

# Derby and Derbyshire Clinical Commissioning Group (CCG)

## Records Management Policy

### Document History

Document Reference:	IG05
Document Purpose:	This policy sets out the practice that NHS Clinical Commissioning Groups expect from all staff, including those working on behalf of the CCG, when creating, holding, using, retaining and disposing of records in all forms.
Date Approved:	10 <sup>th</sup> January 2019
Approving Committee:	Derbyshire and Derbyshire CCG Governance Committee
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Status:	
Next Revision Due:	January 2021
Developed by:	Derby and Derbyshire CCG's Corporate Delivery Team
Policy Sponsor:	Executive Director Corporate of Strategy & Delivery
Target Audience:	This policy applies to any person directly employed, contracted, working on behalf of the CCG or volunteering with the CCG
Associated Documents:	All Information Governance Policies and the Data Security and Protection Toolkit

### Revision History

Version	Revision date	Summary of Changes
1.1	July 2013	Amended references to “patient/client” information to personal confidential information throughout. Added section on access to information through the DPA (section 8.5) Added Equality and Diversity Statement (13) Added References (15) Updated appendices with organisational changes.
1.2	May 2014	Reviewed in line with IG Toolkit requirements and NHS England Policy. Procedural text removed and referred to the Information Lifecycle Policy.
2.0	August 2014	Reviewed at IG Product Group and approved as a template for CCGs.
2.1	June 2016	Annual review
2.2	January 2019	2 yearly review
3.0 Final	January 2019	Approved at Governance Committee

### Policy Dissemination information

Reference Number	Title	Available from
IG05	Records Management Policy	CCG Intranet/ Copies disseminated to staff

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## **1 Introduction**

- 1.1 This policy applies to the Derby and Derbyshire Clinical Commissioning Group, subsequently referred to in this document as the CCG.
- 1.2 Effective records management requires that an organisation is able to identify and retrieve information when and where it is needed. The CCG must have records management procedures in place that cover the creation, filing, location, retrieval, appraisal, archive and destruction of records in accordance with the Information Governance Alliance Records Management Code of Practice for Health & Social Care 2016 and other relevant guidance and legislation.
- 1.3 The CCG's records are the corporate memory, providing evidence of actions and decisions and representing a vital asset to support its daily functions and operations. They support policy formation and managerial decision-making, protect the interests of the CCG and the rights of patients, staff and members of the public who have dealings with the CCG. They support consistency, continuity, efficiency and productivity and help to deliver services in consistent and equitable ways.
- 1.4 Effective records management ensures that information is properly managed and is available whenever and wherever there is a justified need for information, and in whatever media:
  - To support the rights of service users, staff and members of the public
  - To support policy making and managerial decision making, as part of the knowledge base for NHS services
  - To meet legal requirements and assist in audit
  - To ensure any decisions made can be justified or reconsidered at a later date.
  - To help commission services in consistent and equitable ways.
- 1.5 All NHS records are public records under the terms of the Public Records Act 1958 sections 3 (1)–(2). The Secretary of State for Health and all NHS organisations have a duty under the Public Records Act to make arrangements for the safe keeping and eventual disposal of all types of their records. This is carried out under the overall guidance and supervision of the Keeper of Public Records, who is answerable to Parliament.

## **2 Scope**

- 2.1 This policy sets out the practice that the CCG expects, from all staff who are directly employed by the CCG and for whom the CCG has legal responsibility. This policy is also applicable to staff on work experience, working under an honorary contract and those authorised to undertake work on behalf of the CCG.
- 2.2 This policy applies to all records of the CCG held in any format (for example paper, electronic, audio visual). These include, but are not limited to, records relating to the administration of the CCG, personnel, finance, estates, complaints, legal, commissioning, continuing healthcare funding. Health records or patients/service users used for the direct delivery of care are outside the scope of this policy.

2.3 The policy should be read in conjunction with the following CCG documents:

- Confidentiality and Data Protection Policy
- Information Security Policy
- Safe Haven Procedures
- Information Lifecycle Policy
- Freedom of Information and Environmental Information Regulations Policy
- Subject Access Procedure

### **3 Responsibility for NHS Records**

- 3.1 It needs to be clearly understood by all employees and those authorised to work on behalf of the CCG, that under the Public Records Act 1958, they have a degree of responsibility for any record they create or use and may be subject to both legal and professional obligations.
- 3.2 The Chief Officers and senior managers of all NHS organisations are personally accountable for records management within their organisation.<sup>1</sup>
- 3.3 The Caldicott Guardian is responsible for approving and ensuring that national and local guidelines and protocols on the handling and management of personal confidential information are in place.
- 3.4 The Information Governance Lead is responsible for advising the CCG on compliance with Data Protection Legislation and acts as a resource for staff and Governing Body Members.
- 3.5 Freedom of Information requests and requests for information are processed by the CCG in line with the requirements of the Freedom of Information Act 2000.
- 3.6 All Heads of Service, line managers, Information Asset Owners (IAOs) and Information Asset Administrators (IAAs) are responsible for ensuring that the records management policy is implemented in their individual departments and those members of staff comply with the guidance in the policy.
- 3.7 All CCG staff and Governing Body Members are responsible for ensuring that they keep appropriate records of their work for the CCG and manage those records in accordance with this and other related CCG policies, maintaining the security of the records they create or use.
- 3.8 It is vital that everyone understands their record management responsibilities as set out in this policy. Managers will ensure that staff responsible for managing records are appropriately trained or experienced and that all members of staff understand the need for appropriate records management. New starters will be offered records management and confidentiality and security training as part of their mandatory induction programme.

### **4 Legal Obligations and Standards**

4.1 The key legislation and guidance supporting the Records Management policy are:

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<sup>1</sup> NHS Code of Practice: Records Management Parts 1 & 2, 2009

- DH: Records Management NHS Code of Practice 2009
- General Data Protection Regulations 2018
- The Access to Health Records Act 1990
- Freedom of Information Act 2000
- Public Records Acts 1958
- The Caldicott Review 2012
- The Common Law Duty of Confidentiality
- Data Protection Act 2018

## **4.2 Freedom of Information Act**

Records may be requested under the Freedom of Information Act (2000). If such a request is received, the enquiry should be forwarded to the CCG's Freedom of Information team who will deal with it appropriately. There are strict legal timeframes for processing these requests in order to be compliant with the Freedom of Information Act

## **4.3 Data Protection Legislation**

Under the General Data Protection Regulation (GDPR), an individual has a number of rights in respect of the information held by the CCG which include the

- Right to be informed
- Right of access
- Right to rectification
- Right to erasure
- Right to restrict processing
- Right to data portability
- Right to object

This applies to staff and patient information and either computerised or manual records. If a request is received this should be forwarded to the CCG's Corporate Delivery Team for processing. Requests for copies of information, will be processed in accordance with the organisation's Subject Access Procedure.

## **6 Incident Reporting**

- 6.1 All staff have an obligation to report an incident when personal confidential information for which they are responsible for is missing or stolen. They must complete an incident reporting form and inform their line manager so that an initial investigation can be started.
- 6.2 Stolen records must be reported following the NHS Digital Information Governance & Cyber Security Incident Reporting Procedure.

## **7 Training**

- 7.1 The CCG must ensure that all staff undertake appropriate records management training on information governance issues soon after joining the CCG and that existing staff receive periodic update training.
- 7.2 Staff who have specific responsibility for records management as outlined in their job description should undertake records management training every 3 years. The training will be procured from an external specialist training organisation.

## **8 Equality and Diversity**

- 8.1 The CCG aims to design and implement policy documents that meet the diverse needs of the services, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all.
- 8.2 This document has been designed to ensure that no-one receives less favourable treatment due to their personal circumstances, i.e. the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.
- 8.3 In carrying out its functions, the CCG must have due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the organisation is responsible, including policy development, review and implementation.

## **9 Due Regard**

- 9.1 This policy has been reviewed in relation to having due regard to the Public Sector Equality Duty (PSED) of the Equality Act 2010 to eliminate discrimination, harassment, victimisation; to advance equality of opportunity; and foster good relations.

## **10 Review and Monitoring**

- 10.1 All managers are responsible for regular monitoring of the quality of records and documentation and managers should periodically undertake quality control checks to ensure that the standards as detailed in this policy are maintained.
- 10.2 This policy will be reviewed every two years unless new legislation, codes of practice or national standards are introduced.

## **11 References**

- Data Protection Act 2018 - <https://www.legislation.gov.uk/ukpga/2018/12>
- General Data Protection Regulation (GDPR) - <https://gdpr-info.eu/>

- Freedom of Information available from [www.opsi.gov.uk](http://www.opsi.gov.uk)
- IGA Records Management Code of Practice for Health & Social Care 2016 - <http://systems.digital.nhs.uk/infogov/iga/resources/rmcop>