

Records Management Policy

Document History

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Target audience:	All Staff within the CCG whether operating directly or providing services to other organisations under a service level agreement or joint agreement and to none executive directors, contracted third parties (including agency staff), locums, students, volunteers, trainees, visiting professionals or researchers, secondees and other staff on temporary placements within the organisation.
Distributed via:	Website
Document Purpose:	This document sets out the procedure to ensure that all information assets are identified and regularly assessed to ensure the confidentiality and security of the organisations' information is maintained.

**South Lincolnshire CCG
South West Lincolnshire CCG**

Version control sheet

Version	Section/Para/Appendix	Version/Description of Amendments	Date	Author	Version
Revised Version serving SL and SWL CCGs (dual branding)	Policy Review	Incorporates specific reference to impending General Data Protection Regulation (Revised as a dual branded policy for NHS South Lincolnshire CCG and NHS South West Lincolnshire CCG) Replaces existing policies within SL and SWL CCG referenced IG21.	26/02/2018	JE	1

ASSISTANCE WITH THE APPLICATION OF THIS POLICY AND UPDATES

This policy has been prepared so as to reflect the law as at 14 February 2018. The policy will require periodic review to reflect subsequent changes to the law. Under the General Data Protection Regulation (GDPR) (which will apply from 28th May 2018), personal data must be processed in accordance with certain principles. While these are broadly similar to those under the Data Protection Directive (DPD), the wording has changed and they all centre on the concept of accountability.

The GDPR applies to ‘controllers’ and ‘processors’; A controller determines the purposes and means of processing personal data whilst a processor is responsible for processing personal data on behalf of a controller. If you are a processor, the GDPR places specific legal obligations on you; for example, you are required to maintain records of personal data and processing activities. You will have legal liability if you are responsible for a breach. However, if you are a controller, you are not relieved of your obligations where a processor is involved – the GDPR places further obligations on you to ensure your contracts with processors comply with the GDPR. The General Data Protection Regulations (GDPR) (Regulation (EU) 2016/679) – is a regulation by which the European Parliament, the Council of the European Union and the European Commission intend to strengthen and unify data protection for all individuals within the European Union. GDPR applies to those who have a day to day responsibility for data protection. This should be read in conjunction with the CCGs’ Information Governance Staff Handbook and the Privacy Impact Assessment Policy.

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1. Introduction

- 1.1 This policy applies to NHS South Lincolnshire Clinical Commissioning Group and NHS South West Lincolnshire Clinical Commissioning Group.
- 1.2 Effective records management requires that an organisation is able to identify and retrieve information when and where it is needed. The CCG must have records management procedures in place that cover the creation, filing, location, retrieval, appraisal, archive and destruction of records in accordance with the Records Management: NHS Code of Practice, and other relevant guidance and legislation.
- 1.3 The CCG records are their corporate memory, providing evidence of actions and decisions and representing a vital asset to support its daily functions and operations. They support policy formation and managerial decision-making, protect the interests of the CCG and the rights of patients, staff and members of the public who have dealings with the CCG. They support consistency, continuity, efficiency and productivity and help to deliver our services in consistent and equitable ways.
- 1.4 This policy relates to all records, including “health records” - The term ‘health record’ applies to a record relating to the physical or mental health of a given patient/client who can be identified from that information and has been recorded by or on behalf of a health professional in connection with the care of that patient/client.
- 1.5 Effective records management ensures that information is properly managed and is available whenever and wherever there is a justified need for information and in whatever media:
 - To support patient care and continuity of care
 - To support day to day business which underpins delivery of care
 - To support sound administrative and managerial decision making, as part of the knowledge base for NHS services
 - To meet legal requirements and assist in audit
 - Any decisions made can be justified or reconsidered at a later date.
- 1.6 All NHS records are public records under the terms of the Public Records Act 1958 sections 3 (1)–(2). The Secretary of State for Health and all NHS organisations have a duty under the Public Records Act to make arrangements for the safe keeping and eventual disposal of all types of their records. This is carried out under the overall guidance and supervision of the Keeper of Public Records, who is answerable to Parliament.

2. Scope

- 2.1 A record is defined as ‘anything which contains information (in any media) which has been created or gathered as a result of any aspect of the work of NHS employees’.¹
- 2.2 This policy sets out the practice that the CCG expects, from all staff that are directly employed by the CCG and for whom the CCG has legal responsibility. This policy is also applicable to staff on work experience, working under an honorary contract and those authorised to undertake work on behalf of the CCG.

¹NHS Code of Practice: Records Management Part 1, 2009

- 2.3 This policy relates to all clinical and non-clinical operational records held in any format, by the CCG. They include (the list is not exhaustive):
- Administrative records (including personnel, estates, financial and accounting records, contract records, litigation and records associated with complaint-handling)
 - Patient health records, including those concerning all specialities, multi-agency services and private patients seen on NHS premises, but excluding records of other NHS organisations and of independent sector providers.
 - Photographs, X-Rays and other images
 - Records in all electronic formats, including emails, databases
 - Faxes
- 2.4 Records not included are - health or other records held by independent contractors and copies of documents created by other organisations such as the Department of Health, which are kept for reference and information only.
- 2.5 The policy should be read in conjunction with the following CCG documents:
- Confidentiality and Data Protection Policy
 - Information Security Policy
 - Safe Haven Procedures
 - Information Lifecycle Policy
 - Freedom of Information and Environmental Information Regulations Policy

3. Responsibility for NHS Records

- 3.1 It needs to be clearly understood by all employees and those authorised to work on behalf of the CCG, that under the Public Records Act 1958, they have a degree of responsibility for any record they create or use and may be subject to both legal and professional obligations.
- 3.2 The Chief Officers and senior managers of all NHS organisations are personally accountable for records management within their organisation.²
- 3.3 The Caldicott Guardian is responsible for approving and ensuring that national and local guidelines and protocols on the handling and management of confidential patient identifiable information are in place.
- 3.4 The Information Governance Lead at the Commissioning Support Service is responsible for advising the CCG on compliance with the Data Protection Act and acts as a resource for staff and Governing Body Members. For further information please contact either lynne.wray1@nhs.net or jemptage@nhs.net
- 3.5 Freedom of Information requests and requests for information are processed by the Commissioning Support Service by appropriate staff in accordance with the current Service Level Agreement, and in line with the requirements of the Freedom of Information Act 2000.

² NHS Code of Practice: Records Management Parts 1 & 2, 2006

- 3.6 All Heads of Service and line managers are responsible for ensuring that the records management policy is implemented in their individual departments and those members of staff comply with the guidance in the policy.
- 3.7 All CCG staff and Governing Body Members are responsible for ensuring that they keep appropriate records of their work for the CCG and manage those records in accordance with this and other related CCG policies, maintaining the security of the records they create or use.
- 3.8 It is vital that everyone understands their record management responsibilities as set out in this policy. Managers will ensure that staff responsible for managing records are appropriately trained or experienced and that all members of staff understand the need for appropriate records management. New starters will be offered records management and confidentiality and security training as part of their mandatory induction programme.

4. Legal Obligations and Standards

- 4.1 The key legislation and guidance supporting the Records Management policy are:
- DOH: Records Management NHS Code of Practice 2009
 - Data Protection Act 1998
 - The Access to Health Records Act 1990
 - Freedom of Information Act 2000
 - Public Records Acts 1958
 - The Caldicott Review 2012
 - The Common Law Duty of Confidentiality

5 Requests for information

- 5.1 Records may be requested either under the Freedom of Information Act (2000). If such a request is received, the enquiry should be forwarded to the CCG Information Governance lead who will deal with it appropriately. There are strict legal timeframes for processing these requests in order to be compliant with the Freedom of Information Act
- 5.2 Under the Data Protection Act, an individual can ask to see information held about them, either computerised or manual records, this applies to staff and patient information. If a request is received for copies of information, this should be forwarded to the CCG Information Governance Lead for processing.

6 Incident Reporting

- 6.1 All staff has an obligation to report an incident when personal confidential information for which they are responsible for is missing or stolen. They must complete an incident reporting form and inform their line manager so that an initial investigation can be started.
- 6.2 Stolen records must be reported following the Incident Reporting Policy and Procedure and the Policy on reporting Untoward Incidents. If the record is subsequently found, the record of the incident should be updated and temporary files merged with the permanent record.

7 Training

- 7.1 The CCGs must ensure that all staff undertake appropriate records management training on information governance issues soon after joining the CCG and that existing staff receive periodic update training.
- 7.2 Staff who have responsibility for records management should undertake mandatory information governance/cyber security training and where available, specific records management training on an annual basis.

8 Equality and Diversity

- 8.1 The CCG aims to design and implement policy documents that meet the diverse needs of the services, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all.
- 8.2 This document has been designed to ensure that no-one receives less favourable treatment due to their personal circumstances, i.e. the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.
- 8.3 In carrying out its functions, the CCG must have due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the organisation is responsible, including policy development, review and implementation.

9 Due Regard

- 9.1 This policy has been reviewed in relation to having due regard to the Public Sector Equality Duty (PSED) of the Equality Act 2010 to eliminate discrimination, harassment, victimisation; to advance equality of opportunity; and foster good relations.

10. Review and Monitoring

- 10.1 All managers are responsible for regular monitoring of the quality of records and documentation and managers should periodically undertake quality control checks to ensure that the standards as detailed in this policy are maintained.
- 10.2 This policy will be reviewed every two years unless new legislation, codes of practice or national standards are introduced.

11. References

- Data Protection Act 2018 available from www.opsi.gov.uk
- Freedom of Information available from www.opsi.gov.uk
- Record Management available from <http://www.nationalarchives.gov.uk/recordsmanagement>
- NHS For the Records available from



http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4131747

Appendix 1 - Equality Analysis Initial Assessment

Title of the change proposal or policy:

Records Management Policy

Brief description of the proposal:

To ensure that the policy amends are fit for purpose, that the policy is legally compliant, complies with legislative requirements and includes details of the European Directive – General Data Protection Regulations.

Name(s) and role(s) of staff completing this assessment:

June Emptage – Information Governance Officer

Date of assessment: 26th February 2018

Please answer the following questions in relation to the proposed change:

Will it affect employees, customers, and/or the public? Please state which.

Yes it will affect all employees and those who enter into contractual arrangements with the organisation.

Is it a major change affecting how a service or policy is delivered or accessed?

No – although it introduces new General Data Protection Regulations which will be mandatory in May 2018

Will it have an effect on how other organisations operate in terms of equality?

No

If you conclude that there will not be a detrimental impact on any equality group, caused by the proposed change, please state how you have reached that conclusion:

No anticipated detrimental impact on any equality group. The policy adheres to the legislative requirements which are applicable to all.