Records Management Policy

Version 2.3 - 2020

DOCUMENT CONTROL

Reference Number	Version	Status	Sponsor(s)/Author(s)
	2.3	Final	G Ironside
Amendments	References the updated Scottish Government Health and Social Care Code of Practice (Scotland) 2020 – Review date updated		
Document objectives: Sets out the approach taken within the Board to provide a robust Records Management framework for the current and future management of information			
Intended Recipients: All staff with record management responsibilities			
Approving Body and Date Approved	NHS Borders Information Governance Committee September 2020 [Noted at Clinical Exec Operational Group 2020]		
Date of Issue	September 2020		
Review Date	September 2022		
Contact for Review	George Ironside		

Contents

1. Introduction

1.1.   Records Management is concerned with the systematic creation, capture, storage and retrieval of records throughout their lifecycle.

1.2.   A record is recorded information, in paper or electronic format, created or received and maintained by NHS Borders in the transaction of business or the conduct of affairs and kept as evidence of such activity. Records include charters, deeds, legal documents, minutes, reports, accounts, agreements, licenses, registers, project work, clinical, client and staff files etc.

1.3.   For the purposes of the Board, a record is recorded information that has been created or received by the Board in the regular course of its business activities or in the pursuance of legal transactions.

1.4.   As such, all records are the property of NHS Borders and not of the employee, agent, contractor, patient or client. This applies regardless of the physical location of the record, or whether it is held in off-site storage, in a computer or within a service provider's system.

1.5.   NHS Borders' records constitute an auditable account of the Board's activities, which provides evidence of the business, actions, decisions and resulting policies formed by the organisation.

1.6.   Records represent a vital asset, which support the daily functions of the Board and protect the interests and rights of staff, patients and members of the public who have dealings with the organisation. Effective record keeping supports efficiency, consistency and continuity of work and enables the Board to deliver a wide range of sustainable services. It ensures that the correct information is: captured, stored, maintained, retrieved and destroyed or preserved in accordance with business need, statutory and legislative requirements.

1.7.   The Records Management: NHS Code of Practice has been published by the Scottish Government as a guide to the required standards of practice in the management of records for those who work within or under contract to NHS organisations in Scotland. It is based on current legal requirements and professional best practice.

1.8.   Records management is an essential part of enabling the Health Board to achieve priority outcomes that reflect what is most important to the people and communities of the Scottish Borders. NHS Borders will maintain records management policy, procedures and practices across all its service areas. These will be based upon the requirements of the Public Records (Scotland) Act 2011, records management best practice and the principles detailed in the Records Management Policy.

1.9.   Records Management is a corporate function within NHS Borders, and brings together responsibilities for all records held by the Board, from creation through to disposition.

1.10.   This document sets out a framework within which the staff responsible for managing the Board'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.

2. Scope and Definitions

2.1.   This policy relates to all clinical and non-clinical operational records held in any format by the Board. These include:

- all administrative records (e.g. personnel, estates, financial and accounting records, notes associated with complaints, etc.); and
- all patient health records (for all specialties and including private patients, including x-ray and imaging reports, registers, etc.)

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 Board 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 Board 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 Board's records are important sources of administrative, evidential and historical information. They are vital to the Board 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. Aims of our Records Management System

3.1.   The aims of our Records Management System are to ensure that:

- **records are available when needed** - from which the Board 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.   Roles and Responsibilities

4.1.   Chief Executive

The Chief Executive has overall responsibility for records management in the Board. 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.

4.2.   The Board

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

4.3.   Caldicott Guardian

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

4.4.   Records Manager/Records Management Steering Group

The Board's Records Manager/Records Management Steering Group 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.

4.5.   Health Records Manager

The Health Records Manager is responsible for the overall development and maintenance of health records management practices throughout the Board, in particular 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 patient information.

4.6.   Local record managers

The responsibility for local records management is devolved to the relevant directors, directorate managers and department managers. Heads of Departments, other units and business functions within the Board 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 Board's records management policies.

4.7.   All Staff

All Board 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 Board and manage those records in keeping with this policy and with any guidance subsequently produced.

5.   Legal and Professional Obligations

5.1.   All NHS records are Public Records under the Public Records (Scotland) Act 2011. The Board will take actions as necessary to comply with the legal and professional obligations set out in the Records Management: NHS Code of Practice, in particular:

- The Public Records (Scotland) Act 2011;
- The Data Protection Act 2018 and any subsequent update;
- General Data Protection Regulation 2016
- The Freedom of Information (Scotland) Act 2002; and
- The Common Law Duty of Confidentiality

and any new legislation affecting records management as it arises.

6.   Registration of Record Collections

6.1.   The Board will establish and maintain mechanisms through which departments and other units can register the records they are maintaining. The inventory of record collections will facilitate:

- the classification of records into series; and
- the recording of the responsibility of individuals creating records

6.2.   The register will be reviewed annually.

7.   Retention and Disposal Schedules

7.1.   It is a fundamental requirement that all of the Board'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 Board's business functions.

7.2.   The Board has generally adopted the retention periods set out in the Records Management: Health and Social Care Code of Practice (Scotland). See Appendix 1 for exceptions / additional detail.

8. Records Management Systems Audit

8.1.   The Board will regularly audit its records management practices for compliance with this framework.

8.2.   The audit will:

- Identify areas of operation that are covered by the Board'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.

8.3.   The results of audits will be reported to the Information Governance Committee.

9. Training

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

10. Review

10.1.   This policy will be reviewed every two years (or sooner if new legislation, codes of practice or national standards are to be introduced).

Appendix 1   NHS Borders locally agreed retention period exceptions

See the undernoted links for minimum retention period details for NHS Borders documents with the following exceptions:

Record Type	Local exception
Mental Health Records	Retained indefinitely post death

Internal to NHS Borders –

http://intranet/resource.asp?uid=16972

External to NHS Borders –

https://www.informationgovernance.scot.nhs.uk/wp-content/uploads/2020/06/SG-HSC-Scotland-Records-Management-Code-of-Practice-2020-v20200602.pdf