

THE STATE HOSPITALS BOARD FOR SCOTLAND

CORPORATE RECORDS POLICY AND PROCEDURES

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Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies/ procedures/ guidance can be found on the intranet: <http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx>

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1. Introduction

The purpose of this Corporate Records policy is to establish systematic and planned arrangements for the management of Corporate Non-Clinical Records within The State Hospital (TSH). The policy is specifically intended to ensure that TSH meets all of its obligations in respect of Corporate Records management. However, in so doing, it recognises that TSH works closely with partner agencies. The terms of this policy are intended to apply to all staff working within TSH and who contribute to the Corporate Records for which TSH is responsible.

This Corporate Records policy is also to provide guidance and support to staff to ensure relevant confidentiality is protected and maintained. It will also ensure that TSH meets its responsibilities in accordance with Data Protection and Records Management legislation.

Records management is the process by which an organisation manages all the aspects of Records whether internally or externally generated and in any format or media type, from their creation, all through their lifecycle and their eventual destruction or permanent preservation.

Records management is a key component of care and is the responsibility of **all staff**.

Corporate Records are a valuable resource because of the information that they contain. They may be evidential documents and as such must comply with legislative requirements, professional standards and guidelines. The ability to identify and locate information is essential to the delivery of high quality evidence based care and the corporate management of the organisation.

2. Legislative Background

All NHS Board Records are owned by Scottish Ministers on behalf of the Crown and are subject to the provisions of the Public Records (Scotland) Act 1937 and the Public Records (Scotland) Act 2011. These records may only be destroyed in accordance with Disposal of Records (Scotland) Regulations 1992. Guidance notes for the retention and disposal of records is contained within the Scottish Government, Records Management: - NHS Code of Practice (Scotland) (effective from 1 June 2020).

The Chief Executive has overall accountability for ensuring that Records Management operates legally within TSH. The Caldicott Guardian works in liaison with the Health Records Manager, Information Governance and Data Security Officer, eHealth Manager and others with similar responsibilities, to ensure there are agreed systems for Records Management including managing the confidentiality and security of information and records within TSH. NHS organisations are also required to take positive ownership of, and responsibility for, the records legacy of predecessor organisations and/or obsolete services.

A key statutory requirement for compliance with records management principles are the General Data Protection Regulations and the Data Protection Act 2018. These provide a broad framework of general standards that have to be met and considered in conjunction with other legal obligations. This legislation regulates the processing of personal data, held manually and on computer. It applies to personal information generally, including both clinical and non-clinical records. Therefore, the same principles apply to personal data relating to patients, staff, contractors, volunteers, students and other individuals who work in or have dealings with NHSScotland.

Personal data is defined as any information relating to a living individual that can identify them, directly or indirectly. It therefore includes such items of information as name, address, age, race, religion, gender and physical, mental or sexual health.

Processing includes everything done with that information, i.e. holding, obtaining, recording, using, disclosure, sharing, disposal, transfer or destruction. TSH processes information in compliance

with the General Data Protection Regulation and Data Protection Act 2018 (for further information see TSH's current [Data Protection Policy \(IG05\)](#)).

3. Scope of the policy

This policy covers all corporate records, regardless of format, held by TSH. It replaces the previous Management, Retention, Disposal of Admin Records Policy.

Corporate Records include but are not limited to: financial, property, environmental, health and safety, human resources, procurement/stores, NHS Board and service planning records.

This includes records in all formats:

- Audio and video tapes, cassettes
- Communications (e.g. email)
- Facsimile (Fax)
- Photographs
- Records in all electronic formats, including removable media
- Records in paper format which members of staff require use or access as a result of their employment with TSH

The policy stipulates:

- The requirements that must be met for the corporate records themselves to be considered as proper records of activity
- The systems and processes required to ensure the capture, integrity, security, retrieval and correct disposal of records belonging to TSH
- Staff responsibilities
- Provision for regular review of the policy and its implementation

This policy does not cover the management of Health Records. For guidance on the management of Health Records please refer to [IG02 Health Records Policy and Procedures](#).

4. Definition of a Corporate Record

For the purpose of this policy the definition of a record is: information created, received and maintained as evidence and information by an organisation or person, in pursuance of legal obligations or in the transaction of business.

5. Roles and Responsibilities

5.1. All Staff, Contractors and Volunteers

All NHS staff, whether clinical or administrative, who create, receive and use documents and records have records management responsibilities. All staff must ensure that they keep appropriate records of their work and manage those in line with the Corporate Records Policy and relevant local and national policies and guidance

All staff, Contractors (including SLA providers e.g. Pharmacy, Social Work, Patients' Advocacy Service) and Volunteers have a responsibility for maintaining confidentiality and handling information appropriately.

Confidentiality Clauses

Each member of staff is issued with a copy of the “Confidentiality of Personal Health Information-Code of Practice” on appointment. All staff require to sign a Confidentiality Clause acknowledging receipt of the Code of Practice and confirming their understanding of the contents – this signed document is held within the personal staff file in Human Resources.

Disclosure of information

Details must never be discussed with unauthorised staff. Guidance regarding what information can be disclosed with consent, and the circumstances where consent may be either implied, or in certain exemptions when information can be disclosed without consent, should be sought from the Health Records Department, Senior Information Risk Owner (SIRO) or Caldicott Guardian.

Security of Records

All individuals are responsible for the safekeeping, confidentiality and security of corporate records in their possession.

5.2 The NHS Board

TSH is responsible for ensuring that it corporately meets its legal responsibilities, and for the adoption of internal and external governance requirements.

5.3 The Chief Executive

The Chief Executive, as Accountable Officer, has overall responsibility for records management in TSH, and is responsible for ensuring appropriate mechanisms are in place to support service delivery and continuity. Records Management is key to this as it will ensure appropriate, accurate information is available whenever required. The Chief Executive is also responsible for overseeing the Records Management Plan for TSH.

5.4 Senior Information Risk Owner (SIRO)

The SIRO (Director of Finance and eHealth) is responsible for coordinating the development, implementation and maintenance of information risk management policies, procedures and standards for TSH.

5.5 Caldicott Guardian

TSH Caldicott Guardian is responsible for governing the uses and preserving the confidentiality of all patient identifiable information within TSH.

The Caldicott Guardian has a specific responsibility for reflecting patients’ interests regarding the use of patient identifiable information, and ensuring patient identifiable information is shared in an appropriate and secure manner.

5.6 Information Asset Owner (IAO)

An IAO is a senior member of staff who is the nominated owner for one or more identified information assets.

5.7 Information Asset Administrator (IAA)

An IAA is a member of staff nominated by an IAO to manage an information asset on a day-to-day basis on their behalf.

5.8 Information Governance Group (IGG)

The IGG, chaired by the SIRO, meets quarterly and membership includes representation from a broad range of disciplinary groups, both clinical and non-clinical. Included within the remit of the group is responsibility for the development and monitoring of Information Governance records standards throughout the organisation, including Records Management. The group reports to the Finance, eHealth and Audit Group. The group also self-assesses TSH's adherence to good standards of Information Governance by utilising the Information Governance Toolkit twice yearly. The SIRO will provide a report to the TSH Board on a yearly basis that will include any issues relating to the Corporate Records Policy.

5.9 Health Records Manager

The Health Records Manager has responsibility to provide advice and support to all service or functional areas throughout TSH, on all matters relating to corporate records management to ensure measures are in place to support full compliance with the Public Records (Scotland) Act 2011. The Health Records Manager is also responsible for overseeing the day-to-day implementation of the Records Management Plan for TSH.

5.10 Heads of Departments / Operational and Line Managers

The responsibility for records management at directorate or departmental level is devolved to the relevant directors, directorate and departmental managers. Senior TSH Service Managers have overall responsibility for the management of records generated by their activities in compliance with TSH Records Management Policy.

5.11 Human Resources Department

Staff within the Human Resources department are responsible for ensuring that a signed Confidentiality Statement is received from all newly appointed staff and retained within the personal staff record retained in the Human Resources Department. Human Resources staff will also be responsible for ensuring that all existing staff members have signed a Confidentiality Statement. The Human Resources department are responsible for reporting any issues in relation to the signing of Confidentiality Statements to the IGG.

6. Reference

This policy should be read in conjunction with the following TSH policies and procedures.

- Health Records Policy
- Data Protection Policy
- Freedom of information Policy
- Information and Network Security Policy
- Management, Retention & Disposal of Admin Records
- Decommissioning of Buildings Policy
- Records Management Plan
- Confidentiality in Communications Policy

The policy complies with the following acts, regulations and best practice standards:

- Data Protection Legislation
- EU General Data Protection Regulations (GDPR)
- Public Records (Scotland) Act 2011
- Freedom of Information (Scotland) Act, 2002

- Environmental Information (Scotland) Regulations, 2004.
- Human Rights Act, 1998
- Electronic Communications Act, 2000
- Computer Misuse Act 1990

7. Corporate Records Lifecycle Process

This policy covers the lifecycle of all corporate records held by TSH. The key life cycle phases of a record are outlined below:

Phase	Comments
Creation/Receipt	Corporate records are created or received and (where appropriate) captured into TSH records management system (department shared drives or appropriate system).
Maintenance and Use	Corporate records are being used for the business purpose for which they were created. Semi-Current Corporate records are stored and maintained for reference purposes or still need to be kept under statutory obligations.
Appraisal	Staff appraise the value (business/legal/financial/ research/historical) of corporate records.
Disposal	Corporate records destroyed in line with agreed procedures or transferred to the records archive.

7.1 Records Creation

All records created must be sufficient in context, content, and structure to allow the events and transactions that they document to be reliably reconstructed. This requirement should ideally be considered at the design stage, before records come into use, to ensure that all necessary data is captured. A key concern for ensuring the adequacy of records is to consider every stage in the process where the record will be used, and to test that the record contains the necessary data to meet all these needs. It is the responsibility of all TSH staff to ensure all official documents that record essential activities are filed in an appropriate manner.

The corporate records of TSH must be trustworthy, complete, accessible, legally admissible in court, and robust for as long as the agreed retention period of the record. Corporate records that are consistently and logically indexed are easier to manage to meet these requirements.

7.2 Corporate Records Maintenance and Use

7.2.1 Records Management Systems

The design and configuration of information architecture within any electronic systems managing TSH corporate records will ensure that related records and the information within them can be efficiently retrieved by those with a legitimate right of access. In the meantime, all staff must save electronic records in accordance with TSH policy.

7.2.2 Naming Conventions

Naming conventions should be used by all staff wherever in place through local policies and procedures.

7.2.3 Version control

Version control is a system to manage the updating of records. It ensures that those accessing information are able to identify the current version of a record and retrieve previous version where appropriate. A key factor in quality decision making and action is the ability to access the most up-to-date information available. It is therefore vital that all staff maintain version control procedures when updating a record.

7.2.4 Information Security

Staff must ensure that all corporate records are secure from unauthorised or inadvertent alteration or erasure and that access and disclosure are properly controlled. Information sharing agreements should be in place where necessary. Procedures are in place to allow sharing for legal purposes such as with courts or the police.

7.2.5 Storage and retrieval of paper records

All staff must file paper records in accordance with departmental procedures. Official corporate records in paper format must be managed in a filing system that provides appropriate indexing information for effective retrieval

7.2.6 Email

Emails generated or received by TSH staff are subject to the corporate records management principles of the equivalent corporate record in any other format. Emails should be filed in line with agreed procedures.

7.3 Appraisal and Disposal

TSH has adopted the Scottish Government Records Management: NHS Code of Practice (Scotland) Version 2.1. This determines the minimum retention periods required to meet operational needs and to comply with legal and other requirements. The retention schedules are an essential component of efficient and effective records management and must be consistently applied by all staff.

The Code of Practice is available at: <https://www.informationgovernance.scot.nhs.uk/wp-content/uploads/2020/06/SG-HSC-Scotland-Records-Management-Code-of-Practice-2020-v20200602.pdf>

Records appraisal is the process of evaluating business activities to determine how long records need to be kept to meet business needs, the requirements of organisational accountability, legislative requirements and public expectations. TSH staff must implement effective appraisal of corporate records to ensure that they are retained only for as long as they are required.

7.4 Training and Support

All staff, whether clinical or administrative, must be appropriately trained so that they are fully aware of their personal responsibilities as individuals with respect to record keeping and management, and that they are competent to carry out their designated duties. Training in Records Management is available for all staff via LearnPro.

8. Requests for Subject Access Requests/Freedom of Information Requests

All requests for information under Freedom of Information or Data Protection Legislation should be forwarded to the appropriate email boxes to be dealt with appropriately:

TSH.FOI-Mailbox@nhs.scot

TSH.DataProtection@nhs.scot

9. Audit of Corporate Record Standards

The Director of Finance & eHealth will be ultimately responsible for audit arrangements.

9.1 External Audit

Compliance with this policy will be audited as part of TSH's external audit programme. Areas to be targeted will be in accordance with the auditor's assessment of level of potential risk to TSH's business. Audit reports and any remedial action plans will be shared with the IGG.

9.2 Information Governance Walkaround

In line with the national Information Governance Assurance Strategy, regular information governance walkarounds will be conducted by members of the IGG. These walkarounds will visit each clinical and administrative area on an annual basis and will inspect all areas where confidential clinical information is stored. The management teams for the visited area will be advised of the outcomes from the visit.

10. Further Advice

Further advice relating to the management of Corporate Records can be sought from:

Health Records Manager	TSH.HealthRecordsDepartment@nhs.scot
Records Management Team	TSH.RecordsManagementTeam@nhs.scot
Information Governance and Data Security Officer	TSH.DataProtection@nhs.scot
Senior Information Risk Owner	TSH.SIRO@nhs.scot

11. Equality and Diversity

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

The volunteer recruitment and induction process supports volunteers to highlight any barriers to communication, physical disability or anything else which would prevent them from contributing meaningfully to patient care and / or engage in other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

12. Stakeholder Engagement

Key Stakeholders	Consulted (Y/N)
Patients	N
Staff	Y
TSH Board	Y
Carers	N
Volunteers	Y

13. Communication, Implementation, Monitoring and Review of Policy

This policy will be communicated to all relevant TSH stakeholders via the intranet and through the staff bulletin.

The IGG will be responsible for the implementation and monitoring of this policy.

This policy document will be reviewed on a three yearly basis and updated when required taking into account any new legislation and the operational requirements of TSH.