Leeds and York Partnership
NHS Foundation Trust

Corporate Records Management Guidance

The key messages the reader should note about this document are:

1. Provides best practice guidance in the management of corporate (i.e. non-clinical) records.
2. Best practice is based on guidance from the National Archives, which should be followed throughout the public sector.
3. Describes the lifecycle of records, from creation to disposal.
4. Aligned where necessary to the UK General Data Protection Regulation and Data Protection Act (2018)
5. Aligned and signposts to essential NHS policy in the same area – the NHS Records Management Code of Practice (2021)

This policy/procedure may refer to staff as qualified/registered/professional or other such term to describe their role. These terms have traditionally referred to individuals in a clinical role at band 5 or above. Please note that the use of these terms **may or may not** include nursing associates or associate practitioners (band 4). For clarification on whether a nursing associate or associate practitioner is an appropriate person to take on the identified roles or tasks in this policy/procedure please refer to the job description and job plan for the individual, or local risk assessment.

DOCUMENT SUMMARY SHEET

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0.1	First draft, new procedural document	New document drafted to meet requirements of IG Toolkit v8 (2010-2011)
1.0	Ratified	Ratified by Executive Team
1.1	Transfer to current procedural document template Section 2 content updated from IGT v13	Document had reached review date
2.0	Ratified	Christine Woodward (Head of Risk Management) confirms that “Guidance” documents can be ratified by the Approving group. Approved and Ratified by IG Group – July 2015.
3.0	Updated, approved and ratified	Updated in respect of GDPR / DPA 2018, and the revised Records Management Code of Practice for Health and Social Care (2016). Transcribed into current procedural document format.
4.0	Updated, approved and ratified	Inserted automated contents table. Update job titles, where appropriate. Review and update referenced documentation. Minor changes of language.

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1 Corporate Records Management Guidance

1.1 Executive Summary

Effective records management requires that an organisation is able to identify and retrieve information when and where it is needed. The organisation must have records management procedures in place that cover the creation, filing, location, retrieval, archive, appraisal and disposal of records in accordance with the NHS Records Management Code of Practice (2021) – and any successor document, and other relevant guidance and legislation.

This document is a procedural guidance document. It is over-arched by the Information Governance Policy and is intended to give guidance on the creation, filing, location, retrieval, archive, appraisal and disposal of corporate (i.e. non-medical) records.

This document will explain the broad procedural approach to corporate records management in Leeds and York Partnership NHS Foundation Trust. It is intended as guidance for managers and staff working in corporate areas regarding their record-keeping obligations, and those working in clinical areas for the management of their non-medical records. This guidance should be used as a minimum standard and governance framework for corporate records management. Corporate departments should develop local procedure notes and training and working practices which reflect this guidance and local operational needs.

Good corporate records are an important asset. They are the Trust's corporate memory, support the Trust's business activities and aid compliance with regulatory requirements and the Trust's statutory obligations under the Freedom of Information Act (2000) and the Data Protection Act (2018).

1.2 Overview

The records management function should be recognised as a specific corporate responsibility for all healthcare organisations and departments. It should provide a managerial focus for records of all types in all formats, including both electronic & manual / paper records throughout their lifecycle, from planning and creation through to ultimate disposal. It should have clearly defined responsibilities and objectives, and adequate resources to achieve them.

In the context of Corporate Information Assurance, corporate information refers to information generated and received by an organisation other than clinical / care (i.e. service user) information. The term describes the records generated by an organisation's business activities, and therefore will include records from the following (and other) areas of the organisation:

- Communications
- Corporate Governance
- Facilities & Estates

- Finance
- FT Membership
- Information & Communication Technology (ICT)
- Human Resources & Workforce
- Purchasing & Supplies
- Temporary Staffing
- Training & Development

It will also encompass non-clinical records generated & held by clinical departments.

This guidance aims to ensure that corporate records, whether paper or electronic, are accessible and retrievable when and where required. It is not only concerned with corporate records that are part of a formal document and records management system, but includes any records on network drives and in shared folders. E-mails and attachments, web pages on internet and intranet sites that are considered corporate records, must also be included within the procedures.

When handling any type of record, it is important to make the distinction between a record and a document. In the context of this guidance, a document becomes a record when it has been finalised and become part of an organisation's corporate information. Further amendments should only be permissible in the event that this forms part of the legitimate lifecycle of the record and is within the context of an expected, scheduled review.

This guidance sets out the Trust approach to corporate records management, with an expectation that the following key areas are considered and enacted in all corporate record keeping functions, and in the management of all non-clinical records.

1.3 Creation

Record creation is one of the most important processes in record management and organisations should aim to create good records in an effective system. However, creating a record is not enough unless the record is then captured, indexed or filed into a filing system created and managed by the organisation.

It is important that records are kept in their context and the best way to achieve this is to file or classify them. Records cannot be tracked or used efficiently if they are not classified or if they are classified inappropriately. Records captured or filed in a corporate filing system will possess some of the necessary characteristics to be regarded as authentic and reliable. Whatever the format of the records, they should be saved into a proper records management system.

A common format for the creation of records will ensure that those responsible for record retrieval are able to locate records more easily.

The documented procedures should inform staff how to create corporate records in a common format, including:

- the difference between a document and a record;
- the referencing to be applied to new records;
- the version control standards to be followed;
- the agreed naming conventions in use in the organisation;
- where an original record should be filed;
- how to apply a protective mark to a record, if appropriate.

1.4 Naming

Naming conventions should:

- give a unique name to each record;
- give a meaningful name which closely reflects the records contents;
- express elements of the name in a structured and predictable order;
- locate the most specific information at the beginning of the name and the most general at the end;
- give a similarly structured and worded name to records which are linked (for example, an earlier and a later version).

1.5 Filing Structure

A clear and logical filing structure that aids retrieval of records should be used. Ideally, the filing structure should reflect the way in which paper corporate records are filed to ensure consistency. However, if it is not possible to do this, the names allocated to files and folders should allow intuitive filing. Filing of the primary corporate record to local drives of PCs and / or laptops should be strongly discouraged, as to do so introduces a single point of failure in the event of loss, theft or damage to the device, which is outside of Trust ICT backup procedures.

The agreed filing structure should also help with the management of the retention and disposal of records – see section 1.9 below.

1.6 File / Folder Referencing

A referencing system should be used that meets the organisation's business needs, and can be easily understood by staff members that create documents and records. Several types of referencing can be used, for example, alphanumeric; alphabetical; numeric; keyword. The most common of these is alphanumeric, as it allows letters to be allocated for a business activity, for example, HR for Human Resources, followed by a unique number for each record or document created by the HR function.

It may be more feasible in some circumstances to give a unique reference to the file or folder in which the record is kept and identify the record by reference to date and format.

1.7 Tracking and Tracing

There should be tracking and tracing procedures in place that enable the movement and location of records to be controlled and provide an auditable trail of record transactions. The process need not be a complicated one, for example, a tracking procedure could comprise of a book that staff members sign when a corporate record is physically removed from or returned to its usual place of storage (not when a record is simply removed from a filing cabinet by a member of staff from that department as part of their everyday duties).

Tracking mechanisms to be used should include:

- the item reference number or identifier;
- a description of the item (for example the file title);
- the person, position or operational area having possession of the item;
- the date of movement.

Systems for monitoring the physical movement of records, for example:

- location cards;
- index cards;
- docket books;
- diary cards;
- transfer or transit slips;
- bar-coding;
- computer databases (electronic document management systems);
- regular record audits.

The system adopted should maintain control of the issue of records, the transfer of records between persons or operational areas, and return of records to their home location for storage. The simple marking of file jackets to indicate to whom the file is being sent is not in itself a sufficient safeguard against files going astray, as by definition this is attached to the file in transit.

1.8 Retention & Disposal

The Trust follows the retention / disposal schedules stipulated in the NHS Records Management Code of Practice (2021) – or any successor document.

Retention / disposal schedules should be arranged based on series or collections of records and should indicate the appropriate disposal action for all records once the period indicated in the Code has lapsed. Exceptionally, the Trust may retain records for longer than the period in the Code where there is a business need to do so, or when stipulated as a requirement of local, regional or national investigations or other moratorium on disposal.

In some cases, the appropriate disposal action will be transfer of the records to The National Archives or more usually a Place of Deposit appointed under the *Public Records Act* rather than destruction. This alternative should be adopted for those classes of records where indicated in the Code's records retention schedules. Such

records should be transferred to the local / regional Place of Deposit. Transfers should be made in accordance with policies and procedures agreed in advance with the Place of Deposit.

When developing or purchasing a records management system, organisations should consider how retention / disposal periods will work or can be factored into the system. For paper corporate records, this may be using clearly marked labels on each folder to state the minimum retention period, and a log kept so that records can be easily appraised.

Electronic document management systems should have the functionality built within them to set the disposal period for a record based on certain defined rules.

Methods used throughout the destruction process must provide adequate safeguards against the accidental loss or disclosure of the contents of the records. If contractors are used, they should be required to sign confidentiality undertakings and to produce written certification as proof of destruction. Contractors should be selected that are accredited to appropriate standards.

A record of the destruction of records, showing their reference, description and date of destruction should be maintained and preserved, so that the organisation is aware of those records that have been destroyed and are therefore no longer available. Disposal schedules would constitute the basis of such a record.

It should be noted that although in general the NHS Records Management Code of Practice (2021) and associated retention schedules must always be followed, disposal / destruction of records may be under embargo to support the work of ongoing national inquiries.

All decisions on records retention / disposal should only be made after consultation with the Head of Information Governance.

1.9 Records Management Systems

Records must be maintained in a system that ensures they are properly stored and protected throughout their lifecycle, this includes any electronic records that are migrated across to new systems. Therefore, before procuring new systems or putting new processes in place, organisations should take into account the need to keep up with technological progress (e.g. new hardware, software updates) to ensure that records remain accessible and retrievable when required.

Any new records management system should ensure:

- there are accurate audit trails of when records are created (i.e. the date that a document becomes a formal corporate record), accessed (e.g. a sign-out book, or automatic date modified note against file name for electronic records) and disposed of;

- records are grouped in a logical structure to enable the quick and efficient filing and retrieval of information when required and enable implementation of authorised disposal arrangements, i.e. archiving or destruction;
- there are suitable storage areas so that records, whether physical or electronic, remain accessible and usable throughout their life cycle;
- access to records is controlled through a variety of security measures, for example, authorised access to storage and filing areas, lockable storage areas, user verification, password protection and access monitoring;
- issue from and return to storage areas on site or to authorised off-site facilities is documented;
- technological upgrades are supported so that records remain accessible and usable throughout their life cycle;
- cross-referencing of electronic records to their paper counterparts is permitted (where dual systems are maintained).

2 Appendices

None.

PART B

3 IDENTIFICATION OF STAKEHOLDERS

Stakeholder	Level of involvement
Head of Information Governance	Author / Subject Matter Expert
Information Goverenance Group	Consultation
Staffside Representatives	Consultation
Information Governance Group	Approval
Policy & Procedure Group	Ratification

4 REFERENCES, EVIDENCE BASE

- NHS Records Management Code of Practice (2021) https://www.nhsx.nhs.uk/information-governance/guidance/records-management-code/
- The Data Protection Act (2018) https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted
- The Freedom of Information Act (2000) https://www.legislation.gov.uk/ukpga/2000/36/contents
- The Public Records Act (1958) https://www.legislation.gov.uk/ukpga/Eliz2/6-7/51

5 ASSOCIATED DOCUMENTATION (if relevant)

- IG-0001 – Information Governance Policy
- IG-0005 – Freedom of Information Procedure

6 STANDARDS/KEY PERFORMANCE INDICATORS (if relevant)

- Not relevant to this guidance document.

7. EQUALITY IMPACT

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. Consideration must be given to any potential impacts that the application of this policy/procedure might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

Declaration: The potential impacts on the application of this policy/procedure have been fully considered for all nine protected groups. Through this process I have/have not* identified any potential negative impacts for any of the nine protected groups.

Print name: Carl Starbuck

Job title: Head of Information Governance

Date: 31st August 2021

If any potential negative impacts are identified the Diversity Team must be contacted for advice and guidance: email; diversity.lypft@nhs.net.

CHECKLIST

To be completed and attached to any draft version of a procedural document when submitted to the appropriate group/committee to support its consideration and approval/ratification of the procedural document.

This checklist is part of the working papers.

	Title of document being newly created / reviewed:	Yes / No/
1.	**Title**	
	Is the title clear and unambiguous?	✓
	Is the procedural document in the correct format and style?	✓
2.	**Development Process**	
	Is there evidence of reasonable attempts to ensure relevant expertise has been used?	✓
3.	**Content**	
	Is the Purpose of the document clear?	✓
5.	**Approval**	
	Does the document identify which committee/group will approve it?	✓
6.	**Equality Impact Assessment**	
	Has the declaration been completed?	✓
7.	**Review Date**	
	Is the review date identified?	✓
	Is the frequency of review identified and acceptable?	✓
8.	**Overall Responsibility for the Document**	
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	✓

Name of the Chair of the Committee / Group approving			
If you are assured this document meets requirements and that it will provide an essential element in ensuring a safe and effective workforce, please sign and date below and forward to the chair of the committee/group where it will be ratified.			
Name	*Carl Starbuck*	Date	*23rd September 2021*
Name of the chair of the Group/Committee ratifying			
If you are assured that the group or committee approving this procedural document have fulfilled its obligation please sign and date it and return to the procedural document author who will ensure the document is disseminated and uploaded onto Staffnet.			
Name	*Cath Hill*	Date	*27 October 2021*