

## Records Management Policy

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<b>Status</b>	LIVE		
<b>Target Audience-</b> who does the document apply to and who should be using it.	All employees directly employed by the Trust (including those who deliver services on behalf of Wiltshire Health and Care), whether permanent, part-time or temporary (including fixed-term contract). It applies equally to all others working for the Trust, including private-sector, voluntary-sector, bank, agency, locum, and secondees. For simplicity, they are referred to as 'employees' throughout this policy		
<b>Accountable Director</b>	Director of Finance		
<b>Author/originator</b> – Any Comments on this document should be addressed to the author	Health Records Manager		
<b>Division and Department</b>	Diagnostics and Outpatients. Health Records		
<b>Implementation Lead</b>	Information Governance Steering Group		
<b>If developed in partnership with another agency ratification details of the relevant agency</b>	Not applicable		

### Equality Impact

Great Western Hospitals NHS Foundation Trust strives to ensure equality of opportunity for all service users, local people and the workforce. As an employer and a provider of health care, the Trust aims to ensure that none are placed at a disadvantage as a result of its policies and procedures. This document has therefore been equality impact assessed in line with current legislation to ensure fairness and consistency for all those covered by it regardless of their individuality. This means all our services are accessible, appropriate and sensitive to the needs of the individual.

### Special Cases

None

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## 1 Instant Information - Summary of Document Contents

Records management uses a set of administrative disciplines to direct and control the creation, versioning, distribution or sharing, filing, naming, retention, storage and disposal of records, in a way that is administratively and legally sound, whilst at the same time serving the operational needs of the Trust.

## 2 Document Details

### 2.1 Introduction and Purpose of the Document

Records management is the process by which Great Western Hospitals NHS Foundation Trust (the Trust) manages all aspects of records in any format or media type from their creation to their eventual disposal.

This document sets out a framework within which employees responsible for managing the Trust's records can develop specific policies and procedures to ensure that records are managed and controlled effectively, and in accordance with legal, operational and information needs. The document also clarifies the actions required of all employees to achieve good quality records management.

A record is defined as anything which contains information which has been created or gathered as a result of any aspect of the work of National Health Service (NHS) employees. This policy relates to both health and corporate records held by the Trust including:

- Health.
- Administration.
- Complaints.
- Equipment Management.
- Employees.
- Finance.
- Health & Safety.
- Supplies.

The following record types can all be defined as records:

- Paper records, reports, diaries, registers.
- Electronic records (including relevant emails and scanned records)..
- Microfilmed records
- Audio & video tapes.
- X-rays and other images.

The aims of the Trust's records management policy are to ensure that:

- Records are available when needed. (Section 3.3).
- Records can be accessed. (Section 3.5).
- Records are secure. (Section 3.4).
- Records are retained and disposed of appropriately. (Section 3.6).

### 2.2 Glossary/Definitions

The following terms and acronyms are used within the document:

<b>CQC</b>	Care Quality Commission
<b>FOI</b>	Freedom of Information
<b>GDPR</b>	General Data Protection Regulation
<b>GWH</b>	Great Western Hospital
<b>IG</b>	Information Governance
<b>IGSG</b>	Information Governance Steering Group
<b>NHS</b>	National Health Service
<b>PRC</b>	Patient Records Committee

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### 3 Main Policy Content Details

#### 3.1 Policy Statement

“To ensure information is managed effectively, the Trust is committed to a systematic and planned approach to the management of records within the organisation, from their creation to their ultimate disposal”.

#### 3.2 Creation of Records

Records must be created in a system (e.g. using a name or number) that will enable the Trust to obtain the maximum benefit from the quick and easy retrieval of information. The system should include a set of rules for referencing, titling, indexing, and if appropriate, security marking of records. For health records the use of the national unique identifier (the NHS Number) and a local hospital number is recommended. Records must be filed in a way that facilitates easy location and retrieval – e.g. numerically or alphabetically.

Records of a business activity must be complete and accurate enough to allow employees and their successors to undertake appropriate actions in the context of their responsibilities.

#### 3.3 Tracking of Records

The movement and location of records must be controlled to ensure that a record can easily be retrieved when required, and there must be an auditable trail of record transactions. Common methods for tracking the movement of records include:

- A paper register (a book, diary, or index card to record file movements).
- File “on loan” cards for each absent file, held in alphabetical or numerical order.
- File “absence” or “tracer” cards put in place of absent files.
- Electronic tracking systems

#### 3.4 Confidentiality & Security of Records

Records must be protected from unauthorised or inadvertent alteration or erasure. Access to and disclosure of records must be properly controlled.

Electronic record systems must include access controls and audit trails which record details of all additions, changes, deletions and viewings, and which appropriately reflect patients’ consent to share information when explicitly given.

For further information please refer to the Code of Conduct for Employees in Respect of Confidentiality (Ref 4), the Information Disclosure Policy (Ref 17), the Data Transfer Policy (Ref 8), and the Information Protection & Security Policy (Ref 6).

#### 3.5 Storage of Records

Records must be stored to ensure that they are safe from damage and unauthorised access, and in a suitable environment.

Records storage accommodation and equipment will be based upon:

- Compliance with Health & Safety (including Fire) regulations.
- Security level required.
- User requirements.
- Record types, size, & quantity.

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- Usage & frequency of retrieval.
- Retention periods.
- Legislation.

'Inactive' records may be routinely stored off-site with a secure commercial storage contractor. The Trust must be satisfied that contracts include obligations regarding security and confidentiality.

The main systems and stores of health and corporate records are all itemised in the Information Asset Register. Further information about this Register can be found in the Trust's Information Risk Policy (Ref 17).

### 3.6 Retention & Destruction of Records

It is a fundamental requirement of the Records Management: Code of Practice for Health and Social Care 2016 (Ref 2) that all of the Trust's 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 Trust's business functions.

It is important to have clearly defined policies and procedures for disposing of records, and these should be well documented.

The Trust has adopted the retention periods set out in the Records Management: Code of Practice for Health and Social Care 2016 (Ref 2) and detailed in the Trust's Retention of Records Policy (Ref 5).

Destruction of health records must also be in accordance with the Data Protection Act 1998/General Data Protection Regulations (GDPR) (Ref 18), and the Health Records Department Operational Policy (Ref 11). Advice should be sought from the Health Records Manager (Ext. 4717) and/or the Patient Records Committee before implementing any destruction programme for health records.

Confidentiality must be maintained at every stage of any destruction process, and the method used to destroy records must be fully effective and ensure their complete illegibility. Approved contractors may be used, but they must provide the Trust with confidentiality undertakings and produce certification as proof of destruction.

If a record is due for destruction but is the subject of a request under the Freedom of Information (FOI) Act 2000 (Ref 13), destruction should be delayed until disclosure has taken place.

### 3.7 Permanent Preservation

Some records (e.g. theatre or maternity registers) may be suitable for permanent preservation, if it is necessary to retain them for longer than 20 years, and they may be transferred to an approved place of deposit. Individual patient records are not generally considered suitable for permanent preservation. For further information please contact the Information Governance (IG) Team (Ext. 5675) who will liaise with the local approved place of deposit at:

Wiltshire and Swindon Archives  
Wiltshire and Swindon History Centre  
Cocklebury Road  
Chippenham  
SN15 3QN  
Tel: 01249 705500  
Email: [archives@wiltshire.gov.uk](mailto:archives@wiltshire.gov.uk)

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## 4 Protected Characteristics Provisions

No such special measures have been identified in respect of the Records Management Policy. Records management responsibilities apply equally to all individuals irrespective of any protected characteristics they may have.

## 5 Duties and Responsibilities of Individuals and Groups

### 5.1 Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

### 5.2 Director of Finance

Responsibility for Records Management at Board Level within the Trust lies with the Director of Finance.

### 5.3 Ward Managers, Matrons and Managers for Non Clinical Services

All Ward Managers, Matrons and Managers for Non Clinical Services must ensure that employees within their area are aware of this document; able to implement the document and that any superseded documents are destroyed.

### 5.4 Caldicott Guardian

The Trust's Caldicott Guardian is the Medical Director. The Caldicott Guardian has a particular responsibility for reflecting patients' interests regarding the use of patient identifiable information. The Caldicott Guardian is responsible for ensuring patient identifiable information is shared in an appropriate and secure manner.

### 5.5 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

### 5.6 Target Audience – As indicated on the Cover Page of this Document

The target audience has the responsibility to ensure their compliance with this document by:

- Ensuring any training required is attended and kept up to date.
- Ensuring any competencies required are maintained.
- Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.

### 5.7 Information Governance Steering Group (IGSG)

The IGSG is responsible for ensuring that this policy is implemented, and that the records management system and processes are developed, co-ordinated, implemented (which includes providing effective training) and monitored by an appropriately qualified records manager or information professional.

## 6 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	Monitoring / audit method	Monitoring responsibility (individual / group /committee)	Frequency of monitoring	Reporting arrangements (committee / group to which monitoring results are presented)	What action will be taken if gaps are identified?
95% of GWH health records are tracked to their location on Medway.	Case note tracking audits	Health Records Manager	Bi-annually	Report prepared for the Clinical Audit & Effectiveness team and submitted to Divisional Quality Governance Facilitators and Patient Records Committee (PRC) for oversight.	Report highlights areas of good practice and areas for improvement. The relevant Division is responsible for making improvements and if results are poor a further audit will be carried out.
Clinical record keeping is 95% compliant with the generic record keeping standards.	Record keeping audits	Clinical Audit & Effectiveness Team and PRC	Annually	PRC & by the Clinical Audit Facilitator through the various divisional meetings	Divisions will be responsible for developing action plans to address any gaps in compliance.  The PRC will review divisional action plans and offer further advice where necessary.



Measurable policy objectives	Monitoring / audit method	Monitoring responsibility (individual / group /committee)	Frequency of monitoring	Reporting arrangements (committee / group to which monitoring results are presented)	What action will be taken if gaps are identified?
100% of health records are destroyed in accordance with Trust policy.	A destruction log is maintained and the number and type of records destroyed is reported through a quarterly Case Note Storage Report.	Health Records Manager	Quarterly	PRC	Action will be taken by the PRC to address any gaps and ensure compliance with retention schedules.

## 7 Review Date, Arrangements and Other Document Details

### 7.2 Review Date

This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust-wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.

### 7.3 Regulatory Position

All NHS records are Public Records under the Public Records Acts. The Trust will take action as necessary to comply with the legal and professional obligations set out in the Records Management Code of Practice for Health and Social Care 2016 (Ref 2), in particular:

- The Public Records Act 1958 (Ref 19).
- The Data Protection Act 1998 (Ref 11).
- General Data Protection Regulations (Ref 18). (*Due to come into force in the UK in May 2018*)
- The Freedom of Information Act 2000 (Ref 13).
- The Common Law Duty of Confidentiality (Ref 14).
- The NHS Confidentiality Code of Practice (Ref 15).

and any new legislation affecting records management as it arises.

### 7.4 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

Ref. No.	Document Title	Document Location
1	Records Management Strategy	Intranet
2	Records Management Code of Practice for Health & Social Care	<a href="http://www.gov.uk">www.gov.uk</a>

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Ref. No.	Document Title	Document Location
3	Confidentiality: NHS Code of Practice	<a href="http://www.gov.uk">www.gov.uk</a>
4	Code of Conduct for Employees in Respect of Confidentiality	T:drive
5	Retention of Records Policy	T:drive
6	Information Protection & Security Policy	T:drive
7	Data Protection Policy	T:drive
8	Data Transfer Policy	T:drive
9	Case Note Tracking Policy & Procedure	T:drive
10	Health Records Department Operational Policy	T:drive
11	The Data Protection Act 1998	<a href="http://www.legislation.gov.uk">www.legislation.gov.uk</a>
12	The Public Records Act 1958	<a href="http://webarchive.nationalarchives.gov.uk">webarchive.nationalarchives.gov.uk</a>
13	The Freedom of Information Act 2000	<a href="http://www.legislation.gov.uk">www.legislation.gov.uk</a>
14	The Common Law Duty of Confidentiality	<a href="http://webarchive.nationalarchives.gov.uk">webarchive.nationalarchives.gov.uk</a>
15	NHS Confidentiality Code of Practice	<a href="http://www.gov.uk">www.gov.uk</a>
16	Information Risk Policy	T:drive
17	Information Disclosure Policy	T:drive
18	General Data Protection Regulations	Internet
19	The Public Records Act 1958	<a href="http://webarchive.nationalarchives.gov.uk">webarchive.nationalarchives.gov.uk</a>

## 7.5 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Swindon Community Health Services IT Programme Manager	01/02/2018
Wiltshire Health and Care	09/01/2018
IT Specialist (Medway)	26/01/2018
Health Records Supervisor	08/02/2018
Senior Information Governance Officer	13/02/2018

## Appendix A – Equality Impact Assessment

# Equality Impact Assessment

### Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

### Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.



Trust Equality and Diversity Objectives			
Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels

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## Appendix B – Quality Impact Assessment Tool

<p><b>Purpose</b> - To assess the impact of individual policies and procedural documents on the quality of care provided to patients by the Trust both in acute settings and in the community.</p>		
<p><b>Process</b> -The impact assessment is to be completed by the document author. In the case of clinical policies and documents, this should be in consultation with Clinical Leads and other relevant clinician representatives.</p> <p>Risks identified from the quality impact assessment must be specified on this form and the reasons for acceptance of those risks or mitigation measures explained.</p>		
<p><b>Monitoring the Level of Risk</b> - The mitigating actions and level of risk should be monitored by the author of the policy or procedural document or such other specified person.</p> <p>High Risks must be reported to the relevant Executive Lead.</p>		
<p><b>Impact Assessment</b> Please explain or describe as applicable.</p>		
1.	Consider the impact that your document will have on our ability to deliver high quality care.	High quality information underpins the delivery of high quality care.
2.	The impact might be positive (an improvement) or negative (a risk to our ability to deliver high quality care).	Not applicable
3.	Consider the overall service - for example: compromise in one area may be mitigated by higher standard of care overall.	Not applicable
4.	Where you identify a risk, you must include identify the mitigating actions you will put in place. Specify who the lead for this risk is.	Not applicable
<p><b>Impact on Clinical Effectiveness &amp; Patient Safety</b></p>		
5.	Describe the impact of the document on clinical effectiveness. Consider issues such as our ability to deliver safe care; our ability to deliver effective care; and our ability to prevent avoidable harm.	Effective records management ensures information is available whenever and wherever it is needed. Information supports decision-making and may be needed to meet legal requirements (e.g. Data Protection and Freedom of Information).
<p><b>Impact on Patient &amp; Carer Experience</b></p>		
6.	Describe the impact of the policy or procedural document on patient / carer experience. Consider issues such as our ability to treat patients with dignity and respect; our ability to deliver an efficient service; our ability to deliver personalised care; and our ability to care for patients in an appropriate physical environment.	Effective records management supports patient care and continuity of care.
<p><b>Impact on Inequalities</b></p>		
7.	Describe the impact of the document on inequalities in our community. Consider whether the document will have a differential impact on certain groups of patients (such as those with a hearing impairment or those where English is not their first language).	None

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