

**Records Management policy
for non-clinical records**

Records management policy

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Records management policy for non clinical records

Introduction

1. Information is a corporate asset. The Trust's records are important sources of administrative, evidential and historical information. They are vital to the Trust to support its current and future business needs (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.
2. Records management is the process by which an organisation manages all the aspects of records, in any format or media type, from their creation all the way through to their lifecycle to their eventual disposal.
3. The Trust's records are its corporate memory, providing evidence of actions and decisions and representing a vital asset to support daily functions and business needs. Records support policy formation and managerial decision-making. They support consistency, continuity, efficiency and productivity and help deliver services in consistent and equitable ways.
4. The Trust is committed to ongoing improvement of its records management and believes that its internal management processes will be improved by the greater availability of information that will accrue by the recognition of records management as a designated corporate function.
5. This document sets out a framework within which the staff responsible for managing the Trust's corporate non clinical records can develop specific procedures to ensure that these records are managed and controlled effectively, and at best value, commensurate with legal, operational and information needs.

Definitions

6. Records management is a discipline which uses 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 business needs of the Trust and preserving an appropriate historical record. The key components of records management are:
 - 6.1. **record creation**; each directorate/department should have in place a process for documenting its activities in respect of records management. This should take into account the legislative and regulatory environment in which the directorate operates.
 - 6.2. **record keeping**; records should be arranged in a record keeping system that will enable the quick and easy retrieval of information. To facilitate efficient retrieval of records every paper-based document and electronic document will be in accordance with Trust guidance on managing office records.
 - 6.3. **record maintenance**; staff should identify records no longer required by the Trust by checking against the Records Retention Schedules for non clinical records. (*Appendix A*). Paper records where a duplicate copy is also held electronically should be disposed of to save on storage.
 - 6.4. **disposal**; once a decision has been made to dispose of records this should be in accordance with the Trust's policies on office waste (paper records) and electronic records/CDs etc.

Scope

7. 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.
8. In this policy, 'corporate records' are defined as 'records generated by the Trust other than those pertaining to clinical or patient information', in any form (including emails), created or received and maintained by the Trust in the transaction of its business or conduct of affairs and kept as evidence of such activity.

Policy

9. The Trust will ensure that:
 - 9.1. **records are available** and up to date when needed;
 - 9.2. **records can be accessed** - records and the information within them can be located and displayed in a way consistent with its initial use;
 - 9.3. **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;
 - 9.4. **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;
 - 9.5. **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;
 - 9.6. **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; and
 - 9.7. **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.
10. This will be facilitated by adherence to the procedures and standards described in this document, and by provision of training so that everyone using or handling records is aware of their responsibilities for record management.

Roles and responsibilities

11. The Chief Executive has overall responsibility for records management in the Trust. As accountable officer he has delegated the Director of Planning and Information as the director responsible for records management and for ensuring appropriate mechanisms are in place to ensure appropriate, accurate information is available as required.
 12. The Trust has a particular responsibility for ensuring that it corporately meets its legal responsibilities, and for the adoption of internal and external governance requirements.
 13. The Trust's Records Manager (for non clinical records) is responsible for ensuring that this policy is implemented, through the Information Governance Group and that the records management policy and processes are developed, co-ordinated and monitored.
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14. The responsibility for local records management is devolved to the relevant directors, directorate managers and department managers. Managers of all business functions within the Trust have overall responsibility for the management of records generated by their activities and are managed in a way which meets the aims of the Trust's records management policies.
15. All Trust staff, who create, receive and use records have records management responsibilities. In particular all staff must ensure that they keep appropriate records of their work in the Trust and manage those records in keeping with this policy and with any guidance subsequently produced.

Retention and disposal schedules

16. The Trust has adopted the retention periods set out in the Records Management: NHS Code of Practice Part 2 as the minimum retention period for non clinical records.

Monitoring compliance with this policy

17. The Records Manager will annually audit its non clinical records management practices for compliance with this framework. (Appendix A).
18. The audit will:
 - 18.1. identify areas of operation that are covered by the Trust's policies and identify which procedures and/or guidance should comply to the policy;
 - 18.2. 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;
 - 18.3. set and maintain standards by implementing new procedures, including obtaining feedback where the procedures do not match the desired levels of performance; and
 - 18.4. highlight where non-conformance to the procedures is occurring and suggest a tightening of controls and adjustment to related procedures,
19. The results of the audits will be reported to the Information Governance Group. An annual assurance report will be provided to the Governance Committee.

Training

20. All Trust staff will be made aware of their responsibilities for record management through generic and specific training programmes and guidance.

Records Management Procedures

Introduction

21. These procedures are designed to be used by all staff with responsibilities for the handling of corporate records that are generated as part of the Trust's business in the following corporate areas:

21.1. Director and Divisional offices of Clinical Services

21.1. Estates and Facilities

21.2. Finance and Procurement

21.3. Human Resources

21.4. Medical Director

21.5. Nursing

21.6. OHIS

21.7. Planning and Information including OHIS

22. These guidelines are designed to be used by Directorate/ Department Managers on the management of office records (not health records) and should be used in conjunction with Trust policies on records retention and disposal, e-mail, writing policies, and the confidentiality and information protection policy.

23. For the purposes of records management a document becomes a record when it has been finalised and becomes part of the Trust's corporate information.

24. A record is anything which contains information (i.e. minutes, correspondence etc.), in electronic form or on paper, registers and even short term notes and spare copies. Hand written notes and office diaries should also be included.

25. Examples of corporate information:

- Board papers (including Board of Directors, Board Committees and Divisional Boards)
- Policies and procedures
- Strategies and action plans
- Minutes and agendas
- Reports e.g. annual, accounting, Board
- Standing Orders and Standing Financial Instructions

Local records managers

26. The responsibility for local non clinical records management (other than executive directors offices) is devolved to directorate managers and department managers. Heads of departments, other units and business functions within the Trust have overall responsibility for the management of records generated by their activities.

Your responsibilities

27. Everyone working for the Trust who records, handles, stores or otherwise comes across information has a personal common law duty of confidence to both patients and employer. The duty of confidence continues even after the death of the patient or after an employee or contractor has left the Trust.

28. Remember that all recorded information is disclosable under the Data Protection Act and Freedom of Information Act (subject to exemptions), so never write anything which you may regret at a later date.

29. The following steps which form part of the record life cycle apply to paper and electronic records including emails:

29.1 Record creation

- Draft versions of policies and reports etc should be deleted once the document has been finalised as these are disclosable under Freedom of Information.;
- There are Trust policies available for guidance on the correct format of creating records as well as the templates for minutes. All of these are available under records management on this site;
<http://orh.oxnet.nhs.uk/InformationGovernance/Pages/Default.aspx>
- If the record is only required for the short term then a review/disposal date should be given to ensure records are not kept indefinitely;
- Records of a confidential nature should be marked as such.

29.2 Record keeping

- It is advisable to structure data and organise information efficiently by making use of standard corporate styles (e.g. common templates), and using folders and sub folders.
- Records should be complete, up to date and accurate.

29.3 Record maintenance

- Regular review of records should be undertaken to avoid storage problems;
- Digital records (those held on PCs and emails), should be backed up;
- A process should be in place for identifying records no longer required by the Trust by checking against the Records Retention Schedules for non clinical records;.
- Paper records where a duplicate copy is also held electronically should be disposed of to save on storage.
- Backing up of information regularly is essential to guard against accidental loss or damage.

29.4 Disposal.

- You should establish a routine for the annual removal of documents marked for disposal;
- Disposal of records should be discussed with your line manager in accordance with the Trust's policies on office waste (paper records) and electronic media (emails/CDs etc);
- Do not destroy any records without consideration of all the implications of permanent loss;
- If you find anything which you no longer require, but which is designated for permanent preservation, as listed in the retention and disposal policy, contact the Records Manager;

- Oxfordshire Health Archives should be consulted before destroying any document more than 60 years old.

Retention and disposal of records

30. The Trust has adopted the retention periods set out in the Records Management NHS Code of Practice Part 2 as a minimum retention period for non clinical records.

What to keep

31. You should not retain records any longer than is necessary, referring to the retention and disposal schedules for guidance on how long records should be kept. This includes emails.

32. Very little is actually required to be kept by law. Most decisions about the disposal of non clinical records under 10 years old will be based on the needs of the department creating the document.

33. If any records represent a function which is no longer your responsibility, ask the department now responsible to make the decision.

34. It is important to distinguish between;

34.1 records representing your own office administration. These can be disposed of in accordance with your day to day needs;

34.2 records representing a major function which you exercise on behalf of the Trust. It is your responsibility to keep these for the Trust as a whole, and so greater care is required in considering the implications of destruction.

35. It is acceptable to be firm when dealing with copies of documents produced by other departments. Admittedly it is possible that they may destroy something of importance, making your copy the only one in existence, but it is also unlikely that anyone will look in your department for it.

36. Apply retention periods to computer records as well as to paper. Some records will never be destroyed. Records selected for permanent preservation should be transferred before they are 30 years old to a storage area approved by the Lord Chancellor called a Place of Deposit. The appointed Places of deposit for hospital records in Oxfordshire are all controlled by Oxfordshire Health Archives.

37. Delete emails when no longer needed. Further advice on the use and storage of e-mails can be found in the Trust e-mail policy.

How to dispose of records

38. Refer to the retention and disposal schedules for guidance on the minimum retention periods of office records. If you cannot find what you're looking for contact the Records Manager on ext 20580.

39. If any of the records to be destroyed contain personal information you must maintain confidentiality throughout the whole process.

40. Keep a list of records destroyed, signed and dated by the person making the decision to destroy and, if different, by the person carrying out the disposal. This should be in accordance with Trust policy.

41. Remember the common law of duty of confidence and ensure that destruction of confidential records maintains confidentiality throughout the whole process. This includes transport to and housing at any remote site, and whilst in the hands of contractors.

42. The Waste Disposal Policy available on the Estates and Facilities intranet site provides guidance on how to dispose of paper records.

43. Contact OHIS with regards to disposal of electronic records, CDs etc.

44. If the records constitute part of the patient health record then you must contact the Health Records Service Manager on ext 34351 or email Suzanne.walker@orh.nhs.uk

45. For further advice on managing office records contact Kathy Hulcup, Records Manager on ext 20580 or email kathy.hulcup@orh.nhs.uk.

This policy replaces all previous versions of the following documents:

Records Management Strategy

Records Management policy

Guidelines for managing office records

Document	Records Management Policy
Approved by Information Governance Group	November 2009
Approving Body	Information Governance Group
Distribution	Executive Directors, Divisional Directors and Chairs, Directorate/Departmental Managers
Supporting documents	Confidentiality and Information Protection policy E-mail Policy Freedom of Information policy Retention and disposal schedules Policy on the development of policies, procedures and guidelines Trust format when writing minutes Data Protection Act 1998 Freedom of Information Act 2000 NHS Records Management: Code of Practice Parts 1 and 2
Review Date	November 2011
Category	Corporate
Author	Information Governance Manager & Records Manager
Lead Executive	Director of Planning and Information

Document History

			Version
June 2008	Integrated existing policies: Records Management strategy, Records Management policy and guidance for managing office records, into one document. All references to health records removed	Kathy Hulcup	0.1
August	Reviewed by the Records Management Group and changes made	Kathy Hulcup	0.2
August	Reviewed and changes made	Megan Turmezei	0.3
August	Further changes made	Kathy Hulcup	0.4
September	Reviewed and changes made	Chris Bunch	0.5
October	Document put into correct format	Kathy Hulcup	0.6
Dec 2009	Policy approved by IGG		1.0
Dec 2010	Updated to reflect changes in organisational structure	Kathy Hulcup	2.1
Dec 2010	Reviewed by IGG		2.0

Next review December 2011

Appendix B

Legislation

Data Protection Act 1998

http://www.ico.gov.uk/what_we_cover/data_protection.aspx

The Data Protection Act 1998 seeks to protect the rights and privacy of individuals by limiting the information which can be collected or held on them and the length of time for which it can be maintained.

The Act covers all forms of information relating to living persons (electronic and paper), and applies to records at all stages of their existence.

Data are to be kept only for the purposes for which they were collected/created, must be kept accurate and secure.

Subjects of the data have the right to know what data are held and why, and who will have access to it.

Freedom of Information Act 2000

http://www.opsi.gov.uk/Acts/acts2000/ukpga_20000036_en_1

The Freedom of Information Act gives a right of access to recorded information held by public authorities. Access to personal data will continue to be under the Data Protection Act 1998.

Public authorities are required to adopt and maintain a publication scheme detailing what information it publishes or intends to publish. The Trust's publication scheme can be found at <http://www.oxfordradcliffe.nhs.uk/aboutus/foi.aspx>.

The FOIA requires robust records management systems to enable staff to access records in a timely manner when responding to requests for information.

Records Management: NHS Code of Practice Part 2, records retention schedules for non health records

Available on the information governance intranet

<http://orh.oxnet.nhs.uk/InformationGovernance/Pages/Default.aspx>

Equality Impact Assessment

In accordance with Equality and Diversity legislation, this policy has had an Equality Impact Assessment undertaken. It has been determined that this policy does not discriminate against any group or individual.

Appendix C

Equality Impact Assessment

Records management policy

Date written: November 2009

Date for review: November 2010

Lead person responsible for policy & assessment: Information Governance Manager/ Records Manager

1. Identify the main aim and objectives of the policy.

What is the intended outcome of the policy?

The records management policy sets out the approach taken within the Trust to provide a robust records management framework for the management of non clinical information.

The policy includes guidance for administrative staff in managing their non clinical records.

2. Have you current reliable information about the different groups the proposed policy is likely to affect?

The policy is for use by Trust staff.

A global email will be circulated alerting staff to the policy which will also be announced on Now@ORH.

This policy will be available to all staff on the information governance intranet site.

Executive directors, operational directors and directorate managers are responsible for cascading to their own teams.

Trust staff comprising managers, executive assistants and PAs have been involved in the development of this policy.

3. Is there a potential for the policy to discriminate? No

Does the policy promote good relations and eliminate discrimination on grounds of race, disability, age, religion, sexual orientation and gender? Yes

The policy will be accessible to all staff and in different formats upon request to Kathy Hulcup ext. 20580.

Appendix D

Trust Policies

All of the followings support records management and are available under policies and procedures on the Information Governance intranet

<http://orh.oxnet.nhs.uk/InformationGovernance/Pages/Default.aspx>

- Confidentiality and Information Protection policy
- Document Policy
- E-mail Policy *under review*
- Freedom of Information policy
- NHS Records Management: Code of Practice
- NHS Retention and disposal schedules
- Policy of the Development of Policies, Procedures and Guidelines *awaiting approval*
- Trust format when writing minutes and policies *awaiting approval*

Waste Disposal policy - available on the Estates and Facilities intranet

<http://orh.oxnet.nhs.uk/Estates/Pages/Default.aspx>