Records Management Policy

Version 1.1

June 2017

NHS SHETLAND DOCUMENT DEVELOPMENT COVERSHEET*

Name of document	Records Management Policy		
Registration Reference Number	CEPOL019	New ⊠	Review ☐
Author	David Morgan		
Executive Lead	Ralph Roberts		

Proposed groups to present document to:	
RMP Project Board	JGG
eISG	
CCPGC	

DATE	VERSION	GROUP	REASON	OUTCOME
23/09/16	0.1	First draft (based on NHS Borders)	n/a	n/a
26/09/16	0.1	RMP Project Board	PO & C/S	AC&R
06/10/16	0.2	RMP Project Team	PO & C/S	MR & PRO
07/10/16	0.3	RMP Project Board (e-mail)	PO	MR & PRO
18/10/16	0.4	eISG	PO & C/S	MR & PRO
3/11/16	0.5	JGG (by e-mail)	PO & C/S	MR & PRO
28/11/16	0.6	CCPGC	Approval	AC&R
14/02/17	1.0	CCPGC	Approval	Approved
07/06/17	1.1	CCPGC	Approval	Approved

Examples of reasons for presenting to the group	Examples of outcomes following meeting
• Professional input required re: content (PI)	• Significant changes to content required – refer to Executive Lead for guidance (SC)
• Professional opinion on content (PO)	• To amend content & re-submit to group (AC&R)
• General comments/suggestions (C/S)	• For minor revisions (e.g. format/layout) – no need to re-submit to group (MR)
• For information only (FIO)	• Recommend proceeding to next stage (PRO)
• For proofing/formatting (PF)	• For upload to Intranet (INT)

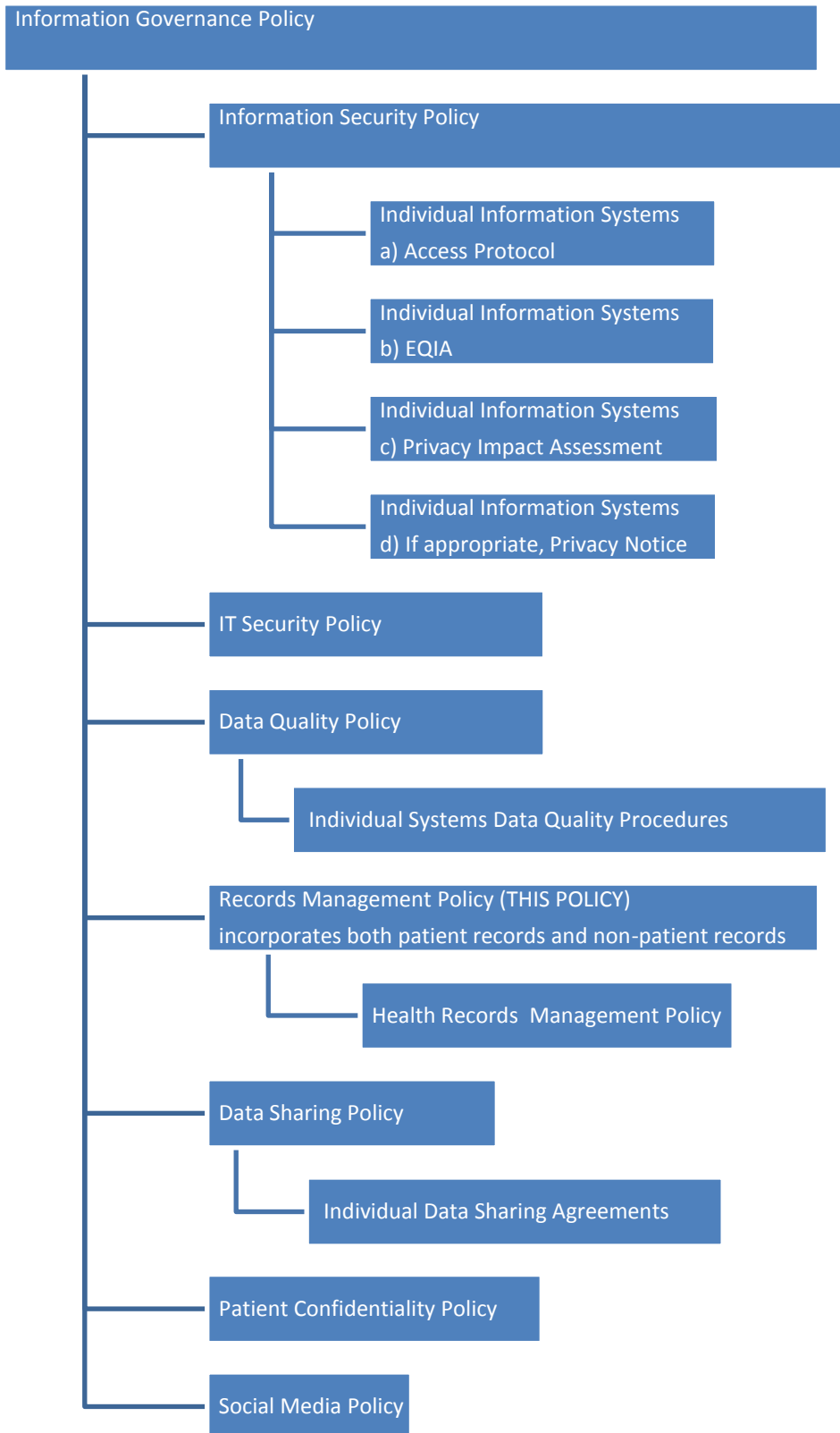| DATE	CHANGES MADE TO DOCUMENT
26/09/16	Changes made to Version 0.1: <u>Page 7</u>: Changed 4.4 to Information Governance SubGroup (IGSG). Added 4.6 Corporate Services Manager (and Contents reference). <u>Page 8</u>: Removed reference to Appendix 1 in 7.2 (and Contents reference) and reworded.
06/10/16	Changes made to Version 0.2: Removed ACF from proposed Groups list. <u>Page 7</u>: Added sentence on training responsibilities to 4.4. Added sentence on staff responsibility to 4.8. <u>Page 9</u>: Removed the website link in 7.2.
07/10/16	Changes made to Version 0.3: <u>Page 7</u>: Paragraph 4.3 added and 4.5 amended to reflect the relationship between the Senior Information Risk Owner (SIRO) and the Records Manager.
18/10/16	Changes made to Version 0.4: <u>Page 7</u>: Restructured paragraphs 4.1 to 4.12 to include relevant working and governance groups and added Annex 1 which contains details of current post holders. <u>Page 8</u>: Paragraph 8.1, audit specified to be annually. Paragraph 8.3: changed audit group to be eISG. <u>Page 10</u>: Paragraph 10.1, inserted statement re IJB guidance update.
03/11/16	Changes made to Version 0.5: <u>Page 11</u>: Corrected the numbering of the post holder references in Annex 1.
06/02/17	Changes made to Version 0.6: <u>Page 6</u>: Amended "Scope of Policy" section. <u>Page 7</u>: Added "Associated Policies & Procedures" section. <u>Page 10</u>: Amended the wording of Sections 6.5, 6.6 & 6.7 to be consistent with current roles and responsibilities. <u>Page 13</u>: Added EQIA.
21/03/17	Changes made to Version 1.0: <u>Page 10</u>: Section 6.5 and Annex 1 amended to only refer to 2 roles. This is required for consistency with the RMP and compliance with Public Records (Scotland) Act 2011.
01/05/17	Changes made to Version 1.1: <u>Annex 1</u> updated to reflect change of Medical Director.
29/05/17	Changes made to Cover Sheet date to reflect the rescheduling of CCPGC.
13/12/17	Changes made to Version 1.1: <u>Annex 1</u> updated to reflect change of Medical Director.

Contents

1. Introduction

1.1.   Records Management is concerned with the systematic creation, capture, storage and retrieval of records throughout their lifecycle.

1.2.   A record is information, in paper or electronic format, created or received and maintained by NHS Shetland in the transaction of business or the conduct of affairs and kept as evidence of such activity. Records include charters, deeds, legal documents, minutes, reports, accounts, agreements, licenses, registers, project work, clinical, client and staff files etc.

1.3.   For the purposes of the Board, a record is recorded information that has been created or received by the Board in the regular course of its business activities or in the pursuance of legal transactions.

1.4.   As such, all records are the property of NHS Shetland and not of the employee, agent, contractor, patient or client. This applies regardless of the physical location of the record, or whether it is held in off-site storage, in a computer or within a service provider's system.

1.5.   NHS Shetland's records constitute an auditable account of the Board's activities, which provides evidence of the business, actions, decisions and resulting policies formed by the organisation.

1.6.   Records represent a vital asset, which support the daily functions of the Board and protect the interests and rights of staff, patients and members of the public who have dealings with the organisation. Effective record keeping supports efficiency, consistency and continuity of work and enables the Board to deliver a wide range of sustainable services. It ensures that the correct information is: captured, stored, maintained, retrieved and destroyed or preserved in accordance with business need, statutory and legislative requirements.

1.7.   The Records Management: NHS Code of Practice has been published by the Scottish Government 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 Scotland. It is based on current legal requirements and professional best practice.

1.8.   Records management is an essential part of enabling the Health Board to achieve priority outcomes that reflect what is most important to the people and communities of Shetland. NHS Shetland will implement its records management policy, procedures and practices across all its service areas. These will be based upon the requirements of the Public Records (Scotland) Act 2011, records management best practice and the principles detailed in the Records Management Policy.

1.9.   Records Management is a corporate function within NHS Shetland, and brings together responsibilities for all records held by the Board, from creation through to disposal.

1.10. This document sets out a framework within which the staff responsible for managing the Board's records can develop specific policies and procedures to ensure that records are managed and controlled effectively, and at best value, commensurate with legal, operational and information needs.

5

2. Scope

2.1.   This policy sets out the strategic approach and objectives required to establish a robust Records Management framework across Shetland NHS Board (the Board).

2.2.   The policy applies to all records, clinical and non-clinical, unless otherwise stated, that are created, maintained, stored or destroyed by staff working for, or on behalf of, NHS Shetland. These include:

- all administrative records (e.g. personnel, estates, financial and accounting records, notes associated with complaints, etc.); and
- all patient health records (for all specialties and including private patients, including x- ray and imaging reports, registers, etc.)

2.3.   The policy applies to all directly employed Board staff. Independent Contractors are responsible for the management of their own records and for ensuring compliance with relevant legislation and best practice guidelines. The policy is recommended as good practice guidance for independent Primary Care contractors.

3. Associated Policies & Procedures

3.1.   The Records Management Policy is a component policy of the NHS Shetland Information Governance Framework as illustrated below:

Information Governance Policy

Information Security Policy

Individual Information Systems
a) Access Protocol

Individual Information Systems
b) EQIA

Individual Information Systems
c) Privacy Impact Assessment

Individual Information Systems
d) If appropriate, Privacy Notice

IT Security Policy

Data Quality Policy

Individual Systems Data Quality Procedures

Records Management Policy (THIS POLICY)
incorporates both patient records and non-patient records

Health Records Management Policy

Data Sharing Policy

Individual Data Sharing Agreements

Patient Confidentiality Policy

Social Media Policy

7

4.   Definitions

4.1.   ***Records Management*** is a discipline which utilises an administrative system to direct and control the creation, version control, distribution, filing, retention, storage and disposal of records, in a way that is administratively and legally sound, whilst at the same time serving the operational needs of the Board and preserving an appropriate historical record. The key components of records management are:

- record creation;
- record keeping;
- record maintenance (including tracking of record movements);
- access and disclosure;
- closure and transfer;
- appraisal;
- archiving; and
- disposal.

4.2.   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.

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

4.4.   ***Information*** is a corporate asset. The Board's records are important sources of administrative, evidential and historical information. They are vital to the Board to support its current and future operations (including meeting the requirements of Freedom of Information legislation), for the purpose of accountability, and for an awareness and understanding of its history and procedures.

5.   Aims of the Records Management System

5.1.   The aims of the Records Management System are to ensure that:

- **records are available when needed** - from which the Board is able to form a reconstruction of activities or events that have taken place;
- **records can be accessed** - records and the information within them can be located and displayed in a way consistent with its initial use, and that the current version is identified where multiple versions exist;
- **records can be interpreted** - the context of the record can be interpreted: who created or added to the record and when, during which business process, and how the record is related to other records;

8

- **records can be trusted** – the record reliably represents the information that was actually used in, or created by, the business process, and its integrity and authenticity can be demonstrated;

- **records can be maintained through time** – the qualities of availability, accessibility, interpretation and trustworthiness can be maintained for as long as the record is needed, perhaps permanently, despite changes of format;

- **records are secure** - from unauthorised or inadvertent alteration or erasure, that access and disclosure are properly controlled and audit trails will track all use and changes. To ensure that records are held in a robust format which remains readable for as long as records are required;

- **records are retained and disposed of appropriately** - using consistent and documented retention and disposal procedures, which include provision for appraisal and the permanent preservation of records with archival value; and

- **staff are trained** - all staff are made aware of their responsibilities for record-keeping and record management.

6. Roles and Responsibilities

The roles and responsibilities of relevance to the proper management of NHS Shetland's records are listed below. The staff currently assigned to these roles are recorded in the *Records Management Policy: Annex 1.*

6.1. The Board

The Board has a particular responsibility for ensuring that it corporately meets its legal responsibilities, and for the adoption of internal and external governance requirements.

6.2. Chief Executive (CE)

The Chief Executive has overall responsibility for records management in the Board. As the accountable officer the CE is responsible for the management of the organisation and for ensuring appropriate mechanisms are in place to support service delivery and continuity. Good records management is key to fulfilling this responsibility and will ensure appropriate, accurate information is available as required. The CE has delegated responsibility for NHS Shetland's records management to the Board's Senior Information Risk Owner (SIRO).

6.3. Senior Information Risk Owner (SIRO)

The Board's SIRO is the Executive Director with responsibility for the organisation's information risk framework. The SIRO provides advice and guidance to the Board on issues of information risk and records management.

6.4. Caldicott Guardian

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

9

6.5.   Records Manager

The Public Records (Scotland) Act 2011 anticipates that a single individual will be identified as an authority's Records Manager. In NHS Shetland, responsibility for records management is shared between the Records Management Plan (RMP) Project Manager and the Health Records & Clinical Coding Manager. Together with the SIRO and Information Governance Sub Group (IGSG), these post holders are responsible for ensuring the Records Management Policy is implemented through the Records Management Plan.

6.5.1   Records Management Plan Project Manager (Corporate Records Manager)

The RMP Project Manager is operationally responsible for corporate records, providing guidance regarding corporate records management practices and for developing and implementing a Records Management Plan that will enable NHS Shetland to improve the quality of its records management processes and be fully compliant with the current legislative framework.

6.5.2   Health Records & Clinical Coding Manager (Health Records Manager).

The Health Records Manager is responsible for the development and maintenance of patient records management practices for directly provided Board services, in particular for providing guidance regarding health records management practices and promoting compliance with this policy in order to enable the easy, appropriate and timely retrieval of patient information.

6.6.   Line Managers

The responsibility for local records management is devolved to the relevant directors, directorate managers and department managers. Heads of Departments, other units and business functions within the Board have overall responsibility for the management of records generated by their activities, i.e. for ensuring that records controlled within their unit are managed in a way which meets the aims of the Board's records management policies.

6.7.   All Staff

All Board staff, whether clinical or administrative, who create, receive and use records have records management responsibilities. In particular all staff must ensure they have undertaken the relevant mandatory training for their role, keep appropriate records of their work in the Board and manage those records in keeping with this policy and with any guidance subsequently produced.

6.8.   Information Governance Sub Group (IGSG)

IGSG is responsible for ensuring that records management systems and processes are developed, co-ordinated and monitored.

6.9.   eHealth & Information Support Group (eISG)

eISG is responsible for monitoring the implementation of the Records Management Policy and ensuring that any required improvement plans are completed.

10

6.10.   Clinical, Care & Professional Governance Committee (CCPGC)

CCPGC is responsible for assuring the Board that NHS Shetland has appropriate systems in place to fulfil its records management responsibilities and for the approval of this policy.

7. Legal and Professional Obligations

7.1.   All NHS records are Public Records under the Public Records (Scotland) Act. The Board will take actions as necessary to comply with the legal and professional obligations set out in the Records Management: NHS Code of Practice, in particular with:

- The Public Records (Scotland) Act 2011;
- The Data Protection Act 1998;
- The Freedom of Information (Scotland) Act 2002; and
- The Common Law Duty of Confidentiality

and, as it arises, any new legislation affecting records management.

8. Registration of Record Collections

8.1.   The Board will establish and maintain mechanisms through which departments and other units can register the records they are maintaining. The inventory of record collections will facilitate:

- the classification of records into series; and
- the recording of the responsibility of individuals creating records

8.2.   The register will be reviewed annually.

9. Retention and Disposal Schedules

9.1   It is a fundamental requirement that all of the Board'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 Board's business functions.

9.2   The Board has generally adopted the retention periods set out in the Records Management: NHS Code of Practice (Scotland).

10. Records Management Systems Audit

10.1. The Board will conduct an annual audit its records management practices for compliance with this policy.

10.2. The audit will:

- Identify areas of operation that are covered by the Board's policies and identify which procedures and/or guidance should comply to the policy;

11

- Follow a mechanism for adapting the policy to cover missing areas if these are critical to the creation and use of records, and use a subsidiary development plan if there are major changes to be made;
- Set and maintain standards by implementing new procedures, including obtaining feedback where the procedures do not match the desired levels of performance; and
- Highlight where non-conformance to the procedures is occurring and suggest a tightening of controls and adjustment to related procedures.

10.3. The results of audits will be reported to the eHealth & Information Support Group.

11. Training

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

12. Review

12.1. This policy will be reviewed every two years (or sooner if required by new legislation, codes of practice or national standards are to be introduced).

12.2. This policy will be updated to reflect the latest guidance (in development) on records management for Integration Joint Board delivered services.

12

Equality and Diversity Rapid Impact Assessment

Records Management Policy

Rapid Impact Checklist: Summary Sheet	

1. Positive Impacts (Note the groups affected)
 	
Groups Affected:
 	
  1) NHS Shetland Staff
  2) NHS Shetland Patients
 	
Impacts:
 	
  1) Protect the interests of patients, staff and stakeholders
  2) Increase organisational efficiency and effectiveness
  3) Support decision making and accountability
  4) Strengthen the reputation of NHS Shetland
	2. Negative Impacts (Note the groups affected)
	
	None identified

3. Additional Information and Evidence Required The Records Management Policy does not impact on one group more than another. Some people may have difficulty in receiving or understanding the content of the policy. The needs of these individuals are provided for by arrangements set out in the Board's Communication Policy. The Records Management Policy is a strategic document which directs the content of related protocols and procedures. Related protocols and procedures will have their own equality and diversity assessments.	
4. Recommendations A full Equality and Diversity Impact Assessment is not required	
5. From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not? No negative impact has been identified. A full EQIA process has not been recommended because no negative impact was identified.	

Annex 1

The undernoted members of staff currently have responsibility for the duties described in paragraphs 6.2 to 6.5 of the NHS Shetland Records Management Policy.

6.2 **Chief Executive (CE)**
Ralph Roberts

6.3 **Senior Information Risk Owner (SIRO)**
Director of Finance: Colin Marsland

6.4 **Caldicott Guardian**
Medical Director: Gilbert Ozuzu

6.5.1 **Corporate Records Manger**
RMP Project Manager: David Morgan

6.5.2 **Health Records Manager**
Medical Records & Coding Manager: Peter Gaines

This annex was updated on: **13th December 2017**

14