



Public – To be published on the Trust external website

Minimum standards for Corporate Record Keeping

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Overarching policy: Records Management Policy

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1. Purpose

Following this guidance will help the Trust to:-

- Recognise documents as corporate records
- Store, search for and retrieve document, records, folders and files quickly and easily
- Understand the standard folder structure for the Trust's shared drive and how it should be used and interpreted
- Comply with the law and NHS records management standards
- Consistently describe similar functions and activities across the Trust

2. Related documents

This procedure describes what you need to do to implement the Records Management Policy in relation to corporate records.

3. Scope

This guidance applies to all staff working in the Trust including contractors and temporary staff and covers the management of documents and records in electronic or paper format or hybrid (a mixture of both electronic and paper formats).

Anyone who creates a document or record has a duty to correctly name, classify and store it in such a way as to ensure it is retrievable.

This guidance covers both 2012 and 2014 files structures. Further detail of each is available in section 7.3.2.

4. What is a record?

A record is 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”

BS ISO 15489.1

“An NHS record is anything which contains information (in any media) which has been created or gathered as a result of any aspect of the work of NHS employees including consultants, agency or casual staff”

NHS Records management Code of Practice

Corporate or business records are the Trust’s non-health records and relate to our business activity, supporting sound administrative and managerial decision making. If the document is evidence that something was done, or a decision was made, then it is a record and needs to be kept in a place where it can be found again.

Once a record is declared, it must be managed through its lifecycle, from creation and storage to retention and disposal. So records must be classified appropriately and captured in a way that assures their authenticity, reliability and lifespan.



It is important that only one definitive copy of a record exists within the organisation. So it is essential that staff understand how to share and protect paper and electronic records to ensure the most appropriate storage of this “one version of the truth”.

5. Storage principles

5.1. Electronic documents and records

5.1.1. Function of the document

- Consider the function of the document rather than the team you work within.
- Functions describe the business of the Trust and in this context will include core functions that any business will have to enable it to operate such as Finance or Human Resources. Whatever a team’s own core function, there will also be aspects of its business that fall within HR or Finance function.
- So think about:
 - What is the ultimate purpose of this document?
 - What function does it fulfil for the organisation?

This will determine where it should sit in the folder structure.

5.1.2. Record owner



Consider who owns the record, as this will determine who has control of the “one version of the truth”. The information creator may not be the ultimate owner.

5.1.3. Using files and folders

Folders and files bring together a set of records about the same activity, topic or transaction. The folder title must clearly identify the single activity, topic or transaction.

- Folders should be determined by:
 - ✓ function/activity – contents are all about or referring to the same thing.
 - ✓ security requirements – the same group of people should be able to view or use the content.
 - ✓ retention schedule – all documents and records in a folder must need to be archived or disposed of at the same time

For example, to determine where a meeting sits in the file structure, consider the purpose of the meeting:

- ✓ **For assurance?** In Corporate management / meeting admin (2014) or Assurance (2012)
- ✓ **For information?** Requires a clearly marked meeting folder within the relevant function/subject
- ✓ **Team meeting?** In Corporate management / Meeting admin / Team meeting (2014) or Business Management (2012) under the appropriate service/team
- ✓ **Sharing clinical information?** In Service delivery / Team meetings (2014) or Governance (2012) under the appropriate service team

5.1.4. Declaring a document as a record



Declaring a document as a record is a formal point of transition when it passes into corporate ownership

Once a document is declared as a record, it must be protected from change and assigned a retention period.

When this retention period expires, the record must be appraised for deletion.

For advice on retention, contact the information governance department.

5.1.5. Emails as records

Emails can be, and often are, formal business records which provide evidence of important transactions and are discloseable under the Freedom of Information Act 2000 and the Data Protection Act 2018 via the Subject Access Request process.

Emails should therefore be managed with the same diligence with which we manage other corporate and clinical records. For example, emails relating to a project should be saved with all other records relating to the same project.



Your mailbox is not a record filing system; emails should be filed in the appropriate Trust filing system, be that the S drive, the H drive or the paper records.

5.1.6. Audiovisual recordings as records

Audiovisual recordings may be considered as records, for example as part of a tribunal or investigation.



If you use dictation devices, you must ensure that dictations are uploaded within 24 hours of recording to mitigate the risk of information loss in the event of loss or breakage of the device.

An audiovisual recording of a meeting which is made for the purpose of producing minutes of the meeting is not considered to be a record once the meeting minutes have been approved.

5.2. Paper records

Paper records should be stored with their creator, or stored centrally within their creator's department

You should retain only one copy of a paper record.

If a record exists in electronic format, consider the authentication of the paper vs electronic record and establish which one is the primary record. For example, some HR personnel records require a signature, so the paper version will be the record which needs to be protected.

Do not keep duplicates unless there is a legal reason to do so.

Logging in and out registers or tracer cards **must** be used for tracking the movement of these records.

Paper records must be stored securely, e.g. in lockable cabinets or storage areas to prevent unauthorized access. However, remember that records must remain accessible during periods of staff absence.

Store paper records so they are protected from damage from fire and flood

5.3. Transitory records

A transitory record is a document with short term value and is usually needed only for the time required to complete the overarching action.

An example might be duplicate copies of appointment documentation which are retained within HR Recruitment while the permanent records are the documents held within the employee's personnel file.

Some records may need to be retained as a transitory record, to support the definitive record. These temporary records are subject to retention periods and must be managed accordingly.

5.4. Life cycle management

The Trust has a comprehensive retention schedule based on NHS guidance. If you need advice on record retention, please contact the information governance department.

5.5. Tracking and tracing

Paper corporate records that contain person identifiable information (e.g. personal files) must be tracked and traced when being moved and must be transported in sturdy sealed envelopes or opaque wallets.

See Moving Records and Other Sensitive Information Procedure.

6. Naming your records, files and folders

6.1. General Principles

The title should describe the contents.

- ✓ Use natural language and spell out words in full. Ensure the title is
 - Specific
 - Meaningful and sensible
 - Understandable and helpful to others.
 - Formulated with the most specific information at the beginning and the most general at the end
 - Similar in structure and wording to comparable or linked files.
- ✓ Always write the names of organisations in full and never use unapproved abbreviations or acronyms unless absolutely necessary. Acronyms often become obsolete over a period of time and can have more than one meaning (a list of approved abbreviations is at the end of this document).
- ✓ The title should have enough information for you or your colleagues to identify it.
- ✗ Never include commas or symbols, e.g. % £ / \ @ in the title of a file, folder, document or record.

6.1.1. Dates

- ✓ If the date is significant, use the YYYY MM DD convention. This keeps documents in strict date order.
For example, a document requiring a date of 29 May 2012 should be saved as 2012 05 29.
- ✓ *Folders used for recording year and month should use the YYYY MM convention.*
For example, 2013 with the following sub folder headings 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12
- ✓ Folders for the reporting of financial year records should use the YYYY – YYYY, YYYYMM convention.
For example, 2013 – 2014 with the following sub folder headings 13_04, 13_05, 13_06, 14_01, 14_02 etc.
- ✓ Folders used for reporting of quarterly reporting use the YYYY, Quarter 1, Quarter 2, Quarter 3, Quarter 4 convention.

6.1.2. Naming files and folders after people

- ✗ **Never use initials** in the title of a folder, file, document or record – always use the role or job title in full, for example, Chief Executive not CE.



Folders should **not be named after people**, unless they are patient-related or within HR and are sited within protected folders so view of the folder is restricted.

6.1.3. Version control

Distinguish versions of documents by including a version number as part of the title. This ensures a clear audit trail for tracking the development of a document.

Use standardised version control (v0.01, v0.02, v1.01 for drafts, v1.00, v2.00 for finals – see [Appendix 4: Controlled Vocabulary / Version control for detail](#))

6.2. Common folders and themes

Folder name	Purpose
Resources	Forms and templates, logos, labels, photographs – information and documents you use as blanks. You do not work within a Resources folder; rather, you take the resource and use it elsewhere in the structure
Administration	Information and documents for team eyes only and relating to the management of the team rather than the function – eg: work in progress, tracking logs, private forms and contacts lists
Reference	Documents used for additional information – statistics, external reports
Work in progress	For draft, unfinished or non-ratified versions of documents. Records should not be stored here.
TEWV internal / TEWV external	For final or ratified versions of documents and records, depending on their level of confidentiality

6.3. Naming documents and records

- ✓ Give each record a unique and meaningful name that reflects the records contents
- ✓ Remember that the folder structure is part of the file name. If a document needs to be moved to a different folder or emailed, you may need to rename it if its name no longer makes sense.
- ✓ Store all correspondence by date (in reverse order eg 27 March 2012 = 2012 03 27) and subject (not recipient, as this breaches the Data Protection Act) eg: *Letter 2012 03 27 Appointment.docx*
- ✓ Avoid repetition of the folder name within the file name, e.g. S:/ Human Resources/Staffing/Induction/**Corporate/Corporate**induction.doc
- ✓ Ensure that files named after service users or staff members are contained in a folder which is **only** able to be viewed by those authorized to access that information.
- ✓ Names must always be specific and descriptive. NEVER use “Miscellaneous”, “Stuff”, “Ad hoc”, “Bits and pieces”.

6.4. Naming folders

- ✓ Give folders names that are concise and specific to the contents
- ✓ Folders named after people must be **Surname Firstname** and if appropriate (Known as) eg Smith Rachel (KA Claire). In the event that two people have the same name, use the Paris
- ✓ ID number to differentiate patients and employee ID number to differentiate staff.



Ensure that folders named after staff members or service users are contained in a folder which is **only** able to be viewed by the authorised staff.

- ✗ Folders should **not** be given generic names such as 'Other', 'Miscellaneous', 'Stuff', 'Assorted', 'Things', 'General', 'Various' etc.

6.5. Naming emails

All the comments that apply to documents also apply to naming email, but there are other aspects to consider too:

- ✓ Email titles must accurately describe their content.
- ✓ Change the title of the email if it does not accurately reflect its content.
- ✓ Emails are easier to file if they deal with a single issue – so try to create emails with this in mind.
- ✓ If an email is relevant to more than one place, save it in one location and save a link or shortcut to the email in other relevant locations.
- ✗ Remove all instances of 'FW' and 'RE' from the title of an email.
- ✗ You don't need to include the word 'email' as part of the title as the file type/icon will make that clear.

6.6. Develop best practice



Teams should discuss these issues and agree some common terminology and standard practice for naming pieces of work that you will all adhere to. This will make it easier for you and your colleagues to find that vital piece of work when someone is absent.

Share these terms and standard practice with other comparable teams.

7. Network folder structure (electronic records only)

7.1. Local disc / Desktop / C:\ drive

7.1.1. What is the C:\ drive?

The C:\ is the hard disk drive in your desktop computer or laptop.

7.1.2. Information on the C:\ drive

- ⓘ × You **must not** store any documents, records or Trust information on the desktop or C:\ drive of your computer. Information stored here is encrypted on laptops but not on PCs, and cannot be backed up so it is neither secure nor reliable. It may also put the trust at risk when we dispose of the computer or laptop.
- ✓ You **must** always store Trust records on the network drives.

7.2. Home drive (H:\)

7.2.1. What is the H:\ drive?

This is your personal folder on the Trust network and is designed to hold information that is relevant only to you, or that should only be accessed by you. Examples might include your CV, line manager's documents on individual staff members or draft documents you are not ready to share with others.

7.2.2. Information on the H:\ drive

- ⚠ × You **must not store Trust records on the H drive** as records must be accessible to everyone who needs them. If you leave the Trust and have work stored on the H drive, you must ensure that it is shared with your manager before leaving.
- × If you are a line manager storing staff information on your H drive, be aware that you must not hold personal information for longer than is absolutely necessary.
For advice, refer to the Trust's retention schedule and the Data Protection Act's fifth principle: personal data that is processed for any purpose must not be kept for longer than is necessary.

7.3. Shared drive (S:\)

7.3.1. What is the S:\ drive?

- This is the shared network drive where you will store the majority of electronic documentation created as part of your job role. Your main shared drive will be mapped to S:\.

Shared drives are designed to allow departments and services to share information and work with each other. All the information you create as you work constitutes evidence of Trust activity and may be needed for reference by others in the future. It is important that you understand who else has access to the shared drive so you are able to make informed decisions about storing records appropriately.

7.3.2. Corporate file structure

The corporate file structure is built on each shared drive and comprises a high level set of folders which staff should use to store their files. This ensures that information is stored in a consistent format and categorisation throughout the organisation.

Two file structures currently exist in the trust as a project is underway to transition the organization from the old structure to the new. This guidance describes the 2014 (new) and 2012 (old) structures.

2014 structure	
Folder name	Function
Archive	<ul style="list-style-type: none"> Contains documents you no longer need to access on a daily basis but need to be kept as they have a retention period attached to them.
Communications	<ul style="list-style-type: none"> Contains all external and internal communications. These include newsletters, e-bulletins, briefings, press releases, posters and leaflets. You would also store any logos, labels and photographs here.
Corporate Management	<ul style="list-style-type: none"> Contains information on the day-to-day business management of the Trust; the statutory things we have to do to retain our Foundation Trust status. This includes assurance records such as annual reports, complaints, compliments and incident management. Policies and procedures and most meeting notes can be found here
Corporate Performance	<ul style="list-style-type: none"> Contains information and data on the strategic aspects of Trust business
Estates and Facilities	<ul style="list-style-type: none"> Information relating to the management and maintenance of our buildings and car parks. Health and Safety workbooks and room booking information would also be stored here.
Finance	<ul style="list-style-type: none"> Holds information relating to all financial aspects of the Trusts internal and external business. Also holds matters relating to staff salaries, travel expenses, overtime etc. The majority of services' financial information will be stored under Financial Management
Human Resources	<ul style="list-style-type: none"> Holds all information relating to the administration, management and training of Trust staff and non staff. It is important to remember that much of this electronic information will be in a work in progress capacity due to the need for signatures on personnel documents to ensure that they are legally binding.
Information Management	<ul style="list-style-type: none"> Designed to host all data relating to how the Trust controls, plans, processes, structures, reports and organises information activity in order to be compliant in the delivery of information.

	<ul style="list-style-type: none"> You will find in this section file classifications relating to information governance, library services, records management and information security.
Legal Services	<ul style="list-style-type: none"> For storing information relating to the Trust's legal department
Projects and Programmes	<ul style="list-style-type: none"> This folder is for storing information relating to projects and programmes that are on the Trust's project register (i.e. that report using Form 2). All project information/documentation is separated from the operational file plan – "Projects" are over and above day to day business.
Service Delivery	<ul style="list-style-type: none"> Specifically for clinical service information – the actual delivery of services to patients
Service Improvement	<ul style="list-style-type: none"> Service improvement work over and above operational day to day business

2012 structure	
Folder name	Function
Archive	Files relating to the former: <ul style="list-style-type: none"> Tees and North East Yorkshire NHS Trust County Durham and Darlington Priority Services NHS Trust North York and Yorkshire Primary Care NHS Trust
Assurance	Assuring that activities meet standards and quality expected within the trust and/or disciplines. Includes: <ul style="list-style-type: none"> Meetings established to provide assurance to the trust that standards are being met Audit reporting Professional standards groups Risk and incident management
Business management	<ul style="list-style-type: none"> Information about managing and communicating operational business decisions of the trust, including: <ul style="list-style-type: none"> Executive management team meetings Service team meetings Departmental meetings Directorate structures
Client and customer communication	This could be service, profession or corporate specific such as correspondence. This will depend on the type of activity that it being recorded i.e. records where the predominant activity is communicating with customers rather than another activity such as buying a computer
Environmental	All aspects of managing the environment. May include: <ul style="list-style-type: none"> Maintenance Property data Utility management

	<ul style="list-style-type: none"> • Surveys • Site and floor plans • Legislation
Governance	<p>Clinical and corporate governance as it appears within your department, May include:</p> <ul style="list-style-type: none"> • Records relating to governance committees • Trust board papers • Information governance • Corporate governance
Managing finance	<p>All elements of the financial lifecycle, including</p> <ul style="list-style-type: none"> • Buying and budgets • Capital and revenue expenditure • Service level agreements • Invoicing • Tenders
Managing people	<p>All aspects of employing and developing people that are employed by the trust, including</p> <ul style="list-style-type: none"> • Contracts • Health and safety • Staff rotas • Attendance monitoring • Work life balance • Training • PDPs
Planning and performance	<p>Any aspects of the strategic decision-making processes of the trust. Might include:</p> <ul style="list-style-type: none"> • Performance reports • Business plans • Key Performance Indicators • Strategic decision documents
Research and development	<p>All aspects of researching, scoping and running projects or developing products, including:</p> <ul style="list-style-type: none"> • Research • Development • Project specific • Product specific

7.4. Trustwide shared drive (T:\ and K:\)

- These drives are used to store and share information across services and disciplines, where

no appropriate area exists on the shared drive.

- The K drive is currently only available to LD and Human Resources.

7.5. Additional shared drives (F:\ - Z:\)

- Some staff may need to access more than one shared drive. Additional shared drives can be mapped using other letters, but all act in exactly the same way as the S drive.

8. O365 and records


O365 allows you to share and collaborate on documents without the need to email the document as an attachment. Corporate records such as meeting minutes, agendas and team rotas are ideally suited to this usage. However currently O365 must not be used as a repository for staff or patient information/records.

See the O365 IT Support page of the staff intranet for more information on the use of O365.

Any proposals for new uses of O365 should consider whether a Data Protection Impact Assessment (DPIA) is needed. For advice, contact tevv.dpia@nhs.net or read the Data Protection Impact Assessment Procedure for more information.

 O365 must not be used as a repository for staff or patient information/records

9. Erasure of personal data and restriction of processing

 The Data Protection Act 2018 (GDPR) introduced the right to erasure of personal data and the right to restrict processing. The Act defines the circumstances under which these rights can be exercised. All such requests **must** be forwarded to the Data Protection Officer to be considered on an individual basis **before** any further action is taken.

10. Implementation

- All users should understand and apply this guidance
- This guidance will be published on the Trust's intranet
- This guidance forms part of a series of procedures held within the records management manual

11. Audit

Audits of the Trust’s corporate records will be carried out annually. This inventory of corporate records will facilitate Trust’s compliance with legal provisions including DS&P Toolkit and Freedom of Information 2000.

12. Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	23 February 2023
Next review date	23 February 2026
This document replaces	CORP-0026-003-v1 Minimum Standards for Corporate Record Keeping
This document was approved by	Information Governance Group
This document was approved	15 February 2023
This document was ratified by	Digital and Data Management Meeting
This document was ratified	21 February 2023
An equality analysis was completed on this policy on	16 January 2023
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
2	21 Feb 2023	Full revision in line with NHS Records Management Code of Practice 2021. Minor amendments throughout. Addition of section 8 O365 and records	Published

Appendix 1 - Equality Analysis Screening Form

Please note: [The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet](#)

Section 1	Scope
Name of service area/directorate/department	Digital and Data Services
Title	Minimum standards for corporate record keeping
Type	Procedure/guidance
Geographical area covered	Trust-wide
Aims and objectives	These standards aim to ensure the Trust keeps records that are consistent and are legally admissible in a court of law.
Start date of Equality Analysis Screening	October 2022
End date of Equality Analysis Screening	16 January 2023

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All staff who create and input into electronic and paper corporate records. Service users who benefit from good record keeping
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and

	<p>Asexual etc.) NO</p> <ul style="list-style-type: none"> • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	None
Describe any positive impacts	All staff will benefit from having their person identifiable and sensitive information protected, managed and used in a consistent and transparent manner.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	NHS Records Management Code of Practice 2021 Data Protection Act 2018 and UK GDPR
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	Full staff consultation
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	
Describe any training needs for patients	
Describe any training needs for contractors or other outside agencies	

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2.	Rationale		
	Are reasons for development of the document stated?	Y	
3.	Development Process		
	Are people involved in the development identified?	Y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
	Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4.	Content		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	In text
	Are supporting documents referenced?	Y	In text
6.	Training		
	Have training needs been considered?	Y	

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Are training needs included in the document?		Not applicable
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	Y	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	Y	
9.	Approval		
	Does the document identify which committee/group will approve it?	Y	
10.	Publication		
	Has the policy been reviewed for harm?	y	No Harm
	Does the document identify whether it is private or public?	Y	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	

Appendix 3 – The 2014 File Plan detail

1. Archive

Contains documents you no longer need to access on a daily basis but need to be kept as they have a retention period attached to them.

2. Communications

Contains all external and internal communications. These include newsletters, e-bulletins, briefings, press releases, posters and leaflets. You would also store any logos, labels and photographs here.

- Administration (comms only)
- Alerts – safety alerts and notifications of missing persons
- Awards – internal and external award applications
- Briefings – Core, Directorate and Team briefs as well as CE bulletins and
- Chief Executive’s Meetings
- Consultations – internal and external consultations
- Current Awareness Bulletin
- E-bulletin
- Events – by service
- External Newsletters – newsletters from outside the Trust that are felt to be useful
- Film and Video – by service
- GP Bulletin
- Insight – articles for the Trust’s magazine
- Intranet – content for the intranet
- Media – press releases, enquiries, statements and coverage analysis
- Networks – including leadership network
- Organisation Charts – by service
- Presentations – by service
- Prescribing Bulletins
- Patient and Carer Information - leaflets, posters etc
- Staff Information
- Service Information
- Resources – a single storage area for logos, labels (by service), photos etc
- Team Bulletins – by service
- Interpreter and Translation Services
- Website – content for the website, by service

3. Corporate Management

Contains information on the day to day business management of the Trust; the statutory things we have to do in order to retain our Foundation Trust status. This includes annual reports, complaints, compliments and incident management.

Policies and procedures and most meeting notes can be found here.

- Annual Report
- Board of Directors – board administration
- Patient Experience – complaints, PALS, Satisfaction
- Patient and Carer Involvement
- Patient and Carer Feedback
- Constitution – terms of authorisation, CQC registration, provider licenses
- Council of Governors – council administration including elections and performance management
- Equality and Diversity – staff and service user including assessments and analysis
- Chaplaincy Services – resources and conferences
- Executive Management Team – EMT administration
- Incidents – Serious untoward incidents, Level 3 and Level 4 reviews, RIDDOR and reporting
- Meeting Admin- all assurance meetings as sub groups of Board, Council and EMT, Team and operational meetings and storage for papers of externally administered meetings
- Patient and Carer Involvement – involvement activities, members information
- Staff and Community Engagement
- Planning and Business Development – tenders, market intelligence, business planning
- Policies and Procedures
- Quality Assurance – inspections, including CQC and NHSLA, internal monitoring
- Resources – forms and templates including CQC provider compliance tool
- Risk Management – frameworks, assessments and resources, risk registers
- Standard Working Processes
- Strategy – Trustwide and service strategies
- Trust Membership – foundation Trust resources and administration
- Whistleblowing

4. Corporate Performance

Contains information and data on the strategic aspects of Trust business.

- Benchmarking – Trust and service KPIs
- Resources – blank workplans and templates, historical reports for reference
- Reporting – internal (locality, OOA, quality account etc) and External (Monitor, DoH GMC etc)
- Guidance and Standards – national and local performance guidance by year
- Activities – corporate performance activities, improvement work, timetables
- Strategy – Trustwide strategies

5. Estates and facilities

Information relating to the management and maintenance of our buildings and car parks. Health and Safety workbooks and room booking information would also be stored here.

- Administration
- Car Park Management – contracts, permits and administration for Trust site car parks
- Health and Safety Workbook – by site
- Health, Safety and Security – inspections, incidents, assessments and audits
- Hospitality – tracking and management of hospitality orders
- Maps and Directions – sorted by locality
- Operational Services – performance and contracting, operational and housekeeping
- Property Management – unit and site information, certificates
- Estates Helpdesk – advice and guidance, maintenance requests
- Resources – template assessments, forms, manuals, NACS codes
- Room Admin – by venue including equipment registers
- Room Booking – tracking and management of bookings
- Suicide Prevention Environmental Survey

6. Finance

The 'Finance' section is designed to hold information relating to all financial aspects of the Trusts internal and external business. This section also holds matters relating to staff salaries, travel expenses, overtime etc.

The majority of services' financial information will be stored under Financial Management

- Admin
- Annual plan
- Annual accounts
- Contracts and Commissioning
- Financial Management
- Financial Planning
- Financial control
- Payroll
- Pensions
- Reporting
- Resources – forms and templates including expenses and travel
- Travel

7. Human Resources

The 'Human Resources' section holds all information relating to the Trusts staff and non staff. It is important to remember that much of this information will be in a work in progress capacity due to the need for signatures on personnel documents to ensure that they are legally binding.

Staff are direct employees of the Trust who are bound by TEWV's contracts and codes of practice. Non-staff includes bank, volunteers, students and staff employed by partner organisations.

It will host the information that relates to the activity of managing staff such as annual leave, appraisals, disciplinary, redundancy, pensions, retirement, grievance, job descriptions, recruitment, vacancies etc.

It is imperative that the security settings to this information are enforced correctly from the outset.

- Rotas – by service / team
- Staff – annual leave, appraisals, recruitment, sickness management and reports, supervision
- Non Staff – administration for students, agency and bank staff and volunteers
- Learning and Development – training administration and course information
- Operational – by service /team including timesheets, variation sheet, handover notes
- Health and Well-being –occupational therapy, IWL, employee support
- Resources – blank templates and forms, reference information

8. Information Management

The 'Information Management' section of the file plan is designed to host all data relating to how the Trust controls, plans, processes, structures, reports and organises information activity in order to be compliant in the delivery of information.

You will find in this section file classifications relating to Information Governance, library services, records management and information security.

- Assets and Services – equipment lists and information asset registers by service
- Compliance – Freedom of Information, Data Protection, Access to health records requests
- Information Governance – The IG toolkit and information mapping, clinical coding
- Library – library systems admin and instructions, evidence summaries and journals
- Records Management – destruction and archive registers, information requests
- Reporting – information reports by service
- Resources
- Security – information security audits and incidents, impact assessments
- Privacy - close and break glass monitoring, alerts and investigations, privacy breach reports
- Sharing – information sharing agreements, assessments and registers
- System Management – administration of Trust information systems including Paris and desktop services
- Service desk – resources and software for service desk administration

9. Legal Services

For storing information relating to the Trust's legal department

- Claims – compensation, clinical negligence
- Inquests – coroner's reports
- Legal administration
- Hospitality and small gifts register

10. Projects and programmes

This folder is for storing information relating to projects and programmes that are on the Trust's project register (i.e. that report using Form 2).

All project information/documentation is separated from the operational file plan – “Projects” are over and above day to day business.

- Templates – contains blank project documents
- Project register – list of projects
- Adult LD
- AHP
- AMH
- COO
- CYP
- EFM
- Finance
- Forensic
- Forensic LD
- HR
- Information
- Nursing and Governance
- MHSOP
- Pharmacy

Each project has its own folder with a standard folder structure and sits beneath the most appropriate function folder:

Contents divided into TEWV Internal (read only all access) and Private (read/write access to project team, unseen to everyone else)

11. Service delivery

Specifically for clinical service information – the actual delivery of services to patients

- **Business continuity** – Emergency on call rotas, emergency planning
- **Clinical assurance** – Professional standards
- **Nursing** – professional information about nursing eg assessment in practice, careers networks
- **Infection prevention and control**
- **MOVA**
- **Medicines management** – advice and guidance, alerts, stock lists, emergency drug bags, prescription and admin charts
- **Operational procedures**
- **Paris** – information about patients that CANNOT otherwise be stored on Paris. Sorted by patient number
- **Patient experience** – essential standards
- **Patient safety**
- **Pathways of care** – sorted by pathway name
- **Performance Monitoring**
- **Resources** – forms & templates
- **Safeguarding adults**

- **Safeguarding children**
- **Same sex accommodation**
- **Service management** – specifically about managing the service, not the corporate records, e.g. Assessment in Practice for managers
- **Suicide prevention**
- **Team Meetings – clinical**
- **Work in Progress**

12. Service improvement

Service improvement work over and above operational day to day business

- **Organisational development** – team development, learning resources
- **QIS** – for Kaizen, 3p, 5s etc events
- **Mini projects** – small projects, additional and usually time limited pieces of work over and above operational business that do not feature on the Trust's project register
- **Research** - Portfolio and non-portfolio Trust research programmes

Appendix 4 - Controlled vocabulary – a dictionary of terms

Term	Definition
Approved abbreviations – Trust Sites Names	<p>CLH Cross Lane Hospital</p> <p>FLC Flatts Lane Centre</p> <p>LRH Lanchester Road Hospital</p> <p>RP Roseberry Park</p> <p>WPH West Park Hospital</p> <p>WLH West Lane Hospital</p> <p>AP Auckland Park</p>
Approved abbreviations -	<p>ESR Electronic Staff Register</p> <p>AMH Adult Mental Health</p> <p>CQC Care Quality Commission</p> <p>CMHT Community Mental Health Team</p> <p>CRHT Crisis Resolution and Home Treatment</p> <p>CYPS Children and Young Peoples Services</p> <p>EMT Executive Management Team</p> <p>ECT Electro-Convulsive Treatment</p> <p>GP General Practitioner</p> <p>HCA Health Care Assistant</p> <p>IHST Intensive Home Support Team</p> <p>IHTT Intensive Home Treatment Team</p> <p>LD Learning Disability</p> <p>MHA Mental Health Act</p> <p>MHSOP Mental Health Services for Older People</p> <p>MOVA Management of Violence and Aggression</p> <p>NHS National Health Service</p> <p>NICE National Institute for Clinical Excellence</p> <p>PCT Primary Care Trust</p> <p>PICU Psychiatric Intensive Care Unit</p> <p>POVA Protection of Vulnerable Adults</p> <p>SALT Speech and Language Therapy</p> <p>TEWV Tees Esk and Wear Valleys</p>

Correspondence	<p>– incorporates letters, emails, faxes – any contact with another person, regardless of mechanism</p> <p>Files to be saved as</p> <p>Letter <date><subject></p> <p>Memo <date><subject></p> <p>Fax <date><subject></p> <p>Emails: saved as title of email (see 2.5 above)</p>
Documents for meetings	<p>Folder title will be name of meeting, sub folder (if required) is date of meeting by year/month</p> <p>Agenda<date></p> <p>Minutes <date></p> <p><date> <supporting document title></p> <p>(ideally this should be a link to rather than a duplicate copy of an actual document)</p> <p>eg: Data Architecture Group /201204/Agenda20120429</p>
Document status	<p>Final – is the ratified / approved version of a Trust document/record</p> <p>Major version – a draft or work in progress version which needs to be retained as a record</p> <p>Minor version – a draft version which does not need to be retained as a record</p>
Document security markings	<p><u>Folders</u></p> <p>Work in Progress – contains documents which are in draft / in progress and are not in their final version</p> <p>Private – documents in a final version which should not be shared beyond the team within which the folder sits without agreement from the team</p> <p>TEVV internal – documents in a final version which can be shared throughout the organisation but are not for public consumption</p> <p>TEVV external – documents in a final version which can be shared outside the organisation</p> <p><u>Files</u></p> <p>NHS Confidential should mark patient identifiable clinical information passing between NHS staff and between NHS staff and staff of other appropriate agencies and is treated with the highest security</p> <p>NHS Restricted shall be used to mark all other sensitive information such as financial and contractual records</p> <p>NHS Protect – for other Trust information which should be shared with caution and consideration</p>
Incidents	YYYYMMDD incident ref
Standard names	Standard working processes (replaces Standard working instructions, standard operating instructions)
Version control	<p>The last number determines whether the document is a draft or final/ratified document. A .0 denotes ratified document, any other number (0.01, 0.12 etc) denotes draft status.</p> <p>Drafts named as v 0.01.docx, 0.02.docx etc</p> <p>Ratified versions as v 1.00</p>

Subsequent revisions in draft form as 1.01, 1.02 etc
Subsequent ratified versions as 2.00, 3.00 etc
For policies and procedures, which use major and minor ratified versions this is adjusted slightly – minor versions are recorded in brackets, so examples could be:
Policy v1.00.docx = first ratified version of policy
Policy name v 1(1).00.docx = subsequent ratified version incorporating minor amends
Policy name v2(3).01.docx = draft version based on the version 2(3) which is second major version with third minor amends incorporated