# RECORDS MANAGEMENT POLICY

## Version 9.0

| Purpose: | To outline the lifecycle of a record and to provide guidance on retention and disposal of the Trust’s records. |
| For use by: | All Trust staff. |
| This document is compliant with /supports compliance with: | • Department of Health – Records Management: NHS Code of Practice, March 2006  
• Care Quality Commission Outcome 21  
• Information Governance Toolkit |
| This document supersedes: | Records Management Policy v8.0 |
| Approved by: | Information & Records Governance Group |
| Approval date: | 6 April 2016 |
| Approval noted by: | Patient Safety & Clinical Effectiveness Group |
| Date noted: | 6 May 2016 |
| Implementation date: | 6 April 2016 |
| Review date | 6 April 2018 |
| In case of queries contact: Responsible Officer | Information Governance Manager  
Health Records Manager |
| Directorate and Department | Trust Records, Directorate of Business Performance & Technology |
| Archive Date ie date document no longer in force | To be inserted by Information Governance Department when this document is superseded. This will be the same date as the implementation date of the new document. |
| Date document to be destroyed: ie 10 years after archive date | To be inserted by Information Governance Department when this document is superseded |
**Version and document control:**

<table>
<thead>
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<th>Version number</th>
<th>Date of issue</th>
<th>Change Description*</th>
<th>Author</th>
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<tr>
<td>1.6</td>
<td></td>
<td>Addition of Cause of death certificate counterfoils to retention schedule</td>
<td>Trust Records Manager</td>
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<td>1.7</td>
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<td>ITU scanning addition. Pathology records retention period</td>
<td>Trust Records Manager</td>
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<td>1.9</td>
<td>Oct 07</td>
<td>Addition of updated NHS retention schedule</td>
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<td>3.0</td>
<td>Oct 07</td>
<td>Addition of monitoring and dissemination information</td>
<td>Trust Records Manager</td>
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<tr>
<td>4.0</td>
<td>Oct 08</td>
<td>Reformattting into Trust standard Cross reference to Medical Records Policy</td>
<td>Trust Records Manager</td>
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<tr>
<td>5.0</td>
<td>March 09</td>
<td>Insertion of new Retention and Disposal Schedule as issued by the Department of Health January 2009</td>
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<td>5.1</td>
<td>Feb 10</td>
<td>3.5 Addition of scanning records into eDITH.</td>
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<td>6.0</td>
<td>April 10</td>
<td>Minor amendments</td>
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<tr>
<td>7.0</td>
<td>Jan 12</td>
<td>Replace eDITH with Evolve, replace IG manager with Records &amp; IG Manager, update organisational responsibility.</td>
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<td>8.0</td>
<td>Jan 14</td>
<td>Change refs to Information &amp; Records Governance Group Change approval noted to HGC</td>
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<tr>
<td>9.0</td>
<td>Mar 16</td>
<td>Update following changes in Trust structure and archiving process</td>
<td>Health Records Manager IG Manager</td>
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**This is a Controlled Document**

Printed copies of this document may not be up to date. Please check the hospital intranet for the latest version and destroy all previous versions.

Hospital documents may be disclosed as required by the Freedom of Information Act 2000.

**Sharing this document with third parties**

As part of the hospital’s networking arrangements and sharing best practice, the hospital supports the practice of sharing documents with other organisations. However, where the hospital holds copyright to a document, the document or part thereof so shared must not be used by any third party for its own commercial gain unless this hospital has given its express permission and is entitled to charge a fee.

Release of any strategy, policy, procedure, guideline or other such material must be agreed with the Lead Director or Deputy/Associate Director (for hospital-wide issues) or Directorate/ Departmental Management Team (for Directorate or Departmental specific issues). Any requests to share this document must be directed in the first instance to the Records & Information Governance Manager.

For further advice see the [Development and Management of Strategies, Policies, Protocols, Procedures, Guidelines and other Guidance Material Policy](#).
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SECTION 1 - INTRODUCTION

1.1 Policy Statement and Rationale
The purpose of this policy is to set out the overall aims and objectives of the Ipswich Hospital NHS Trust in the effective management of its records.

Effective records management is one element of information governance. There are records management standards in the Information Governance Toolkit and the achievement of Toolkit standards forms part of the overall Care Quality Commission assessment for the hospital. The adoption of corporate procedures, practices and standards is essential to ensure effective records management is consistently applied throughout the Trust in a systematic and sustainable manner.

Recent legislation, particularly the Freedom of Information Act 2000, has a significant effect on records management in public authorities. The hospital must ensure that records management policies and procedures are fully compliant with the new legislation and with Government policy on the management of information.

In line with The National Archives’ Records Management Standards and Guidance, the policy statement for the Ipswich Hospital NHS Trust is that it is committed to adopting:

A systematic and planned approach to the management of records within the organisation, from the moment the need for a record to be created is identified, through its creation and maintenance to its ultimate disposal ensures that the organisation has ready access to reliable information. An organisation needs to maintain that information in a manner that effectively serves its own business needs, those of Government and of the citizen, and to dispose of the information efficiently when it is no longer required.

1.2 Key Principles

- To support the guidelines contained in the Department of Health Records Management: NHS Code of Practice (March 2006).
- To identify the way in which the management of records in The Ipswich Hospital NHS Trust is currently structured.
- Accountability – to ensure accurate records are maintained for legal, audit or examination purposes.
- To provide documented retention and disposal schedules to include provision for permanent preservation of archival records.

1.3 Background Information

All NHS records are Public Records and must be kept in accordance with the following statutory and NHS guidelines:

- Records Management: NHS Code of Practice March 2006
- Care Quality Commission – outcome 21
- The Freedom of Information Act 2000
- Data Protection Act 1998
1.4 Definitions

- Record – any information held on any format eg paper, CD, microfilm (not restricted to medical records)
- ED – Emergency Dept
- CCU – Critical Care Unit
- FOI – Freedom of Information
- DP – Data Protection
- SAN – Storage Area Network

SECTION 2 – DUTIES AND RESPONSIBILITIES

2.1 The Information & Records Governance Group is responsible for approving the content of this policy and monitoring its compliance and effectiveness.

2.2 The Patient Safety & Clinical Effectiveness Group is responsible for noting the approval of this policy.

2.3 All Trust staff are personally accountable for records management within the organisation.

2.4 The Health Records Manager is responsible for the management of the Medical Records department and Scanning Bureau. The Information Governance Manager is responsible for setting the records strategy for the Trust. They are joint responsible officers of this policy.

2.5 It is the responsibility of all staff to comply with this policy in carrying out their duties within the hospital and for bringing any areas of non-compliance or queries on its application to the attention of their line manager.
SECTION 3 – RECORDS PROCEDURES

3.1 Related Documents

Please read in conjunction with:
- Freedom of Information Policy
- Data Protection Policy
- IM&T Security Policy

3.2 Records Management Lifecycle

Records lifecycle in records management refers to the following stages of a records "life span": from its creation to its preservation (in an archive) or disposal.

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<tr>
<th>Create</th>
<th>Index</th>
<th>Store</th>
<th>Retrieve</th>
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3.3 Records Creation

The content of a record will primarily be determined by the purpose for which it is being created, for example a personnel file will contain information about an employee relating to things like employment history etc, a patient casenote file will contain information about diagnosis and treatment.

Records of business activity should be complete enough to:

- Facilitate an audit or examination of the business
- Protect the legal and other rights of The Ipswich Hospital NHS Trust, its patients and any other person affected by its actions
- Provide authenticity of the records so that the evidence derived from them is shown to be credible and authoritative.

3.4 Records Storage

As of 2015, all hard copy medical records are no longer stored on site.

Offsite storage is managed by an external contractor – they offer active storage, semi-active storage and deep storage.

Departmental records that require archiving are to be stored off site with the external contractor.

Departments are required to contact the external contractor directly to set up a local account. Contact details are to be obtained from the Medical Records department. Records archived with our external contractor should be indexed and referenced to the box and should be sent with a review/destroy date (in line with Records Management: NHS Code of Practice) clearly identified.

Electronic Medical Records stored or generated within Evolve are stored on a SAN.

ED CAS Cards are kept separately as hard copies and historical cards are to be stored off site with the external contractor.
Oncology maintains a separate Radiotherapy record as hard copies. These are stored in the Oncology Library.

Corporate records are to be stored locally in accordance with the Records Management: NHS Code of Practice. Corporate records identified for archiving, are to be stored off site with the external contractor.

Maternity and paediatric records are to be kept until the child reaches their 25th birthday in accordance with the Records Management: NHS Code of Practice.

3.5 Media Conversion

The Health Records Manager will assess the suitability of scanning records series on a departmental basis. A business case and project will be developed as appropriate.

It is hospital policy to scan the following records series and to dispose of the original hard copies:

- Medical Records – from 30th November 2009 all brand new patients to the Trust will have records scanned into Evolve. Scanning of all medical records commenced August 2015 as part of the ‘Scan on Demand’ project

CCU/ITU Charts – These cannot be scanned due to their size therefore these are to be archived off site with the external contractor as per Section 3.4 od the Policy.

A record that is held on CD is to be stored in compliance with the IT Security Policy and is password protected. CD’s containing scanned images must be encrypted or password protected prior to transfer. If records are transferred via e-mail this must also encrypted and the Trust approved method is nhs.net to nhs.net.

3.6 Records Retrieval

Requests for the provision of clinical records (eg x-rays, physiotherapy) and non-health records (both routine and urgent) should be directed towards the appropriate managers who are responsible for their storage.

Requests for medical records can be made via

- the medical.records e-mail address;
- by accessing the record on Evolve;

Transport of medical records to and from the off-site storage facilities will be covered within the contractual arrangements of the hospital and the storage contractor.

Requests for records to be retrieved from the external off site storage contractor will normally be delivered within 24 hours

Emergency requests for records must be authorised by the Consultant or Director On Call and these will be delivered within 90 minutes

The procedure for the processing and tracking of medical records is detailed in the Health Records Management Policy and Procedures.
3.7 Records Closure

Each department controls the closure of inactive files – only staff whose role includes the management of departmental records have the authority to close records.

Inactive records (local and medical records) are archived in off site until the retention period is reached.

3.8 Retention and Disposal of Records

The Department of Health Retention and Disposal Schedule 2009 link is attached in Appendix 1. This sets out the minimum retention periods for both Health Records and Non-Health Records.

Documents that have been included on this schedule can be destroyed in accordance with the terms of the schedule without additional authority by staff responsible for departmental records. Further clarification should be obtained from the Records & Information Governance Manager where guidance is needed.

To dispose of paper records the following options must be considered:

- Scanning to electronic media
- Deposit with Public Records Office (National Archives) for permanent preservation
- Destruction – confidential waste

To dispose of electronic records the following options must be considered:

- Records on Evolve are stored with a retention period allocated to them – they are deleted by the System Manager on approval by the Information Governance Manager after review.

If a record due for destruction is known to be the subject of a request for information under the Freedom of Information Act, destruction should be postponed and a new date for destruction applied to that record. This date will be the date of disclosure plus 6 months to allow time for a complaint to be addressed, in line with the FOI policy.

If a document is found to have been destroyed within the minimum specified retention period, this should be reported via Datix the incident reporting system and be investigated.

3.9 Records for Permanent Preservation

The Public Records Act 1958 requires central government departments, and certain other public bodies, to identify records of historical value and transfer them for permanent preservation to The National Archives, or to another appointed place of deposit, by the time they are 30 years old. The Government is reducing this timeframe from 30 to 20 years. This affects NHS bodies.

In 2013 the government began its move towards releasing records when they are 20 years old, instead of 30. The transition to the new 20 year period will be a phased approach over the next 10 years until the new standard is reached in 2023.
SECTION 4 – TRAINING AND EDUCATION

Dissemination of Records Management with particular regard to retention schedules is carried out via broadcast and mandatory information governance training.

Medical Records staff have specific training on induction to the department.

SECTION 5 – DEVELOPMENT AND IMPLEMENTATION INCLUDING DISSEMINATION

The Information Governance Manager and Health Records Manager have developed this Policy.

The Records Management Policy is published on the Ipswich Hospital NHS Trust intranet.

SECTION 6 – MONITORING COMPLIANCE AND EFFECTIVENESS

The effectiveness of this policy will be measured by carrying out records audits. The Information & Records Governance Group receives updates on the Scan on Demand project at its quarterly meetings.

The mandatory information governance training figures are also reviewed at the Information & Records Governance Group meetings.

An annual report is published and sent to the Patient Safety and Clinical Effectiveness Group for information purposes.

This policy will be reviewed and ratified every three years by the Information & Records Governance Group. The organisational responsibility for Records Management is shown in Appendix 2.

SECTION 7 – CONTROL OF DOCUMENTS INCLUDING ARCHIVING ARRANGEMENTS

7.1 Once approved the Responsible Officer will forward this guideline to the Information Governance Department for a document index registration number to be assigned and for the guideline to be recorded onto the central hospital master index and central document library of current documentation.

7.2 In order that this guideline adheres to the hospital’s Records Management Policy, the Information Governance Department will:

- Ensure that the most up-to-date version of this guideline is stored on the documentation library
- Archive previous versions of this guideline
- Retain previous versions of this guideline for a period of time in accordance with the NHS Records Retention and Disposal Schedule
SECTION 8 - SUPPORTING COMPLIANCE AND REFERENCES

8.1 This document supports compliance with:

- Its legal obligations as set out in the Public Records Act 1967
- The requirements of Care Quality Commission Outcome 21 and Information Governance Toolkit standards.

8.2 References:

- Information Governance Toolkit.
- Data Protection Act 1998.
- Public Records Act 1958
Appendix 1

Link to: Department of Health Retention and Disposal Schedule 2009

Appendix 2

Organisational responsibility for Records Management