University Hospitals Birmingham
NHS Foundation Trust

CONTROLLED DOCUMENT

Records Management (Corporate and Clinical) Policy

CATEGORY:	Policy
CLASSIFICATION:	Information Governance
PURPOSE:	• Appropriate records will be kept to evidence activities and transactions of the Trust. • Records will be organised, managed and maintained in line with requirements of this policy to ensure they are accessible when required, and protected against unauthorised access, accidental loss and destruction. • Records will be disposed of systematically in compliance with policy. Destruction will be complete, secure, authorised and auditable. • This policy relates to the physical and practical management of the record whether this is electronic or paper.
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Controlled Document Sponsor:	Director of Corporate Affairs Chief Innovation Officer
Controlled Document Lead:	Information Governance Lead/Medical Records Manager
Will this Controlled Document impact upon any contracts held by the Trust?	☐ Yes[1] ☒ No
Approved By:	Board of Directors
On:	July 2019
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Distribution: • **Essential Reading for:** • **Information for:**	Directors, Senior Managers and Department Heads All Staff with responsibility for corporate and or/clinical records

[1] If this Controlled Document will have an impact on any contracts held by the Trust, once approved, this will need to be sent to the Procurement Team requesting that it be added to the Procurement Policy Portal

Contents

This policy must be read in conjunction with the Clinical (Health) Records Management Procedure(s) document(s), Corporate Records Standard Operational Procedures & Other Associated Documents

1. Policy Statement

1.1 Records management is an essential function that supports the activities of the Trust through the creation and management of authentic, reliable and usable records which are maintained for as long as required for operational, legal and audit purposes.

1.2 University Hospitals Birmingham NHS Foundation Trust (the 'Trust') recognises records are a valuable resource, important business asset and vital to the delivery of high quality patient care. Effective management of them will support Trust activities and decision making, whilst ensuring accountability to stakeholders. The benefits of managing records in a consistent and controlled manner include:

- Control the creation and growth of records.
- Faster information retrieval, enabling increased productivity.
- Consistency and efficiency of administration and elimination of duplication resulting in savings in both staff time and storage.
- Opportunity for evidence based decision making as records are easily located.
- Evidence of organisational activity for regulatory compliance and in the event of litigation, protecting Trust interests and supporting rights of stakeholders.
- Identification and protection of vital records to ensure business continuity in the event of a disaster.
- Preservation of a corporate memory, preventing the loss of valuable information when staff leave the Trust.

1.3 The Trust creates public records as defined in Public Records Acts 1958/1967 and is required by law to manage them in accordance with its legal and regulatory environment. Department of Health and Social Care outlines standards required for the management of records in 'Records Management: NHS Code of Practice'.

2. Scope

2.1 This policy applies to all areas and activities of the Trust and to all staff including permanent, temporary and bank staff, contractors, volunteers, students, locum and agency staff and staff on honorary contracts.

2.2 This policy relates to all records, held in any format which may form part of a corporate or clinical (health) record in the Trust, for example:

- Paper/Manual records including:

- Patient records, e.g. correspondence, handover sheets, etc
- Corporate records, e.g. attendance lists, post it notes,
- Loose papers of any description,
- Registers etc.

- Electronic formats:
  - Formal Trust information systems/ assets, e.g. Care Portal, ESR, PICS, etc
  - Meeting agendas, minutes and action logs,
  - E-mail,
  - Microfilms,
  - Digital dictation recordings.

- Different services/specialties:
  - Case files, e.g. Complaints files, Legal files, Investigation files, IT projects etc.
  - MDT documents, handover sheets, clinic lists, etc.
  - Finance and Procurement information

2.3 It covers all records the Trust hold - corporate, individual medical/ health records and all other Trust records including those relating to patients such as referral logs and handovers.

3. Definitions

Records	Records are 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. Records are defined by their content and value for the organisation and not by their format.
Clinical (Health) Records	'A record consisting of information about the physical or mental health, or condition, of an identifiable individual, made by, or on behalf of, a health professional.'
Corporate Records	Corporate records are all records evidencing the activities of the Trust with the exception of records maintained on a patient's care record ('health record').
Records Management	Records management is the field of management responsible for the efficient and systematic control of the creation, receipt, maintenance, use and disposition of records.

Recordkeeping System	Recordkeeping System is a concept that refers to a coherent and consistent approach to managing records throughout their lifecycle.
Trust file plan	The Trust file plan is a classification scheme (what we do) which enables records to be categorised in systematic and consistent manner to facilitate their capture, retrieval, maintenance and disposal.
Retention	Retention is the process of determining how long a particular class of records needs to be retained for compliance or business reasons.
Disposal	Disposal is the process associated with the implementation of review decisions, resulting in the retention, destruction or archiving of records.
Archive	Archive is the physical transfer of records with historical or administrative importance to a place of deposit. The place of deposit is also commonly known as an archive.
Destruction	Destruction is the process of eliminating or deleting records beyond any possible reconstruction.
Vital records	Vital records are records without which the organisation could not function. They are essential records necessary to document and protect.

4. Framework

4.1 This policy provides a framework for the systematic management of records held by the Trust in any format, from creation/receipt, throughout the record lifecycle, until their eventual disposal/ permanent preservation.

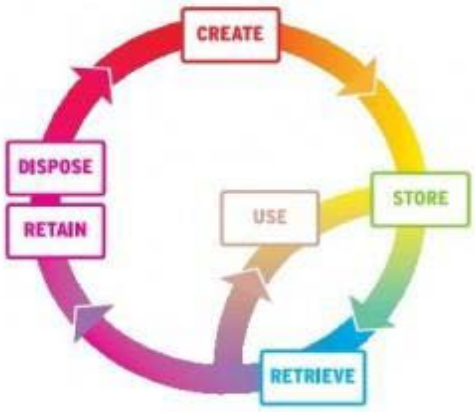

Figure 1 **- Record Lifecycle framework diagram**

4.2 The policy is a key component of the Trust's overall information governance framework and should be read and understood in context of other important policies covering the access to, and management of Trust information.

General Principles

4.3 The Trust will create records that serve a clear purpose, providing evidence of the Trust's activities and transactions.

4.4 All records created and received by the Trust during the course of its business will remain the property of the Trust.

4.5 Wherever possible electronic records should be created and new or changing processes should actively look to move towards electronic records creation and receipt.

4.6 Staff are not permitted to access or use records for non-Trust purposes without the approval of their manager. Any staff deemed to have breached this may be subject to disciplinary proceedings.

4.7 Where responsibility to deliver services is transferred to a third party ownership of the records evidencing the delivery of that service prior to transfer will not routinely be transferred to the third party. This must be considered as part of any project management.

4.8 The Trust will work towards a position where all records will be captured into a Trust Recordkeeping System which is consistent with the requirements of this policy.

4.9 Records created will be authentic and their value as evidence will be maintained, that is to say they will be:

- ***Complete*** - They must contain the structural and contextual information necessary to adequately document the relevant activity.
- ***Authentic*** - It must be possible to prove records are what they purport to be. For example, it must be possible to maintain reliable evidence of the author, creator, sender and recipient of a communication. For electronic records, this information should be captured and/or attributed in the record keeping metadata.
- ***Reliable*** - They must be trusted as an accurate representation of the business activities and transactions carried out.

4.10 Records will be organised and arranged in a consistent and standard manner to facilitate their use.

4.11 The location and movement of hardcopy records will be recorded so they can be easily located and retrieved (tracking process).

4.12 Records will be accessible to authorised staff over time, no matter what their format.

4.13 Records will be stored in an appropriate environment (physical and electronic), reducing risk of unauthorised access, accidental loss and destruction.

4.14 Vital records will be identified and protected to ensure business continuity in the event of a disaster.

4.15 Records will be retained for as long as is required for operational, legal, audit, and corporate reasons.

4.16 Records will be disposed of in line with procedure, once their evidential and informational value has expired, in compliance with statutory recordkeeping obligations and Trust policy.

4.17 Record destruction will be complete, secure, authorised and auditable.

4.18 Records of historical and administrative importance that are identified as archives will be transferred to the appropriate place of deposit.

4.19 Records will be periodically audited to identify the types of records currently held by the Trust, form of these records, and the effectiveness of Trust Recordkeeping Systems, procedures and processes.

4.20 Staff, contractors, volunteers, apprentices, and students on placement will be trained and supported to fulfil their obligations under this policy.

4.21 A suite of Corporate Records Management (CRM) procedures covering the lifecycle of corporate records are available on the Trust intranet to support staff in the implementation of this policy and development of department/ service specific procedures for recordkeeping.

4.22 Until a Trust wide Recordkeeping Systems is in place, records will be managed at department/service level.

4.23 Separate Clinical (Health) Records procedures detailing how Trust libraries work will support this Policy.

Records Creation

4.24 Complete, authentic, and reliable records will be kept where there is a requirement to evidence a business decision or transaction.

4.25 Records will be named and indexed in a consistent and logical manner. See the Trust guidance for best practice.

4.26 Version control will be applied to documents that go through multiple versions or are collaborated on by a number of staff before a final version of the record is created.

4.27 Multiple copies of records should not be kept unless absolutely necessary. Where multiple copies exist, the copy held by the department/ service which created/ received the record, the record where a record is created externally to the Trust, will be the record copy. (Papers for committees / meetings will be owned by the convenor of the meeting).

4.28 Records will be created or captured in a format or manner that reduces the risk of staff accidently altering or making a change to a record.

Recordkeeping Systems

4.29 Every Trust department/service should work to implement a Recordkeeping System(s) that ensure records created by the department/ service are captured, organised, maintained and disposed in a controlled manner.

4.30 A fundamental part of the system will be a file plan structure to ensure records are organised consistently by function to a Trust wide standard.

4.31 Recordkeeping Systems should enable physical records to be tracked. This may include keeping a record of the transfer and receipt of records between staff or maintaining a sign in/out register. *Where a tracking system is not already in place for personal files, this should be prioritised.*

4.32 Each department/service will nominate a system administrator or administrator(s) for the system with responsibility for keeping all aspects of the system up-to-date and ensuring access is limited appropriately.

4.33 All staff will be trained to use the local Recordkeeping System(s), new staff will be trained at induction stage.

Records Transfer

4.34 Records must be appropriately protected when being transferred or taken off site. Safe Haven procedures should be followed.

Records Maintenance

4.35 All records will be kept securely in approved Trust locations.

- Records in electronic format should be kept on shared network drives or in approved Trust information systems (corporate and clinical).

- Paper records should be kept appropriately secure environment such as in locked cabinets or rooms.

4.36 Records should be retained for the retention period defined in the Trust Record Retention Schedule.

4.37 Physical records which are no longer used frequently may be transferred to an approved storage provider for the remainder of their retention period. Ownership will remain with the originating department/service.

4.38 Where services are transferred to a third party and records required for on-going functioning of that service, copies of records necessary may be provided to the third party if approved by the appropriate individual; Caldicott Guardian (clinical records)/DPO (corporate records). Originals will be retained by the Trust.

4.39 Where services move/close the department/service will nominate an individual to lead on corporate records management for the move/closure. Appropriate steps should be taken to ensure the records associated with that service are managed in line with this policy.

4.40 As the Trust moves further towards the storage of records in an electronic format, increasingly records are held on Trust ICT systems. ICT Security Policies sets out the information security standards that apply to all Trust systems, including those managed by third party suppliers. These standards apply to all staff using these systems.

Scanning and Disposal of Records

4.41 Should a Team wish to consider ‘scan and destroy’ they must undertake an approval process prior to carrying out any destruction:

4.41.1 **Clinical (Patient) Records:**

- If departments wish to scan and destroy a nominated lead must prepare a request and submit it to the Information Governance Team.
- The request will be taken to the Information Governance Group (IGG) for discussion (nominated lead to be in attendance).
- IGG will make a recommendation based on the risk and ability of the department to meet BIP0008 - Evidential weight and legal admissibility of information stored electronically.
- The request will then be submitted to the SIRO for their consideration.
- If approved, the department must have documented and approved operating manuals and staff training in place to meet Trust Information Security and Risk Management standards, and ensure the quality of the scanned images.
- Manuals/operational procedures should be meet the minimum requirements set out in BIP0008 - Evidential weight and legal admissibility of information stored electronically. *Trust guidance is provided on the Intranet.*

4.41.2 **Corporate Records**

- If departments wish to scan they must carry out a risk assessment in relation to the records they are looking to scan and destroy. Areas such as the following should be considered:

    - How important to patient care are the records?
    - What is the likelihood of the records ever being needed in court (Inc. coroners) or needed as evidence to defend a decision?
    - How frequently may the records need to be accessed?

- The risk assessment must be taken to the Divisional Management Team (DMT) for review and discussion.

    - The meeting paper must be formally tabled and minutes taken.

- Any assessments deemed high risk must be escalated using the process above in 4.41.1

4.42 Approval of new/revised scanning technical processes must be sought through the ICT Systems Approval Process in the same way to other system changes/introductions.

Records Disposal

4.43 **Clinical (Patient) Records:**

The Medical Records Department will be responsible for managing and implementing Clinical Records processes.

4.44 **Corporate Records:**

- A small percentage of corporate records will require permanent preservation for the purpose of legal requirements or evidential purposes.
- Each department/ service should have a regular (usually annual) programme of records review and disposal in line with Department of Health standards: See Record Retention Schedule.
- Records should be reviewed once the retention period has been reached. The review should consider the on-going value of the records, resulting in one of the following actions:
  - Retain for a further specified period, where records still have business value, or are required for audit or legal purposes. Where records are subject to a legal hold, this action must be taken.
  - Confidential destruction, where records have no further value. Where multiple copies exist, all copies should be destroyed.
  - Retain as archives, where records are identified as having historical and administrative importance will be offered transfer to Birmingham Library.
- Disposal decisions must be documented and destruction of records must be authorised by an appropriate manager.

Locally Managed Records (Clinical Records Only)

4.45 As a general principle, all clinical records for patients must be managed within an approved Trust electronic system or in the master paper Medical Record file/system.

4.46 If a department/ service believes there is a need for them to manage individual paper records locally, this requires formal approval from IGG.

4.47 This must be in the form of a written proposal submitted to the IG Team prior to the meeting (contact the IG Team for full details), and the owner must attend the meeting and present the paper.

4.48 If approved the locally managed records must be managed in accordance with this Policy and the Medical Records supporting procedures.

5. Duties

5.1 Director Of Corporate Affairs

The Director of Corporate Affairs will:

5.1.1 Approve the framework for managing and overseeing duties in relation to Corporate Records Management as set out in this policy.

5.1.2 Provide commitment to, and support for, corporate records management.

5.2 Chief Innovation Officer

The Chief Innovation Officer will:

5.2.1 Approve the framework for managing and overseeing duties in relation to Clinical Records Management as set out in this policy.

5.2.2 Provide commitment to, and support for, clinical records management.

5.3 Director of Patient Services

The Director of Patient Services will:

5.3.1 Oversee the overall development and maintenance of clinical (health) records management practices throughout the Trust.

5.3.2 Ensure that procedures and guidance are in place for good records management practices and promoting compliance with this policy to ensure the easy, appropriate and timely retrieval of patient information.

5.4 Head of Information Governance Group (IGG)

IGG will oversee implementation of the policy and is responsible for:

5.4.1 Receiving assurance that individual directorates, responsible for keeping corporate records undertake a full programme of Records Management activities, including audit, monitoring and reporting

5.4.2 Reporting to Trust Board via the Director of Corporate Affairs on any issues or risks associated with this policy.

5.4.3 Reviewing and making recommendations regarding the approval of requests detailed within this policy in relation to the management of records.

5.5 Divisional Management Teams

5.5.1 Review risk assessments in relation to the scanning and disposal of corporate records; ensuring any high risk requests are escalated to IGG.

5.5.2 Ensure records owned by their directorates/ services are managed in compliance with this policy.

5.5.3 Provide support for records management, in terms of resources and commitment.

5.5.4 Ensure that records management is reflected in job descriptions and roles where appropriate.

5.6 Ward, Team, Line Managers

5.6.1 Ensure records created or maintained by staff under their line management are managed in compliance with this policy.

5.6.2 Ensure that staff are adequately trained to fulfil their responsibilities set out in this policy.

5.6.3 Implement a Recordkeeping System for corporate records in their department/service and nominate Recordkeeping System administrators.

5.6.4 Ensure records are retained in compliance with this policy, authorising destruction of records owned by the team.

5.7 Information Governance Lead

5.7.1 The Information Governance Lead will lead the development and implementation of a Corporate Records Management programme to support business

requirements and compliance with legal and regulatory requirements.

5.7.2 This will include the development of this policy and associated procedural documentation to support staff in complying with their responsibilities.

5.8 **All Staff**

It is the responsibility of all staff to make sure they are familiar with and adhere to this policy, associated documentation and records they work with. This includes:

5.8.1 Keeping accurate and complete records of their activities.

5.8.2 Managing records systematically, throughout their lifecycle, in compliance with the requirements of this policy, relevant legislation and guidance.

5.8.3 Staff with specific responsibilities for Records Management will have these clearly defined in their job descriptions.

6. Implementation and Monitoring

Implementation

6.1 This policy will be available on the Trust's intranet site. The policy will also be disseminated through the management structure within the Trust.

6.2 The Information Governance Team and the Medical Records Department will provide advice and support to Trust staff in relation to compliance with this policy.

6.3 A suite of procedural documentation covering the 'record lifecycle' is also available to staff.

Monitoring

6.4 Appendix A provides full details on how this policy will be monitored by the Trust.

7. References

Public Records Acts 1958 and 1967

Records Management: NHS Code of Practice, Department of Health

Data Protection Act 2018/General Data Protection Regulations

8. Associated Policy and Procedural Documentation

Suite of procedural documentation covering the ‘record lifecycle’

Medical Records- Standard Operation Procedures

Appendix A Monitoring Matrix

MONITORING OF IMPLEMENTATION	MONITORING LEAD	REPORTED TO PERSON/ GROUP	MONITORING PROCESS	MONITORING FREQUENCY
Update on Corporate Records Management Programme	IG Lead	IGG	Reports to IGG on implementation of the Corporate Records Management Programme, including risk escalation where required	As required but a minimum of annually.
Measuring non-compliance with the records life-cycle process through incidents.	IG Officer/ Medical Records Manager	Head of IG/ IGG	Number of incidents in Datix re non-compliance with Policy	All IGG meetings include all IG incidents and these would automatically be included.
Corporate- Records Management Audits to ensure policy compliance for records life cycle	IG Officer	IGG	Physical audits of teams as part of IG compliance audit programme.	Annually
Update on Medical Records Management Programme	Director of Patient Services	Medical Records Working Group (move to IGG once disbanded)	Reports to IGG on implementation of Trust wide Medical Records Programme	Monthly (moving to twice yearly)
Clinical- Locally Managed Records Audit	Medical Records Manager	IGAG	Reports submitted to IGAG detailing volume of locally managed records and compliance with procedures.	Annually
Medical Records- Availability Reports	Medical Records Manager	IGAG (with escalation to IGG if required)	Reports submitted to IGAG detailing volume of records destroyed within period under Trust and national guidance.	Twice yearly