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## Records Management Procedure

### Introduction and Aim

This document supports the Information Governance Policy and the Records Management Policy. At its highest level records management is at the heart of Information Governance and this procedure will ensure that Cardiff and Vale University Health Board (the UHB) has sufficient information for the implementation and monitoring of effective Information Governance systems thereby ensuring it complies with the legal requirements places upon it for all information held by the UHB and that all information is dealt with in accordance with the law and best practice when handling both personal and corporate information.

This procedure will support the good practice recommendations in the Code of Practice on Records Management issued by the Lord Chancellor under section 46 of the Freedom of Information Act 2000 which states that every organisation should have in place a records management policy, either as a separate policy or as part of a wider information or knowledge management policy, which is promulgated throughout the organisation and of which all staff are aware.

This procedure sets out the framework within which the staff responsible for managing Cardiff and Vale University Health Board's (the UHB's) records can develop specific standard operating procedures and guidance to ensure that records are managed and controlled effectively, and at best value, commensurate with legal, operational and information needs. This documentation and the associated UHB training programme will enable all staff handling records to comply with the legal obligations and best practice surrounding records management

### Objectives

The main objectives are to ensure:

**Accountability** – Adequate records are managed to account fully and transparently for all actions and decisions in particular:

- To protect legal and other rights of staff or those affected by those actions
- To facilitate audit or examination
- To provide credible and authoritative evidence

**Quality** – That records and the information within them can be efficiently retrieved by those with a legitimate right of access, for as long as those records are held by the UHB.

**Security** – That records will be secure from unauthorised or inadvertent alteration or erasure, that access and disclosure will be properly controlled and audit trails will track all use and changes. Records will be held in a robust format which remains readable for as long as the record is required.

**Retention and disposal** – There will be consistent and documented retention and disposal procedures to include provision for permanent preservation or archival records.

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**Training** – That all staff will be aware of their individual record keeping responsibilities through generic and specific training programmes and guidance  
Performance measurement – Application of records management procedures are regularly monitored against agreed indicators and action taken to improve standards as necessary.

### Scope

This procedure applies to all UHB staff whether permanent, temporary, or contracted including students, contractors or volunteers in all locations including those with Honorary contracts.

<b>Equality Impact Assessment</b>	<i>An Equality Impact Assessment has not been completed. This is because a procedure has been written to support the implementation the Records Management Policy.</i>
<b>Health Impact Assessment</b>	<i>A Health Impact Assessment (HIA) has not been completed as this document supports the Records Management Policy.</i>
<b>Documents to read alongside this Procedure</b>	<ul style="list-style-type: none"> <li>• <a href="#">Information Governance Policy and Framework</a></li> <li>• Records Management Policy</li> <li>• <a href="#">Records Retention and Destruction Protocol</a></li> <li>• <a href="#">Data Protection Act Policy</a></li> <li>• <a href="#">Freedom of Information Act Policy</a></li> <li>• <a href="#">IT Security Policy</a></li> <li>• <a href="#">Risk Management Policy</a></li> <li>• <a href="#">Information Risk Management Procedure</a></li> <li>• <a href="#">Guide to Incident Reporting Incident Management Investigation and Reporting. [Serious incidents]</a></li> <li>• Electronic and Paper Clinical Results Review and Retention Protocol</li> <li>• <a href="#">Department of Health Records Management Code of Practice</a></li> </ul>
<b>Approved by</b>	Information Governance Sub Committee

<b>Accountable Executive or Clinical Board Director</b>	Medical Director
<b>Author(s)</b>	Corporate Governance Senior Information and Communication Manager

### Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

**Summary of reviews/amendments**

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<b>Version Number</b>	<b>Date of Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
1	Information Governance Sub Committee 10/6/2016	07/09/16	New procedure document to support the Records Management Policy.

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## 1. INTRODUCTION

Records Management is the active process through which an organisation manages all aspects of records whether internally or externally generated and in any format or any media (e.g. manual or electronic) from the moment of their creation, all the way through their lifecycle to the moment of their eventual disposal or permanent archive. It includes both health records and the many different types of corporate records (e.g. Finance, estates and Engineering, Personnel),

Cardiff and Vale University Health Board (the UHB) understands the definition of records to be:

- “Information created, received and maintained as evidence and information by an organisation or person, in pursuance of legal obligations, or in the transaction of business. *Reference BS ISO 15489.1*
- An NHS 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 consultants, agency or casual staff.”  
*Reference. Department of Health Records Management: NHS Code of Practice Part 1*

The records held by the UHB are its corporate memory, providing evidence of actions taken and decisions made over time. These records represent a vital asset to support daily functions and operational management and activity including the delivery of healthcare. Records support policy formation and managerial decision-making and also protect the interests of the UHB and the rights of patients, staff and members of the public. Records support consistency, continuity, efficiency and productivity and help deliver services in consistent and equitable ways.

Records management is a specialty which uses an organisational system to guide and control the creation, version control, movements, filing, retention, storage and ultimate disposal of records, in a way that is rigorous administratively and legally, whilst serving the operational needs of the organisation and preserving an appropriate historical and chronological record for the future.

Key components of records management are:

- Record creation
- Record keeping
- Record maintenance (including tracking of movements)
- Access and disclosure
- Closure and transfer
- Appraisal
- Archiving

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- disposal

Records are a valuable resource because of the information they contain. Information is only usable if it is correctly recorded in the first place, is regularly up-dated, and is easily accessible when needed. Information is essential to the delivery of high quality evidence-based health care on a day-to-day basis and effective record management processes ensure that such information is properly managed and is available whenever, and wherever there is a justified need for patient-based information, in whatever media it is required and also to fulfil the following:

- Support patient care and continuity of care
- Support day to day business processes and procedure which underpin delivery of care;
- Support evidence-based clinical practice
- Support sound administrative and managerial decision making, as part of the knowledge base for UHB services;
- Meet legal requirements, including requests from patients, staff and others under the Data Protection Act 1998 (for living individuals) and the Access to Health Records Act 1990 in relation to patient records (for deceased patients) and Freedom of Information Act 2000;
- Assist clinical and other audit processes and;
- Support improvements in clinical effectiveness through research and support archival functions by taking account of the historical importance of the material and the needs for future research.

The Department of Health Records Management NHS Code of Practice has been used as the main source of guidance for this procedure and the UHB adopted the retention schedules referenced within this code of practice document in October 2012. The code of practice document can be accessed on the following web link:

<https://www.gov.uk/government/publications/records-management-nhs-code-of-practice>

## 2. PURPOSE

This procedure provides a framework within which the staff responsible for managing the UHB's records can develop specific localised standard operating procedures and guidance to ensure that records are managed and controlled effectively within their areas, thereby ensuring that the UHB can achieve best value, commensurate with legal, operational and information needs. This documentation and the associated UHB training programme will enable all staff handling records to comply with the legal obligations and best practice surrounding records management

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### 3. MANAGEMENT AND ORGANISATIONAL RESPONSIBILITY

The records management function is recognised as a specific corporate responsibility within the UHB. It provides a managerial focus for records of all types in all formats, including electronic records, throughout their life cycle, from planning and creation through to ultimate disposal. It has clearly defined responsibilities and objectives and adequate resources to achieve them.

A summary of the management structure is outlined below.

#### **Cardiff and Vale University Health Board – Board**

The UHB Board has overall responsibility and accountability for the quality of records management. Ownership and copyright of NHS records as a rule lie with the UHB Board, not with individual employee or contractor

#### **Chief Executive**

The *Chief Executive* has delegated responsibility for ensuring that records are managed responsibly and appropriately within the UHB in accordance with legislation and best practice. As the accountable officer the Chief Executive 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.

#### **Senior Information Risk Officer - Director of Corporate Governance**

The Chief Executive has appointed the Director of Corporate Governance as the Senior Information Risk Officer Role (SIRO). The Director of Corporate Governance is the Director at Board level with lead responsibility for records management within the UHB. The SIRO takes ownership of the risk management of information assets and assures risk assessment process to the Board and is responsible for advising the Chief Executive Officer on risks related to records and management of records.

#### **Caldicott Guardian - Medical Director**

The Chief Executive has appointed the Medical Director as Caldicott Guardian and the Medical Director is the Executive Director with lead responsibility for health records management within the UHB. The Caldicott Guardian is responsible for protecting the confidentiality of patient and service users' information and enabling appropriate information sharing. The Caldicott Guardian has a strategic role which involves representing and championing Information Governance requirements and issues at Board level and also within the overall UHB Governance Framework.

#### **Clinical Board Directors and Corporate Leads – Deputy Senior Information Risk Officer's**

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Clinical Directors and corporate leads, whether functions are provided by central or devolved areas, are responsible for records management for their areas aligned with their roles as deputy SIROs and are responsible for the implementation of the records management policy and procedures.

### **Directorate Managers and their corporate equivalents**

Are responsible for operational records management in their areas. This applies to all areas and roles e.g. wards, outpatient clinics and operating theatres.

### **All Managers**

All Managers are responsible for the records within their areas and they should ensure that they take responsibility to:

- Participate in appropriate training to allow them to perform their role in respect of records management responsibilities
- Liaise and act as a point of contact for the IG team in respect of the Freedom of Information Act and Data Protection Act subject access rights.
- Raise awareness of records management arrangements within their area of responsibility
- Liaise with colleagues to ensure that records are accurate, up to date and stored according to the appropriate records management standards
- Ensure that the staff they manage attend the required IG training to fulfil the roles they undertake.

### **All staff,**

All staff whether clinical or administrative, must be appropriately trained so that they are fully aware of their personal responsibilities in respect of record keeping and records management, and that they are competent to carry out their designated duties. This should include training for staff in the use of electronic records systems. Clinical Board Directors and Corporate Directors are accountable for training within their areas and must ensure that the directorate managers or equivalent ensure that all staff are trained following the UHB information governance training policy that can be accessed [by this link](#). Staff training will be monitored through the Personal Appraisal and Development Review (PADR). Roles and responsibilities will be clearly set out in their job descriptions.

### **Every employee**

- Is responsible in law for any record created or used by them
- Has a contractual and common law duty of confidentiality for any records that they create, handle, store or come across during their employment



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- Must understand their responsibilities when using or communicating personal data and information
- Must not obtain or attempt to obtain improper or unauthorised access to information which is subject to restrictions which have either been ignored or overridden
- Should only gain access to information for which they are entitled to i.e. information should only be accessed or obtained on a “need to know” basis
- Should not access information to which they are not authorised or have a need to do so
- Must ensure that they report inappropriate accesses to records or their loss/theft (whether thought to be temporary or permanent) in accordance with the UHB Incident reporting Policy and Procedure.

Records management responsibilities are incorporated within job descriptions and are also included within the standard Agenda for Change Terms and Conditions of Service. All staff must ensure that they keep appropriate records of their work within the UHB and that they manage all records in keeping with the Records Management Policy and this procedure and any subsequent relevant procedures or protocols that may be issued.

Professional advisory roles for health records and non health records are discharged by the Head of Health Records and the Head of Information Governance and Assurance respectively

It is a disciplinary offence for staff to breach the Records Management Policy and procedures by their acts or omissions and managers are responsible for applying the UHB's Disciplinary Policy in such situations.

### **3.1. Individual Responsibility**

All individuals who work for an NHS organisation are responsible for any records that they create or use in the course of their duties. Furthermore any record that an individual creates is a public record and may be subject to both legal and professional obligations. A description of these obligations can be found in the Department of Health [Records Management: NHS Code of Practice Part 1 Annex C](#)

The key statutory requirement for compliance with records management principles is the Data Protection Act 1998. It provides a broad framework of general standards that have to be met and considered in conjunction with other legal obligations. The Act regulates the processing of personal data.

### **3.2. Legal and Professional Responsibilities**

There are a range of legal and professional obligations that limit, prohibit or set conditions in respect of the management, use and disclosure of

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information and similarly, a range of statutes that permit or require information to be used or disclosed. The key legal and professional obligations covering personal and other information are listed in Annex C of the Department of Health Records Management: NHS Code of Practice.

Where necessary, the UHB will obtain professional legal advice on the application of these provisions.

## 4. INFORMATION GOVERNANCE ASSURANCE FRAMEWORK

### 4.1. Information Governance Sub Committee (IGSC)

The IGSC forms part of the wider UHB governance structure. It reports to the People, Planning and Performance (PPP) Committee which is a committee of the Board.

The purpose of the IGSC in respect of records management is to:

- Provide evidence based and timely **advice** to the SIRO to assist in discharging their functions and meeting their responsibilities.
- **Gain assurance** from the Clinical Boards and corporate services that they have the required arrangements and systems in place to effect good records management so that the Chair of the IGSC can give assurance to the PPP Committee and the UHB Board. This is particularly in relation to the UHB's arrangements for creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of records in accordance with its:
  - Stated objectives;
  - Legislative responsibilities, e.g., the Data Protection Act (DPA), Freedom of Information Act (FOI), Health Records Act and
  - Relevant requirements and standards determined for the NHS in Wales.

The Terms of Reference for the IGSC can be accessed on the UHB web site

### 4.2. Medical Records Management Group (MRMG)

The Medical Records Management Group is a working group that supports the Information Governance Sub Committee in its assurance role. It develops action plans related to the UHBs obligations in respect of Records Management process and in response to internal and external audit and national assessments relating to medical records.

### 4.3. 4.3 Non Health Records Management Group (NHRMG)

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The Non Health Records Management Group has been established to support the Information Governance Sub Committee in its assurance role. It will develop action plans related to the UHB's obligations in respect of records management for all non health related issues.

## 5. RECORDS MANAGEMENT SYSTEM

Records must be maintained in a system that ensures they are properly stored and protected throughout their life cycle; this includes all electronic records, including any records that are migrated across to new systems, as well as all manual records. To this end the UHB, before procuring new systems or putting new processes in place, will take into account the need to keep up with technological progress (e.g. new hardware, software updates) to ensure that records remain accessible and retrievable when required. When developing or implementing any new systems a Privacy Impact Assessment must be completed.

[The UHB's information asset procedure](#) must be followed.

The aims of the UHB's Records Management System are to develop and maintain consistent records management systems across all areas of the UHB and to ensure that:

- **Records are available when needed** - from which the UHB is able to form a reconstruction of activities or events that have taken place;
- Records can be accessed - records and the information within them are grouped in a logical structure to ensure quick and efficient filing and retrieval and so that they can be located and displayed in a way consistent with its initial use, and that the **current version is identified** where multiple versions exist. This will also aid implementation of authorised disposal arrangements, i.e. archiving or destruction;
- **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. There should be suitable storage areas so that records, whether physical or electronic, remain accessible and usable throughout their life cycle, this includes ensuring that technological upgrades are supported;

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- **Records are secure** - from unauthorised or inadvertent alteration or erasure, that access and disclosure are properly controlled and audit trails track all access (e.g. sign in/out logs or computer generated audit trails), use and changes. A variety of security measures should be implemented for example, authorised access to storage and filing areas, lockable storage areas, user verification, password protection and access monitoring. This would also include maintaining a log of when records are issued from and/or returned from storage areas on site or to authorised off-site facilities;
- **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;
- **Staff are trained** - so that all staff are made aware of their responsibilities for record-keeping and record management; and
- **cross-referencing** of electronic records to their paper counterparts (where dual systems are maintained). A formal assessment should be undertaken and reviewed by the Non-Health Records Management Group or Medical Records Management Group, depending on the nature of the information, where duplicate records are required to be retained.

### 5.1. Controlled Document Framework(CDF)

The UHB has a controlled documents framework specifically for documents that fall under the remit of Information Governance Sub Committee which includes the documents relating to Records Management. The CDF sets out what policies and procedures are required to meet clinical and business needs and audit purposes. It is a constantly evolving document as requirements change.

The CDF is monitored by the IGSC who ensure that core policies and procedures are:

- In existence
- Reviewed and updated in a timely manner
- Implemented appropriately

The UHB recognises that there are policies and procedures and guidance that are derived through professional guidance, primarily but not exclusively:

- Royal Colleges (medical staff)
- Royal College of Nursing
- Therapies; Physiotherapy, Occupational therapy, Dietetics and Podiatry
- Diagnostic Colleges, Radiography, Pathology
- Finance
- Information and Technology

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- Media Resources
- Organisational Development and Training
- Research and Development

All professional groups that management their records in line with their professional guidance are required by the UHB to document how they manage them in line with this overarching policy such that there are clear sections for:

- Creation
- Information Quality Assurance
- Scanning
- Disclosure and Transfer of Records
- Retention and Disposal of Records aligned to the UHB's Schedule of Retention and Disposal that is based on the Records Management: NHS Code of Practice and the requirements of the Data Protection Act
- Records Management Improvement Plan
- Monitoring and Audit

These documents must include both health and non-health records.

## **5.2 Information Governance Policy and Procedure Approval Mechanism**

The Non-Health Records Management Group will scrutinise non-health procedures and refer for approval to the IGSC. The advisory role for this function is the Head of Information Governance and Assurance

The Medical Records Management Group will scrutinise any procedures that relate to health and medical records and this group will refer to the IGSC for approval. The advisory role for this function is the Head of Health Records

## **6. INVENTORY OF RECORD COLLECTIONS**

The UHB will establish and maintain mechanisms through which departments and other units should register the records they are maintaining. The inventory will be reviewed annually. The inventory of record collections will include details of:

- The type of record;
- The location of record;

The UHB will develop a process to ensure that the Records Inventory is complete, accurate and up to date. The Records Inventory will be utilised to inform records management controls, including:

- Retention schedules
- Record reliability audits

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## 7. CREATION OF RECORDS

When considering records management in the first instance there needs to be a clear understanding of the difference between a record and a document and this is explained below

### Definition of Document and Record

A document, as defined above, is any piece of written information in any form, produced or received by an organisation or person. It can include databases, website, email messages, word and excel files, letters, and memos. Some of these documents will be ephemeral or of very short-term value and should never end up in a records management system (such as invitations to lunch). Some documents will need to be kept as evidence of business transactions, routine activities or as a result of legal obligations, such as policy documents. These should be placed into an official filing system and at this point, they become official records. In other words, all records start off as documents, but not all documents will ultimately become records.

### Basic rules to follow when creating records:

- All documents should have a clear descriptive name that is meaningful to the department responsible for the record and that would give a clear indication of the contents of the record to anybody else.
- All documents should have a unique reference that is meaningful to the department responsible for the record.
- All documents should use version control and version numbers should be changed each time the document is amended. Previous versions should be retained for an appropriate period depending on the nature of the information within the document in by referencing the retention and destruction schedules.
- All records and documents should be filed in an appropriately structured filing system

Record creation is one of the most important processes in records management and all departments should create good records in an effective system.

The sections below set out further information on this.

### 7.1. Corporate Filing System

Creating a record is not enough unless the record is then captured or ***filed into a filing system*** created and managed by the organisation.

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It is important that records are kept in their context and the best way to achieve this is to file or **classify** them. Records cannot be tracked or used efficiently if they are not classified or if they are classified inappropriately. Records captured or filed in a corporate filing system will possess some of the necessary characteristics to be regarded as authentic and reliable. Whatever the format of the records, they should be saved into a proper records management system. A **common format** for the creation of records will ensure that those responsible for record retrieval are able to locate records more easily.

## 7.2. Naming Conventions

Naming conventions should:

- Give a unique name to each record;
- Give a meaningful name which closely reflects the records contents;
- Express elements of the name in a structured and predictable order;
- Locate the most specific information at the beginning of the name and the most general at the end;
- Give a similarly structured and worded name to records which are linked (for example, an earlier and a later version).

## 7.3. Filing structures

A clear and logical filing structure that aids retrieval of records should be used. Ideally, the filing structure should reflect the way in which paper records are filed to ensure consistency. However, if it is not possible to do this, the names allocated to files and folders should allow intuitive filing.

Filing of the primary record to local drives (i.e. H drive usually 'my documents') on PCs is not permitted and on laptops is strongly discouraged. Documents and records should be filed in folders within the department S:/ drive.

The agreed filing structure should also help with the management of the retention and disposal of records.

## 7.4. File and Folder Referencing

A referencing system should be used that meets the organisation's business needs, and can be easily understood by staff members that create documents and records. Several types of referencing can be used, for example, alphanumeric; alphabetical; numeric or keyword.

The most common of these is alphanumeric, as it allows letters to be allocated for a business activity, for example, HR for Human Resources, followed by a unique number for each record or document created by the HR function.

It may be more feasible in some circumstances to give a unique reference to the file or folder in which the record is kept and identify the record by reference to date and format.

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## 7.5. Tracking and Tracing

There should be tracking and tracing procedures in place that enable the movement and location of manual records to be controlled and provide an auditable trail of record transactions. The process need not be a complicated one, for example, a tracking procedure could comprise of a book that staff members sign when a record is physically removed from or returned to its usual place of storage (not when a record is simply removed from a filing cabinet by a member of staff from that department as part of their everyday duties).

Tracking mechanisms to be used should include:

- The item reference number or identifier;
- A description of the item (for example the file title);
- The person, position or operational area having possession of the item
- The date of movement.

Examples of systems for monitoring the physical movement of records include:

- Location cards
- Index cards;
- Docket books;
- Diary cards;
- Transfer or transit slips;
- Bar-coding;
- Computer databases (e.g. electronic document management systems);

**All patient case notes/health records should be tracked on the patient administration systems (PAS) and PARIS in line with the UHB's case note tracking procedure.**

The movement of any other manual records, including other clinical information that does not form part of the health records should be tracked by local systems approved by the professional advisory managers for Health Records and Information Governance as appropriate.

The system adopted should maintain control of the issue of records, the transfer of records between persons or operational areas, and return of records to their home location for storage.

The simple marking of file jackets to indicate to whom the file is being sent is not in itself a sufficient safeguard against files going astray.

All records tracking systems should include regular records audits and monitoring procedures.



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## 8. INFORMATION QUALITY ASSURANCE

The UHB recognises that it is important to train staff appropriately and provide regular update training. In the context of records management and information quality, organisations need to ensure that their staff are fully trained in record creation, use and maintenance, including having an understanding of:

- What they are recording and how it should be recorded;
- Why they are recording it;
- How to validate information with the patient or carers or against other records to ensure that staff are recording the correct data;
- How to identify and correct errors – so that staff know how to correct errors
- And how to report errors if they find them;
- The use of information – so staff understand what the records are used for (and therefore why timeliness, accuracy and completeness of recording is so important); and
- How to update information and add in information from other sources.

### 8.1. Record Keeping

Implementing and maintaining an effective records management service depends on knowledge of what records are held, where they are stored, who manages them, in what format(s) they are made accessible, and their relationship to organisational functions (for example finance, estates, IT, healthcare). An information survey or **record audit** is essential to meeting this requirement. Such a survey will also help to enhance control over the records and provide valuable data for developing records appraisal and disposal policies and procedures.

Paper and electronic record keeping systems should contain descriptive and technical documentation to enable the system to be operated efficiently and the records held in the system to be understood. The documentation should provide an administrative context for effective management of the records.

The record keeping system, whether paper or electronic, should include documented set of rules for referencing, titling, indexing and, if appropriate, the protective marking of records. These should be easily understood to enable the efficient retrieval of information when it is needed and to maintain security and confidentiality.

### 8.2. Record Maintenance

The movement and location of records should be controlled to ensure that a record can be easily retrieved at any time, that any outstanding issues can be dealt with, and that there is an auditable trail of record transactions.

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Storage accommodation for current records should be clean and tidy, should prevent damage to the records and should provide a safe working environment for staff.

For records in digital format, maintenance in terms of back-up and planned migration to new platforms should be designed and scheduled to ensure continuing access to readable information.

## 9. SCANNING

For reasons of business efficiency or in order to address problems with storage space, NHS organisations may consider the option of scanning into electronic format records which exist in paper format. Where this is proposed, the factors to be taken into account include;

- The costs of the initial and then any later media conversion to the required standard, bearing in mind the length of the retention period for which the records are required to be kept;
- The need to consult in advance with the local Place of Deposit or The National Archives with regard to records which may have archival value, as the value may include the format in which it was created and ;
- The need to protect the evidential value of the record by copying and storing the record in accordance with British Standards, in particular the 'Code of Practice for Legal Admissibility and Evidential Weight of Information Stored Electronically' (BIP 0008).
- In order to fully realise the benefits of reduced storage requirements and business efficiency, the UHB will dispose of paper records that have been copied into electronic format and stored in accordance with appropriate standards.

## 10. DISCLOSURE AND TRANSFER OF RECORDS

There are a range of statutory provisions that limit, prohibit or set conditions in respect of the disclosure of records to third parties, and similarly, a range of provisions that require or permit disclosure. A key area of this is the Subject Access regime of the Data Protection Act and Freedom of Information Act 2000 requests. Further detailed guidance is set out in [the "Use and Disclosure of Personal Identifiable Information Procedure"](#) which can be accessed on the IG intranet site.]

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The Caldicott Guardian (Medical Director) or the Caldicott Lead (the Head of Information Governance and Assurance) in the UHB should be involved in any proposed disclosure of confidential patient information. In the primary care setting, the responsibility for making decisions about disclosure of personal information ultimately rests with the GP.

Guidance and advice for disclosure and transfer of records is provided by the Information Governance Team

The mechanisms for transferring records from one organisation to another should also be tailored to the sensitivity of the material contained within the records and the media on which they are held. Information Security staff should be able to advise on appropriate technical safeguards. Information Governance staff advise on confidentiality and aspects of the Data Protection Act.

## 11. RETENTION AND DISPOSAL ARRANGEMENTS

The UHB has adopted the Department of Health Records Management, NHS Code of Practice this provides a detailed schedule for Retention and Disposal of records within Annex D. Annex D1 covers health records and annex d2 covers Business and corporate records. The UHB also recognises the requirements of the Data Protection Act in respect of retaining information for as long as is necessary and if situations arise where records need to be retained longer than the time stated in the Retention and Disposal schedule justification for such retention must be made and detailed in respect of clinical and/or business reasons.

The UHB has developed a [Records Retention and Destruction Protocol](#) which includes reference to UHB specific retentions as well as the Department of Health recommended retention schedules as included in the code of practice Annex D. Staff must take advice from the professional leads for medical records and non-health records when considering retention and particularly disposal before any decision is made and approval must be sought from the IGSC for any non standard requests.

It is particularly important under freedom of information legislation that the disposal of records – which is defined as the point in their lifecycle when they are either transferred to an archive or destroyed – is undertaken in accordance with clearly established policies which have been formally adopted by the organisation and which are enforced by properly trained and authorised staff.

### 11.1. Appraisal of Records

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Appraisal refers to the process of determining whether records are worthy of permanent archival preservation. This should be undertaken in consultation with the Corporate Governance Department.

The purpose of such an appraisal process is to ensure that the records are examined at the appropriate time to determine whether or not they are worthy of archival preservation, whether they need to be retained for a longer period as they are still in use, or whether they should be destroyed.

Where there are records which have been omitted from the retention schedules, or when new types of records emerge, the National Archives should be consulted. The National Archives will provide advice about records requiring permanent preservation.

All NHS organisations must have procedures in place for recording the disposal decisions made following appraisal. An assessment of the volume and nature of records due for appraisal, the time taken to appraise records, and the risks associated with destruction or delay in appraisal will provide information to support an organisation's resource planning and workflow.

The Head of Health Records and the Head of Information Governance and Assurance in their Professional advisory roles will determine the most appropriate person(s) to carry out the appraisal in accordance with the retention schedule. This should be a senior manager with appropriate training and experience who has an understanding of the operational area to which the record relates.

Most NHS records, even administrative ones, contain sensitive or confidential information. It is therefore vital that confidentiality is safeguarded at every stage of the lifecycle of the record, including destruction, and that the method used to destroy such records is fully effective and ensures their complete illegibility.

### **11.2. Record Closure**

Records should be closed (ie made inactive and transferred to secondary storage) as soon as they have ceased to be in active use other than for reference purposes. An indication that a file of paper records or folder of electronic records has been closed, together with the date of closure, should be shown on the record itself as well as noted in the index or database of the files/folders. Where possible, information on the intended disposal of electronic records should be included in the metadata when the record is created.

The storage of closed records should follow accepted standards relating to environment, security and physical organisation of the files.

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### 11.3. Record Disposal

The UHB Records Management Policy and procedure is supported by a detailed Retention and Destruction Protocol that is based on the retention schedules contained in the Department of Health Records Management NHS Code of Practice. It includes all records held by the organisation, including electronic records. Schedules should be arranged based on series or collections of records and should indicate the appropriate disposal action for all records (for example consult with The National Archives after 'x' years; destroy after 'y' years).

Records selected for archival preservation and no longer in regular use by the organisation should be transferred as soon as possible to an archival institution (for example a Place of Deposit) that has adequate storage and public access facilities such as the Glamorgan Archive.

Non-active records should be transferred in accordance with the Public Records Act. From 1 January 2013 the 30 year rule was amended to 20 years however there is a ten year transition in place covering records from the years 1984-2001 and a "saving" provision means that records from 1983 remain subject to the 30 year transfer rule.

Records (including copies) not selected for archival preservation and which have reached the end of their administrative life should be destroyed in as secure a manner as is appropriate to the level of confidentiality or protective markings they bear. This can be undertaken on site or via an approved contractor.

It is the responsibility of the UHB to ensure that the methods used throughout the destruction process provide adequate safeguards against the accidental loss or disclosure of the contents of the records. Most NHS records are confidential records. Contractors, if used, should be required to sign confidentiality undertakings and to produce written certification as proof of destruction.

A record of the destruction of records, showing their reference, description and date of destruction should be maintained and preserved by the manager authorising the destruction so that the organisation is aware of those records that have been destroyed and are therefore no longer available. There is a destruction certificate included within the records retentions and destruction protocol that can be used for this purpose. Disposal schedules would constitute the basis of such a record.

If a record due for destruction is known to be the subject of a request for information, or potential legal action, destruction should be delayed until disclosure has taken place or, if the authority has decided not to disclose the information, until the complaint and appeal provisions of the Freedom of Information Act 2000 have been exhausted or the legal process complete

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## 12. THE RECORDS MANAGEMENT IMPROVEMENT PLAN

The UHB will develop, maintain and update an improvement plan for Records Management; the UHB's performance in regards to records management will be assessed and action plans based on the outcomes.

### 12.1 Assessment Tools

The UHB will use the Caldicott Principles in Practice (CPiP) Assessment Tool, the Welsh Health and Care Standards Framework and the NHS England Information Governance Toolkit (IG Toolkit) to identify a range of standards across all elements of Information Governance within the UHB one element of which is Records Management. In addition, the recommendations of internal and external audit reports will also form important workstreams. The action plan will reflect the performance against these standards.

### 12.2 The Role of the Information Governance Framework and the Information Governance Assurance assessment tools

Information Governance is defined as:

"A framework for handling information in a confidential and secure manner to appropriate ethical and quality standards in a modern health service."

It is the information component of Clinical Governance and it aims to support the provision of high-quality care to patients, clients and service users by promoting the effective and appropriate use of information.

The Information Governance Framework details the standards expected of all NHS staff with respect to protecting clinical records from damage, destruction and inappropriate disclosure.

The CPiP assessment, and the Welsh Health and Care Standard 3.5. provide the means by which NHS organisations in Wales can assess their compliance with current legislation, Government policy and national guidance. It has been approved by the Welsh Health ministers.

The UHB also utilises the Information Governance Toolkit that has been developed in England to provide a more comprehensive and robust IG (including records management) assessment tool when integrated with the Welsh assessment standards. The UHB has recognised the breadth and depth of the IG Toolkit Standards and is using these standards alongside the CPiP and Health and Care Standards Framework.

Standards are constantly being reviewed and updated and the UHB is committed to adapting with the requirements set by the Welsh Government.

### 12.3. Wales IM&T Strategies

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The National Programme for Information Technology, which is being delivered by the NWIS is bringing modern computer systems into the NHS Wales to improve patient care and services in support of the national strategy *Together for Health*.

The UHB recognises that the design, delivery and implementation of this strategy will have major impact on records management and its continuing improvement within the organisation and plans will need to encompass those changes

## 13. IMPLEMENTATION

### 13.1. Responsibilities

The responsibility for the operational implementation of this document, including training and other needs that arise shall remain with the Deputy SIROs for the clinical boards and corporate services. Line managers have the responsibility to cascade information on new and revised policies/procedures and other relevant documents to the staff for which they manage.

Line managers must ensure that departmental systems are in place to enable staff (including agency staff) to access relevant policies, procedures, guidelines and protocols and to remain up to date with the content of new and revised policies, procedures, guidelines and protocols.

### 13.2. Policy development

This document has been developed by the Information Governance Team through wide ranging consultation throughout the UHB by means of the IGSC.

### 13.3. Approval Mechanism

This procedure will be approved by the IGSC. The approved document will be posted within the policy section on the UHB's intranet and on the UHB's website.

### 13.4. Review

This Policy will be reviewed every three years or more frequently if appropriate to take into account changes to legislation that may occur, and/or guidance from the Welsh Government, and/or the Information Commissioners Office (ICO).

## 14. MONITORING AND AUDIT

The UHB will regularly monitor and audit its records management practices for compliance with this policy.

The audit will:

- Identify areas of operation that are covered by the UHB's policies and

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- 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 processes, 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 both the policy and clinical record keeping guidance is occurring and suggest a tightening of controls and adjustment to related procedures.

The results of audits will be reported to the Clinical Boards and corporate departments, and IGSC, as appropriate.

The Welsh Government and the Information Commissioner's Office may also mandate an audit upon the UHB at any time.

## 15 LEGISLATION AND REFERENCE INFORMATION

The legislation and guidance relevant to records management processes are detailed below for further reference purposes:

- WHC (2000) 71: For the Record
- WHC (99) 7: Preservation, Retention and destruction of GP General Medical Services related to Patients
- Records Management: NHS Codes of Practice (Part 1 and 2)
- The Public Records Act 1958;
- The Data Protection Act 1998;
- The Freedom of Information Act 2000;
- Access to Health Records Act 1990
- The Common Law Duty of Confidentiality;
- The NHS Confidentiality Code of Practice
- Lord Chancellor's Code of Practice on the management of records issues under section 46 of the Freedom of Information Act 2000:
- ISO 15489-1:2001 Information and documentation – Records Management (Part 1 General):
- PD ISO/TR 15489-2:2001 Information and documentation – Records Management (Part 2: Guidelines):

### Guidance from the National Archives

- Managing records without an electronic records management system:
- Complying with the Records Management Code:
- How to produce a corporate policy on electronic records:



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The UHB will also review in light of any new legislation affecting records management as it arises.

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Monitoring/ Audit	Responsible individual/ group/	Frequency of monitoring	Responsible committee for review of results	Responsible individual/ group/ for development of action plan	Responsible committee for monitoring of action plan
<b>Compliance with Records Management Policy Self Assessment</b>  Two streams <ul style="list-style-type: none"> <li>Medical Records Management</li> <li>Non Health Records Management</li> </ul> Rolling audit across UHB programme to include: <ul style="list-style-type: none"> <li>Responsibilities</li> <li>Inventories</li> <li>Creation</li> <li>Information Quality Assurance</li> <li>Scanning</li> <li>Disclosure and Transfer</li> <li>Retention and Disposal</li> <li>Improvement Plan</li> <li>Monitoring and Audit</li> <li>Training</li> <li>Annual report</li> </ul>	Deputy SIRO CB MRMG  Deputy SIRO Corporate NHRMG	Annual rolling programme	IGSC	Deputy SIRO CB MRMG  Deputy SIRO Corporate NHRMG	IGSC
<b>Assessment Tools</b> Caldicott Standards  Health and Care Standards 3.5.  IG Toolkit : Clinical Information Assurance 13-400 to 13-406	Caldicott Guardian  Deputy SIRO CB MRMG  Deputy SIRO Corporate NHRMG	Annual  Annual  Annual	IGSC	Caldicott Guardian Deputy SIRO CB MRMG  Deputy SIRO Corporate NHRMG	IGSC
<b>Internal Audit Programme</b>  Rolling programme	Caldicott Guardian CB MRMG  Deputy SIRO Corporate NHRMG	Annual	IGSC Audit Committee	Caldicott Guardian MRMG  Deputy SIRO Corporate NHRMG	IGSC

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<b>External Audit Requirements</b>  As agreed with: <ul style="list-style-type: none"> <li>• The WAO</li> <li>• The ICO</li> <li>• Any other agreed requests</li> </ul>	Deputy SIRO CB MRMG  Deputy SIRO Corporate NHRMG	As agreed	IGSC Audit Committee	Caldicott Guardian MRMG  Deputy SIRO Corporate NHRMG	IGSC

Abbreviation	
IGSC	Information Governance Sub Committee
SIRO	Senior Information Risk Officer
CB	Clinical Board
MRMG	Medical Records Management Group
NHRMG	Non Health Records Management Group
IG	Information Governance
WAO	Wales Audit Office
ICO	Information Commissioner's Office