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## **RECORDS MANAGEMENT POLICY**

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## 1. Policy Statement

The Velindre NHS Trust Records Management Policy sets out the key areas of responsibility and affirms the Trust's commitment to achieving high standards in records management. This Policy sets out the high level intent of Velindre NHS Trust and also recognises the diversity of the respective Divisions and associated organisations under its control.

As a public body we are required by law to manage our records appropriately; namely in accordance with regulations such as Data Protection Legislation and the Freedom of Information Act 2000 that set out specific requirements in relation to the creation and management of records.

## 2. Purpose

The purpose of this policy is to ensure that all types of records, administrative as well as medical, are properly controlled, accessible, available, archived, and disposed of in line with national guidelines.

This policy applies to all records the Trust, its divisions and associated organisations hold regardless of how these are accessed, created, handled, received and/or stored, and shall include **all types of media** including (but not limited to) records in paper or electronic form, databases, software, video and sound media.

## 3. Scope of the Policy

This is a Trust-wide Policy and applies to all staff and personnel operating under the auspices of the Trust, including employees, locums, contractors, temporary staff, students, service user representatives, volunteers and partner agency staff.

This Policy applies to the three identified types of information processed, transmitted and maintained by the Trust, its divisions and hosted organisations. These are:

- Health and Social Care records ("clinical" records about patients, donors, service users and carers)
- Staff records ("corporate" records about staff)
- Management records ("corporate" records about the Trust)

## 4. Aims of the Records Management Policy

Records management is vital to the delivery of our services and supports consistency, continuity, efficiency and productivity and helps us deliver our services in a uniform and equitable manner.

Trust records are our corporate memory and support policy formation and managerial decision-making, protecting the interests of the organisation and the rights of service users, staff and members of the public who interact with the Trust and its respective Divisions and/or associated organisations under its control.

The Trust aims to balance our commitment to openness and transparency with our responsibilities. So will create and manage records efficiently, make them accessible where possible, protect and store them securely and dispose of them safely at the

right time. This policy will provide the Trust with a baseline to improve records management enabling seven main objectives to be delivered, these being:

- **Accountability** – that adequate records are maintained to account fully and transparently for all actions and decisions.
- **Quality** – that records are complete and accurate and the information they contain is reliable and its authenticity can be guaranteed.
- **Accessibility** – that records and the information within them can be efficiently retrieved by those with a legitimate right of access, for as long as the records are held by the organisation.
- **Security** – that records will be secure from unauthorised or inadvertent alteration or erasure, that access and disclosure will be properly controlled and audit trails will track all use and changes. Records will be held in a robust format which remains readable for as long as records are required.
- **Retention and disposal** – that there are consistent and documented retention and disposal procedures to include provision for permanent reservation of archival records.
- **Training** – that all staff are made aware of their record-keeping responsibilities through generic and specific training programmes and guidance.
- **Performance measurement** – that the application of records management procedures are regularly monitored against agreed indicators and action taken to improve standards as necessary.

#### 4.1 Key Principles of the Policy

Effective records management will help ensure that we have the right information at the right time to make the right decisions. Information is essential to the delivery of high quality evidence-based health care on a day-to-day basis and an effective records management service ensures that such information is properly managed and is available:

- To support patient, donor care and continuity of care;
- To support day to day business which underpins the delivery of care;
- To support evidence based clinical practice and improvements in clinical effectiveness through research ;
- To support financial, administrative and managerial decision making;
- To meet legal requirements, including subject access requests from patients, representatives or their carers, donors and staff under Data Protection Legislation;

Good record keeping ensures:

- Staff are able to work with maximum efficiency without having to waste time locating information;
- Where appropriate, there is an audit trail which enables any record entry to be traced to a named individual with a given time/date with the knowledge

that all alterations are recorded and can be similarly traced; (NB. health records should never be altered – incorrect information may be crossed through, but remain legible, and additional information inserted)

- Those using the record following another staff members use can see what has been done, or not done, and why; and
- Any decisions made can be justified or reconsidered at a later date.

#### **4.2 Records Creation**

This policy relates to all operational records. Operational records are defined as information created or received in the course of business, and captured in a readable form in any medium and providing evidence of the functions, activities and transactions. These records should not be considered personal property, but corporate assets. This list is not exhaustive but they include:

- Administrative records; (including personnel, letters, memos, estates, financial and accounting records, contract records, litigation and records associated with complaint-handling)
- Health records (including those concerning patients and donors);
- Theatre Registers and all other treatment registers that may be kept;
- X-ray and imaging reports, outpatient and images;
- Photographs, slides, and other images;
- Microform (i.e. fiche/film), audio and video tapes; and
- Records in all electronic formats - computer databases and their output, including disks etc, and all other electronic records including databases maintained for personal/research purposes.

All records created in the course of the business of the Trust are corporate records and are public records (where defined) under the terms of the Public Records Acts 1958 and 1967. This may include emails and other electronic records.

#### **4.3 Records Maintenance, Retrieval and Access**

Accurate recording and knowledge of the content and location of all records is essential if relevant information is to be located quickly and efficiently. Systems will be reviewed and developed as necessary to ensure that as a record moves around the organisation, an audit trail is created and systems are recommended to record the following (minimum) information:

- the item reference number or other identifier;
- a description of the item (e.g. file title);
- it's location i.e. a person, unit, department or other; and
- the date of transfer.

#### **4.4 Data Quality**

The Trust will ensure an Executive level focus on data quality and will actively encourage an organisation wide approach to its management.

#### **4.5 Security, Confidentiality and Data Protection**

The Trust has a legal duty of confidence to service users and staff and a duty to maintain professional ethical standards of confidentiality. Everyone working for or with



the Trust and record, handle, store or views personal data, has a common law duty of confidence - even after the death of the service user, or after an employee or contractor has left the Trust. (i.e. duty of confidentiality is for life)

#### **4.6 Contracting-out Information Storage and Retrieval**

Where off-site storage is used appropriate security measures must be assured so that both clinical and legal obligations are met.

#### **4.7 Retention and disposal schedules**

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

The Trust has adopted the retention periods set out in the [Information Governance Alliance Records Management Code of Practice for Health and Social Care 2016](#) on the Department of Health Website.

#### **4.8 Information Asset Register**

The Trust is fully committed to identifying all recognisable bodies of information held on paper or electronic media that are required to support the work of the organisation. In order to identify all records of information that we hold about our patients, donors, staff and service users (incl. families, friends, etc) each division/hosted organisation are required to develop and assemble an appropriate Information Asset Register (IAR).

The IAR is a compulsory component of the Trust's Information Governance framework, as the identification of where and how records are being kept can then enable the Trust, its respective divisions and hosted organisation to better assess the risks associated with how information is being collected, stored and disposed, thereby ensuring compliance with Data Protection Legislation and associated standards.

### **5. Responsibilities**

The Trust recognises its corporate responsibility and commitment to compliance with Records Management requirements; as stated within statutory provision and good practice guidance, and to further raise staff awareness of good Records Management practice.

The Trusts IG & IM&T Committee will be responsible for approving the content of this Policy.

#### **5.1 Managerial Accountability and Responsibility**

The **Chief Executive** of the Trust has overall responsibility for ensuring compliance with applicable legislation and regulation

Respective **Senior Information Risk Owners (SIRO)** shall represent any relevant information risk to the Trust Board.

**Directors** of associated areas within the Trust are responsible for ensuring that the policy is implemented within their individual organisation. They will nominate departmental representatives, who will liaise with the respective Information Governance Leads on the management of records in that directorate.

Within the Trust there are **Caldicott Guardians** who have responsibility at respective organisational level for ensuring the care of patient/donor data.

The Trust, divisional and hosted organisational **Information Governance leads** are responsible for co-ordinating records management in their respective organisations and identifying key corporate records and providing guidance and advice on their management and retention.

## **5.2 Individual Responsibility**

All members of staff are responsible for any records which they create or use. This responsibility is established by law and in the contract of employment with the Trust. Furthermore, as an employee of the NHS, any records which are created by any employee or contractor of the Trust are public records. It is the responsibility of all staff to ensure that appropriate records of their work in the Trust are kept and managed in keeping with this policy and with any guidance subsequently produced on behalf of the Trust.

Everyone working for or with the NHS who records, handles, stores, or otherwise comes across information has a personal common law duty of confidence to individuals referred to in that information. Data Protection Legislation places statutory restrictions on the use of personal data, including health information.

## **6. Legislation/Standards**

The need to improve NHS records managements and for the Trust to re-consider current practices has arisen from statutory provisions and good practice guidance's that include but is not limited to:

- Data Protection Legislation
- Freedom of Information Act 2000
- Public Records Acts 1958 and 1967
- Caldicott
- Records Management: NHS Code of Practice
- The Lord Chancellor's Code of Practice under Section 46 of The Freedom of Information Act 2000

The Trust recognises that specific procedures within divisions and associated organisations may vary and that this policy should therefore be considered in conjunction with any such policies and/or procedures and not read in isolation.

## **7. Training**

The Trust will ensure that adequate training is provided raising the awareness of staff responsibilities for records management and that qualified expertise is available for consultation.

## 8. Incident Reporting

It is the duty of all staff to record and report any incidents or 'near misses' involving records or personal data (including the unavailability and loss) in line with the Trust and divisional and/or associated organisational incident reporting policies/procedures.

## 9. Available Guidance

Guidance on the procedures necessary to comply with this policy should be made available from the respective divisions and associated organisations of the Trust or on its web pages. Managers will be responsible for ensuring that all their staff are made aware of Trust policies and standards.

Links to the Information Commissioner's Office (ICO) [website](#) also provide a valuable source of information.

The Health and Care [Standard 3.5 on Record Keeping](#) will further help the Trust, its divisions and hosted organisation ensure good practice in record keeping.

## 10. Equality

In accordance with the Trust's Equality policy, this policy will not discriminate, either directly or indirectly, on the grounds of gender, race, colour, ethnic or national origin, sexual orientation, marital status, religion or belief, age, union membership, disability, carers status, offending background or any other personal characteristic.

## 11. Contacts

For further advice and/or assistance on how to ensure individual, divisional and associated organisational compliance with this policy, please contact: -

### **Neil Stevens**

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Whitchurch,  
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## 12. Further Information

This Policy should be read in conjunction with the following Trust policies:

- Information Governance Policy
- Data Protection & Confidentiality Policy
- Freedom of Information Act Policy
- Data Quality Policy
- Information Security Policy
- Photography, Video & Audio Recordings of Service Users Policy
- Email Policy