

Records Management Policy

Version:	4
Ratified by:	Audit Committee
Date ratified:	20 October 2021
Name & Title of originator/author:	Karen Rowe, Information Governance Manager
Name of responsible committee/individual:	Information Governance/Business Intelligence/Information Technology Committee
Date issued:	October 2021
Review date:	October 2022
Target audience:	All Staff

Executive Summary

This policy applies to all Leeds CCG staff and contractors undertaking work on behalf of the CCG. It applies to all records regardless of format or the recordkeeping system in use.

This policy and supporting guidance provides the framework to enable the efficient and effective management of records, ensuring information remains as an asset to the CCG by:

- Protecting the content, context and structure of records to meet business needs and stakeholder requirements.
- Promoting recordkeeping practices and systems, so far as practicable, to comply with guidance from the Information Commissioner, NHS institutions and professional standards and including ISO 15489-1: 2016 and BS 10008: 2014.
- Clearly defining responsibilities and accountability for records.
- Embedding information management procedures/practices that conform to applicable legislative and statutory requirements.

Information Asset Owners are responsible for supporting staff to participate in adequate training and ensuring processes/procedures are documented to ensure that records and data are:

- Reliable / Accurate
- Complete
- Useable, over the period they are required
- Fixed, providing an audit for modifications
- Validity, identification of true source

Equality Statement

This policy applies to all employees, Governing Body members and members of Leeds Clinical Commissioning Group irrespective of age, race, colour, religion, disability, nationality, ethnic origin, gender, sexual orientation or marital status, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or trade union membership.

A full Equality Impact Assessment is not considered to be necessary as this policy will not have a detrimental impact on a particular group.

Contents

1	Introduction.....	4
2	Purpose	5
3	Scope	5
4	Definitions.....	5
5	Responsibilities.....	5
6	Policy Statements	7
7	Implications and Associated Risks.....	8
8	Education and Training Requirements.....	8
9	Monitoring Compliance and Effectiveness.....	8
10	Associated Documentation.....	8

1 Introduction

A record is a piece of information produced or received in the initiation, conduct or completion of an institutional or individual activity. It comprises sufficient content, context and structure to provide evidence of the activity. It contains information that is worthy of preservation in the short, medium or long term.

Records Management is the process by which organisations manage all the aspects of records they use, whether internally or externally generated and in any format or media type, from their creation or collection, through their life cycle to the eventual disposal.

Examples of record formats:

- Digital
- Paper
- Photographs, slides or other images
- Audio and video tapes, cassettes, CD-ROM etc
- Emails
- Computerised records
- Scanned records
- Text messages (SMS) and social media (both outgoing from the NHS and incoming responses from the patient/service user) such as Twitter and Skype
- Metadata added to, or automatically created by, digital systems when in use (content can sometimes be of little value if it is not accompanied by relevant metadata).
- Websites and intranet sites that provide key information to patients/service users and staff

Leeds CCG recognises that effective records management systems will help ensure that records provide value by:

- Promoting efficiency and effectiveness: enabling staff to find the information needed, at the right time.
- Protecting individuals and the CCG: providing evidence that is legally admissible.
- Promoting trustworthiness and establishing confidence with stakeholders.
- Reducing physical and digital costs.
- Providing for consistency across CCG departments.

The aims of the Leeds CCG records management systems whether hard copy or electronic are that the record:

- is present: the CCG has the information that is needed to form a reconstruction of activities or transactions that have taken place.
- can be accessed: information can be located, accessed and displayed in a way consistent with the initial use, and the current version is identified where multiple versions exist.

- can be interpreted: the context of the record can be established: who created the document and when, during which business process, and how the record is related to other records.
- can be trusted: the record reliability represents the information that was actually used in or created by the business process, and its integrity and authenticity can be demonstrated.
- can be maintained through time: the qualities of accessibility, interpretation and trustworthiness can be maintained for as long as the record is needed.

This policy and supporting guidance provides the framework to enable the efficient and effective management of records, ensuring information remains as an asset to the CCG.

2 Purpose

The purpose of this policy is to ensure that Leeds CCG:

- protects the content, context and structure of records to meet business needs and stakeholder requirements.
- promotes recordkeeping practices and systems so far as practicable, to comply with guidance from the Information Commissioner, NHS institutions and professional standards and including ISO 154891: and BS 10008: 2020
- clearly defines responsibilities and accountability for records.
- operates records management procedures and practices that conform to applicable legislation.
- are open, transparent and responsive.
- support continuity and consistency in management and administration.

3 Scope

This policy applies to all staff including CCG staff, temporary staff, seconded staff, contractors and others undertaking work on behalf of the CCG. It covers all records created, received or maintained by staff while carrying out their corporate functions.

4 Definitions

This policy is written to be understood without the need to clarify definitions. In support material published by the information governance team, a list of terms and definitions that related to information management is available at L:\CorpRes_Informatics\InfGov_Recordkeeping\Supporting_Others\Guidance

5 Responsibilities

All NHS records are public records under the terms of the Public Records Act 1958 This means that employees are responsible for any records that they create or use in the course of their duties. This includes records controlled by NHS organisations under contractual or other joint arrangements, or as inherited legacy records of defunct NHS organisations. The Act applies

regardless of the format of the records. The Act sets out broad responsibilities for everyone who works with such records and provides guidance and supervision.

The Information Governance/Business Intelligence/IT (IG/BI/IT) Committee reports, advises and provides direction to the CCG in meeting its corporate responsibilities to maintain its records and recordkeeping systems in accordance with regulatory environment.

Accountable Officer

The Accountable Officer has overall accountability for records management across the CCG and 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.

Senior Information Risk Owner (SIRO)

The CCG's SIRO is responsible for approving and ensuring that national and local guidelines/protocols on the handling and management of information are in place.

The SIRO is responsible to the Governing Body for ensuring that all Information risks are recorded and mitigated where applicable. The CCG's SIRO is responsible for ensuring that all record management issues (including electronic media) are managed in accordance with this policy.

Caldicott Guardian

The Caldicott Guardian is responsible for ensuring that national and local guidelines on the handling of confidential personal information are applied consistently across the organisation. They are responsible for ensuring patient identifiable information is shared in an appropriate and secure manner.

Data Protection Officer

The Data Protection Officer has a particular responsibility in ensuring that the CCG meets its legal responsibilities with regards to information governance and compliance with the Data Protection Act (DPA) 2018, UK General Data Protection Regulations (GDPR), Freedom of Information Act 2000 and the Environmental Information Regulations 2004.

Information Governance Team including Records Management

The Information Governance Team is responsible for liaising with Information Asset Owners/Administrators and Departmental Leads for providing guidance, support and training to the CCG staff and partner organisations where agreed. The team is responsible for the monitoring of activity to standards, conducting audits, the application of toolkits and for advising on matters to be compliant with information legislation.

The Records Manager will provide support to the Information Asset Owners and act as a departmental point of contact for all records management matters.

Directors/Senior Managers/Information Asset Owners

Directors, Senior Managers and Information Asset Owners are responsible for the quality and implementation of records management within their department. They have responsibility for disseminating information related policies, guidance and must ensure completeness of the Information Asset Register and associated recordkeeping and governance processes.

Staff

All staff are responsible for the records they create, receive or use in the course of their duties and are required to act in accordance with the principles of this policy. They must ensure that the records they manage are:

- Fit for purpose
- Accurate
- Appropriately secure
- Accessible within defined access restrictions
- Maintained in line with the CCG records management procedure and guidelines.

All staff, whether working with clinical or administrative records, must be appropriately trained so that they are competent to carry out their designated duties and fully aware of their personal responsibilities in respect of record keeping and records management.

6 Policy Statement

This policy statement sets out the CCG's commitment to create, keep and manage records and document the principle activities in this respect.

- Records to be treated as a valuable resource, ensuring their inclusion within the Information Asset Register.
- The efficient capture, retrieval and disposal of records, in line with the retention and disposal schedule.
- Identification of records that are vital for business continuity.
- Keeping appropriately complete, authentic, reliable, secure and accessible records of what the CCG does.
- The management of records to comply with regulations and legal requirements including but not limited to The DPA 2018, UK GDPR, Freedom of Information Act 2000, Environmental Information Regulations 2004, Human Rights Act 1998 and the Common Law Duty of Confidentiality.
- Identification and recording of all record management systems, ensuring that appropriate operating instructions are available.
- Arrangements for disaster recovery and business continuity.
- Staff to develop key information management skills, relevant to their role.
- All staff, including agency and temporary staff, students, volunteers and non-executive staff to complete mandatory training.

7 Implications and Associated Risks

All risks relating to projects, implementing or changing recordkeeping systems, should be reported into the appropriate project risk register. Operational risks should be added to the CCG Risk Register via Datix. For further information please refer to the CCG's Risk Management Strategy.

All risks in relation to potential or actual information breaches should be reported through the incident reporting system, DATIX and raised with the Data Protection Officer.

8 Education and Training Requirements

All line managers must ensure that their teams/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, data protection and records management.

All staff are responsible for completing mandatory training that is applicable to their role, in relation to recordkeeping, information governance and cyber/data security.

9 Monitoring Compliance and Effectiveness

The records Manager, in liaison with Information Asset Owners, Directors and Senior Managers will promote and assist with the implementation of this policy. This will include:

- The policy being published on the CCG website and highlighted through bulletins, team briefings and other established channels of communication.
- Delivery of training and support, to meet mandatory and individual needs.
- Compliance and effectiveness being monitored through the completion of audits, toolkits and reporting.
- Monitoring and auditing undertaken by the Informatics department and through assigned applications/services.
- Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under the CCG disciplinary policy.

10 Associated Documentation

This policy should be read in conjunction with other Leeds CCG information related policies and their associated operating materials (including but not limited to):

- Data Information rights including Subject Access Requests Freedom of Information and EIR
- Data Protection Impact Assessment procedure
- Retention and Disposal Schedule
- Recordkeeping guidance
- Information Asset Owners handbook
- Risk Management Strategy

This policy should be applied in consideration of Statutory/Legal requirements and published guidance/policies from:

- NHS Organisations including NHS mail, NHS Digital, NHSX and NHS England .
- NHS X Records management
- The National Archives.
- Information Commissioners Office.
- The Caldicott Principles
- NHS Care Record Guarantee
- National Data Guardian

Statutory and Legal Requirements

- Data Protection Act 2018, (DPA 2018)
- UK General Data Protection Regulations, (UK GDPR)
- Human Rights Act 1998
- The Public Records Act 1958
- The Freedom of Information Act 2000
- Access to Health Records Act 1990
- Limitation Act 1980
- Health and Social Care Act 2012 (S13)