Records management policy
CG16

Applies to:	All NHS Resolution employees
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Contents

1. Introduction

1.1. Records management is the process by which an organisation manages all aspects of its records, whether internally or externally generated and in any format or media type, from their creation all the way through their lifecycle to their eventual disposal.

1.2. NHS Resolution's records are its corporate memory, providing evidence of actions and decisions and representing a vital asset to support daily functions and operations. Records support policy formation and managerial decision-making and protect the interests of the organisation and the rights of claimants and appellants, staff and members of the public. They support consistency, continuity, efficiency and productivity, and help deliver services in consistent and equitable ways.

1.3. This policy sets out an overarching framework for integrated records management at NHS Resolution. It is intended to ensure the confidentiality, integrity, availability and effective use of records, thus enabling overall co-ordination of records management activities for alignment with business strategy and statutory and legal obligations, including the relevant requirements of The General Data Protection Regulation (EU) 2016/679) and national laws implementing GDPR (together "GDPR"), and the Freedom of Information Act 2000.

2. Definitions

2.1. In this policy, 'records' are defined as 'recorded information, in any form, created or received and maintained by NHS Resolution in the transaction of its business or conduct of affairs and kept as evidence of such activity'. This policy relates to all records held in any format by NHS Resolution as per the Department of Health and Social Care (DHSC) 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);
- all claim, appeal and dispute files; and
- all records associated with the business of all NHS Resolution departments.

2.2. 'Information' is a corporate asset. NHS Resolution's records are important sources of administrative, evidential and historical information. These include records held in all formats, for example:

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

2.3. They are vital to NHS Resolution to support its current and future operations (including meeting the requirements of Freedom of Information and Data Protection legislation), for the purpose of accountability, and for an awareness and understanding of its history and procedures.

2.4. The term 'records life cycle' describes the life of a record from its receipt/creation through the period of its 'active' use, then into a period of 'inactive' retention (such as closed files

which may still be referred to occasionally) and finally either confidential disposal or archival preservation.

3. Legal and professional obligations

3.1. All NHS records are Public Records under the Public Records Act. NHS Resolution will take actions as necessary to comply with the legal and professional obligations set out in the Records Management: NHS Code of Practice, in particular:

- The Public Records Act 1958
- GDPR
- The Data Protection Act 2018
- The Freedom of Information Act 2000
- The Common Law Duty of Confidentiality; and
- The NHS Confidentiality Code of Practice.

and any new legislation affecting records management as it arises.

3.2. GDPR requires organisations which hold 'personal data' to meet certain minimum standards in the way they process that data. It does not prevent the storage or use of data but sets standards as to how this is to be done. It also permits the individuals who are the subject of any data ("data subjects") to gain access to that data, although with a number of exemptions. Details are provided within CG14 – *Data protection policy*.

3.3. The Freedom of Information Act 2000 (FOIA) gives a general right of access to recorded information held by public authorities, sets out exemptions from that right, and places a number of obligations on public authorities such as NHS Resolution. Details are provided within CG15 – *Freedom of information policy*.

4. Duties

4.1. Chief Executive

The Chief Executive has overall responsibility for records management. As accountable officer he is responsible for the management of the organisation and for ensuring appropriate mechanisms are in place to support service delivery and business continuity. This covers all information governance matters including compliance with the requirements of the *Records management policy*.

4.2. Director of Finance and Corporate Planning

The Director of Finance and Corporate Planning is the Senior Information Risk Owner (SIRO) and as such has overall responsibility for the management of risks associated with the handling of information, especially the use of personal identifiable information, and is responsible for ensuring that information is shared in an appropriate and secure manner.

4.3. Information Governance Manager

The Information Governance Manager is responsible for the day-to-day oversight of records management issues and for ensuring that records are handled in accordance with NHS Resolution policy and legal requirements.

4.4. Information Governance Group

The IG Group will have responsibility for reviewing IG risks and incidents and for oversight of all operational and strategic IG matters. The SIRO will sit on this group and a summary of the minutes will be circulated to the Audit Committee.

4.5. Head of IT & Facilities

As the Information Security Officer, the Head of IT & Facilities has overall responsibility for the provision of systems and facilities to support accurate, legally compliant, secure and efficient information governance.

4.6. Information Asset Owners

Information Asset Owners are responsible for identifying risks in respect of records pertaining to their departmental function and are responsible for addressing those risks in conjunction with the Corporate Governance Team.

4.7. Line managers

All line managers are responsible for the promotion of the principles outlined within this policy and associated policies, within their teams, inclusive of all direct employees, temporary agency staff and contractors.

4.8. Employees

All employees, temporary agency staff and contractors are responsible for the implementation of the principles outlined within this policy and associated policies and for reporting any related adverse incidents in line with CG11 – Incident Reporting Policy and Procedure. All employees must be aware of NHS Resolution's legal and statutory obligations in respect of records management, and ensure that these obligations are met.

5. Robust records management

The key elements of NHS Resolution's management system are to ensure that:

- records are available when needed;
- records can be accessed - and that the current version is identified where multiple versions exist;
- records can be interpreted - the context of the record can be interpreted: who created or added to the record and when, during which business process, and how the record is related to other records;
- records can be trusted – the record reliably represents the information that was actually used in, or created by, the business process, and its integrity and authenticity can be demonstrated;
- records can be maintained through time – the qualities of availability, accessibility, interpretation and trustworthiness can be maintained for as long as the record is needed, perhaps permanently, despite changes of format;
- records are secure - that access and disclosure are properly controlled;

- records are retained and disposed of appropriately - using consistent and documented retention and disposal procedures, which include provision for appraisal and the permanent preservation of records with archival value; and
- staff are trained - so that all staff are made aware of their responsibilities for record-keeping and record management.

5.1 Naming Convention

Titling correctly is the critical step in identifying records. The approved naming convention has three key elements: date (in the format yyyymmdd), brief content description (no more than seven words) and the Team's initials. For example "20210922-Knowledge and information management work plan-KIM". Therefore, for the creation of any new record, email or piece of work, staff members must follow this naming convention.

6. Information assets

It is the responsibility of Information Asset Owners (IAOs) to identify key information assets which are of value to the specific function and/or wider organisation. Key information assets will be entered onto the Information Asset Register (IAR).

7. Information risk assessment

IAOs are responsible for ensuring that information risk assessments are:

- performed for all information assets for which they are responsible
- performed as part of project proposals
- up-to-date and reported to the SIRO
- reviewed when information systems or processes are altered or amended

8. Information asset register

NHS Resolution aims to have an established and up-to-date IAR, which is an inventory of all key information assets. The IAO must ensure that their portion of the IAR is completed to include:

- the identification and addition of all key records held within their remit
- the location
- the categorisation
- the format
- the classification
- the identification of the IAO responsible
- reference to third party access
- details of the risk assessment
- the controls/safeguards (current and/or required)
- the dependencies
- the archiving and disposal arrangements

9. Training and support

All NHS Resolution staff will be made aware of their responsibilities for record- keeping and record management through generic and specific training programmes and guidance. IAOs will receive specific training on the IAR and other concepts and tools associated with records management. All relevant training will be arranged and monitored through the Information Governance Group.

10. Monitoring effective implementation

11.1. NHS Resolution will regularly audit the implementation of aspects of this policy. The audit will:

- Identify which areas of operation should comply with this policy;
- Check the compliance of those areas with this policy;
- Lead to a subsidiary development plan if there are major changes to be made;
- Lead to the adjustment of this policy and re-iteration of the requirements therein, as necessary.

11.2. The results of the records management systems audit will be reported to NHS Resolution Board. This policy will be reviewed every two years (or sooner if new legislation, codes of practice or national standards are to be introduced).

11.3. The effective implementation of this policy will also be monitored by the Information Governance Group through review of a range of key performance indicators, including compliance with the requirements of the HSCIC Information Governance Toolkit, related incidents reported and risks arising on team and organisational risk registers (and associated actions taken), and by NHS Resolution Board through review of actions taken in response to requests made under the FOIA and DPA.

11. Related policies and procedures

CG11	Incident reporting policy and procedure
CG14	Data protection policy
CG15	Freedom of information policy
ITFA02	Procedure/guidance for working with confidential or sensitive information
	Privacy notice

12. References

- NHS Records Management: Code of Practice 2006
- Lord Chancellor's Code of Practice on the management of records issued under section 46 of the Freedom of Information Act 2000 (2009)
- Information Governance Alliances' Records Management Code of Practice for Health and Social Care 2016.

13. Document control

Date	Author	Version	Reason for change

04 April 2018	Evelyn Lucien	V3_8	Rebranding and change to NHS Resolution
30 May 2018	Katherine Ogilvie	V3_8	To include clear online publishing period within Appendix 1
20 July 2018	Julian Marku	V3_8	Updates to new service titles
14 June 2019	Adrienne Blackwood	V3_8	Updates to retention dates
1 December 2020	Tinku Mitra	V3_8	Amendment to Appendix 1
09 May 2023	Grace Bottomley	V4	Addition of Section 5.1
May 2024	Rebecca Lerche-Lerchenborg	V5	Removal of Section 9 and Appendix 1
October 2024	-	V5	Approved by IG Group in July and SMT in October 2024

Appendix A: Equality Impact Assessment Tool

No	Does the document/guidance affect one group less or more favourably than another on the basis of:	Yes/No	Comments
1.	Race	No	
2.	Ethnic origins (including gypsies and travellers)	No	
3.	Culture	No	
4.	Nationality	No	
5.	Age	No	
6.	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
7.	Gender	No	
8.	Gender reassignment	No	
9.	Marriage and civil partnership	No	
10.	Pregnancy and maternity	No	
11.	Religion and belief	No	
12.	Sex	No	
13.	Sexual orientation including lesbian, gay and bisexual people	No	
14.	Is there any evidence that some groups are affected differently?	No	
15.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	N/A	
16.	Is the impact of the document/guidance likely to be negative?	No	
17.	If so, can the impact be avoided?	N/A	
18.	What alternative is there to achieving the document/guidance without the impact?	N/A	
19.	Can we reduce the impact by taking different action?	N/A	
Names and Organisation of individuals who carried out the Assessment: Please give contact details		Date of assessment	
Nicholas Smith, Head of Knowledge and Information Management		26/04/2024	