



SOUTH EASTERN TRUST

Title:	Records Management Policy		
Author(s)	Information Governance Manager		
Ownership:	South Eastern Health & Social Care Trust		
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Links to other policies:	NHS Model Records Management Policy Statement Records Management Procedure Data Protection Policy Freedom of Information Policy Freedom of Information Procedure		

1.0 INTRODUCTION

- 1.1 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 to their lifecycle to their eventual disposal.
- 1.2 The Trust's records are its corporate memory, providing evidence of actions and decisions and representing a vital asset to support daily functions and operations. Records support policy formation and managerial decision-making, protect the interests of the Trust and the rights of patients, staff and members of the public. They support consistency, continuity, efficiency and productivity and help deliver services in consistent and equitable ways.
- 1.3 The Trust Board has adopted this records management policy and is committed to ongoing improvement of its records management functions as it believes that it will gain a number of organisational benefits from so doing. These include:
- better use of physical and server space;
 - better use of staff time;
 - improved control of valuable information resources;
 - compliance with legislation and standards; and
 - reduced costs.
- 1.4 The Trust also believes that its internal management processes will be improved by the greater availability of information that will accrue by the recognition of records management as a designated corporate function.

- 1.5 This document sets out a framework within which the staff responsible for managing the Trust's records can develop specific policies and procedures to ensure that records are managed and controlled effectively, and at best value, commensurate with legal, operational and information needs.
- 1.6 This policy document should be read in conjunction with the Trust's Records Management Strategy which sets out how the policy requirements will be delivered.

2.0 SCOPE OF THE POICY

- 2.1 This policy relates to all clinical and non-clinical operational records held in any format by the Trust. These include:
- all administrative records (eg personnel, estates, financial and accounting records, notes associated with complaints); and
 - all service user health & social care records and including private patients, including x-ray and imaging reports, registers, etc.

This policy applies to all staff throughout the South Eastern HSC Trust.

- 2.2 **Records Management** is a discipline which utilises an administrative system to direct and control the creation, version control, distribution, filing, 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 and preserving an appropriate historical record. The key components of records management are:
- record creation;
 - record keeping;
 - record maintenance (including tracking of record movements);
 - access and disclosure;
 - closure and transfer;
 - appraisal;
 - archiving; and
 - disposal.
- 2.3 The term **Records Life Cycle** describes the life of a record from its creation/receipt through the period of its 'active' use, then into a period of 'inactive' retention (such as closed files which may still be referred to occasionally) and finally either confidential disposal or archival preservation.
- 2.4 In this policy, **Records** are defined as 'recorded information, in any form, created or received and maintained by the Trust in the transaction of its business or conduct of affairs and kept as evidence of such activity'.
- 2.5 **Information** is a corporate asset. The Trust's records are important sources of administrative, evidential and historical information. They are vital to the Trust to support its current and future operations (including meeting the requirements of Freedom of Information legislation), for the purpose of accountability, and for an awareness and understanding of its history and procedures.

3.0 ROLES AND RESPONSIBILITIES

- 3.1 **Chief Executive:** The Chief Executive has overall responsibility for records management in the Trust. As Accountable Officer he/she 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.
- 3.2 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.
- 3.3 **Director of Human Resources & Corporate Affairs - Senior Information Risk Owner (SIRO):** is the lead Director/Senior Information Risk Owner for the Trust. The Director of Planning, Information and Performance Management has been appointed Deputy SIRO. This Director in conjunction with all other Directors, Assistant Directors/Information Asset Owners and Senior Managers is responsible for the development and implementation this policy. Responsibilities also include:-
- Promotion and overseeing of records management strategy and policy;
 - Ensuring that the records management functions are supported in their work in terms of commitment and resources;
 - Reporting to Trust Board on the on-going operation of the Records Management Team;
 - Ensuring that records management is suitably recognised in the planning process and in the setting and monitoring of budgets.
- 3.4 **Directors:** Each Director is accountable for the management of risks within their own areas of specific responsibility. They are responsible for ensuring that appropriate systems are embedded to ensure that effective records management arrangements are in place across all services for which they are responsible. These systems should be in line with the strategic and operational arrangements detailed within the records management strategy and should integrate with existing management and professional arrangements and processes.
- 3.5 **Assistant Directors/Information Asset Owners(IAO):** Each IAO is responsible for maintaining and reviewing on an annual basis an information asset register for their Directorate in respect of electronic and manual records.
- 3.6 **Professional Leads:** are responsible for ensuring that staffs in their professions are adhering to their professional standards of conduct, performance and ethics in relation to clinical record keeping and sharing service user information.
- 3.7 **Assistant Director, Risk Management & Governance:** is accountable to and reports to the Director of Human Resources and Corporate Affairs (SIRO) and is the nominated operational Assistant Director for the delivery of the strategic and operational management agenda for records management.
- 3.8 **Information Governance Manager:** is accountable to the Assistant Director, Risk Management & Governance. His/her role is to support the Trust in the development, implementation and review of records management strategy, policies and procedures (local and regional).

- 3.9 **Data Guardians:** The Trust's Data Guardians (Medical Director and the Director of Children's Services & Executive Director of Social Work) have a particular responsibility for reflecting service user's interests regarding the use of service user identifiable information. They are responsible for ensuring patient identifiable information is shared in an appropriate and secure manner.
- 3.10 **Information Governance Sub Committee (IGSC):** The Trust's Information Governance Sub Committee is responsible for ensuring that this Policy is implemented, through the Records Management Strategy, and that the records management system and processes are developed, co-ordinated and monitored. This sub committee reports to the Risk Management Committee, which reports to the Governance Committee.
- 3.11 **Local Records Managers:** The responsibility for local records management is devolved to the relevant Directors, Assistant Directors, Senior Managers and Department Managers. Heads of Departments, other units and business functions within the Trust have overall responsibility for the management of records generated by their activities, ie for ensuring that records controlled within their unit are management in a way which meets the aims of the Trust's records management policies.
- 3.12 **All 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 own in the Trust and manage those records in keeping with this policy and with any guidance subsequently produced.

4.0 **KEY POLICY PRINCIPLES**

The key principles of the 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 aware of their responsibilities for record-keeping and record management.

4.1 Legal and Professional Obligations

4.1.1 The Trust will take actions as necessary to comply with the legal and professional obligations set out in Good Management, Good Records (DHSSPS 2005) and in particular:-

- The Public Records Act (NI) 1923;
- Disposal of Documents Order No 167 1925
- Limitation Act 1980
- The Data Protection Act 1998;
- The Freedom of Information Act 2000;
- Code of Practice on Protecting Privacy of Service User Information DHSSPSNI 2012
- International Standard on Records Management (ISO 15489)
- Electronic Records Management Toolkit (PRO 2000-2002)
- Northern Ireland Records Management Standards (NIRMS) (2002) (Public Records Office NI)
- The Lord Chancellor's Code of Practice on Management of Records under Section 46 of the Freedom of Information Act 2000.

and any new legislation affecting records management as it arises.

4.1.2 For more detailed information on Records Management throughout the Trust please refer to the Trusts' Records Management Strategy, and Records Management Policies and Procedures which can be accessed under the General Policies Section on the Trust's Intranet site or, by visiting the Risk Management & Governance Directorate (Information Governance Department) Intranet site.

4.2. Registration of Record Collections

4.2.1 Records registration ensures link between the record and its administrative roots. The registration of records will follow best practice in records management and allow for the users of records to identify and track particular records. The registration system includes:-

- Classifying of records into series that have meaningful titles and a consistent reference code;
- Having sequences of reference numbers that can facilitate paper and electronic (where appropriate) records, and eventually will align with the Trust's file classification process;
- Checking that the correct records have been allocated to the sequence and that meaningful titles are used;
- Auditing lists of the references so that the registration system makes sense and records can be found in appropriate search sequences.

4.3 Retention and Disposal Schedules

- 4.3.1 It is a fundamental requirement 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.
- 4.3.2 The Trust has adopted the retention periods set out in Good Management, Good Records (DHSSPS, 2005) and which are detailed in a separate policy on the Retention and Disposal of Records (insert policy code).

4.4 Records Management Systems Audit

- 4.4.1 The Trust will regularly audit its records management practices for compliance with this framework. 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.
- 4.4.2 The results of audits will be reported to the Trust Board.

5.0 IMPLEMENTATION OF THE POLICY

5.1 Dissemination

This policy will be made available to all staff.

5.2 Resources

All Trust staff will be made aware of their responsibilities for record-keeping and record management through generic and specific training programmes and

guidance which will be delivered via the Emergency Planning & Information Governance Department.

5.3 **Execptions**

This policy is applicable to all areas within the Trust.

6.0 **MONITORING**

6.1 The Trust will follow this records management policy within all relevant procedures and guidance used for operational activities. Interpretation of the policy will be monitored and there will be regular planned inspections by the internal auditor to assess how the policy is being put into practice. These inspections will seek to:-

- Identify areas of good practice, which can be used throughout the Trust;
- Highlight where non-conformance to the procedures is occurring;
- If appropriate, recommend a tightening of controls and make recommendations as to how compliance can be achieved.

6.2 Wilful breach of this policy can result in disciplinary action in line with the Trust's Disciplinary Policy. The legislative framework relating to records management, especially the Data Protection and Freedom of Information Acts, means that there is a possibility of legal action being taken against the Trust and/or individuals involved.

6.3 Performance measurement – the application of records management procedures are regularly monitored against agreed indicators and action taken to improve standards as necessary.

7.0 **EVIDENCE BASE/REFERENCES**

NHS Model Records Management Policy Statement

8.0 **CONSULTATION PROCESS**

8.1 The revision of this Policy has been consulted via the Information Governance Steering Committee.

9.0 **APPENDICIES/ATTACHMENTS**

To be included as required.

10.0 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out.

The outcome of the Equality screening for this policy is:

Major impact

Minor impact

No impact. √

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).

<input type="checkbox"/> Form Status▼	Policy Name▼	Author Endorsement	Modified	<input type="checkbox"/> Modified By
Directorate	Records Management Policy	Yes	27/01/2015 05:06 PM	<input checked="" type="checkbox"/> McAree, Lynda
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