

Information Lifecycle and Records Management Policy

Issue Date	Review Date	Version
December 2016	December 2021	3.1

Purpose

This policy will set out the standard for the overarching management of non- clinical/corporate records to meet the Trust's business needs, ensure conformance to relevant legislation, regulations and standards, and provide a basis for accountability and responsibilities for information and records management.

Who should read this document?

All staff should familiarise themselves with this policy as they should be fully aware of their responsibilities in respect of record keeping and management. In particular all staff must ensure that they keep appropriate records of their work in the Trust and manage those records in keeping with this policy.

Key Messages

- To ensure that all staff are aware of the importance of Records Management.
- Signpost staff to key procedural documents to assist with complying with the standards set out in this policy.
- To indicate how compliance with Records Management standards will be achieved.

Core accountabilities

Owner	Head of Clinical Systems Governance Information Governance Support Manager
Review	Corporate Records Management Steering Group Caldicott and Information Governance Assurance Committee
Ratification	Senior Information Risk Owner
Dissemination	Head of Clinical Systems Governance
Compliance	Head of Clinical Systems Governance

Links to other policies and procedures

Information Governance Policy
Health Records Policy
Clinical Records Keeping Policy

Version History

V1	March 2007	New Policy
V2.1	January 2012	Revised and reformatted
V2.2	May 2013	Minor amendments to job titles
V2.3	July 2015	Minor amendments to job titles and Trust Documents
V2.4	August 2016	Minor amendments to name change of HSCIC to NHS Digital
V3	March 2017	Policy due for review – revised and reformatted
V3.1	November 2018	Amended wording due to moving Trust Documents to Network share

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to)

age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

**An electronic version of this document is available on Trust Documents.
Larger text, Braille and Audio versions can be made available upon
request.**

Contents

Section	Description	Page
1	Introduction	4
2	Purpose, including legal or regulatory background	4
3	Definitions	4
4	Duties	5
5	Main Body of Policy	7
6	Overall Responsibility for the Document	8
7	Consultation and Ratification	8
8	Dissemination and Implementation	9
9	Monitoring Compliance and Effectiveness	9
10	References and Associated Documentation	10
Appendix 1	Dissemination Plan and Review Checklist	11
Appendix 2	Equality Impact Assessment	12

1 Introduction

This policy covers the information lifecycle of non-clinical/corporate records held by the Trust. The management of clinical records is covered by the Health Records Policy and the Clinical Records Keeping Policy. These three policies underpin records management within the Trust.

Information lifecycle management principles apply to the management of electronic and paper records. The lifecycle of information covers the five phases of creation, retention, maintenance, use and disposal.

The Trust's records are its corporate memory, providing evidence of actions and decisions and representing a vital asset to support daily functions and operations. Records support policy formation and managerial decision-making, protect the interests of the Trust and the rights of patients, staff and members of the public. They support consistency, continuity, efficiency and productivity and help deliver services in consistent and equitable ways.

2 Purpose

This policy will set out the standard for the overarching management of non-clinical/corporate records to meet the Trust's business needs, ensure conformance to relevant legislation, regulations and standards, and provide a basis for accountability and responsibilities for information and records management.

3 Definitions

Information Lifecycle Management

Information Lifecycle Management is the policies, processes, practices, services and tools used by an organisation to manage its information through every phase of its existence, from creation to destruction.

Records Management

Records Management is the activity of managing records throughout their lifecycle from creation to disposal or permanent archiving.

This includes version control, distribution, filing, retention, and secure storage 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.

The key components of records management are:

- record creation;
- record keeping;
- record maintenance (including tracking of record movements);
- security
- access and disclosure;
- closure and transfer;
- appraisal;
- archiving; and

- disposal.

Records Life Cycle

This 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.

Records

The term records is defined in this policy as any recorded information, in any form, created or received and maintained by the Trust in the transaction of its business or conduct of affairs which needs to be retained to provide evidence of a business activity, transaction or decision. Records can exist in any format or media, in paper or electronic format.

Records capture the information about transactions, decisions and business activity, which needs to be retained as evidence. Not all documents and files used in a business process will necessarily need to be captured into record keeping systems. Only those required to provide an adequate, accurate record of the work carried out or decisions made. The capture of relevant records into appropriate record keeping systems should be an integrated part of the Trust business processes.

The content of a record will primarily be determined by the purpose for which it is being created. Record keeping is a tool of professional practice and one which should facilitate the care process. It is not separate from the process and it is not an optional extra.

Electronic Records Management

Whilst the organisation is moving towards electronic records management, there is a requirement to clearly distinguish whether the record is electronic or in paper form. The Trust will monitor electronic records and potential electronic records to ensure that:

- Records that should be captured are being processed electronically if they do not appear in the paper record.
- There is no unwarranted duplication between the paper and electronic record collections.
- The implementation of any Record Management System should clearly show where the record is located and in which form it is held.

4 Duties

Chief Executive

The Chief Executive, as the Accountable Officer, has overall responsibility for records management across the Trust 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.

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

Senior Information Risk Owner (SIRO)

The SIRO is an executive who is familiar with and takes ownership of the organisation's information risk policy and acts as advocate for information risk on the Board. The SIRO will also be the Director responsible for the Records Management Programme. This role is undertaken by the Director of Corporate Business. The SIRO will delegate the day to day management of the Programme to the Head of Clinical Systems Governance.

Head of Clinical Systems Governance

This post is managerially responsible for the implementation, development and monitoring of the Records Management Programme. The role monitors Trust-wide quality assurance for records management ensuring the development of trust wide, efficient and effective systems to achieve and maintain compliance with all applicable regulatory standards.

Information Governance Support Manager

The Information Governance Support Manager supports the Head of Clinical Systems Governance with the day to day running of the Records Management Programme.

Information Asset Owner (IAO)

An IAO is a named Director or Senior Manager who has ultimate accountability for the safety and security of records, to understand and address risks to the records and information assets they 'own' and to provide assurance to the SIRO on the security and use of those records and assets.

Information Asset Administrators (IAA)

An IAA is a named individual nominated by the IAO that takes responsibility for the day to day administration of the record.

Local Records Leads

The role of the Local Records Lead is to act as a champion for Records Management within the area/department. It is a departmental role assisting the Information Governance function. The role encompasses different tasks that relate to the management of records throughout the organisation.

All Staff

All staff must ensure that they are fully aware of their responsibilities in respect of record keeping and management. In particular all staff must ensure that they keep appropriate records of their work in the Trust and manage those records in keeping with this policy and with any guidance subsequently produced.

Under the Public Records Act, all NHS employees have a degree of responsibility for any records that they create or use. Thus, any records created by an employee of the NHS are public records and may be subject to both legal and professional obligations. This is reflected in all staff job descriptions.

Corporate Records Management Committee Structure

The Corporate Records Management Steering Group, chaired by the Head of Clinical Systems Governance, reports in to the Caldicott and Information Governance Assurance Committee headed by the SIRO.

The Caldicott and Information Governance Assurance Committee provides assurance on the Records Management Programme to the Trust Board.

5 Main Body of Policy

Records Management Programme

Plymouth Hospitals NHS Trust Records Management Programme will ensure that:

- records are available when needed
- records can be accessed
- records can be interpreted
- records can be trusted
- records can be maintained through time
- records are secure
- records are retained and disposed of appropriately
- staff are trained

Trust Wide Records Audit

A key component of the Records Management Programme is the Trust Wide Records Audit.

All Directorates maintain a Records Inventory for their area, managed by Local Records Leads. The Records Inventory documents what records are being kept and details of the IAO and IAA.

The inventories are analysed by the Information Governance Team to monitor information handling and identify areas of risk. The IAO will need to provide records management assurance via the Corporate Records Management Steering Group to the Caldicott and Information Governance Assurance Committee chaired by the SIRO.

Document Control Function

The Head of Clinical Systems Governance is responsible for the management of Trust wide Formal Documents.

Key duties include:

- Provision of a library of up to date formal documents, accessible to staff and others that need to use them.
- Maintenance of a, restricted access, archive of out-of-date documents
- Alerting appointed groups when documents are within four months of their expiry date.
- Ensuring that documents comply with the requirements set out in “The Development and Management of Formal Documents”
- A master folder containing the document, evidence of ratification and corresponding Equality Impact Assessments (as appropriate)
- An index that includes the document’s title, number and issue, owner, issue date and next review date and version control history

Records Management Training

Records Management training forms part of the general Information Governance training hosted by the Trust’s learning management system (OLM).

All Trust staff have a degree of responsibility for any records that they create or use. Any records created by an employee of the NHS are public records and may be subject to both legal and professional obligations. This is reflected in all staff job descriptions.

Local Records Leads will complete additional Records Management training modules agreed by the Information Governance Team. The role acts as a champion for Records Management throughout the organisation and can offer initial advice for staff in their areas and signpost more complex queries to the Information Governance Team.

Awareness of key issues identified relating to Records Management will be publicised in the Trust’s official communication material.

Corporate Records Management Administrative Procedure Notes (APNs) will provide staff with detailed procedures for the management of records.

6 Overall Responsibility for the Document

The Head of Clinical Systems Governance and the Corporate Records Management Steering Group has overall responsibility for the co-ordination and dissemination, implementation and review of this document.

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Corporate Records Management Steering Group and the Caldicott and Information Governance Assurance Committee and ratified by the Senior Information Risk Owner.

Non-significant amendments to this document may be made, under delegated authority from the Senior Information Risk Owner, by the nominated owner. These must be ratified by the Senior Information Risk Owner.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Senior Information Risk Owner and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

Annual Audits

The Trust will regularly audit its records management practices for compliance with this framework. Local Records Leads are required to keep the Records Inventories in their area up to date. An annual audit programme of the data collected in the Records Inventories will be coordinated by the Head of Clinical Systems Governance.

These audits will:

- Identify practice in operational areas, which are not compliant with this policy;
- Identify key areas of concern and raise with Information Asset Owners to mitigate risk
- Set and maintain standards by implementing new procedures, including obtaining feedback where the procedures do not match the desired levels of performance; highlight where non-conformance to the procedures is occurring and suggest a tightening of controls and adjustment to related procedures.

The results of these audits will be published at the Caldicott and Information Governance Assurance Committee and exception reports will go to the Trust Board via the IG quarterly update.

The Corporate Records Management Steering Group will monitor response timescales for Freedom of Information requests (specifically where failures result from inability to locate information in a timely fashion).

Key Performance Measures and Escalation Procedure

The Head of Clinical Systems Governance will measure the Trust's performance against this policy by assessing Service Line performance against agreed local Records Management action plans and report to the Caldicott and Information Governance Assurance Committee on an annual basis.

Should significant concerns about performance against this policy arise; Service Line Managers (or equivalent) may be required to attend the Caldicott and Information Governance Assurance Committee to provide assurance that the Service Line has robust plans that will deliver improvements in performance.

In the event that the Service Line is unable to provide sufficient assurances then the matter will be escalated to the Chief Operating Officer.

10 References and Associated Documentation

Freedom of Information Act (2000)

http://www.opsi.gov.uk/Acts/acts2000/ukpga_20000036_en_1

Data Protection Act (1998)

http://www.opsi.gov.uk/Acts/Acts1998/ukpga_19980029_en_1

Public Records Act (1958)

<http://www.legislation.gov.uk/ukpga/Eliz2/6-7/51>

Records Management: NHS Code of Practice for Health and Social Care (2016)

<https://digital.nhs.uk/information-governance-alliance>

The National Archives' Records Management: Standards and Guidance

<http://www.nationalarchives.gov.uk/recordsmanagement/default.htm>

Confidentiality: NHS Code of Practice DoH (2003)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069253

Dissemination Plan			
Document Title	Information Lifecycle and Records Management Policy		
Date Finalised	January 2017		
Previous Documents			
Action to retrieve old copies	Old copies to be removed from Trust Documents by Information Governance Team		
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff	January 2017	Vital Signs	Information Governance Team

Review Checklist		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
Content	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
Evidence Base	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes
	Does the document identify which Executive Director will ratify it?	Yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Core Information

Date	January 2017
Title	Information Lifecycle and Records Management Policy
What are the aims, objectives & projected outcomes?	This policy will set out the standard for the overarching management of non-clinical/corporate records to meet the Trust's business needs, ensure conformance to relevant legislation, regulations and standards, and provide a basis for accountability and responsibilities for information and records management.

Scope of the assessment

This policy covers the information lifecycle and records management of non-clinical/corporate records held by the Trust.

Collecting data

Race	This is mitigated as the policy can be made available in alternative languages.
Religion	The document has no impact in this area.
Disability	This is mitigated as the policy can be made available in alternative formats.
Sex	The document has no impact in this area.
Gender Identity	The document has no impact in this area.
Sexual Orientation	The document has no impact in this area.
Age	The document has no impact in this area.
Socio-Economic	The document has no impact in this area.
Human Rights	The document has no impact in this area.
What are the overall trends/patterns in the above data?	There are no trends/patterns in this data. External consideration has been given to 2011/12 NHS Litigation Authority Risk Management Standards for NHS Trusts, Care Quality Commission Outcomes and information Governance Toolkit requirements.
Specific issues and data gaps that may need to be addressed through consultation or further research	Trust wide documents can be made available in a number of different formats and languages if requested. No further research is required as there are no further equality issues.

Involving and consulting stakeholders

Internal involvement and consultation	This policy has been compiled by the Head of Clinical Systems Governance together with the Information Governance Support Manager. The policy has been circulated for consultation to members of the Corporate Records Management Steering Group and the Caldicott and Information Governance Assurance Committee.
--	--

External involvement and consultation	External consideration has been given to 2011/12 NHS Litigation Authority Risk Management Standards for NHS Trusts, Care Quality Commission Outcomes and Information Governance Toolkit requirements.				
Impact Assessment					
Overall assessment and analysis of the evidence	<p>This assessment has shown that there could be an impact on race or disability groups. However, this document can be made available in other formats and languages if requested.</p> <p>The document does not have the potential to cause unlawful discrimination.</p> <p>The document does not have any negative impact.</p>				
Action Plan					
	Action	Owner	Risks	Completion Date	Progress update
Provide document in alternative formats and languages if requested.	Head of Clinical Systems Governance	Potential cost impact.	Ongoing		This action will be addressed as and when the need occurs.