

Information Governance

IG3 - Records Management Policy

Version: **1.1**

Date Approved: **May 2014**

Document Control Sheet

Title of document:	IG3 - Records Management Policy		
Supersedes:	Records Management Policy		
Placement in Organisation:	Information Governance		
Consultation/Stakeholders	North, Central and South Manchester CCGs		
Author(s) name:	CSU IG Team – Caroline Cross		
Department/Team:	CSU IG Team		
Approved by:	North Manchester Corporate Governance Committee Central Manchester Corporate Governance Committee South Manchester Corporate Governance Committee		
Approval date:	May 2014	Review date:	May 2016
Implementation Date:	August 2014		
Implementation Method:	Team briefings/meetings CCG Website		
<p><i>This document is to be read in conjunction with the following documents: Information Governance Policy Acceptable Use Policy Secure Transfer of Information Procedure</i></p>			

Version Control

Version	Date	Brief description of change
V0.1		<i>Amendments to reflect CSU management of CCG Information Governance</i>
V0.2	June 13	<i>Review and reformatting</i>
V0.3	August 13	<i>Amendments made by North Manchester CCG Corporate Governance Committee</i>
V0.4	October 13	<i>Further amendments made and approved by North Manchester CCG</i>
V1.0	October 13	<i>Corporate Services Team – Information Governance Policies and Procedures Development and Implementation sign off</i>
V1.1	February 14	<i>CSU IG Team reviewed all policies to look at merging some together. These amendments reflect this.</i>

PLEASE NOTE: the formally approved copy of this document is held on North, Central and South CCG's website. Printed copies or electronic saved copies must be checked to ensure they match the current online version.

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1.0	Policy Statement
1.1	North, Central and South Manchester Clinical Commissioning Group (hereafter referred to as the CCG or organisation) organisational 'constitution' is a nationally approved document, which outlines the fundamental principles that govern how a CCG functions as stipulated by ' <i>The National Health Service under the Health and Social Care Act (2012)</i> '.
1.2	These rules, collectively, make up (<i>i.e. constitute</i>) what the CCG is required to do. Therefore, when these principles are written into a single document, that document is said to embody a 'written' constitution and henceforth is a recognised legal code by which the CCG will be held accountable.
1.3	By virtue of its constitution, the CCG has developed a set of documented principles, to which it is legally accountable to, and therefore, each principal requires a specific set of rules and procedures to guide its decisions and ensure documented evidence of the outcomes is maintained.
2.0	Introduction
2.1	The purpose of this policy is to establish a framework for: 'the creation and management of authentic, reliable and useable records, capable of supporting business functions and activities for as long as they are required...' (ISO 15489-1:2002, clause 6.2) and provide guidance to CCG staff on records management.
2.2	Records management is the process by which an organisation manages all the aspects of records whether internally or externally generated and in any format or media type, from their creation, all the way through their lifecycle to their eventual disposal. These can include corporate, financial, personal or research records.
2.3	The Records Management: NHS Code of Practice has been published by the Department of Health as a guide to the required standards of practice in the management of records for those who work within or under contract to NHS organisations in England. It is based on current legal requirements and professional best practice.
2.4	The CCG's records are its corporate memory, providing evidence of actions and decisions and representing a vital asset to support daily functions and operations. Records support policy formation and managerial decision-making, protect the interests of the CCG and the rights of patients, staff and members of the public. They support consistency, continuity, efficiency and productivity and help deliver services in consistent and equitable ways.
2.5	The CCG is committed to on-going improvement of its records management functions as it believes that it will gain a number of organisational benefits from so doing. These include: <ul style="list-style-type: none"> • Better use of physical server space

	<ul style="list-style-type: none"> • Better use of staff time • Improved control of valuable information resources • Compliance with legislation and standards • Reduced costs.
2.6	This policy sets out a framework within which the staff responsible for managing the CCG'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.
3.0	Purpose
3.1	<p>The aims of records management are to ensure that: records are available when needed - from which the CCG 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;</p> <ul style="list-style-type: none"> • records can be interpreted - the context of the record, 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; • staff are trained - so that all staff are made aware of their responsibilities for record-keeping and record management.
3.2	This policy applies to those members of staff that are directly employed by the CCGs and for whom the CCG have legal responsibility, including all third parties and others authorised to undertake work on behalf of the CCG. For those staff covered by a letter of authority/honorary contract or work experience the CCG's policies are also applicable whilst undertaking duties for or on behalf of the CCGs.
3.3	This policy relates to all clinical and non-clinical operational records held in any format by the CCG.

3.4	<p>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. At the same time record management serves the operational needs of the CCGs and preserves appropriate historical records. The key components of records management are:</p> <ul style="list-style-type: none"> • Record creation • Record keeping • Record maintenance (including tracking of record movements) • Access and disclosure • Closure and Transfer • Appraisal • Archiving and disposal.
3.5	<p>Information is a corporate asset. The CCG's records are important sources of administrative, evidential and historical information. They are vital to the CCG to support their 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.</p>
4.0	<p>Responsibilities</p>
4.1	<p>Overall accountability for procedural documents across the organisation lies with the Accountable Officer who has overall responsibility for establishing and maintaining an effective document management system, for meeting all statutory requirements and adhering to guidance issued in respect of procedural documents.</p>
4.2	<p>Overall responsibility for the Records Management Policy lies with the Manchester City Wide Corporate Governance Manager who has delegated responsibility for managing the development and implementation of records management procedural documents. He/she will work with the Greater Manchester Commissioning Support Unit (GMCSU) Information Governance Team who provide records management support, advice and guidance to the CCG.</p>
4.3	<p>Senior managers are personally accountable for the quality of records management within the CCG. Business functions within the CCG have overall responsibility for the management of records generated by their activities, i.e. for ensuring that records controlled within their work area are managed in a way which meets the aims of the CCG's Records Management Policy.</p> <p>All line managers must ensure that their staff, whether administrative or clinical, are adequately trained and apply the appropriate guidelines, that is, they must have an up-to-date knowledge of the laws and guidelines concerning confidentiality and data protection.</p>
4.4	<p>The Caldicott Guardian should establish how records and information</p>

	management are dealt with in their CCG. They need to ensure that appropriate policies and protocols are in place to ensure that all staff members are aware of both their corporate and individual responsibilities regarding the creation and storage of any record which may contain patient identifiable information.
4.5	The CCG's Senior Information Responsible Officer (SIRO) is responsible for identifying and managing the information risks to the CCGs. This includes oversight of the organisation's information security incident reporting and response arrangement.
4.6	The CCG's Corporate Governance Committee is responsible for coordinating, publicising, implementing and monitoring the records management policy and that processes are developed, co-ordinated and monitored, reporting to the CCG Board on a regular basis.
4.7	The GMCSU Information Governance Lead is responsible for: <ul style="list-style-type: none"> • Assessing the current standard of record keeping; • Developing professional standards and co-ordinate and liaise with colleagues to develop best practice; • Determining the various users' business needs; • Conducting a records audit (to identify what record collections already exist and why); • Establishing access controls; • Monitoring compliance with procedures and standards in line with the requirements of the records management and information life cycle elements of the NHS Information Governance Toolkit.
4.8	<p>All NHS employees are responsible for any records, which they create or use. This responsibility is established at, and defined by, the law (Public Records Act 1958). Furthermore, as an employee of the NHS, any records created by an employee are public records.</p> <p>All CCG staff, whether clinical or administrative, 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 CCG and manage those records in keeping with this policy and with any guidance subsequently produced. It is the responsibility of all staff including those on temporary or honorary contracts, agency staff and students to comply with this policy.</p>
5.0	Definitions of Terms Used
5.1	<p>In this policy, records are defined as "recorded information, in any form, created or received and maintained by the CCG in the transaction of its business or conduct of affairs and kept as evidence of such activity."</p> <p>A record is anything which contains information (in any media) which has been created or gathered as a result of any aspect of the work of NHS</p>

	<p>employees, including:</p> <ul style="list-style-type: none"> • Administrative records (including e.g. personnel, estates, financial and accounting records; notes associated with complaint handling); • Audio and videotapes, cassettes and CD ROMS; • Computer database, output, disks and all other electronic records; • Material intended for short term or transitory use, including notes and 'spare copies' of documents; • Meeting papers, agendas, formal and informal meetings including notes taken by individuals in note books and bullet points are all subject the above; • Emails. <p>The above list is not exhaustive.</p>
5.2	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.
6.0	Retention and Disposal Schedules
6.1	It is a fundamental requirement that all of the CCG 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 business functions.
6.2	<p>The CCG has adopted the retention periods set out in the Records Management: NHS Code of Practice Part 1 & Part 2 this can be found on the following link:</p> <p>https://www.gov.uk/government/publications/records-management-nhs-code-of-practice</p> <p>The retention schedule will be reviewed annually.</p>
7.0	Records Management Systems Audit
7.1	The GMCSU Information Governance Team on behalf of the CCG will regularly audit the CCG's records management practices for compliance with this policy.
7.2	<p>The audit will:</p> <ul style="list-style-type: none"> • Identify areas of operation that are covered by the CCG's policies and identify which procedures and/or guidance should comply to the policy; • 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

	<ul style="list-style-type: none"> desired levels of performance; highlight where non-conformance to the procedures is occurring and suggest a tightening of controls and adjustment to related procedures.
7.3	The results of audits for the CCG will be reported to the CCG Board or Committee with delegated responsibility for records management (Corporate Governance).
8.0	Process for Approval & Ratification
8.1	The process for approval and ratification detailed in the 'Corporate Document Template and Users Guidelines Policy' has been used to develop this policy.
8.2	The Governance Committee is the committee with delegated authority for the approval and ratification of this document.
9.0	Dissemination, Training & Advice
9.1	Staff will receive instruction and direction regarding the policy from a number of sources: <ul style="list-style-type: none"> policy/strategy and procedure manuals; line manager; specific training course; other communication methods (e.g. team brief/team meetings); staff intranet.
9.2	Staff will be made aware of procedural document updates as they occur via team briefs, team meetings and notifications via the CCG staff intranet.
10.0	Review, Monitoring and Compliance
10.1	Performance against key performance indicators will be reviewed on an annual basis and used to inform the development of future procedural documents.
10.2	This policy will be reviewed regularly and in accordance with the following as and when required. <ul style="list-style-type: none"> Legislative changes Good practice Guidance; Case law Significant incident reporting New vulnerabilities Changes to organisational infrastructure Staff will receive instruction and direction regarding the policy from a number of sources.
10.3	Equality Impact Assessment The CCG aims to design and implement services, policies and measures that

	<p>are fair and equitable. As part of its development, this policy and its impact on staff, patients and the public have been reviewed in line with the CCG's legal equality duties. The purpose of the assessment is to improve service delivery by minimising and if possible removing any disproportionate adverse impact on employees, patients and the public on the grounds of race, socially excluded groups, gender, disability, age, sexual orientation or religion/ belief.</p> <p>An Equality Impact Assessment has been completed and has identified impact or potential impact as "no impact".</p>
11.0	References
11.1	All employees should be aware of the full range of policies relating to this policy. The key linked policies are Information Governance Policy, Information Security Policy and Confidentiality and Data Protection Policy.
11.2	<p>All NHS records are public records under the Public Records Acts. CCG 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:</p> <ul style="list-style-type: none"> • The Public Records Act1958; • The Data Protection Act1998; • The Freedom of Information Act 2000; • The Common Law Duty of Confidentiality; and • The NHS Confidentiality Code of Practice
11.3	The CCG will also take action to comply with any new legislation affecting records management as it arises.