

RECORDS MANAGEMENT STRATEGY

This document should be read in conjunction with the
 Records Management and Records Keeping Policy

Version:	2
Ratified by:	Trust Board
Date ratified:	September 2015
Title of originator/author:	Information Governance Manager
Title of responsible committee/group:	Caldicott and Information Governance Group
Date issued:	September 2015
Review date:	August 2018
Relevant Staff Groups:	All Staff Groups

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DOCUMENT CONTROL

Reference PA/Sep15/RMS	Version 2	Status FINAL	Author Information Governance Manager
Amendments	Reviewed to ensure compliance with the recommendations of the Information Commissioner's Office audit of the Trust records management systems, Information Governance Toolkit v13 and national records management guidance.		
Document objectives: To provide a clear system of accountability and responsibility for records management			
Intended recipients: All Trust staff			
Committee/Group Consulted: Caldicott and Information Governance Group			
Monitoring arrangements and indicators: Audit Committee, Integrated Governance Committee, Caldicott and Information Governance Group Key Performance Indicators are included in the strategy.			
Training/resource implications: Corporate Induction training; Record Keeping and records management training; Information Asset Owner training for systems managers; as specified in the Trust Staff Training Matrix Training Needs Analysis (TNA).			
Approving body and date	Caldicott and Information Governance Group		Date: September 2015
Formal Impact Assessment	Part One		Date: July 2015
Ratification Body and date	Trust Board		Date: September 2015
Date of issue	September 2015		
Date of Review	August 2018		
Contact for review	Information Governance Manager		
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1. EXECUTIVE SUMMARY

Scope and Purpose of the Strategy

- 1.1 This Strategy uses the Health and Social Care Information Centres Records Management Strategy template and the Records Management NHS Code of Practice, to ensure compliance with national standards it also provides a summary/ overview of how the Trust must address the NHS Records Management agenda.
- 1.2 It includes:
- an overarching framework for integrating records management;
 - a strategy for improving the quality, availability and effective use of records;
 - a framework to embed the concept of the Information Lifecycle Management (ILM) of records creation; retention; maintenance; use and disposal within the organisation;
 - a framework to support the move from paper records to electronic systems
- 1.3 Implementation of this strategy will contribute significantly towards assuring patients and staff and their information; will be processed in compliance with legislative, ethical and national NHS policy requirements.
- 1.4 Benefits to the organisation in regards to savings include increased staff awareness of their legal and statutory duties in relation to the handling and management of information.
- 1.5 The strategy will also help address national drivers such as:
- the NHS Care Record Guarantee;
 - NHSLA Risk Management Standards;
 - Information Governance Toolkit.
- Risks addressed**
- 1.6 Records management is a key component to the service delivery of the Trust. This strategy's ultimate goal is to help the Trust and individual members of staff to be consistent in the way they create, retain, use and dispose of information. This in turn will enable access to information that is accurate and up-to-date and help in the delivery of the best possible care for our service users.
- 1.7 Trust records that are accurate and up-to-date will help facilitate successful audits, which in turn fulfils the Trust's responsibilities as a data controller. It

will also protect against the risk of unsafe or inappropriate care and treatment arising from lack of proper information about service users.

2. LINKS TO TRUST STRATEGIC OBJECTIVES AND GOALS

Strategic Objective/ Goal	Workstream description	Delivered	Enabler	Not applicable
Service Delivery	Achieve a reduction in inpatient based care and an increase in the delivery of care in a community-based setting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality and Safety	Continuously reduce levels of avoidable harm, deliver best clinical outcomes and improve patient experience	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Innovation	Implement the Information Management and Technology strategy to deliver effective mobile working and an integrated patient record for all services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Integration	Deliver the planned further integration of community health, mental health, learning disability, and social care services to support better patient care and achieve identified financial efficiencies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Culture and People	People: We will be able to innovate reliably as part of our business model	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Viability and Growth	Increase the Trust's operating income by £30 million	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3. INTRODUCTION

- 3.1 Somerset Partnership NHS Foundation Trust provides high quality integrated mental health, learning disability and community health services. This document sets out an overarching framework for integrating current records management initiatives, as well as recommending new ones. It defines a strategy for improving the quality, availability and effective use of records in the Trust and provides a strategic framework for all records management activities. This will enable overall coordination of all records management activities and ensure alignment with the Trust's business strategies.
- 3.2 This strategy applies to all staff whether permanent, temporary, contracted or contractors that are employed directly or otherwise by Somerset Partnership NHS Foundation Trust.
- 3.3 The records management strategy should be read in conjunction with the Trust's Record Keeping and Record Management Policy.

4. SCOPE

4.1 This strategy relates to all clinical and non-clinical operational records held in any format by the Trust as detailed in the Department of Health's publication Records Management: NHS Code of Practice, i.e.:

- all administrative records (e.g. personnel, estates, financial and accounting records, notes associated with complaints etc.); and
- all patient health records for all specialties and including records for private patients treated on NHS premises.

4.2 These include records held in all formats, for example:

- paper records, reports, diaries and registers etc;
- electronic records;
- x-rays and other images;
- microform (i.e. microfiche and microfilm); and
- audio and video tapes.

5. DUTIES AND RESPONSIBILITIES

5.1 The **Trust Board** agrees the strategy and its content and is made aware of all concerns raised.

5.2 **The Chief Executive** and relevant **Directors** of the Trust are personally accountable for the quality of records management, under the terms of the Public Records Act (1958 S.3).

5.3 The **Director of Governance and Corporate Development** is the Executive Lead for this strategy and will ensure policy development and review takes place at least every three years, or sooner in line with local and national guidance. The Director of Governance and Corporate Development is also the Executive Lead for Records Management.

5.4 **Directors** are personally accountable for the quality of records management within the Trust, and all line managers must ensure that their staff, whether administrative or clinical, are adequately trained and apply the appropriate guidelines, that is, they must have an up-to-date knowledge of the laws and guidelines, concerning confidentiality, data protection and access to patient information in particular.

Responsibility for records management matters will be co-ordinated and delegated through Executive Directors, Locality Managers, Heads of Service and Service Leads. Each Director and manager will be responsible for implementing local records management procedures in accordance with the Trust's Record Keeping and Records Management Policy.

- 5.5 The **Caldicott Guardian** is responsible for approving and ensuring that national and local guidelines and protocols on the handling and management of patient information are in place. The Trust's Caldicott Guardian is the Director of Nursing and Patient Safety.
- 5.6 The **Data Protection Officer** is responsible for overseeing the Trust's compliance with the Data Protection Act 1998 and for ensuring the co-ordination of responses to requests for disclosure of personal data under the provisions of the Act. The Data Protection Officer is the Trust's Director of Governance and Corporate Development.
- 5.7 **Head of Information Management and Technology** is responsible for the implementation of an Information Security Management System to ensure the information technology infrastructure follows national guidance to protect the availability, integrity and confidentiality of information on electronic systems within the Trust.
- 5.8 The **Senior Information Risk Owner (SIRO)** is a designated Executive Director with responsibility for coordinating the development and maintenance of information risk management policies, procedures and standards for the Trust. The SIRO is responsible for the ongoing development and day-to-day management of the Trust's Risk Management Programme for information privacy and security. The Trust's SIRO is the Director of Finance and Business Development.
- 5.9 The **Information Governance Manager** is accountable to the Director of Governance and Corporate Development for overseeing the Trust's compliance with the Data Protection Act 1998 and to co-ordinating responses to requests for disclosure of personal data under the provisions of the Act. Also responsible for the implementation of this strategy, coordinating audit of records management and reporting findings.
- 5.10 **Information Asset Owners (IAO)** are designated senior managers, who shall ensure that information risk assessments are performed at least once each quarter on all information assets where they have been assigned 'ownership', following guidance from the SIRO on assessment method, format, content, and frequency. IAOs shall submit the risk assessment results and associated mitigation plans to the SIRO for review, along with details of any assumptions or external dependencies. Mitigation plans shall include specific actions with expected completion dates, as well as an account of residual risks.
- 5.11 **All staff** who work for the Trust or individuals who work on behalf of the Trust are responsible for any records which they create or use in the performance of their duties. Any record that an individual creates is a public record and will be subject to both legal and professional obligations. This responsibility is established at, and defined by, the law (Public Records Act 1958). Everyone who records, handles, stores, or otherwise comes across information has a personal common law duty of confidence to patients and to his or her employer. The duty of confidence continues even after the death of the patient, or after an employee or contractor has left the NHS.

6. AIMS OF THE STRATEGY

6.1 The aims of the Trust's records management strategy are to ensure:

- Records Management across the organisation is based on best practice and a systematic and planned approach to records management covering records from creation to disposal;
- efficiency and best value through improvements in the quality and flow of information, and greater coordination of records and storage systems;
- compliance with statutory requirements;
- awareness of the importance of records management and the need for responsibility and accountability at all levels;
- records are available and can be accessed when needed and the information within them can be located and displayed in a way that is consistent with their use;
- information is shared wherever possible; with restricted access controls used where there are co-located teams or other agencies or third parties;
- highly confidential information will have access controls that only allow authorised staff to have access;
- appropriate archiving of the Trust's important records.

7. KEY OBJECTIVES

7.1 The records management strategy comprises the following key objectives. These elements will be used to create action plans for each key area to help the organisation comply with the National and Department of Health Guidance and legal requirement.

Responsibility and Accountability

7.2 To provide a clear system of accountability and responsibility for records management, record keeping and use.

7.3 It is important that all individuals in the Trust appreciate the need for responsibility and accountability in the creation, amendment, management, storage of and access to all Trust records. The Trust will develop a clear chain of managerial responsibility and accountability for all records created by the Trust. This is the prerequisite for an effectively coordinated records management strategy.

Records Policies and Procedures

- 7.4 To ensure the Trust has comprehensive, up-to-date records management policies, procedures and guidance that reflects the organisations needs and priorities, as well as national policy/legislation. These policies and procedures will incorporate the Information Lifecycle Management that will describe the management of records from creation to disposal.

Record Quality

- 7.5 To create and keep records which are adequate, consistent, and necessary for statutory, legal and business requirements.
- 7.6 Trust records should be accurate and complete, in order to facilitate audit, fulfil the Trust's responsibilities, and protect its legal and other rights. Records should show proof of their validity and authenticity so that any evidence derived from them is clearly credible and authoritative.
- 7.7 The Trust will ensure that when a new service is acquired then an assessment of the records (paper/electronic) is completed, and that it does not adversely impact on information/ records quality.

Management

- 7.8 To achieve systematic, orderly and consistent creation, retention, appraisal and disposal procedures for records throughout their life cycle.
- 7.9 Record-keeping procedures for Information Assets should be easy to understand, clear, and efficient in terms of minimising staff time and optimising the use of space for storage. This will be the responsibility of the Information Asset Owner to produce those procedures.

Security

- 7.10 To provide systems which maintain appropriate confidentiality, security and integrity for records in their storage and use.
- 7.11 Records must be kept securely to protect the confidentiality and authenticity of their contents, and to provide further evidence of their validity in the event of a legal challenge.

Sharing records with partner organisations

- 7.12 To ensure there will be documented principles/sharing agreements in place with partner organisations before any sharing can take place.

Access

- 7.13 To provide clear and efficient access for employees and others who have a legitimate right of access to Trust records, and ensure compliance with Access to Health Records, Data Protection and Freedom of Information legislation.
- 7.14 Access is a key part of any records management strategy. Fast, efficient access to records unlocks the information and knowledge they contain.

- the Trust will ensure that records are kept securely to protect the confidentiality and authenticity of the contents;
- the Trust will ensure that all staff working for, or with it, are aware of their responsibilities under the Data Protection Act 1998, Caldicott Principles, and their common law duty of confidentiality;
- the Trust will ensure policies and procedures and guidance on Data Protection, Access to Healthcare records are available to provide clear direction required to meet compliance with the organisations legal and statutory right;
- the Trust will ensure that patients are informed about the prospective use of their information. Any decisions by the patients to restrict disclosure of their personnel information will be appropriately respected;
- the organisation will ensure that access to electronic record systems are limited by role based access controls relevant to the service and system auditing is available.

Use of Information Technology

- 7.15 To ensure that any new electronic record system meets the requirements of the Records Management: NHS code of practice and that the quality of the clinical record keeping is maintained.
- 7.16 The use of Information Technology in the support of the records management function will be reviewed and appropriate solutions implemented. The Trust will include the introduction of a high level Information Security Management System Policy (ISMS) constructed using ISO27001 & ISO27002 as best practice for information security for electronic information systems.

Audit

- 7.17 To audit and measure the implementation of the records management strategy against agreed standards.
- 7.18 The performance of the records management programme will be audited. The Trust will develop system policies and guidance to ensure that the access and security of records can be audited and support service users requests to access their information and provide a report on who has accessed their information.

Training

- 7.19 To provide training and guidance on legal and ethical responsibilities and operational good practice for all staff involved in records management.
- 7.20 Effective records management involves staff at all levels. Training and guidance enables staff to understand and implement policies, and facilitates the efficient implementation of good record keeping practices.

7.21 The Trust will ensure that requirements are explored in Training Needs Analysis and Personnel Development Reviews and that participation in training is logged.

Contingency/Business Continuity

7.22 To ensure that Trust can identify all records vital to its function in the event of a disaster. It will ensure the Business Continuity Plans are in place for all records systems electronic and paper based.

8. IMPLEMENTATION

8.1 The Trust will develop an annual action plan for each year of the strategy outlining the key steps to achieve the objectives set out in section 7 of this strategy.

8.2 The action plan will ensure that the following key requirements are in place:

- existence of an overall policy statement on how records (including electronic records) are to be managed;
- endorsement of policy by senior management;
- dissemination of policy to staff at all levels;
- provision of corporate mandate for the performance of all records and information functions;
- achievement of at least level two compliance and plans to achieve level three compliance with all relevant criteria for the Information Governance Toolkit;
- organisational commitment to create, keep and manage records which document activities;
- definition of roles and responsibilities;
- definition of responsibility of personnel to document actions and decisions in the records and to dispose of obsolete records;
- provision of framework for supporting appropriate standards, procedures and guidelines;
- provision of monitoring mechanisms to ascertain compliance with appropriate standards, procedures and guidelines; and
- review of strategy and policy at regular intervals (at least once every two years).

8.3 Implementation of the strategy will be monitored against key performance indicators set out in section 9 of this strategy which will be regularly

monitored through the Caldicott and Information Group and the Integrated Governance Committee.

- 8.4 The effectiveness of implementation will be subject to clinical and internal audit through the lifetime of the strategy.

9. KEY PERFORMANCE INDICATORS (KPIs)

9.1 A key performance indicator (KPI), is a business metric used to evaluate factors that are crucial to the success of Somerset Partnership NHS Foundation Trust core services and departments to achieve their business function of health care provision.

9.2 Key performance indicators are outlined in appendix A.

10. SOURCES

- Information Governance Toolkit;
- Records Management: NHS Code of Practice Road Map Model Strategy;
- Records Management: NHS Code of Practice;
- Care Quality Commission Outcome 221-Records;
- NHSLA.

11. RELEVANT CARE QUALITY COMMISSION (CQC) – Fundamental Standards

11.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the **fundamental standards** which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 15:	Premises and equipment
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

11.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18: Notification of other incidents

- 11.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

Key Performance Indicators for Records Management Strategy

Description	Factors Influencing poor quality	Performance Measure	Method of Capture	When	How
Ability to provide relevant and accurate information both reactively and proactively	<ol style="list-style-type: none"> 1. Lack of processes and systems 2. Absence of tools (information retrieval) 	Presence of documented process	<ol style="list-style-type: none"> 1. Datix reports for misfiled / lost records. 2. Records Management Audit IG 	Annually	<ol style="list-style-type: none"> 1. Analysis of Datix Incidents. 2. Manual Check list.
Ability to constantly meet needs of dependability and trustworthiness	<ol style="list-style-type: none"> 1. Lack of knowledge of the staff on records management 2. Lack of training 	Level of patient satisfaction with response times and quality of response	<ol style="list-style-type: none"> 1. Level of SAR completed on time. 2. Datix reports on incomplete records 3. Spot check on records 4. Complaints to Trust and/or ICO 	Quarterly	Report to Caldicott & Information Governance Group on SAR completion %, Datix incidents on incomplete records and Spot Check reports
Timelines of delivery particularly for short turn around information	<ol style="list-style-type: none"> 1. Inability to retrieve through absence of process and systems 2. Poorly trained staff 3. Inability to deliver information due 	Level of patient satisfaction with response times and quality of response	<ol style="list-style-type: none"> 1. File creation actioned within time frame 	Quarterly	Data Quality report on validation within five days

Description	Factors Influencing poor quality	Performance Measure	Method of Capture	When	How
	to poor delivery mechanisms				
			2. Urgent file creation actioned within set time frame	Quarterly	Data Quality report on validation within five days
			3. Delivery of files within time frame	Quarterly	Caldicott Report to include SAR completions
			4. Disposal	Quarterly	Report to Caldicott Log on disposal
Reputation, Assurance, Credence, dependability	<ol style="list-style-type: none"> 1. Unreliable systems that cannot be depended upon 2. Lack of trained staff 3. Lack of agreed service Levels 4. Lack of critical business resources 	User satisfaction levels	1. Staff survey on systems and process reviews within service area.	Annual	Specific areas targeted from incidents of poor records management.
		Availability of systems	1. Availability 24/7	Quarterly	Report to Caldicott and Information Governance group on system uptime
Sum of experiences beliefs, feelings knowledge and impressions	1. Lack of total commitment by staff to quality service delivery,	Clearly articulate vision	1. Publish procedure, protocols on methods of records management	Annual	Spot checks on records management protocols and procedure being followed

Description	Factors Influencing poor quality	Performance Measure	Method of Capture	When	How
	therefore no united front on professional service				
		Trend comparison	1. Comparison on previous years spot checks	Annual	Included in Caldicott Annual report and IG Toolkit submission

