



*Please Note: This policy is currently under review and is still fit for purpose.*

# Information Records Management - Code of Practice

This procedural document supersedes: CORP/ICT 14 v.4 – Information Records Management – Code of Practice



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Name and title of author/reviewer: (this version)	Roy G Underwood - Head of Information Governance
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### Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 5	1 April 2015	<ul style="list-style-type: none"> <li>• Tri-Annual review, minor changes to Policy Monitoring</li> <li>• Policy layout changed in accordance with guidance</li> <li>• Change references from CSUs to Care Groups</li> </ul>	Head of Information Governance
Version 4	May 2012	<ul style="list-style-type: none"> <li>• Tri-Annual review</li> <li>• Changes to the Caldicott Guardian/SIRO responsibilities</li> <li>• CQC Outcome 21 referenced</li> <li>• Divisional Units changing to Clinical Service Units</li> </ul>	Head of Information Governance
Version 3	October 2008/April 2009	<ul style="list-style-type: none"> <li>• Bi-annual review → changing to Tri-Annual review</li> <li>• Re-organised to NHSLA Format</li> <li>• Changes to the Caldicott Guardian/SIRO responsibilities</li> <li>• Divisional changes and responsibilities including Information Asset Owners and Administrators (IAOs and IAAs)</li> <li>• The need for auditable Corporate Records Inventory and Management systems at all levels under the supervision of individual Divisions</li> <li>• Safe haven contact points for the labeling, dispatch and receipt of health records</li> <li>• Notice of 2008 review and update to the Part 2 CoP provided by the Department of Health</li> <li>• Changes to monitoring the effectiveness of the policy</li> <li>• Amended reference to the laws which allow access to personal data</li> </ul>	Head of Information Governance
Version 2	January 2007	<ul style="list-style-type: none"> <li>• Bi-annual review</li> <li>• DoH has issued a revised Records Management: Code of Practice Parts 1 and 2 (RMCoP v1.0 170605)</li> <li>• Reference included to the Trust Policy: CORP/REC 8 – Policy for the Legal Retention and Destruction of Hospital Patient Records.</li> </ul>	Head of Information Governance

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## Code of Practice For The Management of Records Under The Freedom of Information Act 2000

## 1. INTRODUCTION

- 1.1 The Freedom of Information Act 2000 (“The Act”) imposes certain obligations on public authorities, which for these purposes includes the Trust. It provides the public with wide rights of access to the Trust’s records and also requires the Trust to implement and maintain a comprehensive Records Management system.
- 1.2 The Trust’s Policy on Freedom of Information is that it will comply fully with the Act and will place in the public domain as much information about its activities as is practicable and, subject to the exemptions permitted under the Act, will make all other information available on request. In particular, the Trust will conform with the Lord Chancellor’s Code of Practice on the Management of Records produced by the Department of Constitutional Affairs<sup>1</sup>, the Department of Health Guidance: Records Management: Code of Practice<sup>2</sup> which now supersedes the Health Service Circular 1999/053 “For the Record”.

**Important Note:** Parts 1 & 2<sup>3</sup> of the code are available for view or download from the [Trust Website](#) or indeed from the [DoH Website Publications Section](#).

- 1.3 This Code of Practice mainly provides guidance on the implementation of the records management aspects of the Trust’s Freedom of Information Policy<sup>4</sup>. There is a parallel Code of Practice, which provides guidance on the handling of requests for information submitted under the Act. This Code of Practice covers all types of records held by the Trust. Medical Records and related confidential information held under the auspice of the Data Protection Act 1998, are also subject to the Trusts Records Management Policies & Procedures.

## 2. DEFINITIONS

- **“Records”** means papers, minutes, diaries, maps, photographs, sound or video recordings, machine-readable records and electronic records - including e-mail - or other documentary material, regardless of physical form, created or received by the Trust and its staff in the normal course of Trust business. Such documents constitute (with a few exceptions such as those that are the subject of a separate agreement concerning the assignment of intellectual property rights between the Trust and an individual) Trust Records and remain its property.
- **“Records Management”** means activities involved in the management of information throughout its life cycle.

<sup>1</sup> The Lord Chancellor’s Code of Practice on the Management of Records can be found at: <http://www.dca.gov.uk/foi/codemanrec.htm>

<sup>2</sup> 270422/1&2/Records Management: NHS Code of Practice Part 1 & 2 issued April 2006 (See also footnote 3)

<sup>3</sup> Part 2 of the code was revised and reissued in 2008

<sup>4</sup> The Trust’s Freedom of Information Policy and Procedures

- **“Records Life Cycle”** means the life span of a record from creation to destruction, including information acquisition, creation, retention, storage, retrieval, communication, utilisation and eventual destruction.
- **“Machine-Readable Records”** means electronic records, including e-mails. They meet the legal, operational and archival requirements of the Trust, support accountability, and are subject to the same legislation as paper records. Electronic records should be able to function as evidence of business activities and processes, with the same degree of confidence as paper records. They should be accessible and provide appropriate access within and between business processes, and prevent unauthorised access. From the point at which an electronic document is filed as a record, it becomes part of the Trust’s Corporate Records.

### 3. IMPORTANCE OF GOOD RECORDS MANAGEMENT

While it is essential that Doncaster & Bassetlaw Hospitals NHS Foundation Trust complies with the Act in implementing a Trust Information Records Management system, good record keeping practice is important in its own right. It helps to ensure that the administration of the Trust is efficient and effective because:

- a. It ensures that information can be found and that the process of doing so is quick and simple, which in turn, saves staffs time and hence staff costs.
- b. It ensures that the Trust’s operations are transparent and facilitates the auditing of the Trust’s affairs.
- c. It protects the Trust’s legal position by ensuring that important documents are retained and are easily accessible.
- d. By ensuring that records are not duplicated and are not held for longer than necessary, it reduces the requirement for storage space and equipment, thereby providing additional space for other use.
- e. By demonstrating that the Trust is administratively efficient it enhances the Trust’s reputation.

### 4. RECORDS MANAGEMENT ORGANISATION

The Trust’s Records Management Systems are administered by the Information Governance Group and Clinical Records Committee. These groups work closely with individual Care Groups and Departments across the Trust to assist them in implementing this Code of Practice.

### 5. RESPONSIBILITIES

- The Trust **Caldicott Guardian** (who is the Trust Medical Director) and the Trust **SIRO** (Senior Information Risk Owner) who is the Director of Finance & Infrastructure have overall responsibility to the Trust Board of Directors for the maintenance and use of this Code of Practice

- **Governance Groups<sup>5</sup> - The Information Governance Group and Clinical Records Committee** are generally responsible for policy and advise on the appropriate management and 'best practice' concerning:
  - a. The Trust's centrally held corporate records<sup>6</sup> and archives.
  - b. The Trust's centralized document management library<sup>7</sup>.
  - c. The Trust's records management policies and procedures under review and ensuring that these comply with good practice in the NHS and other public sector organisations.
  - d. Advice and assistance to the Trust's Caldicott Guardian on changes to the Trust's records management policies and procedures.
  - e. The setting of consistent standards for records management practices across the Trust in line with IG Toolkit Standard IGT - 604. Detailed guidance can be found on the Trust [Intranet Information Governance Webpages](#).
  - f. The provision of appropriate assistance, advice and training to staff about efficient record-keeping practices.
  - g. The rationalization and control of central space for the management of the Trust corporate records and advising on the enhancement of record keeping conditions in offices and storage areas.
  - h. The Trust's Care Groups and Directorates in responding to requests for information, including requests under the Freedom of Information Act 2000.
- **Care Group and Departmental General Managers** – are responsible for:
  - a. Ensuring that they comply with these procedures and that local arrangements are in place to this end.
  - b. Appointing Care Group & Departmental Information Records Managers.
  - c. Providing appropriate space for the storage of Care Group/Departmental records.
- **Care Group and Departmental Information Records Managers** – (including IAOs and IAAs) are responsible for:
  - a. Ensuring that these procedures are implemented across the Care Groups and Departments and that they operate efficiently and effectively.
  - b. Ensuring that these procedures are applied not only to paper records but also all other forms of record.
  - c. Using systems such as the Trust Website/Intranet to publish, inventory and track their departmental records, including their destruction when necessary and appropriate.

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<sup>5</sup> Care Quality Commission (CQC) Outcome 21: Records Management

<sup>6</sup> All significant corporate trust records should be made available to the public wherever possible and where they are not subject to an FOI exemption through the Trust's FOI Publication scheme (2009 amendment)

<sup>7</sup> DRICLUSTER/SHARED/DBHF Document Library → Performance Accelerator

- d. Ensuring that departmentally held records are disposed of in accordance with the retention schedules set out in Appendix A of this Code of Practice.
  - e. Liaising with the Information Governance Group and the Freedom of Information Team.
  - f. Informing the Information Governance Group of staff changes within their working areas to ensure that the records management databases are kept up-to-date.
- **Individual members of staff** are responsible for:
    - a. Ensuring that they are aware of their own responsibilities under the Freedom of Information Policy and its associated Codes of Practice.
    - b. Keeping their work records, including those held electronically, in good order and accessible.
    - c. Using the Trust Website to publish and track their work records.
    - d. Filing and weeding records on a regular basis.
    - e. Disposing of records in accordance with the retention schedules set out in the attachments<sup>8</sup> to this Code of Practice.
    - f. Liaising with the Departmental Information Records Manager as required.

## 6. RECORDS MANAGEMENT SYSTEMS

**Trust's records management systems** should include two main elements – (i) the recording and (ii) the storage of records. Taken together these cover the listing, accessibility and final disposition of all Trust records.

Proposals for a records management and retrieval database continue to be evaluated by the Information Governance and IT Teams

It is proposed that there will be three stages in the storage requirements of a physical record. These are:

- a. **Immediate.** Records that have recently been created, or are in current use, will normally be stored as close to the user as possible. In most cases these records will be stored in the user's own office. When no longer required for immediate use some records may be destroyed, while others will be moved into short-term storage.
- b. **Short-term.** When a record is no longer required for immediate use, it would normally be stored where it can be retrieved within 24 hours. It is the responsibility of Care Groups and Directorates to identify suitable space for short-term storage of Departmental records. The Information Governance Group can provide advice on appropriate conditions for short-term storage.

<sup>8</sup> 270422/1&2/Records Management: NHS Code of Practice Part 1&2 issued 2006 and 2008 respectively. PDF versions of these DoH documents are available for perusal or download from the Trust website, or the [Department of Health Website](#)

- c. **Long Term.** Most records that are no longer required for immediate or short-term use should be destroyed in accordance with either:
- the Trust’s Policy CORP/REC 8: Legal Retention and Destruction of Hospital Patient Records
  - and/or the [Guidance](#)<sup>7</sup> given by the Department of Health’s ‘Records Management: Code of Practice’.

Records that the Trust is required to keep for longer periods, and in some cases in perpetuity, will either be moved to long-term storage or archived.

## 7. RECORDS MANAGEMENT PROCEDURES

### 7.1 Records Creation

- a. All new and significant records’ of interest to the Public’ should have an appropriate entry made onto the Trust Website by the member of staff responsible for creating the record through their departmental FOI and/or Website lead. Some of these records or documents (usually created in .pdf format) may have been produced in conjunction with Media Services.

The ‘Public Interest Test’ and associated exemptions must always be considered before any record is placed onto the Trust’s public website [www.dbh.nhs.uk/](http://www.dbh.nhs.uk/). Please seek guidance from the Trust FOI Team<sup>9</sup> if you need help.

Local Policies, Procedures and Guidelines will not – for now – be made public, rather they will be managed through the new Trust Intranet, however, they may still satisfy the requirements for release under the Public Interest Test provisions of the FOIA. Each request will be considered on its own merits.

This is essential if the Trust’s Published Information Records are to be properly and lawfully managed.

### 7.2 Records Organisation

- a. Records must be organised consistently and comprehensively to ensure that they are accessible. It is essential that the filing systems<sup>10</sup> used by Care Groups and Departments achieve this.

### 7.3 Records Maintenance

- a. Records must be kept up-to-date and maintained in good condition to ensure that they remain usable and do not deteriorate.

<sup>9</sup> Freedom of Information Management is under the Director of Communications

<sup>10</sup> Data Protection Act 1998 and the Freedom of Information Act 2000



- b. Duplicate records and multiple versions of the same record should be kept to a minimum. In principle, there is only a requirement for a single, master copy of each record to be held by its creator. Ideally, where these records meet the 'public interest test', consideration should be given to their publication on the Trust Website.
- c. Confidential records must be kept secure. Hard copy records should be stored in locked cabinets or rooms. When properly authorised, confidential and/or contentious electronic records should be password-protected (a register of those data files and their passwords should be kept by Care Group and Departmental Management staff).

#### 7.4 Records Use

- a. Care must be exercised in the handling of all records and they should be returned to designated storage promptly after use.
- b. Where a record is loaned to another person, department or external organisation, this should be recorded so that the whereabouts of the record can be tracked.
- c. Health records should ideally leave and return to the trust through 'safe haven'<sup>11</sup> contact points appropriately labeled and packaged. Their whereabouts should be held up to date on the PAS Casenote Tracking System when applicable. Details of these safe haven considerations and siting should be in line with the Trust Safe Haven policy e.g. in the interests of safe and prompt patient management
- d. Confidential records must be kept secure and should be handled and seen only by those persons authorised<sup>12</sup> to do so.

#### 7.5 Records Retention and Disposal

- a. Records should not be retained any longer than is necessary for the efficient operation of the Trust<sup>13</sup>.
- b. Records that are of sufficient and continuing administrative and/ or historical value to the Trust will become the responsibility of the Board of Directors.
- c. Records that have outlived their administrative usefulness should be destroyed systematically in accordance with the retention schedules set out in this Code of Practice. For Health Records, you must always comply with the requirements of the Trust Policy: CORP/REC 8 – Policy for the Legal Retention and Destruction of Hospital Patient Records.
- d. Under the Freedom of Information Act 2000, it is now a criminal offence to destroy or dispose of records once the Trust has received a formal request to access the information contained in those records.

<sup>11</sup> CORP/ICT 8: Safe Haven Guidelines

<sup>12</sup> Caldicott et al, 1997

<sup>13</sup> Data Protection Act 1998

- e. The detailed Records Retention Schedules<sup>14</sup> are available in .pdf format on the Trust website [www.dbh.nhs.uk/](http://www.dbh.nhs.uk/), under the Freedom of Information section. See also CORP/REC 8: Legal Retention and Destruction of Hospital Patient Records.

## 8. TRAINING

Information Governance is now **MANDATORY** for **ALL** Trust staff<sup>15</sup>.

Staff - including Volunteers - must complete their Information Governance (IG) training at least annually, and this will be recorded on their ESR Training Record<sup>16</sup>:

## 9. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 1).

## 10. MONITORING THE POLICY

Monitoring the effectiveness and understanding of the policy will be facilitated by periodic Internal Audit review and testing of individual understanding within Information Governance Training and Staff Awareness 'Flyers'.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
<p>Ensuring that information can be found</p> <p>Ensuring that important documents are retained and are easily accessible.</p> <p>Ensuring that records are not duplicated and are not held for longer than necessary.</p> <p>Demonstrating that the Trust is administratively efficient.</p>	The Trust Information Governance Group	Twice yearly	To the IG Group in line with IG Toolkit standards

<sup>14</sup> **Important Note:** Parts 1 & 2 of the code are available to view or download from the [Trust Website](#) or indeed from the [DoH Website Publications Section](#).

<sup>15</sup> Information Governance Policy: CORP/ICT 9

<sup>16</sup> Some staff, like Volunteers and Locums etc, may not have an ESR training record however, that does not mean that they are excluded from the same levels of training expected of 'employed staff' who have the same or similar access to the Trust's Confidential and Sensitive Information Assets

## APPENDIX 1 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Information Records Management - Code of Practice	Finance & Infrastructure	Head of Information Governance	Existing Policy	March 2015
<b>1) Who is responsible for this policy?</b> Name of Care Group/Directorate: Finance & Infrastructure				
<b>2) Describe the purpose of the service / function / policy / project/ strategy?</b> To manage all Trust records in an organized and coherent way				
<b>3) Are there any associated objectives?</b> Legislation, targets national expectation, standards? DH Code of Practice				
<b>4) What factors contribute or detract from achieving intended outcomes?</b> Trust compliance				
<b>5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?</b> NO				
<ul style="list-style-type: none"> <li>• If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation]</li> </ul>				
<b>6) Is there any scope for new measures which would promote equality?</b> NO				
<b>7) Are any of the following groups adversely affected by the policy?</b>				
<b>Protected Characteristics</b>	<b>Affected?</b>	<b>Impact</b>		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
<b>8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box</b>				
<b>Outcome 1 ✓</b>	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4</i>				
<b>Date for next review:</b> March 2018				
<b>Checked by:</b> Head of Information Governance			<b>Date:</b> 24/3/2015	