Healthier Communities, Outstanding Care

Sherwood Forest Hospitals NHS Foundation Trust

CORPORATE RECORDS POLICY

POLICY

Reference	IG001		
Approving Body	Information Governance Committee		
Date Approved	30th January 2023		
For publication to external SFH website	**Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:**		
	YES	**NO**	**N/A**
	x		
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Summary of Changes from Previous Version	Definitions and relevant legislation		
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Date of Environmental Impact Assessment (if applicable)	Not applicable		
Legal and/or Accreditation Implications	Failure to comply with: • Public Records Act 1958 • Freedom of Information Act 2000 • UK GDPR and Data Protection Act 2018 • Health and Social Care Act 2008		
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Sponsor (Position)	Director of Corporate Affairs		
Author (Position & Name)	Information Governance Manager & Data Protection Officer		
Lead Division/ Directorate	Corporate		
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Position of Person able to provide Further Guidance/Information	Information Governance Manager & Data Protection Officer		

Associated Documents/ Information	Date Associated Documents/ Information was reviewed
1. Records Management Code of Practice 2021 2. Retention and Destruction Policy 3. Retention and Destruction Procedure	August 2021 January 2021 January 2021
Template control	June 2020

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APPENDICIES

1.0 INTRODUCTION

Sherwood Forest Hospitals NHS Foundation Trust (the Trust) is dependent on its records to operate efficiently and account for its actions. This policy defines a structure for the Trust , which supports the Records Management Code of Practice for Health and Social Care 2021 to ensure adequate corporate records are maintained and that they are managed and controlled effectively and at best value, commensurate with legal, operational and information needs.

The Trust's records are our corporate memory, providing evidence of actions and decisions and representing a vital asset to support our daily functions and operations. They support policy formation and managerial decision-making, protect the interests of the Trust and the rights of patients, staff and members of the public who have dealings with the Trust.

They support consistency, continuity, efficiency and productivity and help us deliver our services in consistent and equitable ways. Records management, through the proper control of the content, storage and volume of records, reduces vulnerability to legal challenge or financial loss and promotes best value in terms of human and space resources through greater co-ordination of information and storage systems. Information is of greatest value when it is accurate, up to date and accessible when needed.

An effective corporate records management service ensures that information is properly managed and available to those with a legitimate need.

All NHS records are classified as 'public records' under the Public records Act 1958. Records of NHS organisations are public records in accordance with Schedule 1 of the Act. This means that employees are responsible for any records that they create or use in the course of their duties. This includes records controlled by NHS organisations under contractual or other joint arrangements, or as inherited legacy records of defunct NHS organisations. The Act applies regardless of the format of the records.

The Freedom of Information Act (FOIA) governs access to and management of non-personal public records. The FOIA was designed to create transparency in government and allow any citizen to know about the provision of public services through the right to submit a request for information. This right is only as good as the ability of those organisations to supply information through good records management programmes.

Section 47 of FOIA places a duty on the Information Commissioner to promote the following of good practice by public authorities and the observance by them, of FOIA and codes of practice

The UK GDPR is the principal legislation governing how records, information and personal data are managed. It sets in law how personal and special categories of information may be processed. The Data Protection Act 2018 principles are also relevant to the management of records. Under

the UK GDPR, organisations may be required to undertake Data Protection Impact Assessments (DPIA) as set out in Section 3 of this Records Management Code. The UK GDPR also introduces a principle of accountability. The Information Commissioner's Office (ICO) Accountability Framework can support organisations with their obligations. Good records management will help organisations to demonstrate compliance with this principle.

Regulation 17 under the Health and Social Care Act 2008 requires that health and care providers must securely maintain accurate, complete and detailed records for patients or service users, employment of staff and overall management.
Other legislation requires information to be held as proof of an activity against the eventuality of a claim. Examples of legislation include the Limitation Act 1980 or the Consumer Protection Act 1987. The Limitation Act sets out the length of time you can bring a legal case after an event and sets it at six years.

All NHS records are classified as 'public records' under the Public records Act 1958. Schedules 3(1) – (2) they must be kept in accordance with statutory and NHS guidelines including:

'This policy is issued and maintained by the Director of Corporate Affairs (the sponsor) on behalf of the Trust, at the issue defined on the front sheet, which supersedes and replaces all previous versions.'

2.0 POLICY STATEMENT

The Trust acknowledges the importance of records and is committed to create, keep, maintain and dispose of records, including electronic records, commensurate with legal, operational and information leads.

The Trust is committed to ensuring that none of its policies, procedures and guidelines discriminate against individuals directly or indirectly on the basis of gender, colour, race, nationality, ethnic or national origins, age, sexual orientation, marital status, disability, religion, beliefs, political affiliation, trade union membership, and social and employment status.

An Equality Impact Assessment (EIA) of this policy has been conducted. The score of this policy was rated as 'Low'.

An Environmental Impact Assessment has been carried out and has not indicated that any additional considerations are necessary.

3.0 DEFINITIONS/ ABBREVIATIONS

In this policy:

'Corporate records': 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 This definition does not relate to health records. Administrative records include both paper and digital records.

'Governance manual': Means the manual of governance documents, including the standing orders, standing financial instructions and scheme of delegation.

'SIRO': Means 'Senior Information Risk Owner'; responsible for leading and implementing the information risk management process and providing Board assurance.

'IAO': Means 'Information Asset Owner'; responsible for understanding and assessing the information they 'own' and providing the SIRO with assurance in relation to the security of that asset. They will also coordinate compliance with this policy.

'IAA': Means 'Information Asset Administrator'; responsible for providing support to their IAOs in ensuring that IG policies are followed and that information risks and incidents are documented and escalated accordingly.

'Staff': Means all employees of the Trust including those managed by third party organisation on behalf of the Trust.

The 'PRA': Means the Public Records Act 1958

The 'DPA': Means the Data Protection Act 2018

The 'policy': Means the Corporate Records Management Policy

The 'Trust': Means Sherwood Forest Hospitals NHS Foundation Trust

'IG': Means Information Governance

4.0 ROLES AND RESPONSIBILITIES

Statutory Responsibility:
The Secretary of State for Health and all NHS organisations have a duty under the Public Records Act 1958 (PRA) to make arrangements for the safe keeping and eventual disposal of all types of their records. This is carried out under the overall guidance and supervision of the Keeper of Public records who is answerable to parliament. Chief Executives and Senior Managers of all NHS organisations are personally accountable for records management within their organisations.

Managerial Responsibility:
Trust Board has responsibility, in compliance with the Trust's Governance manual, to ensure and gain assurance that the Trust has in place robust arrangements for the management of records and that such arrangements are complied with.

Information Governance Committee
The IG Committee is responsible for ensuring that this policy is effectively implemented, including any supporting guidance and training deemed necessary to support the implementation, and for monitoring and providing Board assurance in this respect.

Individual Officer
Chief Executive- Has overall responsibility to implement robust and appropriate records management arrangements in accordance with National and statutory requirements to ensure that records are managed responsibly within the Trust.

Information Asset Owners – Record Management responsibilities will be written into all accountable individuals' job descriptions and clear policies and procedures for retention of key records issued. They are also responsible for ensuring that this policy is implemented in their individual departments.

They will nominate departmental representatives, Information Asset Administrators who will liaise with the Information Governance Team on the management of records in that directorate/speciality/department. The Information Governance Team – will provide support and guidance to nominated departmental representatives.

5.0 APPROVAL

Information Governance Committee

6.0 DOCUMENT REQUIREMENTS

For the purpose of this policy, a document becomes a record when it has been finalised and becomes a part of the corporate information*. This policy relates to records held in any format, both paper and electronic including e-mails. It does not relate to health records or patient case notes, please refer to SFHFT Health Record Management Policy.

The ISO standard ISO 15489-1:2016[1] defines a record as: 'Information created, received, and maintained as evidence and as an asset by an organisation or person, in pursuance of legal obligations or in the transaction of business.'

[1] https://www.iso.org/standard/62542.html

*Corporate information refers to information generated by the Trust, that is not confidential patient information. Corporate information describes the records generated by an organisation's business activities and therefore will include records from the following areas of the Trust, but are not restricted to:

- Clinical Governance
- Commercial and communications activities
- Commissioning and contracts
- Complaints, Concerns and Compliments
- Estates
- Facilities
- Finance
- Health care quality and clinical audit
- Human Resources, organisational development and training
- ICT
- Information Governance
- Performance management
- Procurement
- Strategic Planning and Commercial Development
- Trust Board Business

This policy relates to the management of all administrative records of the Trust, as detailed above, including but not limited to:

- Accounting records and budgetary information
- Board, committee, sub-committee and all other meeting minutes
- Contracts
- Databases
- Diaries
- Standing Financial Instructions
- Invoices
- Litigation dossiers, including complaints, claims and inquest files
- Minutes and agendas
- Payroll/PAYE records
- Policies and procedures
- Policy and procedure manuals
- Public Consultations
- Reports (e.g. annual, accounting, Board)
- Spread sheets
- Strategies and action plans

- Staff records
- VAT records

All records created in the course of the business of the Trust are public records under the terms of the PRA.

Good records management should be seen as a benefit, not a burden.

This policy does not address the retention and ultimate destruction (or permanent preservation) of records. These matters are covered by two separate complementary policies; Retention and Destruction Policy and Records Management Code of Practice for Health and Social Care 2021.

Record keeping systems must have a means of physically or digitally organising records. Further advice is available in the Retention and Destruction Policy and Procedure available on the website

Wherever possible, we should be moving to digital records. The original paper record guarantees the authenticity of the record. However, it can make it hard to audit access to the record, depending on where this is stored, because paper records do not have automatic audit logs.

Where possible, paper records management processes should be as environmentally friendly as possible. This will help contribute towards the NHS target to reduce its carbon footprint and environmental impact.

Digital records offer many advantages over paper records. They can be accessed simultaneously by multiple users, take up less physical storage space and enable activities to be carried out more effectively, for example, through the use of search functions and digital tools. Digital information must be stored in such a way that, throughout its lifecycle, it can be recovered in an accessible format in addition to providing information about those who have accessed the record.

Digital information presents a unique set of issues which must be considered and overcome to ensure that records remain:

- authentic
- reliable
- retain their integrity
- retain usability.

Records for permanent preservation

The Public Records Act 1958 requires organisations to select records for permanent preservation. Selection for transfer under this Act is separate to the operational review of records to support current service provision. It is designed to ensure the permanent preservation of a small core (typically 2-5%) of key records, which will:

- enable the public to understand the working of the organisation and its impact on the population it serves
- preserve information and evidence likely to have long-term research or archival value.

Records for preservation must be selected in accordance with the guidance contained in this Code. Any supplementary guidance issued by The National Archives and local guidance from the relevant PoD should always be consulted in advance of any possible accession. This is to ensure it is appropriate to transfer the records selected.

Local NHS records when the minimum retention period is reached will accession their records to the local PoD, as appointed by the Secretary of State for Culture, Media and Sport. Selection may take place at any time in advance of transfer. However, the selection and transfer must take place at or before records are 20 years old. Records may be selected as a class (for example, all board minutes) or at lower levels down to individual files or items.

Records can be categorised as follows:

- transfer to PoD - this class of records should normally transfer in its entirety to the PoD – trivial or duplicate items can be removed prior to transfer
- consider transfer to PoD - all, some or none of this class may be selected (as agreed with the PoD)
- no PoD interest.

Transfers of records to the Place of Deposit

Records selected for permanent preservation should be transferred to the relevant PoD appointed by the Secretary of State for Digital, Culture, Media and Sport. PoDs are usually public archive services provided by the relevant local authority. Current contact details of PoDs and the organisations which should transfer to them can be found on The National Archives website[2].

Public and Statutory Inquiries

However, at the time of writing this policy there are three independent Inquiries which have requested that large parts of the health and social care sector do not destroy any records that are, or may fall into the remit of the Inquiry:

1. The Independent Inquiry into Child Sexual Abuse[3] (IICSA) - Records that should not be destroyed include children's records and any instances of allegations or investigations or any records of an institution where abuse has or may

[2] https://www.nationalarchives.gov.uk/information-management/manage-information/places-of-deposit/
[3] https://www.iicsa.org.uk/

have occurred

2. The Infected Blood Inquiry - Further information about the records required can be found on the Inquiry website[4].

3. COVID-19 Inquiry – further information is available here: UK COVID-19 Inquiry: terms of reference - GOV.UK (www.gov.uk)[5]. SFHFT have created records specifically in response to a pandemic, these should not be destroyed when they have reached their minimum retention period, unless the public Inquiry has ended, or the Inquiry has provided guidance on what type of records it will be interested in. These specific records may have historical value, so discussions must take place with Information Governance.

Retention schedule

The retention periods listed in the retention schedule must always be considered the minimum period.

You can search the retention schedule here: Records Management Code of Practice 2021 - NHS Transformation Directorate (england.nhs.uk)[6]

[4] https://www.infectedbloodinquiry.org.uk/

[5] https://www.gov.uk/government/publications/uk-covid-19-inquiry-terms-of-reference/uk-covid-19-inquiry-terms-of-reference#:~:text=The%20Inquiry%20will%20examine%2C%20consider,up%20date%2C%2028%20June%202022.

[6] https://transform.england.nhs.uk/information-governance/guidance/records-management-code/records-management-code-of-practice-2021/#appendix-ii-retention-schedule

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Review of inventory of corporate records	IG Manager/DPO	Review	Annually	IG Team
Adherence to Corporate Records Policy to DPA, FOI and other IG areas	IG Manager/DPO	Monitor	Annually	IG Team
Datix incidents relating to Corporate records	IG Manager/DPO	Audit	Monthly	IG Team

8.0 TRAINING AND IMPLEMENTATION

TRAINING

Annual data security awareness level 1 (formally known as Information Governance) training is mandatory for all new starters as part of the induction process. In addition all existing staff must undertake data security awareness level 1 training on an annual basis. Staff can undertake this either face-to-face[7] or online. Provision is available online (or face to face for staff who do not have routine access to personal data) and includes Data Protection, Records Management and confidentiality issues.

Data security awareness level 1 session meets the statutory and mandatory training requirements and learning outcomes for Information Governance in the UK Core Skills Training Framework (UK CSTF) as updated in May 2018 to include General Data Protection Regulations (GDPR).

Our Senior Information Risk Owner, Information Asset Owners and Information Asset Administrators must attend regular information risk awareness training which is available from the Information Governance team[8].

IMPLEMENTATION

A copy of this policy and all related policies and procedures are provided to all staff and patients on the Trust's website.[9]

MONITORING

Monitoring of this policy will take the form of inventory of corporate records and forms part of the Information Asset Framework and annual Information Asset Owner report to SIRO..

The Trust's Information Governance Manager/DPO monitors the corporate records policy. This will ensure that records management operates in alignment with
Section 46 Code of Practice, Freedom of Information Act and other relevant legislation. The monitoring will include service performance, annual audits and a review of all reported incidents of missing records. The Trust's Information Governance Manager/DPO will report the findings and recommendations to the information Governance Committee.

9.0 IMPACT ASSESSMENTS

9.1 Equality Impact Assessment

An Equality Impact Assessment has been undertaken on this Policy (Appendix B) and has not indicated that any additional considerations are necessary.

[7] https://sfhcoursebooking.nnotts.nhs.uk/default.aspx (internal web link)
[8] https://sfhcoursebooking.nnotts.nhs.uk/fulldetails.aspx?recid=457 (internal web link)
[9] https://www.sfh-tr.nhs.uk/about-us/policies-and-procedures/non-clinical-policies-procedures/

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1
- This document is not subject to an Environmental Impact Assessment.

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- Public Records Act 1958
- Freedom of Information Act 2000
- UK GDPR and Data Protection Act 2018
- Health and Social Care Act 2008
- Records Management Code of Practice for Health and Social Care 2021
- Freedom of Information Act Section 45 Code of Practice[10]
- Freedom of Information Act Section 46 Code of Practice[11]
- Limitation Act 1980
- Re-use of Public Sector Information Regulations 2015

Related SFHFT Documents:

- Retention and Destruction Policy
- Information Security Policy
- Information Governance Policy
- E-mail and Internet Policy
- Freedom of Information Act Policy
- Data Protection, Confidentiality and Disclosure Policy
- Data Protection, Confidentiality and Disclosure Procedure
- Health Records Management Policy
- IAO Framework

11.0 KEYWORDS

Records, corporate, management.

12.0 APPENDICES

- List all appendices here or refer to list in contents table

[10] https://ico.org.uk/for-organisations/guidance-index/freedom-of-information-and-environmental-information-regulations/section-45-code-of-practice-request-handling-1/
[11] https://ico.org.uk/media/for-organisations/documents/1624142/section-46-code-of-practice-records-management-foia-and-eir.pdf

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Corporate Records Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 13th January 2023			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	Not applicable	None
Gender	None	Not applicable	None
Age	None	Not applicable	None
Religion	None	Not applicable	None
Disability	Visual accessibility of this policy	Already in Arial font size 12. Use of technology by end user. This policy can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request	None
Sexuality	None	Not applicable	None

Pregnancy and Maternity	None	Not applicable	None
Gender Reassignment	None	Not applicable	None
Marriage and Civil Partnership	None	Not applicable	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	Not applicable	None

What consultation with protected characteristic groups including patient groups have you carried out?

- None

What data or information did you use in support of this EqIA?

- Trust guidance for completion of equality impact assessments

As far as you are aware are there any Human Rights issues to be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

- No

Level of impact
Low Level of Impact

Name of Responsible Person undertaking this assessment:
Gina Robinson

Signature:

Date: 13th January 2023

APPENDIX 2 – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?	Yes	
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)	No	
Water	• Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)	No	
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?	No	

Energy	• Does the policy result in an increase in energy consumption levels in SFHFT? (estimate quantities)	No	
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?	No	