG – please note that this is not an exhaustive list. Please refer to the Retention Schedule in Records Management Code of Practice for Health and Social Care 2021 for further information. Unless marked otherwise, the retention period begins when the record ceases to be operational, when it is no longer required for current on-going business. Those marked by a * indicate that retention begins from creation of the record.

Record Type	Retention Period	Disposal Action	Notes
Event and Transaction Records			
Datasets released by NHS Digital and its predecessors	Delete with immediate effect	Delete in line with NHS Digital instructions	NHS Digital issue guidance through the Data Access Request Service (DARS) process on the retention and disposal of data released by them
Requests for care funding: NOT ACCEPTED	2 years	Review and destroy if no longer required	Retention period begins from the DATE OF REJECTION. These are seen as an ephemeral record. Please note: These may have potential PoD interest as what the NHS or social care can or cannot fund can sometimes be an issue of local or national significance and public debate. Refer to Appendix III of the Code of Practice: individual funding requests
Corporate Governance Records			

Board Meetings*	Up to 20 years	Review and transfer to Place of Deposit (PoD)	A local decision can be made on how long to retain the minutes of board meetings, and associated papers linked to the board meeting, but this must not exceed 20 years, and will be required to be transferred to the local PoD or The National Archives for National Bodies
Board Meetings (Closed Boards)*	Up to 20 years	Review and transfer to PoD	Although these may still contain confidential or sensitive material, they are still a public record and must be transferred at 20 years, and any FOI exemptions noted, or indications that the duty of confidentiality applies
Chief Executive records*	Up to 20 years	Review and transfer to PoD	This may include emails and correspondence where they are not already included in board papers
Committees: major, listed in the Scheme of delegation or report into the board including major projects*	Up to 20 years	Review and transfer to PoD	
Committees: minor, not listed in the scheme of delegation*	6 years	Review and consider transfer to PoD	Includes minor meetings, projects, and departmental business meetings. These may have local historical value required transfer consideration.

Data Protection Impact Assessments (DPIA)	6 years	Review and destroy if no longer required	Should be kept for the life of the activity to which it relates, plus six years after that activity ends. If the DPIA was one -off, then 6 years from completion
Destruction certificates or record of information held on destroyed physical media	20 years	Review and dispose of if no longer required	Where a record is listed for potential transfer to PoD have been destroyed without adequate appraisal, consideration should be given to a selection of these as an indicator of what has not been preserved.
Incidents (serious)	20 years	Review and consider transfer to PoD	Retention begins from the date of the Incident; not when the incident was reported.
Incidents (not serious)	10 years	Review and destroy if no longer required	Retention begins from the date of the incident; not when the incident was reported.
Incidents: serious incidents requiring investigation	20 years	Review and consider transfer to PoD	These include independent investigations into incidents. These may have permanent retention value so consult with the local PoD. If they are not required, then destroy.
Non-Clinical Quality Assurance Records	12 years	Review and destroy if no longer required	Retention begins from the end of the year to which the assurance relates.
Policies, strategies and operating procedures including business plans*	Life of organisation plus 6 years	Review and consider transfer to PoD	Retention begins from when the document is approved, until superseded. If the

			retention period reaches 20 years from the date of approval, then consider transfer to PoD.
Risk registers	6 years	Review and destroy if no longer required	Retention period in accordance with the Limitation Act and corporate awareness of risks.
Staff surveys: individual returns and analysis	1 year after return	Review and destroy if no longer required	Forms are anonymous so do not contain PID unless provided in free text boxes. May be required again if analysis is reviewed.
Staff surveys: final report	10 years	Review and consider transfer to PoD	Organisations may want to keep final reports for longer than the raw data and analysis, for trend analysis over time. This period can be extended, provided there is justification and organisational approval.
Communications			
Intranet site*	6 years	Review and consider transfer to PoD	
Press releases and important internal communications	6 years	Review and consider transfer to PoD	Press releases may form part of a significant part of the public record of an organisation which may need to be retained.
Public consultations	5 years	Review and consider transfer to PoD	Whilst these have a shorter retention period, there may be wider public interest in the outcome of the

			consultation, particularly where this resulted in changes to the services provided, and so may have historical value.
Website*	6 years	Review and consider transfer to PoD	The PoD may be able to receive these by a regular crawl. Consult with the PoD on how to manage the process. Websites are complex objects, but crawls can be made more effective if certain steps are taken
Staff Records & Occupational Health			
Occupational Health Reports	Keep until 75th birthday or 6 years after the staff member leaves whichever is sooner	Review and if no longer needed destroy	
Occupational Health Report of Staff member under health surveillance	Keep until 75th birthday	Review and if no longer needed destroy	
Staff Record	Keep until 75th birthday (see notes)	Review, and consider transfer to PoD	This includes, but is not limited to, evidence of right to work, security checks and recruitment documentation for the successful candidate including job adverts and application forms. Some PoDs accession NHS staff records for social history purposes. Check with your local PoD about possible accession. If the PoD does not accession them, then the records can be securely

			destroyed once the retention period has been reached.
Staff Record Summary	75th birthday	Review, and consider transfer to PoD	Please see the good practice box staff record summary used by an organisation. Some organisations create summaries after a period of time since the staff member left (usually 6 years). This practice is ok to continue if this is what currently occurs. The summary, however, needs to be kept until the staff member's 75th birthday, and then consider transferring to PoD. If the PoD does not require them, then they can be securely destroyed at this point.
Timesheets (original record)	2 years	Review and if no longer needed destroy	Retention begins from creation.
Staff Training records	See notes	Review and consider transfer to a PoD.	Records of significant training must be kept until 75th birthday or 6 years after the staff member leaves. It can be difficult to categorise staff training records as significant as this can depend upon the staff member's role. The following is recommended: Clinical training records - to be retained until 75th birthday or six years after

			the staff member leaves, whichever is the longer. Statutory and mandatory training records - to be kept for ten years after training completed. Other training records - keep for six years after training completed.
Disciplinary records	Retain for 6 years	Review and destroy if no longer required	Retention begins once the case is heard and any appeal process completed. The record may be retained for longer, but this will be a local decision based on the facts of the case. The more serious the case, the more likely it will attract a longer retention period. Likewise, a one-off incident may need to only be kept for the minimum time stated. This applies to all cases, regardless of format.
Procurement			
Contracts sealed or unsealed	Retain for 6 years after the end of the contract	Review and if no longer needed destroy	
Contracts - financial approval files	Retain for 15 years after the end of the contract	Review and if no longer needed destroy	
Contracts - financial approved suppliers documentation	Retain for 11 years after the end of the contract	Review and if no longer needed destroy	
Tenders (successful)	Retain for 6 years after the end of the contract	Review and if no longer needed destroy	

Tenders (unsuccessful)	Retain for 6 years after the end of the contract	Review and if no longer needed destroy	
Finance			
Accounts	3 years	Review and destroy if no longer required	Retention begins at the CLOSE of the financial year to which they relate. Includes all associated documentation and records for the purpose of audit.
Benefactions	End of financial year	8 years	These may already be in the financial accounts and may be captured in other reports, records or committee papers. Benefactions, endowments, trust fund or legacies should be offered to the local PoD.
Expenses	6 years	Review and destroy if no longer required	Retention begins at the CLOSE of the financial year to which they relate
Final annual accounts report*	Up to 20 years	Review and transfer to PoD	These should be transferred when practically possible, after being retained locally for a minimum of 6 years. Ideally, these will be transferred with board papers for that year to keep a complete set of governance papers
Financial records of transactions	6 years	Review and destroy if no longer required	Retention begins at the CLOSE of the financial year to which they relate.

Invoices	6 years from end of the financial year they relate to	Review and destroy if no longer required	
Staff salary information for files	10 years	Review and destroy if no longer required	Retention begins at the CLOSE of the financial year to which they relate.
Superannuation records	10 years	Review and destroy if no longer required	Retention begins at the CLOSE of the financial year to which they relate.
Legal, Complaints & Information Rights			
Complaints case file	10 years	Review and destroy if no longer required	Retention begins at the CLOSURE of the complaint. The complaint is not closed until all processes (including potential and actual litigation) have ended. The detailed complaint file must be kept separately from the patient file (if the complaint is raised by a patient or in relation to). Complaints files must always be separate. (Also refer to Appendix III of the Code of Practice - complaints records)
Fraud case files	6 years	Review and destroy if no longer required	Retention begins at the CLOSURE of the case. This also includes cases that are both proven and unproven.
Freedom of Information (FOI) requests and responses and any associated correspondence	3 years	Review and destroy if no longer required	Retention begins from the CLOSURE of the FOI request. Where redactions have been made, it is important to keep a copy of

			the response and send to the requestor. In all cases, a log must be kept of requests and the response sent
FOI requests where there has been an appeal	6 years	Review and destroy if no longer required	Retention begins from the CLOSURE of the appeal process.
Software licences	Lifetime of software	Review and destroy if no longer required	Retention begins at the END of lifetime of software.
Subject Access Request (SAR) and disclosure correspondence	3 years	Review and destroy if no longer required	Retention begins at the CLOSURE of the SAR.
Subject Access Request where there has been a subsequent appeal	6 years	Review and destroy if no longer required	Retention begins at CLOSURE of appeal.

Appendix B

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, IG Manager	
Date of assessment:	26 Oct 2021	
Type of EIA completed:	Initial EIA 'Screening' <input checked="" type="checkbox"/> or 'Full' EIA process <input type="checkbox"/>	

1. Outline	
<p>Give a brief summary of your policy or service</p> <ul style="list-style-type: none"> • Aims • Objectives • Links to other policies, including partners, national or regional 	<p>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.</p> <p>Relates to other CCG IG policies</p>

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 <i>impact on protected groups, with consideration of the General Equality Duty.</i>					
(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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Carers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Marriage and civil partnership (only eliminating discrimination)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Other relevant groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
HR Policies only: Part or Fixed term staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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:	November 2023