DOCUMENT CONTROL	
Title:	**Records Management Policy**
Version:	**10**
Reference Number:	**RM001**

Scope:
This policy applies to all health, business and corporate records held in *any* format by the Trust. The Trust's records management duty includes responsibility for the records legacy of predecessor organisations and any obsolete services.

Purpose:
The purpose of this document is to provide a framework for consistent and effective records management that is based on established standards and integrated with other information governance work areas such as confidentiality and information security.

Requirement for Policy
To comply with the General Data Protection Regulation, Data Protection Act 2018, Data Protection and Security Tool, CQC and the Records Management Code of Practice for Health and Social Care 2016.

Keywords:
Health Records, Caldicott Guardian, Retention, Records Management

Supersedes:
Version 9

Description of Amendment(s):
Updated in line with the GDPR Was previously known as CO020

Owner:
Records Manager – Carole Trodden

Accountability:
• Trust Solicitor • Director of Service Development and Delivery

Individual(s) & group(s) involved in the Development:
This document has been developed in collaboration with the following interested parties: • Carole Trodden

Individual(s) & group(s) involved in the Consultation:	
The document has been circulated for consultation and comments have been taken into consideration and the document amended accordingly: • Members of IGMM • Members of IGAG	
Equality Impact Analysis:	
Date approved:	18th December 2018
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Freedom of Information Exemption Assessment:	
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Information Governance Assessment:	
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Policy Panel:	
Date Presented to Panel:	11th February 2019
Presented by:	Carole Trodden
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Policy Management Team tasks:	
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Date uploaded to Trust's internet site:	12th February 2019
Review:	
Next review date:	February 2022
Responsibility of:	Carole Trodden
Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):	
RM002	Moving/Transferring of Bulk Paper Records Procedure
RM003	Management of Mental Health & Specialist Services Health Records Guidance
RM004	Missing Records Procedure
RM005	Management of Business and Corporate Records Management Guidance
RM006	Retention of Clinical and Corporate Records Guidance
RM007	Management of Community Services Health Records Guidance

Policy Associated Documents:	
Other external documentation/resources to which this policy relates:	
	Records Management Code of Practice for Health and Social Care 2016 https://digital.nhs.uk/records-management-code-of-practice-for-health-and-social-care-2016
	General Data Protection Regulation 2018 https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation
	Data Protection Act 2018 https://www.gov.uk/government/collections/data-protection-act-2018
	Caldicott Principles 2013 https://www.igt.hscic.gov.uk/Caldicott2Principles.aspx
	Ministry of Justice: Lord Chancellor's Code of Practice on the management of records issued under section 46 of the Freedom of Information Act 2000 (2009): https://ico.org.uk/media/for-organisations/research-and-reports/1432475/foi-section-46-code-of-practice-1.pdf
	The National Archives: http://www.nationalarchives.gov.uk/
	Professional Record Standards Body for health and social care: http://theprsb.org/standards-matters/
	Information Governance Alliance: www.hscic.gov.uk/iga
	Information Commissioner's Office: https://ico.org.uk/
	Department of Health Information Governance Toolkit (hosted by the HSCIC): https://nww.igt.hscic.gov.uk/
	https://www.cqc.org.uk/sites/default/files/documents/guidance_about_compliance_summary.pdf
CQC Regulations	
This Policy supports the following CQC regulations:	
Regulation 17	Good Governance

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1.   INTRODUCTION

Pennine Care NHS Foundation Trust is dependent on its records to operate efficiently and account for its actions.

Records Management is the process by which an organisation manages all the aspects of records whether internally or externally generated and in any format or media type, from their creation, all the way through their life cycle to their eventual disposal.

The Records Management Code of Practice for Health and Social Care 2016 has been published by the Information Governance Alliance (IGA) for the Department of Health & Social Care (DHSC). The code is based on current legal requirements and professional best practice. It will help Pennine Care to implement the recommendations of the Mid Staffordshire NHS Foundation Trust Public Inquiry[1]

The Code of Practice replaces the previous guidance listed below:

- Records Management: NHS Code of Practice: Parts1 and 2:2006, revised 2009
- HSC 1999/053 – For the Record
- HSC 1998/217 – Preservation, Retention and Destruction of GP General Medical Services records Relating to Patients (Replacement of FHSL (94) (30))
- HSC 1998/153 – Using Electronic Patient Records in Hospitals: Legal Requirements and Good Practice

This policy document should be read in conjunction with the associated Records Management guidance and procedures which set out how the policy requirements will be delivered and the new Code of Practice NHS retention schedules.

Records Management supports the overarching business strategy taking into account the Trust values: CARES (Compassionate; Accountable; Responsible; Effective; Safe).

2.   PURPOSE

This policy provides a framework for consistent and effective records management that is based on established standards and are integrated with other information governance work areas such as confidentiality and information security.

Our organisation's records are our corporate memory, providing evidence of actions and decisions and representing a vital asset to support our daily functions and operations. They provide the foundation for policy formation and managerial decision-making. They support consistency, continuity, efficiency and productivity and help us deliver our services in consistent and equitable ways.

Pennine Care NHS Foundation Trust requires accurate contemporaneous record-keeping in all formats regardless of which media they are held i.e. paper, electronic.

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[1] http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/report

Records management, through the proper control of the content, storage and volume of records, reduces vulnerability to legal challenge or financial loss and promotes best value in terms of human and space resources through greater coordination of information and storage systems.

3. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

The **Chief Executive** has overall responsibility for ensuring that records are managed responsibly within the Trust. As accountable officer the Chief Executive is responsible for the management of the organisation and for ensuring appropriate mechanisms are in place to support service delivery and continuity. Records management is key to this, as it will ensure appropriate, accurate information is available as required.

The **Trust** has a particular responsibility for ensuring that it corporately meets its legal responsibilities, and for the adoption of internal and external governance requirements.

The **Director of Service Development and Sustainability is the Senior Information Risk Officer (SIRO)** for the Trust. The SIRO has overall responsibility for the organisation's information risk policy and will also lead and implement the information governance risk assessment and advise the Board on the effectiveness of risk management across the organisation.

The Trust's **Caldicott Guardian** acts as the 'conscience' of the Trust in relation to person identifiable information and actively supports work to facilitate and enable information sharing. The Medical Director is the Caldicott Guardian and is responsible for ensuring person identifiable information is shared in an appropriate and secure manner. The Caldicott Guardian is the nominated Executive lead for all health, business and corporate records. The Caldicott Guardian also has a fundamental role around confidentiality; justifying and testing that the organisation and partner organisations satisfy the highest practical standards for handling patient identifiable information, ensuring patient identifiable information is shared only for justified purposes, and that only the minimum information is shared.

The Divisional Business Units (DBU's) are responsible for implementing any action plans arising from non-compliance to the Records Management Policy.

The **Records Manager** is responsible for the overall development and maintenance of records management practices throughout the Trust. In particular, the Records Manager is responsible for drawing up guidance for good records management practice and promoting compliance with this policy in such a way as to ensure the easy, appropriate and timely retrieval of service user information.

The responsibility of local records management is devolved to the service directors and department managers. **Information Asset Owners** (IAO's) such as, Service Directors, Heads of Departments, other units and business functions within the Trust have overall

responsibility for the management of records generated by their activities, i.e. for ensuring that records controlled within their unit are managed in a way which meets the aims of the Trust's records management policy and protocols. The IAO's are supported by the **Information Asset Managers** (IAM's) who will coordinate the identification of information assets within their remit and will assign an **Information Asset Administrator** (IAA) for each asset.

All Trust Staff, whether clinical or administrative, who create, receive and use records have records management responsibilities. In particular all staff must ensure that they keep appropriate records of their work in the Trust and manage those records in keeping with this policy and with any guidance subsequently produced.

Accountability

Adequate records are maintained to account fully and transparently for all actions and decisions, in particular:

- To protect the legal and other rights of the Trust, its service users and staff or others affected by the actions and decisions;
- To facilitate audit and examination;
- To provide authenticity of records so that the evidence derived from them is credible and authoritative.

4.   AIMS OF OUR RECORDS MANAGEMENT SYSTEM ARE TO ENSURE THAT:

- Records are **available** when needed – from which the trust is able to form a reconstruction of activities or events that have taken place;
- Records can be **accessed** – records and the information within them can be located and displayed in a way consistent with its initial use, and that the current version is identified where multiple versions exist;
- Records can be **interpreted** – the context of the record can be interpreted: who created or added to the record and when, during which business process, and how the record is related to other records;
- Records can be **trusted** – the record reliably represents the information that was actually used in, or created by, the business process, and its integrity and authenticity can be demonstrated;
- Records can be **maintained** through time – the qualities of availability, accessibility, interpretation and trustworthiness can be maintained for as long as the record is needed, perhaps permanently, despite changes of format;
- Records are **secure** – from unauthorised or inadvertent alteration or erasure, that access and disclosure are properly controlled and audit trails will track all use and changes. To ensure that records are held in a robust format which remains readable for as long as records are required;
- Records are **retained and disposed of appropriately** – using consistent and documented retention and disposal procedures, which include provision for appraisal and the permanent preservation of records with archival value; and

- Staff are **trained** – so that all staff are made of their responsibilities for record-keeping and record management

5. OBJECTIVES OF OUR RECORDS MANAGEMENT SYSTEM

Accountability

Adequate records are maintained to account fully and transparently for all actions and decisions, in particular:

- To protect the legal and other rights of the Trust, its service users and staff or others affected by the actions and decisions;
- To facilitate audit and examination;
- To provide authenticity of records so that the evidence derived from them is credible and authoritative.

Quality

Records are complete and accurate and the information they contain is reliable and its authenticity can be guaranteed. The context of the record can be interpreted: who created or added to the record and when, during which business process, and how the record is related to other records.

Records can be trusted – the record reliably represents the information that was actually used in, or created by, the business process, and its integrity and authenticity can be demonstrated.

Accessibility

Records and the information within them can be efficiently retrieved by those with a legitimate right of access, when needed, for as long as the records are held by the Trust. Records and the information within them can be located and displayed in a way consistent with its initial use, and that the current version is identified where multiple versions exist.

Records can be maintained through time – the qualities of availability, accessibility, interpretation and trustworthiness can be maintained for as long as the record is needed, perhaps permanently, despite changes of format.

Security

Records will be secure from unauthorised or inadvertent alteration or erasure, that access and disclosure will be properly controlled and audit trails will track all use and changes. Records will be held in a robust format, which remains readable for as long as the records are required. The Department of Health specifies that it is good practice to protectively mark health records as NHS Confidential. Staff should only access service user information in any format when strictly necessary i.e. when they, or their immediate team, are directly involved in the care of that service user.

Retention and Disposal/ Erasure

There are consistent and documented appraisal, retention, closure and disposal/ erasure procedures to include provision for permanent preservation of archival records. To ensure that records are held in a robust format, which remains readable for as long as records are required. The Trust has adopted the retention periods set out in the Records Management: Code of Practice for Health and Social Care 2016 (detailed in the Trust's Records Retention Schedules).

Training

All staff are made aware of their record keeping responsibilities through generic and specific training programmes and guidance, so that they understand what should be recorded, how it should be recorded, why it should be recorded, how to validate it, how to correct or report errors and how to use the information.

Performance Management

The applications of records management procedures are regularly monitored against agreed indicators and action taken to improve standards as necessary.

6. LEGAL AND PROFESSIONAL OBLIGATIONS

Records of Pennine Care NHS Foundation Trust are public records in accordance with Schedule 1 of the **Public Records Acts 1958**.
The Public Records 1958 requires that all NHS have effective management systems in place in order for the provision of care. The Secretary of State for Health and all NHS organisations have a duty under the Act to make arrangements for the safe keeping an eventual disposal of all types of records. This is carried out under the overall guidance and supervision of the Keeper of Public records, who is answerable to parliament.

Section 46 of the Freedom of Information Act (FOIA) is the principal legislation governing the management of records. The FOIA was designed to create transparency in Government and allow any citizen to know about the provision of public services through the right to submit a request for information. This right is only as good as the ability of our organisation to supply information through effective records management.

The **General Data Protection Regulation (GPDR**) forms part of the data protection legislation in the UK, together with the new **Data Protection Act 2018 (DPA 2018).** It sets in law how personal data may be processed.

The GDPR sets out seven key principles:

• Lawfulness, fairness and transparency
• Purpose limitation
• Data minimisation
• Accuracy
• Storage limitation
• Integrity and confidentiality (security)
• Accountability

The Caldicott principles outline seven areas that all health and social care staff are expected to adhere to in addition to the Data Protection legislation.

These principles are:

- Justify the purpose(s)
- Don't use personal confidential data unless it is absolutely necessary
- Use the minimum necessary personal confidential data
- Access to personal data should be on a strict need- to-know basis
- Everyone with access to personal confidential data should be aware of their responsibilities
- Comply with the law
- The duty to share information can be as important as the duty to protect patient confidentiality

For most professionals working in health and social care, there are relevant codes of practice issued by the registration bodies and membership organisations of staff. That guidance is designed to guard against professional misconduct and to provide high quality care in line with professional bodies.

7.   MONITORING RECORDS MANAGEMENT PERFORMANCE

We may be asked for evidence to demonstrate effective records management and there are various sanctions if we fail to meet the standard. Sanctions range from formal warnings, dismissal and professional deregistration, CQC intervention and Information Commissioner monetary penalties (GPDR). A prison sentence (Criminal Justice and Immigration Act 2008 S77) is a possibility but to date this has not been used. Staff that are professionally registered may be asked to provide evidence of their professional work to support continued registration.

8.   RECORDS MANAGEMENT SYSTEMS AUDIT

The Trust will regularly audit its record management practices for compliance with this policy.

The audit will:

- Identify areas of operation that are covered by the Trust's policies and identify which procedures and/or guidance should comply to the policy;
- Follow a mechanism for adapting the policy to cover missing areas if these are critical to the creation and use of records, and use a subsidiary development plan if there are major changes to be made;
- Set and maintain standards by implementing new procedures, including obtaining feedback where the procedures do not match the desired levels of performance; and
- Highlight where non-conformance to the procedures is occurring and suggest a tightening of controls and adjustment to related procedures.

The results of the audits of health records will be reported to the Information Governance Assurance Group (IGAG) and DBU's via the Divisional leads / Service Directors and Quality Managers so that service specific action plans can be identified to address any areas for improvement. Progress to completion of action plans should be monitored at the relevant DBUs and action plans returned to the Records Manager.

The Records Manager and nominated Information Governance staff will undertake ad hoc confidentiality and records management audits and feedback to IGAG.

9.   TRAINING

All Trust staff will be made aware of their responsibilities for record-keeping and record management through generic and specific training programmes and guidance. Health record keeping training will be provided via our Core and Essential Skills Training website. Alternatively the Records Manager offers face to face training for 6 or more staff within services. For services who are going fully electronic using the PARIS system electronic record keeping training will be incorporated into the PARIS module 5 training.

10.   EQUALITY IMPACT ANALYSIS

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy.

11.   FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

12.   INFORMATION GOVERNANCE ASSESSMENT

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

13. SAFEGUARDING

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

14. MONITORING

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

15. REVIEW

This policy will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.

16. REFERENCES

Data Protection Act 2018

Equality Act 2010

Freedom of Information Act 2000

General Data Protection Regulation 2018

Criminal Justice and Immigration Act 2008

Public Records Acts 1958