Title: Records Management Policy

Ref: CORP-0026-v8

Status: Ratified

Document type: Policy

Contents

1 Introduction

The Records Management Code of Practice for Health and Social Care 2021 (the Code) provides a framework for consistent and effective records management based on established standards. It is relevant to organisations working within, or under contract to, the NHS in England.

This policy describes how the Code is applied to managing different types of record within the Trust.

High-quality records underpin the delivery of high-quality evidence-based health and social care, and many other key service deliverables. Information has most value when it is accurate, up to date and accessible when it is needed.

Our Journey To Change sets out why we do what we do, the kind of organisation we want to become and the way we will get there by living our values, all of the time. To achieve this, we have committed to three goals.

This policy supports all three goals of Our Journey To Change.

1.1 Strategic goal 1: To co-create a great experience for patients, carers and families

Engaging patients in their own care can promote increased confidence and willingness to take control of their health, which ultimately can lead to healthier behaviours and improved outcomes. (Turakhia, P and Combs, B; 2017)

Implementing this policy will provide assurance to patients, carers and families, that the health care record for the patient is an accurate account of treatment, care planning and delivery. The care record will provide clear evidence of the care planned, the decisions made, the care delivered and the information shared.

Importantly, patients, carers and families can be assured that they are part of the process of creating records about their care and that they can easily review and contribute to their records.

1.2 Strategic goal 2: To co-create a great experience for our colleagues

Maintaining good quality records has both immediate and long-term benefits for staff. It can directly benefit them, for example in respect of safety, support or professional management. Records management promotes better communication as well as continuity, consistency, and efficiency, and reinforces professionalism. (Wood, C; 2003)

This policy ensures that all colleagues understand their role around the lifecycle of records that are created or used by them. When staff understand their roles and their duties they can be confident that the actions that they take are consistent and defendable.

1.3 Strategic goal 3: To be a great partner

Information is a key communication tool and is strategic in assisting the Trust when it works with key partners either to improve services or to jointly care for patients. Good records management is a product of good teamwork and an important tool in developing high-quality healthcare.

An accurate written record detailing all aspects of patient care not only forms an integral part of the of the provision of care or management of the patient, but it also contributes to the circulation of information amongst the different teams and partner organisations involved in the patient's treatment or care.

1.4 Trust values and behaviours

Embedding good records management practice across all areas of the Trust enables us to evidence how we live our values of respect, compassion and responsibility in everything we do.

2 Why we need this policy

Records Management is the process by which an organisation manages all the activities associated with records e.g., creation, tracing and tracking and destruction.

Records must be:

- Managed throughout their lifecycle; from the moment they are created to the moment they are destroyed or archived for permanent preservation in a place of deposit.
- Kept secure at all times to prevent breaches of confidentiality;
- Available when needed;
- Prevented from unauthorised access and be kept accurate and up-to-date

The Trust has a legal duty to make sure records are managed from the moment they are created, to the moment they are destroyed or placed in special deposit for permanent archive (NHSX Records Management Code of Practice 2021).

All NHS records are public records under the terms of the Public Records Act 1958 and as such the organisation has a duty to make arrangements for the safe keeping, maintenance, archiving and eventual disposal of all types of records.

2.1 Purpose

The purpose of this policy is to ensure:

- Records are available when needed
- Records can be accessed

- Records can be clearly understood

- Records can be trusted

- Records can be maintained through time

- Records are secure

- Records are protected by a contingency or business continuity plan

- Records are retained and disposed of appropriately

- Staff are trained

- The Trust provides audit trails, has clear filing structures, controlled access, standardised naming conventions, version control standards and protectively marked records.

- This policy ensures the Trust complies with the legal and professional obligations shown in section 9 References.

2.2 Objectives

Adhering to this policy will ensure:

- The Trust meets its obligations under the Health and Social Care Act 2008 to:
    o create patient records;
    o create staff records;
    o create any other records associated with the management of health and social care;

- Records provide evidence of actions and decisions and are a vital asset to support daily business operations;

- Records protect the interests of the Trust and the rights of patients, staff and members of the public;

- Records are used as evidence in law courts:
    o Patient records are used in clinical negligence cases
    o Staff records are used in employment tribunals
    o Financial records, e.g., travel expense claim forms might be used in fraud cases

- Good records management will lead to:
    o Better use of physical and computer server space
    o Showing how decisions related to patient care were made
    o Supporting effective clinical judgements and decisions
    o Promoting better communication and sharing of information between members of a multi-professional health care team

3 Scope

3.1 Who this policy applies to

This policy applies to:

- All clinical and non-clinical staff who work with records.
- **All** records held by the Trust, clinical and non-clinical, in **any** format. Records can exist in a variety of media e.g., paper, electronic, still and moving images and audio footage.

3.2 What this policy applies to

This policy applies regardless of the media on which the records are held.

> ⚠️ A record can be defined 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." (ISO 15489-1:2016)
>
> "A health record is a record which:
>
> - Consists of data concerning health
> - Has been made by or on behalf of a health professional in connection with the diagnosis, care or treatment of the individual to whom the data relates."
>
> (Data Protection Act 2018 (GDPR) section 205)

The NHSX Records Management Code of Practice 2021 describes how to deal with different types of record and their formats. Records within the scope of this policy include:

- Patient records
- Staff records
- Jointly-held records
- Records held as part of a Shared Care Records programme
- Complaints records
- Corporate records – administrative records relating to all functions of the organisation

3.3 Roles and responsibilities

Role	Responsibility
Secretary of State for Health	• Statutory duty to make arrangements for the safe keeping and disposal of records.
Trust	• Ensuring it meets legal responsibilities and adopts internal and external governance requirements
Chief Executive	• Overall responsibility for records management in the Trust. • Responsible for the management of the organisation and for ensuring appropriate mechanisms are in place to support service delivery and continuity. Records management is key to this as it will ensure appropriate, accurate information is available as required.
Caldicott Guardian	• Particular responsibility for reflecting patients' interests regarding the use of patient identifiable information. • Ensuring patient identifiable information is shared in an appropriate and secure manner. • Representing and championing information governance requirements and issues at Board and Senior Leadership Group level. • The Trust's Caldicott Guardian is the Chief Nurse.
Data Protection Officer (DPO)	• Facilitating 'accountability' and the Trust's ability to demonstrate compliance with the GDPR • Overseeing the records management systems in the organisation so that all holding, processing and sharing activities are understood and compliant with GDPR principles
Head of Information Governance	• Responsible with the Digital Performance and Assurance Group for ensuring that this policy is implemented and that the records management system and processes are developed, co-ordinated and monitored.
Head of Digital Delivery	• Responsible for implementing Our Digital and Data Journey To Change
Patient Systems Manager	• Managing the operation and development of the organisation's archive records libraries. • Overall responsibility for operational management of external storage suppliers.

Information Compliance Manager	• Overall development and maintenance of records management practices throughout the Trust, in particular for drawing up guidance for good records management practice and promoting compliance with this policy in such a way as to ensure the easy, appropriate and timely retrieval of information.
Information Asset Owners and Administrators	• Identifying risks to Trust records and mitigate those risks. • All such risks and mitigating actions are documented, assessed and reported to the board through the information risk management structure as defined within the Information Asset Register Procedure.
Staff who are registered to a Professional body	• Adhering to record keeping standards defined by their registrant body.
Managerial Staff	• Executive directors and their senior managers are personally accountable for the quality of records management within the Trust • ALL line managers must ensure that their staff, whether administrative or clinical, apply the appropriate guidelines, that is, they must have an up-to-date knowledge of the laws and guidelines concerning confidentiality, data protection, freedom of information and access to patient information.
Patient Systems Administrator	• The Trust's Records Service manages the end of lifecycle processes for retention and disposition at Trust archive centres. • The Patient Systems Administrator provides advice and guidance on the disposition systems and processes and co-ordinate the movement of records when services relocate or appraise their local archive stores.
All Trust Staff	• Whether clinical or administrative, who create, receive and use records have records management responsibilities. • Keeping appropriate records of their work in the Trust and managing those records in keeping with this policy and with any guidance subsequently produced.
Support Organisations and Contractors	• Service Level Agreements and contracts must include responsibilities for information governance and records management. Therefore, support organisations and contractors are contractually bound to fulfil records management and information governance obligations.

4 Policy

> ⓘ Organisations that are unable to demonstrate they operate a satisfactory records management regime may be subject to sanctions. Sanctions vary in their severity for both organisations and the individual. They may include:
>
> - formal warning
> - professional de-registration – temporary suspension or permanent
> - regulatory intervention – leading to conditions being imposed upon an organisation, or monetary penalty issued by the Information Commissioners Office

4.1 Records management procedures

There are Trust procedures to manage the activities associated with records throughout their life cycle:

- from creation through to destruction;
- movement of records; and
- permanent preservation.

These must be followed by all staff who work with staff, patient and business records.

All Records Management procedures are available to staff via the intranet, and to the public via the Trust website.

4.2 Declaring a record

Declaring a record is the process of deciding what is a record and what needs to be kept. A record can be declared at the point it is created or it can be declared at a later date.

All health care professional bodies' standards of professional practice emphasise the importance of record keeping. Trust standards for clinical records are detailed within the Minimum Standards for Clinical Record Keeping.

Staff and 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. Trust standards for corporate records are detailed within the Minimum Standards for Corporate Record Keeping.

Collections of records must be recorded on information asset registers. Refer to the Information Asset Register Procedure for more information.

⚠️ Collections of records must be recorded on information asset registers. Refer to the Information Asset Register Procedure for more information.

4.3 Managing and storing paper and digital records

As the Trust moves forward with Our Digital and Data Journey To Change, there will be less reliance on paper records.

Until all paper records are digitised, staff must follow the Records Management – Records Retention and Disposition Procedure for managing and storing paper and digital records.

This includes managing off-site records.

4.4 Records retention

All NHS records must be retained for a minimum period of time. The length of time for retaining records depends on the type of record.

The Trust has adopted the retention periods set out in the NHSX Records Management Code of Practice 2021.

For advice on records retention, contact tewv.informationsecurity@nhs.net

4.5 Archiving and external storage

The Trust's Records Archive Service controls the movement of paper records into external storage and archive. Services send their closed records to external archive through Records Archive Service staff.

The Records Service has three offices:

- Lanchester Road Hospital, Durham
- Flatts Lane Centre, Middlesbrough
- Huntington House, York
- Email tewv.archiverequests@nhs.net

4.6 Tracing and tracking

⚠️ The movement of all paper records around the organisation **must** be traced and tracked.

Accurate recording and the knowledge of the whereabouts of all records is essential if the information they contain is to be located quickly and efficiently.

The tracking systems in use in the Trust must provide an up to date and easily accessible movement history and audit trail.

> ⚠️ Misplaced or 'lost' records **must** be reported on the Trust's incident reporting system (DATIX) **as soon as it becomes known** that the record cannot be found.

4.7 Confidentiality

> ⓘ The information contained in records is confidential and is covered by the Common Law Duty of Confidentiality.

> ⚠️ The Trust takes it responsibilities under the duty of confidentiality very seriously and will take action if any record, either paper or electronic, is deliberately accessed without permission or good reason.

> ⚠️ The electronic patient records system, PARIS, is monitored for inappropriate access.

4.8 Disclosure of records and information

> ⓘ All requests for the disclosure of records and information must be handled in accordance with the Data Protection Act 2018 (GDPR), The Access to Health Records Act 1990 and the Freedom of Information Act 2000.

> ⚠️ Original records must never be released unless exceptional circumstances exist and then they must be tracked and their return ensured.

The decision to allow original records to be released from the Trust will be taken by the Head of Information Governance.

Exceptional circumstances would normally require a court order.

The steps to be followed when moving records are documented in the Trust's records management procedures.

Any disclosure of personal confidential data must be made through the Trust's Data Protection Team.

4.9 Sharing records and information

Personal information can be shared when there is a lawful basis for doing so. The Confidentiality and Sharing Information Policy helps staff understand when to share information with other professionals, and when not to share, so they can provide the best standard of care.

The Trust has information sharing agreements that cover information sharing between its main partner agencies. These are published in the Information Sharing Agreement folder of the Trust-wide shared (T:\) drive.

4.10 Scanning and records management

Multi-function devices provide the facility to scan documents to pdf to enable documents to be emailed.

If a paper record is scanned, the original paper record must be retained.

> ⚠️ Scanned documents do not replace the original record as the Trust currently is not assured that the scanned document meets the standards for legal admissibility.

4.11 Security and missing records

> ⚠️ Records must be kept secure and should be stored in an appropriate lockable cabinet within a secure room.

> ⚠️ When transported, records must be transported securely in the boot of a car.

> ⚠️ Records held electronically must be stored in line with the Trust's information security and risk policy and other associated policies.

> ⓘ **Any incident or near miss** relating to a breach in security regarding the use, storage, transportation or handling of records **must be reported** using the Trust's incident reporting system (inPhase).

4.12 Managing records when minimum retention is achieved

4.12.1 Appraisal

Appraisal is the process of deciding what to do with records once their business need has ceased and the minimum retention period has been reached.

There will be one of three outcomes from appraisal:

- destroy or delete
- continued retention - this will require justification and documented reasons
- permanent preservation

> (!) All records must undergo appraisal prior to destruction. All appraisal decisions must be justified, documented and approved.
>
> Responsibility for the arrangements for records appraisal, selection and transfer for the permanent preservation of records (as required by section 3 (1) of the Public Records Act 1958) is assigned to Digital Performance and Assurance Group.
>
> Records must not be automatically destroyed or deleted.

4.12.2 Records destruction

> (!) There are a number of on-going public inquiries including the Independent Inquiry into Historic Child Sex Abuse (IICSA) and Infected Blood Public Inquiry (IBI). This means that records must not be destroyed until guidance is issued by the inquiry.

> ⚠
> - Only authorised staff may destroy records relating to patients and staff. Authority for destruction or deletion is delegated to Digital Performance and Assurance Group.
> - If as a result of appraisal, a decision is made to destroy or delete a record, the decision must be evidenced.
> - The method used to destroy all records must secure their complete illegibility.
> - A description of all records destroyed must be kept by Trust Records Archive Service. This team holds a catalogue that identifies all records that have been destroyed or moved outside of the Trust.
> - The catalogue of destroyed records is kept indefinitely.
> - Records destruction must be accompanied by a destruction certificate.

4.12.3 Continued retention

The retention periods given in the NHSX Records Management Code of Practice 2021 are the minimum periods for which records must be retained for health and care purposes. Records will be destroyed once this period has expired, unless selected for permanent preservation (see 4.5.5).

Where records contain personal data, the decision to retain must comply with UK GDPR. Decisions for continued retention beyond the periods laid out in the NHSX Records Management Code of Practice must be:

- Recorded

- Made in accordance with Trust policy by authorised staff, and
- Set a specific period for further review.

4.12.4 Other types of records

If the Trust needs to keep records that are not staff or patient records beyond 20 years, for example, board minutes or records relating to buildings, approval must be sought from the Secretary of State for Digital, Culture, Media and Sport.

This is the case even where the recommended retention period is longer in the Code of Practice for example asbestos, radiation and some building records.

Applications for approval must be made to The National Archives (asd@nationalarchives.gov.uk).

4.12.5 Records for permanent preservation

The Public Records Act 1958 requires organisations to select records for permanent preservation. Selecting records for transfer under this Act is separate to the operational review of records to support service provision.

The Act ensures the permanent preservation of a small core of key records, to:

- enable the public to understand the working of the Trust 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 line with the NHSX Records Management Code of Practice 2021.

4.12.6 Transfers of records to the Place of Deposit

Records selected for permanent preservation will be transferred to the relevant Place of Deposit (PoD) appointed by the Secretary of State for Digital, Culture, Media and Sport as specified on The National Archives website.

Transferred records will be:

- In good condition
- Reviewed for any Freedom of Information Act (FOIA) exemptions
- Recorded/listed
- Packed following Trust standards.

Records selected for transfer to a PoD (after appraisal) may continue to be exempt from public access for a specified period after transfer in accordance with Section 66 of FOIA.

Where records are kept for permanent preservation for reasons other than care, the Trust must consider preserving the records in an anonymised way to protect confidentiality. Where this is not possible, then as many identifiers as possible will be removed.

If the record is being preserved because the treatment provided was innovative or highlights new ways of working, then the identity of the patient is not required. For individual care, it would be required, as the record may need to be retrieved.

4.12.7 Requests to access records held in the Place of Deposit (PoD)

Once transferred to the PoD, records will still be owned by the Trust and all relevant laws will apply. Individual records deposited with PoDs are still protected by the UK GDPR, FOIA and duty of confidentiality.

Where a local PoD holds records and access is requested, the PoD will liaise with the Trust before releasing any information (including any checks for subject access requests required by UK GDPR and any exemptions under FOIA).

Where a public interest test is required, the Trust must carry this out and inform the PoD of the result.

Unless there are exceptional circumstances, PoDs will not normally continue to apply FOI exemptions to records more than 100 years old.

Where a patient or service user has died the UK GDPR no longer applies but FOIA applies regardless as to whether the individual is alive or not.

When a person is deceased, the Access to Health Records Act 1990 may enable access to the health record for a limited purpose by specified individuals.

4.13 Staff training

All Trust staff will be made aware of their responsibilities for records management and record-keeping through generic and specific training programmes and guidance relevant to their job role.

Staff will be made aware of this policy and the procedures for records management as part of their local induction via Data Security and Protection Training for New Starters.

4.14 Clinical record keeping competency

Supervisors are responsible for ensuring that staff are competent to record in clinical records;

- Registered healthcare practitioners are deemed competent by virtue of the training they receive in record keeping prior to registration;
- Non-registered staff may make entries without countersignature as long as they have:
    - o been assessed as competent, or
    - o undertaken competency training, and
    - o been signed off as competent by the supervising practitioner.

Supervisors of non-healthcare staff who write in records must satisfy themselves that their staff are competent to write independent entries in clinical records.

⚠️ All staff who write in clinical records (Trust staff, staff not employed by the Trust but part of the multi-disciplinary team and voluntary sector staff) must comply with

4.15 Rights of the data subject

The Data Protection Act 2018 (GDPR) provides the following rights to individuals in respect of personal data held about them:

4.15.1 Right to be informed

Individuals have the rights to be informed about the processing of their personal information. Requests should be made to the Data Protection Officer. The process for doing so is described in the Requests for Information Procedure.

4.15.2 Right of access

Requests for access to personal information are processed as described in the Requests for Information Procedure.

4.15.3 Right to rectification, erasure or restriction of processing

Requests to correct inaccurate data, erase data or restrict the processing of data are considered individually giving due regard to clinical risk and safeguarding the individual, staff and members of the public.

Any requests must be forwarded to the Head of Information Governance who is also the Data Protection Officer for the Trust.

When data has already been shared with 3rd parties, individuals have the right to be informed when the Trust notifies those 3rd parties of requests for rectification, erasure or restriction of processing. This process will be overseen by the Data Protection Officer.

4.15.4 Right to data portability

Individuals who request access to their personal data are able to receive that information electronically in a structured, commonly used and machine-readable format.

Where technically possible, individuals can also request that their information is transmitted directly to another controller, e.g., another care provider or 3rd party.

Requests for access to personal information in electronic formats, or transferring to a third party, are processed as described in the Requests for Information Procedure.

4.15.5 Right to object

- Where personal data are processed for:
    - o scientific;
    - o historical research; or
    - o statistical purposes,

the individual has the right to object to processing of their personal data unless the processing is necessary for performing a task carried out for reasons of public interest.

Objections are considered on an individual basis and must be forwarded to the Head of Information Governance who is also the Data Protection Officer for the Trust.

4.15.6 Right not to be subject to a decision based solely on automated processing, including profiling

The Trust currently does not have any automated decision-making or profiling processes.

Any future changes to this will consider and evidence the requirements of GDPR throughout the development and implementation lifecycle.

4.16 Records and research governance

See 4.15.5 re the right to object to processing of personal data for historical research purposes.

⚠️ Any research undertaken using patient information must first have formal governance and ethics approval. Contact the Trust's Research and Development team for advice.

4.17 Disciplinary measures

🛈 Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under the Trust's disciplinary procedure.

5 Definitions

Term	Definition
Corporate records	Records (other than health records) that are of, or relating to, an organisation's business activities covering all the functions, processes, activities and transactions of the organisation and of its employees
Integrity of records	The integrity of a record refers to its being complete and unaltered. It is necessary that a record be protected against unauthorised alteration.
Health record	A single record with a unique identifier containing information relating to the physical or mental health of a given patient who can be identified from that information and which has been recorded by, or on behalf of, a health professional, in connection with the care of that patient.
	This may comprise text, sound, image and/or paper and must contain sufficient information to support the diagnosis, justify the treatment and facilitate the ongoing care of the patient to whom it refers.
Place of deposit	A record office which has been approved for the deposit of public records in accordance with section 4(1) of the Public Records Act 1958. This is usually the record office of the relevant (i.e., county, borough, or unitary) local authority.
Records Management	The process by which an organisation manages all the activities associated with records e.g., creation, tracing and tracking and destruction.
Record Keeping	The process of recording actions, activities and decisions according to minimum record keeping standards – 'what you write and how you write it'.
Trust	Tees Esk and Wear Valleys NHS Foundation Trust

6 Related documents

- NHS number procedure
- Information security and risk policy

- Information asset register procedure
- Information governance policy
- Records management - creating and retrieving clinical records procedure
- Records management - unified records procedure
- Records management - minimum standards for clinical record keeping
- Records management - minimum standards for corporate record keeping
- Records management - records lifecycle and disposition procedure
- Records management - missing and found records procedure
- Records management - moving records and sensitive information procedure
- Records management - safe haven procedure

7 How this policy will be implemented

- This policy will be published on the intranet and externally via the Trust website
- Line managers will disseminate this policy to all Trust employees through a line management briefing.
- New staff will receive training in this policy through local induction.
- Information Department Compliance team visit Trust teams to advise on records management procedures and best practice.

7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All staff with record keeping responsibility	Local induction	30 minutes	Once or as required by supervision

8 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Clinical and corporate records management survey	Annually – Information Compliance Manager	Digital Performance and Assurance Group

9 References

[NHSX Records Management Code of Practice 2021](#)

[The Public Records Act 1958](#)

[The Public Records Act 1967](#)

[Data Protection Act 2018](#)

[The Freedom of Information Act 2000](#)

[The Environmental Information Regulations 2004](#)

[The Common Law Duty of Confidentiality](#)

[The NHS Confidentiality Code of Practice](#)

[Health and Social Care Information Centre - A Guide to Confidentiality in Health and Social Care; September 2013](#)

[Safeguarding Vulnerable Groups Act 2006](#)

[Access to Health Records Act 1990](#)

[The Computer Misuse Act 1990](#)

[Human Fertilisation and Embryology Act 1990](#)

[The Caldicott Report 1997](#)

[Information Security Management NHS Code of Practice 2007](#)

[Electronic Communications Act 2000](#)

[Care Quality Commission, essential standards of quality and safety](#)

[NHS Digital Data Security and Protection Toolkit Requirements](#)

[The Re-use of Public Sector Information Regulations 2005](#)

Clinical Professional Obligations imposed by professional bodies such as:
> The Nursing and Midwifery Council
> General Medical Council
> British Association of Psychologists
> College of Occupational Therapists
> Health Professions Council

Turakhia, P and Combs, B (2017) *Using Principles of Co-Production to Improve Patient Care and Enhance Value.* Available at: [Using Principles of Co-Production to Improve Patient Care and Enhance Value | Journal of Ethics | American Medical Association (ama-assn.org)](#) [Accessed 18 November 2021]

Wood, C (2003) The importance of good record-keeping for nurses. Available at: The importance of good record-keeping for nurses | Nursing Times [Accessed 18 November 2021]

10 Document control (external)

Date of approval	18 June 2024
Next review date	18 June 2026 (n.b. a 2 year review is required by NHSX CoP 2021)
This document replaces	CORP-0026-v7 Records Management Policy
This document was approved by	Digital Performance and Assurance Group
This document was approved	10 May 2022 (subject to requested amendments approved virtually 16 May 2024)
This document was ratified by	Management Group
This document was ratified	18 June 2024
An equality analysis was completed on this policy on	26 April 2024
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
6	May 2018	Revised with new data subject rights under DPA 2018 (GDPR). Revision to job titles and responsibilities.	Withdrawn
6.1	Jun 2019	Revised wording to individuals' rights under the DPA 2018 (in line with the Requests for Information Procedure).	Withdrawn
	Oct 2020	Review date extended to 13 Dec 2021	Withdrawn
7	18 May 2022	Full review and revision in line with NHSX Records Management Code of Practice 2021	Withdrawn
8	18 Jun 2024	Full review with minor amends to job titles, meeting names and systems.	Published
8	10 Jul 2024	The external link to the RM CoP is fixed in section 4.4	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	Corporate
Title	Records Management Policy
Type	Policy
Geographical area covered	Trust-wide

Aims and objectives	Adhering to this policy will ensure:
	
	• The Trust meets its obligations under the Health and Social Care Act 2008 to:
	    o create patient records;
	    o create staff records;
	    o create any other records associated with the management of health and social care;
	
	• Records provide evidence of actions and decisions and are a vital asset to support daily business operations;
	
	• Records protect the interests of the Trust and the rights of patients, staff and members of the public;
	
	• Records are used as evidence in law courts:
	    o Patient records are used in clinical negligence cases
	    o Staff records are used in employment tribunals

	o Financial records, e.g., travel expense claim forms might be used in fraud cases • Good records management will lead to: 　o Better use of physical and computer server space 　o Showing how decisions related to patient care were made 　o Supporting effective clinical judgements and decisions Promoting better communication and sharing of information between members of a multi-professional health care team
Start date of Equality Analysis Screening	18 November 2021
End date of Equality Analysis Screening	04 February 2022

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Anyone who works on behalf of the Trust to create and manage Trust records. The policy also benefits the data subject where records are about people.
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	• **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 and Heterosexual etc.) **NO** • **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**
Describe any negative impacts	None identified
Describe any positive impacts	The policy describes the Trust approach to implementing the NHSX Records Management Code of Practice which includes the latest guidance for management records relating to protected characteristics. Also, Engaging patients in their own care and giving consideration to their protected characteristics can promote increased confidence and willingness to take control of their health, which ultimately can lead to healthier behaviours and improved outcomes.

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.)	NHSX Records Management Code of Practice 2021
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	This policy has undergone Trust-wide consultation. Trust staff comprise all the protected characteristics. Also the NHSX Records Management Code of Practice underwent significant national consultation.

If you answered No above, describe future plans that you may have to engage and involve people from different groups	Not applicable

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	None
Describe any training needs for patients	None
Describe any training needs for contractors or other outside agencies	None

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

Appendix 2 – Approval checklist

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

	Title of document being reviewed:	Yes / No / Not applicable	Comments
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	26 April 2024 AH
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
10.	**Publication**		
	Has the policy been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	