West Hertfordshire Hospitals
NHS Trust

Corporate Records Management Policy

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Change History

Version	Date	Author	Reason
1.0	August 2009	David McNeil	New – IG Requirement
2.0	May 2011	Nicola Bateman	Amend specific guidance on creating and naming corporate electronic records. General amendments made throughout policy document.
3.0	March 2015	Jean Hickman	Policy out of date, transferred into new format
4.0	July 2017	Jean Hickman	Policy out of date. Minor changes made to update on authorisation process

Name	Designation
Jean Hickman	Trust Secretary
Approved by Committee	ICT Transformation Group
Ratified by Committee	QSG- 18.08.17- Chairs approval

CONTENTS

1. Introduction 4

2. Aims and purpose 4

3. Scope 5

4. Responsibilities 5

5. Training 6

6. Inventory of Corporate Records Management 6

7. Records Retention & Disposal Schedules 6

8. Related Policies & Legislation 7

9. Monitoring & Audit Arrangeents 7

10. Appendix 1: Corporate Electronic Records Management Procedures 8

11. Appendix 2: Corporate Paper Records Management Procedures 14

1. Introduction

Records management is the process by which an organisation manages all aspects of records whether internally or externally generated and in any format or media type, from their creation, all the way through to their lifecycle to their eventual 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 updated and is easily accessible when needed.

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.

The Trust believes that its internal management processes will be improved by the greater availability of information, which will accrue by recognising records management as a designated corporate function.

2. Aim and purpose

The aims of the Trust's Corporate Records Management Policy are to ensure that:

a. records are available when required;
b. records can be easily interpreted;
c. records can be trusted;
d. records are effectively maintained;
e. records are secure;
f. records are retained and disposed of appropriately;

This document sets out a framework within which all staff, particularly those responsible for managing corporate records can develop specific policies and procedures to ensure that records are:

- managed and controlled effectively and at best value;
- meet legal, operational and information needs;
- Readily accessible and available for use, □□eventually archived or disposed.

It brings together responsibility for records in all formats, including those which are electronic, throughout their life cycle.

3. Scope

This policy relates to all non-clinical corporate and operational records held in any format by the Trust. These include:

- Administrative records;
- staffing records;
- Complaints records;
- Financial and accounting records;
- Estates records;
- Photographs, slides and other images (non-clinical);
- Microform (that is, microfiche and microfilm (non-clinical records);
- Audio and video tapes, cassettes and CD-ROMs and DVDs;
- Emails;
- computerised records (databases, output and disks);
- scanned documents;
- Material intended for short-term or transitory use including notes and spare copies of documents;
- Any other material which holds non-clinical information

4. Responsibilities

Chief Executive

The Chief Executive has overall responsibility for records management in the Trust and as accountable officer; is responsible for ensuring that appropriate mechanisms are in place to support service delivery and continuity. Records management is key to this as it will help to ensure that appropriate, accurate information is available as required.

Trust Secretary

The Trust Secretary is responsible for ensuring a robust and active Corporate Records Management policy is in place. The Trust Secretary will oversee the actions needed to raise the profile of, and support improvement in standards of corporate records management across the Trust.

Senior Managers

Senior managers within the Trust have overall responsibility for the management of records generated by their activities, i.e. for ensuring that records controlled within their service are managed in a way which meets the aims of this policy.

All Staff

All members of staff must ensure that corporate (electronic and manual) records are:

a) relevant and complete: important information must be recorded;
b) held in an appropriate format (electronic wherever possible);

c) legible;
d) kept in directorate folders (for electronic data);
e) up-to-date;
f) disposed of when no longer required, either through archiving or through disposal, in line with national retention periods
g) Arranged in a record keeping system that will enable the Trust to obtain maximum benefit from the quick and easy retrieval of information.

5. Training

Trust staff will be made aware of their responsibilities for corporate record keeping and record management through training programmes and guidance.

6. Inventory of Corporate Records Management

The Information Governance Toolkit, Standard 604 – requires the Trust to undertake an inventory of corporate records, to establish the type of records it currently has, the form in which they are held and the record keeping systems currently in use.
The inventory of record collections will enable the Trust to:

a) Ensure corporate record retention periods are in line with the Records Management: NHS Code of Practice
b) Identify the location of records to assist the Trust to respond promptly to FOI requests for information
c) Determine the use made of each category of corporate record
d) Determine whether duplicate records exist
e) Determine whether it is necessary to retain the record
f) Assess current and further records storage requirements
g) Identify record creation and disposal concerns
h) Identify the department responsible for creation, use and management of each record collection
i) Create an information asset register
j) Identify any information security concerns.

The inventory will be coordinated by the Information Governance Department and will be reviewed each year. Each department will be required to undertake an audit of their records, in line with the Trust's corporate records management function and the records retention and disposal policy.

7. Records Retention & Disposal Schedules

It is a fundamental requirement that all of the Trust's records are retained for a minimum period of time for legal, operational, research and safety reasons. The length of time for retaining records will depend on the type of record and its importance to the Trust's business functions. The Trust has adopted the retention periods set out in the Records Management: NHS Code of Practice (detailed in the Trust's Retention Schedules for Health and Non-Health Records). The retention schedule will be reviewed annually.

8. Related Policies & Legislation

The following documents and references are relevant to records management:

Trust Policies and Strategies

- Records Retention & Disposal Policy
- FOI Policy & Procedures
- Data Protection & Confidentiality
- Policy Health Records Management Policy
- Acceptable Use Policy for Storing Information Electronically

Legislation and Guidance

- Records Management
- NHS Code of Practice
- NHS Business and Corporate (Non-health)
- Records Retention Schedule)
- Public Records Act 1958
- Lord Chancellor's Code of Practice on the Management of Records (Section 46 Code of Practice
- Freedom of Information Act 2000
- Data Protection Act 1998

9. Monitoring & Audit Arrangements

The Trust will regularly audit its corporate non-clinical records management practices for compliance with the Information Governance Toolkit around Corporate Information Assurance.

Appendix 1: Corporate Electronic Records Management Procedures

INTRODUCTION

As part of our work we all create information, data, documents and records and we also need to share information with others. This guidance explains:

- What types of information should be saved where how it should be filed
- The best ways to share information with other colleagues who need to access it

All staff must adhere to the following principles:

- You are responsible for the information you create
- All information created as part of your job role constitutes a Trust record and is evidence of the Trust's work, and may be needed for reference by others in future.
- All information is subject to a retention period, specifying how long it must be kept
- Avoid duplicating information held elsewhere; only one master document should be kept by the Trust
- Do not use the Trust systems for storing non-work related files or documents (Detailed in the Trust's Information Security Policy)

WHERE SHOULD I SAVE DOCUMENTS?

Desktop / C: drive

Staff must not store any Trust documents, records, or Trust information on the desktop or C drive.

Reasons

- Information stored in these places is not backed up, so if the computer crashes, this information is lost.
- Information stored on the C: Drive is neither confidential nor secure.

Exceptions

- Shortcuts to folders or documents can be stored on the desktop.

H: drive (personal folder)

H-drive is allocated to an individual user as a secure storage area for saving work related items that are personal, such as email PST files. It must not be used to store information that may need to be shared with or accessed by other colleagues.

Examples

YES	NO
Your CV	Finalised Trust documents
Your own training, development, and appraisal records	Evidence of your work activity
Line managers documents on individual member of staff	Which is a trust board
Draft documents which you are working on before sharing with others	Draft documents/information which others need to see or which is needed by others
Documents needed for reference only by yourself	Duplicated information e.g. downloaded policies/procedures
Professional / career information e.g. membership of professional bodies	Non-work related documents or files (Trust systems should not be used for personal use e.g. music, photos)

Directorate Shared Drives (G: Drive)

The vast majority of electronic information created as part of your job role should be stored on Directorate network drives.

Reasons

- All information created by you as part of your work constitutes a Trust record / evidence of the Trust's activity, and may be needed for reference by others in future.
- Easier to share information with other colleagues
- All records have a set retention period, similar files kept together are easier to retain for appropriate timescales
- Avoids duplication in storage of information
- Reduce confusion, easier to locate the master/original document
- Reduce the need to email documents to colleagues in the same directorate
- Information must be accessible if an individual leaves the Trust or is unexpectedly absent
- Able to locate information to comply with requests for information under the Freedom of Information Act.

Examples (Directorate shared drives)

YES	NO
Work undertaken as part of your job role	Line management files for individual members of staff

Generic management records	Documents needed for reference only by yourself
Relevant to your area of work, e.g. Job descriptions of roles within the team, organisational structure	Documents which will not be retained after they have been read or used, e.g. documents sent “for information” to you
Policies, strategies, procedures	
Financial records	
Administration records	
Meeting records	
Draft documents open to comment from colleagues	
Finalised documents	
Reports	

	Rule	Explanation	Example
1	**Repetition / Redundant words** Avoid duplicating words already used in the folder title.	Avoiding duplication leads to shorter file names.	Complaints × Complaint from Mr B Brown.doc □ Brown, Barry 2006-10-04.doc
2	Do not use words such as “folder” “letter”,” word document”, “spreadsheet”, “presentation” or “email” in titles.	It is obvious from the format of the document what they are.	× Finance Folder × Spreadsheet 2002.xls × Presentation at X Conference.doc × Email from John.msg
3	**Abbreviations** Expand abbreviations, initials or codes in the folder titles. Abbreviations may be used in the sub-folders or documents, as long as the folder at the top of the folder hierarchy includes the full title.	Abbreviations are not always understood and can lose their meaning over time.	× SMG □ Strategic Management Group (SMG)
4	**Numbers** When including a number in a file name use two digits (i.e. 01-99), unless it is a year or another number with more than two digits.	If only one digit is used then the documents are ordered out of sequence once the numbers reach two digits, as in the example.	× Office procedures 1.doc × Office procedures 13.doc × Office procedures 2.doc □ Office procedures 01.doc □ Office procedures 02.doc □ Office procedures 13.doc
5	**Dates** State dates “back to front” and use four digit	The chronological order of the records is maintained when the	× December 2006 × May 2006

6	Years, two digit months and two digit days YYYY-MM-DD or YYYY-MM or YYYY or YYYY-YYYY. Avoid using month names. Use numbers instead. Where the date is significant (e.g. recurring events only distinguished by the date) title the document with the date first and then a description of the event.	Folder / document names are listed in the directory.	× Sept 2006 ☐ 2006-05 ☐ 2006-09 ☐ 2005-12-10 Incident Report.doc ☐ 2006-02-01 Inpatient statistics.doc ☐ 2006-03-02 Inpatient statistics.doc
7	For infrequently occurring events use the description first then the year and month/date if necessary. [Event/description] [YYYY-MM-DD]	In this instance the date is less important than the subject / topic in distinguishing the information or finding/locating the file.	☐ Report on Staffing Figures 2005.doc ☐ Audit of procedures 2006-10.doc
8	**Office functions and activities** Do not name records after yourself or create folders with personal names. Instead, create folders according to the functions and activities of your job role or team If you need to refer to yourself, use your job title.	Trust information developed as part of your job role is corporate information which may need to be shared and retained in accordance with national guidelines. Individuals may leave the Trust, but their job role usually continues. It is easier to find information if it is organised by activity / function or job role, not personal name.	× Eddy's files × Catherine's report to Ramesh March 06.doc ☐ Office Administration ☐☐Modern Records Manager – quarterly report to Head of Department 2006-03.doc
9	When referring to a member of staff, use their job title rather than their name	The person's job role provides context to the information, and individuals may change over time but the role remains the same.	× Approval of budget by Betty.xls ☐☐Approval of budget by Head of Department.xls
10	**Drafts and version control** For drafts or minor updates to published documents use the second decimal point. For	Clear, consistent approach. There may be many documents which are in draft, and it is not normally useful	× Draft Ward Rota Protocol.doc × Final Pharmacy procedure.doc

11	Final versions or major updates to published documents use the first decimal point. First draft: v0.1 Second draft: v0.2 Final version: v1.0 Minor update: v1.1 Major update: v2.0 Minor update: v2.1 Minor update: v2.2 Major update: v3.0 Optional: if helpful add “draft” or “final” at the end. Avoid using common words such as “draft” or “final” at the start of file names,	To organise all the drafts together.	□□Ward Rota Protocol v0.1 draft.doc □□Pharmacy Protocol v1.0 - final.doc □ Pharmacy Protocol v2.0 - final.doc
12	**Personal names** To ensure compliance with the Data Protection Act, do not use personal names unless necessary. When it is necessary to include the personal name in the document title, give the family name first followed by the first name or initials.	It is easier to find individuals if the family name is used first.	× Sarah Jones □ Jones, Sarah

Appendix 2: Corporate Paper Records Management Procedures

1. INTRODUCTION

The following documents the process for creating paper records and includes guidance on referencing, naming, filing and protective marking.

2. PURPOSE

While many of the Trust's corporate records are created and held in electronic form, there is still a requirement to have procedures for the good management of paper records. Corporate records are created to ensure that the Trust has adequate information to deliver high quality services and provide evidence of the Trust's activities.

The purpose of this procedure is to ensure that:

a. Logs are kept to accurately document when records are created (i.e. the date that a document becomes a formal corporate record), accessed (e.g. a sign-out book) and disposed of;
b. Records are grouped in a logical structure to enable the quick and efficient filing and retrieval of information when required and enable implementation of authorised disposal arrangements, i.e. archiving or destruction;
c. Suitable storage areas are used to ensure records remain accessible and usable throughout their life cycle;
d. Access to records is controlled through a variety of security measures, e.g. authorised access to storage and filing areas, lockable storage areas; and
e. Issue from and return to storage areas on site or to authorised off-site facilities is documented.

3. SCOPE

This procedure relates to those corporate records which are held in paper form only e.g. personal files, correspondence, accounts, plans and drawings minutes, meeting papers, legal and other administrative documents.

Where possible records created electronically should be held and maintained in electronic form. For further guidance, refer to the Trust's Corporate Electronic Records Management Procedure.

4. RECORDS CREATION

Good quality document standards are essential to provide accurate records of the Trust's activities.

All records must be identified clearly on the file cover with an accurate title and description and where appropriate, the department/service and the name of the relevant member of staff.

Documents within a file should be securely fastened and plastic wallets and files with pockets/flaps should not be used, as loose papers can easily be lost from them.

Record Naming

The Trust follows advice issued by The National Archives, i.e:

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

Referencing

It is important that a suitable file referencing system is used to meet the Trust's business needs, and can be easily understood by staff members that create, file or retrieve paper records. Several types of referencing can be used, e.g. alphanumeric; alphabetical; numeric; keyword.

The most common of these is alphanumeric, as it allows letters to be allocated for a business activity, e.g. ES for Estates, followed by a unique number for each record created by the Estates function. It may be more feasible in some circumstances to give a unique reference to the file in which the record is kept and identify the record by reference to date and format.

Indexing & Filing

The index (or register) is primarily a signpost to where paper corporate records are stored, e. the relevant folder or file. However, it can also be a guide to the information contained in those records. The index should be arranged in a user-friendly structure that aids easy location and retrieval of a folder or file. Folders and files must be given clear and logical names to assist filing and retrieval of records. Filing of corporate records in desk drawers is strictly forbidden.

Records Maintenance

a. Papers contained within the records should be arranged in a logical structure and be ordered chronologically.
b. Duplicate papers should be removed and where a file becomes too large, a second volume should be created.
c. Services and departments should devise a file plan to keep track of the records they hold and to assist with records auditing. The file plan should be reflected in the physical storage of the files.
d. The information held in paper records may be required to respond to a request under the Freedom of Information act 2000. Such requests must be processed within specific time limits, which require records to be readily accessible to authorised staff.
e. Records should be stored securely and not left unattended or accessible to staff not authorised to see them.
f. Where records are removed form the office, a tracking system should record who has removed the file and where it is. The process need not be a complicated one, e.g. a book that staff members sign when a corporate record is removed or returned.
g. Records should be transported securely.

Scanning

For reasons of business efficiency or in order to address problems with storage space, scanning corporate paper-based records into electronic format may be considered: The factors to be taken into account include:

a. The cost of this 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.
b. The need to consult in advance with the local Place of Deposit or The National Archives with regards to records which may have archival value, as the value may include the format in which it was created;

In order to fully realise the benefits of reduced storage requirements, disposing of corporate paper based records that have been copied into electronic format in accordance with appropriate standards, should be considered

Closure

Records should be closed as soon as they have ceased to be in active use other than for reference purposes. An indication that a file of paper records has been closed, together with the date of closure should be shown on the records itself as well as noted in the index.

Retention

Corporate records should be retained in accordance with the Trust’s Records Retention & Disposal Schedules available from the intranet. Where records become inactive but still need to be retained arrangements must be made for their transport to offsite storage.

The Trust has a contract with the following off-site storage company who act as the Trust’s agents in managing the storage of paper records.

Disposal

Records selected for archival preservation and no longer in regular use must be transferred to an archival institution (for example a Place of Deposit – see Annex E – Records Management: NHS Code of Practice Part 1) that has adequate storage and public access facilities.

Non-active records should be transferred no later than 30 years from creation of the records, as required by the Public Records Act.

Records not selected for permanent preservation and which have reached the end of their administrative life should be destroyed in as secure a manner as is necessary for the level of confidentiality or security markings they bear. A record of destruction, showing their reference, description and date of destruction should be maintained and preserved.

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 a decision has been made not to disclosure the information, until the complaint and appeal provisions of the Freedom of Information Act have been exhausted or the legal process completed.

5. REVIEW

This procedure will be reviewed every two years (or sooner if new legislation, codes of practice or national standards are to be introduced).

1 Equality Impact Assessment

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	No	
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
	Marriage & Civil partnership	No	
	Pregnancy & maternity	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to Jean Hickman, Trust Secretary together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Jean Hickman, Trust Secretary.

2 Policy and Procedure Sign-off Sheet

Policy Name and Number:

Version Number and Date: **No:**

Service Location: PLEASE INSERT SERVICE LOCATION

All staff members must sign to confirm they have read and understood this policy.

Name	Signature	Name	Signature

Policy Ratification Form

Name of Document: **Ratification Date:**

Name of Persons	Job Title	Date
Divisional Support (Direct Line Manager / Matron / Consultant / Divisional Manager)		
Jean Hickman	Trust Secretary	
Consultation Process (list of stakeholders consulted / staff groups presented to)		
Endorsement By Panel/Group		
Name of Committee	**Chair of Committee**	**Date**

	Document Checklist	Yes / No
1.	**Style & Format**	
	Is the title clear and unambiguous?	Yes
	Is the font in Arial?	Yes
	Is the format for the front sheet as per Appendix 1 of the policy framework	Yes
	Has the Trust Logo been added to the Front sheet of the policy?	Yes
	Is it clear whether the document is a guideline, policy, protocol or standard operating procedure?	Yes
2.	**Rationale**	
	Are reasons for development of the document stated?	Yes
3.	**Content**	
	Is there an introduction?	Yes
	Is the objective of the document clear?	Yes
	Does the policy describe how it will be implemented?	Yes
	Are the statements clear and unambiguous?	Yes
	Are definitions included?	Yes
	Are the responsibilities of individuals outlined?	Yes
4.	**Evidence Base**	
	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited?	Yes
	Are supporting documents referenced?	Yes
5.	**Approval**	
	Does the document identify which committee/group will approve it?	Yes
6.	**Review Date**	
	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
7.	**Process to Monitor Compliance and Effectiveness**	
	Are there measurable standards or Key Performance Indicators to support the monitoring of compliance with and effectiveness of the	Yes

	Document Checklist	Yes / No
	document?	
	Is there a plan to review or audit compliance with the document?	Yes

Standard Equality Impact Assessment Tool	
Persons likely to be affected by policy change / implementation	Staff
Are there concerns that the proposed documentation / change could have an adverse impact on:	
Race. Ethnicity, National Origin, Culture, Heritage	*No*
Religion, Faith, Philosophical Belief	*No*
Gender, Marital Status, Pregnancy	*No*
Physical or Learning Disabilities	*No*
Mental Health	*No*
Sexual Orientation / Gender Reassignment	*No*
Age	*No*
Homelessness, Gypsy / Travellers, Refugees / Asylum Seekers	*No*
Please give details of any adverse impact identified: N/A	
If adverse impacts are identified, are these considered justifiable? (Please give reasoning): N/A	
There is unlikely to be an adverse impact on different minority groups	

Name of Person completing Ratification Form	Job Title	Date
Jean Hickman	Trust Secretary	01/08/2017

Ratification Group/Committee	Chair	Signature	Date