




Corporate Records Management*

*Non-Care Records and Personnel Files

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Executive director	Executive Director of Finance	
Policy lead	Corporate Records Management Officer	
Policy author (if different from above)	As above	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

POLICY CONTEXT

- The Trust recognises that records management is an essential function and that records must be managed throughout their lifecycle, from creation/receipt through to disposal.
- Consistent and accurate recordkeeping underpins the quality of our services, the effectiveness of our decision making, our ability to evidence compliance with legislation and standards, and the efficiency of our staff.
- The Trust recognises that corporate records (including Staff emails) are applicable for release under the Freedom of Information Act 2000 This policy provides a framework for the systematic management of all corporate records owned by the Trust.

POLICY REQUIREMENT (see Section 2)

- Appropriate records will be kept to evidence all activities and transactions of the Trust.
- Records will be organised, managed, and maintained in line with the requirements of this policy to ensure they are accessible by authorised staff when required, and are protected against unauthorised access, accidental loss, and destruction.
- Records will be disposed of systematically in compliance with this policy. Destruction will be complete, secure, authorised, and auditable.

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1 INTRODUCTION

1.1 Rationale

The Trust recognises that corporate records are a valuable resource and an important business asset. Effective management of corporate records will support the Trust's activities and decision making, as well as ensuring accountability to stakeholders. The benefits of managing corporate records in a consistent and controlled manner include:

- Control the creation and growth of records.
- Faster information retrieval, enabling increased productivity.
- Consistency and efficiency of administration and elimination of duplication resulting in savings in both staff time and storage.
- Opportunity for more evidence-based decision making as records are more easily located.
- Evidence of organisational activity for regulatory compliance and in the event of litigation, protecting the interests of the Trust and supporting the rights of stakeholders.
- Identification and protection of vital records to ensure business continuity in the event of a disaster.
- Preservation of a corporate memory, preventing the loss of valuable information when staff leave the Trust.

BSMHFT creates public records as defined in the Public Records Acts of 1958 and 1967 and is required by law to manage its records in accordance with its legal and regulatory environment. The Department of Health outlines the standards required for the management of NHS records in the 'Records Management: NHS Code of Practice' and compliance is monitored via the HSCIC Information Governance (IG) Toolkit.

1.2 Scope

This policy provides a framework for the systematic management of all corporate records owned by the Trust (whether created or received) in any format, from creation, throughout their lifecycle, until eventual disposal.

The policy applies to physical and electronic records, including email records and records created or maintained in information systems such as databases.

The policy does not cover records maintained on a service user's care record ('health record') nor HR Personnel Files but does cover all other Trust records including those relating to care delivery such as referral logs and ward handover books.

The policy is Trust wide and applies to all staff members, whether permanent or temporary. This includes contractors, apprentices, volunteers, and placements in the course of their work for and on behalf of the Trust, whether working directly for the Trust or in partnership with it.

The policy applies regardless of location of working environment, be this on Trust premises, at home, or elsewhere.

The Corporate Records Management Officer will lead on the development and implementation of the Corporate Records Management programme which will support business recordkeeping requirements and compliance with legal and regulatory requirements. This includes information contained within the Electronic Document and Records Management System (EDRMS) supplied by Hyland and will be referred to as 'OnBase' within this policy and subsequent procedures.

- 1.2.1 The policy is a key component of the Trust's overall information governance framework and should be read and understood in context of other important policies covering the access to, and management of Trust information. Relevant policies and procedures are listed in 6 Reference Documents.

1.3 Principles

Records management is an essential function that supports the activities of the Trust through the creation and management of authentic, reliable, and usable records which are maintained for as long as they are required for operational, legal and audit purposes.

Records must be managed throughout their lifecycle, from planning and creation/receipt, through the period of active use, then into a period of 'inactive' retention (such as closed files which may still be referred to occasionally) and finally either confidential destruction or archival preservation.

It is essential that electronic records in particular are managed throughout their lifecycle as their format renders them susceptible to loss if they are not managed appropriately over time.

2 POLICY

- 2.1 The Trust will create records that serve a clear purpose, providing evidence of the Trust's activities and transactions.
- 2.2 All records created and received by the Trust during the course of its business will remain the property of the Trust¹.
- 2.3 Where responsibility to deliver services is transferred to a third party ownership of the records evidencing the delivery of that service prior to transfer will not be transferred to the third party.
- 2.4 The Trust will work towards a position where all corporate records will be captured into a Trust recordkeeping system which is consistent with the requirements of this policy.
- 2.5 Records created will be authentic and their value as evidence will be maintained, that is to say they will be:
- 2.5.1 Complete - They must contain the structural and contextual information necessary to adequately document the relevant activity.
- 2.5.2 Authentic - It must be possible to prove that records are what they purport to be. For example, it must be possible to maintain reliable evidence of the author, creator, sender, and recipient of a communication. For electronic records, this information should be captured and/or attributed in the recordkeeping metadata.
- 2.5.3 Reliable - They must be trusted as an accurate representation of the business activities and transactions carried out.

¹ Staff are not permitted to use corporate records for non-Trust purposes without the approval of their manager. Any staff deemed to have breached this may be subject to disciplinary proceedings.

- 2.6 Records will be organised and arranged in a consistent and standard manner to facilitate their use.
- 2.7 The location and movement of records will be recorded so they can be easily retrieved.
- 2.8 Records will be accessible to authorised staff over time, no matter what their format.
Corporate records (including Staff emails²) are applicable for release under the Freedom of Information Act 2000 and must always be accessible.
- 2.9 Records will be stored in an appropriate environment, reducing risk of unauthorised access, accidental loss and destruction.
- 2.10 Records containing confidential or commercially sensitive information will be protected.
- 2.11 Vital records will be identified and protected to ensure business continuity in the event of a disaster.
- 2.12 Records will be retained for as long as is required for operational, legal, audit, and cultural reasons.
- 2.13 Records will be disposed of consistently once their evidential and informational value has expired, in compliance with statutory recordkeeping obligations and Trust policy.
- 2.14 Record destruction will be complete, secure, authorised and auditable.
- 2.15 Records of historical and administrative importance are identified as being marked for Place of Deposit (POD) and will be offered and transferred to Birmingham Library upon acceptance.
- 2.16 Corporate records will be periodically audited to identify the types of records currently held by the Trust, the form of these records, and the effectiveness of Trust recordkeeping systems, procedures and processes.
- 2.17 Staff, contractors, volunteers, apprentices, and students on placement will be trained and supported to fulfil their obligations under this policy.

3 PROCEDURE

- 3.1 The Corporate Records Management (CRM) Toolkit
Is available on Connect to support staff in the implementation of this policy and the development of department / service specific procedures for recordkeeping where appropriate.
- 3.2 Management of Records
Until the trust wide recordkeeping system OnBase is in place, records will be managed at department / service level. An indicative list of departments and services can be found in Appendix B.
- 3.3 Records creation
Complete, authentic, and reliable records should be kept where there is a requirement to evidence a business decision or transaction. See the [CRM Toolkit](#) for guidance.
 - 3.3.1 Records will be named and indexed in a consistent and logical manner. See the [CRM Toolkit](#) for best practice guidance

² All staff emails are considered corporate records, regardless of the content within the email. Please take care that emails are written in accordance to Trust values, as they may be released under a Freedom of Information Act request.

- 3.3.2. Version control will be applied to documents that go through multiple versions or are collaborated on by a number of staff before a final version of the record is created. Guidance on the correct use of version control is available in the [CRM Toolkit](#).
- 3.3.3 Multiple copies of records should not be kept unless absolutely necessary. Where multiple copies exist, the copy held by the department / service which created the record, or received the record where a record is created externally to the Trust, will be the record copy. Papers for committees / meetings will be owned by the convenor of the meeting.
- 3.3.4 Records will be created or captured in a format or manner that reduces the risk of staff accidentally altering or making a change to a record. See the [CRM Toolkit](#) for guidance.
- 3.3.5 Records of a confidential or commercially sensitive nature will be protectively marked to clearly indicate the sensitivity of the information they contain. Guidance is available in the [CRM Toolkit](#).
- 3.4 Records transfer
- 3.4.3 Records must be appropriately protected when being transferred or taken offsite. Safe Haven procedures should be followed.
- 3.5 Records maintenance
- 3.5.3 All corporate records will be kept securely in shared network drives or information systems where they are in electronic format. Or in an appropriately secure environment such as in locked cabinets or rooms where they are in a physical format, until the team is aligned to access OnBase.
- 3.5.4 Records should be retained for the retention period defined in the [Corporate Record Retention Schedule](#).
- 3.5.5 Physical records which are no longer consulted frequently may be transferred to the Trust's off site storage provider for the remainder of their retention period. Ownership will remain with the originating department / service. See the [CRM Toolkit](#) for guidance.
- 3.5.6 Where services are transferred to a third party and records are required for the ongoing functioning of that service, copies of records necessary for the continuation of that service may be provided to the third party. Originals will be retained by the Trust in compliance with the Corporate Record Retention Schedule.
- 3.5.7 Where services move / close the department / service will nominate an individual to lead on corporate records management for the move/closure. Appropriate steps should be taken to ensure the records associated with that service are managed in line with this policy.
- 3.5.8 Where any records or filing is found for personnel files, an eclipse needs to be raised by the finder before the file or filing is processed to allow for transparency for any access to records requests
- 3.6 Records disposal
- 3.6.3 Each department / service should have a regular (usually annual) programme of records disposal.
- 3.6.4 Records should be reviewed once the retention period has been reached. The review should consider the ongoing value of the records, resulting in one of the following actions:
- 3.6.2.1 Retain for a further specified period, where records still have business value, or are required for audit or legal purposes. Where records are subject to a legal hold, this action must be taken.

3.6.2.2 Confidential destruction, where records have no further value. Where multiple copies exist, all copies should be destroyed.

3.6.2.3 Retain as archives, where records are identified as having historical and administrative importance. Such records should be transferred to the Corporate Records Management Officer who will offer the records for transfer to Birmingham Library.

3.6.5 Disposal decisions should be documented via the Record Destruction Form (Appendix C) and destruction of records must be authorised by an appropriate manager. This form shall then be sent to the Corporate Records Management Officer. See the [CRM Toolkit](#) for guidance.

3.7 Training

3.7.3 The Corporate Records Management Officer will develop and maintain guidance and procedures to support staff in the implementation of this policy.

4 ROLES & RESPONSIBILITIES

Post(s)	Responsibilities	Ref
All Staff	<ul style="list-style-type: none"> Keeping accurate and complete records of their activities. Managing corporate records systematically, throughout their lifecycle, in compliance with the requirements of this policy, relevant legislation and guidance. Staff with specific responsibilities for Records Management will have these clearly defined in their job descriptions. 	
Service, Clinical and Corporate Directors	<ul style="list-style-type: none"> Ensure corporate records owned by their directorate are managed in compliance with this policy. Provide support for corporate records management, in terms of resources and commitment. Ensuring that records management is reflected in job descriptions and roles where appropriate. 	
Policy Lead	<ul style="list-style-type: none"> Lead on the development and implementation of the Corporate Records Management programme. Develop, maintain and promote guidance and resources to support records management good practice. Provide training and support to staff as required. Liaise with Birmingham Library to arrange the transfer of archives to the Library. Complete corporate records audits, escalating any risks identified as required. 	
Executive Director	<ul style="list-style-type: none"> Approving the framework for managing and overseeing the Trust's duties in relation to Records Management as set out in this policy. Provide commitment to and support for corporate records management. 	

Record Keeping System Administrators	<ul style="list-style-type: none"> • Maintain the department / service record keeping systems in compliance with the requirements of this policy. Particularly in relation to: <ul style="list-style-type: none"> ○ Creating and maintaining documentation for recordkeeping systems, including an auditable inventory of where all records are held. ○ Ensuring access to recordkeeping systems is limited to appropriately authorised staff. ○ Providing training for new staff on how to use the recordkeeping system. 	
Managers	<ul style="list-style-type: none"> • Ensure corporate records created or maintained by staff under their line management are managed in compliance with this policy. • Ensure staff are adequately trained to fulfil their responsibilities set out in this policy. • Implement a recordkeeping system for their department / service and nominate recordkeeping system administrators. • Ensure records are retained in compliance with this policy, authorising destruction of records owned by the team. 	

5 DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary		
Date policy issued for consultation	March 2022	
Number of versions produced for consultation	1	
Committees or meetings where this policy was formally discussed		
Information Governance Steering Group (IGSG)		
Where else presented	Summary of feedback	Actions / Response
Policy Development Management Group (PDMG)	Minor Changes/Additions	Changes/Additions made

6 REFERENCE DOCUMENTS

Freedom of Information Act 2000

Public Records Acts 1958 and 1967

Records Management: NHS Code of Practice, Department of Health

Information Governance Toolkit, HSCIC

Corporate Records Management Toolkit

[Information Governance - Information Governance Team \(sharepoint.com\)](#)

Guidance referenced in the Policy is as follows:

- Record Creation
 - What information to manage as a Trust record
 - How to name records
 - How to apply version control to records
 - How to protect records against change
- Record Organisation
 - How to design and implement a record file plan
- Record Maintenance
 - How to archive physical records
- Record Disposal
 - Corporate Record Retention Schedule
 - How to dispose records

Related policies and procedures

- Access to Information Policy
- Care (Health) Records Management Policy
- Confidentiality Policy
- Information Asset Owner Guidelines
- Information, Communications and Technology (ICT) Policy
- Personnel File Management Policy
- Safe Haven Procedures

7 BIBLIOGRAPHY

ISO15489-1:2001 Information and documentation – Records Management

8 GLOSSARY

Records	Records are 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. Records are defined by their content and value for the organisation and not by their format.
Corporate Records	Corporate records are all records evidencing the activities of the Trust with the exception of records maintained on a service user's care record ('health record') and Staff Personnel Files.
Records Management	Records management is the field of management responsible for the efficient and systematic control of the creation, receipt, maintenance, use and disposition of records.

Record Keeping System	Record keeping system is an intellectual concept that refers to a coherent and consistent approach to managing records throughout their lifecycle. A recordkeeping system comprises all policies, processes, procedures and systems that are used to manage information. It can refer to a set of guidance on how to manage records in general.
Trust file plan	The Trust file plan is a classification scheme which enables records to be categorised in systematic and consistent manner to facilitate their capture, retrieval, maintenance and disposal.
Record copy	Record copy is the copy of a record which will be maintained in compliance with this policy.
Retention	Retention is the process of determining how long a particular class of records needs to be retained for compliance or business reasons.
Disposal	Disposal is the process associated with the implementation of review decisions, resulting in the retention, destruction or archiving of records.
Archive	Archive is the physical transfer of records with historical or administrative importance to a place of deposit. The place of deposit is also commonly known as an archive.
Destruction	Destruction is the process of eliminating or deleting records beyond any possible reconstruction.
Vital records	Vital records are records without which the organisation could not function. They are essential records that are necessary to document and protect corporate assets, obligations and resources of the Trust.

9 AUDIT AND ASSURANCE

The Records Department will monitor compliance with this policy through the rolling programme of annual audits.

Where recordkeeping is not considered to be compliant with the policy:

- Issues which pose a high risk will be escalated and managed through the Information Governance Steering Group.
- Where issues do not pose an immediate risk remedial action will be recommended to the manager.

Element to be monitored	Lead	Tools	Freq	Reporting Arrangements	Acting on Recommendations and Lead(S)	Change in Practice and Lessons to be shared with
Management of electronic records – where stored, system admin	Corporate Records Management Officer	Audit of OnBase	Annual Review of Processes	Information Governance Steering Group (IGSG)	Head of Records and Clinical Coding	IGSG
Management of physical records – appropriate controls, retention and disposal	Corporate Records Management Officer	Site Audits and Audit of OnBase	3-year rolling programme	Information Governance Steering Group (IGSG)	Head of Records and Clinical Coding	IGSG

10 APPENDICES

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect

<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Proposal	Corporate Records Management Policy		
Person Completing this proposal	Sally Clarke	Role or title	Corporate Records Management Officer
Division	Programme Management Office	Service Area	Care Records
Date Started	27/04/2022	Date completed	27/04/2022
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.			
<p>The Trust recognises that corporate records are a valuable resource and an important business asset. Effective management of corporate records will support the Trust's activities and decision making, as well as ensuring accountability to stakeholders. The benefits of managing corporate records in a consistent and controlled manner include:</p> <ul style="list-style-type: none"> • Control the creation and growth of records. • Faster information retrieval, enabling increased productivity. • Consistency and efficiency of administration and elimination of duplication resulting in savings in both stafftime and storage. • Opportunity for more evidence based decision making as records are more easily located. • Evidence of organisational activity for regulatory compliance and in the event of litigation, protecting the interests of the Trust and supporting the rights of stakeholders. • Identification and protection of vital records to ensure business continuity in the event of a disaster. <p>Preservation of a corporate memory, preventing the loss of valuable information when staff leave the Trust. BSMHFT creates public records as defined in the Public Records Acts of 1958 and 1967 and is required by law to manage its records in accordance with its legal and regulatory environment. The Department of Health outlines the standards required for the management of NHS records in the 'Records Management: NHS Code of Practice' and compliance is monitored via the Data Security and Protection Toolkit.</p>			

Who will benefit from the proposal?				
The policy is Trust wide and applies to all staff members, whether permanent or temporary. This includes contractors, apprentices, volunteers and placements in the course of their work for and on behalf of the Trust, whether working directly for the Trust or in partnership with it. Staff, contractors, apprentices, volunteers will benefit by having clear guidance on how corporate records should be managed and maintained and their roles and responsibilities.				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this proposal promote equality of opportunity? Eliminate discrimination? Eliminate harassment? Eliminate victimisation?</i>			<i>Promote good community relations? Promote positive attitudes towards disabled people? Consider more favourable treatment of disabled people? Promote involvement and consultation? Protect and promote human rights?</i>	
Please click in the relevant impact box or leave blank if you feel there is no particular impact.				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age	X			
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability	X			
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				

Gender	X			
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	X			
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	X			
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and postnatal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	X			
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	X			
Including humanists and non-believers - Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	X			
Including gay men, lesbians and bisexual people. Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	X			
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				

Human Rights	X			
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal /unlawful? i.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				X
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding.				
If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead .				
Action Planning:				
How could you minimise or remove any negative impact identified even if this is of low significance?				
How will any impact or planned actions be monitored and reviewed?				
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.				
Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at hr.support@bsmhft.nhs.uk . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.				

Appendix B – Departments and Services

An indicative list of the Trust departments and services is set out below.

1. Departments and Services

Clinical Services

- Includes Pharmacy

Communications & Marketing

Estates & Facilities

Finance

- Includes Procurement and Contract Management

Governance

- Includes Information Governance, Clinical Governance, Trust Board and Committees, External Partnerships, PALS, and See Me (Service User Engagement)

Human Resources

- Includes Non-Trust Staff, TSS, Learning and Development, and Organisational Development

Information Services

- Includes Records Management and Library Services

Legal Services

Research

Technology

Team Administration

Community

- Includes Community Engagement

Development

- Includes Programme Management Office

Guidance notes for completing the form

1	<p>The file number is a unique reference that departments / teams may apply to their records if a referencing system is in place.</p> <p>e.g. <i>SMG12/05</i> <i>PO1/8/9 - PO1/8/29</i></p>
2	<p>The description of record(s) is a summary description of the record(s) to be destroyed. The description should be concise but detailed enough so:</p> <ul style="list-style-type: none">• the authoriser can make a sound judgement on whether the records can be destroyed, and• the completed form provides good evidence about what records have and have not been destroyed. <p>e.g. <i>Trust Membership Forms 2001-2004</i> <i>CPN Diaries 1985-2005</i> <i>Bed Cleaning Register 2011</i></p> <p>Note: for certain records like personnel files, it will be necessary to record the name of each individual record to provide a reliable evidence of destruction.</p>
3	<p>Inclusive dates is either the date range of a record series e.g. <i>Ward Handover Books <u>1985-2005</u></i> or the date range of a specific record or file e.g. <i>Personnel File: Smith J <u>2012-2013</u></i>.</p>

Once this form has been signed, and destruction has taken place, please forward the completed form to the Corporate Records Management Officer for central audit purposes:

Address: Corporate Records Management Officer
B1, 50 Summer Hill Road, Birmingham B1 3RB
Email: bsmhft.corporaterecordssm@nhs.net

Note: if destroying records that are stored with a commercial off-site storage provider, please ensure the destruction receipt is attached to the corporate records destruction form when sent to above