

Corporate	ICBP036 Records Management Policy
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V2	October 2022	October 2024

Prepared By:	Senior Governance Manager, NECS
Consultation Process:	Integrated Governance Workstream
Formally Approved:	October 2022
Approved By:	Executive Committee

EQUALITY IMPACT ASSESSMENT

Date	Issues
January 2022	None

POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact NECSU.Comms@nhs.net

Version Control

Version	Release Date	Author	Update comments
1.0	July 2022	Senior Governance Manager, NECS	Not Applicable
2.0	October 2022	Senior Governance Manager, NECS	Initial 6 monthly review following ICB establishment, no updates required

Approval

Role	Name	Date
Approver	Executive Committee	July 2022
Approver	Executive Committee	October 2022

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1. Introduction

The ICB aspires to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients, their carers, public, staff and stakeholders and the use of public resources. In order to provide clear and consistent guidance, the ICB will develop documents to fulfil all statutory, organisational and best practice requirements and support the principles of equal opportunity for all.

This policy sets out the principles of records management for the ICB. It provides a framework for the consistent and effective management of records that is standards- based and fully integrated with other information governance initiatives within the ICB. Records management is necessary to support the business of the ICB and to meet its obligations in terms of legislation and national guidelines.

The policy is based on guidance from the NHS Records Management Code of Practice 2021 and the Records Management Roadmap issued by NHS Connecting for Health (now NHS Digital). Both documents provide guidelines for good practice in managing all types of NHS records and highlight the responsibilities of all staff for the records they create or use.

The ICB has a statutory obligation to maintain accurate records of their activities and to make arrangements for their safe keeping and secure disposal. All records created in the course of the business of the ICBs are public records under the terms of the Public Records Act 1958.

Effective records management is an essential requirement of the commissioning obligations of the ICB. It also recognises the importance of good records management practices to ensure:

- The right information is available at the right time.
- Authentic and reliable evidence of business transactions.
- Support for decision making and planning processes.
- Better use of physical and server space.
- Better use of staff time.
- Compliance with legislation and standards.
- Reduced costs.

This policy should be read in conjunction with the ICB Records Management Strategy (Appendix B) which sets out how the policy requirements will be delivered.

1.1 Status

This policy is an Information Governance policy.

1.2 Purpose and scope

This policy applies to employees, agents and contractors working for, or supplying services to the ICB.

The ICB records are part of the organisation's corporate memory, providing the evidence of actions and decisions and representing a vital asset to support daily functions and operations.

To provide guidance to staff to carry out their corporate and personal record management responsibilities to support high quality patient care.

To support the organisation and staff in meeting their obligations in terms of legislation and national good practice guidance.

To provide effective governance arrangements for record management, also known as 'information lifecycle management'.

2. Definitions

The following terms are used in this document:

2.1 **Records:** Recorded information in any form or medium, created or received and maintained by an organisation or person in the transaction of business or the conduct of affairs. Also considered as 'Information Assets'.

2.2 **Health Records:** any record which consists of information relating to the physical or mental health of an individual which has been made by or on behalf of a health professional in connection with that care.

Note: the UK Data Protection Legislation defines a health record as, "a record which consists of data concerning health and has been made by or on behalf of a health professional in connection with the diagnosis, care or treatment of the individual to whom the data relates."

2.3 **Corporate Records:** those records which relate to the corporate business of the ICB such as accounts, minutes and meeting papers and legal and other administrative documents. They may contain personal identifiable information, for example personnel files and should be treated with the same degree of care and security as patient/service user records.

2.4 **Records Management:** is a discipline which utilises administrative systems 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.

- 2.5 **Record Series:** a set of records relating to each other used within a service/department/ward e.g. health visitor or podiatry records.
- 2.6 **Records Lifecycle:** a period of time a record exists from its creation/receipt through the period of its 'active' use, then into a period of 'inactive' retention (such as semi-active or closed records which may be referred to occasionally) and finally either confidential destruction or archival preservation.
- 2.7 **Information Assets:** identifiable and definable assets owned or contracted by an organisation which are 'valuable' to the business of that organisation.
- 2.8 **Information Asset Owners (IAOs):** are senior individuals who have been designated the responsibility ('ownership') of a record series / information asset. For further detail of the role, please see section 10.
- 2.9 **Information Asset Administrators (IAAs):** support the IAOs to ensure that policies, procedures and processes are followed in relation to a record series / information asset.
- 2.10 **Personal Information:** is factual information or expressions of opinion which relate to an individual who can be identified from that information or in conjunction with any other information coming into possession of the data holder. This also includes information gleaned from a professional opinion, which may rely on other information obtained. Personal information includes name, address, date of birth or any other unique identifiers such as NHS Number, Hospital Number, National Insurance Number, etc. It also includes information which, when presented in combination, may identify an individual e.g. postcode, date of birth etc. Pseudonymised information is classed as personal information because it can be re-identified.

Note: the UK Data Protection legislation defines personal data as, "any information relating to an identified or identifiable individual".
Identifiable living individual is defined as, "a living individual who can be identified, directly or indirectly, in particular by reference to:

- a) an identifier such as a name, an identification number, location data or an online identifier, or
- b) one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of the individual".

3. Records Management

3.1 Records Creation

- 3.1.1 All records created in the ICB must be created in a manner that ensures that they are clearly identifiable, accessible, and can be retrieved when required.
- 3.1.2 All records created in the ICB must be; authentic, credible, authoritative and adequate for the purposes for which they are kept. They must correctly reflect what was communicated, decided or undertaken.
- 3.1.3 Adequate records must be created where there is a need to be accountable for decisions, actions, outcomes or processes. For example, the minutes of an ICB Board meeting, a Continuing Healthcare assessment of a patient, the payment of an account or the appraisal of a member of staff.
- 3.1.4 For further guidance in the processes and procedures for achieving good practice in records creation, please see the NHS Records Management Code of Practice 2021.

3.2 Records Use and Maintenance

- 3.2.1 All staff have a duty for the maintenance and protection of records they use. Only authorised staff should have access to records.
- 3.2.2 The identification and safeguarding of vital records necessary for business continuity should be included in all business continuity /disaster recovery plans.
- 3.2.3 Any incidents relating to records, including the unavailability and loss, must be reported as per incident reporting procedures.
- 3.2.4 The completion and upkeep of records should comply with the guidance in the NHS Records Management Code of Practice 2021. Accuracy of statements i.e. record keeping standards, should pay particular attention to stating facts, not opinions.
- 3.2.5 Scanning records must be done in accordance with a written service specification. In addition, if scanning is undertaken in-house, the scanning equipment must be of a quality to meet the British Standards and in particular the 'Code of Practice for Legal Admissibility and Evidential Weight of Information Stored Electronically' (BIP 0008).

3.2.6 For further guidance in the processes and procedures for achieving good practice in records management, please see the NHS Records Management Code of Practice 2021.

3.3 Records Tracking

3.3.1 Accurate recording and knowledge of the whereabouts of all records is essential if the information they contain is to be located quickly and efficiently. One of the main reasons records are misplaced or lost is that the next destination is not formally recorded.

3.3.2 All services/departments should ensure they have appropriate tracking systems and audit trails in place to monitor the use and movement of records.

3.3.3 The ICB should ensure an accurate and up to date Information Asset Register is maintained which identifies all information assets held or processed within the ICB in accordance with the Data Protection legislation. This should be reviewed at least annually in line with the requirements of the NHS Digital Data Security and Protection Toolkit.

3.4 Records Transportation

3.4.1 When records are being transported, whether they are electronic or paper, care should be taken to ensure the safe transition to the new location, whether this be temporary or permanent.

3.4.2 Examples of safe transport includes: electronic – encrypted email (e.g. NHS Mail to NHS Mail), paper – ‘track & trace’ mail provider option.

3.5 Records Storage

3.5.1 Records storage areas must provide storage which is safe from unauthorised access but which allows maximum accessibility to the records commensurate to frequency of use. The following factors must be taken into account:

- Compliance with health and safety and fire prevention regulations
- Degree of security required
- Users’ needs
- Type of records stored
- Size & quantity of records
- Usage and frequency of retrievals
- Ergonomics, space, efficiency and price.

- 3.5.2 Inactive records stored off-site (secondary storage) must be stored by retention date. The IAO is responsible for keeping an accurate and up-to-date record via the Information Asset Register.
- 3.5.3 When using an external company to store, retrieve, or destroy information assets a suitable data sharing agreement or data processing agreement should be agreed to ensure the nature of the data processing is clear (see 3.6.3).

3.6 Records Retention and Disposal

- 3.6.1 Inactive records are retained in line with the NHS Records Management Code of Practice 2021. This document only contains records series that have a national minimum retention period; where other records are kept which are not included in the Code of Practice services/departments must apply a locally agreed retention period.
- 3.6.2 Records due for disposal should be assessed for their research or archival value prior to arrangements being made for their secure and confidential destruction.
- 3.6.3 There should be appropriate documentation of records containing personal information to be destroyed and where necessary an approved contractor should be used who can provide written record e.g. certificate as evidence of destruction. All record destruction records must be approved by the Information Asset Owner responsible for the record series (see 3.5.3).

3.7 Distribution

- 3.7.1 This policy is available for all staff to access on the ICB website. Staff without computer network access should contact their line managers for information on how to access policies.
- 3.7.2 All staff will be notified of a new or revised document via the authorised communications media.
- 3.7.3 This document will be included in the ICB Publication scheme in compliance with the Freedom of Information Act 2000.

4. Implementation

- 4.1 This policy will be available to all staff for use in relation to the specific function of the policy.
- 4.2 All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

5. Training Implications

It has been determined that there are no specific training requirements associated with this policy/procedure. However all staff are required to complete mandatory Data Security Awareness training annually.

6. Documentation

6.1 Other related policy documents.

- Information Governance and Information Risk Policy
- Information Access Policy
- Information Labelling & Classification Procedure
- Information Asset Management Procedure
- Subject Access Requests and Data Subject Rights Requests Procedure.

6.2 Legislation and statutory requirements

- Cabinet Office (1958) *Public Records Act 1958*. London. HMSO.
- Cabinet Office (1967) *Public Records Act 1967*. London. HMSO.
- Cabinet Office (2018) *Data Protection Act 2018* London. HMSO.
- Cabinet Office (1009) *Access to Health Records Act 1990*. London. HMSO.
- Cabinet Office (2000) *Freedom of Information Act 2000*. London. HMSO.
- Cabinet Office (2004) *Environmental Information Regulations 2004*. London. HMSO.

6.3 Best practice recommendations

NHS Records Management Code of Practice 2021.

7. Monitoring, Review and Archiving

7.1 Monitoring

The ICB Board will agree with the Executive director a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

7.2 Review

7.2.1 The ICB Board will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

7.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Executive director will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

7.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the Executive director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

7.3 Archiving

The ICB Board will ensure that archived copies of superseded policy documents are retained in accordance with the NHS Records Management Code of Practice 2021.

Schedule of Duties and Responsibilities

Through day-to-day work, employees are in the best position to recognise any specific fraud risks within their own areas of responsibility. They also have a duty to ensure that those risks, however large or small, are identified and eliminated. Where it is believed fraud, bribery or corruption could occur, or has occurred, this should be reported to the Counter Fraud Authority or the Executive Director of Finance immediately.

ICB Board	The ICB Board has responsibility for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
Chief Executive	The Chief Executive has overall responsibility for the strategic direction and operational management, including ensuring that ICB process documents comply with all legal, statutory and good practice guidance requirements
Senior Governance Manager, NECS	The Senior Governance Manager will update this policy in line with legislation, guidance and best practice.
Information Asset Owners	<p>Information Asset Owners (IAOs) are responsible for:</p> <ul style="list-style-type: none"> • Liaising with records management/IG leads to ensure that records management practices are in line with the guidance and protocols on confidentiality. • Ensuring appropriate record audits are undertaken. • Ensuring appropriate information governance /confidentiality clauses are in third party contracts relating to records management such as secondary storage, scanning companies before using the company. • Ensuring appropriate consideration is given to records management within business continuity plans. • Ensuring they obtain appropriate certifications of destruction. • Investigate and take relevant action on any potential breaches of this policy supported by other applicable staff in line with existing procedures.

Commissioning Support Staff.	Whilst working on behalf of the ICB NECS staff will be expected to comply with all policies, procedures and expected standards of behaviour within the ICB, however they will continue to be governed by all policies and procedures of their employing organisation.
Senior Information Risk Owner (SIRO)	<p>The Senior Information Risk Owner (SIRO) has a responsibility to:</p> <ul style="list-style-type: none"> • Oversee the development of an Information Governance & Information Risk Policy and Strategy and its implementation. • Take ownership of risk assessment process for information risk. • Review and agree action in respect of identified information risks. • Ensure that the organisation's approach to information risk is effective in terms of resource, commitment and execution and that this is communicated to all staff. • Provide a focal point for the resolution and/or discussion of information risk issues. • Ensure the ICB Board is adequately briefed on information risk issues. • Successfully complete strategic information risk management training.
All Staff	<p>All staff, including temporary and agency staff, are responsible for:</p> <ul style="list-style-type: none"> • Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken. • Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities. • Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly. • Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager. • Attending training / awareness sessions when provided.

Appendix A – Equality Impact Assessment

Equality Impact Assessment Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

Name(s) and role(s) of person completing this assessment:

Name: Liane Cotterill

Job Title: Senior Governance Manager

Organisation: North of England Commissioning Support Unit

Title of the service/project or policy: Records Management Policy

Is this a;

Strategy / Policy

Service Review

Project

Other [Click here to enter text.](#)

What are the aim(s) and objectives of the service, project or policy:

This policy sets out the principles of records management for the ICB. It provides a framework for the consistent and effective management of records that is standards based and fully integrated with other information governance initiatives within the ICB. Records management is necessary to support the business of the ICB and to meet its obligations in terms of legislation and national guidelines.

Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**

- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing quality of opportunity • Fostering good relations between protected and non-protected groups in either the workforce or community 	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:

This policy is based on legislation requirements and good/best practice guidance.

If you have answered yes to any of the above, please now complete the ‘STEP 2 Equality Impact Assessment’ document

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation: “If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (ENTER CONTACT DETAILS HERE)”		
If any of the above have not been implemented, please state the reason: Click here to enter text.		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Executive Committee	Approver	July 2022

Publishing

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.

**Please send a copy of this screening documentation to:
NECSU.Equality@nhs.net for audit purposes.**

Appendix B – Records Management Strategy

1. Introduction

- 1.1 This strategy is an overarching framework for integrating all records management functions within the ICB. It sets out the requirements necessary for maintaining and for improving the quality, availability and effective use of records to meet the ICB business needs and identifies the actions for implementation.
- 1.2 The strategy should be read in conjunction with the Records Management Policy.

2. Scope

- 2.1 This strategy relates to all patient/service user and corporate records held in any format by the ICB as detailed in the NHS Records Management Code of Practice 2021.

3. Aims

- 3.1 The aim of the strategy is to establish records management as a corporate function of the ICB supported by ICB Information Governance arrangements as indicated by:
 - A systematic and planned approach to records management covering records from creation to disposal
 - The promotion of efficiency and best value through improvements in the quality and flow of information, and greater co-ordination of records and storage systems
 - Compliance with statutory requirements
 - Awareness of the importance of records management and evidence of responsibility and accountability at all levels
 - Robust retention and disposal procedures
 - To move toward electronic record keeping in support of national guidance.

4. Key Elements

4.1 Responsibility and Accountability

- All staff should be aware of the need for accountability and responsibility in the creation, amendment, management, storage of and access to the ICB's records
- There should be a clear chain of management accountability and responsibility for all records created by the ICB.

4.2 Record Quality

- Records created should be adequate, consistent and meet the statutory, legal and business requirements of the ICB.
- Records should be accurate and complete, in order to facilitate audit, fulfil the ICB's responsibilities, and protect its legal and other rights.
- Records management systems should ensure the validity and authenticity of records, for example, controlled access so that any evidence derived from them is credible and authoritative.

4.3 Management

- There should be systematic, orderly and consistent creation, retention, appraisal and disposal procedures for records throughout their life cycle.
- Records management systems should be easy to understand, clear and efficient in terms of minimising staff time and optimising the use of space for storage.

4.4 Security

- There should be systems which maintain appropriate confidentiality, security and integrity for records both in use and in storage.
- Such systems should be robust enough to support the accuracy and authenticity of its records contents, and their evidential value.

4.5 Access

- There should be fast and efficient access to records for authorised staff.
- Access procedures should be effective in supporting information access requests under the Data Protection Act 2018 and requests made under the Freedom of Information Act 2000.

4.6 Audit

- The performance of records management will be audited regularly and measured against agreed standards.

4.7 Training

- Training and guidance on records management responsibilities and operational good practice will be provided for all staff.

5. Implementation

5.1 The implementation of the strategy will be evidenced by the following action points which have been developed from the ICB Records Management Policy:

- An overall policy statement on how all records are to be managed.
- The endorsement of the policy by senior management.
- The dissemination of the policy to staff at all levels.
- The establishment of records management roles and responsibilities of staff at all levels to ensure the security, integrity and accountability of records.
- The provision of a framework for supporting appropriate standards, procedures and guidelines through ICB records management/ Information Governance arrangements.
- The use of monitoring mechanisms to assess compliance with appropriate standards, procedures and guidelines.
- Regular review of the policy.