

Skegby Family Medical Centre

Records Management and Retention Policy

Document History

Document Reference:	IG05
Document Purpose:	This policy sets out the practice [Skegby Family Medical Centre] expect from all staff, including those working on behalf of the Practice, when creating, holding, using, retaining and disposing of records in all forms.
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Next Revision Due:	December 2019
Developed by:	Paul Couldrey – IG Consultant
Policy Sponsor:	Practice Manager
Target Audience:	This policy applies to any person directly employed, contracted, working on behalf of the Practice or volunteering with the Practice.
Associated Documents:	All Information Governance Policies and the Information Governance Toolkit, and Data Security and Protections Toolkit 2018

Records Management and Retention Policy

Skegby Family Medical Centre

1. Introduction

This Policy is one of a suite of policies and procedures relating to the management of information for Skegby Family Medical Centre.

This retention schedule details the **Minimum Retention Period** for each type of health record. Records (whatever the media) may be retained for longer than the minimum period. However, records should not ordinarily be retained for more than 30 years. Where a period longer than 30 years is required (e.g. to be preserved for historical purposes), or for pre-1948 records, contact the Information Governance Manager who will discuss transfer of the information to the local Records Office.

Effective records management requires the practice is able to identify and retrieve information when and where it is needed. The Practice must have records management procedures in place that cover the creation, filing, location, retrieval, appraisal, archive and destruction of records in accordance with the Records Management: NHS Code of Practice, and other relevant guidance and legislation.

The Practice's records are its 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 Practice and the rights of patients, staff and members of the public who have dealings with the Practice. They support consistency, continuity, efficiency and productivity and help to deliver services in consistent and equitable ways.

This policy relates to all records, including 'health records' - The term 'health record' applies to a record relating to the physical or mental health of a given patient/client who can be identified from that information and has been recorded by or on behalf of a health professional in connection with the care of that patient/client.

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 patient care and continuity of care
- To support day to day business which underpins delivery of care
- To support sound administrative and managerial decision making, as part of the knowledge base for NHS services
- To meet legal requirements and assist in audit
- Any decisions made can be justified or reconsidered at a later date.

The Practice will retain records in Accordance with the NHSE and NHS IGA records Retention Schedule found here: -

<https://digital.nhs.uk/article/1202/Records-Management-Code-of-Practice-for-Health-and-Social-Care-2016>

and in accordance with the detailed retention schedules found here:

<https://digital.nhs.uk/media/1159/Retention-schedules-Records-Management-Code-of-Practice-for-Health-and-Social-Care-2016/xls/RMCOP-retention-schedules>

Copies of these schedules are not held locally by the Practice or within this policy as these schedules are subject to change. When establishing a retention period staff should refer to the NHSE online resource as above.

The following types of record are covered in this retention schedule (regardless of the media on which they are held, including paper, electronic, images and sound, and including all records of NHS patients treated on behalf of the NHS in the private healthcare sector):

- patient health records (electronic or paper based and concerning all specialities);
- staff records;
- corporate and administrative records;
- records of private patients seen on NHS premises;
- Accident & Emergency, birth and all other related registers;
- theatre, minor operations and other related registers;
- X-ray and imaging reports, output and images;
- photographs, slides and other images;
- microform (i.e. microfiche/microfilm);
- audio and video tapes, cassettes, CD-ROMs, etc.;
- e-mails¹;
- computerised records; and
- scanned documents.

2. Scope

This policy is applicable to all Practice employees and any practice under contract to the Practice. This policy sets out the procedure that the Practice expects, from all staff that are directly employed by the Practice and for whom the Practice 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 Practice.

This policy relates to all clinical and non-clinical operational records held in any format, by the Practice. They include (the list is not exhaustive):

- Administrative records (including personnel, estates, financial and accounting records, contract records, litigation and records associated with complaint-handling)
- Memory cards for digital devices
- Records in all electronic formats, including emails, databases
- Faxes

Records not included are: health or other records held by independent contractors and copies of documents created by other organisations such as the Department of Health, which are kept for reference and information only.

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

- Confidentiality and Data Protection Policy
- Information Security Policy
- Safe Haven Procedures
- Freedom of Information and Environmental Information Regulations Policy

3. Responsibilities

Records of the NHS and its predecessor bodies are subject to the Public Records Act 1958, which imposes a statutory duty of care directly upon all individuals who have direct responsibility for any such records.

Practice employees and partner practices are reminded that records containing personal information are subject to the General Data Protection Regulation 2016 and the Data Protection Act 2018. Information containing personal; or sensitive data should be disposed of confidentially.

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.

All Practice staff and Governing Body Members are responsible for ensuring that they keep appropriate records of their work for the Practice and manage those records in accordance with this and other related Practice policies, maintaining the security of the records they create or use.

It is vital that everyone understands their record management responsibilities as set out in this policy. The Practice Manager 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 program.

4. Legal Obligations and Standards

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

- DOH: Records Management NHS Code of Practice 2009
- Data Protection Act 2018
- The General Data Protection Regulation 2016
- 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

5. Local Retention Periods

When information does not fall under the listed schedules, local retention periods should be determined. The following issues should be considered:

- how often is the information used;
- are retention periods for similar information in existence;
- what are the consequences of that information not being available, for example, to answer complaints or queries. Remember that the NHS is not required to keep information *just in case*;
- who in the directorate/Practice will need to agree the decision.

When a local decision on retention has been made, contact the Practice Manager to have the details recorded in this policy.

6. Information Disposal

Before destroying records please refer to the Information Disposal Guideline (B34/2005). This document advises on the considerations required to destroy physical and electronic information such as selecting information for destruction, validating the selection and record keeping (of the records destroyed).

7. Requests for Information

Records may be requested under the Freedom of Information Act (2000). If such a request is received, the enquiry should be forwarded to the Practice Information Governance lead 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

Under the Data Protection legislation (DPA 2018 / GDPR 2016), an individual can ask to see information held about them, either computerised or manual records, this applies to staff and patient information. If a request is received for copies of information, this should be forwarded to the Practice Manager.

8. Incident Reporting

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.

Stolen records must be reported following the Incident Reporting Policy and Procedure and the Policy on reporting Untoward Incidents. If the record is subsequently found, the record of the incident should be updated and temporary files merged with the permanent record.

9. Training

PFP must ensure that all staff undertake appropriate records management training on information governance issues soon after joining the organisation and that existing staff receive periodic update training. Staff with responsibility for records management should undertake records management training on an annual basis.

Modules are provided by the NHS Digital e-learning tool;

<https://www.igtt.NHS Digital.gov.uk/igte/index.cfm>

10. Equality and Diversity

The Practice 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.

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.

In carrying out its functions, the Practice 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.

11. Due Regard

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.

12. Review and Monitoring

The practice Manager is 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.

This policy will be reviewed every two years unless new legislation, codes of practice or national standards are introduced.