

**Records Management**

**Policy**

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# 1. Introduction

This Records Management Policy:

* Sets out the requirements that must be met for the records of the PHA to be considered as a proper record of the activity of the PHA;
* Outlines the requirements for a PHA records management system and processes;
* Should be considered alongside the Department of Health publication Good Management Good Records (GMGR) 2017 which has been officially adopted as the PHA Retention and Disposal Schedule;
* Highlights the quality and reliability standards which must be maintained to provide a valuable information and knowledge resource for the PHA;
* Sets out the arrangements for monitoring compliance.

It relates to all corporate, clinical and non-clinical operational records held in any format by the Public Health Agency as detailed in the Department of Health publication Good Management Good Records (GMGR) November 2017 [[1]](#footnote-1).

The Policy is supplemented by detailed procedures, as set out in Section 5.

# 2. Policy Statement

Information is a corporate asset and the records of the PHA are important sources of information including patient/client, administrative, financial, legal, evidential and historical information.

They are vital to the PHA in its current and future work, for the purposes of accountability, and for an awareness and understanding of its history. They are the corporate memory of the PHA.

The PHA will create, use, manage and destroy or preserve its records in accordance with all statutory requirements.

Systematic records management is fundamental to the PHA’s efficiency. It ensures that the correct information is:

* captured, stored, retrieved and destroyed or preserved according to need;

* fully utilised to meet current and future needs, and to support change;

* accessible to those who need to make use of it; and that the appropriate technical, organisational and human resource elements exist to make this possible.

# 3. Aims

The records management system aims to ensure:

* a consistent systematic and planned approach to records management covering records from creation to disposal;

* compliance with statutory requirements and to increase efficiency by improving the flow of information, and greater coordination of records and storage systems;

* awareness of the importance of records management and the need for responsibility and accountability at all levels.

All staff of the PHA who create, use, manage or dispose of records have a duty to protect them and to ensure that any information that they add to the record is necessary, accurate and complete. Confidentiality must always be of primary concern to PHA staff. Appropriate training and guidance will be provided on the management of records.

# 4. Scope

The Records Management Policy should be read in conjunction with other relevant PHA governance policies and documents including:

* PHA Information Governance Strategy and Information Governance Framework
* PHA Data Protection and Confidentiality Policy
* Data Breach Incident Response policy
* PHA Access to Information Policy
* PHA ICT Security Policy and Associated Policies
* Risk Management Policy
* DoH Guidance Document ‘Good Management, Good Records’ (GMGR) 2017

# 5. Records Management Process

Implementing and maintaining an effective records management system depends on the knowledge of what records are held, where they are stored, who manages them, in what format(s) they are made accessible, their relationship to organisational functions and their appropriate and timely disposal.

The process includes:

* Classification of the records into a records management system, with meaningful titles and a consistent reference code.

* Individuals creating records being responsible for classifying them appropriately and ensuring that they are recorded and maintained correctly.

* Having sequences of reference codes that can facilitate both paper and electronic (where appropriate) records to enable tracking and recall, and eventually align with a single PHA records management system~~, and that~~ to enable tracking and recall of records.
* Checking that the correct records have been allocated to the appropriate reference code and that meaningful titles are used.
* Auditing to ensure that the records management system makes sense and records are traceable.

* Ensuring good records management practice is applied to all files – business/corporate files and patient/client/staff files through all stages of the record cycle from creation to disposal. All PHA staff have a responsibility to ensure records are retained and ultimately destroyed in accordance with this guidance.

The detail of the records management processes are defined in a suite of records management factsheets which outline the procedure for each stage of the record lifecycle. The procedures relate to records regardless of formats, throughout their lifecycle, from planning and creation through to disposal, ensuring that all records are kept in an accessible format. The factsheets have been developed in line with Good Management Good Records (GMGR) and include the following:

* File Covers and File Content
* Closing Files
* Disposal of Records
* Contemporaneous Notes and Marginalia
* The Use of Folio Numbering and Folio Sheets
* Management of Handwritten Notes / File Notes
* Preparing Agendas and Minutes
* Managing Electronic Records including E-mails /File Naming Conventions
* Version Control
* Preparing Records for Archive
* Transporting Records
* Security of Records
* What is a master file and what is a working file?
* Accessing External Confidential Waste Disposal Company
* Protective Markings on File Covers
* Filing Systems

#  6. Off-site Records Management

It is not possible to store all records locally; therefore, some will be stored in secure off-site storage through the regional contract. The principles set out in this policy also apply to the management of off- site records.

All records held in off-site storage should have a review or retention date recorded. It is the responsibility of the relevant information asset owner to ensure that these dates are recorded for each record.

# 7. Accountability

All records created by the PHA are public records as defined in the Public Records Act (Northern Ireland) 1923.

### 7.1 Statutory Responsibility

“Good Management Good Records” states that the Permanent Secretary, Departmental Information Manager, Chief Executives and senior managers are personally accountable for records management within their organisation and have a duty to make arrangements for the safe keeping and eventual disposal of those records under the overall supervision of the Deputy Keeper of Public Records at PRONI.

Organisations are also required to take positive ownership of, and responsibility for, the records legacy of predecessor Organisations and/or obsolete services.

Robust records management procedures are required to meet the requirements set out under the Data Protection Act 2018 (DPA 2018), UK General Data Protection Regulations (UK GDPR), the Freedom of Information Act 2000 (FOI Act 2000) and the Environmental Information Regulations 2004 (EIR 2004).

### 7.2 Roles and Responsibilities within PHA

The formal roles and responsibilities relating to records management are set out in section 3 of “Good Management Good Records”. Within the PHA these roles and responsibilities are as follows:

* **All Staff** – All staff have a responsibility to comply with the records management strategy, policy and associated procedures.

* **Chief Executive** – The Chief Executive, as Accounting Officer, has responsibility for ensuring that the PHA complies with its statutory obligations and DoH directives.

* **Senior Information Risk Owner (SIRO)** – The SIRO (Director of Operations) is the focus for the management of information risk at Board level. The SIRO should lead and foster a culture that values, protects and uses information for the public good. The SIRO will advise the Accounting Officer on the Information Risk aspect of the Governance Statement and will own the overall information risk and risk assessment process.

* **Data Protection Officer (DPO)** - The DPO is the first point of contact for the ICO and for individuals whose data is processed (employees, members of public etc).

## Assistant Director Planning and Business Services (AD P&B) – The AD P&B has responsibility delegated from the SIRO for ensuring that effective systems and processes are in place to address the information governance agenda including records management.

* **Governance Manager** – The Governance Manager is

operationally responsible for the day to day implementation of all aspects of Information Governance including records management.

* **Office Managers** – Responsibility for coordinating and overseeing implementation of records management within their offices.

* **The Personal Data Guardian (PDG)** – The PDG (Director of Public Health/Medical Director) has responsibility for ensuring that the PHA processes satisfy the highest practical standards for handling personal data. The PDG is the ‘conscience’ of the organisation in respect of patient information, and will also promote a culture that respects and protects personal data. The PDG works closely with the SIRO and Information Asset Owners where appropriate, especially where information risk reviews are conducted for assets which comprise or contain patient/service user information.

* **Information Asset Owners (IAOs)** are senior individuals whose primary role is to understand what information is held and manage and address risks associated with the information assets within their function. They are required to provide assurance to the SIRO on the management of those assets. Each Assistant Director or other senior manager is the IAO for their function and sit on the Information Governance Steering Group.

* **Information Asset Assistants (IAA’s)** – IAAs may be identified in each function to support the IAO.

* **Information Governance Steering Group (IGSG)** – Consisting of representatives from all PHA Directorates the primary function

of the IGSG will be to lead the development and implementation of the Information Governance framework across the organisation. The Group will be chaired by the SIRO, or their deputy, and will meet not less than three times per year.

* **Records Management Working Group (RMWG)** – Chaired by the Assistant Director of Planning and Business, or their deputy, this Group will address the Records Management function within the PHA developing and implementing an effective system across all offices. Membership consists of representatives from each Directorate. Members will in turn cascade progress across all teams within their Directorate. The RMWG reports to the IGSG.

* **PHA Governance and Audit Committee (GAC)** – The GAC has responsibility for providing the PHA board with an independent and objective review of governance processes and an assurance on the adequacy and effectiveness of the system of internal control within the PHA. It will formally review progress against the Information Governance Strategy.

* **PHA Agency Management Team (AMT)** – AMT will receive updates on Information Governance matters (including Records Management) on both a formal and informal basis via the Director of Operations who fulfils the role of Senior Information Risk Owner (SIRO) and Chair of the Information Governance Steering Group. The PDG will also report on matters relating to patient identifiable information where appropriate.

Appendix 1 outlines the relevant legislation and drivers in relation to legal and professional responsibility for records management.

# 8. Monitoring Compliance

Compliance with this policy and associated procedures will be monitored by audits of sample records and records storage areas as well as through self-assessment of the Information Management Assurance Checklist and Internal Audit audits as appropriate. Records Management will also be subject to periodic audit by internal and external audit. These audits will seek to:

* identify areas of good practice which can be used throughout the PHA;

* highlight where non-conformance with the procedures is occurring; and

* if appropriate, recommend changes to the records management system and processes and to how compliance can be achieved.

# 9. Review of Policy

The PHA is committed to ensuring that all policies are kept under review to ensure that they remain compliant with relevant legislation.

This policy will be reviewed in October 2026 or earlier if relevant guidance is issued. That review will be noted on a subsequent version of this policy, even where there are no substantive changes made or required.

# 10.Equality and Human Rights Screening

This policy has been screened in accordance with the PHA’s requirements under Section 75 of the Northern Ireland Act 1998. Cognisance has also been taken of human rights. The policy and screening outcomes are published as part of our agreed process for publication.

## APPENDIX 1

Relevant Legislative Compliance, Standards, Guidelines and

Policies

* [The Access to Health Records (Northern Ireland) Order 1993](http://www.legislation.gov.uk/nisi/1993/1250/contents/made)
* [The Access to Personal Files and Medical Reports (Northern](http://www.legislation.gov.uk/nisi/1991/1707/contents/made)

[Ireland) Order 1991](http://www.legislation.gov.uk/nisi/1991/1707/contents/made)

* The Common Law Duty of Confidentiality
* The (DoH) Code of Practice on protecting the Confidentiality of Service User Information (April 2019)
* [The Computer Misuse Act 1990](http://www.legislation.gov.uk/ukpga/1990/18/contents)
* UK General Data Protection Regulations (GDPR) 2018
* The Data Protection Act (DPA) 2018
* [The Data Protection (Processing of Sensitive Personal Data) Order 2000](http://www.legislation.gov.uk/uksi/2000/417/contents/made)
* [The Electronic Communications Act 2000](http://www.legislation.gov.uk/ukpga/2000/7/notes/contents)
* [The Environmental Information Regulations 2004](http://www.opsi.gov.uk/si/si2004/draft/20040331.htm)
* [The Freedom of Information Act (FOIA) 2000](http://www.legislation.gov.uk/ukpga/2000/36/contents)
* [The Privacy and Electronic Communications (EC Directive)](http://www.legislation.gov.uk/uksi/2003/2426/contents/made)

[Regulations 2003](http://www.legislation.gov.uk/uksi/2003/2426/contents/made)

* [Public Health Act (Northern Ireland) 1967](http://www.statutelaw.gov.uk/content.aspx?LegType=All+Legislation&searchEnacted=0&extentMatchOnly=0&confersPower=0&blanketAmendment=0&sortAlpha=0&PageNumber=0&NavFrom=0&parentActiveTextDocId=1908736&ActiveTextDocId=1908736&filesize=120977)
* [The Public Interest Disclosure (Northern Ireland) Order 1998](http://www.statutelaw.gov.uk/content.aspx?LegType=All+Legislation&searchEnacted=0&extentMatchOnly=0&confersPower=0&blanketAmendment=0&sortAlpha=0&PageNumber=0&NavFrom=0&parentActiveTextDocId=1922108&ActiveTextDocId=1922108&filesize=57516)
* [The Public Records Act (Northern Ireland) 1923](http://www.statutelaw.gov.uk/legResults.aspx?LegType=All+Legislation&title=freedom+of+information&Year=2000&searchEnacted=0&extentMatchOnly=0&confersPower=0&blanketAmendment=0&TYPE=QS&NavFrom=0&activeTextDocId=1876329&PageNumber=1&SortAlpha=0)
* [Disposal of Documents Order (Northern Ireland)1925](http://www.proni.gov.uk/index/professional_information/legislation.htm)
* [The Re-use of Public Sector Information Regulations 2005](http://www.legislation.gov.uk/uksi/2005/1515/introduction/made)
* Lord Chancellor’s Code of Practice on the management of records issued under Section 46 of the Freedom of Information Act 2000
* DoH Good Management Good Records, Guidance for

Management of Records 2017

* PRONI, The Northern Ireland Records Management Standards (NIRMS)
* Professional Codes of Conduct

* BS ISO/IEC 17799:2005 BS ISO/IEC 27001:2005 BS 7799-

2:2005 (Information Security management)

* ISO 15489 International Standards on Records Management
* ISO 19005 – 1:2005 Electronic Document File Format for Long Term Preservation
* BSI DISC BIP 0008 British Standards on Electronic Information Management

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1. [↑](#footnote-ref-1)