



Records Management Strategy

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Document Location

The source of the document will be found in the Trust Quality System.

Freedom of Information Act 2000 Access

This document will be available via the NEAS Publication Scheme.

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1. Introduction

- 1.1. This strategy is an overarching framework for integrating current records management initiatives, as well as recommended new ones throughout the North East Ambulance Trust (NEAS).
- 1.2. It defines a strategy for improving the quality, availability and effective use of records in the Trust and provides a strategic framework for all records management activities. This will enable overall coordination of all records management activities and ensure alignment with the Trust's business strategies.
- 1.3. This strategy should be read in conjunction with the Trust's Records Management Policy.

2. Purpose

- 2.1. The purpose of this strategy is to establish records management as a corporate function of the Trust supported by the Information Governance arrangements as indicated by:
 - A systematic and planned approach to records management covering records from creation to disposal.
 - The promotion of efficiency and best value through improvements in the quality and flow of information, and greater co-ordination of records and storage systems.
 - Compliance with statutory requirements.
 - Awareness of the importance of records management and evidence of responsibility and accountability at all levels.
 - Robust retention and disposal procedures.

3. Scope

- 3.1. This strategy relates to all clinical and non-clinical operational records held in any format by the Trust as detailed in the Department of Health's publication Records Management: NHS Code of Practice i.e.
 - All administrative records (e.g. personnel, estates, financial and accounting records, notes associated with complaints etc); and
 - All patient health records.
- 3.2. These include records held in all formats, for example:
 - Paper records, reports, diaries and registers etc;
 - Electronic records;
 - X-rays and other images;
 - Microform (i.e. microfiche and microfilm); and
 - Audio and video tapes.

4. Responsibility and Accountability

- 4.1. The Chief Executive has overall responsibility for records management in the Trust and has a duty to make arrangements for the adequate resourcing and safekeeping of all Trust records.
- 4.2. All staff should be aware of the need for accountability and responsibility in the creation, amendment, management, storage of and access to all NEAS records.
- 4.3. There should be a clear chain of management accountability and responsibility for all records created by the Trust.
- 4.4. The Director of Clinical Governance has particular responsibilities for patient records as the Caldicott Guardian of the Trust. Legal obligations also exist in respect of particular classes of records, especially those containing personal information. It is essential to ensure that all staff recognise the need for good records management.

5. Standards of Records Management

5.1. Record Quality

- 5.1.1. Trust records should be accurate and complete, in order to facilitate audit, fulfil the Trust's responsibilities, and protect its legal and other rights.
- 5.1.2. Records should show proof of their validity and authenticity so that any evidence derived from them is clearly credible and authoritative.
- 5.1.3. No record should be retained in more than one location and records should be shared or merged where appropriate.

5.2. Management

- 5.2.1. Record-keeping systems should be easy to understand, clear, and efficient in terms of minimising staff time and optimising the use of space for storage. Where possible, records should be held electronically and appropriately backed up.
- 5.2.2. Decisions about records management should be based on risk assessment.
- 5.2.3. There should be a consistent approach to records management across the Trust which should be in line with external guidance, unless the Information Governance Working Group (IGWG) has agreed that it is acceptable not to do this.
- 5.2.4. Monitoring systems should ensure that the strategy is implemented.

5.3. Security

- 5.3.1. Records must be kept securely to protect the confidentiality and authenticity of their contents, and to provide further evidence of their validity in the event of a legal challenge. No person identifiable information should be stored, transferred or accessed unless absolutely necessary, and then only with appropriate safeguards in place.

5.3.2. Special care should be taken when transferring person identifiable information electronically or by fax. Reference should be made to the Trust's Safe Haven Policy.

5.4. **Access**

5.4.1. There should be clear and efficient access for employees and others who have a legitimate right of access to Trust records, and ensure compliance with Access to Health Records, Data Protection and Freedom of Information legislation.

5.4.2. Under the Freedom of Information (FOI) Act 2000, the public has rights of access to all information held by the Trust unless that information is covered by an exemption as specified within the Act. The Trust's FOI access arrangements are reflected in its FOI Policy.

5.4.3. Not only must records be maintained appropriately, when it is necessary to pass them to another user, care must be taken to ensure that they are dispatched in a manner suitable to the content of the records.

5.4.4. Regular flows of records containing person identifiable information must be reviewed regularly, and if such flows deemed essential, protected by a written agreement in relation to confidentiality in accordance with the requirements of the Data Protection Act 1998 (DPA). Where possible, records should be effectively anonymised, i.e., through use of the NHS Number or an agreed reference number, before transfer.

5.4.5. All managers are responsible for ensuring that there is an appropriate system for tracking and retrieving records when requested legitimately and that non-legitimate requests for records are declined.

5.4.6. Access is a key part of any records management strategy. Fast, efficient access to records unlocks the information and knowledge they contain.

5.5. **Clinical records**

5.5.1. Records holding personal identifiable information on staff and the public will need to be managed in accordance with the DPA and the common law duty of confidence. Where data are not capable of identifying anyone either directly or indirectly or where they have been effectively anonymised, neither the DPA nor the common law duty of confidence applies.

5.6. **Audit**

5.6.1. The performance of the records management programme will be audited.

5.7. **Training**

5.7.1. Effective records management involves staff at all levels. Training and guidance enables staff to understand and implement policies, and facilitates the efficient implementation of good record keeping practices.

6. **Retention and Disposal of Records**

6.1. Retention is the holding of records beyond creation and immediate operational use.

- 6.2. The NHS Records Retention Schedule sets out the minimum retention periods for a number of records and these requirements are reflected in the Trusts Records Retention Schedule.
- 6.3. When considering how long to retain a document staff should first note any legal or Trust requirement and then take practical considerations into account if they believe there is a need to hold the record for longer.
- 6.4. Storage in excess of the specified retention period is as undesirable as inadequate retention.
- 6.5. If no guidance on retention is given, staff should use common sense based on the likely need to consult a record in the future for whatever reason. This may include research for historical purposes. The appropriate storage medium must also be considered.
- 6.6. Appropriate arrangements must be made for the safe storage and effective security of the record in line with the security level of the document. This should be in line with the guidance in the Trusts Information Security Policy.
- 6.7. Records no longer needed for operational or any other use should be destroyed. Disposal is the destruction of a record such that it cannot be accessed again. Papers that do not contain personal or sensitive information may be disposed of in the normal wastepaper bins.
- 6.8. Correspondence or information of a sensitive nature should be destroyed using the arrangements for confidential waste.

7. Consultation, Approval and Ratification Process

7.1. Consultation

- 7.1.1. This document has been produced by the author on behalf on the IGWG. This group was consulted upon and their comments added to the document as appropriate.

7.2. Approval and Ratification

- 7.2.1. The Trust Assurance Committee is the committee with the authority for the approval and ratification of this document.
- 7.2.2. The IGWG has carried out a full and proper consultation and has considered the content of the document in terms of current best practice, guidelines, legislation and mandatory and statutory requirements, in considering the document for approval the committee also took into account the results of the recommendations of the EIA.

8. Review and Revision Arrangements

- 8.1. The document will be reviewed every 2 years or when appropriate after changes in legislation or guidance. The document owner will be responsible for this review.

9. Document Control Including Archiving Arrangements

9.1. Register / Library of Procedural Documents

All documents shall be held within the Trust Quality System and will be managed in line with quality standards.

9.2. **Archiving arrangement**

Archiving of documents will be in line with the Records Management Policy.

10. **References**

- Department of Health: Records Management: NHS Code of Practice
http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4131747&chk=tMmN39
- NHS Connecting for Health: Records Management Roadmap
<http://www.connectingforhealth.nhs.uk/infogov/records>
- NHS Connecting for Health IG Toolkit <https://www.igt.connectingforhealth.nhs.uk/>

Appendix 1: Implementation Plan

Strategic Goal	Action	Responsibility	Target Date
Responsibility and accountability To provide a clear system of accountability and responsibility for records	Establish a records management strategy with processes for ongoing monitoring and review.	IG Lead	
	Secure senior management 'buy-in' to improving records management, and the designation of a senior manager to be responsible for records management.	Strategy & Business Development Director	
	Establish a Records Management function (to manage all Trust records), with clearly defined terms of reference and links to other Information Governance functions e.g. Freedom of Information, Data Protection, Risk Management etc.	IG Lead	
	Manage implementation of the records management strategy, including provision of advice on records management, establishment of good practice guidelines and of compliance with relevant legislation and NHS guidance.	IG Lead	
	Provide contacts through which the Records Manager can aid and support departments, and provide better coordination of record keeping across the Trust. Individual Departments to nominate local records managers.	IG Lead	
	Develop job descriptions, listing duties and essential attributes required for staff assigned records management roles (e.g. Records Manager, local records managers etc). Ensure that job descriptions across the Trust include relevant references to record keeping responsibilities.	HR	
	Provide an appropriate competency framework, to identify the knowledge, skills and corporate competencies required for records and information management.	HR	
	Undertake regular reviews and analysis of records management training needs.	OD	
	Provide a professional development programme for records management staff.	OD	
	Ensure inclusion of records management and information issues and practices in induction training programmes for all new staff.	HR	
Record Quality To create and keep records which are adequate,	Develop guidance on good practice with the aim of establishing common and consistent standards of record creation and record keeping within the Trust, taking into account current Data Protection and Freedom of Information legislation.	IG Lead	
	Reduce the duplication of records to improve information sharing, reduce cost and save space.	IG Lead	

Strategic Goal	Action	Responsibility	Target Date
consistent, and necessary for statutory, legal and business requirements	Develop procedures and metadata (descriptive and technical documentation) to ensure the authenticity and evidential value of records held in electronic form.	IG Lead	
	When scanning, digitising and then storing records electronically, consider legal admissibility by adopting the procedures recommended in the BSI publication ' <i>BIP 0008:2004 Code of practice for legal admissibility and evidential weight of information stored electronically</i> '.	Clinical Development Manager	
	Identify all records vital to the continuing functioning of the activities of the Trust in the event of disaster and make provision for their protection (to be cross-referenced with the Trust Risk Management Strategy).	System Owners	
Management To achieve systematic, orderly and consistent creation, appraisal, retention and disposal procedures for records during their lifecycle	Review existing records management practices to establish what needs to be done to comply with the ' <i>Records Management: NHS Code of Practice</i> '.	IG Lead	
	Undertake an inventory of all Trust records, both health and corporate records held in either hard copy or electronic formats. (This is to ensure that all record collections / information sets are identified along with the volume of records held, the type of media on which they are held, their physical condition, their location, the environmental conditions in which they are stored and the responsible manager. See ' <i>Records Management Roadmap: Records Inventory Guidance</i> ').	IG Lead	
	Produce a Trust records retention schedule consistent with the NHS Retention and Disposal schedules detailed in the ' <i>Records Management: NHS Code of Practice</i> '.	IG Lead	
	Produce a department records retention schedules consistent with the Trust Record Retention Schedules.	Senior Managers	
	Establish procedures for the continuous monitoring of the records management process to ensure that legal and statutory requirements are met and new types of records have a lifecycle determined at the point of creation.	IG Lead	
	Develop a selection policy to identify which records are likely to be suitable for permanent preservation. Establish contact with an approved archival institution with appropriate storage and public access facilities.	IG Lead Clinical Development Manager	
	Establish a system for managing records' appraisal and for recording the disposal decisions made.	IG Lead	
	Plan resource requirements to take account of the volume and nature of the records due for appraisal.	IG Lead	

Strategic Goal	Action	Responsibility	Target Date
	Establish procedures for the closure of records when no longer current; secure storage of archived records, and effective disposal, as soon as appropriate.	IG Lead	
	Identify a secure and confidential method for the disposal of records, and organise its Implementation.	IG Lead	
	Maintain a log of records which have been destroyed showing their reference, description and date of destruction.	Senior Managers	
	Assess the risks associated with the destruction of records or any delay in appraising them.	IG Lead	
	Whilst electronic records are subject to the same creation, appraisal, retention and disposal process as paper records, develop guidance as appropriate to take into account the particular technical requirements of electronic media.	IT	
Security To provide systems which maintain appropriate confidentiality, security and integrity for records in their storage and use	Develop and promulgate policies and procedures to protect records from unauthorised alteration or erasure, to ensure that access to records is properly controlled, and to maintain adequate audit trails to track the use and location of records held.	IG Lead	
	Implement secure storage arrangements for information and documents, while allowing access by authorised personnel.	Senior Managers	
	Organise appropriate storage accommodation for active paper records secure from fire, flood and theft, which is also secure and safe from unauthorised access	Senior Managers	
	Organise the relocation of paper records into appropriately secure storage when they are no longer required for the conduct of current business, to await disposal and at the same time meeting standards to ensure that no environmental damage is caused whilst also providing security and having strictly controlled access for authorised personnel only.	Senior Managers	
	Develop appropriate Information Sharing Protocols and Subject Specific Information Sharing Agreements for the exchange of confidential and personal information.	IG Lead	
	Provide guidance on 'back-up', archiving processes and audit trails for electronic records, as well as on measures to prolong their access and use for as long as required, including migration across systems and onto different types of media.	IT	
	Develop and ensure that standards for the safe and secure transportation of records are strictly applied.	IG Lead	
Access	Implement effective tracking systems and audit trails, ensuring that information can be retrieved effectively and speedily when required.	Senior Managers	

Strategic Goal	Action	Responsibility	Target Date
To provide clear and efficient access for employees and others who have a legitimate right of access to Trust records, and ensure compliance with current Data Protection and Freedom of Information legislation.	Develop systems to determine any access restrictions at the point of records creation.	Senior Managers	
	Implement policies and procedures to address the particular requirements of Freedom of Information in relation to agreed publication schemes and meeting requests for information by the public that follow the procedures established by the Trust's Freedom of Information Policy	FOI Lead	
Audit To audit and measure the Implementation of the records management strategy against agreed standards.	Establish standards for records management performance (e.g. response to subject access and Freedom of Information requests, record keeping, availability etc) and monitor the performance of the function.	IG Lead FOI Lead	
	Provide advice and support for records departments in meeting agreed standards.	IG Lead	
Training To provide training and guidance on responsibilities and good practice for all staff involved with records.	Provide (for all staff, departmental managers, and in particular for local record managers) procedure manuals and instructions, guidance on good practice, and advice on procedural issues and requirements. These instructions should cover all records management systems within the Trust, information quality and security, data protection, information handling, and legislative and statutory requirements.	IG Lead	
	Raise the profile of records management within the Trust through publicity about the issues involved and the staff responsible.	IGWG	
	Develop training programmes and materials, including instruction on the concepts and basics of records management to be targeted at new and existing staff who need a basic awareness of the issues and procedures and those who need more detailed instruction on records management policies and procedures, in particular the local records managers.	IG Lead	