



Wigan Borough
Clinical Commissioning Group

Records Management Policy

DOCUMENT CONTROL PAGE	
Title	Records Management Policy 2018
Supersedes	Records Management Policy 2017
Minor Amendments	None
Author	Lisa Winstanley / Chris Lawless (Greater Manchester Shared Services)
Ratification	IGOG – May 2018 Corporate Governance Committee – December 2018
Application	All Staff
Circulation	All Staff
Review	December 2020
Date Placed on the Intranet/SharePoint:	EqIA Registration Number 37/14

Contents

Contents	Page
Introduction	3
Purpose	3
Roles & Responsibilities	4
Policy Details	6
Equality, Diversity & Human Rights Impact Assessment	10
Consultation & Approval Process	11
Dissemination & Implementation	13
Monitoring Compliance & Procedural Documents	13
Standards & Key Performance Indicators KPI's	14
References & Bibliography	14
Associated CCG Documents & Useful Contacts	15

Introduction

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 their lifecycle to their eventual disposal. The CCG has a statutory obligation to maintain accurate records of its activities which are public records under the terms of the Public Records Acts 1958 & 1967.
2. The Records Management Code of Practice for Health and Social Care was published by the Information Governance Alliance (IGA) in 2016. It states the required standards of practice in the management of records for those who work within or under contract to NHS organisations in England. It is based on current legal requirements and professional best practice. This code should be used as a reference guide for all matters related to records management. The code includes a detailed list of retention schedules. To view the code of practice please refer to the link below:

<https://digital.nhs.uk/article/1202/Records-Management-Code-of-Practice-for-Health-and-Social-Care-2016>

3. The implementation of the General Data Protection Regulation (GDPR) requires that all organisations maintain records of processing activities (Article 30). Transparency is also strengthened under GDPR and due to this we must inform individuals about our data processing activities. It is therefore imperative that good records management is in place in the CCG. Staff must ensure that information relating to records management / retention schedules are completed in the CCG Information Asset Register and Data Flow Mapping Registers on SharePoint.
4. The CCG 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 CCG 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.
5. The CCG 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.

Purpose

6. The purpose of this document is to provide guidance to all CCG (henceforth referred to as “the CCG”) staff on Records Management.

7. The CCG is committed to on-going 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;
 - Reduced costs.
8. This document sets out a framework within which the staff responsible for managing the CCG'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.
9. Information and information systems are important assets and it is essential to take all the necessary steps to ensure that they are at all times protected, available and accurate to support the operation and continued success of the CCG.

Roles & Responsibilities

Accountable Officer

10. The Accountable Officer has ultimate responsibility for the implementation of the provisions of this policy. As the 'Accountable Officer' he / she is responsible for the management of the organisation and for ensuring that the appropriate mechanisms are in place to support service delivery and continuity.
11. The CCG has a particular responsibility for ensuring that it corporately meets its legal responsibilities, and for the adoption of and compliance with internal and external governance requirements.

Assistant Director, Governance

12. Overall responsibility for Records Management lies with the Assistant Director of Governance who delegates the responsibility for managing the development and implementation of procedural documents to the Information Asset Owners within the CCG.

Directors, Associate Directors, Senior Managers & Line Managers

13. Directors, Associate Directors and senior managers are personally accountable for the quality of records management within the CCG and all line managers must

ensure that their staff, whether administrative or clinical, are adequately trained and apply the appropriate guidelines, that is, they must have an up-to-date knowledge of the laws and guidelines concerning confidentiality, data security and protection.

Caldicott Guardian

14. The Caldicott Guardian is responsible for approving and ensuring that national and local guidelines and protocols on the handling and management of confidential personal information are in place. This includes ensuring patient records, where processed by the CCG, adhere to the Caldicott principles.

Senior Information Risk Owner (SIRO)

15. The SIRO acts as a champion for information risk and works with the supplier of Information Governance to manage the information risk assessment and management processes within the CCG. Part of this role ensures that records are effectively risk assessed according to confidentiality, availability and integrity of records and are listed accurately on the Information Asset Register with the associated mandated details such as storage location and retention schedules.

Data Protection Officer (DPO)

16. The Data Protection Officer (DPO) is a new role introduced under the General Data Protection Regulation 2016 and all public authorities are required to nominate a DPO. The role is a senior role with reporting channels directly to the highest level of management and has the requisite professional qualities and expert knowledge of data protection compliance. The role involves advising colleagues on compliance with GDPR which includes records management; training and awareness raising; monitoring compliance and carrying out audits; providing advice regarding data protection impact assessments; being the main point of contact with the ICO and maintaining expert knowledge in data protection.

All Staff

17. All CCG employees (including temporary and contract staff), whether clinical or administrative, who create, receive and use records in any form of media have records management responsibilities. In particular, all staff must ensure they keep appropriate records of their work in the CCG and manage those records in keeping with this policy and with any guidance. Furthermore, under the Public Records Act any record that any individual creates is a public record and may be subject to both legal and professional obligations, including compliance with relevant legislation including the Freedom of Information Act 2000, the General Data Protection Regulations 2016 and the Data Protection Act 2018.
18. It is the responsibility of all staff including those on temporary or honorary contracts, agency staff and students to comply with this policy.

19. Staff will receive instruction and direction regarding the policy from a number of sources:
- Policy / strategy and procedure manuals;
 - Line manager;
 - Other communication methods (E.g. team brief / team meetings);
 - SharePoint.
20. All staff are mandated to undertake mandatory IG training as outlined in the CCG IG Training Needs Analysis. Information Governance training is required to be undertaken on an annual basis.

Policy Detail

21. This policy applies to those members of staff that are directly employed by the CCG and for whom the CCG has legal responsibility. For those staff covered by a letter of authority / honorary contract or work experience the organisation's policies are also applicable whilst undertaking duties for or on behalf of the CCG. Further, this policy applies to all third parties and others authorised to undertake work on behalf of the CCG.
22. This guidance relates to all clinical and non-clinical operational records held in any format by the CCG. A record is anything which contains information (in any media) which has been created or gathered as a result of any aspect of the work of NHS employees, including:
- Administrative records (including e.g. personnel, estates, financial and accounting records: notes associated with complaint-handling);
 - CDs and DVDs (if still used);
 - Computer databases, output, and disks (if still used), and all other electronic records;
 - Photographs, slides and other images;
 - Scanned documents;
 - Any portable media containing information;
 - Material intended for short term or transitory use, including notes and "spare copies" of documents;

- Meeting papers, agendas, formal and informal meetings including notes taken by individuals in note books and bullet points are all subject to the above;
 - Emails.
23. A document becomes a record when it has been finalised and becomes part of the organisation's corporate information.
24. 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 CCG 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.
25. 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.
26. In this policy, records are defined as "recorded information, in any form, created or received and maintained by the CCG in the transaction of its business or conduct of affairs and kept as evidence of such activity".
27. Information is a corporate asset. The CCG records are important sources of administrative, evidential and historical information. They are vital to the CCG 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.
28. For the purposes of Records Management with Human Resources, this policy should be read in conjunction with the Policy for HR Management of Information and Records.

http://wbccg-sharepoint.gp-alwpct.nhs.uk/sites/wbccg/Policies/HR_Management%20of%20HR%20Information%20and%20Records_Aug%202013.pdf

Records Management Process

29. The CCG follows a Records Management process to ensure records all processed confidentially and securely via paper or electronic means on the CCG network ensuring that they are:

- Available when needed so that events or activities can be followed through and reconstructed as necessary;
- Accessible, located and displayed in a way consistent with their initial use, with the current version being identified where multiple versions exist;
- Able to be interpreted and set in context: who created or added to the record and when, during which business process, and how the record is related to other records;
- Trustworthy and hold integrity, reliably recording the information that was used in, or created by, the business process;
- Maintained over time, irrespective of any changes of format so that they are available, accessible, able to be interpreted and trustworthy;
- Secure from unauthorised or inadvertent alteration or erasure, with access and disclosure being properly controlled and audit trails tracking use and changes;
- Held in a robust format which remains readable for as long as records are required;
- Retained and disposed of appropriately using documented retention and disposal procedures, which include provision for reviewing and permanently preserving records with particular archival value.

Records Inventory (Information Asset Register)

30. The CCG has an Information Asset Register housed on SharePoint; as a document listing repository which ensures that records are listed as per Article 30 of the GDPR. This inventory of record collections facilitates:

- The classification of records;
- The recording of the responsibility of individuals creating records.

31. The register is reviewed annually and / or as and when required via Information Asset Owners and with the support of the Information Governance Team.

Retention and Disposal schedules

32. It is a fundamental requirement that all of the CCG 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 CCG business functions.
33. The CCG has adopted the retention periods set out in the Records Management Code of Practice for Health and Social Care (2016).
34. Where a retention period is not listed in the above schedule, teams need to decide a local retention period and confirm this is agreed and documented in a relevant committee meeting.

Records Management Systems Audit

35. CCG will regularly audit its records management practices for compliance with this framework.
36. The audit will:
- Identify areas of operation that are covered by the CCG 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;
 - Highlight where non-conformance to the procedures is occurring and suggest a tightening of controls and adjustment to related procedures.
37. The results of audits will be reported to the Corporate Governance Committee.

Monitoring and Review

38. This policy will be monitored through staff awareness and supporting evidence to the Data Security & Protection Toolkit.
39. This policy will be reviewed on a two yearly basis, and in accordance with the following as and when required:

- Legislative changes;
- Good practice guidance;
- Case law;
- Significant incidents reported; new vulnerabilities;
- Changes to organisational infrastructure.

Legislation

40. All NHS records are public records under the Public Records Acts 1958. The CCG will take actions as necessary to comply with the legal and professional obligations set out in the NHS Records Management Code of Practice for Health and Social Care and additionally:
- The Public Records Act 1958;
 - General Data Protection Regulation 2016;
 - The Data Protection Act 2018;
 - The Freedom of Information Act 2000;
 - The Common Law Duty of Confidentiality;
 - The Confidentiality NHS Code of Practice.
41. The CCG will also take action to comply with any new legislation affecting records management as it arises.
42. Under the Freedom of Information Act 2000, once a record has been requested, it cannot be destroyed. It is a criminal offence to amend, erase or destroy information once a request is received.

Equality, Diversity and Human Rights Impact Assessment

43. The CCG is committed to promoting Equality and Diversity through its Equality and Diversity Strategy 2013-2016.
44. It is important to address, through consultation, the diverse needs of our community, patients, their carer's and our staff. This will be achieved by working to the values and principles set out in the Equality and Diversity Strategy.
45. To enable the CCG to meet its legislative duties and regulatory guidance, all new and revised procedural documents, services and functions are to undertake an

impact assessment to ensure that everyone has equality of access, opportunity and outcomes regarding the activities. Contact the Governance Team for support to complete an initial assessment. Upon completion of the assessment, Governance will assign a unique EqlA Registration Number. The CCG undertakes Equality Impact Assessments to ensure that its activities do not discriminate on the grounds of:

- Age;
- Disability;
- Gender reassignment;
- Marriage and civil partnership;
- Pregnancy and maternity;
- Race;
- Religion or belief;
- Sex;
- Sexual orientation.

46. Before any committee, group or forum validate a strategy, policy or procedural document an EqlA Registration Number will be required.

This policy has been impact assessed EqlA number 37/14.

Consultation and Approval Process

Consultation

47. In the production of effective strategy and policy documents consultation is vital. The expert group or author should give consideration at an early stage as to where the document will need to be consulted, for example, Information Governance Operations Group.
48. All procedural documents must give consideration to the needs of all potential users and stakeholders. The needs of all equalities categories agreed within the CCG Equality & Diversity Strategy must be addressed.
49. All procedural documents must be developed by local or CCG wide expert groups or personnel. The contributors must be identified within the procedural document.

- 50. All strategies and policies directly impacting on staff terms and conditions or work practices should be referred to staff side representatives. All staff side issues should be properly consulted with the appropriate personnel.
- 51. All procedural documents must protect the confidentiality, integrity and accessibilities of information. The CCG Information Governance Team can advise on this. Documents can be referred to them for advice via the Governance Team.

Approval

- 52. The approval pathway for all procedural documents must be clearly noted on the document control page.
- 53. Draft strategies and polices should be reviewed by the originating expert group where appropriate. They should then be approved by the relevant committee of the Governing Body for onward approval by the Governing Body.
- 54. Responsibility for the content, review and distribution of a procedural document lies with the expert group or author responsible for writing it. The most appropriate group or author must be identified and agreed at the outset. This group or author must ensure that the document is aligned with any external standards or accreditation requirements, for example, National Institute for Health and Care Excellence.
- 55. All procedural documents must contain details on review and revision arrangements including date of review and responsibilities.
- 56. Strategies and policies can have a reference number which is reference specific. See below for example referencing pre-fixes. To avoid duplication contact the Governance Team before referencing. A unique document number will be applied when the policy is added to SharePoint, the document number is used for archiving purposes and will remain the same for each subsequent version.

Policy Type	Prefix Code
Clinical	CL
Corporate Governance	CG
Finance	FI
Human Resources	HR

IM&T	IT
------	----

57. The policy must be referenced to best practice, professional standards and current legislation.
58. A record must be kept within Governance of strategy and policy distribution in order that outdated strategies and policies can be withdrawn and archived as required.
59. Once approved the document should be submitted to the Governance Team to be placed on SharePoint.

Dissemination and Implementation

60. Dissemination: Following approval of strategies, policies and procedural documents it is imperative that all employees and other stakeholders who will be affected by the documents are proactively informed and made aware of any changes in practice that will result. All approved documents will be posted on SharePoint and the CCG's website where appropriate.
61. Implementation: Awareness will be raised regarding the changes to or introduction of this policy via the Governing Body, Committee and Team meetings.

Monitoring Compliance of Procedural Documents

62. The Assistant Director of Governance is responsible for monitoring compliance with the Document Control Policy. This will be completed on an annual basis and reported to the Corporate Governance Committee. The following will be monitored for compliance:
 - Approval processes for strategies and policies;
 - Is there a minute detailing the approval at the appropriate committee and Governing Body?
63. Document and archiving control for strategies and policies:
 - Is the document control page correctly completed including incremental version number?
 - Is this document on SharePoint in PDF format?
 - Is the previous version held on the Governance directorate archive?
 - Does the document meet the standard style and format criteria?

Standards and Key Performance Indicators KPI's

64. This policy will be reviewed every two years or when there are significant changes in the policy.
65. This policy will be monitored for effectiveness by self-assessment against any external accreditation that is applicable and may be subject to review by internal audit.

References and Bibliography

- Records Management Code of Practice for Health & Social Care 2016
<https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/codes-of-practice-for-handling-information-in-health-and-care/records-management-code-of-practice-for-health-and-social-care-2016>
- Data Protection Act 2018
- General Data Protection Regulation 2016
- Freedom of Information Act 2000
- Computer Misuse Act 1990
- Regulation of Inventory Powers Act 2000 The National Archives:
<http://www.nationalarchives.gov.uk/documents/information-management/rm-code-guide1.pdf>
- Social Care Record Guarantee for England
- The NHS Care Record Guarantee for England
- The Caldicott Guardian Manual 2017:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/581213/cgmanual.pdf
- NHS Information Risk Management
https://www.igt.hscic.gov.uk/KnowledgeBaseNew/DH_NHS%20IG%20-%20Information%20Risk%20Management%20Guidance.pdf
- Data Security and Protection Toolkit (DSPT)
- The Report on the Review of patient-identifiable information (alternative title "The Caldicott Report") and the 'Information: To share or not to share? The Information Governance Review (also known as the Caldicott 2 Review)

- National Data Guardian "Review of Data Security Consent and Opt Outs" July 2016 (also known as Caldicott 3)
- Government Response "Your Data, Better Security, Better Choice, Better Care" July 2017
- Department of Health "2017/18 Data security and protection for health and Social care organisations.
- IGA Guidance: <https://digital.nhs.uk/data-and-information/looking-after-information/data-security-and-information-governance/information-governance-alliance-iga>
- ICO Guidance : <https://ico.org.uk/>

Associated CCG Documents / Useful Contacts

- Data Security, Protection and Confidentiality Policy
- Information Security Policy;
- Data Security Handbook for CCG Staff
- Data Security Training Needs Analysis
- Freedom of Information Policy;
- Disciplinary Policy and Procedure

Please note this list is not exhaustive.