

<p><b>BARNSLEY CLINICAL COMMISSIONING GROUP'S RECORDS MANAGEMENT POLICY</b></p>
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<b>Version:</b>	3.0
<b>Approved By:</b>	Governing Body
<b>Date Approved:</b>	February 2014 October 2014 (reviewed) February 2016 (reviewed) January 2018 (reviewed)
<b>Name of originator / author:</b>	Gershon Nubour
<b>Name of responsible committee/ individual:</b>	Quality & Patient Safety Committee (Approval) Information Governance Group (Review)
<b>Name of executive lead:</b>	Richard Walker
<b>Date issued:</b>	July 2018
<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>
3.0	Review	Jan 2018	<i>Reference to new Records Management Code of Practice for Health and Social Care 2016 added, definitions aligned with it Amendments to reflect legislation changes incl. GDPR Named Governance &amp; Assurance Manager as Records Manager</i>

# Contents

1	Introduction.....	4
2	Objectives.....	5
3	Scope .....	5
4	Roles and Responsibilities .....	6
5.	Legal Obligations and Standards .....	7
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 and the Records Management Code of Practice for Health and Social Care 2016, to make arrangements for the safe keeping and eventual disposal of all types of record.

A records management policy is the cornerstone of effective records management. Barnsley Clinical Commissioning Group (CCG) Records Management Policy and associated guidance provides a systematic and planned approach to managing its records through the record's life cycle<sup>2</sup>: It has been developed with reference to the Records Management Code of Practice for Health and Social Care 2016, which has been published 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.

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.

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<sup>1</sup> Records are defined as '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'

<sup>2</sup> The term Records Life Cycle describes "a controlled regime in which information is managed from the point that it is created to the point that it is either destroyed or permanently preserved"

## 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
- 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.

### **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 (Head of Governance and Assurance) is responsible for the management of non-clinical records.

### **CCG Records Management Lead**

The Governance & Assurance Manager is the CCG's IG Lead and is the operational lead for records management.

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

The Information Governance Lead (EMBED) 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.

IAOs must ensure appropriate local procedures from managing their records are in place, as well as adding any collections of records (Information Assets) to the CCG's Information Asset Register.

### **Information Asset Administrators (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 Code of Practice for Health and Social Care 2016
- Data Protection Act
- General Data Protection Regulation
- HSCIC Code of practice on Confidential Information
- 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)

## 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.

Any deliberate attempt to delete or destroy any documentation or data to conceal theft or fraud is a criminal offence and as such will be investigated in line with the CCG's Fraud, Bribery and Corruption Policy. This will include referral to Human Resources for disciplinary action and the CCG's Counter Fraud Specialist for consideration of criminal proceedings.

- **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. The Records Management Code of Practice for Health and Social Care 2016 contains a detailed retentions schedule, listing how long each type of record should be held by the CCG for.
- **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.

The Records Manager should undertake appropriate training to allow them carry out their role, as well as any training made available through national NHS e-learning systems.

## **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/ General Data Protection Regulation 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 2020 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

<b>Title of policy or service:</b>	Records Management Policy	
<b>Name and role of officer/s completing the assessment:</b>	Gershon Nubour	
<b>Date of assessment:</b>	12 July 2018	
<b>Type of EIA completed:</b>	Initial EIA 'Screening' <input checked="" type="checkbox"/> or 'Full' EIA process <input type="checkbox"/>	(select one option )

1. Outline	
<b>Give a brief summary of your policy or service</b> <ul style="list-style-type: none"> <li>including partners, national or regional</li> </ul>	<ul style="list-style-type: none"> <li>The policy supports effective record keeping expected of the CCG as a public body.</li> <li>It supports a systematic and effective approach to appropriate record keeping</li> <li>Underpins transparency and accountability obligation that the CCG has</li> </ul>
<b>What Outcomes do you want to achieve</b>	<ul style="list-style-type: none"> <li>Support the CG Make effective commissioning decisions</li> <li>Maintain robust evidence of decisions made and actions taken</li> <li>Maintain a body of records required by law and national standards</li> </ul>
<b>Give details of evidence, data or research used to inform the analysis of impact</b>	<p>A draft of this policy has been circulated for review by the following:-</p> <ul style="list-style-type: none"> <li>BCCGs Information Governance Group,</li> <li>BCCGs Quality Patient Safety Committee,</li> </ul> <p>The final policy has been signed off by BCCGs Chief Nurse, the Head of Governance and Assurance and the Information Governance Manager (eMBED)</p>

<b>Give details of all consultation and engagement activities used to inform the analysis of impact</b>	As above
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**Identifying impact:**

- **Positive Impact:** will actively promote the standards and values of the CCG.
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact: causes or fails to mitigate unacceptable behaviour. If such an impact is identified, the EIA should ensure, that as far as possible, it is eliminated, minimised or counter balanced by other measures. This may result in a ‘full’ EIA process.

<b>2. Gathering of Information</b>					
This is the core of the analysis; what information do you have that might <i>impact on protected groups, with consideration of the General Equality Duty.</i>					
(Please complete each area)	What key impact have you identified?			For impact identified (either positive or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
<b>Human rights</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Age</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Carers</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Disability</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Sex</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

<b>Race</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Religion or Belief</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Sexual Orientation</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Gender Reassignment</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Pregnancy and Maternity</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Marriage and Civil Partnership</b> (only eliminating discrimination)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Other Relevant Groups</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>HR Policies Only:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		


**IMPORTANT NOTE:** If any of the above results in 'negative' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

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

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

4. Monitoring, Review and Publication			
<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.		
<b>Lead / Reviewing Officer:</b>	Richard Walker	<b>Date of next Review:</b>	January 2020

Once completed, this form **must** be emailed to the Equality Lead [barnsleyccg.equality@nhs.net](mailto:barnsleyccg.equality@nhs.net) for sign off:


<b>Equality Lead signature:</b>
<b>Date: 13.07.18</b>