Records Management Policy

Records Management is the process by which an organisation manages all aspects of records, whether internally or externally generated and in any format or media type, from their creation, all the way through their lifecycle to their eventual disposal.

Information is a corporate asset. KGPC's records are important sources of administrative, evidential and historical information. They are vital to KGPC to support its current and future operations, for the purpose of accountability, and for an awareness and understanding of its history and procedures.

KGPC has adopted this records management policy and is committed to on-going improvement of its records management functions as it believes that it will gain a number of organisational benefits from so doing. These include:

- Better use of physical and server space
- Better use of staff time
- Improved control of valuable information resources
- Compliance with legislation and standards
- Reduced costs.

This document sets out a framework within which the staff responsible for managing KGPC's records will carry-out all aspects of the task of record management. This policy has been developed with reference to "Records Management: NHS Code of Practice", which is a document published by the Department of Health as a guide to the required standards of practice in the management of records for those who work within or under contract to NHS organisations in England.

This policy meets the requirements of the Information Governance Toolkit Standard 601, the Care Quality Commission's Essential Standards of Quality and Safety and the requirements of the NHS Litigation Authority.

Legal Responsibilities

All NHS records are Public Records under the Public Records Acts and must be kept in accordance with the following statutory and NHS guidelines, including email and electronic records:

- The Public Records Act 1958 and 1967
- The Data Protection Act 2018
- The Freedom of Information Act 2000
- The Common Law Duty of Confidentiality
- Records Management: NHS Code of Practice 2016
- The NHS Confidentiality Code of Practice
- NHS Litigation Authority Standards
- Research Governance Framework

Scope and Definitions

This policy relates to all clinical and non-clinical operational records held in any format by KGPC. These include:

- All administrative records (e.g. human resources (personnel), estates, financial and accounting records, contracts, litigation, records associated with complaints)
- All patient health records

This policy does not include copies of documents created by other organisations such as the Department of Health, kept for reference and information only.

Records Management is a discipline which utilises an administrative system to direct and control the creation, version control, distribution, filing, retention, storage and disposal of records, in a way that is administratively and legally sound, whilst at the same time serving the operational needs of the Trust and preserving an appropriate historical record. The key components of records management are:

- Record creation
- Quality of records and accessibility
- Record keeping standards and record maintenance systems
- Disclosure and information sharing
- Transfer and tracking of record movements
- Storage
- Culling/reviewing
- Closure
- Retention
- Archiving
- Disposal

The term Records Life Cycle describes the life of a record from its creation/receipt through the period of its 'active' use, then into a period of 'inactive' retention (such as closed files which may still be referred to occasionally) and finally either confidential disposal or archival preservation.

In this policy, Records are defined as 'a recorded document which forms part of a structured file that contains information, in any medium (including electronic, audio, visual), created or received and maintained by KGPC in the transaction of its business or conduct of affairs and kept as evidence of such activity'.

Aims and Objectives

The aims and objectives of our Records Management System are to ensure that:

- Records are available when needed - from which KGPC is able to form a reconstruction of activities or events that have taken place
- Records can be accessed - records and the information within them can be located and displayed in a way consistent with its initial use, and that the current version is identified where multiple versions exist
- Records can be interpreted - the context of the record can be interpreted: who created or added to the record and when, during which business process, and how the record is related to other records

- Records can be trusted – the record reliably represents the information that was actually used in, or created by, the business process, and its integrity and authenticity can be demonstrated
- Records can be maintained through time – the qualities of availability, accessibility, interpretation and trustworthiness can be maintained for as long as the record is needed, perhaps permanently, despite changes of format
- Records are secure - from unauthorised or inadvertent alteration or erasure, that access and disclosure are properly controlled and audit trails will track all use and changes. To ensure that records are held in a robust format which remains readable for as long as records are required
- Records are retained and disposed of appropriately - using consistent and documented retention and disposal procedures, which include provision for appraisal and the permanent preservation of records with archival value
- Staff are trained - so that all staff are made aware of their responsibilities for recordkeeping and record management.

Roles and Responsibilities

KGPC has a legal responsibility to ensure that all its clinical and administrative staff keep proper records.

KGPC has a statutory duty to make arrangements for the safe-keeping and eventual disposal of its records.

All NHS records are public records under the terms of the Public Records Act 1958. Public records over thirty years old and selected for permanent preservation must be transferred to the Public Record Office or kept in a place of deposit, appointed under the Public Record Act 1958.

All KGPC staff, whether clinical or administrative, are responsible for any records they create, receive and use and are responsible for adhering to KGPC's policies and procedures in relation to records management. In particular all staff must ensure that they keep appropriate records of their work in at KGPC and manage those records in keeping with this policy and with any guidance subsequently produced.

The Board's Information Governance Lead has overall responsibility for records management at KGPC.

The General Manager is responsible for ensuring that records held comply with the standards and processes set out in this policy. They are also responsible for ensuring staff, whether administrative or clinical, are adequately trained and apply the appropriate procedures.

Managers are responsible for ensuring that staff under their direction and control are aware of the policies and procedures and guidance set out in this policy and for checking that those staff understand and appropriately apply the policies in carrying out their day to day work. They should be aware of the types of records that are being created, who is responsible for the maintenance of these and to maintain a list of compliant storage locations. They are also responsible for deciding whether a record is closed, archived, disposed of or permanently preserved. Decisions regarding disposal or permanent preservations should be made in conjunction with the Data Protection Officer.

KGPC's Caldicott Guardian has a particular responsibility for reflecting patients' interests regarding the use of patient identifiable information. They are responsible for ensuring patient identifiable information is shared in an appropriate and secure manner.

The General Manager is responsible for administering all requests for information made to KGPC. They will also provide a point of contact for all members of staff who require advice on f#Freedom of Information Act matters.

The General Manager is responsible for ensuring that this policy is implemented, and that the records management system and processes are developed, coordinated and monitored.

Quality of records including accessibility

Records are valuable because of the information they contain. To ensure quality and continuity of operational services, information is only usable if it is accurate, correctly and legibly recorded in the first place, kept up to date and easily accessible when needed.

To comply with Data Protection principles, records should not be kept for longer than is necessary and therefore should be subject to review and archive or deletion at the expiry of their retention period.

Hard copies of records must be kept secure and should be stored in an appropriate filing cabinet, office or designated records store so they are available and accessible to those who need them. Information retained must be in line with national guidance, the Data Protection Act 1998, the NHS Code of Practice on Records Management, the NHS Code of Practice on Confidentiality, the Criminal Records Bureau Code of Practice and ISO/IEC 27002 for Information Security.

It is the responsibility of all staff to ensure security and confidentiality of records in their possession and to be aware of ways in which these responsibilities may be contravened.

HEALTH RECORDS:

Creation of a Health Record

KGPC uses solely electronic health records, which are saved within KGPC's EMIS system.

Patients registered with a Kingston GP practice enter the patient's name and NHS number into an appointment slot on the KGPC EMIS system, and these details are used by KGPC to trace the patient's details from their main EMIS medical record and set up a new record on the KGPC EMIS system.

Once created, these records are combined with the patient's main electronic medical record, held by their registered GP. Each patient registered on the KGPC EMIS system will be given a unique EMIS reference number, which can be used for identification purposes.

Patients not registered with a Kingston practice will be registered on the KGPC EMIS system, but their full medical record will not be accessible.

Health Record Casenote tracking

All transfer of casenotes outside of KGPC will be performed electronically.

Consultation summary records will be sent to the referring practice directly via EMIS workflow. On occasion, information will be sent to practices via email, whereby secure NHS email addresses only will be used.

ALL RECORDS:

Retention of records

It is a fundamental requirement that ALL of KGPC's records are retained for a minimum period of time for legal, operational, research and safety reasons. The length of time for retaining records will depend on the type of record and its importance to KGPC's business functions.

KGPC has adopted the retention periods for paper and electronic records set out in the Records Management: NHS Code of Practice (Appendix A). KGPC has local discretion to keep material for longer, subject to local needs, affordability, and (where records contain personal information), the Data Protection Act 2018. The retention schedule will be reviewed in line with this policy's review date.

It is the responsibility of each Manager to ensure documents are maintained in accordance with this schedule.

If a particular record is not listed within the Retention, Review and Disposal Schedule, advice should be sought from the General Manager who will establish the retention period in consultation with the Data Protection Officer.

Permanent Retention

Where a file is identified as being suitable for permanent retention, appropriate arrangements must be made for its retention. In the case of electronic records, this may include making provision (both practical and financial) for the record to be saved to an external server. In the case of paper files, any information which cannot be maintained on KGPC premises may be stored off-site in commercial storage subject to appropriate scrutiny.

Disposals and Destruction

Retaining records longer than is necessary contravenes the principles of the Data Protection Act and therefore is actively discouraged. Staff should ensure that they are familiar with retention periods and that they destroy records they are responsible for in line with retention schedules.

It is important that staff select the method of disposal in accordance with the type of record or data to be destroyed. Personal identifiable data must be confidentially destroyed by shredding or similar.

Guidance on Specific Document Types

Agendas, Minutes of Meetings and Associated Papers
Only the Chair of the meeting is required to retain the meeting papers in accordance with KGPC's Retention Schedule. Other members who attend the meetings may keep their copies of papers at their own discretion.

Records relating to Estates
Estates records are retained for at least the minimum periods in accordance with the Code of Practice as set down in the Retention Schedule although in some instances for sound business reasons they may be kept for longer.

Emails

It is important that email messages are managed in order to comply with the Data Protection and Freedom of Information legislation. Staff need to be able to identify which emails (sent and received) are records of business activity and/or a formal record of a transaction (and therefore which need to be captured as records and saved/located with other records relating to the same business activity) and which are ephemeral messages (which only need to be kept for as long as required and then deleted).

Mailboxes should not be used for long-term storage of email messages. Personal mailboxes should be used for short-term reference only and when these emails are no longer required they should be saved on the relevant server or deleted.

Any emails sent and received from a KGPC email account form Corporate Records, and as such are subject to this policy.

The sending of Electronic records will be governed by the Information Security Policy.

Policies and Procedures

KGPC's Clinical, Non-Clinical, Human Resources, Finance, Information Governance and Service Specific Policies are available on the H:Drive and staff portal, and word versions of them are maintained electronically in relevant folders managed by the Governance and Compliance Manager.

Personal Files Recruitment and Employment

On preparation of an offer of employment a Recruitment Personal File is established by the HR Manager which contains the application form and associated documents, the offer of employment and documents linked with the employment process.

Once the applicant has commenced employment and all the pre-employment checks are complete, this file is used to store all ongoing personnel information relating to the employee.

The files should be kept in a secure electronic folder, which is only accessible by the HR team and the General Manager.

Upon termination of employment, the file will be kept for the appropriate period (for 6 years, see Retention of Documents Schedule) and will be destroyed at the end of this period. A record of the employee's name dates of employment will be retained by KGPC for the appropriate period (75th birthday of the employee).

Finance Records

The General Manager will have responsibility for retaining all prime finance documents on behalf of the organisation.

Training and Communication

In order to meet the requirements of legislation, national directives, and this policy, it is essential that everyone working for KGPC is familiar with the legal obligations and internal policy and procedures. KGPC will ensure all staff are aware of their responsibilities for record-keeping and record management to ensure they can competently carry out these responsibilities.

Communication will be achieved via Team Briefings and emails.

Actions to be taken if policy is breached

Failure to comply with this policy may result in ineffective working and an inability to meet the requirements of the Freedom of Information Act and Data Protection (Subject Access). As an organisation, breaches of these policies may be considered reportable to the Information Commissioning Officer (ICO) where fines of up to £500K are admissible.

Where the policy is breached, managers will consider appropriate action which may include training and education or recourse to KGPC's Workforce and Organisational policies.

Monitoring Compliance and Review

This policy will be monitored by the Governance and Compliance Manager, in consultation with the General Manager and Data Protection Officer.

Associated policies

- Clinical record keeping
- Home working
- Employee records

Appendix A – Retention Schedules

Type of Record	Retention start	Retention period
Patient medical records		
GP patient records	Patient death	10 years after patient death. Where no death is recorded, records should be retained for 100 years.
Event and Transaction Records		
Clinical audit	Creation	5 years
Clinical diaries	Creation	5 years
Clinical protocols	Creation	25 years
Equipment maintenance logs	Decommissioning of the equipment	11 years
Inspection of equipment records	Decommissioning of the equipment	11 years
Notifiable disease reports	Creation	6 years
Corporate Governance		
Board meetings	Creation	20 years
Board Member and General Manager records (including emails and correspondence considered to be of archival interest and not already in Board papers)	Creation	No more than 20 years
Data destruction certificates	Date of destruction	20 years
Incidents (serious)	Date of incident	20 years
Incidents (not serious)	Date of incident	10 years
Non-clinical quality assurance records	End of year to which assurance relates	12 years
Policies, strategies and operating procedures including business plans	Creation	Life of organisation plus 6 years
Communications		
Intranet site	Creation	6 years
Patient information leaflets	End of use	6 years
Press releases and important internal communications	Release date	6 years
Public consultations	End of consultation	6 years
Website	Creation	6 years
Staff records and Occupational Health		
Duty rota	Close of financial year	6 years
Occupational Health Reports	Staff member leaves	6 years after staff member leaves or until their 75th Birthday (whichever is sooner)
Staff record (including pre-employment checks)	Staff member leaves	6 years after staff member leaves or until their 75th Birthday (whichever is sooner)

Summary of staff record (name and dates of employment)	Date of disposal of full staff record (i.e. 6 years after staff member leaves)	Staff member's 75th Birthday
Timesheets	Creation	2 years
Staff training records	Creation	6 years after staff member leaves or until their 75th Birthday (whichever is sooner)
Procurement		
Contracts sealed or unsealed	End of contract	6 years
Contracts – financial approval files	End of contract	15 years
Contracts – financial approved suppliers documentation	When supplier finishes work	11 years
Tenders (successful)	End of contract	6 years
Tenders (unsuccessful)	Award of tender	6 years
Estates		
Building plans and records of major building work	Completion of work	Lifetime of the building or disposal of asset plus 6 years
CCTV		See ICO Code of Practice
Equipment monitoring and testing and maintenance work where asbestos is a factor	Completion of monitoring or test	40 years
Equipment monitoring and testing and maintenance work	Completion of monitoring or testing	10 years
Inspection reports	End of lifetime of installation	Lifetime of installation
Leases	Termination of lease	12 years
Minor building works	Completion of work	6 years
Photographic collections of service locations and events and activities	Close of collection	Not more than 20 years
Building surveys	End of lifetime of installation or building	10 years
Finance		
Accounts	Close of financial year	3 years
Benefactions	End of financial year	8 years
Debtor records (either cleared or not cleared)	Close of financial year	2 years
Donations	Close of financial year	6 years
Expenses	Close of financial year	6 years
Final annual accounts report	Creation	Not more than 20 years
Financial records of transactions	Close of financial year	6 years

Petty cash	Close of financial year	2 years
Private Finance initiative (PFI) files	End of PFI	10 years
Salaries paid to staff	Close of financial year	10 years
Superannuation records	Close of financial year	10 years
Legal, Complaints and Information Rights		
Complaints case file	Closure of incident	10 years
Fraud case files	Case closure	6 years
FOI requests	Closure of appeal	6 years
Industrial relations including tribunal case records	Close of financial year	10 years
Litigation records	Closure of case	10 years
Patents/trademarks/copyright/ Intellectual property	End of lifetime of patent or termination of licence/action	6 years from end of licence/action
Software licences	End of lifetime of software	End of lifetime of software
Subject Access Request (SAR) and disclosure correspondence	Closure of SAR	3 years
Subject Access Request where there has been an appeal	Closure of appeal	6 years