

**BARNSELY CLINICAL COMMISSIONING  
GROUP'S RECORDS MANAGEMENT  
POLICY**

<b>Version:</b>	2.0
<b>Approved By:</b>	Governing Body
<b>Date Approved:</b>	Feb 2014 (approved), March 2016 (reviewed)
<b>Name of originator / author:</b>	Richard Walker
<b>Name of responsible committee/ individual:</b>	Governing Body (Approval) Information Governance Group / QPSC (review)
<b>Name of executive lead:</b>	Vicky Peverelle
<b>Date issued:</b>	
<b>Review Date:</b>	2 years from approval
<b>Target Audience:</b>	Barnsley CCG staff

**THIS POLICY HAS BEEN SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT**

## Amendment Log

Version No	Type of Change	Date	Description of change
DRAFT		January 2014	
1.0		13 February 2014	<i>Approved by Governing Body</i>
1.1		10 October 2014	<i>Minor changes to reflect change of SIRO from CFO to Chief of Corporate Affairs</i>
2.0	Review	Feb 2016	<i>CSU references changed to commissioning support / EMBED Scope expanded, includes social care records and new functions taken on by CGG Added reference to Health and Social Care (Safety and Quality) Act 2015</i>

# Contents

1	Introduction.....	4
2	Objectives.....	5
3	Scope .....	5
4	Roles and Responsibilities .....	6
5.	Legal Obligations and Standards .....	8
6	Records Management Systems Audit .....	8
7	Implementation and Standards.....	8
8	Guidance and Training .....	10
9	Sharing Records.....	10
10	Review.....	10
11	Further Information .....	10

# 1 Introduction

Along with its staff, information is a key asset of NHS Barnsley Clinical Commissioning Group (CCG). The CCG depends on good quality information to operate efficiently, commission evidence based health care and account for its actions. In order to achieve this, information must be **recorded** and **managed** effectively to ensure it is fit for purpose and available when needed.

## CCG Records<sup>1</sup>

The CCG's records are its corporate memory, providing evidence of actions and decisions and are a vital asset to support daily functions and operations.

CCG records:

- Support policy development and decision-making at all levels across every function
- Protect the interests of the CCG and the rights of patients, staff and members of the public who have dealings with the CCG
- Support research and development
- Support consistency, continuity, efficiency, productivity and patient safety
- Support service delivery in consistent and equitable ways

Other organisational benefits include:

- Better use of physical and server space
- Better use of staff time
- Improved control of valuable information resources
- Compliance with legislation and standards
- Reduced costs

All NHS records are public records under the terms of the Public Records Act 1958 and all NHS organisations have a duty under this Act to make arrangements for the safe keeping and eventual disposal of all types of record<sup>2</sup>.

A records management policy is the cornerstone of effective records management<sup>3</sup>. Barnsley Clinical Commissioning Group (CCG) Records Management Policy and associated guidance provides a systematic and planned approach to managing its records through the **records life cycle**<sup>4</sup>: It has been developed with reference to the Records Management: NHS Code of Practice, which has been published by the Department of Health 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 England. The Code of practice is based on current legal requirements and professional best practice.

---

<sup>1</sup> Records are defined as 'recorded information, in any form, created or received and maintained by Barnsley Clinical Commissioning Group (the CCG) in the transaction of its business or conduct of affairs and kept as evidence of such activity'. Definition of a record taken from Records Management Model Policy, Records Management Roadmap document 02A,

<http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/records/manpolicy.doc>

<sup>2</sup> DH (2006) Records Management: NHS Code of Practice Part 1

<sup>3</sup> Records management is a discipline which utilises an administrative system to direct and control the creation, version control, distribution, filing, tracking of record movements, retention in line with appropriate schedules, storage, archiving and secure disposal of records, in a way that is administratively and legally sound, whilst at the same time serving the operational needs of the CCG and preserving an appropriate historical record.

<sup>4</sup> 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.

The policy should be read in conjunction with other CCG information governance policies, in particular: Email, Confidentiality Code of Conduct, Information Security; and Records Management procedures.

## 2 Objectives

The purpose of this policy is to provide effective governance arrangements for records management through the provision of guidance to staff that enables them to maintain records which enables the CCG to:

- Make effective decisions
- Provide an explanation for, and evidence of, decisions made or actions taken
- Provide business continuity/continuity of care
- Review the quality of service provided and promote high standards
- Provide internal and external accountability
- Investigate any complaints
- Guard against fraud and protect the rights and assets of the CCG and individuals
- Demonstrate transparency and accountability

To support this policy, the CCG will provide guidance and service specific procedures that cover the records lifecycle model which depicts the life of a record from its inception to its termination through the following processes:

- Record creation
- Record keeping
- Records maintenance including tracking of record movements
- Access and disclosure
- Closure and transfer appraisal
- Archiving
- Disposal

## 3 Scope

This policy and its associated procedures apply to:

**All staff**, in particular users of CCG systems and equipment including CCG employees and non-CCG employees who work within NHS Barnsley Clinical Commissioning Group or under contract to it. Non-CCG employees includes, but is not limited to, commissioning support services staff working on behalf of Barnsley CCG, staff on secondment to the CCG, students on placement, and people working in a voluntary capacity.

(For convenience, the term 'staff' is used in this document to refer to all those to whom the policy applies.)

## **All records held in any format by the CCG**

These include:

- Administrative records (for example, staff records, estates, financial and accounting, contracts, litigation, complaints handling, incident investigation, records of meetings, policies and procedures etc.)
- Health and social care records<sup>5</sup>
- Information held in electronic format including databases, emails and texts
- Reports and evaluations of care needs
- Applications and appeals regarding care funding
- Faxes
- Correspondence
- Work diaries

**Please note** this is not an exhaustive list.

Records which are not covered by this policy include health and other records held by independent contractors and documents created by other organisations such as the Department of Health which are kept for reference purposes only.

## **4 Roles and Responsibilities**

### **Chief Officer**

The Chief Officer has overall responsibility for records management in the CCG. As Accountable Officer they are responsible for the management of the organisation and for ensuring appropriate mechanisms are in place to support service delivery and continuity. Records management is a key function in achieving this as it will ensure appropriate, accurate information is available as required. Day to day operational responsibility for records management is delegated to the Head of Assurance.

---

<sup>5</sup> Any record which consists of information relating to the physical or mental health of an individual or their social care needs and has been made by or on behalf of a health or social care professional in connection with that care.

### **Caldicott Guardian and Chief Nurse**

The Caldicott Guardian (Chief Nurse) has a particular responsibility for reflecting patients' interests regarding the use of patient identifiable information. They have a responsibility for ensuring patient identifiable information is shared in an appropriate and secure manner.

The Chief Nurse is also responsible for any clinically related records (including complaints)

### **Senior Information Risk Owner (SIRO)**

The SIRO (Chief of Corporate Affairs) is responsible for the management of non-clinical records.

### **CCG Records Management Lead**

The Head of Assurance is the CCG IG Lead and is the operational lead for records management.

### **Information Governance Lead (EMBED)**

The Information Governance Lead (commissioned via the WSY&B Commissioning Support Unit) provides advice on Data Protection and Information Governance Issues.

### **Information Asset Owners (IAOs)**

IAOs are senior individuals who have been designated the responsibility for a particular set of a records or system (an information asset). They are responsible for understanding the value of the asset to the CCG's business needs and for managing their information asset including access rights and any associated risks. This includes putting local procedures in place where appropriate.

### **Information Asset Owners (IAAs)**

IAAs manage information assets on a day to day basis. They support the IAO to ensure policies and procedures that govern the information asset are followed.

### **Line Managers**

Line managers have a responsibility to ensure their staff, or anyone for whom they are managerially responsible, receive a local induction in relation to records management and that local procedures are in place where appropriate.

### **Staff**

All staff have a responsibility to keep appropriate records in keeping with the Records Management Policy and associated guidance. They also have a contractual and common law duty of confidence in relation to their employer in relation to the information they come across in the course of their employment.

### **Information Governance Group**

The Information Governance Group oversees IG policy development and is responsible for ensuring that this policy is implemented. The Information Governance Group will escalate issues to the Quality and Patient Safety Committee.

## **5. Legal Obligations and Standards**

All NHS records are public records under the Public Health Records Acts and must be kept in accordance with the following statutory and NHS guidance:

- The Public Records Act 1958
- Records Management: NHS Code of Practice
- Data Protection Act 1998
- Confidentiality: NHS Code of Practice
- Common Law Duty of Confidence
- Access to Health Records Act 1990
- Freedom of Information Act 2000
- Environmental Information Regulations 2004
- Caldicott Review 2012
- NHSLA Clinical Risk Management Standards
- Protection of Freedoms Act 2012
- Health and Social Care Act 2012
- Health and Social Care (Safety and Quality) Act 2015
- Professional Guidance (such as NMC, GMC, HPC)

A comprehensive list of the key legal and professional obligations can be found in Annex C of The Records Management: NHS Code of Practice:

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

## **6 Records Management Systems Audit**

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

- Identify areas of operation that are covered by the CCG'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.

All services will participate in a record keeping audit on an annual basis. Results from the audits will be reported to the Information Governance Group.

## **7 Implementation and Standards**

The CCG's records should be managed in accordance with the records life cycle from its creation/receipt through the period of its 'active' use, then into a period of 'inactive' retention and finally either confidential disposal or archival preservation.

Procedural documents implementing this policy will be made available on the intranet. These documents and the policy itself should be cross-referenced with other information governance policies and procedural documents. An up-to-date list of these documents is available on the intranet on the Information Governance page.

Records Management procedures and guidance will enable the CCG to ensure:

- **Accountability** – adequate records are maintained 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** – CCG records are complete and accurate, that is, the information they contain is reliable, and their authenticity can be guaranteed. A record should be able to be interpreted so that it is possible to establish its context, who created it as part of which business process and how it is related to other records. All records should be structured according to CCG templates and standards where these are available. Where no guidance is available records should be clear and able to fulfil the purpose for which they were created. Each record should contain as a minimum, an author, date, title and version control.
- **Accessibility** – CCG records and the information within them can be efficiently retrieved when needed and displayed in a way consistent with their initial use, and that the current version is identified where multiple versions exist.
- **Security** – CCG records are secure from unauthorised or inadvertent alteration or erasure, that access and disclosure is properly controlled and audit trails track all use and changes. Records are held in a robust format which remains readable for as long as records are required.
- **Retention and disposal** – consistent and documented retention and disposal procedures ensure the retention of the minimum volume of records consistent with effective and efficient CCG operational processes. This includes provision for the permanent preservation of archival records and confidential disposal.
- **Training** – all staff are made aware of their record-keeping responsibilities through generic and specific training programmes and guidance. Staff induction programmes will include records management training relevant to the role.
- **Performance measurement** – records management procedures are regularly monitored against agreed indicators and action taken to improve standards as necessary.

## **Best Practice in Records Management**

Every individual has a responsibility to manage their records effectively. Best Practice ensures that every individual works to the same standards and allows consistency throughout the CCG. The CCG expects all staff to comply with the minimum standards set out in guidance documents available on the intranet.

### **8 Guidance and Training**

All CCG staff will be made aware of their responsibilities for record-keeping and records management via their line managers.

All managers are responsible for ensuring all staff are appropriately trained in records management. This should be included within staff appraisal and training, given in accordance with their personal development plans.

### **9 Sharing Records**

Person identifiable information will be shared in line with legislation, national guidance and documented information sharing agreements which have been agreed through the CCG information governance processes. This includes access to personal information under the Data Protection Act 1998 and the Access to Health Records Act 1990.

The CCG is committed to being working in an open and transparent manner, and to comply fully with the Freedom of Information Act 2000 and the Environmental Information Regulations 2004.

### **10 Review**

This policy will be reviewed in February 2016 or sooner if new legislation, codes of practice or national standards are introduced.

### **11 Further Information**

Further information about records management can be obtained from the CCG Information Governance Lead or the EMBED Information Governance Team.

## Equality Impact Assessment 2013

<b>Title of policy or service</b>	Records Management	
<b>Name and role of officers completing the assessment</b>	<i>Julie Eckford, IG Specialist (initial assessment) and Gershon Nubour (as part of review Feb 20016) – as changes to the policy were minimal no change to the EIA is proposed.</i>	
<b>Date assessment started/completed</b>	21.01.14	21.01.14

<b>1. Outline</b>	
<p><b>Give a brief summary of your policy or service</b></p> <ul style="list-style-type: none"> <li>• Aims</li> <li>• Objectives</li> <li>• Links to other policies, including partners, national or regional</li> </ul>	<p>The policy aims to raise CCG staff awareness of the CCG’s expectations in relation to the appropriate handling of information when recording and managing CCG records to:</p> <ul style="list-style-type: none"> <li>• Ensure information is handled appropriately and in a secure and confidential manner</li> <li>• Reduce the risk of adverse incidents</li> <li>• Prevent staff inadvertently causing an IG incident through non-compliance of CCG policy</li> </ul> <p>The policy links to law such as data protection law, guidance issued by organisations such as DH, Information Commissioner’s Officer and Cabinet Office, ISO security standards and other CCG IG policies including information security, email and the confidentiality code of conduct.</p>

## 2. Gathering of Information

This is the core of the analysis; what information do you have that might *impact on protected groups, with consideration of the General Equality Duty*.

	What key impact have you identified?			What action do you need to take to address these issues?	What difference will this make?
	Positive Impact	Neutral impact	Negative impact		
<b>Human rights</b>		Y			
<b>Age</b>		Y			
<b>Carers</b>		Y			
<b>Disability</b>		Y			
<b>Sex</b>		Y			
<b>Race</b>		Y			

<b>Religion or belief</b>		Y			
<b>Sexual orientation</b>		Y			
<b>Gender reassignment</b>		Y			
<b>Pregnancy and maternity</b>		Y			
<b>Marriage and civil partnership</b> (only eliminating discrimination)		Y			
<b>Other relevant group</b>		Y			

Having detailed the actions you need to take please transfer them to onto the action plan below.

<b>3. Action plan</b>				
<b>Issues identified</b>	<b>Actions required</b>	<b>How will you measure impact/progress</b>	<b>Timescale</b>	<b>Officer responsible</b>

<b>4. Monitoring, Review and Publication</b>			
<b>When will the proposal be reviewed and by whom?</b>	The EIA will be reviewed when the policy is reviewed. The Head of Assurance is responsible for ensuring the review takes place. This policy will be reviewed not later than 2016.		
<b>Lead Officer</b>	Richard Walker	<b>Review date:</b>	February 2016