Records Management Policy

Policy Author:	Head of Information Governance/DPO
Policy Owner (for updates)	Director of Finance/SIRO
Engagement and Consultation Groups:	Information Governance Committee
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Access to document for public	Website
Post holders names at last review	
Head of Information Governance	
Director of Finance/SIRO	
Director of Public Health	

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1 Introduction

Records Management is concerned with the Systematic creation, capture, storage and retrieval of records throughout their lifecycle. A record is recorded information, in paper or electronic format, created or received and maintained by NHS Orkney 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. 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.

As such, all records are the property of NHS Orkney 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. NHS Orkneys' 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.

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. 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.

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

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.)

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.

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.

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'.

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   Associated Policies & Procedures

Data Protection Policy	Information Governance Policy	Information Security Framework Policy	Freedom of Information Policy
Subject Access Policy	Records Management Policy	Access Control Policy	Internet Access Policy
Malicious Software Policy	Password Policy	IT Patching Policy	Remote Access Policy
Removeable Media Policy	Sending Data to Third Parties Policy	Social Media Policy	Use of Email Policy
Use of Personal Devices for work purposes policy	Learning from Adverse Events Policy	Security Policy	Access to Staff Records Policy

4 Aims of our Records Management System

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 recordkeeping and record management.

5 Roles and Responsibilities

5.1 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.

5.2 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.

5.3 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.

5.4 Information Governance Committee

The Board's Information Governance Committee is responsible for ensuring that this policy is implemented, through the Records Management Plan, and that the records management system and processes are developed, co-ordinated and monitored.

5.5 Clinical Admin Manager

The Clinical Admin Manager is responsible for the overall development and maintenance of health records management practices throughout the organisation. They have particular responsibility for drafting guidance to support good records management practice in relation to clinical records and for promoting compliance with the Records Management Policy, in such a way as to ensure the efficient, safe, appropriate and timely retrieval of patient information.

5.6 Corporate Records Manager

The Corporate Records Manager is responsible for the overall development and maintenance of corporate and administrative records management practices throughout the organisation. They have particular responsibility for drafting guidance to support good records management practice (other than for clinical records) and for promoting compliance with NHS Orkney's Records Management Policy.

5.7 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.

6 Legal and Professional Obligations

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;
- UK General Data Protection Regulations (UKGDPR)
- The Freedom of Information (Scotland) Act 2002; and
- The Common Law Duty of Confidentiality

and any new legislation affecting records management as it arises.

7 Registration of Record Collections

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

8 Retention and Disposal Schedules

It is a fundamental requirement that all 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. The Board has generally adopted the retention periods set out in the Records Management: Health and Social Care Code of Practice (Scotland).
The Board will adopt the Business Classification Scheme or NHS Scotland

9 Records Management Systems Audit

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

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

10 Training

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

11 Review

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

This policy will be updated to reflect the latest guidance (in development) on records management for Integration Joint Board delivered services.

12 Appendix

12.1 Procedure for the Retention, Storage and Disposal of Records

Procedure for the
Retention Storage a

12.2 Procedure for Health Records Scanning

Procedure for
Health Records Scar

12.3 Procedure for the General Scanning of Documentation

General
Scanning.docx

12.4 Scottish Government Records Management: Health & Social Care Code of Practice 2020

SG-HSC-Scotland-R
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Rapid Impact Checklist: Summary Sheet	
Positive Impacts (Note the groups affected) Well written policy, clear in its purpose.	**Negative Impacts (Note the groups affected)** The index page font needs to be size 12 or larger – the font is an approved font The document should be all formatted to the left (the top line in each paragraph sits further left than the rest of the text) to help partially sighted readers follow the text more easily.
Additional Information and Evidence Required No additional evidence is required	
Recommendations Just for note the links to documents are not live If above amendments are made this policy meets requirements	
From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?	

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Signature(s) of Level One
Impact Assessor(s)   ....

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Date: 11/05/2022.............................

Signature(s) of Level Two
Impact Assessor(s)   ....

Date: ....